Wakefield District Health and Care Partnership Committee

Meeting in Public

Tuesday 11 February 2025
1.00pm – 3.50pm
St Swithuns Community Centre, Arncliffe Road, Wakefield, WF1 4RR

v = verbal, d = document, p = presentation

Administration:

Time:	Agenda no:	Item:	Purpose:	Lead:
1.00 – 1.20	1	Welcome, introductions and Chair's opening remarks (v)	Information	A Carroll
	2	Apologies, Quorum 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	A Carroll
	3	Minutes from the last meeting held on 21 November 2024 (d)	Approval	A Carroll
	4	Action Log and Matters Arising (d)	Review	A Carroll
	5	Questions from Members of the Public (v)	Discussion	A Carroll

Main items:

Time:	Agenda no:	Item:	Purpose:	Lead:
ITEMS FOR INFORMATION				
1.20 – 2.20	6	Report of the Place Lead (d) (BAF ID: 1.1 and 4.1)	Endorse	M Brown
	7	Report of the Chair of the Transformation and Delivery Collaborative (d) (BAF ID: 2.3 and 3.2)	Assurance	M Brown
	8	Public Health Profiles – Sexual Health Services (p) (BAF ID: 1.1)	Information	S Turnbull/ J Hinchcliffe
	9	2025/26 Operational Planning Guidance Update (p) (BAF ID: 2.3 and 3.2)	Oversight	R Unwin/ B Barwick
2.20PM – BREAK – 10MINS				

Time:	Agenda no:	Item:	Purpose:	Lead:
STANDING ITEMS				
2.30 – 3.30	10	Report of from the Chair of the Wakefield Integrated Assurance Committee (d) (BAF ID: 1.2, 1.3, 2.3, 3.2 and 3.3)	Assurance	R Hindley
	11	High Level Risk Report: Cycle 4 2024/25 (d) (to review and be given assurance regarding the risk register and Board Assurance Framework)	Assurance	A Sacha
	12	Quality, Safety and Experience Highlight Report (d) (BAF ID: 1.1, 2.2 and 2.3)	Assurance	P McSorley/ L Elliott
	13	Performance Exception Report (d) (BAF ID: 2.3)	Assurance	N Tolson
	14	Financial Update – Month 9 Position (d) (BAF ID: 3.2)	Oversight	J Davies

Final items:

SUB-COMMITTEES AND CLOSE				
Time	**Agenda no**	**Item**	**Purpose**	**Lead**
3.30 – 3.40	15	Issues to alert, advise or assure the: a) West Yorkshire Integrated Care Board (v) b) Other Boards (v)	Discussion	A Carrol
	16	Receipt of minutes from the following sub-committees: a) Transformation and Delivery Collaborative Meeting (19 November 2024 and 19 December 2024) b) People Panel (19 September 2024 and 7 November 2024) c) Professional Leadership (2 October 2024)	To Note	ALL
3.40 – 3.45	17	Any Other Business (v)	Discussion	A Carroll
Date and Time of the Next Meeting: The next meeting of the Wakefield Health and Care Partnership Committee is scheduled to take place on Tuesday 3 June 2025 from 1.00pm at Agbrigg Community Centre, 5 Montague Street, Wakefield, WF1 5BB				

Purpose:

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

Proud to be part of West Yorkshire Health and Care Partnership

AGENDA ITEM 3

Wakefield District Health and Care Partnership

Minutes of the Wakefield District Health and Care Partnership Committee held in **Public** on Thursday 21 November 2024 from 2.00pm at The Glasshoughton Centre, Leeds Road, Glasshoughton, Castleford, WF10 4PF

Present:

Name	Title, Organisation
Dr Ann Carroll (Chair) (AC)	Independent chair, Wakefield District Health & Care Partnership
Mel Brown (MB)	Director for System Reform and Integration & Deputy Place Lead, Wakefield Place ICB (For Jo Webster)
Dr Clive Harries (CH)	GP Member, Primary Care Network Clinical Directors
Richard Hindley (RH)	Independent Member, Wakefield District Health & Care Partnership
Stephen Hardy (SH)	Independent Member, Wakefield District Health & Care Partnership
Jenny Lingrell (JL)	Service Director, Children's Health and Wellbeing, Wakefield Council (For Vicky Schofield)
Sean Rayner (SR)	Director of Provider Development, South West Yorkshire Partnership NHS Foundation Trust (For Mark Brooks)
Dr Colin Speers (CS)	Local GP & Executive System Healthcare Advisor, Wakefield Place ICB, Chair of Provider Collaborative
Stephen Turnbull (ST)	Interim Director of Public Health, Wakefield Council
Paula Bee (PB)	Chief Executive, Age UK, Wakefield District
Mark Brooks (MBr)	Chief Executive, South West Yorkshire Partnership NHS Foundation Trust
Dr Phil Earnshaw (PE)	GP Member, Primary Care Network Clinical Directors
Sharlene Featherstone (SF)	Voluntary, Community and Social Enterprise Representative

In Attendance:

Name	Title, Organisation
Sue Baxter (SB)	Head of Partnership Governance, NHS West Yorkshire ICB
Simon Gaskill (SG)	Senior Communications Officer, Wakefield Place, West Yorkshire ICB
Lyn Hall (LH)	LMC Representative

Name	Title, Organisation
Carrie Haywood (CHa)	Governance Manager, NHS West Yorkshire ICB (Minutes
Phillip Marshall (PM)	Director of Workforce and Organisational Development, Mid Yorkshire Hospitals NHS Trust
Amy Whitaker (AW)	Chief Finance Officer, MYHT, Place Finance Lead
Suzy Joiner (SJ)	Interim Director of Adult Social Services, Wakefield Council
Sarah Roxby (SRo)	Service Director, Wakefield District Housing & Chair of the Health, and Housing Alliance
Vicky Schofield (VS)	Director of Children's Services, Wakefield Council
Abby Trainer (AT)	Director of Nursing & Quality - Mid Yorkshire Teaching NHS Trust / Wakefield District Health & Care Partnership
Becky Barwick (RB)	Associate Director for Partnerships & System Development, Wakefield Place, NHS West Yorkshire ICB
Laura Elliott (LE)	Senior Head of Quality
Natalie Tolson (NT)	Interim Joint Service Lead for Information Services / Business Intelligence

Apologies:

Name	Title, Organisation
Cllr Michelle Collins (MC)	Portfolio Holder Communities, Poverty and Health, Wakefield Council
Ian Currell (IC)	Director of Operational Finance, Wakefield Place, NHS West Yorkshire ICB
Jo Webster (JW)	NHS West Yorkshire Integrated Care Board Place Lead and Accountable of Officer for Wakefield Place
Roger Grasby (RG)	Chair, Healthwatch Wakefield
Steven Knight (SK)	Managing Director, Conexus
Lyn Hall (LH)	LMC Representative
Linda Harris (LHa)	Senior Responsible Officer (Co Lead Workforce), Spectrum, Wakefield District Health and Care Partnership
Len Richards (LR)	Chief Executive, Mid Yorkshire Hospitals NHS Trust

Observing:

Name	Title, Organisation
Jemma Harris	Governance Manager, West Yorkshire ICB
Asma Sacha	Risk Manager, West Yorkshire ICB
Lynsey Warwick-Giles	Manchester University: undertaking a research piece on partnerships and commissioning for Wakefield ICB and Leeds ICB.

88/24 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and those attending for the first time introduced themselves.

89/24 APOLOGIES AND 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.

90/24 ANY OTHER PRIVATE BUSINESS NOTIFIED IN ADVANCE OF THE MEETING

The committee held a Private Session which commenced at 13.00 – 13.55 and the public session commenced at 14.00. Upon commencement of the public session the Chair to the time to welcome those who had attended as observers.

91/24 APPROVAL OF MINUTES FROM THE LAST MEETING, ACTION LOG AND MATTERS ARISING

The minutes of the meeting of the 5 September 2024 were agreed as a true and fair representation of the meeting.

There were no outstanding actions on the action log.

92/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions submitted by members of the public.

93/24 CHAIRS OPENING REMARKS

The Chair highlighted that the meeting was the last meeting of the calendar year and reflected on the eventful nature of 2024 both politically and for the NHS as a whole with a focus on productivity and efficiency.

The chair noted an interesting presentation by the Chief Executive of Nuffield Trust that highlighted the NHS' lower productivity than comparable health services and credited this to 'taskification' that showed more staff completing more tasks in patient pathways and healthcare delivery. The Chair advised that each Place Chair would be working together to explore this and whether the narrative around productivity could shift.

The Chair highlighted that there had been a new community diagnostic centre opened that had started to address capacity issues and noted finances, impact of the third sector and adult social care on winter pressures as areas of concern.

94/24 REPORT OF THE PLACE LEAD

MB presented the report in the absence of Jo Webster, Place Accountable Office. MB noted a national launch of engagement for the emerging governments ten – year health plan that was likely to be published in Spring 2025 and encouraged members to become engaged. MB advised that engagement events would be scheduled to inform this process.

MB highlighted that there had been multiple awards won across Place including Child and Adolescent Mental Health Services (CAHMS) won team of the year, the System Project management office (PMO) hosted by Mid Yorkshire Teaching NHS Trust (MYTT) won an award for system workforce planning and the Children's Observation Hub was the finalist in two categories at the HSJ Patient Safety Awards.

Ruth Unwin (RU) highlighted that a Wakefield Together Partnership summit was held to discuss the Wakefield District Plan that was led by the NHS and Wakefield Council (WC) to engage with stakeholders and the public. RU advised that the Health and Wellbeing Strategy would become part of the overarching district plan.

Vicky Schofield (VS) highlighted that there had been notification of a CQC Adult Social Care inspection under the single assessment framework and advised that there would be an onsite inspection within the next six months. MB advised that WDHCP Committee members and partner representatives may be requested to be part of the focus group to support the tabletop exercise likely to take place.

The Wakefield District Health and Care Partnership Committee NOTED the contents of the place lead report.

95/24 REPORT OF THE CHAIR OF THE TRANSFORMATION AND DELIVERY COLLABORATIVE

Mel Brown (MB) introduced the report and highlighted that the Transformation and Delivery Collaborative (TDC) had met in October and November to discuss the Place wide opportunities for investment and disinvestment in 2025-26.

Becky Barwick (RB) outlined the planning process had commenced ahead of the publication of the operational guidance from NHS England and highlighted that the programmes and alliances had presented the opportunities for investment and disinvestment and that further

feedback would be sought in January 2025 and a wider stakeholder event would be held on the 14 March 2025 as part of a WDHCP Committee Development Session. RB advised that a data driven approach would be implemented to assess population health to be able to enhance the planning process and that NHSE had given permission to have non–NHS organisations data included in the model to assess the wider determinants of health such as housing and education to be able to inform decisions on investment.

Jenny Lingrell (JL) thanked Natalie Tolson (NT) and the performance team for inclusion of the education data and noted that the Mental Health Alliance has been working on data extraction to look at the impact of the VCSE sector on interventions which should allow all organisations to achieve the same standards of data assessment.

MB highlighted that progress had been made in weight management services for Tier two patients and would likely go live in the following six weeks through Mid Yorkshire Teaching NHS Trust (MYTT) and that work had continued via a strategic co-production group with the Wakefield Council and the voice of patients and the public.

96/24 PUBLIC HEALTH PROFILES - SEXUAL HEALTH SERVICES

Due to the presenter being unable to attend the meeting due to a personal matter apologies were given and the item deferred to the following public meeting scheduled to take place on 11 February 2025.

97/24 CORE20PLU5 UPDATE

Ruth Unwin highlighted that health inequalities was one of the local strategic priorities for both Wakefield Place and NHS West Yorkshire ICB as highlighted on the Board Assurance Framework (BAF).

RU reminded the WDHCP Committee that the NHS England national Core20Plus5 scheme remained the approach for addressing healthcare inequalities which was launched by NHS England in 2022. The framework came with £1.08M recurrent funding for Wakefield District Health and Care Partnership from the West Yorkshire Integrated Care Board. The Committee had previously agreed that his budget would be reserved for work on reducing inequalities rather than requiring cost savings to be made in line with other budgets. RU highlighted that some of the schemes would run into 2025 – 26 and would need to honour the previous commitment made by the Committee and that some of the schemes had not aligned to the recent processes to invest or disinvest across Wakefield District Place. However, work was underway to evaluate effectiveness of those schemes coming to an end, in line with the financial prioritisation approach.

RU advised that the VCSE have contributed to the agreed approach and that funding should be aligned to the VCSE strategy rather than through short term grant funding. RU highlighted the three main areas of investment were; Building healthy and sustainable communities, West Yorkshire Finding Independence (WY-FI) £185K and Roving health inclusion team £200K and that other schemes were not continued due to the pilot nature of them.

MB highlighted that planning round would continue to follow the same process for those schemes that were unable to continue under the Core20Plus5 framework.

Mark Brookes (MBr) commended the powerful case studies and encouraged exploration of the scalability of the schemes alongside the VCSE.

The Wakefield District Health and Care Partnership Committee:

1. **NOTED** the assurances provided on the three main projects that have been recurrently funded,
2. **AGREED** to continue to fund the projects in line with the original agreement, subject to agreed conditions including evidence of an investment plan and intended outcomes,
3. **AGREED** to support the proposed arrangements for future investment of health inequalities funding based on proof of concept and commitment to sustainability of programmes that provide evidence of positive impact through the Transformation and Delivery Collaboratives investment and disinvestment process,
4. **SUPPORTED** the ongoing development of a Reducing Healthcare Inequalities steering group and the Community of Practice,
5. **SUPPORTED** the development of the Core20PLUS5 leadership group to support future funding allocation and evaluation processes in line with the principles for Investment decisions,
6. **SUPPORTED** the development of connectivity to the West Yorkshire Health Inequalities programme.
7. **NOTED** the challenges of the programme and **SUPPORTED** the development of the programme and further connectivity into the Transformation and Delivery Collaborative.

98/24 REPORT FROM THE CHAIR OF THE INTERGRATED ASURANCE COMMITTEE

Richard Hindley (RH) gave a summary of the Alert, Advise and Assure report from the meeting of the integrated Assurance Committee (IAC) on 24 October 2024 and highlighted the following:

- A deep dive was performed that related to winter planning and the Mid Yorkshire Teaching NHS Trust (MYTT) 12 hour emergency department breaches, RH noted that there was a substantial amount of work underway in this areas and that the Committee had expressed an interest in holding a multi–agency quality summit to focus on this with system partners

- The Committee discussed delays to invoicing on joint funded packages of care within Continuing Health Care (CHC) and section 117 packages of care and two Task and Finish Groups had been established to focus on financial and process improvement. RH noted that it was likely that the PwC financial review would focus on this area in its next stage
- The Committee had noted issues to ongoing waiting lists and had requested that this remained an ongoing discussed to keep under close scrutiny

The WDHCP Committee discussed the ongoing challenges to children's ADHD waiting lists and noted that there had been some investment into SWYFT to address the increased time to 63 weeks with a view to reduce to 52 weeks by the end of March 2025. MB highlighted that the VCSE sector had commissioned interventions for waiting families to support waiting well.

Vicky Schofield (VS) highlighted that there were broader linkages within children's health, education and social care and noted that there was a high demand for Special Educational Needs and Disability (SEND) services across the system and that there were ongoing issues related to emotional and mental health needs, and speech, language and communication that required earlier intervention to reduce overall waiting times which was being explored across the SEND Board and Children's Alliance.

The WDHCP Committee heard that families had been waiting for an extended period of time, and some were not met with a formal diagnosis which had caused distress in some cases. It was agreed that further exploration into this area should be performed that included, where the delays in the system were, the interface between services, earlier diagnosis, earlier intervention and waiting well for services. It was agreed that the IAC would perform a deep dive into this and present this at a future meeting.

ACTION: The Integrated Assurance Committee to schedule a deep dive into Children's ADHD Waiting lists including the challenges in the system that are driving them.

99/24 WAKEFIELD PLACE RISK REGISTER INCLUDING: BOARD ASSURANCE FRAMEWORK (BAF)

Sue Baxter (SB) 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 alongside a comparison with the Board Assurance Framework (BAF) with the agenda in appendix three.

It was noted that there were currently 14 risks on the Wakefield Place Risk Register, four of which were marked for closure, six were scoring 12 or more, one new risk had been added and two risks had been highlighted as emerging.

SB highlighted those risks marked for closure as:

- **2390** in relation to Learning Disability Packages, marked for closure due to duplication of risk,
- **2181** in relation to delayed responses to healthcare needs and discharge at MYTT, marked for closure as sufficient mitigations were in place,
- **2133** in relation to the Adult Social Care reform white paper, marked for closure as no longer relevant, and
- **2138** in relation to quality of care in the independent sector, rising costs and supply challenges, marked for closure as the risk had reached tolerance.

SB highlighted the new risk reported as **2461** in relation to the general deterioration in financial position of Local Authorities which could lead to cuts in services that directly affects demand for health services, this was scored at an eight.

SB highlighted the following emerging risks:

- 12-hour breaches and the risk to patient safety, quality of care, experience and patient outcome – discussions to align the risk with the identified risk at Mid Yorkshire Teaching NHS Trust as agreed at the Unplanned Care Alliance in September 2024 and Integrated Assurance Committee in October 2024, and
- King Street Walk-In-Centre – potential implication to service delivery if planning permission is approved for 23 one-bedroomed apartments within the same estate. It was noted that walk in service planning had been granted for apartments on the upper two floors at King Street and did not impact the occupancy. However, could disrupt services. RU advised that this is being worked through with the landlord to understand any scheduling of works.

SB advised that the West Yorkshire ICB Executive Management Team (EMT) had agreed a process of review for the BAF that included alternate quarter reviews for the ICB Core BAF and Place contributions to the BAF and that further engagement with each Place would be seen in quarter four of 2024/25.

SB highlighted feedback from discussions through this risk cycle on the financial risk at Wakefield Place and advised that the finance risks reflected the Wakefield position and noted the ICB wide coordination of financial risk across all five Places that recognised financial risk mitigation would be different in each Place reflective of each places position.

The WDHCP Committee discussed potential risks relating to delays in access to unplanned care, the impact of GP collective action and urgent and emergency care activity and noted that further discussions across the appropriate channels were underway and any risks that should be escalated to the place risk register would be in the following cycle. An emerging risk for the financial fragility of the hospice sector was noted and recognised that work is underway across West Yorkshire on this risk and that an ICB wide risk would be added to the ICB corporate risk register next cycle.

The Wakefield District Health and Care Partnership Committee:

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

100/24 PERFORMANCE REPORT - EXCEPTION REPORT

NT presented the paper which provided an overview of performance against the core NHS constitutional standards set out in the NHS Operational Planning Guidance 2024/25 and the key priority metrics identified by NHS West Yorkshire Integrated Care Board (WYICB) for 2024/25 that feed into the NHS West Yorkshire ICB System Oversight Assurance Group (SOAG).

NT Highlighted the following from the performance report:

- There was a significant challenge to patient flow with performances in the Emergency Departments: with 69% of patients at MYTT waiting over 4 hours and 7.42% waiting over 12 hours which was noted as below plan,
- There was a slight improved position reported for patients waiting over 52 weeks for treatment however remained higher than plan; ENT, Trauma and Orthopaedics and Gynaecology remained the pressured specialities,
- Winter recovery model was underway which would be used to drive improvement and look at unplanned care areas,
- Delays in the surgical hubs had impacted the revised forecast plan targets that was being worked towards and mutual aid supported delivery across West Yorkshire, and Planned Care Alliance was focused on the most challenged areas, and
- The volume of GP appointments available were reported to be above the national average with 74% of appointments delivered in person, patients registered for the NHSApp had increased and online consultations had increased.

Stephen Hardy (SH) queried performance in the cardio pathway, as had given an example of personal experience and was reassured that the pathway had improved with ongoing communication between primary and secondary care to become more cohesive.

The Wakefield District Health and Care Partnership Committee

- **NOTED** the contents of the performance exception report.

101/24 SUMMARY OF 2024/25 QUARTER 2 QUALITY, SAFETY AND EXPERIENCE REPORT

Laura Elliott (LE) presented the report and advised that three adult social care residential homes were under formal enhanced quality oversight and are receiving quality improvement support in line with the Adult Social Care Integrated Quality Assurance Framework. LE confirmed that residents were being supported to find alternative accommodation.

LE highlighted that a Paediatric Hearing Services Improvement Programme was underway at MYTT and that an additional audit plan by subject matter experts had been submitted for review to show evidence against plan.

LE gave positive feedback on the first Sharing and Learning event for Care Homes at Wakefield Town Hall and noted key speeches on resident wellbeing, awareness and prevention, improvements to hospital discharge and supporting compassionate end of life care. LE confirmed that future events would be taking place in Spring 2025 and encouraged partners to get involved.

MB highlighted that quality reviews were being undertaken at the most vulnerable GP practices and PCNs to support areas of development. Following the local analysis of the national GP survey results undertaken recently, one of the practices that had a rating of 'requires improvement' would be reinspected.

It was noted that there were no further concerns in local maternity and neonatal services and that improvement actions had been taken across NHS West Yorkshire ICB that related to low birth weights and reduced fetal movements and that good governance within maternity services had been reported through the Maternity Surveillance Group, Neonatal System and Place Committee. It was confirmed that information on still births were reported through the Learning from Deaths Group that fed into the West Yorkshire ICB Quality Committee.

Clive Harris (CH) encouraged further soft intelligence to be sought from the population on those patients that had experienced long waits across services.

The Wakefield District Health and Care Partnership Committee

- **NOTED** the current place risks and assurances related to quality, safety and experience presented in the Escalation and Assurance report (triple A)

102/24 FINANCE UPDATE – MONTH SIX POSITION 2024/25

Amy Whitaker (AW) presented this item and highlighted that the health position was £5.3M behind the Wakefield Place financial plan. AW reported that the control total that included levels of risk could be delivered by year end, but despite this the finances remained a challenge and will continue to be difficult to achieve the financial plan.

It was highlighted that Adult Social Care and Public Health had a similar financial challenge.

AW informed the WDHCP Committee that work was underway to refine the format of the financial report and that place Chairs has been involved in this development through the Chairs Network across the West Yorkshire ICB.

The Wakefield District Health and Care Partnership Committee

- **NOTED** the Month six financial position.

103/24 ISSUES TO ALERT, ADVISE OR ASSURE THE ICB BOARD ON

No issues were raised.

104/24 ISSUES TO ALERT, ADVISE OR ASSURE THE WDHCP COMMITTEE ON FROM THE ICB BOARD

No items had been received.

105/24 ITEMS ESCALATED FROM OTHER BOARDS

No items had been received.

106/24 ITEMS FOR ESCALATION TO OTHER BOARDS

There were no items to escalate to other Boards.

107/24 RECEIPT OF MINUTES FROM THE SUB COMMITTEE

Minutes from the following meetings were noted by the Committee:

- Transformation and Delivery Collaborative, 20 August 2024 and 17 September 2024
- Integrated Assurance Committee 23 July 2024
- People Panel from 18 July 2024

108/24 ANY OTHER BUSINESS

There were no items for discussion.

The meeting closed at 16.14 hours.

Date and time of next meeting: 11 February 2025, 1300-1700.

It was highlighted that there would be a workshop lead by Mike Farrah on the 10 December 2024 of which the first hour would be dedicated to a Wakefield Place leadership review, followed by a session that would be attended by all programme and alliance leads to look at population health business intelligence opportunities, short and long term planning.

Wakefield District Health & Care Partnership

AGENDA ITEM 4

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE
PUBLIC MEETING

ACTION LOG

Date of Meeting:	Minute Ref:	Agenda Item	Action	Lead	Date for Completion	Progress	Status
21 November 2024	98/24	Report from the Chair of the Wakefield Integrated Assurance Sub-Committee	Deep dive into the Children's ADHD waiting lists, including challenges to be undertaken via the Wakefield Integrated Assurance Sub-Committee	R Hindley	May 2025		Ongoing

Wakefield District Health & Care Partnership

AGENDA ITEM 6

Report of the Wakefield District Health & Care Partnership

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

Tuesday 11 February 2025

Purpose

This paper aims to update the Wakefield District Health & Care Partnership (WDHCP) on the current on-going developments across West Yorkshire Health and Care Partnership (WYHCP) and the Wakefield Place.

West Yorkshire Integrated Health and Care Partnership

West Yorkshire Integrated Care Board (WY ICB)

The Board of the NHS WY ICB met in public on 17 December and had a 'focus on' discussion giving an overview of health inequalities focused on the older adult population cohort. The next meeting of the NHS WY ICB Board is scheduled for Tuesday 18 March 2025.

Amendments to the WY ICB Constitution were also approved by the WYICB Board on 17 December 2024. The amendments provide:

- Greater delegation to Place Committees for Better Care Fund submissions;
- Approval of Place-based s65Z5 (joint working and delegation agreements);
- s65Z6 (joint committees and pooled funds); and
- s75 (arrangements between NHS bodies and Local Authorities).

The West Yorkshire Health and Care Partnership Board

The West Yorkshire Health and Care Partnership Board met in public on 21 January 2025. A recording and the meeting papers are on the partnership website

NHS Financial and Operational Planning Guidance 2025/26

In line with the Government Mandate, the 2025/26 priorities and operational planning guidance sets out a focused, smaller number of national priorities for 2025/26 with an emphasis on improving access to timely care for patients, increasing productivity and living within allocated budgets, and driving reform. To support this, systems will have greater control and flexibility over how they use local funding to best meet the needs of their local population.

AGENDA ITEM 6

In delivering on these priorities for patients and service users, ICBs and providers must work together, with support from NHS England, to:

- Drive the reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future. Providers and ICB's are asked to focus on:
    - reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
    - making full use of digital tools to drive the shift from analogue to digital
    - addressing inequalities and shift towards secondary prevention
- Live within the budget allocated, reducing waste and improving productivity. ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity
- Maintain our collective focus on the overall quality and safety of our services, paying particular attention to challenged and fragile services including maternity and neonatal services, delivering the key actions of the 'Three year delivery plan', and continue to address variation in access, experience and outcomes

We are now working with our partners trusts and wider system partners as an ICB to develop plans by the end of March to meet the national objectives set out in this guidance and the local priorities agreed by ICSs.

NHS 10 Year Plan

It is recognised that NHS staff are working harder than ever to get services back on track, to get waiting lists down and consistently deliver the best care, and that many of the solutions we need are already here, working somewhere in the NHS today. We are looking for people to give their views on three shifts:

1. Moving more care from hospitals to communities.
2. Making better use of technology in health and care.
3. Focusing on preventing sickness, not just treating it.

In West Yorkshire, we will be working with partners to collect the views and experiences of our local communities. This can then influence change to the systems and services that you actively engage with at a local level. With this local approach, all feedback will be used to support future planning and will be shared with West Yorkshire ICB and NHS England to

shape national and regional plans. You can provide your views on local health and social care services in West Yorkshire by filling out our 10 Year Plan survey. This is a chance to shape the public sector healthcare system around your future needs, or those of someone you care for.

West Yorkshire Health and Care Partnership launches new resource to support neurodivergent staff and recruits

West Yorkshire Health and Care Partnership has responded to feedback from managers, staff and potential recruits about support for neurodivergent people at work. A new toolkit of resources will help managers support their teams, staff members who need reasonable adjustments or applicants looking for support through the recruitment process. The toolkit is not an exhaustive resource on neurodiversity, but a helpful guide to the support and rights available to employers, staff and applicants.

Make a difference in West Yorkshire: applications open for 2025 Improving Population Health Fellowship

West Yorkshire Health and Care Partnership has opened applications for the 2025 Improving Population Health Fellowship. Now in its fourth year, the fellowship will support over 75 local people who want to make a difference to key population health initiatives including health equity, adversity trauma and resilience, suicide prevention, climate change, or antimicrobial resistance. The Improving Population Health Programme Fellowship is designed to bring together the diverse organisations and professionals that influence health and wellbeing, attracting applicants that are representative of the communities we serve.

The programme is open to colleagues from all sectors across health, social care, local authority and the voluntary and community sector in West Yorkshire irrespective of their current job role, grade or profession. There are no specific educational requirements and projects can be focused in local communities, workplaces or across a wider West Yorkshire footprint. The 2025 fellowship will run from April 2025 to March 2026 with applications open now until 24 January 2025. You can find everything you need to know about the fellowship programme and application progress on our website.

Wakefield Place

Winter pressures across Health and Social Care services
The health and social care system across Wakefield continue to face challenges with winter pressures and we remain extremely grateful for all colleagues who are supporting, to ensure we can operate as effectively and safely as possible.

Wakefield District Health & Care Partnership

AGENDA ITEM 6

Wakefield District awarded Youth Justice SEND Quality Lead Status with Child First Commendation

Wakefield District has received 'quality lead' status for its work with children and young people in the youth justice system who have special educational needs and disabilities (SEND).
The award reflects best practice and robust partnership working across the local area, centred around Youth Offending Teams, to improve outcomes for children and young people.

Wakefield has also been given a Child First Commendation which is based on the idea that those who offend should be treated as children first, not offenders.
The Wakefield Area Partnership has played an active role in the SEND Youth Justice Award framework since 2020 and has achieved Quality Lead status at the first time of asking.
Among the features of services that were 'Child First' were good inter-service relationships, meeting previously unidentified needs, active involvement of children and parents and a clear strategic commitment to secure the best possible outcomes for every child in youth justice pathways.

Meanwhile multi-agency provision has continued to evolve:

- The Education, Training and Employment (ETE) team has been retained and developed, including a full time Speech and Language Therapist, a Careers Guidance Practitioner and an Education and Intervention Support Worker.
- There has been further professional development around trauma informed/awareness, neurodiversity, emotionally based school avoidance and autism education.
- Case formulation - gathering of information regarding factors that may be relevant to treatment planning - has been embedded.
- There has been enhanced information sharing across all partners, supported by effective case escalation processes.
- Deep-dive activities are undertaken to inform the Youth Justice Partnership Board of emerging strengths as well as enabling the targeting of resource and provision towards areas of development.

Excellent interservice collaboration was acknowledged in the recent SEND Ofsted and CQC Local area inspection of March 2024, which highlighted positive practice of the Youth Justice Service in relation to SEND in Wakefield.

The district achieved the highest possible rating in the inspection, and services working together under the "We are Wakefield" mantra was noted and commended by inspectors when they spoke with staff across the partnership about their work.

The Youth Justice SEND Quality Award lasts for a period of three years. Congratulations to the teams involved in securing the accreditation.

Wakefield District Health & Care Partnership

AGENDA ITEM 6

Wakefield District to mobilise groundbreaking health and social care data model

Wakefield has become one of the first areas in the country to receive national approval to roll-out a groundbreaking data model to help plan and deliver health and social care services.

The West Yorkshire Integrated Care Board (ICB) data linked model combines data from across the NHS, primary care and social care but also, crucially, includes data from non-NHS sources such as education and housing. It has gone even further by now beginning to incorporate data from the voluntary, community and social enterprise (VCSE) sector – with Age UK Wakefield District becoming the first in the region to contribute to the NHS data warehouse.

Wakefield will be the first place in West Yorkshire to mobilise the model. By having multiple pseudonymised data sources linked, there is comprehensive information in one place for Wakefield District which provides greater insight than ever before about the state of population health locally. This will be used to inform planning and delivery of health and social care services and identify groups at risk of escalating health needs that would benefit from more proactive, preventative and holistic care.

The district already has a targeted, data-led approach in many areas – such as the evidence-based Healthy Hearts Community Hubs which aims to tackle hypertension and prevent heart disease in communities away from medical settings. The data linked model can help expand much further on such work.

Like many places across the country, Wakefield District faces a number of health and social care challenges: there is an 8.1 year disparity in life expectancy between people living in the district's most deprived and affluent neighbourhoods, the proportion of people with two or more long-term conditions is at 25.2 per cent and 7.3 per cent of the adult population have cardiovascular diseases. Having access to as much information as possible leading to current outcomes can help health and social care leaders tackle these issues, while the model also takes into account a variety of risk factors, such as deprivation, smoking and ageing, which could influence a particular outcome such as emergency admissions.

Wakefield District sites among first to rollout new West Yorkshire Healthy Heart Screenings

Wakefield District will be delivering some of the first groundbreaking cardiovascular disease (CVD) health screenings to targeted local communities as part of a new West Yorkshire-wide rollout.

The 'Healthy Heart Screening' uses app-based technology, provided by PocDoc, to offer patients a comprehensive cholesterol profile, body mass index score, heart age estimate, and

a ten-year risk assessment for having a heart attack or stroke. Healthy Heart Community Hubs in Wakefield District are among the sites the first West Yorkshire Health & Care Partnership screenings will take place – as part of its commitment to increase the years of life that local people live in good health. The use of the new technology means patients can have the results of their screen within minutes and start making healthy changes straight away. Patients will also be offered resources to help them understand their results and lifestyle advice on how to improve their heart health.

In West Yorkshire, almost 6 per cent of the adult population has CVD, and more than 115,000 people are at high risk of developing a heart attack or stroke over the next 10 years according to their QRISK score. By detecting risk early, it means patients have the chance to reduce their risk through a healthy diet and exercise, as well as receiving further preventative care if needed. Importantly, the Healthy Heart Screen is proven to be successful in reaching 'at risk' groups, including Black or South Asian people, those with severe mental illness or learning disabilities, people living in deprivation, men aged 40 to 59 and women aged 35 to 55.

The first screenings will be delivered at the following sites:

- Healthy Heart Community Hubs in Wakefield
- Get Set Goal at the University of Huddersfield
- Community Pharmacy Independent Prescribing Pathfinder pilot sites

Screenings will be offered to those in attendance at these sites who are identified as being at high risk of CVD and meet the eligibility criteria.

Wakefield District Maternity Services Consultation

Consultation on birth choices in the Wakefield district will commence in February 2025. The consultation will outline the range of birthing options available for people living in the Wakefield district. It proposes that the temporary suspension of the facility to give birth at Pontefract Hospital, which has been in place since Autumn 2019, should be made permanent. Birthing at Pontefract would no longer form part of the model. Comprehensive ante-natal and post-natal care would continue at Pontefract, complementing services offered in community settings across the district and at Pinderfields Hospital. The consultation will help Wakefield District Health and Care Partnership to understand how this decision could affect people and what other options should be considered.

The consultation seeks views from people across the Wakefield district on the proposal that birthing people would be offered all four birth choices set out in the national maternity strategy through a model of service that includes birthing at home, in the alongside midwife led unit at Pinderfields, in the labour ward at Pinderfields or at the Bronte Birth Centre in Dewsbury, whilst not reinstating the birthing facility in Pontefract. The consultation will be open to receive feedback from anyone, but the primary audience is anyone in the district who has recently used maternity services (as a parent, partner or associate) or is likely to use services in the

AGENDA ITEM 6

future. A wide range of methods will be used, including digital and paper-based surveys, online and community drop-in sessions, and discussions with relevant community groups. Support will be provided for people with protected characteristics or who may find it harder to contribute, for example people with low levels of literacy or whose first language is not English.

The draft consultation plan and documents were reviewed by the Wakefield Council's Adult Services, Public Health and the NHS Overview and Scrutiny Committee at their January meeting. Consultation will run for twelve weeks. There will be a mid-point review with the OSC to enable members to identify whether the consultation is reaching the intended audience. Following consultation, the feedback will be independently analysed and a formal proposal for a new service model, including any actions to be taken to address issues identified through the consultation, will be presented to the Wakefield District Health and Care Partnership committee.

Wakefield People Alliance

A video has been launched to showcase how the People Alliance in Wakefield District is supporting staff, making the health and social care system attractive to potential employees and helping students think about how they may benefit from one of the many rewarding careers on offer.

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Wakefield District Health & Care Partnership

AGENDA ITEM 7

Report of the Wakefield District Health & Care Partnership
Wakefield Transformation and Delivery Collaborative
February 2025

Purpose:

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

Supporting the delivery of our financial plans:

The Transformation and Delivery Collaborative has been instrumental in supporting the implementation of our financial plans submitted to NHS England in June 2024.

Our plans carry significant risks, including ambitious efficiency savings targets and known challenges not included in the plan, such as the costs associated with strike actions, real inflation beyond our planning assumptions, and expenses related to elective recovery.

As a result, resources for investment decisions and business cases are quite limited. Furthermore, additional funding from central sources like Service Development Funding (SDF), Mental Health funding, and capacity and discharge funding has also been further curtailed to help achieve efficiency savings.

In the **Framework for Dis-Investment / Investment Decisions 2024/25** it was outlined that any business cases requiring investment must significantly be restricted to those directly tied to our statutory obligations or aimed at addressing safety concerns. Other submitted business cases will need to focus on invest-to-save opportunities (cash-releasing) or will involve disinvestment.

The Transformation and Delivery Collaborative has maintained oversight and management of;

1. The delivery of schemes to deliver our efficiency savings targets for 2024/25
2. Plans for utilising additional funding such as the Service Development Funding (SDF)
3. Reviewing proposals for disinvestment and investment

Managing delivery of efficiency targets:

With the support of an efficiency tracker, developed by the Programme Management Office, there has been a monthly focus on how we are delivering against the efficiency targets for each of our programme / service areas for 2024/25.

All programme leads who have a responsibility for delivery of an efficiency target have provided regular insights into progress and it is noted that some areas have exceeded their target and provided additional cost savings. Driven, not only by financial efficiencies, but by ensuring quality and productivity are at the forefront of delivery.

Programme leads are already generating ideas for efficiency schemes for 2025/26 and these were shared at the January meeting of the Transformation and Delivery Collaborative. A list of schemes for 2025/26 is shaping and this is the earliest we've had such a list. By placing efficiencies as a standing item at the Transformation and Delivery Collaborative has demonstrated grip and momentum.

System Development Funding (SDF) spending plans:

As part of our commitment to openness, programme leads have shared an outline of how SDF funding will be allocated. Plans for SDF spend in primary care, children's services and mental health services were shared with partners for peer review. The approval of these plans will be made in line with Standing Financial Instructions.

Proposals for Investment and Disinvestment:

The Transformation and Delivery Collaborative has reviewed all the proposals for investment and disinvestment. Noting that the Collaborative does not have formal decision making powers, the proposals were submitted for informal peer review and feedback, with a focus on the proposals models of care, quality and financial assumptions.

Other Transformation and Delivery Collaborative Highlights:

Programme management:

Through a robust highlight reporting process, the Collaborative continues to maintain oversight of successes, challenges and escalations from our programmes and alliances. The reporting schedule has remained agile of the past three months so that we can effectively manage any areas of interest.

Understanding the implications of new National Insurance contributions and National Minimum Wage policies for non-NHS partners:

In December and January the Collaborative heard from non-NHS partners about how the changes to national insurance employer contributions and the lowering of the threshold on which they are paid could along with a rise in the minimum wage from £11.44 to £12.21 from April 2025, will have a damaging impact.

These changes are likely to impact locally on GP practices, social care sectors, hospices and on voluntary, community and social enterprise sectors. Work is being undertaken within each of these sectors to understand the impact.

SMI health checks action plan:

Annual physical health checks are offered to all those, aged over 18 years, with a diagnosed serious mental illness (SMI). People living with SMI face one of the greatest health equality gaps in England. Their life expectancy is 15–20 years shorter than that for the general population, and this disparity is largely due to preventable physical illnesses.

An action plan is in place to increase the number of people in Wakefield receiving the health check. The action plan includes;

- Redesigning the communications and invitation packs. These are being redesigned based upon a successful initiative in Calderdale where the packs were designed with lived experience.
- Improving the data flows between South West Yorkshire Partnership Foundation Trust and Primary Care Networks.
- Delivering a drop-in health check service in the community to engage with people uncomfortable with medical settings.
- Addressing gaps in performance, targeting groups where engagement has been lacking and the supporting the move to in-depth health checks.
- Work is beginning to inform and empower the VCSE sector and carers to engage individuals on attending SMI, learning disabilities and adult health checks.

Redesigning community partnerships – developing a Community Alliance:
Within our Partnership structures, we have established various forms of community partnerships. In 2022, we founded the Connecting Care Alliance, which later evolved into the Integrated Adult Community Transformation Board. However, we are still working on establishing the right structures to oversee all community and out-of-hospital care and transformation effectively.

Our focus on developing the new Integrated Neighbourhood Teams approach has led us consider how we can consolidate our efforts, engage in strategic dialogues with key partners about our vision, and align our plans and resources for success.

A Community Alliance will bring together strategic leaders, working within the community space, to collaborate and design system level models of care to support our population and provide care closer to home.

The Alliance will be develop and implement a shared vision for care closer to home and all system community transformation across the district for adults. This includes but is not limited to; general practice and PCNs, adult community services, adult social care, VCSE provision, community mental health.

The work of the Alliance will be underpinned by Population Health Management data and intelligence. A development session is being planned for March to further shape and launch the Community Alliance.

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Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

AGENDA ITEM 8

Meeting name:	Wakefield District Health & Care Partnership
Agenda item no:	8
Meeting date:	Tuesday 11 February 2025
Report title:	Public Health Profiles – Sexual Health Services
Report presented by:	Steve Turnbull/Joanne Hinchcliffe
Report approved by:	Steve Turnbull/Joanne Hinchcliffe
Report prepared by:	Joanne Hinchcliffe

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

Previous considerations:

None

Executive summary and points for discussion:

A presentation to be given at the Partnership Meeting regarding Wakefield Public Health commissioned Sexual Health Services.

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

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Wakefield District Health and Care Partnership is asked to:

1. Note the content of the presentation given for information.

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:

AGENDA ITEM 8

Appendices
1. Presentation to be given at the meeting and copies of the slides to be circulated afterwards.
Acronyms and Abbreviations explained
1.

What are the implications for?

Residents and Communities	Provision of sexual health services to improve sexual health outcomes, including prevention and outreach services
Quality and Safety	Contractual governance arrangements are in place regarding service quality and safety
Equality, Diversity and Inclusion	EDIA completed prior to procurement of the service and completed by the service in respect of any changes
Finances and Use of Resources	Contract management arrangements in place includes financial considerations
Regulation and Legal Requirements	Mandated requirement for local authorities to commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception).
Conflicts of Interest	None
Data Protection	Contractual arrangements in place includes data protection requirements
Transformation and Innovation	Digital provision of elements of the sexual health service has transformed service access
Environmental and Climate Change	Considered within the procurement process for the contract
Future Decisions and Policy Making	The service providers, Spectrum and BHA are active members of the Wakefield Sexual & Reproductive Health Network, which influences local priority setting
Citizen and Stakeholder Engagement	Contractual arrangements in place includes citizen and stakeholder engagement.

AGENDA ITEM 10

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Wakefield Integrated Assurance Sub-Committee (IAC)

Date of meeting: 23 January 2025

Report to: Wakefield District Health and Care Partnership Committee

Report completed by: Jemma Harris, Governance Manager

Date: 29 January 2025

Key escalation and discussion points from the meeting
Alert:
Nothing to Alert
Advise:

• Agreement reached to hold a session dedicated to the following areas to support oversight and assurance:
  ◦ Place benchmarking of Trust trends in referral rates for services -
  ◦ Deep dive of Children's ADHD services -
  ◦ Waiting times and flow at Mid Yorkshire Hospital NHS Trust -
 	
• The committee were provided with the month 9 position as part of the **Wakefield Finance Report**. This highlighted that:
  ◦ South West Yorkshire Partnership NHS Foundation Trust continued to report a breakeven position
  ◦ Mid Yorkshire Teaching NHS Trust reported a £3.4m deficit
  ◦ The overall Wakefield position continued to fluctuate at around £100k deficit
  ◦ The Local Authority reported a deteriorated position of over £8m deficit (not counted within the over ICS total)
 	
• It was drawn out of the **Infection Prevention and Control Update** that the target for the number of Clostridium Difficile infections had exceeded target. It was confirmed however that the Trust were not an outlier.

There was concern raised in relation to the estate at Dewsbury Hospital and it configuration which continued to impact how the Trust manage infection control and outbreaks. An action would be taken forward to discuss the estate in more detail and feedback.

Assure:

- The committee received the quarterly **Wakefield Place Board Assurance Framework and Risk Register**. There were **14 risks** recorded on the Wakefield Place Risk Register, **2 risks** had decreased in score, and there were also **3 new risks** added during the 2024/25 risk cycle 4.

  The committee pulled out risk 2439, scored at 20 which detailed that we do not know the value of the current backlog of invoices for Continuing Health Care, jointly funded with the Local Authority, due to invoices not being put on the ADAM system resulting in inaccurate forecasting of expenditure. More information was requested to support oversight and provide assurance that mitigations were in place and would support resolution within sufficient timescales.

  Risks 2397 and 2329 were drawn out as the financial risks with the committee provided the necessary assurance that significant work continued to support the financial position across Wakefield Place, as well as the whole Integrated Care System.

  A focussed discussion was held to support the committee understanding and support oversight and assurance in relation to new risk 2481 in relation to disruption to the Urgent Care Walk-In Service at King Street Medical Centre. The committee learnt that planning permission had now been granted for 23 one bedroomed apartments at the site and this had increased the locations unsuitability for the service to remain there on a longer term basis. The committee were assured that a Task and Finish Group were actively seeking alternatives and that updates would be provided through the Wakefield Health and Care Partnership Committee.

- The **Wakefield Chapter of the PWC Report and the Associated Action Plan** was brought to committee for oversight. Assurance was provided as well as confirmation that Wakefield had not been identified as an outlier when compared to other Places and all actions were being progressed. The action plan would be added to the committee work plan with updates against actions expected at each meeting.

- The latest **Contract Assurance Report** was reviewed which highlighted there to be five contracts unsigned from the 2024/25 contract round. Signatures continued to be pursed for all five with some being held in the contracting team checking phase. There were no concerns escalated, and all contracts were expected to be signed.

  The report also noted the progress made against the 2025/26 contracting round, including the specific approach for process C of the Provider Selection Regime, which incorporates the pre-intention to award notice must be published at least eight working days before the end date of the existing contract.

- Specific escalations were made from the **Performance Exception Report** with particular note to:
- Escalation spaces at Mid Yorkshire Teaching NHS Trust
- The use of the Opel Framework being rolled out across the whole acute sector

- The **2023/24 Safeguarding Annual Reports** for Children, Adults and Wakefield Place were all received and noted for oversight and assurance.

- The committee received the **Quality, Safety and Experience of Care Report** and were assured that good progress continued in many areas including:
  - Roop Cottage Residential Home improved their rating from Inadequate to Requires Improvement and the service was no longer in special measures.
  - Another home previously rated Inadequate had now closed with all residents safely moved to alternative accommodation.
  - The paediatric hearing screening improvement programme had been de-escalated across West Yorkshire bar Mid Yorkshire Teaching NHS Trust. Steps continued to improve earlier this month the Trust received written confirmation from the Regional Paediatric Audiology SME Group which recommended that "MYTT Paediatric Audiology Service is de-escalated from red 'high risk' to amber and the improvement work is completed through an action plan via the ICB and Trust. for review".
  - A previously highlighted emerging risk identified that incorrect age-related reference ranges for Prostate Specific Antigen (PSA) tests that had been applied to some test results. Since the last meeting and its identification steps were taken to immediately amend and the Trust also undertook a clinical review of records for patients already under the care of the Urology Team. All patients were contacted by the Urology Team and advised to undergo a further PSA test.

- The **Annual Assurance Framework for Adult Social Care** was received and noted for information and assurance.

AGENDA ITEM 11

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	11
Meeting date:	11 February 2025
Report title:	Wakefield Place Risk Report Cycle 4 2024/25
Report presented by:	Asma Sacha, Risk Manager (West Yorkshire Integrated Care Board)
Report approved by:	Aimee Willett, Head of Corporate Governance (West Yorkshire Integrated Care Board)
Report prepared by:	Asma Sacha, Risk Manager (West Yorkshire Integrated Care Board)

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

Previous considerations:

Wakefield place management meeting – 11 December 2024
Wakefield Integrated Assurance Committee – 23 January 2025

Executive summary and points for discussion:

Effective risk management processes are central to providing the Wakefield District Health and Care Partnership with assurance that all required activities are taking place to ensure the delivery of the Partnership's strategic priorities and compliance with all legislation, regulatory frameworks and risk management standards.

This paper presents the Wakefield Place Risk Report including those risks rated 15 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 one.**

The paper includes the Board Assurance Framework (BAF) for all five places which is attached at **Appendix two**. The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in place are operating in a way that is effective in delivering objectives and minimising risks.

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 Integrated Assurance Committee is asked to:

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

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 Cycle 4 2024/25
2. West Yorkshire ICB Board Assurance Framework Cycle 4 2024/25
3. Risk on a page / heatmap for Wakefield place

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 Wakefield District Health and Care Partnership via the West Yorkshire Integrated Care Board (as a publicly accountable organisation), needs to take many informed, transparent and complex decisions and manage the risks associated with these decisions. As part of this risk management arrangement, the Partnership therefore needs to engage with this overarching approach and thereby ensure that the partnership has a sound system of internal control.

1.2 Effective risk management processes are central to providing assurance that all required activities are taking place to ensure the delivery of the Partnership's priorities and compliance with all legislation, regulatory frameworks and risk management standards.

1.3 The report sets out the process for review of the Wakefield Place risks during the current review cycle (Cycle 4 of 2024/25) which commenced on 18 December 2024 and ends after the West Yorkshire ICB Board (WY ICB) meeting on 18 March 2025.

1.4 The report shows all high-scoring risks (scoring 15 and above) recorded on the Wakefield Place risk register. Details of all Wakefield Place risks are provided in **Appendix one.**

1.5 The report includes the Board Assurance Framework (BAF) which was reviewed during Cycle 4 2024/25, this is attached at **Appendix two.**

1.6 The risk on a page/ heat map is attached at **Appendix three.** This item has been introduced for Wakefield for Cycle 4 2024/25 to be consistent with other places.

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 Please see pages 15 – 26 of the of the West Yorkshire ICB Risk Report 17 December 2024 for the Corporate Risk Register.

2.3 The West Yorkshire Risk Management Policy and Framework was approved at the West Yorkshire ICB Board on 21 March 2023 which details the risk management

process including the risk scoring matrix.

2.4 All high scoring place risks and all risks common to more than one place are reported to the WY ICB Board.

2.5 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.

2.6 This cycle work has been undertaken with risk owners to update their risks, review the risk score and ensure that additional information is complete. This more focused and supportive approach will continue.

2.7 There are currently **fourteen risks** on the Wakefield Place Risk Register. There are three new risks and two risks which have decreased in risk score.

2.8 High scoring Risks

There are four high scoring risks (15+) in Cycle 4 2024/25;

Risk ID	Risk Rating	Principal Risk	Risk Status
2439	20	There is a risk that we don't know the value of the current backlog of invoices for continuing health care which is jointly funded with the Local Authority, due to invoices not being put on the ADAM system resulting in inaccurate forecasting of expenditure for jointly funded CHC. The backlog is currently increasing due to capacity to undertake invoicing/receipting creating more of a financial risk.	Static – 1 cycle
2481	16	There is a risk of disruption to urgent care walk-in services at Kings Street in Wakefield due to the landlord being successful in applying for planning permission for 23 one bedroomed apartments and/ or the early termination of the lease either by NHS property services or the landlord. This may result in building works ongoing whilst trying to provide a health service on the same estate or the early vacation of the estate itself. Any disruption to the walk in service will result in pressures in the health and care system such as increased attendance at A&E or GP practices, increase in demand for GP out of hours, 111 or Dewsbury walk in centre (MYTT).	New risk.
2397	16	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 however this may be mitigated by NHSE non-recurrent funding that has been delegated WYICB to be split between Acute Trusts to reduce borrowing requirements. Awaiting WYICB decision re split between WY Acute Trusts. The scale of these pressures will require a financial recovery plan to	Static – 2 cycles

		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.	
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 – 4 cycles

2.9 New Risks this Cycle

There are three new risks added to the Wakefield place Risk Register in Cycle 4 2024/25;

Risk ID	Risk Rating	Principal Risk	Risk Status
2481	16	There is a risk of disruption to urgent care walk-in services at Kings Street in Wakefield due to the landlord being successful in applying for planning permission for 23 one bedroomed apartments and/ or the early termination of the lease either by NHS property services or the landlord. This may result in building works ongoing whilst trying to provide a health service on the same estate or the early vacation of the estate itself. Any disruption to the walk-in service will result in pressures in the health and care system such as increased attendance at A&E or GP practices, increase in demand for GP out of hours, 111 or Dewsbury walk in centre (MYTT).	New
2483	9	There is a risk of adult hospices (Wakefield Hospice and Prince of Wales Hospice) facing financial strain and reduced capacity to deliver palliative and end of life care services due to a future financial deficit (shortfall in annual funding) as well as employers National Insurance tax and living wage increase raising operational costs and expenses resulting in potential reductions in staffing, service availability, and support for patients, families and carers. This could result in additional service pressures on other health and care partners across Wakefield place, including primary care, acute services and community services impacting on hospital admissions, delayed discharges and an increase in social care demands.	New

2472	6	There is a risk that people with a learning disability (LD) cannot access an ADHD assessment through the SWYPFT commissioned services. This is due to people with a LD being excluded from the mainstream service and there is a lack of medics with specialised training to make the diagnosis in the LD service. This may result in needs not being met.	New

2.10 Emerging Risks this Cycle

There are no emerging risks in Cycle 4 2024/25.

2.11 Decreasing scores

There are two risks which decreased in risk score during Cycle 4 2024/25;

Risk ID	Risk Rating	Principal Risk	Reason
2401	9	There is a risk that the waiting times for Tier 4 beds for children and young people have increased, resulting in young people waiting on sections 3s in inappropriate settings.	Escalation routes in place for Tier 4 patients through the WY provider collaborative. Other places have also decreased their score for this risk. Risk score has been reduced from 12 to 9.
2129	9	There is a risk of delays in people accessing planned 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.	There have been improvements in the reduced 65 week waiting times. MYTT had previously had substantial waiting times which has reduced to just 2 patients (as at December 2024). The community diagnostic centre is now open and is taking significant activity away from the acute hospital. The risk score has therefore reduced from 12 to 9.

3. Board Assurance Framework (BAF)

3.1 The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in place are operating in a way that is effective in delivering objectives and minimising risks. These risks are owned by members of the Executive Management Team.

3.2 The BAF will be reviewed during risk cycles 2 and 4 by Place risk owners following which the assurance will be provided to Place Committees and the quarterly West Yorkshire Integrated Care Board meetings. The WY ICB Executive Management Team will review the BAF during risk cycles 1 and 3.

3.3 The Board Assurance Framework reviewed in Cycle 4 2024/25 is attached at **Appendix two.**

3.4 The table below shows key changes which has been made to the BAF following review by Wakefield senior managers during Cycle 4 2024/25;

BAF risk	**Cycle 3 2024/25 score**	**Cycle 4 2024/25 score**	**Reason for change**
1.2. There is a risk that operational pressures and priorities impact our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	12	16	The likelihood has increased 3 to 4 which has increased the overall risk score from 12 to 16. This reflects the Integrated Care Board position. Local places have limited powers to reduce the likelihood.
4.1 There is a risk that partnership working on wider societal issues is deprioritised to meet current operational pressures.	12	8	The likelihood has reduced from 3 to 2 reducing the overall risk score from 12 to 8 due to mitigations in place to address the pressures. The impact score will remain high as there is strong evidence that failure to address social determinants leads to poor population health and increased demand on care services

4. Next Steps

4.1 The risks will be carried forward to the next risk review cycle which will commence after the WY ICB Board meeting on 18 March 2025. The next risk cycle will be Cycle 1, 2025/26.

5. 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.
3. **RECEIVE** and **NOTE** the Board Assurance Framework for Cycle 4 2024/25

Risk ID	Date Created	Risk Type	Strategic Objective	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
2439	27/06/2024	Wakefield Integrated Assurance Committee	Healthy standard of living for all	20	(I4xL5)	4	(I2xL2)	Jenny Davies	Ian Currell	There is a risk that we don't know the value of the current backlog of invoices for continuing health care which is jointly funded with the Local Authority, due to invoices not being put on the ADAM system resulting in inaccurate forecasting of expenditure for jointly funded CHC. The backlog is currently increasing due to capacity to undertake invoicing/receipting creating more of a financial risk.	1. Reviewing the ADAM system 2. Getting additional support from the ADAM system provider 3. Potential to bulk upload invoices being explored 4. Payment of standard packages proposed 5. Additional training on the ADAM system 6. Support from CHC function 7. Internal Audit on the process 8. Securing additional resource/capacity to check CHC packages	1. Use the functionality of the system to full potential 2. Providers do their own receipting on the system 3. Regular reviews of how the system is being used 4. Regular forecasting using run rates 5. Awaiting the report from the internal audit 6. Delay in securing the additional resource/capacity has resulted in the backlog increasing and the risk score increasing	1. Regular meetings taking place between CHC, Finance and the LA 2. Appropriate papers sent to the relevant committees	TBC	1. Awaiting Internal Audit review report	Static - 1 Archive(s)
2481	14/01/2025	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	16	(I4xL4)	12	(I3xL4)	Jon Parnaby	Ruth Unwin	There is a risk of disruption to urgent care walk-in services at Kings Street in Wakefield due to the landlord being successful in applying for planning permission for 23 one bedroomed apartments and/ or the early termination of the lease either by NHS property services or the landlord. This may result in building works ongoing whilst trying to provide a health service on the same estate or the early vacation of the estate itself. Any disruption to the walk in service will result in pressures in the health and care system such as increased attendance at A&E or GP practices, increase in demand for GP [illegible] (MYTT)	1. A walk-in centre task and finish group has been established 2. Oversight by the unplanned care alliance 3. To implement a strong communication strategy and engage local stakeholders and community groups. 4. To conduct an early impact assessment focusing on vulnerable groups and if alternatives are sought (mobile clinics) that they are designed to mitigate inequality and are accessible including Equality Impact Assessment 5. To test robust data migration protocols with thorough testing and back-up systems, including a pilot programme with the IT experts. 6. Environmental Impact Assessment.	1. Identification of capital to develop alternative premises if the service is relocated	1. Project risk log in place, reviewed on a monthly basis by the Task and Finish Group including a focus on Business Continuity Plans 2. Provide updates to the Integrated Assurance Committee 3. Oversight by the Wakefield senior leadership team 4. Engagement by all affected parties	See above	1. ICB influence is restricted as lease agreement is between NHS property services and the landlord	New - Open
2397	11/12/2023	Wakefield Integrated Assurance Committee	Healthy standard of living for all	16	(I4xL4)	6	(I3xL2)	Jenny Davies	Ian Currell	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 however this may be mitigated by NHSE non-recurrent funding that has been delegated WYICB to be split between Acute Trusts to reduce borrowing requirements. Awaiting WYICB decision re split between WY Acute trusts,. 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 9. TDC overseeing efficiency savings on a monthly basis	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 savings - update 15/04/2024 now complete	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 7. Deep dive into finance at WDHCP on 6 June 2024	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	Static - 2 Archive(s)
2329	13/06/2023	Wakefield Integrated Assurance Committee	Healthy standard of living for all	16	(I4xL4)	6	(I2xL3)	Jenny Davies	Ian Currell	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. 10. Plans to TDC on [illegible] and [illegible]	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	Static - 4 Archive(s)
2128	04/10/2022	WDHCP	Giving every child the best start in life	12	(I3xL4)	12	(I3xL4)	Joanne Rooney	Jenny Lingrell	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 high 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.	Regular updates on progress received via the Neurodiversity Strategy Group and the Children's Alliance. Wakefield have been active in the Partnership for Inclusion in Neurodiversity project funded by Dept of Education which aims to improve children's experience of school, which will improve their experience of waiting well. March 2024 recurrent investment funding has been agreed for FY 2024/25 for this pathway to MYTT as a provider. Recruitment is now underway to progress this workforce capacity for this pathway. Update in December 2024 is that Recruitment to the MDA is now complete; recruitment of paedtricians is progressing subject to final interview. Locums have been used to manage waiting times to first appointment and prevent these from increasing further. Other recruitment updates from Dec 2024 are outlined below from MYTT: Consultant Recruitment (Social Communication Clinic)- Successful recruitment to community paediatrician specialising in ASD – starting March 2025. Service improvement PA's to be offered in next Job Planning cycle. 0.5 PA identified. MDA Recruitment -B7 SALT and OT – Start dates confirmed for early January 2025 B6 SALT – 1 started in post and second to go out to advert before Christmas 2024 B4 Therapy assistants – recruited to these posts and awaiting start dates to be confirmed for 2025 B3 Admin – recruitment progressing to go out to advert before Christmas 2024 B7 psychologists x 2 – started Nov 2024 – training ongoing 8b Psychologist – recruited internal candidate transitioning from 8a in next month in post early 2025 8a Psychologist – out to advert B4 Psychology assistants – interviewing underway for these posts. July 2023 1. There is new WY action plan developed and business case being prepared for increased capacity across the whole pathway. 2. There is a Wakefield Place action plan which captures all of the following controls 3. Additional resource was allocated to Mid Yorks to support the pathway in March 2023 - they are currently advertising roles (Paediatrician or a CYP Psychiatrist) to support the pathway 4. A survey with parents was undertaken to understand the reason a diagnosis is sought which highlights concerns around support in school. 5. LA and health are jointly funding Autism Education Trust Training which is being delivered across all schools in Wakefield, currently its been delivered to over 2000 individuals. 6. Expanding on the work above to develop an accreditation for schools and ASD School Champions 7. There is a multi-agency group who have attended the Spread and Scale Academy to look at how we can develop support which could reduce the demand for a diagnosis assessment. 8.To undertake further engagement with parents/carers and other stakeholders 9. Mid Yorks are currently modelling options to support pathway redesign this will in turn support the development of a full business case to recover the pathway (as requested at Integrated Assurance Committee in 28 June 2023) 10. WASP which is a non diagnosis led support offer is now recurrently funded. 11. Following a discussion across other places with a paper developed by Keir this has been reduced in terms of impact as the position across all other places is significant higher waiting times that at Wakefield Place. MYTT and Wakefield will continue with our action plans as agreed through SEND inspection. SEND inspection action plan to be shared at IAC October 2024.	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.	December TDC update from C&YP Alliance included assurance update. This included SEND and ND impact discussed at September WDHCP committee at Wakefield Place. SEND inspection action plan to be shared at IAC October 2024 which will included urgent actions and plans for ASD and ADHD for C&YP Monthly monitoring of the the service through data reports and the Multi-agency Neurodiversity 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) a discussion took place October 2024 at IAC WY ICB MHLDA forum developing a all age ND strategy and approach- agreed at SOAG November 2024. Kier Shikaler leading updates to SOAG in WY ICB.	Monthly data and information on the performance and actions taken. December 2024 data demonstrates There are currently 1452 children waiting for an ASD assessment, this is an increase of 332 since last reported to TDC in October 2024. 47% of C&YP are currently achieving Referral to Treatment within 18-week target; however, this is for first appointment at social, communication clinic and waits for MDA still present pending full recruitment. (first appointment) are meeting the 18-week target. 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	C&YP dashboard to be developed being discussed by Lead Children's Alliance and MYTT BI staff and divisional team	Static - 1 Archive(s)
2483	15/01/2025	Wakefield Integrated Assurance Committee	Improve healthcare outcomes for residents	9	(I3xL3)	6	(I2xL3)	Michele Ezro	Melanie Brown	There is a risk of adult hospices (Wakefield Hospice and Prince of Wales Hospice) facing financial strain and reduced capacity to deliver palliative and end of life care services due to a future financial deficit (shortfall in annual funding) as well as employers National Insurance tax and living wage increase raising operational costs and expenses resulting in potential reductions in staffing, service availability, and support for patients, families and carers. This could result in additional service pressures on other health and care partners across Wakefield place, including primary care, acute services and community services impacting on hospital admissions, delayed discharges and an increase in social care demands.	1. Funding uplift: Explore funding uplift allocations to all Hospices to mirror NHS statutory organisations 2. Funding reallocation: To explore options to reassess and reallocate funding to prioritise essential services and mitigate the impact of increased costs 3. Collaboration with stakeholders: Engage with local stakeholders to seek additional funding or support 4. Cost saving measures: Explore efficiency strategies, such as streamlining operations to reduce overhead costs 5. Fundraising campaigns: Support Hospices and local authorities to launch targeted campaigns to increase donations and secure new funding streams 6. Potential government funding for end of life pathways.	1. Limited flexibility in funding reallocation due to existing financial pressures across the system, making it difficult to reallocate funds without compromising essential services 2. Limited opportunity for further efficiency improvements without negatively impacting service quality and staff wellbeing 3. Over-reliance on public donations, which may not bridge the funding gap 4. Potential that the government funding does not materialise and that the allocation is not passed through.	1. Financial audits: Work with finance teams to monitor and evaluate the impact of the tax increase on Hospice finances and assess the effectiveness of mitigation measures 2. Hospice performance reviews: Quarterly reviews of service delivery metrics to ensure patient care and service standards are maintained 3. Stakeholder feedback: Collect feedback from patients, families, carers and staff 4. Wakefield End of Life Care Board: Regular reporting to ensure governance and accountability in managing the risk 5. Wakefield LTC Steering Group Oversight: Quarterly reporting to the group 6. Wakefield Transformationg and Delivery Collaborative: Regular reporting to the group 7. West Yorkshire Palliative End of Life Care Steering Group: Regular reporting to the group	To be confirmed	None identified at this stage.	New - Open
2440	28/06/2024	Wakefield Integrated Assurance Committee	Tackle inequalities in access, experience, outcome	9	(I3xL3)	4	(I2xL2)	Sarah Booth	Abby Trainer	There is a risk that there is a lack of resilience within the Health MASH team due to wider operational support within the ICB which could result in the MASH team health information not being fed into multi agency information sharing processes within the integrated front door potentially causing professionals not having the full range of information available to them when decision making	1. Posts have now been recruited to 2. SOP for times when there are no MASH nurses	1. Provider organisations which are part of the SOP have not always got the capacity to support 2. Recruited roles in post for nearly 5 months now (Oct 24)	1. Children's Services report and monitor on the timeliness of data provided by the Health MASH team	TBC	TBC	Static - 2 Archive(s)
2429	16/04/2024	WDHCP	Improve healthcare outcomes for residents	9	(I3xL3)	4	(I2xL2)	Jon Parnaby	Jon Parnaby	There is a risk that patient safety and experience is compromised due to the number of patients with no reason to reside remaining in the MYTT bed base due to delayed discharge arrangements. This can impact extended patient waits in the ED. In addition escalation beds may need to be opened across the Trust with the resultant impact on the workload for staff and quality of care of patients.	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 Forum (to be established) 5. Update provided at Transformation and Delivery Collaborative on 18 June 2024 6. IAC deep dive November 2024 IAC meeting 7. IAC recommened a MYTT quality meeting which took place 9th December 2024	1. Greater understanding of impact by partners	1. Minutes of meetings of QCC at MYTT 2. Minutes of unplanned care alliance 3. Minutes of the Oversight by the System Discharge Forum (to be established) 4. Minutes of TDC 5. IAC deep dive report November 2024 6. Briefing from DoN Kirklees and Wakefield Places following 9th December MYTT quality presentation on TES	1. Daily performance data 2. Performance against national 4-hour emergency care standard (78%)	1. Performance Indicators to be agreed 2. Impact of GP Collective Action to be monitored	Static - 3 Archive(s)
2401	18/01/2024	WDHCP	Giving every child the best start in life	9	(I3xL3)	4	(I2xL2)	Joanne Rooney	Jenny Lingrell	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	Decreasing
2129	04/10/2022	WDHCP	Healthy standard of living for all	9	(I3xL3)	6	(I3xL2)	James Brown-john	Melanie Brown	There is a risk of delays in people accessing planned 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 most pressured specialities linked to the WYAAT clinical networks. 2. Validation of the waiting list.[1] 3. Patient are offered choice to be seen by an alternative provider and independent sector contracts in place to increase capacity.[1] 4. Tools such as PIFU and The Shared Referral Pathway (SRP) 5.[1]The Planned Care system leads work closely with WYAAT programmes to optimise capacity across West Yorkshire.[1] 6. The new 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 to have a system approach to planned care strategy. 8. The commencement of a joint system change management programme with MYTT and Kirklees called Health Pathways to agree best practice pathways.	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 earlier 2024 industrial action by consultants and junior doctors reducing theatre and outpatient capacity. The IAS action was concluded during 2024 5. Spare theatre and outpatients facilities	1. Performance report to Integrated Assurance Committee quarterly. 2. Performance report to WDHCP Committee bi-monthly. [1] 3. CQC inspections/reports[1]. 4. Audit reports commissioned as required.[1] 5. Planned Care Alliance is responding to these priority areas and oversees a monthly update	1. Mainly two specialities contributing to the waiting time issues (Gynaecology and Vascular Surgery) 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. Dedicated Task and Finish groups reporting to the Alliance now in place to address the most challenged areas. 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. Some Specialities have patients waiting above 65 weeks post September 2024. This will be overseen by MYTT divisions with reporting to NHSE for this	Decreasing
2461	10/10/2024	WDHCP	Support broader social and economic development	8	(I4xL2)	4	(I2xL2)	Jenny Davies	Ian Currell	Risk that the general deterioration in financial position of Local Authorities leads to cuts in services that directly affects demand for health services or reduced joint funding by LA which must be picked up by Health – joint funding of services or joint funding of posts. Local discussions in Wakefield show that although the LA is financially challenged they are in a reasonable position compared to their peers. Local mitigations are close working relationships and committee structures which enable us to be well sighted at an early stage of LA funding decisions	Close joint working between system partners in Wakefield. In addition to WDH&CP committee numerous joint place forums e.g TDC; joint place DoFs etc. Finance report to WD&HCP also reports on the LA financial position.	None Identified	Minutes from WDH&CP demonstrate discussion on financial position. Regular meeting of Wakefield Place DoFs taking place.	TBC	None identified	Static - 1 Archive(s)

2472	27/12/2024	Wakefield Mental Health Alliance	Tackle inequalities in access, experience, outcome	6	(2xL3)	4	(2xL2)	Charlotte Winter	Michele Ezro	There is a risk that people with a learning disability cannot access an ADHD assessment through the SWYPFT commissioned services. This is due to people with a LD being excluded from the mainstream service and there is a lack of medics with specialised training to make the diagnosis in the LD service. This may result in needs not being met.	Conversations with the ADHD and LD SWYPFT service leads to understand the scope of the issue, reasons why the ADHD diagnostic service feel that they are unable to make reasonable adjustments to accomodate this cohort and explore the possibility of LD consultants undertaking additional training to enable them to complete diagnostic processes.	A business case has been submitted to commissioners for additional posts but there is no specific funding for ND services, MHIS funding cannot be used. WY ICB ND Strategy has been identified as a gap. WY ICB MHLDA forum developing an all age ND strategy and approach- agreed at SOAG November 2024. Kier Shikaler leading updates to SOAG in WY ICB.	This risk is being managed and reported on through the LD and ND Alliance. The WY AQP may provide an opportunity for access to assessments for this cohort. WY ICB MHLDA forum developing an all age ND strategy and approach- agreed at SOAG November 2024. Kier Shikaler leading updates to SOAG in WY ICB.	Patients in this category are receiving MDT support for ongoing behavioural interventions. SWYPFT adult psychiatry supports medication perscribed by CAMHS as patients with an existing diagnosis move into adult services.	It's not yet known what the WY AQP providers might be able to offer in terms of ADHD assessments for people with a LD	New - Open
2409	20/02/2024	WDHCP	Improve healthcare outcomes for residents	6	(2xL3)	2	(1xL2)	Jon Parnaby	Jon Parnaby	There is a risk that the system will see an increased 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) Unplanned Care Alliance 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 MYTT and partners (Paediatric and respiratory presentations for example).	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 Unplanned Care Alliance	Reports to IAC committee November 2024 and to Mutual Accountability meeting on 28th November 2024 illustrate from MYTT data that A&E attendances are at expected activity levels and are not increasing. The acuity of patients attending MYTT has increased LOS.	None identfied	Static - 4 Archive(s)
2146	04/10/2022	Wakefield Mental Health Alliance	Healthy standard of living for all	6	(3xL2)	4	(2xL2)	Charlotte Winter	Michele Ezro	Demand for adult ADHD assessment exceeds capacity due to increased referrals and there is a waiting list. There is a risk that more people will exercise choice for private assessment where quality of assessments can vary. The overall risk may result in financial risk to the ICB.	1. Business case approved by WDHCP on 2 November - funding arrangements have been put in place with SWYPFT for 24/25. 2. For West Yorkshire ICB the Any Qualified Provider (AQP) contract is being renewed. Private providers will be able to sign up to this with set tariffs and standards of quality criteria met.	identified as a gap across WY ICB - WY ICB wide ND strategy and consistent commissioning approach for all age ND. Agreed actions -WY ICB MHLDA forum developing an all age ND strategy and approach- agreed at SOAG November 2024. Kier Shikaler leading updates to SOAG in WY ICB.	Agreed actions -WY ICB MHLDA forum developing an all age ND strategy and approach- agreed at SOAG November 2024. Kier Shikaler leading updates to SOAG in WY ICB. 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 Learning Disability and Neurodiversity Alliance.	Business case approved SWYPFT have the capacity to undertake the work Analysis of data to determine appropriateness of assessment.- initial triage step data showing positive results	Patient choice still applies Non recurrent investment for triage step	Static - 5 Archive(s)

West Yorkshire Integrated Care Board - Board Assurance Framework - Heat map			Version 8											Dec - March 2025			
Mission		Strategic risk	WYICB and 5 Places	West Yorkshire		Bradford District and Craven		Calderdale		Kirklees		Leeds		Wakefield			
			Risk appetite (All)	Target score (WYICB)	Current score (WYICB)	Target score (BD&C)	Current score (BD&C)	Target score (Cald'e)	Current score (Cald'e)	Target score (Kirk's)	Current score (Kirk's)	Target score (Leeds)	Current score (Leeds)	Target score (Wake'd)	Current score (Wake'd)		
Reduce inequalities	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	16	20	16	20	16	20	16	20	16	20		
	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	16 ↑	9	12	9	9	6	12 ↓	12	16	9	16 ↑		
	1.3	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	8	12	8	12	8	12	8	12	8	12		
Manage unwarranted variation in care	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Open	8	12	6	12	8	12	8	12 ↑	9	12	8	12		
	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	6 ↑	8 ↓	4	6	4	6	4	8	4	12	4	12		
	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	9	2	4	2	6	2	8	2	6 ↓	2	6		
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	9	16 ↑	9	16	9	16 ↑	9	12	9	12		
	2.5	There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.	Averse	16	16	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required		
Use our collective resources wisely	3.1	There is a risk that we do not invest resources in a way which prioritises community, primary and prevention programmes and so doesn't maximise value for money.	Open	6 ↑	12 ↑	4	12 ↑	4	12	8	12	4	9	4	9		
	3.2	There is a risk that we don't operate within our available system and organisational resources (revenue and capital) and so breach our statutory duties.	Cautious	9 ↑	20	6	20	6	20	6	20	6	20	6	20		
	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	9 ↑	12	4	12	4	16	4	12	4	16	4	12		
Secure benefits of investing in health and care	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	8 ↓	8	8 ↓	8	12	8	12	8	12	8	8 ↓		
	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	8	12	8	12	8	12	4	9	8	12		
	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber-attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required		
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs	Open	12	16	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required		

WY ICB Wakefield place
Risk on a Page Report Cycle 4 2024/25

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Total Risks	14 open risks

Movement of Risks		Risk Score Increasing	0
New	3	Risk Score Static	9
Marked for Closure	0	Risk Score Decreasing	2

Risk Overview

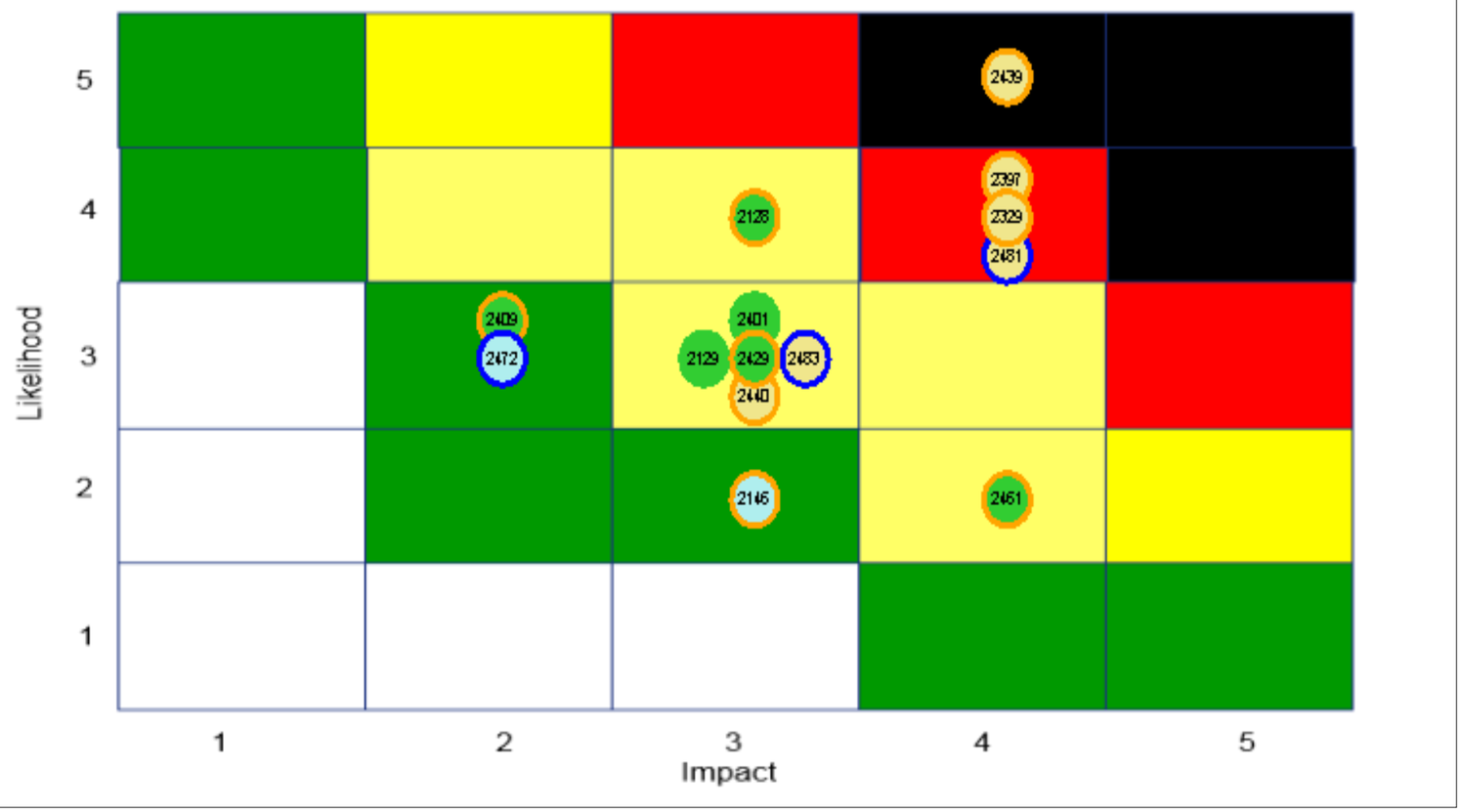
Risk Overview Diagram relates to the current risk cycle

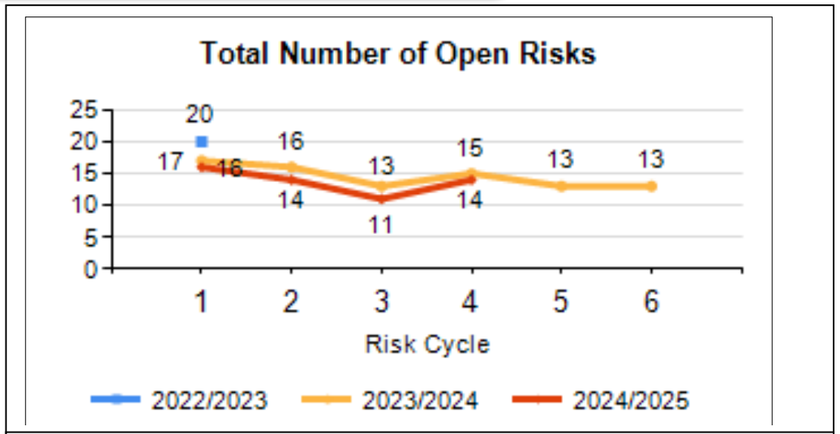
Key

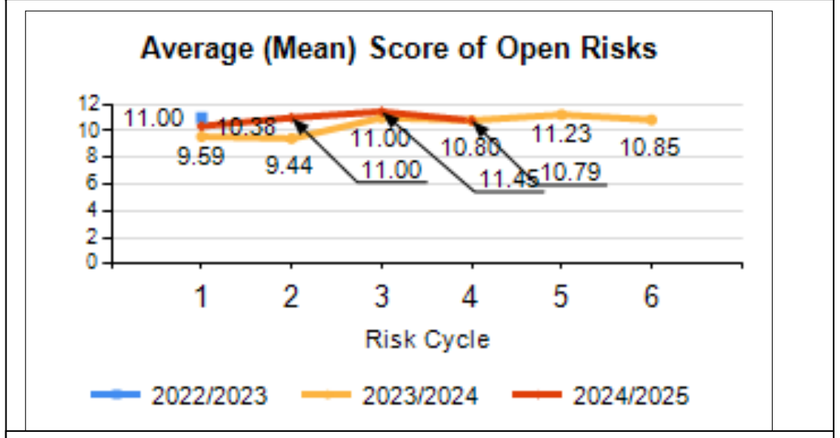
- WDHCP
- Wakefield Mental Health Alliance
- Wakefield Integrated Assurance Committee

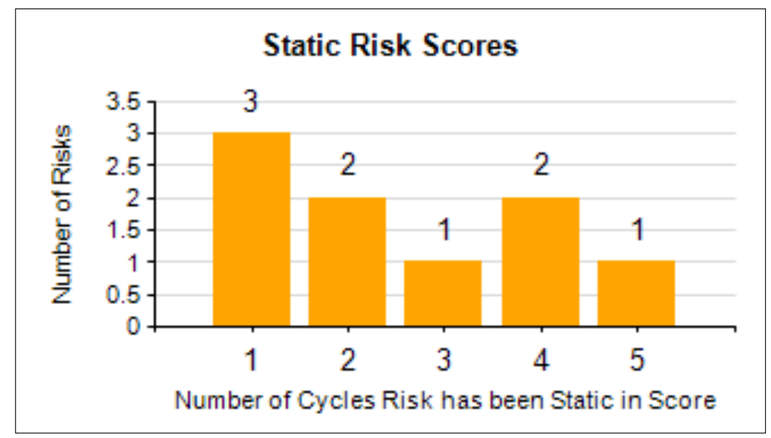
New Risk
Closed Risk
Risk Score Increasing
Risk Score Decreasing
Risk Score Static

Score	Risk Level
1-3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15-16	Serious Risk
20-25	Critical Risk









Static Risk Descriptions in this Cycle

9 risks are static.

AGENDA ITEM 12

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	12
Meeting date:	11 February 2025
Report title:	Summary of 2024/25 Quarter 3 Quality, Safety and Experience report
Report presented by:	Laura Elliott, Senior Head of Quality
Report approved by:	Penny McSorley, Director of Nursing and 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 2024/25 Q3 Quality, Safety and Experience report for Wakefield place which was presented to the Integrated Assurance Committee on 23 January 2025. The report presents information from various sources including regulators, commissioners, service providers and our population.

For 2024/25 we have redesigned the report to align to the model of care described in the Partnership's Strategic Delivery Plan allowing us to report against the model's three aims - Prevention, Integrated Community Response and Specialist Care. We added a fourth section to enable reporting against other Quality at Place work across the Partnership.

The full report includes the latest Care Quality Commission (CQC) ratings for our health and care providers; information on enhanced quality assurance and improvement activity; summaries of visits to various services; updates on our Experience of Care network and our work to embed quality and involvement in the work of the 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 Q3 Assurance Wheels aligned to the Partnership's Strategic Delivery Plan.
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 Partnership Board is asked to note the: a. full report was presented to the Integrated Assurance Committee on 23 January 2025; and b. current place risks and assurances related to quality, safety and experience presented in the triple A report and Assurance Wheels
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 2024/25 Quarter 3 Quality, Safety and Experience report
Acronyms and Abbreviations explained
All acronyms and abbreviations in the report are explained or written in full before they are abbreviated.

What are the implications for?

Residents and Communities	The report is informed by information from partner organisations, and feedback from people of Wakefield district on their experience of care.
Quality and Safety	The purpose of the Quality, Safety and Experience report is to highlight quality and safety risks and 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 full report were presented to the People Panel on 6 February 2025.

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 3 Quality, Safety and Experience Report
Date of meeting:	11 February 2025
Report to:	Wakefield District Health and Care Partnership Committee
Report completed by:	Laura Elliott, Senior Head of Quality
Date:	24 January 2025

Key escalation and discussion points from the meeting

Alert:

Adult Social Care

- The Care Quality Commission (CQC) are taking enforcement action against a residential care home in the district. The service is under formal enhanced quality oversight and receiving quality improvement support in line with our Quality Assurance Framework for Adult Social Care.

Advise:

Mid Yorkshire Teaching Trust (MYTT)

- During Quarter 3 and into January 2025, MYTT has continued to experience significant operational challenges in their Emergency Departments (ED) resulting in extended lengths of stay in the department, and patients being cared for as outliers or in temporary escalation spaces (TES).

  In October 2024 the Integrated Assurance Committee supported a recommendation to convene a Quality Oversight and Assurance meeting with the Trust to seek assurance about the systems and processes in place to ensure patients in TES care are provided with safe and good quality care in line with the six principles outlined in the NHSE Principles for providing safe and good quality care in temporary escalation spaces guidance. This meeting was held on 9 December 2024.

  In attendance were members of the Trust's Executive team alongside senior medical, nursing and operational colleagues from the Acute Care Division, Division of Medicine and Division of Surgery. The Trust presented comprehensive information which provided robust assurance to the ICB regarding the systems and processes in place to ensure safe and good quality care in TES. It described processes for assessment of patients, ensuring quality of care and effectiveness, communication to patients, families and staff including how to raise a concerns, an analysis of incidents, complaints and PALS concerns as well as the ward to Board governance. The Trust also shared the improvement work in progress to review TES locations across hospital sites, identify opportunities to improve ward flow, and the launch of the structured quality management system.

NHS England also visited Pinderfields Hospital on 27 November to review the Urgent and Emergency Care (UEC) pathway and made a number of suggestions to ease overcrowding and improve patient flow. The CQC undertook a planned engagement visit to Pinderfields Hospital on 18 December and visited acute care clinical areas with a focus on care in TES. Our new Director of Nursing & Quality joined the visit and received positive assurance from the staff about their focus on quality and safety in TES areas in ED and on the wards visited and observed the processes described at the quality oversight meeting in action.

- During Quarter 3 a never event was reported – administration of medication by the wrong route. The incident was graded as low harm but in line with Patient Safety Incident Response Framework (PSIRF) arrangements and the Trust's PSIR Plan the learning response method agreed at the Patient Safety Oversight Group is an in-depth Patient Safety Incident Investigation (PSII).

- National Paediatric Hearing Services Improvement Programme – the paediatric audiology service was asked to undertake further audit following the case review to be reported back to Regional Paediatric Audiology and WY Oversight Groups. The audits were completed and a meeting with the ICB quality team was held in November where the service demonstrated positive progress with many of the actions completed.

  In January 2025 the Trust received written confirmation from the Regional Paediatric Audiology group following review of the three audits, which recommended that "MYTT Paediatric Audiology service is de-escalated from red 'high risk' to amber and the improvement work is completed through an action plan via the ICB and Trust for review".

- In September it was identified that the incorrect age-related reference range had been applied to some PSA (prostate specific antigen) test results following alignment of age-related reference ranges with the Cancer Alliance and NICE Guidance. A clinical review of records for patients already under the care of the urology team was undertaken; patients with recent PSA result above the range were referred for further diagnostic test in line with the current pathway; and patients whose PSA was requested by their GP were contacted by the urology team and advised to undergo a further PSA test.

  Repeat PSA tests have been completed for those patients requiring this with subsequent diagnostic tests undertaken as a priority where indicated. A small number of patients have been commenced on the prostate cancer pathway and are receiving treatment. Each has been reviewed by a Consultant Urologist and Nurse Consultant who deemed no harm from the short delay in diagnosis due to the slow progression of the disease.

- Learning from Deaths mortality data up to July 2024 shows the overall 12-month rolling Hospital Standardised Mortality Ratio (HSMR) has increased to 105.75 (above expected) with year to date (YTD) of 105.46 (in line with expected) – a high HSMR of 121.39 in July

2024 has impacted on the 12-month rolling and YTD position. The 12-month rolling HSMR continues to be above expected for deaths following a procedure and following elective surgery. A detailed analysis of these deaths has been completed and reported to the Trust's Learning from Deaths group and Quality Committee.

Assure:

Mid Yorkshire Teaching Trust (MYTT)

- Sentinel Stroke National Audit Programme (SSNAP) measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence-based standards. In the latest published SSNAP data (Apr-Jun 2024) the Trust's score is slightly lower at Band B. However, the Trust continues to be score higher than other acute stroke units across West Yorkshire.

- The Deteriorating Adult Response team (DART) team launched the Call4Concern service in January 2024 to enable patients and their families to raise concerns, via a dedicated telephone line, if they feel their condition is worsening. The team review the concern and work alongside the medical team to assess the patient or refer onto an appropriate healthcare professional.

  The Trust is part of Phase One of the national pilot for Martha's Rule. In October 2024, the Call4Concern service was widened to the Emergency Departments, and planning is underway to roll out within paediatrics which will complete implementation within the Trust. The team continue to review the information posters and communication resources around the Trust to improve accessibility.
  As a pilot site the Trust continues to link in with other sites and the patient safety collaborative across Yorkshire & Humber to share learning gathered from individual Trust experiences.

Adult Social Care

- After a CQC assessment in August 2024 Roop Cottage Residential Home has improved their rating from Inadequate to Requires Improvement. The service is no longer in special measures and the voluntary embargo on admissions has been lifted.

- The Integrated Quality Team developed a Quality Assurance Framework for Adult Social Care which has recently been refreshed to reflect learning from service closures, changes to service registration, and enforcement action by the CQC. Following engagement through governance processes at Wakefield Council and the ICB the Framework was approved by the Integrated Assurance Committee in January 2024.

GP Practices

- The CQC has published the outcome of the reassessment of Tieve Tara – a GP practice in Castleford. The practice is run by Spectrum and a CQC inspection was undertaken in 2023 resulting in a Requires Improvement rating overall and for Safe and Effective domains. Following the reassessment undertaken in October the practice remains rated

Requires Improvement overall and for Safe and Well-led with an improvement in rating for Effective to Good.

Other

- In Quarter 3 Patient Safety Walkabouts were undertaken to Scrivens Hearing Care, Connect Health, The Prince of Wales Hospice and Bevan Healthcare Health Inclusion Service.

Wakefield District Health & Care Partnership

Appendix Two

Quality, Safety and Experience Report
2024/25 Quarter 3

Assurance Wheels

Prevention - we want people in Wakefield district to live in communities where they are supported to stay well.

- World Antibiotic Awareness Week (WAAW) 2024 took place in November. Local GP practices and pharmacies were sent a pack that included images and videos for waiting room screens, suggested social media posts and a bulletin containing key reminders for prescribers in primary care.
- Smoking prevalence in the district continues to fall reaching 12.9% in 2024 – approaching the England average.
- The Public Health commissioned Families and Babies service (FAB) achieved 66% breastfeeding rates at 6 weeks. The highest ever recorded in Wakefield.

Integrated Community Response – we want more health and care services to be provided at home or close to home.

- Five care homes are under formal enhanced quality surveillance and are being supported in line with the Quality Assurance Framework for Adult Social Care. One home previously rated Inadequate has closed – all residents have been safely moved to alternative accommodation.
- In March 2024, Roop Cottage was rated Inadequate. After a CQC assessment the overall rating of the service has improved to Requires Improvement and the service is no longer in special measures.
- Six GP Practices are under enhanced quality surveillance (two under formal enhanced), compared to seven in the previous quarter.
- In Q3 patient safety walkabouts were undertaken to Scrivens Hearing Care, Connect Health, The Prince of Wales Hospice and Bevan Healthcare Health Inclusion Service.

Specialist Care – we want to provide health and care services that are personalised, accessible and timely.

- MYTT's score for Sentinel Stroke National Audit Programme has reduced to Band B.
- The ICB convened a Quality Oversight and Assurance meeting with MYTT regarding care in Temporary Escalation Spaces was held in December 2024.
- MYTT reported one Never Event during Q3 classed as administration of medication by the wrong route.
- In January 2025 it was recommended that MYTT be de-escalated from high 'red' risk to amber in the National Paediatric Hearing Services programme following regional review of three completed audits.

- MYTT have completed the actions identified following a patient safety event related to prostate specific antigen (PSA) tests.

Quality at Place - updates on programmes and networks at place.

- During Q3 our Embedding Quality and Involving People (EQuIP) programme held a ‘Share and Learn’ session on the resources available at the Staff Library and Knowledge Service at MYTT.
- An Introduction to Quality Improvement (QI) workshop was held in November.
- The latest Experience of Care Network focused on staff experience of care and the impact a positive staff experience has on experience for people receiving care and treatment.
- 353 items were shared in Quarter 3 Quality Intelligence Group meetings and 9 key themes from the intelligence were identified.

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

AGENDA ITEM 13

Meeting name:	Wakefield District Health and Care Partnership (WDHCP) Committee
Agenda item no:	13
Meeting date:	Tuesday 11th February 2025
Report title:	Performance Update
Report presented by:	Natalie Tolson, Interim Joint Service Lead for Information Services / Business Intelligence
Report approved by:	Natalie Tolson, Interim Joint Service Lead for Information Services / Business Intelligence
Report prepared by:	Sarah Redmond Flack, Performance & System Intelligence Manager

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

Previous considerations:

Not applicable

Executive summary and points for discussion:

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 and which 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 and Learning Disabilities (core mental health metrics for CYP and Adults)
- Community (virtual ward, bed occupancy and community services waiting list)
-

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

A summary version is presented for Wakefield District Health and Care Partnership following discussion at the last Integrated Assurance Committee.

The latest position reported is November / December 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)
It is recommended that the Wakefield District Health and Care Partnership Committee: 1. Note the latest performance and those indicators where performance is below target and the associated exception information where provided.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
Mitigating actions are included in the paper and risks reflected in the Partnership's or individual organisation's (as appropriate) Assurance Frameworks and Risk Registers.
Appendices
Performance Report - Feb 25
Acronyms and Abbreviations explained
Not applicable – all acronyms and abbreviations are explained in the report

What are the implications for?

Residents and Communities	Any impact for residents and communities are noted in the paper.
Quality and Safety	Access to care and prolonged waiting times impacts on patient care and experience
Equality, Diversity and Inclusion	Not applicable
Finances and Use of Resources	The delivery of elective activity is linked to the achievement of the elective recovery fund.
Regulation and Legal Requirements	Not applicable
Conflicts of Interest	Not applicable
Data Protection	Not applicable
Transformation and Innovation	Not applicable
Environmental and Climate Change	Not applicable
Future Decisions and Policy Making	Not applicable
Citizen and Stakeholder Engagement	Not applicable

Wakefield District Health & Care Partnership

NHS ICB - Wakefield Place Performance Exception Report

Period – November/ December 2024

Executive Summary

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 West Yorkshire ICB. The report was discussed in detail at the Wakefield Integrated Assurance Committee held in January and therefore, an executive overview is provided.

Unplanned care and patient flow

The local system has and remains under significant challenge as we have experienced an increase in ambulance call outs, increased waiting times in ED and an increase in the number of patients needing to be admitted. This has subsequently led to an increase in the use of temporary escalation spaces and additional pressures on patient flow.

This year we have seen an increase of 10% in calls to NHS 999 compared to last year, with 63% of these being conveyed to ED. Ambulance arrivals have been increasing, for the week ending the 26th January 2025 they increased to 912 (+27 from the previous week). Ambulance handover performance increased to 43 minutes in December against an ambition to reduce this to 23 minutes.

A&E 4-hour performance in December reported at 65% with 11.7% of patients waiting longer than 12 hours to be seen. Performance is being driven by admitted pathways, with increased acuity and conversion to admission being seen. The use of temporary escalation spaces remains high, with an average of 32 per day being reported in December.

Average length of stay remains high and increased in December to 6.8 days. Bed Occupancy was impacted by the Norovirus outbreak at the Dewsbury site along with high numbers of patients with no criteria to reside (19.9% of all patients in beds). Continued negative cumulative drift is highlighting a pattern of consistently admitting more patients than are being discharged each day.

The Trust has implemented a series of measures to support the unplanned care pressures. The ‘call to convey’ programme has been implemented to support with ambulances arrivals from care homes, there continues to be a positive contribution from SDEC and daily calls have been set up to support patient flow and the effective discharge of patients.

Executive Summary

Planned care and system demand

The national focus this year has been to reduce the number of long patient waits. The number of patients on the RTT waiting list at the end of November was 46,329, for Wakefield. This was an increase of 476 from the previous month. The number of patients waiting over 52 weeks for treatment reported at 1,303 which is a reduction for the third consecutive month. Of these, 49 patients are waiting over 65 weeks. The ambition remains to clear all 65 week waits by the end of March 2025. This has been a challenge as GP routine referrals have increased by 6% compared to last year and this growth has been in our most challenging specialties – for example ENT, gynaecology, oral, respiratory and urology.

Delivery of the elective and outpatient activity plan remains below plan. On average, there is a 2,000 gap between the number of RTT clock starts and completions, however the gap has been narrowing over the last two months. Activity has been impacted by the imbalance between capacity and demand and also the delayed TIF build at Dewsbury.

The focus for 25/26 will be to deliver a 5% improvement in RTT 18-week performance. Wakefield currently reports performance of 63.6% and is delivering the 92% standard in two specialities

Whilst RTT remains a challenge, the % of patients receiving a diagnostic test within 6 weeks continues to achieve the operational target for Wakefield (96.8% in November 24).

Pressures in Breast and Urology continue to impact on the delivery of the cancer performance standards. For Wakefield, the 31-day decision to treatment performance standard is consistently below the 96% target at 91.2% and the 62-day referral to treatment standard reported at 68.7% which is below the operating plan of 70% & national ambition of 85%.

MYTT achieved the two-week waiting standard for November, current performance measures 95.5% . However, MYTT is not expected to achieve the standard in December 2024, driven by the Breast position with over 400 breaches confirmed for December.

28 FDS performance met the target in November with performance of 78.9%, the trust expects to continue to meet the target in December.

Executive Summary

Other system priorities

The number of appointments available in GP practices (rate per 1,000 registered practice population) remains above the national average for Wakefield. In October, 44.4% of appointments were attended on the same day as booking. The proportion of face-to-face appointments remains stable between 70-75%, having been steadily rising since the pandemic. In November, 74.0% were delivered face to face, higher than the national average.

The challenges seen within the acute sector are also being expressed in the mental health sector as we face rising demand for the provisional of mental health care. The number of contacts to both adult and mental health services reports above plan.

The number of women accessing specialist perinatal mental health (PMH) and maternal mental health services (MMHS) services performed above target at 418 against a 405 in November. The target has been achieved following the team pushing to achieve the target and increasing the number of people accessing the service by 43 in a month.

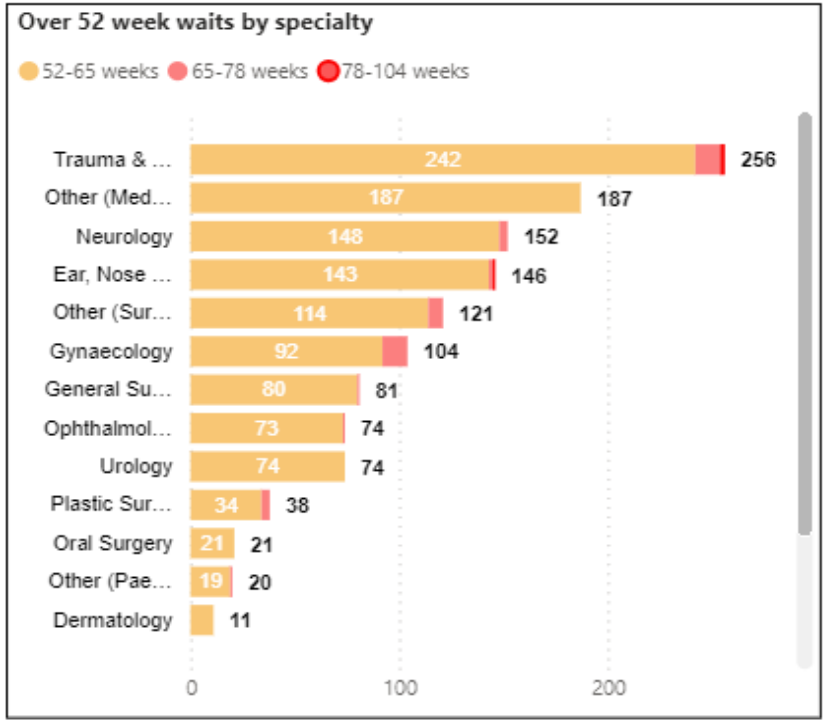
In terms of preventative support, the % of patients who have received a learning disabilities health check is 65% which is an increase by 8.9% (161 patients) from the same period last year. The number of serious mental illness health checks is on track to deliver by year end with 51.2% patients receiving a review and the % of patients who have all diabetic 8 care processes is at 50.8% which is an increase of 4.8% from the same period last year.

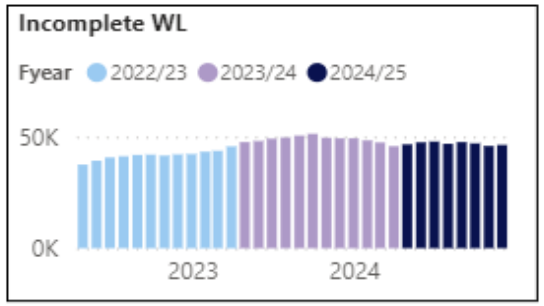
Planned Care - RTT Performance for Wakefield (Nov 24)

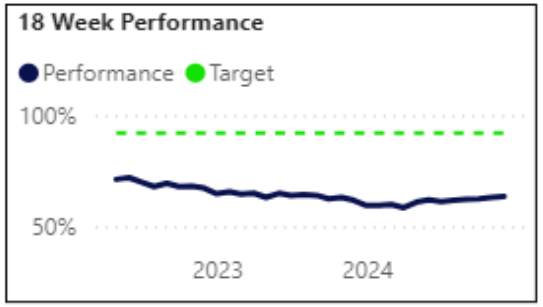
Wakefield and MYTT performance against the key NHS operating plan elective recovery metrics

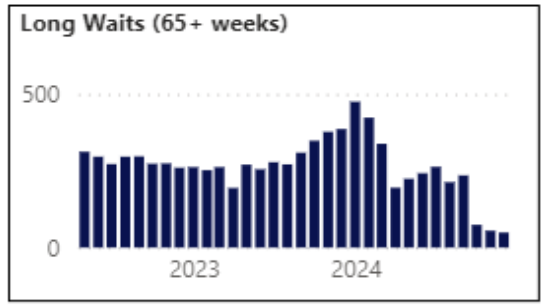
Incomplete WL	18 Week Performance	52 Week Breaches
46,329	63.6% !	1,303 !
	Target: 92.0% (-30.88%)	Target: 0

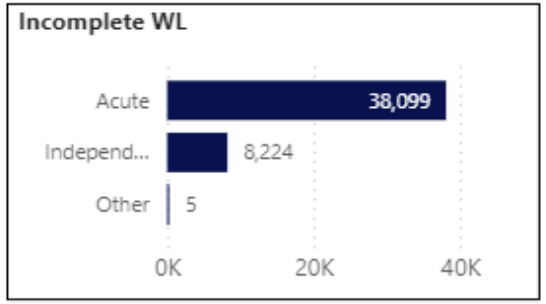
65+ Week Breaches	78+ Week Breaches	104+ Week Breaches
49 !	3 !	(Blank)✓
Target: 0	Target: 0	Target: 0

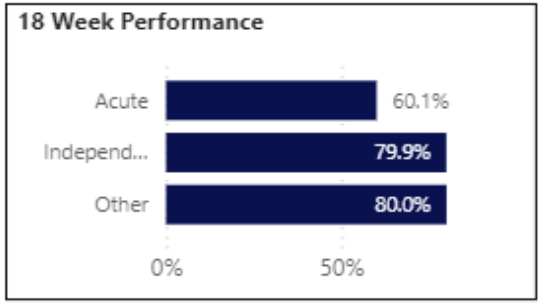


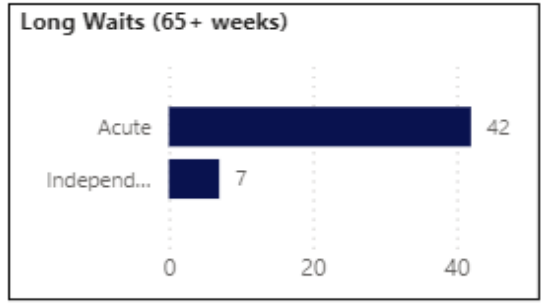


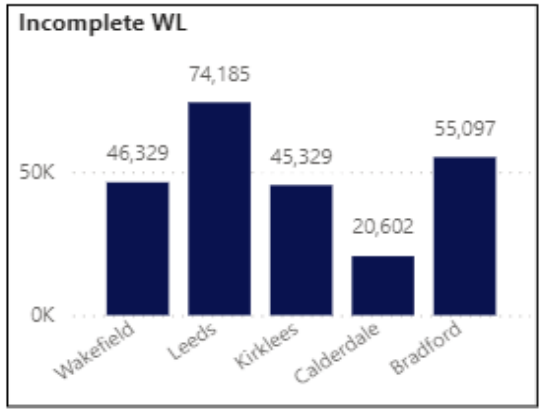


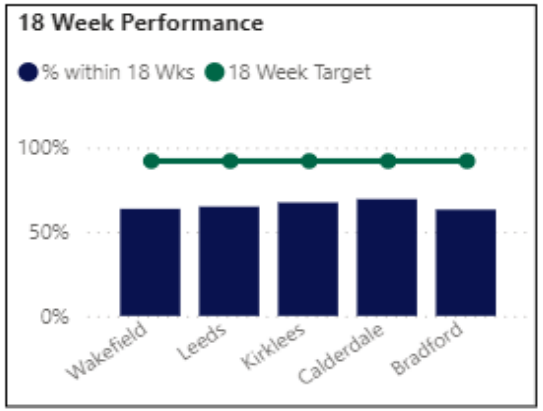


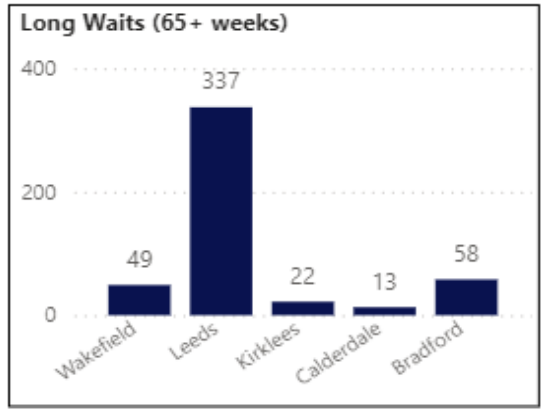












What is the data telling us?

•Long waiters remain (78w+) in Doncaster Teaching Hospital and Independent Sector providers are being closely monitored.

•Pressured specialities across providers with the highest number of patients waiting over 65 weeks remain Trauma & Orthopaedics and Gynaecology.

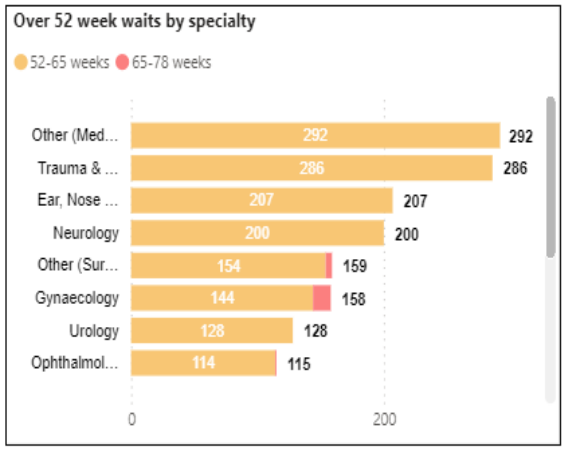
•The majority of long patient waits in Trauma & Orthopaedics are patients waiting for treatment at MYTT.

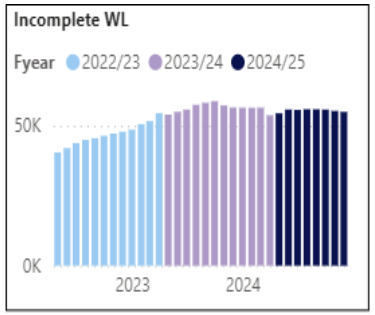
Planned Care - RTT Performance for Mid Yorkshire (Nov 24)

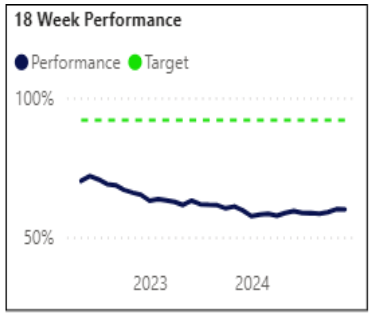
Incomplete WL	18 Week Performance	52 Week Breaches
54,979	60.0% ! Target: 92.0% (-34.81%)	1,726 ! Target: 0

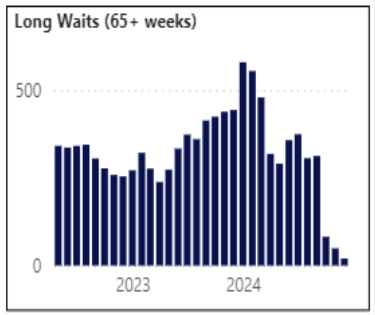
65+ Week Breaches	78+ Week Breaches	104+ Week Breaches
20 ! Target: 0	(Blank)✓ Target: 0	(Blank)✓ Target: 0

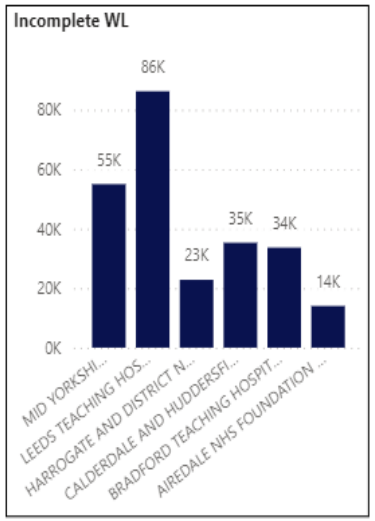
18 Week Performance v NHS Acute Avg.	18 Week Performance Quartile Range	52 Week Performance v NHS Acute Avg
Better	Inter	Worse

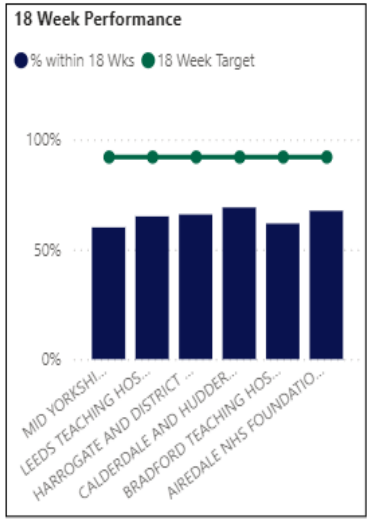


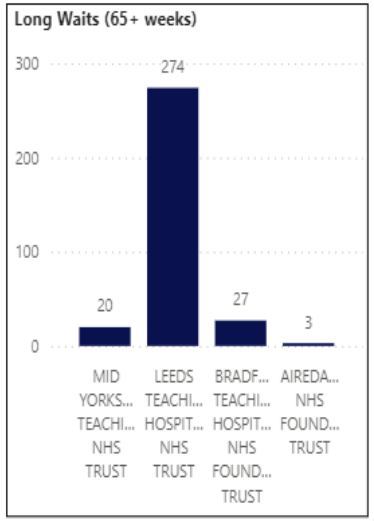












Performance Highlights:

- The 65-week position across the Trust has improved throughout quarter 3. There were 20 patients waiting at the end of November 2024 with a maximum of 2 patients forecast for the end of December 2024 subject to patient choice.
- All services are working towards the end of year (Mar-25) trajectory of bringing the waiting list down to 43-weeks.

What is driving the performance:

- Industrial Action and OPEL pressures have further added to the ability to carry out planned activity and this has had an impact on the total waiting list 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.
- Oral and maxillofacial surgery is now one of the most improved services.
- Surgeon and anaesthetic capacity is challenged in fragile service and increased referrals, combined with return of patients from the Independent Sector are compounding the challenge.

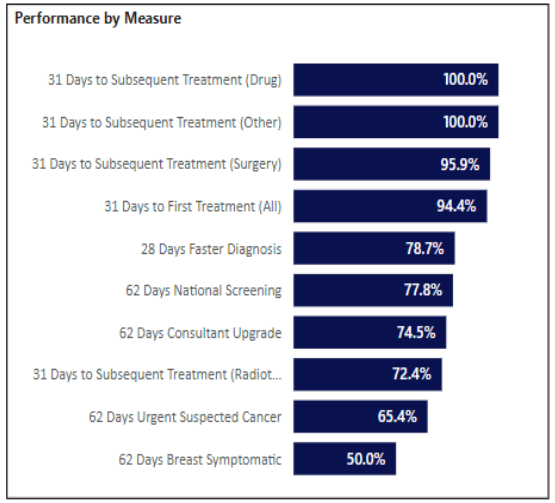
What actions are in place to support:

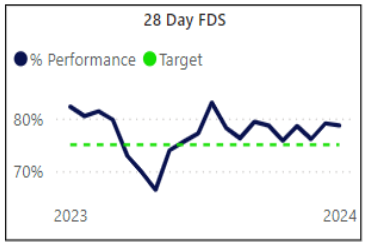
- Additional investment into clinical workforce in fragile services with Consultant posts either invested or out to advert for ENT, Gynaecology, Anaesthetics and Orthopaedics.
- There is continued operational focus and governance on patients that have or will have waited 43+ weeks by the end of March 25.

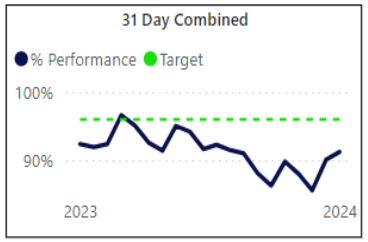
Planned Care: Cancer (Nov 24)

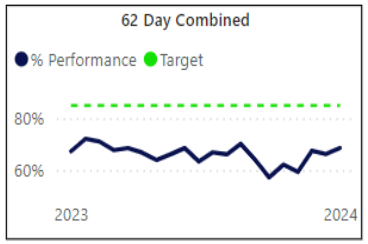
Wakefield performance:

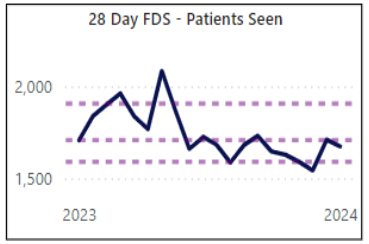
28 Day FDS	31 Day Combined	62 Day Combined
78.7%✓	91.2%!	68.7%!
Target: 75% (+4.9%)	Target: 96% (-4.98%)	Target: 85% (-19.21%)
Rank: 47 / 106	Rank: 50 / 106	Rank: 60 / 106
Quartile: Inter	Quartile: Inter	Quartile: Inter

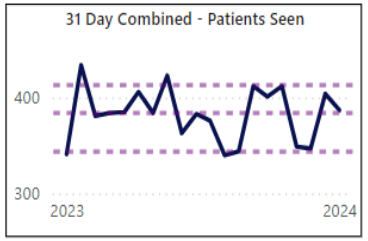


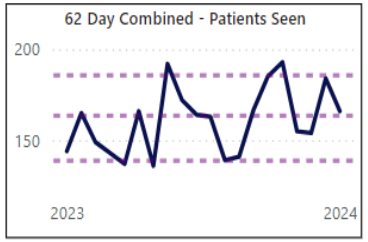


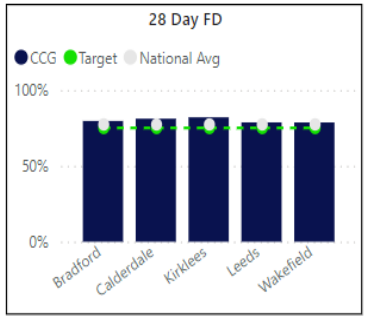


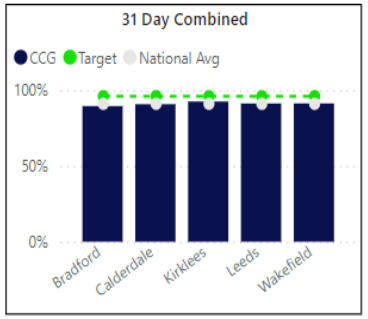


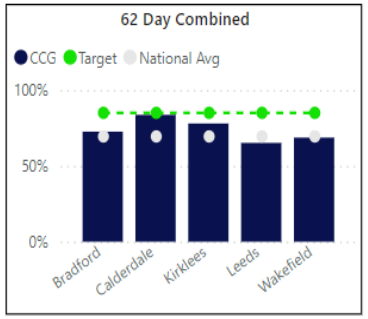






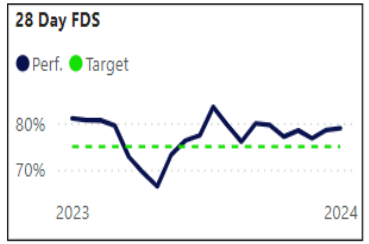


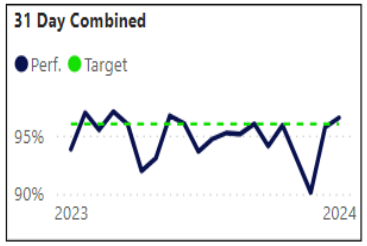


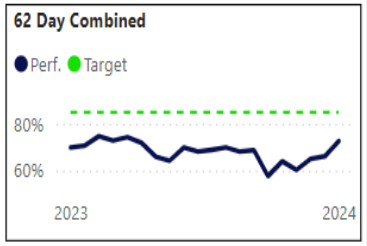


MYTT Performance:

28 Day FDS	31 Day Combined	62 Day Combined
78.9%✓	96.5%✓	72.7%!
Target: 75% (+5.23%)	Target: 96% (+0.54%)	Target: 85% (-14.47%)
Rank: 61 / 132	Rank: 45 / 135	Rank: 57 / 135
Quartile: Inter	Quartile: Inter	Quartile: Inter







Performance Highlights (MYTT):

- The Trust achieved the **2WW** standard for November, current performance measures 95.5% . However, the Trust will not achieve the 2WW standard for December 2024, this is driven by the Breast position with over 400 breaches confirmed for December.
- **28 FDS** performance for November is 78.9%, MYTT is expected to meet the compliance for December and January.
- November **31 Day** performance is 96.5% against a target of 96%. MYTT is expected to meet the compliance for December (performance for December currently stands at 98.4%).
- **62-day** performance is 72.7% in November. This is the highest achievement throughout the whole of 2024. This is directly linked to improvements in Urology and Breast services
- **Current 62-Day Backlog** measures 185. 29 of which over 104 days. Over the Christmas period the 62-day backlog increased from 140 patients.

What actions are being taken (MYTT):

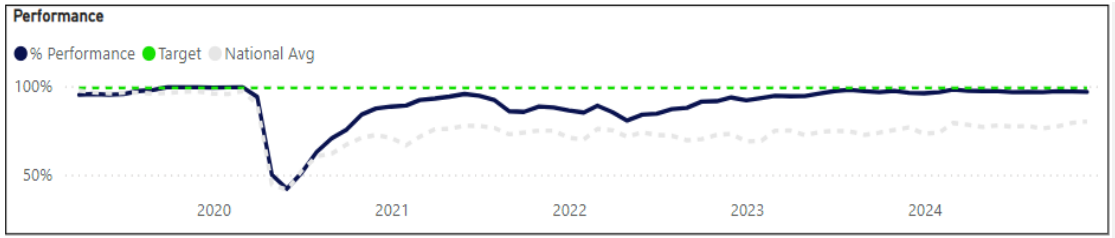
- **2WW** – To mitigate the risk of not achieving the 2WW standard in December and January additional YMS clinics are being provided on weekends through January. This will provide an additional 24 slots per weekend.
- **28 FDS & Breast:** There is a small risk relating to the Breast position, if additional weekend activity cannot be provided consistently throughout January - this will lead to an increased wait for first outpatient appointment. If this increases past Day 28, then this will begin to impact MYTTs 28 FDS performance.
- **Backlog Reduction:** All Tumour-Site Specific Groups (TSSG's) have provided additional activity to reduce the backlog within the month. However, reducing this backlog will lead to a decrease in 62-day performance. Pathway improvement work continues within the Urology, ENT and Oral TSSG's, to facilitate further improvement in the Trust's cancer access standards.

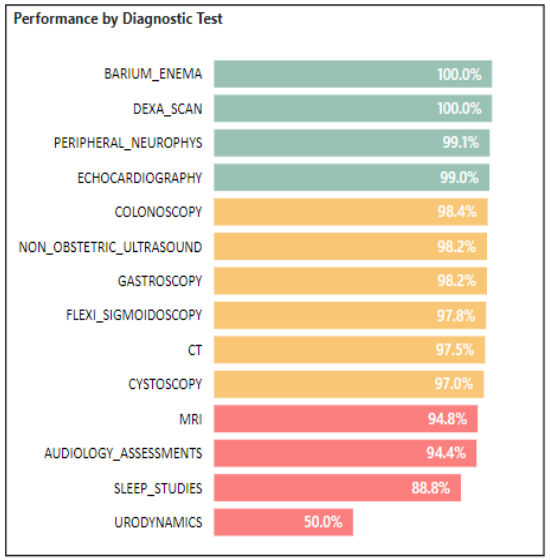
Planned Care: Diagnostics (Nov 24)

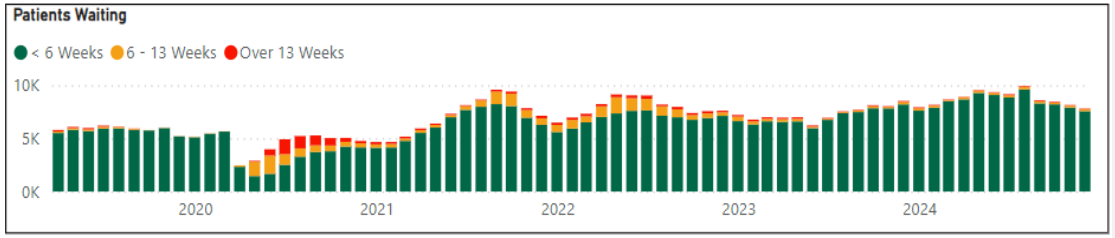
Wakefield performance:

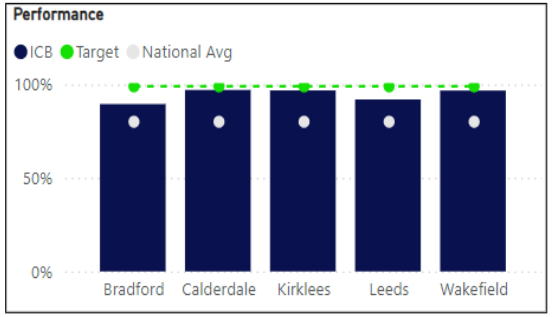
Patients Waiting	Patients Waiting Over 6 Weeks	% Patients Waiting <6 Weeks
7,809	253	96.8% ! Target: 99.0% (-2.26%)

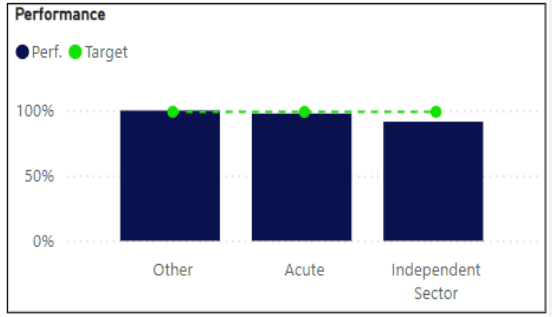
Performance v National Avg.	Performance Rank v All CCGs	Performance Quartile Range
Above	3 / 106	Upper







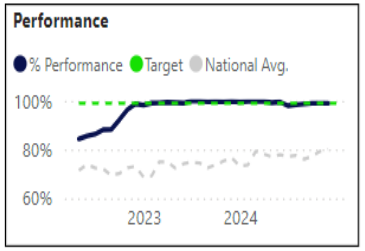


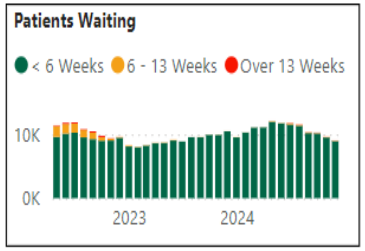


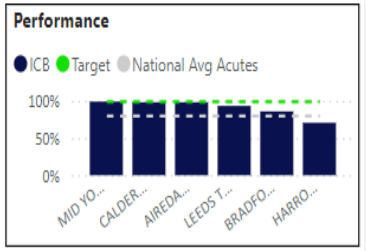
MYTT Performance:

Patients Waiting	Patients Waiting Over 6 Weeks	% Performance
9,033	93	99.0% ! Target: 99.0% (-0.03%)

Performance v Acute Avg.	Performance Rank v Acute Providers	Performance Quartile Range
Above	9 / 135	Upper







Performance Highlights:

Wakefield

- Performance was 96.8% in November, which is consistently above the 95% operational plan target but below the 99% national target. Overall performance is impacted by waiting times within the independent sector.
- In November independent sector performance was 91.4% which is driven by sleep studies, CT, MRI, audiology assessments and flexi sigmoidoscopy.

MYTT

- DM01 achieved the 99% standard in October 2024 as per the plan set earlier in the year, with the inclusion of urodynamic tests.
- Unfortunately, this standard was narrowly missed in November 2024 achieving 98.87%. This was largely driven by unplanned downtime within MRI coupled with increased demand for this modality.
- The MRI imaging suite continues to progress:
  - 1.5 Scanner was delivered in early December 2024 and planned Go Lives continue for the 7th January 2025
  - 3T Scanner has encountered a small delay due to contractor supply challenges which will defer the go live by approximately 1 month to the end of April 2025 from the end of March 2025.
- Cellular Pathology have successfully transitioned to the new ISO 15189:2022 standard.

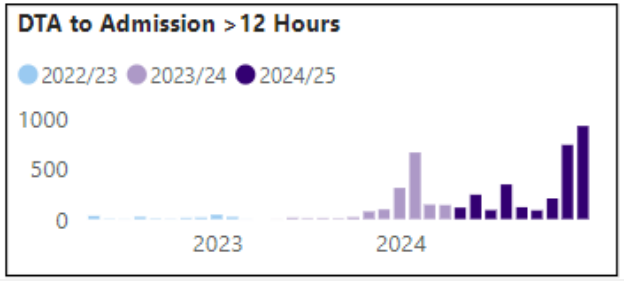
Unplanned Care – Emergency Department (Dec 24)

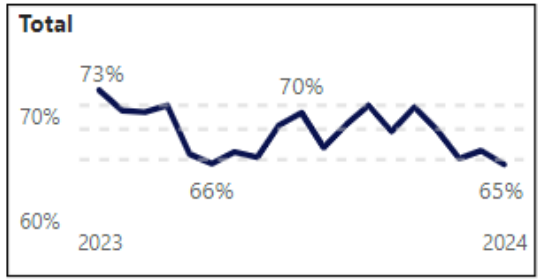
Total	Type 1	Type 3
65%	56.4%	90.7%

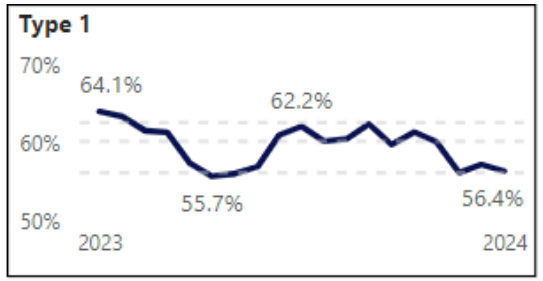
Total- WYAAT	Type 1 - WYAAT	Type 3 - WYAAT
69.8%	60.7%	96.6%

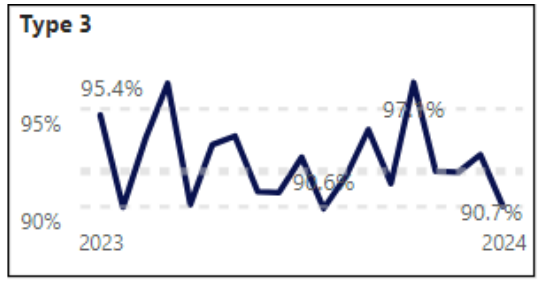
DTA to Admission >12 Hours

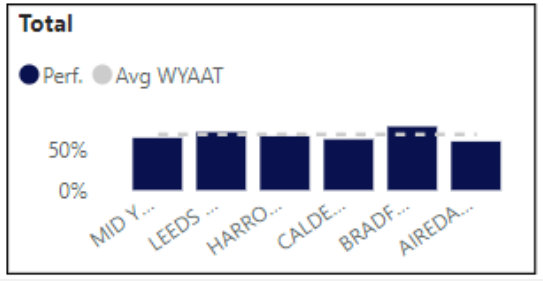
923

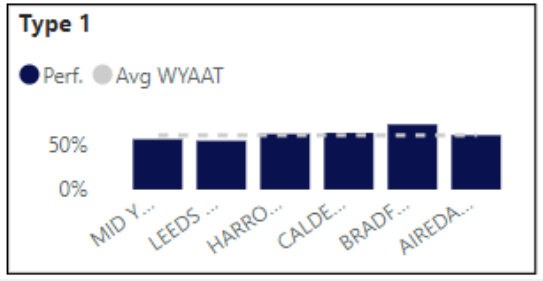


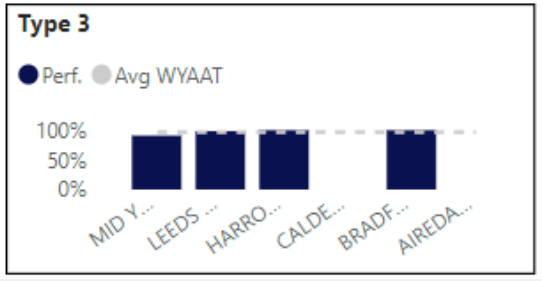












How are we performing?

Performance:

- Trust-wide performance against the 4-hour standard in December 2024 was 65%.
- Admitted performance across both type 1 ED's was 26.8%, compared to November performance of 33.2%. Non-admitted performance was 73.9% in December 24, a reduction compared to November performance of 75.7%.
- There were 923 12-hour RTA trolley breaches reported in December 2024; a significant increase compared to 736 the previous month.

Ambulance Arrivals:

- MYTT declared 681 >60-minute YAS handover breaches in December 2024.
- The monthly average handover time for MYTT in December 24 was 46.1 minutes.

What is driving the performance:

- Ambulance arrivals remain above the mean with special cause variation flagging higher volumes of arrivals. This has consistently been the case since October of 2023.
- MYTT continues to have high volume of conveyances to the Trust compared to other Trusts across the region.
- Pinderfields site received the second highest volume of conveyances in the region as a single site provider.
- Admissions through the ED's during November continued to be higher than planned indicating a continued high acuity profile.
- Flow into the organisation was challenged with an increase in average length of stay combined with a decrease in Trust discharges. This links to the increase in the number of patients waiting in the ED more than 12 hours and the breaches of the 12-hour standard caused by operational pressures throughout the period associated with extended delays for admission as can be evidenced through the increase in patients in the department at midnight waiting for a bed.

What mitigations are in place to support?

- Actions in place to trial new ways of working regarding the initial assessment processes with a specific focus at Pinderfields and Dewsbury. 2-week trial using Clinical Contact Point at time of patient registration.
- The admitted pathway steering group is now established to focus on improvement against this target.
- A service improvement plan has been developed at Pontefract Urgent Treatment Centre with clear milestones for improvement.
- An initial draft of the ECIST workforce modelling tool is complete. Medical Staffing Business Case has been drafted and will be discussed at BCAG on 19/12.
- Work has commenced with YAS regarding out of area conveyance, and admission avoidance using single point of access (SPOA).
- There is ongoing engagement with YAS and WYAAT colleagues regarding handover processes.
- Medical and Nursing additionality to support handover of long wait medical patients in ED.
- Agreed criteria in streaming to Medical & Surgical SDEC. Continuation of Cardiology SDEC and reviewing of pathways with ED.
- Work with LCD (King Street) to increase their attendances to contract requirement levels (circa 40,000 PA), with video in development promoting the services of King Street.

Unplanned Care – Patient Flow (Nov 24/ Dec 24)

% of patients discharged from hospital back to their usual place of residence

91.7% !

Target: 92.5% (-0.87%)

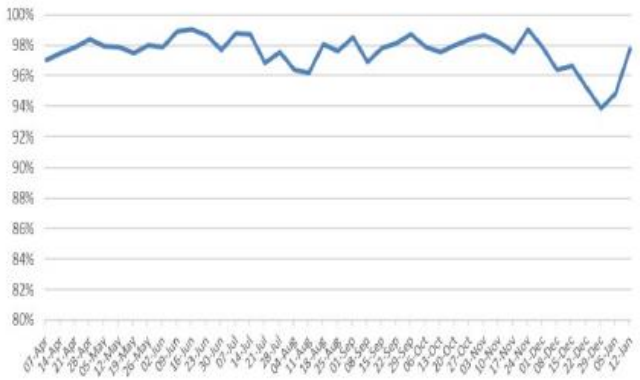
November 2024

% of patients who do not meet the criteria to reside not discharged

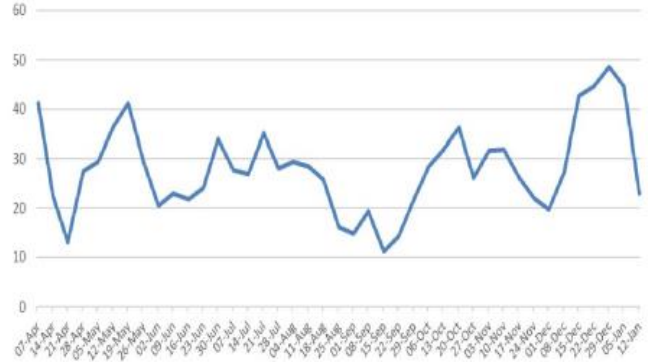
14.2%

December 2024

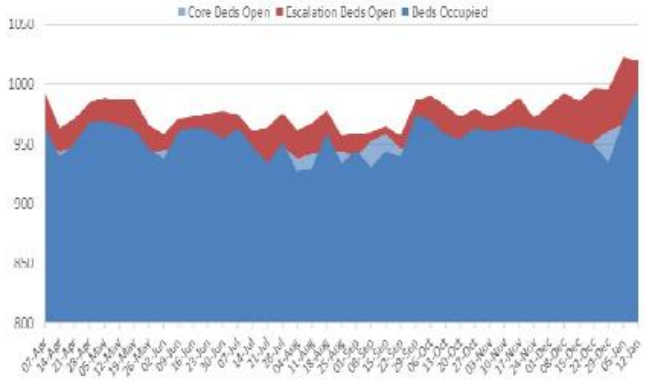
Adult G&A Weekly % Bed Occupancy - Trust



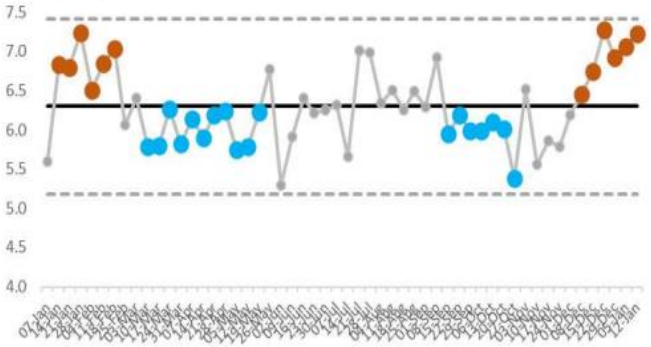
Medical Outliers



Adult G&A Weekly Available vs Occupied Beds at midnight



ALOS (NELE)



How are we performing?

- There has been in upturn in the number of patients with a reason to reside, not in rehab, since mid- November. This is averaging around 113 patients per day.
- The average number of patients who do not have a reason to reside, and not in rehab, averages around 55 per day. This has been very gradually increasing since October 2024.

- Bed Occupancy remains low at 95.48% and is driven by a reduction at Dewsbury, which is likely in response to the Norovirus outbreak. Medical Outliers peaked over the festive period but has shown signs of reducing last week (based on current data) and the average number of RTA patients waiting at midnight increased to 47 (pre-December, this was averaging around 38 per day).

- Continued negative cumulative drift is highlighting a pattern of consistently admitting more patients than are being discharged each day.

- Overall, non-elective LOS continues to be higher than average. This increase is mainly being seen within Medicine – averaging 10.1 days compared to the previous 8-week average of 8.6 days. Medicine have however seen a number of long stay patients being discharged – Gastro (249 days), Geriatric Medicine (107 days) and Clinical Haematology (61 days) are some examples.

What mitigations are in place to support?

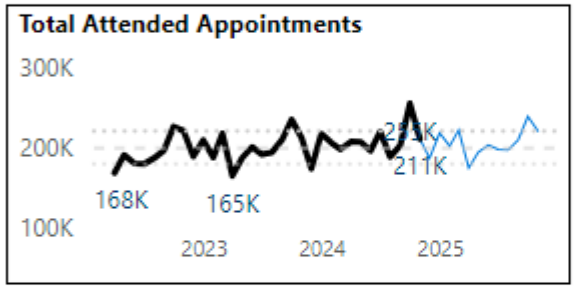
- Relaunch of Internal Professional Standards to commence in January 2025.
- Director of the Day implemented in December 2024 to promote Trust wide responsibility for flow throughout the organisation. All acute Director of Operations participate in this.
- 8 wards within the Division of Medicine to participate in the 'model cell' management system deployment based on continuous improvement methodology for length of stay from January 2025.

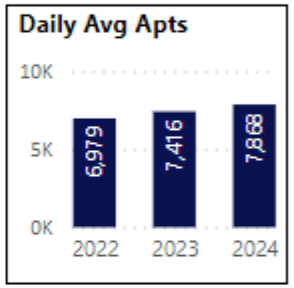
Primary Care (Nov 24)

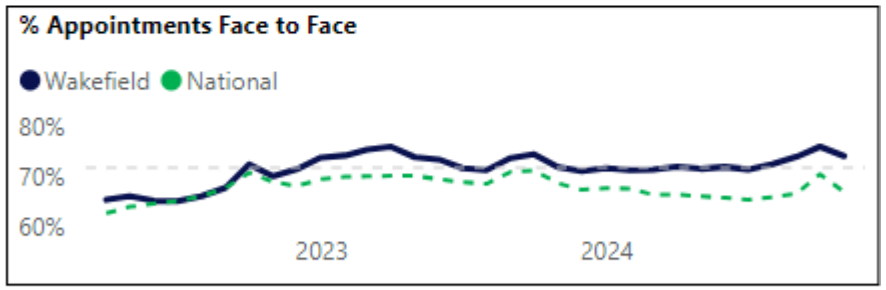
Total Appointments	Delivery Rate of 23/24 Apts	Attended Appointments
234,148	100.3%	210,660

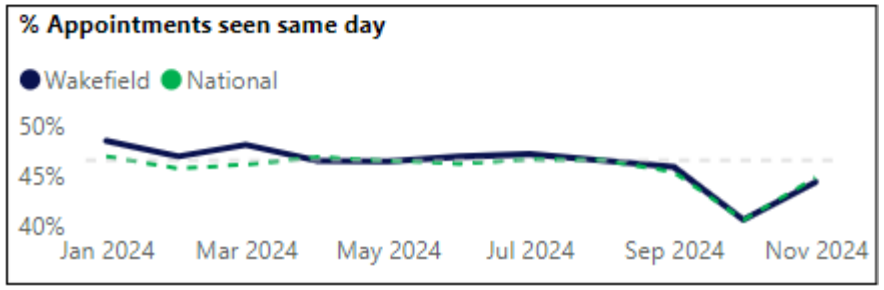
% Attended Same Day	% Attended FTF
44.4%	74.0%

Overall DNA Rate	DNA Appointments
4.0%	8,719









How are we performing?

GP Appointments

- The number of appointments available in GP practices (rate per 1,000) remains above the national average at 587 in November 2024.
- In November 47.9% appointments were booked within 2 weeks. Face-to-face appointments appear to have stabilised between 70-75%, with November's rate at 74.0%.

Digital

- The number of patients registered to use the NHS App is increasing, with the total number of patients who actually use the service in Wakefield the highest in West Yorkshire.
- Online Consultation rates continue to increase across all PCNs. As of October 2024, 60.46 online consultations per 1000 patients across the month which is increasing. There continues to be variation between practices in terms of the number of online consultations being performed.
- 100% of practices are now enabled to accept new patient registrations online in line with contractual guidance.

Pharmacy First

- Referral rates to Pharmacy First are beginning to plateau and, in some cases, decrease, there is significant variation between practices in the numbers of referrals completed. This is also mirrored across other places in West Yorkshire and is being investigated by the West Yorkshire Community Pharmacy Group.

Workforce

- The number of full-time equivalents (FTE) continues to remain static alongside other general practice staff groups. In comparison to PCN roles which have increased significantly and are now static in total numbers. In November 2024, Wakefield had the highest proportion of GPs and Nurses per 1000 patients across West Yorkshire.

Health inequalities

- The percentage of patients who have received a learning disabilities health check is 65.02% which is an increase by 8.89% from the same period last year. 161 more patients have had a health check compared with the same figure in the previous year.
- The number of Serious Mental Illness health checks is on track with 51.2% patients receiving a review.
- The percentage of patients who have all Diabetic 8 Care processes is at 50.8% which is an increase of 4.79% from the same period last year.

What is driving the performance?

- GP appointments continue in line with predicted trajectories. There is increasing activity both in and out of hospital urgent care settings, this is expected in line with seasonal trends following a reduction over the Spring and Summer months. At this stage, data would suggest that activity is greater than in previous years.
- GP Care Wakefield Utilisation continues to follow a similar trend with utilisation levels within the urgent care demand higher than the planned capacity element.

What mitigations are in place to support?

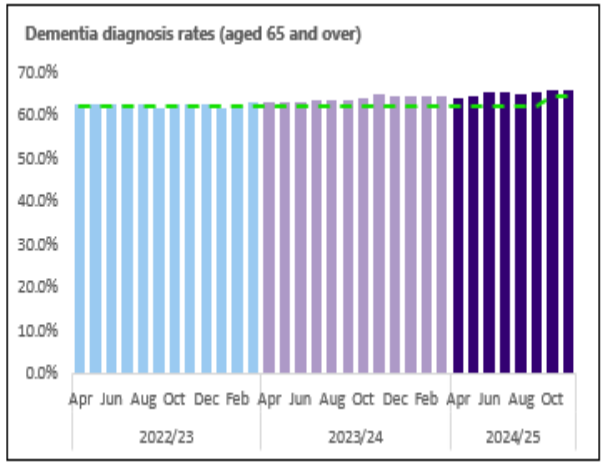
- Ongoing performance monitoring and management as part of business-as-usual processes.
- Continued targeted support to PCNs/Practices where performance can be further improved.
- GP Care Wakefield engagement with PCNs on capacity and demand modelling.
- Practices participating in the General Practice Improvement Programme.

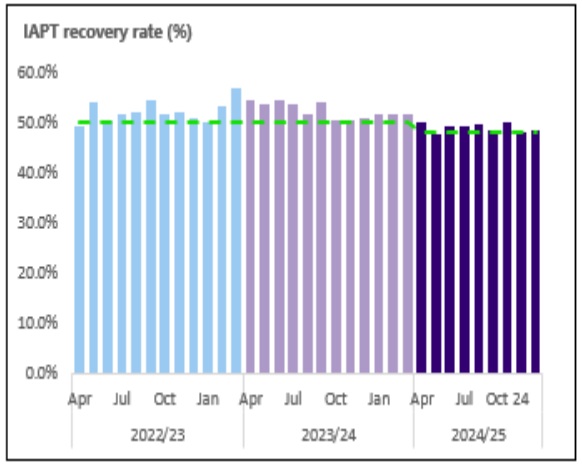
Mental Health & Learning Disability (latest data)

No. of people with learning disabilities who receive their NHS Health check	Access to Core Community MHS for Adults and Older Adults with SMI in the last 12 ...	No. of people with serious mental illness who receive their NHS Health check
46.3% !	3,789 ✓	1,911 !
Target: 70.0% (-33.81%)	Target: 3,600 (+5.25%)	Target: 2,236 (-14.53%)
November 2024	September 2024	September 2024

IAPT recovery rate (%)	No. of women accessing specialist community PMH and MMHS services	No. of out of area placements (acute)
48.3% ✓	418 ✓	0 ✓
Target: 48.1% (+0.42%)	Target: 405 (+3.21%)	Target: 0
December 2024	November 2024	November 2024

No. of inappropriate OAP bed days (adults)	Dementia diagnosis rates (aged 65 and over)
5 ✓	66.0% ✓
Target: 5 (+0%)	Target: 64.5% (+2.33%)
November 2024	November 2024





How are we performing?

People with severe mental illness (SMI) receiving a full annual health check (AHC) is being reported at a performance of 1,911 compared to the national target 2,236 the target being 60% of people on the SMI register for Q2.

The KPI for **women accessing specialist perinatal mental health (PMH) and maternal mental health services (MMHS)** services performing 418 against a target of 405 in November.

Contacts with CYP services continues exceeding the 24/25 target of 5,310 with 5,980.

The total number of **out of area bed days for Psychiatric Intensive Care Unit (PICU)** patients has reduced significantly again following a period of increased out of area placements, with only 1 day in November.

The target for **out of area placements** (**OAPs) active at the end of the period (inappropriate only**) is currently reported for across the SWYPFT footprint and is reporting 5 placements in November compared to a target of 5.

The target rate for **dementia diagnosis rates for people over 65** has been updated to reflect the agreed local target of 64.5%. Wakefield continues to deliver to this target with a diagnosis rate of 66% in November.

What mitigations are in place to support?

People with SMI (severe mental illness) receiving a full AHC (annual health check) - A working group has been established to focus on going beyond the national target and focusing on people struggling with inequality. New peer designed invite packs should also lead to improved uptake starting in the coming months.

Resources are being developed to empower the voluntary care sector to support people in accessing their health checks.

AGENDA ITEM 14

Meeting name:	Wakefield District Health and Care Partnership Committee
Agenda item no:	14
Meeting date:	11 February 2025
Report title:	Month 9 2024/25 Financial Position
Report presented by:	Jenny Davies, Wakefield Place Director of Operational Finance
Report approved by:	Jenny Davies, 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 9 report was presented to the Integrated Assurance Committee in January 2025 the attached slides are a summary of this month 9 financial report.

Executive summary and points for discussion:

This paper presents the summary financial positions for Wakefield Place for the period ending December 2024 (Month 9).

The attached slides in appendix one tales the committee through our Wakefield Place system financial position.

Only NHS organisations forecast positions at month 9 are outlined in the summary below:

- Wakefield ICB delegated budgets, a forecast deficit of £0.1m and on track to achieve a stretch target of £0.5m surplus.
- Mid Yorkshire Teaching NHS Trust, have a revised planned deficit of £3.4m.
- Southwest Yorkshire Partnership NHS Foundation Trust, a break-even position
- Adult Social Care has a forecast overspend of £5.8m, Children's Social Care £2.7m, and Public Health is forecast to balance.

Wakefield ICB month 9 financial position is summarised below:

The financial plan for Wakefield ICB is to achieve a break-even position in 2024/25 with a further stretch target of £500k surplus.

Wakefield District Health & Care Partnership

NHS West Yorkshire Integrated Care Board

AGENDA ITEM 14

At the end of month 9, Wakefield reported a forecast £0.1m deficit position and is on track to deliver the £500k surplus but this positions is heavily reliant on ERF income being received.

There are risks within the position that will need to be mitigated before the end of the year.

Prescribing is forecast to underspend by £2.6m however this could change as prescribing data is always 2 months behind and the trajectory has been increasing in terms of forecast spend so there is a real risk that this position may change.

Wakefield ICB currently has a risk with Continuing Health Care (CHC). There was a £3m backlog which has now been validated but whilst this work took place a further backlog has occurred for 24/25. The quarter 1 24/25 data has only just been validated and quarter 2 is about to be received and this will be used to inform the forecast for month 10 which may change accordingly.

High cost children's complex care cases have also caused cost pressures along side hight cost mental health packages of care.

Work is ongoing to review all discretionary spend and potential areas of disinvestment and identify further savings to mitigate this risk.

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 9 2025 financial position for Wakefield 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:

"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

AGENDA ITEM 14

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

Wakefield District Health & Care Partnership

Wakefield Integrated Assurance Committee Finance Report December 2024

Month 9

2024-25

Date Produced : 14 January 2025

Wakefield Place summary positions 2024-25
Key messages

Only NHS organisations forecast positions at month 9 are below:

- Wakefield ICB delegated budgets, a forecast deficit of £0.1m and on track to achieve a stretch target of £0.5m surplus.
- Mid Yorkshire Teaching NHS Trust, have a revised planned deficit of £3.4m.
- Southwest Yorkshire Partnership NHS Foundation Trust, a break-even position
- Adult Social Care has a forecast overspend of £5.8m, Children's Social Care £2.7m, and Public Health is forecast to balance.

Summary income & expenditure forecast position at 31 December 2024

	Full Year income / budgets £m	Full Year costs £m	Forecast Surplus / (Deficit) £m
ICB delegated budgets	882.3	882.4	(0.1)
Mid Yorkshire Teaching NHS Trust	810.5	813.9	(3.4)
South West Yorkshire Partnership NHS Foundation Trust	450.0	450.0	0.0
Wakefield Place – Total	**2,063.3**	**2,068.6**	**(3.5)**

	£m	£m	£m
Adults Social Care	107.0	112.8	(5.8)
Childrens Social Care	56.6	59.3	(2.7)
Public Health	23.0	23.0	0.0
Wakefield Council - Total	**186.6**	**195.1**	**(8.5)**

Explanations for each organisation's financial position is reported separately within the Presentation. Please note the Local Authority position in up to Month 8 (November).

Wakefield District Health & Care Partnership

Wakefield ICB
Financial position at 31 December 2024 – summary

As at Month 9	YTD Plan	YTD Spend	YTD Variance	Annual Plan	Forecast Spend	Annual Variance
	£000	£000	£000	£000	£000	£000
RESOURCE						
Allocation - Programme	610,930	610,930	0	800,648	800,648	0
Allocation - Primary Care Co-Commissioning	61,011	61,011	0	79,379	79,379	0
Allocation - Running Costs	1,719	1,719	0	2,292	2,292	0
TOTAL RESOURCE	**673,661**	**673,661**	**0**	**882,320**	**882,320**	**0**
SPEND						
Acute	381,138	378,919	2,219	495,795	492,848	2,947
Mental Health	65,984	66,524	(540)	87,979	88,615	(637)
Community	65,719	65,430	289	87,625	87,641	(16)
Continuing Care Services	27,098	29,471	(2,373)	36,130	39,318	(3,188)
Prescribing and Primary Care	65,594	63,606	1,988	87,402	84,765	2,637
Primary Care Co-Commissioning	64,835	66,542	(1,707)	84,477	86,752	(2,276)
Other	1,574	1,470	105	2,099	2,019	80
Programme Reserves	0	0	0	(1,479)	(1,551)	72
Subtotal Programme spend	**671,941**	**671,961**	**(19)**	**880,027**	**880,408**	**(380)**
Running Costs	1,719	1,542	177	2,292	2,057	236
TOTAL SPEND	**673,661**	**673,503**	**158**	**882,320**	**882,464**	**(145)**

Wakefield District Health & Care Partnership

Wakefield ICB
Financial position at 31 December 2024 – key messages

- The financial plan for Wakefield ICB is to achieve a break-even position in 2024/25 with a further stretch target of £500k surplus.
- At the end of month 9, Wakefield reported a forecast £0.1m deficit position with an intent to deliver £500k surplus but this position will be heavily reliant on additional Elective Recovery Funding income being received.
- There are risks within the position that will need to be mitigated before the end of the year.
    - Prescribing is forecast to underspend by £2.6m however this could change as prescribing data is always 2 months behind and the trajectory has been increasing in terms of forecast spend so there is a real risk that this position may change.
    - Wakefield ICB currently has a risk with Continuing Health Care (CHC). There was a £3m backlog which has now been validated but whilst this work took place a further backlog has occurred for 24/25. The quarter 1 24/25 data has only just been validated and quarter 2 is about to be received and this will be used to inform the forecast for month 10 which may change accordingly.
    - High cost children's complex care cases have also caused cost pressures along side hight cost mental health packages of care.
    - Work is ongoing to review all discretionary spend and potential areas of disinvestment and identify further savings to mitigate this risk.

Mid Yorkshire Teaching NHS Trust
Financial position at 31 December 2024 – summary

	Year to date			Full Year		
	Budget	Actual	Fav\(Adv)	Budget	Actual	Fav \ (Adv)
	£m	£m	£m	£m	£m	£m
Total Income	**535.1**	**538.4**	**3.3**	**810.5**	**810.5**	**0.0**
Pay	402.2	408.1	(5.9)	533.4	533.4	0.0
Non-pay	162.1	174.1	(12.0)	215.5	215.5	0.0
Total Expenditure	**564.3**	**582.2**	**(17.9)**	**748.9**	**748.9**	**0.0**
EBITDA - total income less total expenditure	**46.6**	**25.0**	**(21.6)**	**61.6**	**61.6**	**0.0**
Non-operating costs	**49.1**	**45.0**	**4.1**	**65.0**	**65.0**	**0.0**
Net Surplus \ (Deficit)	**(2.5)**	**(20.0)**	**(17.5)**	**(3.4)**	**(3.4)**	**0.0**

Wakefield District Health & Care Partnership

Mid Yorkshire Teaching NHS Trust
Financial position at December 2024 – key messages

- The Trust is currently reporting a forecast deficit of £3.4m which is in line with plan.
- Whilst the Trust is still reporting that it will achieve its plan, there is significant risk to this delivery, which includes:
  - Delivery of the Elective Recovery activity due to delays in new service delivery.
  - Increased pay costs and additional costs of the pay award (funding not covering the full cost).
  - Gap in funding for junior doctor strike costs
  - Increased costs/lost income arising from GP industrial action
  - Increased unplanned care demand that is unmitigated and unfunded
  - Continuing increased costs from specialist services.

- Due to these risks materialising late in the year discussions have been held at MYTT board on the 16th of January 2025 to discuss potentially changing this forecast.

South West Yorkshire Partnership NHS Foundation Trust
Financial position at December 2024 – summary

	Year to date			Full Year		
	Budget	Actual	Fav \ (Adv)	Budget	Forecast	Fav \ (Adv)
	£m	£m	£m	£m	£m	£m
Total Income	**333.5**	**335.6**	**2.1**	**447.5**	**450.4**	**3.0**
Pay	205.6	207.4	(1.6)	277.2	278.7	(1.5)
Non-pay	123.2	124.9	(1.6)	164.3	165.5	(1.2)
Total Expenditure	**329.0**	**332.3**	**(3.3)**	**441.6**	**444.2**	**(2.7)**
EBITDA - total income less total expenditure	**4.5**	**3.3**	**1.2**	**5.9**	**6.2**	**(0.3)**
Non-operating costs	**0.3**	**(0.9)**	**(1.2)**	**(5.9)**	**(6.2)**	**(0.3)**
Net Surplus \ (Deficit) - for system financial performance	**0.2**	**(0.3)**	**(0.6)**	**0.0**	**0.0**	**(0.0)**

Wakefield District Health & Care Partnership

South West Yorkshire Partnership NHS Foundation Trust Financial position at 30 December 2024– key messages

- Reporting a breakeven forecast in line with plan.
- Year to date position is behind plan. Main driver is pay – higher volume of staff than plan, additional unplanned payments linked to recognition of service for international recruits
- Non pay being managed. Typically volatile areas such as out of area placements are currently within planned levels.
- Forecast pressure from detailed modelling which will require additional actions and mitigations in order to achieve the breakeven position.
- Risk of Pay award funding not covering the full costs

Wakefield District Health & Care Partnership

Efficiencies Summary at 30 December 2024 - summary

	Target £m	Forecast £m	Fav / (Adv) £m
ICB delegated budgets	6.6	6.6	0.0
Mid Yorkshire Teaching NHS Trust	50.5	41.4	(9.1)
South West Yorkshire Partnership NHS Foundation Trust	22.0	21.0	(1.0)
Wakefield Place - Total	**79.1**	**69.0**	**(10.1)**

Wakefield District Health & Care Partnership

Wakefield District Health & Care Partnership

Transformation and Delivery Collaborative

Minutes

Tuesday, 19 November 2024 - 14.00 – 16.30 hours, MS Teams

Present

Name		Representing
Mel Brown	MB	Director of System Reform and Integration (Chair)
Becky Barwick	BB	Associate Director of Partnerships and System Development
Paula Bee	PB	Chief Executive, Age UK Wakefield
James Brownjohn	JB	Planned Care Redesign Programme, Programme Manager Planned Care, MYTT
Samiullah Choudhry	SC	Head of Medicines Optimisation, Wakefield ICB
Jenny Davies	JD	Assistant Director of Finance, Wakefield ICB
Laura Elliott	LE	Senior Head of Quality, Wakefield ICB
Michele Ezro	MEz	Mental Health Alliance, Programme Director for Mental Health Transformation, Mental Health Alliance, WYICB
Rachel Gillott	RG	System Partnership Director, Yorkshire Ambulance Service
Joe Hazell	JH	Senior Service Development and Transformation Manager, Wakefield ICB
Tim Hodgkins	TH	MYTT
Pravin Jayakumar	PJ	Adult Community Transformation, GP Clinical Advisor Adult Community Services – MYTT
Michala James	MJ	Head of System Development
Steve Knight	SK	CEO, Conexus
Amanda Miller	AM	Associate Director of Operations, SWYFT
Heather Oddy	HO	Partnership Officer
Tilly Poole	TP	Adult Community Transformation, Programme Lead for Community Transformation
Amrit Reyat	AR	Strategic Programmes & Health Inequalities Lead, Wakefield Place
Pauline Riddett	PR	PCN Representative
Chris Skelton	CSk	Associate Director of Primary Care, Wakefield ICB
Colin Speers	CSp	Wakefield Medical Director for integrated community services
Kirsty Stead	KS	Deputy Director of Operations – Adult Community Services
Jackie Tatterton	JT	Head of PMO, MYTT
Natalie Tolson	NT	Head of Business Intelligence, Wakefield Place
Ruth Unwin	RU	Director of Strategy, Wakefield Place
Amy Whitaker	AW	Place Finance Lead
Claire Vodden	CV	Head of Communications, WY ICB

Name		Representing
Paulette Huntington	PH	Deputy Chair of the People Panel

Apologies

Name		Organisation
Ian Currell	IC	Operational Director of Finance (Wakefield Place)
Matt England	ME	Planned Care Alliance, Associate Director of Planning and Partnerships, MYTT
Angela Hemmingway	AH	Service Director – Adult Social Care
Suzy Jubb	SJ	Operations and Impact Manager, Healthwatch

Administration

Agenda No	Minutes
1	**Welcome and apologies** MB welcomed members to the meeting. Apologies were noted as above.
2	**Declarations of Interest** There were no declarations made**.**
3	**Minutes of the meeting held on 17 October 2024** **Item 7 Children's Alliance –** Minutes state CS noted that the Childrens ASD pathway was a Mid Yorkshire provided pathway and commented that as a district Kirklees has the best waiting times in the region and Kirklees could become a net importer of activity. This should be amended to **Wakefield** could become a net importer of activity. **Item 10 Primary Care OSH disinvestment** – Minutes state: **Action:** CS to identify opportunities for Federations and PCNs to use the same service and recharge. This should be amended to CSk. Amanda Miller's job title should read as Associate Director of Operations. The minutes of the meeting held on 17 October 2024 were agreed as a true and accurate record of the meeting subject to the amendments above.
4	**Action Log**

Agenda No	Minutes
	MB noted that the action log distributed in the papers was not the latest version. The action log would be updated and distributed post meeting.
5	**In year financial update** JD led members through the financial update for Month 6 noting that the ICS was forecasting a break-even position. However Wakefield ICB was forecasting a deficit of £1.9m but the position was changing with every month. JD noted that there were additional controls in place in relation to recruitment, vacancies, and any non-healthcare expenditure over £10k, and healthcare spend over £50k was subject to additional scrutiny. MB commented that any new business cases would be considered at place via the TDC and if supported would also be reviewed by a West Yorkshire panel. • **Slippage from 2024/25 funded schemes** JB commented on the health pathways and the Specialist Weight Management Service noting that implementation had begun and therefore spending had not yet been allocated. CSk noted that there was a risk of assumptions regarding commitments being made yet transactions had still to be allocated. ME commented that 50% of the dementia programme slippage had been released to support the deficit. This was available due to recruitment delays andhad been included in the Month 7 position. ME highlighted that individual placements for Mental Health and Learning Disabilities had to be commissioned at short notice due to the complexities of individual cases. It had been agreed that the local and WY process was not required to be undertaken for those placements. PB asked how Wakefield TDC could make representation to the ICB in relation to the number of Voluntary Sector organisations that are not sustainable due to recent Government announcements. MB noted that a discussion would be held at the December TDC meeting to understand the impact on VCSE sector and also committed to raising it as an issue at the Mutual Accountability meeting on 28 November with Rob Webster. MB also

Agenda No	Minutes
	noted that there would be a government decision made in December in relation to the NI contributions following lobbying on this issue. LE asked that the list of efficiencies identified since 7 November TDC meeting be shared to identify any impact assessments to be undertaken. MB noted that there was a process for completing impact assessments and that there was a commitment to ensuring that all impact assessments are published on the Wakefield website. **ACTION:** RB to add VCSE impact following Government announcement to the Mutual Accountability Agenda for 28 November. JD to send latest efficiencies savings list to LE to review for impact assessment. • **New efficiency ideas** JB commented that following a review of Elective Recovery Fund (ERF) there was an opportunity for NOVUS, a provider of physiotherapy services across the system, which following a small investment could impact on efficiency savings by between £1m - £1.5m. PB asked that all members consider hosting within the VCSE sector when looking at new activity. PJ commented that consideration would be given, as a general principle, to care in the community and primary care services where costs could be lower. MB suggested that this should be taken into discussions in the Community Alliance.
6	**Monthly efficiency schemes tracker** JD introduced the item noting that Wakefield Place was on track to over-achieve on QIPP programme. JD noted that data was not included from the Council or SWYFT in the efficiency tracker. More work was to be undertaken with the Primary Care Team as the current RAG status is amber. MB acknowledged that the tracker showed that 2024/5 indicated a higher level of savings than in previous years which was an achievement

Agenda No	Minutes
	CSk asked if Place was being brave enough when looking at savings and more radical changes were required. MB responded that if there were any suggestions they should be put up for discussion and worked through the disinvestment framework. CSp asked if the figure of £8.7m quoted on the System Efficiency Tracker was the Wakefield Place allocated budget; MB confirmed that this reflected the savings target for place and was approximately 1% of the total allocation.
7	**Programme Highlight Reports** The Programme Highlight Reports were noted, and the following points highlighted: **Planned Care** JB took members through the highlight report and efficiencies savings. CSp asked for confirmation from the Alliance that work had been done in relation to EBI and IFR policy, commenting that it was important to engage with consultants on that area. JB confirmed there had been a change in approach and the individual with the clinical knowledge would complete the IFR. CSp commented that, in relation to 65 week waits, there was a danger of focussing on 65 week and not on achieving 52 or 43 week waits. JB responded that there were several services hitting 52 weeks if not 43 and these had continued to make improvements. This had been identified in the risk section of the highlight report. CSp noted that, in relation to productivity and specifically entry and exit data, the focus should be on individuals' productivity and the productivity of all departments, clinics, theatres etc. JB noted that theatre looked at lists on a 6-4-2 basis, planning at 6 weeks, locking down at 4 weeks and confirming equipment or resources required at 2 weeks. An Outpatient Transformation Board had been established to review productivity within all areas incorporating task and finish groups. CSk asked if there was a task group focussing on efficiency and JB responded that individual conversations had taken place. MB commented that a conversation would take place at the Mutual Accountability Meeting around 65 week waits and the deadline of 22 December and the achievement of realistic deliverables of local targets of 52 and 43 weeks for the end of March. JB confirmed there were risks around gynaecology and vascular surgery and monitoring continued. MB asked if the Impact Assessment for weight management services had been completed as the service was about to go live. JB responded that this was underway. MB asked if there were capital challenges around the new build at Dewsbury. JB confirmed recruitment of the surgical hub was underway. AW commented that the

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	timeline had deteriorated to March 2025 due to contract issues with Darwen. This issue had been escalated to the ICB and the Regional Estates Group and noted this was a national issue. MB asked that this be raised in the Mutual Accountability Meeting. TH stressed the importance of the messaging around this issue and the impact on staff recruitment and retention. SK reflected on managing demand priority and suggested that the partnership view should be on demand management and not just KPI performance. JB noted that demand management was being reviewed and noted that demand was not seen as higher than in the previous three or four years. JB noted that the work that had been undertaken on health pathways would support the management of elective demand. AW commented that there were other areas of demand, such as emergency, direct access demand, that impacted on elective demand. CSp suggested that further analysis of population growth versus activity data of the elective demand should be undertaken at the BI development session scheduled for 10th December 2024. **Action: AW to talk to chairs of Unplanned and Planned Care Alliances to ensure system efficiency ideas are managed.** **Mental Health** ME presented the highlight report noting achievement of savings of £2.2m less £18,000 forecast overspend on ASD and ADHD assessments, ME referred to the procurement of the Disordered Eating service noting that the EQIA was under development. MB asked if CHFT had access to the Mental Health Support Vehicle. RG responded that there were four mental health support vehicles operating across West Yorkshire; the Calderdale and Huddersfield vehicle operated from Halifax. RG noted that these vehicles would respond to a Category 1 call if required and noted the workforce (which was stated as being 30 individuals) was receiving specialist training in mental health. The Operating Hours were noted at 2:30pm to 2:30am. A pack of information around mental health officer support had been developed and would be available for users and professionals. ME would share this when available. **Medicine Optimisation**

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	SC presented the update on medicine optimisation noting that the service was on track to deliver the QIPP target. SC noted that for 2025/26 planning the focus would be on structured medication reviews. Communication with practices had requested that the reviews be 30 to 60 minutes long due to the complexities of the medications involved. Training was provided by Health Innovation Yorkshire for practices. Data showed that Wakefield had the highest medication spend across West Yorkshire per head of population and actions to address this would form part of PCN Quality KPIs. CSk acknowledged the need for patient engagement to aid understanding and requested that the benefits of this new model be captured and shared. CSk responded that better communication with patients prior to the medication review would be vital and resources such as Me and my Medicines had already been established. CSp noted that there was work undertaken within MSK on a chronic pain pathway in the community which would link with medication reviews. **CHC** JW led members through the report referring to Section 117 and CHC Outstanding invoices noting the progress made. JW highlighted the overachievement of efficiency savings noted in the report. MB noted the PWC report for Wakefield and the Internal Audit reports had been taken to the ICB Wakefield Board in November 2024 and suggested these be shared with TDC members. MB suggested that future reports from Section 117 and CHC should include updates on fortnightly meeting and the scheduled transformational work. **Action: PWC report and Integrated Assurance Report to be shared with TDC by HO.** **Enabler – Housing and Health** Report to note. No issues were raised.

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	Enabler – Digital and BI CSp noted the Yorkshire and Humber Care Record programme was progressing well and had been rolled out successfully to two PCNs. NT led members through the report and noted that there were some data driven workshops in specific areas that had taken place including the development session held on 10th December 2024. PB noted that the data available to VCSE enabled impacts to be understood on services such as discharge. CSp commented there was a need to look at how the ICB supported the academic use of the data that had been developed. MB asked what action had been taken with the Bevan data on vulnerable cohorts and how interventions would be targeted. CSk noted that commissioning arrangements were in place and the data allowed progress to be tracked. It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the updates from the Programmes and Alliances.
8	**Baseline Funding principle: Core20Plus5** AR shared the presentation incorporating the Reducing Healthcare Inequalities programme. AR highlighted that some projects were funded on a time limited basis using slippage and no further funding source had been identified. CSp welcomed the consideration of the funding and commented that single year funding within VCSE, who were partners with Core20+ work, could create instability within the sector and multiyear contractual agreements were required. AW clarified that if projects were commissioned on a recurrent basis, the funding would come from the core commissioning budget and noted the impact on this funding. AR noted that robust evaluations were an important factor in determining funding. MB confirmed that there was no scope within the commissioning budget for additional work for 2025/26.

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	CSk commented that there was extremely limited provision from a core commissioning perspective for the Core 20plus5 cohort groups. There were some services that could not be stopped as it would mean failure to meet statutory responsibilities. CSk commented that it was important that this cohort of vulnerable people was heard as sometimes that group of people did not have a voice. RU noted that this was a small amount of money relative to the overall budget for commissioned services and this was an area where the voluntary sector had a significant contribution to make. RU noted that, although some schemes were funded recurrently, those were time limited. PB commented that small investments into the VCSE would open opportunities with other funders. CSp shared his concern that areas that ran up a deficit would lose out on investment by statutory sectors which would be rewarded by balancing the books. SK noted that robust evaluation could support long term investments so developing an evidence base was key. AR commented that work was underway with colleagues on developing the access data on this cohort. It was **RESOLVED** that: The Transformation Delivery Collaborative: Supported the principle of the paper requesting development of the evidence base to be considered.
9	**Small Investments Process Report** In line with the formal Investment and Disinvestment Frameworks, which had been approved by Transformation and Delivery Collaborative on 17 September 2024, feedback had been received in relation to approving smaller investment proposals for under £50k. The paper outlined an additional process for these proposals, which would run alongside the investment and disinvestment process. It was **RESOLVED** that: The Transformation Delivery Collaborative: Supported the Small Investment Process.
10	**Hyperlocal Recruitment** It was **RESOLVED** that:

Agenda No	Minutes
	The Transformation Delivery Collaborative: Noted the paper.
11	**Learning Portal** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the paper.
12	**School Engagement Framework** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the paper.
13	**Strategic coproduction group** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the paper.
14	**SDF Plan ARFID pathway** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the paper.
15	**SDF Plan: Expansion of neuro inclusive support in the CAMHS team in SWYPFT** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the paper.
16	**SDF Plan: MH contribution to the Domestic Violence Proposal** It was **RESOLVED** that: The Transformation Delivery Collaborative: Noted the paper.
17	**Items for escalation to Wakefield District Health & Care Partnership Committee** • CHC Advisory Update

Agenda No	Minutes
	• IAC deep dive on 65 weeks wait.
18	**Any other business** No items were raised. The meeting finished at 14.45
19	**For information – October 24, Embedding Quality, and Involvement Update**
Date and time of next meeting: Thursday 19 December 2024, 13.30 – 17.00	

Wakefield District Health and Care Partnership

Minutes of the Transformation and Delivery Collaborative (TDC) Meeting held on Thursday 19 December 2024, 2.00pm – 5.00pm via Microsoft Teams

Present:	
Name	**Representing**
Melanie Brown (MB)	Accountable Officer, Wakefield Place (Chair)
Michala James (MJ)	Head of System Development, Wakefield Place
Jemma Harris (JH)	Governance Manager, Wakefield Place
Paulette Huntington (PH)	Deputy Chair of the People Panel
Amrit Reyat (AR)	Strategic Programmes and Health Inequalities Lead, Wakefield Place
Pauline Riddett (PR)	Primary Care Network Representative
Maddy Sutcliffe (MS)	Chief Executive, NOVA
Ruth Unwin (RU)	Director of Strategy, Wakefield Place
Stephen Knight (SK)	Chief Executive, Conexus
Michele Ezro (ME)	Programme Director for Mental Health Transformation, Mental Health Alliance and Chair of the Learning Disability and Neurodiversity Alliance
Rebecca Barwick (RB)	Associate Director of Partnerships and System Development, Wakefield Place
Laura Elliott (LE)	Senior Head of Quality, Wakefield Integrated Care Board
Claire Goodhind (CG)	PMO Officer, Wakefield Place
James Brownjohn (JB)	Planned Care Redesign Programme, Mid Yorkshire Teaching NHS Trust, Wakefield Place
Amy Whitaker (AW)	Place Finance Lead
Christopher Skelton (CS)	Associate Director of Primary Care, Wakefield Place
Leanne Brown (LB)	Housing and Health Group, Wakefield District Housing
Amanda Miller (AM)	Associate Director of Operations, South West Yorkshire Partnership NHS Foundation Trust
Jon Parnaby (JP)	Programme Manager for Urgent Care Redesign-unplanned Care, Wakefield Place
Joanna Dunne (JD)	Senior Programme Management Office Manager, Wakefield Place
Jenny Lingrell (JL)	Service Director, Children's Health and Wellbeing, Wakefield Council
Domonic Blaydon (DB)	Associate Director of System Workforce, Wakefield Place (People Alliance)
Colin Speers (CS)	Wakefield Medical Director for Integrated Community Services
Tom Mwambingu (TM)	Consultant Cardiologist, Head of Clinical Services for Cardiology, Mid Yorkshire Teaching NHS Trust
Emma Hall (EH)	Chief of Planning, Partnerships and Strategy, Mid Yorkshire Teaching NHS Trust
Jenny Davies (JD)	Associate Director of Finance, Wakefield Place

Present:	
Name	**Representing**
Pravin Jayakumar (PJ)	Adult Community Transformation and GP Clinical Advisor, Mid Yorkshire Teaching NHS Trust
Penny McSorley (PM)	Director of Nursing, Wakefield Place
Paula Bee (PB)	Chief Executive, Age UK
Muhammad Muradkhan (MM)	Consultant, Health Care First Partnership
Luke O'Neill (LO)	Transformation Manager for Long Term Conditions, Wakefield Place

Administration:	
Agenda No:	**Minutes:**
1	**Welcome and apologies:** MB welcomed all to the meeting and introduced herself for new members present, she also confirmed that apologies had been received and accepted on behalf of Ian Currell, Stephanie Gillis, Lewis Smith-Connell, Linda Harris, Matt England, Pauline Riddett, Angela Hemingway and Samiullah Choudhry.
2	**Declarations of Interest** CS declared the following which is also recorded on the Declarations of Interest Register: Financial and indirect professional declaration by virtue of being a GP Partner in Health Care First – declaration associated with agenda item 7
3	**Minutes of the meeting held on 9 November 2024** The minutes of the previous meeting held on 9 November 2024 were approved as a true and accurate record.
4	**Action Log** The following actions were reviewed and recorded as below: • **Action no 36: Further opportunities for efficiencies in 2024/25:** MJ confirmed that an update was scheduled on agenda. Action closed. • **Action no 38: In year financial update, VCSE impact:** It was confirmed by MJ that the action was completed, therefore action closed • **Action no 39: In year financial update, review impact assessment:** It was noted that JD and LE had discussed as agreed therefore complete and action closed. • **Action no 40: Programme highlight report, system efficiency ideas:** The action was confirmed as complete and closed. • **Action no 41: Programme highlight report, PWC and Integrated Assurance Report:** MJ advised that the reports had been circulated. Action complete and closed.
5	**Programme Highlight Reports:**

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	a) Housing and Health: In addition to the highlight report, LB confirmed that a coordinator role had been appointed to support consistency across the alliances. She also confirmed that a new video was available and would be distributed that explains the work the Housing and Health Alliance in Wakefield District does to support safe and secure housing for its residents. In relation to the discharges, RU confirmed that she had raised with the Chief Nurses at Mid Yorkshire Teaching NHS Trust (MYTT) and South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and gave assurance that support and collaboration was being taken forward. AR added that work on health pathways was progressing, and LB would link in outside the meeting. ME then advised that the link between the council and the Trusts was already in place and progressing well. She added that the lessons learnt from these links would also be reviewed. In addition AM said that established meeting across the Places were looking to ensure that outpatients and community services understand what their statutory duty is and ensure that the right links were in place. It was then asked by MB that the activity levels for the past 12 months be included in case studies and this was agreed. **ACTION: LB**. **b) LD and Neurodiversity Alliance:** ME confirmed that she had been receiving regular updates against achieving all ongoing action plans. Also, she advised that the team had been developing dashboards to include various data and governance arrangements were being strengthened. In terms of escalation ME advised that work was ongoing at West Yorkshire level to develop a strategy. LE clarified that LeDeR was a process to support and provide an opportunity to establish and learn from missed opportunities during a person's life. **c) Unplanned Care Alliance:** JP confirmed that he had an updated highlight report which incorporated the most recent data and this would be distributed after the meeting. He then took members through the highlight report in particular drawing attention to the options available for the relocation of the walk-in centre from Kings Street; the discrepancy on how Pontefract is displayed and how this was being resolved; achievement of the service delivery programme this month; and the increase in the number of category 1 attendances. In addition to the highlight report LE confirmed that the Quality and Assurance Oversight Meeting had taken place the week prior where the Trust presented board to ward processes. The meeting were assured from what was presented. The Trust had also

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	advised that a walkaround had taken place by NHS England. PS was present for the walkaround and said that it was fair to say the Trust had been under scrutiny, but it was clear that staff were working extremely hard and that there was good practice in place with dignity to patients being prioritised. The hospital was crowded but everyone on the walkaround were assured that steps were being taken to support patients and close additional beds when and where appropriate. CS said that he had been reflecting on flow and discharge and without narrative he said he was unable to see where the grip and control was and that he lacked assurance that MYTT would be able to come out of extra capacity. JP recognised this and explained that in effect what was needed to happen was to divide the service into three workstreams, pre-hospital, in-hospital and discharge to community. He also gave assurance that this was being picked up through tactical meetings which were taking place on a daily basis. In further response to CS, MB suggested that a discussion take place to agree how as a quality alliance this could be brought together, and this was agreed. EH added that the team were doing all that could be done from an MYTT perspective, and in terms of planning it will be important to come together as a system as the gaps cannot be filled by MYTT alone. **d) Children's Alliance:** JL presented the highlight report to member. MB also noted that Len Richards, MYTT Chief Executive had shown an interest in the impact of this scheme and had shared some helpful feedback with MB. JL confirmed that the team were working closely with the Trust to develop a formal divert pathway into the children's observation hub. The hub was introduced two weeks ago following paediatric experiencing high demand which has resulted in quick turnaround following child presentation at ED. In response to AR, JL confirmed that access to care was being worked through but its likely that this shows that there are more deprived children and young people in the area. The feedback would be given outside the meeting. **e) People Alliance:** DB took members through the highlight report distributed. It was highlighted by CS that to support the low numbers coming into nursing that the new state of the art ward at Huddersfield University should be publicised and shared to support and encourage more people to access nursing as a career. DB agreed and would pick this up outside the meeting.

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	JL said that the children and young people's plan was in the process of being reviewed therefore this gave an opportunity to join up, and DB agreed. AR asked whether tracking who was accessing the opportunities would be beneficial and implement coaching, recording the diversity to support understanding of the impact. DB confirmed that the team do try to track diversity but confirmed that more could be done, but hubs do have systems in place to inform each other so each are aware of the different interventions needed. PS was pleased that nursing recruitment had been picked up and asked to be involved, which was agreed. **f) Reducing Healthcare Inequalities:** AR confirmed there had been some interesting conversations at the second event focussed on poverty and the impact of that. She added that feedback via menti had been gathered which had highlighted the ambition of the group. The terms of reference had also been reviewed and an agreement had been made to meet more regularly. In addition, the equality tool was being developed with the dietetics service and once developed this would be shared with TDC.
Proposals for Investment/Disinvestment:	
6	**Proposal for Disinvestment – Long Covid Support Service:** LO worked through the proposal that had been circulated as part of the paper pack. The headlines that were pulled out included the commissioning of Shared Harmonies had changed significantly since the pandemic. This included a commitment from NHS England to continue the funding, followed by findings from the West Yorkshire Association of Acute Trusts (WYAAT). The service was currently commissioned until April 2025 however there had been a reduction in the number of referrals into the service, with the lowest being between April and November 2024 when there had been no new referrals received. He explained that the recommendation would be to disinvest fully but also acknowledge that this did bring some potential risk and impact to the workforce. PH was unsure whether patient experience needed to be looked at and asked whether patients had been involved to date. She also asked for the patients who do access the service regularly, if the service was terminated, would they still be able to access the services locally. In response LO said that from patient engagement feedback had been positive with the main challenge being the number of participants. In further response to PH, LO confirmed that the sessions are delivered virtually.

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	MB asked MS if Shared Harmonies were a VCSE organisation that was a member receiving support from Nova. MS confirmed that they were not members and that they appeared to be a general sing and breath service. MS recognised that it would be a difficult decision to make to disinvest and that it is not an easy process to apply for other grant funds. Due to this she wondered for the service users whether a direct transfer via a social prescribing referral could be considered, and to understand needs followed by redirecting to other services for support. MB felt that was a helpful discussion at TDC as it is important to seek the views from all systems and partners. It was agreed that further review and continued impact assessments would be undertaken by LO before this was submitted to the Disinvestment Panel on 28 January 2025.
7	**Proposal for Investment – Community Palpitations Service:** *(item 2 records a declaration of interest associated with this proposal for investment)* MM was welcomed to the meeting and he and JB gave a presentation detailing the service and ask for investment which would also be shared with attendees following the meeting. Following the presentation MB acknowledged the standard of the presentation, with the detail included being excellent and suggested that this be used as an example. CS asked if there was any analysis that showed the number of referrals that go to the Trust due to palpitations. In response TM said that in terms of referrals that come through there are 12,000 e-consultations per month across the whole patch, and it was estimated that half of those patient had symptoms of palpitations. In further explanation he confirmed that the 600 estimate was from the 500-550 patients per year seen for palpitations across Bradford. MM added that there had been a big education piece across Bradford and that this had introduced a pathway for GP referrals. MB thanked MM and JB for giving the presentation and invited those present to clarify any support of the investment being submitted for final ratification at the Investment and Disinvestment Panel in January 2025. All present supported investment.
Other Agenda Items:	
8	**SMI Health Checks Action Plan Update:** It was explained by ME that when the risk performance was first identified it was agreed that an update would be brought back. She therefore presented the slides that were circulated with the paper pack noting on the first slide that the grey line identified people expected to be on the register, orange were people actually on the register, yellow represented the national target of people expected to access the 6 annual health checks, and the green line showed patients who are actually receiving all 6 health checks.

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	In addition, she confirmed that NHS England were looking to support and provide additional information to support further breakdown. She then said that in Calderdale, a piece of work had concluded to change the information packs that are used to invite patients to come for their annual health check, this had enabled Wakefield to learn and copy with pride. The remaining element of this work was communication with GP practices across the district. Some work had also been done to improve the information flow between primary and secondary care, as well as sharing of lessons learnt across all Places to support continued improvement. PJ noted a declaration as he was part of the Trinity Working Group that was supporting the work detailed. In addition he said that often records that are held for patients by the SWYFT are not shared or transferred to other services which does not support the patient. In response, ME said that she had tried to resolve this previously in recognition that this could hinder the patient but had been unable to. It was agreed that AM would pick this up and take forward and support improved data sharing. **ACTION: AM**. The work to date was acknowledged by MB. She felt it would be good to learn more about the positive impact at the meeting in February 2025. **ACTION: JH**.
9	**NI Contribution Implications for Non-NHS Partners:** **a) Primary Care:** A presentation was shared onscreen by SK and would be shared following the meeting for members of TDC only. Whilst presenting SK confirmed that whilst waiting to see what the nation position is the broader costs could not be included. He did however report that across to past year the bursary uplift and associated budget would cause a potential risk. This had not been previously escalated but general practice did have oversight. Following the presentation CS confirmed that the Primary Care Networks were actively planning for what that may look like and the potential that the required funds are not available and the subsequent mitigations. **b) VCSE:** MS said that she had a similar message, adding that the services were already quite fragile therefore proposed funding changes would increase the challenges. MS then gave a presentation, and the slides would be circulated to members after the meeting. It was noted by MB that Rob Webster (RW), Chief Executive of the WY ICB had mentioned at the last WY ICB Board held earlier that week about a paper that Kim Shutler (KS), Sector Lead for VCSE had developed for the West Yorkshire System Oversight Assurance Group (SOAG) in December 2024. KS as WY ICB VCSE Board

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	representative had asked for three things from every place and these three recommendations had been agreed, these were: 1. For the ICB to collectively agree a principle for annual uplifts to any NHS contracted services in line with other NHS Providers and to cover national insurance/living wage uplifts from 2025/26. 2. Utilise the collective leadership within the ICB and beyond to influence NHS England and Department of Health to advocate for a stronger emphasis on supporting and prioritising the VCSE sector in the 25/26 NHS Planning Guidance. 3. In situations where the ICB is not able to maintain or increase the value of contracts, it should work with VCSE partners to agree an appropriate reduction in the contractual outcomes/outputs and work with providers to reconfigure their services to mitigate risk and maximise impact – rather than expect the level of service to be maintained despite a lower contract value. MB shared until the planning guidance is published it is not clear if there would be resources for any contract uplifts so this information would be needed to understood. In response to this MS said that if there was to be no national upgrade to any NHS contracts, there would need to negotiate lower delivery for VCSE sector. PB felt the presentation was helpful and that she was aware of how difficult the situation was, but from an Age UK perspective, she advised that the Single Point of Contact (SPOC) lines were being reduced and that staff were already exhausted and even more so with winter pressures. The lack of winter allowance was also impacting a number of people who access the services available. She added that services are used to delivering results for people, but it was becoming increasingly more difficult to do so and was absolutely something that would need to be thought about, particularly as that would have an impact on the system, maybe not immediately, but would be felt across the whole system in the future and would potentially be problematic. PB then mentioned that by reducing the hours of the SPOC service this would increase the waiting list, and would also mean calling upon more volunteers to support. It was asked by MB whether there were opportunities for hospices to work closely together given the scale of what had been presented. In response, ME confirmed that there were, and was definitely something to be considered in recognition of the significant gap identified. She said that this would be picked up through gap analysis work. **ACTION: ME**. On the back of that, PB felt that from an Age UK perspective that this would be really complicated to work through due to the model in place, however SK said that there was scope to share staff to support services. RU recorded that she was encouraged but surprised about the shift across West Yorkshire and felt that the third sector strategy needed better ways of quantifying, as well as be more specific about the ask and what is needed to support the sector to survive. CS then said it was difficult, adding that across West Yorkshire there are a set of

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	investment/disinvestment schemes that are around book balancing and by making a decision to invest into organisations to balance deficits, but it is never considered in terms of a difficult decision list. He also wondered about the power of the Non-Executive Directors in the decision making of this and the inherent conflict of interest across all sectors. It was then noted by MS that due to the discussions across West Yorkshire it was unlikely that there would be any additional money, but also that when you unpick grants that are given they are in fact a contract. She said that she would like to see the principle where its agreed whether services are given grants or whether they are agreeing to a contract. MB confirmed that this would clearly be one of the asks, as well as being realistic on what can be delivered. JL felt that this was a timely discussion and agreed that she would take this back into a Local Authority discussion that is underway now. **ACTION: JL** **ACTION: AH** to take discussion to the independent sector who oversee the care homes and domiciliary.
10	**Monthly Efficiency Schemes Tracker:** The following update was given from the Programme Management Office (PMO) for the last reporting period: **Wakefield Place** • Annual Target 24/25 of £6.6m • M8 data collated, analysed, and ratified with colleagues JD and MB • 5 of 8 schemes have delivered their target • 2 of the 3 schemes still in delivery are currently forecasting an overachievement against their set targets • Currently forecasting an overall overachievement against Wakefield Place target **System** • Annual Target is £100m • M8 data received from 3 of the 4 system partners • Front Office Transformation (FOT) is 86m - awaiting LA actuals **Proposed Next Steps:** • PMO Team are exploring any efficiencies identified within our enabler schemes reported via TDC and will review and agree next steps on whether these can be included within the monthly reporting process by the PMO Team • Linked to this are the recommendations noted within the draft action plan as part of the PWC Audit. Unfortunately, due to annual leave the deadline for responses was missed, however the 2 areas under the PMO model on stakeholder engagement and reporting processes are noted and responses drafted. This would be picked up with MB/JD outside the meeting and provide an update at the next meeting.

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	• 2025/26 efficiencies planning process and how this is captured within the PMO dashboard
11	**Update on efficiencies and Next Steps for the Investment/Disinvestment Process:** The update was circulated in the paper pack and noted for information.
Standard/Final Items:	
12	**Items for Escalation to the Wakefield District Health and Care Partnership Committee, and other committees:** There were no areas or items declared as requiring escalation to the Wakefield District Health and Care Partnership Committee, or any other sub-committee.
13	**Any Other Business:** a) **21 January – Transformation and Delivery Collaborative Meeting and Wakefield District Health and Care Partnership Committee Joint Development Session:** It was confirmed by MB that the next meeting maybe utilised as a joint session with the Partnership Committee. This date may change however as discussions evolve. Confirmation would be given in due course. There were no further items of other business to record.
14	**For Information:** **a) EQuIP Update – November and December 2024:** The update was distributed in the paper pack for information. **b) Highlight reports:** All highlight reports listed below were included in the paper pack for information. **1) Mental Health Alliance** **2) Primary Care** **3) Medicines Optimisation** **4) Continuing Health Care** **5) Planned Care** **6) Adult Community Transformation**
15	**Date and Time of the Next Meeting:** The next meeting of the Transformation and Delivery Collaborative Meeting is scheduled to take place on Tuesday 21 January 2025 from 1.30pm via Microsoft Teams.

Wakefield District Health & Care Partnership – Minutes

People Panel

07 November 2024, 10am – 12noon, via MS Teams/White Rose House

Attendees: Dáša Farmer (DF), Stephen Hardy (SH), Lucy O'Lone (LO), Paulette Huntington (PH), Ross Grant (RG), John Nye (JN), Sandra Cheseldine (SC), Bipin Raj (BR), Sarah Mackenzie-Cooper (SMc), Morris Burrows, Hilary Rowbottom, Glenys Harrop (GH), Suzy Jubb (SJ), Safeen Rehman (SR), Ross Grant (RG), Michelle Poucher (MP),
Kate Trevelyan (minute taker), Item 5 Paul Jacques (PJ), Item 7 Lucy O'Lone (LO), Item 8, Becky Barwick (BB), Item 9 Amritpal Reyat (AR), Item 10 Ali Bishop (AB)

Apologies:

Zahida Mallard, Stuart Green, Ruth Unwin, Laura Elliott, Pat Gray,

Agenda no	Item	Actions
1	**Welcome and apologies**	
	SH welcomed everyone to the meeting and apologies were noted as above. DF advised that James Keighley had resigned from People Panel and all other groups. The group wished James all the best.	
2	**Declarations of interest**	
	SH asked the Panel for any declarations of interest – none noted.	
3	**Minutes of meeting held on 19 September 2024**	
	The minutes of the meeting held 19 September 2024 were agreed as a true and accurate record of the meeting.	
4	**Matters arising**	

Agenda no	Item	Actions
	There were no matters arising from previous meetings to discuss that were not covered on the agenda. The action log was reviewed, and DF advised that some of the actions needed to remain on the action log, until they were allocated to future agendas.	
5	**Joint Strategic Needs Assessment**	
	Paul Jacques (PJ presented the update on the Joint Strategic Needs Assessment (JNSA), advising that the slides would be shared post meeting. Some of the main themes included: • JNSA supported a continuous process by HWWB to assess the future needs of the local population and had delegated responsibility to the Public Health. • JNSA website: Paul shared the overview of the website, the home page and additional information that is available to people to access and use. PJ urged the meeting to explore the website for more information and advised that he would be happy to provide more detail at a future meeting. People Panel comments noted: • Keen to understand the source of the numbers and highlighted the hearing impairment page. PJ explained that the data came from different sources, including local data on visual and hearing impairment. Some of the numbers might be estimations from the adult population survey. • Citizen's Advice Bureau do use the JNSA to inform the delivery of their services across the district and any targeted	

Agenda no	Item	Actions
	work that is needed. PJ this was good to know and urged contact with anyone in JNSA team to help. • Query about the JNSA stakeholder group representation and PJ explained the steering group was set up to make sure that the view of different organisations across the WDHCP is reflected in the work and would be happy to circulate membership list for People Panel to comment back to advise about new contacts. **Action: PJ to share membership list for comment back** • Request was made for a discussion with PJ after the meeting to highlight previous work with Anna Hartley in the promotion of self-management across the district to improve the life of an individual. • Not aware of the topics JNSA cover. How do you select the priority topics? PJ explained that stakeholder group were currently looking at 2025 topics, such as procurement or topics of interest. • SR informed that Healthwatch had been working on the school survey feedback and the good joint working with the JNSA. SH commented that the JNSA was created to focus on critical issues like smoking, obesity and in recent years life expectancy; and queried the bigger picture. PJ responded that JNSA provide intelligence to make informed decisions and that the web page includes information on life expectancy. It is the job of the JNSA to highlight the inequalities to support commissioning strategy (Health and Wellbeing Board strategy is based on the JNSA data). SH thanked PJ for attending and the presentation given.	

Agenda no	Item	Actions
6	**Birthing choices consultation**	
	Dasa Farmer (DF) provided an overview of the background and an update on the consultation: • Now in a position to proceed with full preparations for the consultation. • Hoping to launch in November but working with OSC and looking to set up a project group to consider all necessary documentation and data. • Draft patient document summarises the background and how people can have their say. This was presented to the group. • Challenge re balance digital/nondigital and engagement across the district was noted. It was said that a combination of ways in which people will be able to have their say was planned. Plan is to update the consultation document, consultation plan and submit to OSC for their comments. • Posters and leaflets will be produced and distributed to various venues and groups to raise awareness of the group. Further update will be brought to the December meeting. People Panel comments included: • How much longer before decision. DF advised that the consultation would take 15 weeks if taking place during Christmas which would give time to analyse the data before presentation to the Health & Care Partnership/OSC in early summer. • What about access. DF advised on the work with family hubs and organisations who provide services for 0-19 age group who would be contacted as part of the engagement	

Agenda no	Item	Actions
	work. Staff at the hospital, Health visiting services and midwives were also going to be asked to raise awareness of the consultation to target people using the services. • Members offered to share relevant contacts. • Offer was also made of staff sharing leaflets in their local areas. • Query about the family hubs even if it was just a presence in those centres and whether there had been any MP involvement which would make the consultation political again. DF responded that the MPs were being kept fully up to date with sight of the consultation plan and questions (same as OSC) and asked for their views and input. So far, no feedback has been received. • A comment was made that Pontefract hospital should not have been built as the hospital at Normanton was better placed to serve the district. Got extra thousands of people living across the district with not enough facilities including GP/hospital to meet demand. • Advice to consider that people living in Knottingley tend to socialise within the area, so reach will need to be localised. • People Panel to be updated on organisations and groups that are included and contacted so that committee can advise of further opportunities. Baby Sensory group in Pontefract was noted as a possible contact. BR queried engagement and volunteers. DF advised that approach has already been made with groups to make them aware of the forthcoming consultation and seek their support.	

Agenda no	Item	Actions
	SR asked about the timescales, offered contact with the Healthwatch volunteer network and emphasised the need for evidence of those involved in the engagement. SH thanked DF for the update provided.	
7	**Experience of Care – Quarterly Update**	
	Lucy O'Lone updated on the main themes around Experience of Care: • Patient experience based on 18 months of feedback. • 6 month review and intelligence shared with Healthwatch. • Positive experience around cancer screening and surgery. • Feedback noted from gate 20 (acute elderly and medical ward). • Involvement of monthly speakers and Primary Care Networks to improve patient experience and access. • No walkabout in August and September. • Good feedback from Care Home Managers to the 61 questions in the questionnaire. • Mid Yorks and family members involvement in any treatment options in respect of cancer care. Panel comments: • JN positive feedback on retinopathy service and quick results back via the NHS App. SH thanked LO for the update.	
8	**Engagement Update**	

Agenda no	Item	Actions
	Dasa Farmer (DF) provided an update on the NHS 10 Year Plan: • National engagement on a 10-year plan was launched by Government. • Engagement for all those working within NHS to make fit for the future as well as members of the public. • National team are producing resources that can be used in support of the engagement. We are working across West Yorkshire to adapt this to make sure that we capture information on what people living in our district feel. • Do People Panel want to have a conversation at a future meeting before collation of feedback for submission. • There is an online portal as well to give ideas for anyone wishing to do so prior to a local discussion. People Panel comments: • Need more information before can comment or get involved. • There seems to be only digital solutions for the 10 Year Plan engagement, which needs consideration. There is a feeling that it is the same thing around and in another ten years, we will have another NHS Plan. Would like to see outcomes and positive change out of this national discussion. DF informed the group that as we plan to engage on the 10 Year Plan, there are also plans being prepared for a local engagement. It is aimed to align any engagement activity to ensure that we use the feedback that people are giving us. DF introduced Becky Barwick to provide an update on the Wakefield District plan.	

Agenda no	Item	Actions
	• Tony Reeves, new CEO for Wakefield Council, oversaw implementation of plan at Liverpool Council which collated all agencies to feed into an overall plan for Liverpool to improve local lives and is keen to do the same in Wakefield. • The aim is to publish in Summer 2025 with key lines of enquire which currently include education skills, climate, supporting complex lives, neighbourhood/town schemes to keep investment in Wakefield, better use of data and conversations how to define following some engagement and involvement with local people to engage in the key lines of enquiry. • New district plan being worked with ICB to keep the focus simple to provide a clear journey together. DF informed that information will be shared at future meetings, when available. Alignment of the plan needs to make sense to the local population, and it will be tailored to local needs such as the information PJ shared. SH thanked both DF and BB for the information presented.	
9	**Reducing Healthcare Inequalities**	
	Amritpal Reyat (AR) updated on Reducing Healthcare Inequalities programme of work and presented an overview which included: • Core 20Plus5 findings about how money had been received in 2022 to reach groups with complex needs and framework delivery to the most deprived population. The framework divided up between H&WBB and WDHCP. • MYTT maternity service for women to provide support in respect of language barriers.	

Agenda no	Item	Actions
	• Funding work supporting the Gypsy and Traveller community. • Live Well Service for vulnerable people. • Therapy dog experience for those with complex needs. • Steering group to focus on inequalities to improve outcomes for local people and influence the Health and Care system. • Work will connect into the 10-year plan. • Online community event will take place in December with various speakers sharing their work. • Queried how to engage with People Panel to create connectivity into the membership. SH commented on the core 20 short term funding and support of prime services, highlighting evaluation as a key element. AR advised that they were looking at the money short term and baseline funding commitment. People Panel comments: • Sustainability and what is the role of the Steering group to develop this. There is a risk about these programmes when funding comes to an end. Conversation about sustainable funding to support services such as homeless. • Membership from the People Panel to help process to do this. • Challenges around money allocation of all these ideas, there is no mention of the engagement with charities such as hard of hearing community in Wakefield. • Involved in health for a long time, only heard about this project recently via social media.	

Agenda no	Item	Actions
	AR informed on the work with BB to reduce disparities in Wakefield to ensure we have a healthy start in life and the connections to grow a strong partnership. SH highlighted involvement of the People Panel and advised that updates should be brought back to future meetings. **Action: AR to attend future meetings to update People Panel SH to be the linked People Panel member**	
10	**NHS West Yorkshire ICB Equality, Diversity & Social Justice Strategy**	
	Ali Bishop (AB) attended to present the themes which highlighted: • WY ICB strategy- focus on work across the whole of West Yorkshire to concentrate on disparity and inequality so that everyone benefits with better outcomes. • Work commenced in the summer on generic engagement with events and surveys for all to contribute. Working with DF and various groups to do targeted work and also around priorities and objectives. • Key areas to focus and the importance of lived experience to add clarity within the strategy. • Need clear communications to share key messages in the communities with better access to data and outcomes. • Better understanding and training around discrimination • Ambitious target of end of December • Undertaking review of the particular themes such as older people. Various input will help steer work. People Panel Comments: • No comments noted.	

Agenda no	Item	Actions
	DF informed on the work across West Yorkshire and the development of priorities for the Wakefield district which would be aligned with West Yorkshire. SMc explained on the emerging work and same set of priorities to align. SH commented that it was good to know that senior leadership were leading by example.	
11	**Any Other Business**	
	DF informed on Equality Diversity System sessions at the beginning of December and information would be circulated (meetings in person and online). Meeting in Wakefield would take place on 2 December in the morning at White Rose House. SH thanked the People Panel for attending.	
	Date of the next meeting Thursday 12 December 2024 – 10.00 – 12.00 noon	

Action Log

Date of meeting	Item No./Subject	Action	Update	Status
18.07.2024	9.1 – Any Other Business	DF to look at dedicated time on future agenda for health and social care update	Future agenda item	**Carried forward**
19.09.2024	5 - GP Patient Survey Update Analysis	SD to attend future meeting to present feedback from GP Patient Survey questionnaire	Add to December agenda	**Carried forward to December agenda – action closed**
19.09.2024	6 – Medicines Optimisation	SC to be invited back to a future meeting to provide update	Future agenda item	**Carried forward**
19.09.2024	8 - Freestanding Midwife Led Unit in Pontefract (FMLU)	FMLU to be added as a standard item to agenda to ask questions/receive feedback	Added to November and future agenda(s)	**Action ongoing**
07.11.2024	9 – Reducing Healthcare Inequalities	AR to attend future meetings to update People Panel	Future agenda item	**Carried forward**

Wakefield District Health & Care Partnership – Minutes

People Panel

19 September 2024, 10am – 12noon, via MS Teams/White Rose House

Attendees: Dáša Farmer (DF), Stephen Hardy (SH), Ruth Unwin (RU), Laura Elliott (LE), Lucy O'Lone (LO), Paulette Huntington (PH), Glenys Harrop (GH), Michelle Poucher (MP), Ross Grant (RG), John Nye (JN), Stuart Green (SG), Sandra Cheseldine (SC), David Mitchell (DM); Sharon Daniels (SD), Kate Trevelyan (minute taker), Item 5 Sharon Daniels (SD), Item 6 Samiullah Choudry, Item

Apologies:

Zahida Mallard, Pat Gray (PG), Safeen Rehman (SR)

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 – none noted.	
3	**Minutes of meeting held on 18 July 2024**	
	The minutes of the meeting held 18 July 2024 were agreed as a true and accurate record of the meeting.	
4	**Matters arising** There were no matters arising from previous meetings to discuss that were not covered on the agenda.	

Agenda no	Item	Actions
	The action log was reviewed, and all actions were complete, with the exception of Health & Social Care update which DF informed that work on this was ongoing.	
5	**GP Patient Survey Update Analysis**	
	Sharon Daniels (SD) presented the update on the GP Patient Survey and some of the main themes included: • Response rate 1% of population of Wakefield. • Analysis of patient experience by practice via web site. • 3 practices achieved above ICB average. • Primary Care team working with practices who achieved below average rating around submission of an action plan to the Primary Care Team by the end of the month. The Primary Care Team will then meet with practices to go through action plan in detail. Panel comments noted: • 1% return from Wakefield. Question was posed as to how reliable the outcomes of questionnaires were. SD advised on the 30% response rate and the national survey being anonymous. Practices encouraged to do an internal survey within their own patient population. • Any thoughts from NHS England about increasing the number of surveys sent out and SD responded not currently. LE commented that patient survey goes to everyone who is on the register but could relate to experiences over a long period of time. • Talked about Primary Care Network capacity and the action plan to manage demand as the biggest issue to patients is access and GPs. SD responded that some of the questions have been changed to cover ease of	

Agenda no	Item	Actions
	access and other issues. The feedback will be reviewed, along with action plans submitted and analysis of the telephony data, particularly if cloud-based telephony was in place. • Looking at the figures, there appeared to be less feedback from Pontefract and Charlton than affluent areas of Wakefield. SD confirmed emphasising the importance for practices to do their own survey as well to provide good intelligence. • The survey is carried out every year, has it improved the baseline. SD confirmed that a heatmap was completed every year to show progress from the previous year and considers leadership changes. The trend analysis will be available in September. • SH asked about the role of the PCN to support on an ongoing basis and the role patients play. SD indicated that the Primary Care team were doing a lot of joint work with practice managers to enable the opportunity to share learning. Access was a big issue around telephone base, online and web sites. • In respect of the results of the survey, do you have an idea of the demographics of those completing the questionnaire (e.g. people with hearing issues). SD advised that the last two questions were about the patient and that the report was at practice level but could also be done at PCN level. SH thanked SD for the information shared and it was noted that SD would come back to a future meeting to present feedback from the questionnaire.	

Agenda no	Item	Actions
	Action: **GP survey analysis – feedback from questionnaire on future agenda**	
6	**Medicine Optimisation**	
	Samiullah Choudry (SC) presented this item to update People Panel on the main themes in respect of Medicines Optimisation which highlighted: • Partner working and medicines prescribing recommendations with 4 principles set by NHSE and patient experience (ie. response to different medicines). • Everything prescribed in line with guidance produced by National Institute of Clinical Excellence; technical appraisal and guidance made available to public. • Close working with practices on safety in respect of conditions and complexity interaction. Feedback into local and national teams to highlight major concerns. • Cost efficiency to provide best value for taxpayer. • Closely work with GPs, hospitals and community pharmacy re access to medicines. • Recommendations on medicines made around clinical, technical and sustainability to make sure any switch has the same clinical affect, but it is clinical prescribers who make the decision to swap and change back. People Panel comments included: • When medicines are due for renewal, it is difficult to keep a track of everything and in different months, there is extra	

Agenda no	Item	Actions
	paperwork. Is it the responsibility of the patient, GP, or Medicines Optimisation. • Diabetes medication co-ordination (once a month) which uses resources when printed off. SC responded that the action/development of the NHS App was the National Team/NHS Digital. The prescription was printed off in a certain way which was unavoidable, but the printed prescription could be handed back to the pharmacy to dispose of. • In-house Pharmacy at our GP Surgery which makes it so much easier to keep track of any problems including new prescriptions so that everything is ready on the same day for collection. • The patient needs to take responsibility for ordering things like inhalers, as they will know when a replacement needs to be requested. • Patient in village was prescribed alternative tablets with a different coating which did not agree with them. (The alternative tablets were due to supply issues). • Paper prescription good as it gives context and provides a tick box for future requirements (not all medicines are required every month). • The TDC costs and relationships to buy at lowest price possible but different if the tablet is in short supply. SC updated on the background to the price discretions depending on where the pharmacy sources the drug which was recognised as a national problem. Medicines Optimisation make a recommendation, but patients are at the centre of this and can choose to switch back.	

Agenda no	Item	Actions
	• Changes to patients on medications within different cohorts, when patients do not understand the medicines prescribed as it is very important that patients understand different medicines may not have the same affect. SC commented on the recommendations to switch over from branded to generic medication and gave an example of a patient on Atorvastatin where the pharmacy will look to get the best price but inconsistency may occur for the patient. SH reflected that the Medicines Optimisation working group had saved millions supporting patient care and thanked SC for the presentation. SC responded that they would be happy to attend future meeting. **Action: SC to be invited to future meeting to present update**	
7	**Non Emergency Transport Service**	
	Colin Hurst (CH) updated on the main themes around non-emergency transport: • NHSE carried out a review of non-emergency across the country to reduce variation and ensure the resource was going to people who needed the support. • Guidance change meant that each commissioning organisation determined how it operated. • A project group was set up to review the total offer across the community to understand the impact of change, how patients attend appointments. • The feedback will be shared at Board Committee who will make the decision about the way forward but may require further understanding about the impact on certain groups to mitigate possible impact. Decision made will go towards 'next steps'.	

Agenda no	Item	Actions
	• There is some explorative combined work with the Local Authority in respect of discounted bus tickets and travel scratch cards. SH commented on the consistency of the reconfiguration and asked how the historical information was collected. CH shared that it was part of the involvement and engagement feedback, together with approaching partners across West Yorkshire. Panel comments: • The system does need looking at especially with regards to carers using the transport to town and then leave the driver to look after the 'cared for'. • Offended by the Chair of YAS saying that those on mobility should have to pay their own transport costs. • Taken in on a T1 tail lift and was ill for 4 days felt every bump. • I have used ambulance and patient transport in the past, not a pleasant experience, particularly if you have any vulnerability (such as spinal problems) so I prefer not to use patient transport unless there is no other alternative. Issue around power wheelchair being transported separately. • Patient transport experience to an appointment in Sheffield which took over 4 hours. Don't want to use really but is convenient over public transport. CH commented on the good points made which will be considered in the review. • Query around the questionnaire and sharing with groups such as volunteers, older people, and those who use patient transport to home, to make sure that they are all part of the	

Agenda no	Item	Actions
	review. CH informed that they were monitoring the response to the questionnaire to reach out to those not responding and trying to run focus groups in communities with lots of links into voluntary groups across West Yorkshire. TL asked if the questionnaire will reach out to identify pregnant and other people who struggle with costs to inform the travel reimbursement scheme. CH responded that it was certainly a key group which could be explored moving forward. TL/CH to discuss further outside of the meeting. CH asked for any other advice and learning to be shared which could be taken forward. SH formally suggested that JN who has experience as a user and is aware of the historical background joins the group, and to provide lay member influence on the procurement committee. CH informed that the transformation group will not decide on the final service, but it was a good point about a user Lay Member being on the committee which would be checked through. Away from the procurement element, it would be good for JN to consider the data from a user perspective. DF informed on the Quality and Equality Impact Assessment which had been produced for this piece of work, and that Wakefield had a higher number of users than others in West Yorkshire. SH thanked CH for the information shared.	
8	**Freestanding Midwife Led Unit in Pontefract (FMLU) and maternity services across the district**	
	Dasa Farmer (DF), Ruth Unwin (RU) and Tracy Lewin (TL) highlighted the previous background and provided an update on the Freestanding Midwife Led Unit in Pontefract which included:	

Agenda no	Item	Actions
	• Taken the item to the Wakefield District Health and Care Partnership to ask for permission to proceed with the consultation and working closely with DF and partnership leads to set up a Project Group across the ICB in West Yorkshire to follow due process to ensure a thorough consultation. The next meeting to present the proposed plan is the Overview and Scrutiny Committee on 17 October. DF informed on the consultation process and highlighted the consultation plan. The aim is to starts in November, subject to approval process, and DF asked People Panel to be involved in the committee's capacity as public assurance group. It was proposed to add the consultation as a standard item on the People Panel agenda going forward to share questions and receive feedback. **Action: Consultation to be added to future People Panel agenda(s) as a standard item.** People Panel comments: • The issue is we have been here before and if you have been in a situation where you have a daughter who is going to be taken from Pontefract to Pinderfields, you are talking about life. All difficult cases are handled at Pinderfields and could be a last-minute decision as Pontefract is not Consultant-led. DF advised that when it was open, Pontefract birthing unit did have safety and transfer protocols which were followed. But appreciated that there are different aspects that influence people's choices and this would be part of the consultation survey.	

Agenda no	Item	Actions
	RU gave assurance on the dimensions to a consultation exercise advising that TL had gathered a lot of data around pre- and post-natal care, which was supporting this work.	
9	**Engagement Update**	
	Dasa Farmer (DS) updated the People Panel on: • Older Peoples Mental Health Inpatient Services Consultation: The Quality and Equality Impact Assessment had been updated with the findings of the consultation; this will now go through to the decision-making process. • Wakefield Together/People Panel: DF referred to the Wakefield Together group and People Panel's proposed joint meeting which will be a hybrid meeting with the aim to share intelligence and information between the forums. People Panel expressed interest in getting involved. DF advised that the hybrid meeting was going to be held on the 21 October in the Seminar Room at White Rose House, and that the invitation and agenda would be shared. • King Street, Walk in Centre (WIC): RU informed that a planning application had been submitted by the landlord to change the top two floors on the Kings Street WIC into apartments. The change and ongoing building work did not compromise current use of the bottom floor but the organisation was considering possible impacts to service delivery. It was noted that the WIC would need to identify an alternative property by 2025/2026.	

Agenda no	Item	Actions
	• Castleford Health Centre: Due to increased costs in the development of the site, the plan needs to be adjusted and practices would be informed around the change to the long-term plan. Panel comments: • The diagnostic centre in Wakefield was very well received and wondered if there was a longer-term plan for a diagnostic centre in Pontefract. • Comment around the old hospital building in Pontefract and possible conversion to a museum by the Heritage Group. There were concerns that the hospital could be demolished altogether (reference to a newspaper article which would be shared with RU post meeting). The plan would cost millions of pounds and the question was raised as to where NHS money should be spent. RU responded that there was a need to look at the overall financial position.	
9	**Any Other Business**	
	No further business was discussed. SH thanked the People Panel for attending.	
	Date of the next meeting Thursday 07 November 2024 – 10.00 – 12.00 noon	

Action Log

Date of meeting	Item No./Subject	Action	Update	Status
18.07.2024	9.1 – Any Other Business	DF to look at dedicated time on future agenda for health and social care update	Future agenda item	**Carried forward**
19.09.2024	5 - GP Patient Survey Update Analysis	SD to attend future meeting to present feedback from GP Patient Survey or share for information	Add to December agenda	**Carried forward**
19.09.2024	6 – Medicines Optimisation	SC to be invited back to a future meeting to provide update	Future agenda item	**Carried forward**
29.09.2024	8 - Freestanding Midwife Led Unit in Pontefract (FMLU)	Maternity Services to be added as a standard item to agenda to ask questions/receive feedback	Added to November and future agenda(s)	**Action ongoing**

Wakefield Professional Leadership Group

Meeting notes

Wednesday 02 October 2024 from 3.30 to 5.00pm

Present:	
Dr Colin Speers (Chair)	GP and Wakefield Medical Director for Integrated Community Care, Wakefield Place
Michala James	Senior Commissioning Manager for Partnership Development, Wakefield Place
Linda Harris	Chief Executive, Spectrum Community Health Social Enterprise and Co-SRO for Wakefield People Plan
Joe Hendron	Dentist, Chair of Wakefield Local Dental Committee and Member of National Dental Practice Committee
Nicola Goodberry Kenneally	Chief Executive Officer, Community Pharmacy West Yorkshire
Jon Parnaby	Programme Manager for Urgent Care Re-Design/Unplanned Care

Apologies:	Clare Offer, Darryl Thompson, Davina Michhiana, Ann Workman, Abby Trainer, Phil Deady, Talib Yaseem, Richard Robinson, Subha Thiyagesh, Adam Sheppard, Richard Robinson, Jenny Smith and Mark Freeman

1	**Welcome and apologies** Colin welcomed everyone to the meeting. Apologies and reduced attendance for today's meeting were noted. Jon advised MYTT were high Opel 3. Noting the reduced attendance, Colin asked Nicola, Joe and Linda if there was anything they wished to raise. Providing an update on Pharmacy First, Nicola advised: • At a recent meeting, pharmacy visits was raised with colleagues from across West Yorkshire (WY) (including Primary Care leads and MOT colleagues); as a WY committee the group discussed the pros and cons. Nicole Siswick and Chris Skelton represented Wakefield; • A meeting was held a few weeks prior at Trinity Medical Centre with Pharmacy Plus Health who are close to the ideal scenario of what good looks like, with great relationships in place, referrals flowing well etc. • The most recent visits have taken place at pharmacies who are perhaps struggling to get established; • Nicole and Chris are doing a lot of engagement work GPs and PCN Directors etc. to encourage them to engage with the service; • For this month, the threshold for community pharmacies to receive payment was due to be 30, however it does not look like this threshold will be achieved therefore it will remain at 20 for October; • Anyone who is interested in having a visit from our Advance Service Facilitator who can support with getting the service operational please let us know. Colin advised he believed System One/TPP are to deploy direct integration of pharmacy first referrals across Wakefield in their next update (expected 10 October 2024) though added he has had no direct confirmation of this. Colin noted this would be helpful in terms of GP referrals;

	adding there are always capacity challenges from local pharmacists for both dispensing and providing pharmacy first consultations which is a challenge with the model; also noting dispensing legislation changes. Providing a dentistry update, Joe advised: • As part of the recent General Election there was a promise by the new Government, they would be considering working with the British Dental Association to get a new dental contract which would be fit for purpose and which would hopefully improve access, especially for those who need urgent dental care; • Locally a lot of work has been done to try and improve the number of sessions dentists can provide for urgent dental care and stabilisation from monies which has been 'clawed back' from undelivered care last year; originally these funds were returned to NHSE however the ICB has agreed any 'claw back monies' should be reinvested back into Dentistry; • The money WY has been allocated has increased from £8.5m to £16m and lots of work is taking place to spend this money as quickly and appropriately as possible; a lot is being spend on sessional payments for dentists to see people who have not seen a dentist before and have urgent dental needs as well as sessions for those who are homeless, asylum seekers and for care home visits; • Hopefully, the above steps will see improvements in terms of NHS111 and GP contacts etc. of patients with dental pain looking for help. • In terms of the dental contract, will have to see what happens; In terms of workforce, Linda advised: • A People Alliance meeting is taking place on 07 October 2024; • Jenny Lingrell is to pull together a group of ambassadors to promote trauma informed ways of working. There will be workforce implications for trauma informed in terms of how people are trained, developed etc, however that will be progressed via the Wakefield People Alliance; • From the Chairs update from the last People Alliance meeting, 37 staff representing all levels from all sectors of our partnership gathered at Hatfeild Hall on 23rd September as the first cohort of our three-part System Leadership Programme.
2	**Notes from the last meeting** The notes were approved.
3	**Feedback from WY Clinical & Care Professional Forum** Providing feedback and advising papers have been circulated, Colin highlighted: • The main area of discussion related to integrated neighbourhoods. This piece of work is being undertaken across WY however all Places are struggling at different points; • A discussion took place regarding alignment of commissioning policies across WY; the most significant were regarding wigs and wig provision and a new aligned IFR process; • A robust conversation took place regarding Opel status, changes in Opel reporting and winter preparedness.
4	**Winter Resilience Planning** Providing an overview, Jon advised: • The supporting documents circulated prior to the meeting are to be viewed in different ways; they are to be viewed as a repository of learning from last winter, a repository for what we will

	try to do differently this winter, a repository of where any additional monies allocated into systems for winter are going (including Better Care Fund) and also aims to collate the risks and mitigations within the system. Therefore, although it is called a Winter Resilience Plan, it is a learning document with a lot of repositories for a lot of information; • All Emergency Care Commissioners for the WYICB have used one standard format for their individual system resilience plans; some may be on PowerPoint whilst others are on Word, however, the format and content layout should all be the same; • The plan is also an information source in terms of what is happening with Opel; including reference to the different Opel levels and expansion which is to come into effect this year; • There is also reference to system expectations as far as what NHSE expect for this winter. An (H2) letter is usually issued by NHSE in May, however due to the General Election and further delays with the new Government, this letter was not received until recently, however as a collaborative of Emergency Care Commissioners across WYICB, a decision was taken to plan for and bring together all resilience plans and then review them upon receipt of NHSE (H2) letter. This has been completed and all details in relation to H2 and expectations are included as an additional appendix in the supporting papers; • National targets include 30-minute Cat 2 response for ambulance services, 78% 4-hour attendance at A&E. There is also an emphasis on quality of care including corridor care. Jon advised the pack is still a work in progress as additional risks and mitigations are added. If colleagues need the latest version, please let Jon know to forward on. Colin added the WY Clinical & Care Professional Forum discussed corridor care noting NHSE guidance has been released. In that discussion, Colin advised until hospitals report actual bed utilisation vs capacity rather than bed utilisation vs expanded undesignated space created, true numbers will vary. Jon added bed occupancy counting is also not uniform across the WYICB. Thanking Jon for his update, Colin noted the clinical risk attached to quality of care and safety of care in undesignated spaced carries as well as the system risk which is contained within, though different organisations manage their risks differently.
5	**Community Health Pathways** Agenda item deferred.
6	**Interface – update on progress and barriers** Agenda item deferred.
7	**GP Collective Action** Agenda item deferred.
8	**Any Other Business** No items were raised.
9	**Date and time of next meeting** Wednesday 4 December 2024 from 3.30pm – 5.00pm via MS Teams.