

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Date: Wednesday 15 November 2023

Notice of Meeting

Dear Member

West Yorkshire Joint Health Overview and Scrutiny Committee

The **West Yorkshire Joint Health Overview and Scrutiny Committee** will meet in the **Virtual Meeting - online** at **10.00 am** on **Thursday 23 November 2023**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft", on a light-colored background.

Julie Muscroft

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

**The West Yorkshire Joint Health Overview and Scrutiny Committee
members are:-**

Member

Councillor Elizabeth Smaje (Chair)- Kirklees Council
Councillor Colin Hutchinson - Calderdale Council (Deputy Chair)
Councillor Beverley Addy- Kirklees Council
Councillor Caroline Anderson - Leeds Council
Councillor Andrew Scopes - Leeds Council
Councillor - Rizwana Jamil - Bradford Council
Councillor Allison Coates - Bradford Council
Councillor Howard Blagbrough - Calderdale Council
Councillor Andrew Lee - North Yorkshire County Council
Councillor Andy Solloway - North Yorkshire County Council
Councillor Betty Rhodes - Wakefield Council
Councillor Kevin Swift - Wakefield Council

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Committee

To receive apologies for absence from those Members who are unable to attend the meeting.

2: Minutes of Previous Meeting

1 - 6

To approve the Minutes of the Meeting held on 10 August 2023.

3: Declaration of Interests

7 - 8

Members will be asked to say if there are any items on the Agenda in which they have any disclosable pecuniary interests or any other interests, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

4: Admission of the Public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Committee.

5: Deputations/Petitions

The Committee will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear

working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Public Question Time

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

7: West Yorkshire Urgent Care Service Review Introduction 9 - 20

The Committee will receive an update from representatives from the NHS West Yorkshire Integrated Care Board on a review of the West Yorkshire Urgent Care (WYUC) Service.

Contact: Yolande Myers, Principal Governance Officer
Yolande.myers@kirklees.gov.uk 01484 221000.

8: Dentistry and Oral Health in West Yorkshire 21 - 28

The Committee will receive an update from representatives of the NHS West Yorkshire Integrated Care Board regarding Dentistry and Oral Health in West Yorkshire.

Contact: Yolande Myers, Principal Governance Officer
Yolande.myers@kirklees.gov.uk 01484 221000.

9: West Yorkshire Winter Planning 2023/24 29 - 40

The Committee will receive an update from representatives of the NHS West Yorkshire Integrated Care Board on the approach to 2023/24 winter planning.

Contact: Yolande Myers, Principal Governance Officer
yolande.myers@kirklees.gov.uk 01484 221000

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PRESENT:

Councillors: Rizwana Jamil, Bradford Metropolitan District Council
Allison Coates, Bradford Metropolitan District Council
Colin Hutchinson, Calderdale Council
Liz Smaje, Kirklees Council
Beverley Addy, Kirklees Council
Caroline Anderson, Leeds City Council
Andrew Lee, North Yorkshire County Council
Andy Solloway, North Yorkshire County Council
Betty Rhodes, Wakefield Metropolitan District Council
Kevin Swift, Wakefield Metropolitan District Council

SUBSTITUTES PRESENT

Councillors:

1 ELECTION OF CHAIR AND DEPUTY CHAIR FOR 2023/24 MUNICIPAL YEAR

Mike Lodge, Senior Scrutiny Officer, Calderdale Council, started the meeting and asked for the election a new Chair and Deputy Chair. Cllr Smaje was nominated as Chair by Cllr Hutchinson and seconded by Cllr Rhodes, all members agreed. Cllr Hutchinson was nominated as Deputy Chair by Cllr Smaje as the Deputy Chair and seconded by Cllr Solloway, all members agreed.

2 SUBSTITUTES NOMINATED FOR THIS MEETING AND APOLOGIES FOR ABSENCE

No substitutes had been nominated for this meeting, apologies received from Cllr Scopes and Cllr Blagbrough.

3 MEMBERS' INTERESTS

Cllr Smaje expressed an interest in Item 8 as she is a member of Coeliac UK. No other interests were recorded during the meeting.

4 PUBLIC DEPUTATIONS

There were no deputations received from members of the public.

5 MINUTES OF THE WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 28TH FEBRUARY 2023

Members raised concerns around the Dental Needs Assessment that had been requested at the meeting on November 29th. Although the report has now been received by members of the committee, the level of detail received on oral cancers was considered to be insufficient and a follow up item was requested.

RESOLVED that the Minutes of the meeting of the West Yorkshire Joint Health Overview and Scrutiny Committee held on 28th February 2023, be approved as a correct record, and signed by the Chair.

6 WEST YORKSHIRE INTEGRATED CARE BOARD JOINT FORWARD PLAN

The Associate Director of Strategy at West Yorkshire Integrated Care Board submitted a written report detailing the Integrated Care Board's Joint Forward Plan to deliver the West Yorkshire Integrated Care Strategy. In line with statutory guidelines, the integrated care strategy outlined is owned by the Integrated Care Partnership, a wider group of partners across West Yorkshire, whilst the Joint Forward Plan is owned by the ICB. The joint forward plan is designed to be the NHS elements of the strategy for West Yorkshire.

There have been challenges around the timelines for the Joint Forward Plan, however this is the first year of the JFP and moving forward it will be built into the ongoing engagement mechanisms already undertaken by the ICB. There was also a lot of engagement work with partners in place and the JFP was built around local plans.

The JFP consists of five place plans which respond to four different elements:

- The long-term plan
- The delegated functions from the ICB
- The ten ambitions within the ICS
- The local Health and Wellbeing Board priorities

The place plans have gone through their own engagement and governance processes before receiving sign off from the IBC committees at place level. The JFP consists of the five place-based plans along with a document setting out upcoming work at West Yorkshire level.

During the consultation for the JFP, six themes were identified, these themes have been prioritised in the JFP:

- Access to services, particularly GPs and dental services
- Tackling inequalities
- Co-ordination of services
- Having workforce to deliver the appropriate services
- The impact of the cost of living on health services
- Getting the basics right in delivery of services

A large part of this work has also focused on aligning work happening at West Yorkshire level and at place level.

The JFP includes a set of metrics through which the ten big ambitions will be monitored, this was incorporated following feedback from the Partnership Board and ICB. It was acknowledged there is still a lot of ongoing work on this, trajectories for the metrics are currently being built.

The JFP is a live document to allow amendments and regular refreshes. The JFP is part of the ICB's business planning cycle, there has been an attempt to align the plan with the operational planning so that different pieces of work are linked in a meaningful way of making sure the strategy is being delivered.

Making better connections and working with people across the systems has been a key priority in the plan, to assist with this an improvement framework around the delivery of the JFP and ICS is also in development. Improvement forums are being held on a quarterly basis.

During discussion members commented on the following issues:

- In relation to the JFP, who was this written for? The tone and quality of the writing is variable throughout, some sections include a lot of jargon and would require specialist knowledge to understand. In response, the document was designed for the for the organisations who are working together on plan but there are other versions of the document that are more accessible and designed with the public in mind.
- Concerns were raised about what isn't mentioned within the JFP. For example, vaping, vaccinations programmes specifically measles, encouraging participation in national screening programmes, digital exclusion, misuse of drugs, diagnosis of neurodiversity, dual diagnosis programmes and family centres. There was a particular concern about rapid diagnosis, and the impact online or telephone consultations have on this, not being considered in the plan as a priority. In response, the JFP focuses on delivering the NHS elements and some of the concerns raised fall under Public Health's remit. There is a lot of work going on in some of the areas mentioned but may not have been emphasised in the document.
- Is there a delivery plan that goes with the JFP? In response, most of the areas contained within the JFP will have their own delivery plans as will the place plans.
- How does the plan relate to the issues identified during consultation, particularly access to GPs and dental services? In response, the GP access recovery plans are being developed throughout summer and early Autumn. The issues raised in relation to dental services were acknowledged, the ICB took over the commissioning of dental services in April and this is being prioritised. The unspent budget on dental in West Yorkshire is £6.5 million, of which £4 million has been allocated to urgent access schemes. There will also be funding for services for homeless people, oral health improvement and prevention and community dental services to reduce the wait times. The ICB are also looking to expand the flexible commissioning scheme. There are also conversations with the Department of Health and Social Care about fluoridation.
- How do the delivery plans discussed in the answer of the third question relate to the JFP and ICB ten priorities? If information isn't being fed in corporately, how will achievements and outcomes be identified to feed into the following years plan? In response, there has been a significant attempt that plans are being aligned with one another. A lot of the areas included within the JFP are required to have a delivery plan, any information included in the JFP is based around this delivery plan. An integrated dashboard is being put together for the ICB to bring together the metrics included in JFP, the ICB will be monitoring this quarterly which will greatly assist in the annual refresh.

- Regarding the JFP, at what point will achievements and/or concerns be monitored? In response, monitoring of the plan has already commenced, the ICB will be having an update in September.
- Concerns were raised around the increasing use of telephone appointments for GP consultations and what is being missed as a result, especially in relation to those at risk of digital exclusion. In response, there is a lot of work ongoing around digital exclusion, and this isn't reflected in the strategy as well as it could be. In terms of primary care services, there is a focus on face-to-face appointments. Work is ongoing with Community Pharmacy to help relieve some of the pressures on GPs.
- Concerns were raised about the funding of voluntary sector and community (VCS) projects carrying out community-based health projects. In response, as part of the engagement work conversations with the VCS did take place and some of which fed into the finance strategy to help drive investment to the VCS.
- Are the 'significant, non-recurrent measures that are essential to put the plan into place' discussed in the finance section of the JFP confirmed? In response, they haven't been confirmed. Figures from NHS England identified that there will be a medium-term financial problem for the ICB, a transformation and financial stability group have been set up to develop a more detailed plan.
- Are there plans in place to consider how best to reach more people during consultation? There are plans in place which are being rolled into the involvement framework. During consultation, there was significant involvement from the communications team but there are now conversations about how to do this better in future. Consultation is not the only source of information to support the prioritisation.
- Concerns were raised around the workforce chapter of the JFP, there is no information about 'growing your own' staff or outreach with schools and colleges, instead there is a focus on recruiting from overseas. In response, the JFP was written prior to the release of the national workforce plan which highlights a clearer way if working with local colleges and people. A lot of work is ongoing, but this may not be emphasised in the right way. In response to the issues raised around recruiting from abroad, there is an attempt to build an ethical and mutually beneficial partnership.
- Has the workforce observatory been kept going with an alternative funding stream? In response, continuation of the workforce observatory is part of wider conversation around running costs, there is a desire to continue the workforce observatory and support from partners.
- Who is monitoring the plans that underpin this strategy? In response, there are number of programme boards, ICB place committees which will monitor the local place and delivery plans. For West Yorkshire, some delivery plans feed into specialised committees e.g., cancer. Overall, for whole JFP, the ICB has responsibly for oversight.

IT WAS AGREED that the Associate Director of Strategy at West Yorkshire Integrated Care Board, would:

- a) Take forward the comments made about the style of the document and amend for next year's refresh.
- b) Discuss the gaps identified by Members, particularly vaping and digital exclusion, with lead officers and to consider whether to include in the refresh.
- c) Bring the JFP back to the West Yorkshire JHOSC at regular intervals.

- d) Share information on the National Information System Pilot with the board.

7 HARMONISATION OF COMMISSIONING POLICIES

Work on the harmonisation of commissioning policies has been going on for a number of years when necessary, since becoming an ICB in July 2022 there is now requirement for all policies to be harmonised meaning work needed to be accelerated.

This work is now in its final stages with only a few policies now requiring change. In the current stage, there was a total of eight policies where the commissioning threshold and detail needed to be harmonised. There are as follows:

- An age change in ear correction surgery
- A change in the BMI for corrective procedures after weight loss, covers six different procedures.
- A proposed change in the prescribing on gluten free products

In reference to the proposed change in the prescribing on gluten free products, there has been targeted engagement with those who currently receive prescribed GF products – approx. 900 people across West Yorkshire. Most of the feedback concerned the increased price, the availability and quality of GF products. The second stage of involvement has been completed and feedback will soon be collated, this was not targeted. Meetings with Coeliac UK have taken place as a part of the engagement process.

All feedback will be discussed at a full ICB meeting in September 2023, recommendations will then be made for the Transformation Committee for a decision in late September.

During discussion members commented on the following issues:

- If BMI changed to a harmonised 27 Body Mass Index, would this allow for individual exceptions? In response, it would allow for individual exceptions for a variety of reasons. As well as body image, there are also health reasons for these corrective surgeries and in this scenario, there would be a consideration.
- What clinical information about the risk of the body corrective surgeries and/or not having the corrective surgeries will go in front of the board? In response, it is possible to bring together statistics on post-operation health risks, there is no information that can provide a compelling threshold where the risks of having/not having the procedure go up. There are, however, benefits of achieving a BMI of 27 rather than maintaining a BMI of 30.
- In many cases, the lower denominator has been taken to harmonise all the policies. Why is this? In response, there are different reasons for each policy. For body corrective surgeries, a BMI of 27 was considered to be the best number on the balance of risk. For ear corrective surgeries, 18 is used as the cut off as anything above this would no longer be a childhood procedure.
- Is the choice of the lower denominator balanced on risk and medical opinion or is there a financial aspect to this decision? In response, a framework was

developed to understand the impact on the numbers of people who will require treatment if threshold were raised or lowered. Having a more stringent access threshold doesn't correlate with having lower levels of activity per head of population in each place. There is a belief there will be no change in activity levels because of the harmonisation.

- In terms of the proposed changes to the coeliac products, if the prescribed products are preferred, is there work that could be done with the producers to make these more accessible? In response, when considering the feedback which referred to a difference in the quality of products it was a surprise for both NHS officers and Coeliac UK that there was such a preference. Questions have been raised with Coeliac UK around this issue and there will be further work to explore this issue.
- There were concerns raised about the additional expense for people who will no longer receive prescribed Coeliac products, particularly for families as there it is a hereditary disease. In response, discussions are ongoing about the impact on lower income families, including with food banks to improve accessibility for specialist diets. Some places, e.g., Wakefield and Kirklees, have meal plans promoting cost-effective dishes, this information and resources is in the process of being shared across West Yorkshire.

IT WAS AGREED that the report be noted.

8 WEST YORKSHIRE JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Dates for a further three meetings in 2023/4 are currently being scheduled. A programme will be circulated shortly. Members suggested the following items for inclusion in the work programme, as well as a programme of reports on the ICB ten ambitions.

- Joint Forward Plan – Follow Up (February 2024)
- Dentistry and oral cancers (November 2023)
- Workforce
- Service Outcomes and delivery plans
- Winter Preparedness (unless considered at place based Scrutiny Committees)
- Women's Health

A meeting will be arranged between the Chair and Deputy Chair of the West Yorkshire JHOSC and Ian Holmes, Director of Strategy and Partnerships, West Yorkshire ICB to plan the work programme.

IT WAS AGREED that the report be noted.

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



Meeting name:	WY Joint Health Oversight and Scrutiny Committee
Agenda item no.	7
Meeting date:	23 November 2023
Report title:	West Yorkshire Urgent Care Service Review Introduction
Report presented by:	Jon Parnaby
Report approved by:	Ian Holmes
Report prepared by:	Jon Parnaby & Tessa Hawkes

Purpose and Action

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

The initial approach was approved by the West Yorkshire Urgent and Emergency Care Programme Board in May 2023.

A paper was then presented to the Transformation and Programmes SLT in July 2023, and subsequently to the NHS WY ICB Transformation committee on 31 October where the approach was supported.

Executive summary and points for discussion:

The West Yorkshire Urgent and Emergency Care (UEC) Programme recently carried out a refresh to establish priorities which reflect both the strategic intention of the West Yorkshire Integrated Care Board (ICB), and national guidance such as the 'Delivery Plan for the Recovery of Urgent and Emergency Services'.

One of the identified priorities was to carry out a review of the West Yorkshire Urgent Care (WYUC) Service.

The review spans the geography of West Yorkshire and encompasses GP out of hours, clinical advice services and several place-based arrangements including urgent treatment centres, Safe Haven and GP practice learning time. The current contract is worth over £20 million and is due to end March 2024.

This will be the first high profile service review since the West Yorkshire ICB became a statutory organisation in 2022.

It is intended that the outcome for the service review will be services that are fit and future proof, integrated with both West Yorkshire and local health systems. The service review will provide an opportunity to explore potential opportunities, improve efficiencies and make changes to benefit local people. Ultimately the result must benefit patient experience in terms of how they access and navigate the urgent care system.

Which purpose(s) of an Integrated Care System does this report align with?
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience, and outcomes <input checked="" type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development
Recommendation(s)
<p>The WY Joint Health Oversight and Scrutiny Committee is asked to:</p> <ol style="list-style-type: none"> 1) Support the review of West Yorkshire Urgent Care services through the process described 2) Support the governance arrangements described, including bringing periodic updates to this Committee for information and assurance and to the NHS WY ICB Transformation Committee for decision.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
None
Appendices
<ol style="list-style-type: none"> 1. Appendix 1 – WYUC Service Diagram 2. Appendix 2 – Involvement Approach 3. Appendix 2 – High-Level Timeline
Acronyms and Abbreviations explained
<ol style="list-style-type: none"> 1. Explained within the report

What are the implications for?

Residents and Communities	To be considered as part of the Review and Engagement process
Quality and Safety	Quality colleagues embedded into the Review team and Impact Assessments being developed
Equality, Diversity and Inclusion	Equality colleagues embedded into the Review team and Impact Assessments being developed
Finances and Use of Resources	Lead finance colleague supporting the Review and any finance opportunities to be identified
Regulation and Legal Requirements	Close ties with Kirklees ICB (as lead commissioner) Contract colleagues with a procurement/contract extension option to be developed

Conflicts of Interest	Noted on the ToR for the Review Task and Finish Group with an acknowledgment some discussion may need to be taken out with the meeting due to commercial and operational sensitivities
Data Protection	Upon advice from DP ICB leads, responsibility of the relevant data controller (health and care provider) to undertake full DPIA
Transformation and Innovation	Update and engagement with UEC and Transformation across WY ICB
Environmental and Climate Change	None identified
Future Decisions and Policy Making	Dependent on the outcome of the review
Citizen and Stakeholder Engagement	To be considered as part of the Review and Engagement process

1. Main Report Detail

1.1 Background

The West Yorkshire Urgent and Emergency Care (UEC) Programme recently carried out a refresh to establish priorities which reflect both the strategic intention of the West Yorkshire Integrated Care Board (ICB), and national guidance such as the 'Delivery Plan for the Recovery of Urgent and Emergency Services'.

One of the identified priorities was to carry out a review of the West Yorkshire Urgent Care (WYUC) Service.

The review was identified as an area which directly contributed to achieving the desired ambitions and met the three tests of Partnership working; working at scale to ensure the best possible health outcomes for people; Sharing good practice across the Partnership; Working together to tackle complex (or 'wicked') issues. It was therefore agreed that the service review would be led at a West Yorkshire level.

The contract and services within WYUC have grown organically throughout the length of the contract. They need to be refreshed, realigned, and developed so they are fit for the future, incorporate latest standards, and satisfy the Urgent and Emergency Care needs of West Yorkshire communities. The service review will provide an opportunity to explore potential opportunities, improve efficiencies and make changes to benefit local people. Ultimately the result must benefit patient experience in terms of how they access and navigate the urgent care system.

The approach was supported by the West Yorkshire Urgent and Emergency Care Programme Board in May 2023, and by the Transformation and Programmes SLT in July 2023 and the NHS WY ICB Transformation committee in October 2023.

1.2 Overview

The WYUC Service is currently provided by Local Care Direct (LCD); a Social Enterprise established in 2004 by local GPs in West Yorkshire and delivers Healthcare services across Yorkshire and the Humber.

The service review spans the geography of West Yorkshire and encompasses GP Out of Hours, Clinical Advice Services and several place-based arrangements including Urgent Treatment Centres, Safe Haven, Emergency Department Streaming and GP Practice Learning

Time, with a contract value of over £20 million per annum. The current contract period is until March 2024.

The leadership assigned to this review includes Ian Holmes, Director of Strategy and Partnerships ICB, as Senior Responsible Officer (SRO) and Dr Will Robertson, advisory GP to Wakefield place as Clinical Lead. Leads have also been identified for each of the workstreams within the WYUC Service Review and for areas such as finance, contracting, engagement, quality, equality and safeguarding.

A Task and Finish group has been established to provide oversight and support delivery of the review. The meeting is held monthly and is well attended with broad representation from both Places and Providers.

1.3 Scope

1.3.1 GP Out of Hours

Delivery in West Yorkshire of an Out of Hours (OOH) consultation & treatment service for patients who are referred from the NHS111 Service (90%) and other established pathways with an urgent primary medical care need in the out of hours period between; 6.30pm to 8am weekdays and all weekends and bank holidays. Providing Virtual Consultations as well as operating Primary Care Centres (for face-to-face appointments). Also encompasses pathology lab results, prescriptions, and patient transport to/from Primary Care Centres as needed.

1.3.2 WY Clinical Advice Service

The Local Clinical Advice Services (CAS) are defined as:

- 1&2 Hour GP Speak to disposition and;
- NHS 111 Online ED (Emergency Department) Validation

Both services were commissioned with the intention of facilitating remote triage and avoiding unnecessary ED attendance and both have high closure rates.

1.3.3 Local Place Based Services

- Bradford District and Craven: core OOH only
- Calderdale: ED Streaming, Safe Haven Service, Protected Learning Time
- Kirklees: ED Streaming, Safe Haven Service, Protected Learning Time
- Leeds: Urgent Treatment Centres, Protected Learning Time
- Wakefield: Protected Learning Time

There are considerable interdependencies between the services within the WYUC Contract and other services LCD provides which are

reflected in the WYUC Service Diagram (Appendix 1). This is a service review of WYUC and not all LCD provider services.

The project team continue to work closely with contracting and LCD colleagues to monitor interdependencies and consider the unintended consequences of any proposals/recommendations.

1.4 Reporting/Governance

- Initial Viability Assessment has been completed and signed off by SRO
- Regular highlight reports are presented to the bi-monthly WY Urgent and Emergency Care Programme Board. Place UEC colleagues are asked to socialise this report in their own Place to inform relevant colleagues of progress
- Paper was presented to ICB Transformation & Programmes SLT on 12 July 2023 and subsequently to the NHS WY ICB Transformation committee on 31 October where the approach was supported
- An initial meeting was held with the Chair of Joint Health Overview and Scrutiny Committee (JHOSC), to provide an overview of the review and discuss any initial queries. Future updates to JHOSC will be built into the review timeline to ensure an open dialogue and a proactive approach to scrutiny.

1.5 Engagement

Communications and Engagement Leads have developed an Involvement Approach for the review (Appendix 2).

To support Phase 1 of the approach, an initial review of the existing involvement and patient experience intelligence has been completed, and a summary paper has been shared with the WYUC Task and Finish Group. The initial intelligence suggests that the service is operating well and that the review may wish to focus on service improvements, rather than the development of a new service specification.

As the options are being developed, Leads will advise on the communications, involvement, and consultation requirements for each option as it may have a bearing on timescales and resources. When the preferred option is agreed, a more detailed communications and involvement, and possibly, consultation, plan will be developed.

1.6 WYUC Service Review Output/Route

Following discussions with the SRO and provider, the decision was made by the Task and Finish group to follow a Service Development and Improvement Plan (SDIP) route for the WYUC Service Review, rather than the development of a brand-new service specification.

Therefore, a detailed SDIP will be developed covering all in-scope services by 31 March and incorporated into any new contract from 1 April 2024. This approach will allow for a more fluid approach to service improvement and give more time for review, development and engagement. The provider will be supported to deliver the SDIP. Progress will be formally monitored by contracting colleagues using agreed contract monitoring forums, with input from commissioning colleagues. A smaller SDIP implementation task & finish group made up of some members of the larger WYUC Service Review Task & Finish group will support contracting in this process.

This direction was supported by the West Yorkshire Urgent and Emergency Care Programme Board on 14 November 2023.

1.7 Timeline

A detailed timeline has been developed with input from contracting, finance and comms and engagement colleagues to ensure key milestones are met. The timeline is however subject to change, depending on the extent of recommended service change following the review, therefore will be regularly monitored, and updated.

A high-level timeline has also been produced which highlights key decision points (Appendix 3).

1.8 Risks

A risk register has been developed with support from contracting leads and the SRO. The risk register is regularly monitored and presented to the Task and Finish Group.

All post mitigation risk scores are below a 12 and therefore do not require escalation.

2. Next Steps

2.1 Contract options

Agreement of new two-year contract to be confirmed by contracting colleagues.

2.2 Governance

- Regular highlight reports will continue to be presented to the WY UEC Programme Board and ICB Transformation & Programmes SLT
- Due to contract value any final procurement decision will be taken to the ICB Board by contracting colleagues
- Items for decision will be taken to the NHS WY ICB Transformation committee

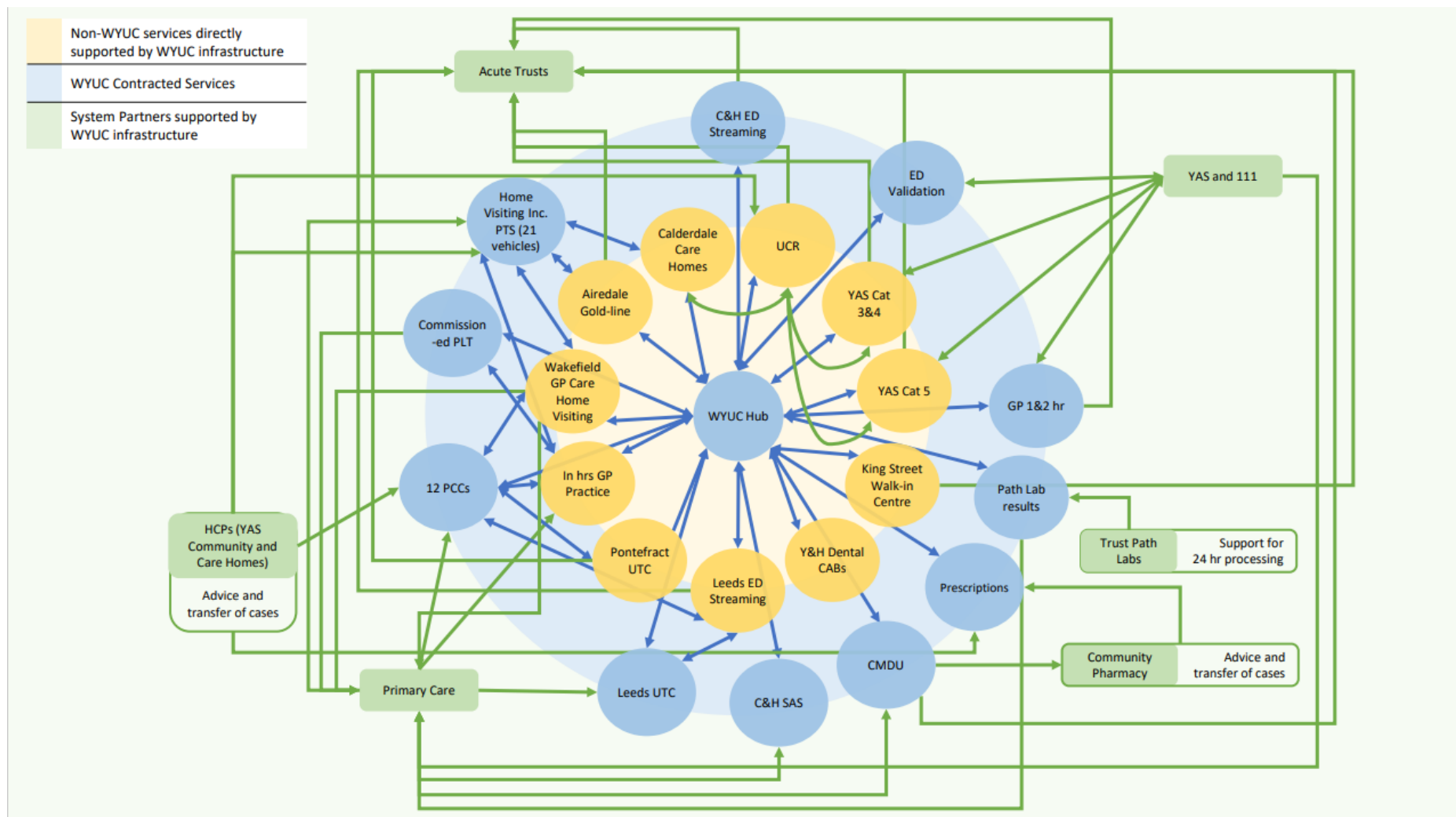
3. Recommendations

- 1) Support the review of West Yorkshire Urgent Care services through the process described
- 2) Support the governance arrangements described, including bringing periodic updates to this Committee for information and assurance and to the NHS WY ICB Transformation Committee for decision.

4. Appendices

- Appendix 1 – WYUC Service Diagram Involvement Approach
- Appendix 2 – Involvement Approach
- Appendix 3 – High-Level Timeline

Appendix 1 – WYUC Service Diagram



Appendix 2 – Involvement Approach

Urgent Care Service Review Suggested Involvement Approach



Phase 1	Phase 2	Phase 3
<p>What do we know</p> <p>Who do we need</p> <p>Review existing involvement intelligence</p> <ul style="list-style-type: none"> National, ICS, ICB and Place <ul style="list-style-type: none"> What do we know already? What is it telling us? Where are the gaps? Review service level data <ul style="list-style-type: none"> Is it of quality? Can we add value? <p>Equality Analysis & Access Demography</p> <ul style="list-style-type: none"> Equalities <ul style="list-style-type: none"> Are there any particular groups who are more likely or less likely to use the service? Are there any known access or communication barriers? Review service level data <ul style="list-style-type: none"> Who is accessing the service? Does the experience data reflect this? Is everyone who should be accessing the service attending the service? If not, we will need to find out why. 	<p>What do we change</p> <p>What do we keep</p> <p>Service Improvement</p> <ul style="list-style-type: none"> Using existing intelligence <ul style="list-style-type: none"> Are there improvements indicated or issues highlighted? What is the longitudinal direction of results? If any additional involvement required, ensure it continues the conversation rather than duplicates. Additional involvement <ul style="list-style-type: none"> Depending on Phase 1, use co-productive methods to understand issues, and develop improvements. <p>Access Improvement</p> <ul style="list-style-type: none"> Equalities <ul style="list-style-type: none"> Depending on Phase 1, use existing relationships to understand issues, co-produce solutions. Review service level data <ul style="list-style-type: none"> Depending on Phase 1, use existing relationships to understand issues, co-produce solutions. 	<p>What do we decide</p> <p>What do we do next</p> <p>Service Specification</p> <ul style="list-style-type: none"> How involvement has influenced <ul style="list-style-type: none"> Have decision makers had time to consider involvement findings? Is it clear how involvement has effected any changes to the model? Has the difference (or why no change) been feed back? <p>More formal Involvement</p> <ul style="list-style-type: none"> Significance of change <ul style="list-style-type: none"> How is the model different following involvement? What is the profile of the change (MP, FoI, PALS etc.) Formal Consultation? <ul style="list-style-type: none"> Which statutory organisation decides to consult? And who leads the consultation? <p><i>NB: This decision is generally made at Board level, or appropriate delegated authority committee</i></p>

Please note

- Each phase heavily depends upon the findings of the previous phase
- Review and decision making points fall between each phase where results and equalities analysis should be reviewed and updated
- Resource needs be allocated following each review

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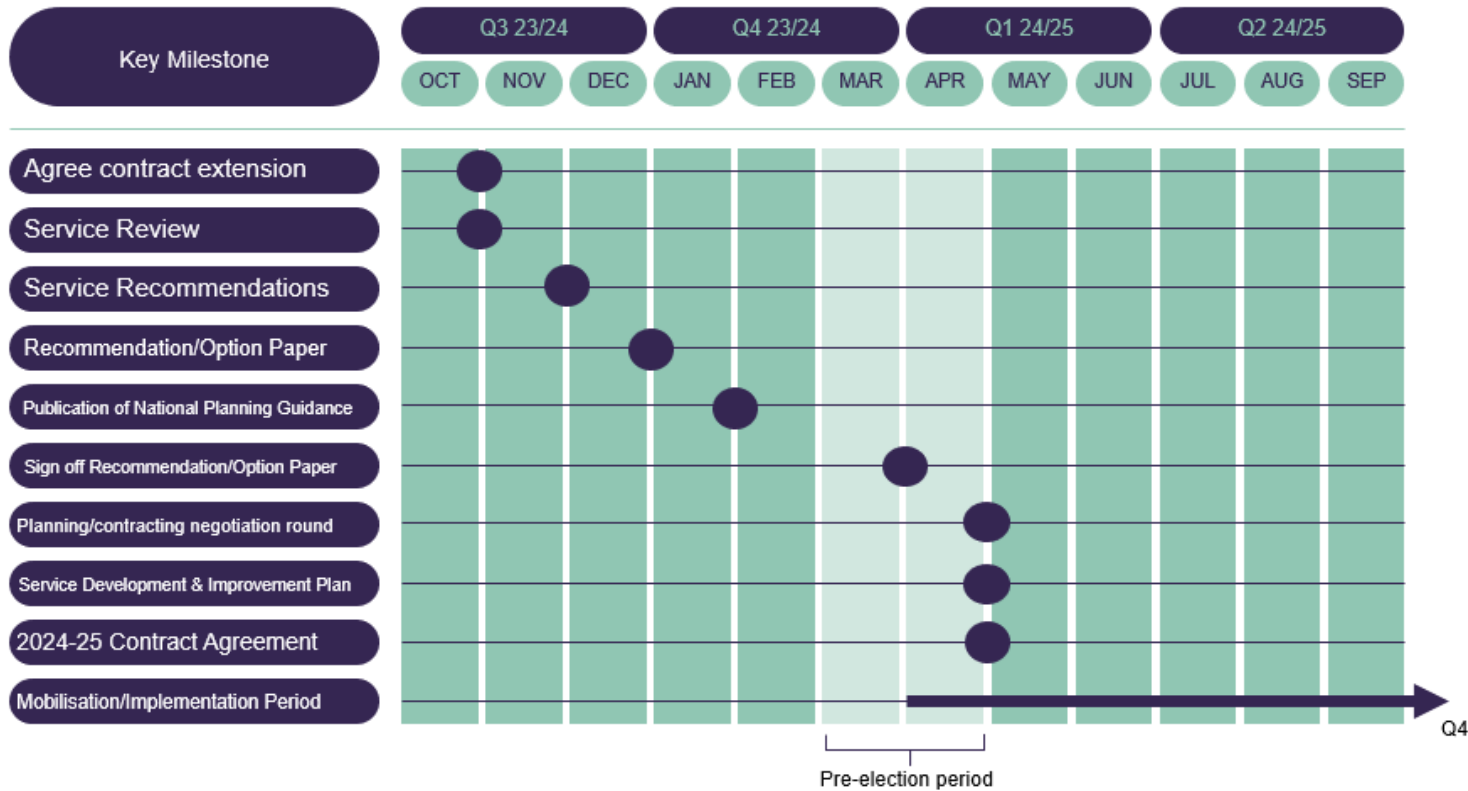
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WYUC SERVICE REVIEW

High Level Decision Chart



Please note that the timeline is subject to change, depending on the extent of recommended service change following the review, therefore will be regularly monitored, and updated.

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West Yorkshire Joint Health Overview and Scrutiny Committee

23 November 2023

Summary report	
Item:	Dentistry and Oral Health in West Yorkshire
Report author:	Hayden Ridsdale, Strategy and Partnerships Programme Manager, NHS West Yorkshire Integrated Care Board
Presenter(s):	Ian Holmes, Director of Strategy and Partnerships, NHS West Yorkshire Integrated Care Board Hayden Ridsdale, Strategy and Partnerships Programme Manager, NHS West Yorkshire Integrated Care Board
Executive summary	
<p>NHS West Yorkshire Integrated Care Board (WY ICB) received the delegation of commissioning responsibility for dental services from NHS England on 1 April 2023. This followed significant pre-delegation work and reflected our ambition to become the commissioner and belief that we can improve and integrate services.</p> <p>On 16 May 2023 the NHS WY ICB Board approved all recommendations set out to improve dental services in our region. The recommendations include utilising our financial resources, increasing and expanding flexible commissioning to 25%, the development of a dental workforce plan, working closely with local authorities and increasing the capacity of the dental team.</p> <p>Work has progressed at pace since May to deliver those priorities. Section 8 onwards of this paper outlines the difference we are already making, as well as the areas we plan to go further on.</p>	
Recommendations and next steps	
<p>The WY JHOSC are asked to –</p> <ul style="list-style-type: none"> • Note the progress made since April 1, 2023, to improve and invest in dentistry and oral health, recognising further improvements will take time. • Discuss and provide feedback on the progress and future areas of focus. • Provide support and guidance where members have direct influence, including but not limited to water fluoridation, the link with public health and engagement with the public. 	

Purpose

1. This paper provides information to the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) on the key context and progression of NHS West Yorkshire Integrated Care Board (WY ICB) priorities on dentistry and oral health.

Background and Context

2. On 1 April 2023 WY ICB received the delegation of commissioning responsibility for dental services from NHS England. This reflected our strong support for inheriting this responsibility with a belief that we could improve and integrate dental services and followed significant work to prepare for delegation.
3. At their meeting on the 16 May 2023, the WY ICB Board discussed in full the current context, challenges and opportunities for dentistry and oral health and supported a set of recommendations to help mitigate these challenges. The detailed Board is in Appendix A; however a short summary is set out below.
4. Access to NHS dental services and the general state of oral health is a key challenge and concern for members of the public and elected officials alike. Various sources of engagement and information show this, including –
 - a. A WY Healthwatch report (Appendix B) which highlights poor patient experiences including six year waits, excessive use of antibiotics instead of substantive treatment, self-extraction of teeth, profound mental health impacts, and proposes solutions.
 - b. An engagement session held by NHS WY ICB on dentistry and oral health (Appendix C).
 - c. Our Joint Forward Plan Consultation Report (Appendix D) which highlights dentistry as a significant and recurrent issue for our population.
 - d. The volume and themes of complaints and feedback that the ICB consistently receives – a total of 239 complaints between April 1 and October 31 2023, 152 relating to access and 87 being practice specific.
5. The challenges within the dental system driving the issues are deep-rooted, longstanding and often complex. Challenges include –
 - a. The national dental contract, which has been cited as the most significant barrier to good dental access, and lack of national reform. The contract is based on Units of Dental Activity (UDAs), which vary widely across WY, meaning dentists get paid differently for the same activity, and fails to deliver targeted interventions, prevention and in some cases value for the clinical complexity treated by our dentists.
 - b. Dental workforce capacity and morale, which has been impacted by the COVID-19 pandemic as well as wider factors borne out of the contract.

- c. Capacity of the dental commissioning team, limiting ability to execute their functions, transform services and support the profession to deliver access.
 - d. Increasing patient need, complexity, and demand for dental services, resulting in part from the inability to access services.
 - e. Limitations in data access and quality that would enable more targeted transformation, service design, commissioning, and prevention work.
6. The ICB Board endorsed recommendations to address the challenges include –
- a. Utilising our financial resources, with £6.5m additional investment to improve access. This includes an ‘at risk’ projection of £4.5m contract under delivery, which enables us to plan to use our resources proactively.
 - b. Increasing the flexible commissioning substitution to 25% of the contract value and engaging more practices in the programme.
 - c. The development of a WY dental workforce plan.
 - d. Working with local authority partners on a life-course approach to prevention, data/measurement priorities, water fluoridation and more.
 - e. Increasing the capacity of the dental commissioning team.
7. Our ambitions reflect what is within our gift. Several solutions, including contract reform and water fluoridation, require national action and a concerted effort. We remain committed to influencing these areas and welcome members’ support.

Progressing our Ambitions

- 8. To date significant focus has been on the development and implementation of a £6.5m investment plan that delivers access for people now, providing a short-term solution in place of longer-term work.
- 9. All progress is underlined by an approach of multi-professional collaboration. Plans and priorities have been developed with the profession, dental consultants in public health, wider public health, and other ICB programmes, including children.

Investment Plan

- 10. The investment plan delivers on the Board priority to make full use of our resources by investing projected underspend within this financial year. This reflects a bold Board risk appetite and proactive approach to mitigate challenges. It supports patient access and oral health improvement by investing in the following areas –
 - a. **Urgent dental care:** investing c.£4.9m to continue and expand the current service, ensuring that when any WY patient has an urgent need, they can access dental care.

- b. **Additional access sessions:** providing targeted opportunities to access dental services where need is high including for children in our most deprived areas, homeless groups, refugees and asylum seekers, and a focus on validating waiting lists.
- c. **Community dental services:** supporting innovative models of care, including investment in a level 2 paediatric service that will treat CDS patients in a primary dental care setting and address long waits, additional workforce capacity and a focus on care homes.
- d. **Orthodontics:** securing additional orthodontic capacity to alleviate pressures and waiting times for patients.
- e. **Prevention and tackling inequalities:** supporting better oral health in the population, stemming the flow of demand, and preventing a further deterioration including investment in each of our local authorities, partnering with the University of Leeds on two initiatives, and removing structural barriers to accessing care.

11. To date, approximately £5.9m of the investment plan is spent or committed. The remaining c.£600,000 is on track to be spent by the end of the financial year.

Other areas of progress

12. Alongside delivering an immediate impact through investment, other priorities are being progressed to ensure that our plan to deliver improvement and transformation is sustainable and impactful.
13. On **flexible commissioning**, we have formed a Yorkshire and Humber wide group to develop an ambitious, innovative, tariff-based approach, with clinical and public health leadership. This will better enable us to target dental activity toward areas of high need and to tackle inequalities, make the contract work for us, and support the retention of the dental workforce.
14. The **dental workforce plan** is in the early stages of development, with a group of subject matter experts including the education sector and dental deanery convening to form a clear workplan. The plan will focus on these priorities –
- a. Establishing a comprehensive understanding of the dental workforce.
 - b. Enabling workforce training and development in line with commissioning intentions.
 - c. Supporting the establishment of Centres for Dental Development.
 - d. Funding international dental graduate placements in areas of most need.
 - e. Proactive recruitment, retention, and development of workforce to meet population need.

15. We have established broad support across health and local authority partners through the WY ICP Partnership Board on **water fluoridation**. We are partnering with regional ICBs with whom we share an ambition and approach, connecting with the NENC ICB region who are actively progressing fluoridation, and discussing with the DHSC.
16. **Collaborative working with CDS providers** to address key issues has led to consensus on supporting mutual aid, exploring future service models and joint working with the West Yorkshire Association of Acute Trusts to address issues in access to theatre space for paediatric general anaesthetic procedures.
17. We have engaged in discussions on the **epidemiology survey** to understand current position and seek solutions to key challenges. This year (2023/24) two of our localities will run the national survey. There is a significant gap in data that the survey produces, which challenges our understanding of oral health in the population and our ability to target services. The support and expertise of JHOSC may help to address this issue.
18. We have made a concerted effort to **build strong relationships with key stakeholders** that enable delivery of priorities and codesign of new solutions. This includes establishing strong links with Local Dental Committees, strengthening our relationship with the Local Dental Network and wider profession, and connecting nationally to share our approach and learn.
19. A **proactive approach to communications and engagement** has led to the creation of online resources, sharing periodic updates with wider system partners, and the establishment of dental patient reference group to embed patient engagement at the heart of our plans.
20. **Additional recruitment to the commissioning team**, including a band 9 deputy director and 8b senior commissioning manager, will grow the capacity and capability required to deliver our ambitious programme.

Next Steps

21. Transforming dental services over multiple time horizons is critical to delivering long-term sustainable change. In doing this we will –
 - a. Continue to deliver on the work we have started, including our additional investments, flexible commission and the workforce plan, and the way we are delivering in collaboration with the profession, experts, and local people.
 - b. Develop proactive policy positions that support the profession, service delivery, access and prevent a further deterioration in under delivery.
 - c. Develop new models of delivering dental services, including for example building on the relationships established with Community Dental Service

providers to develop a better service model, and identifying new innovative service areas and models to support that.

- d. Develop a clear measurement framework as part of the Joint Forward Plan that will enable us to track the state of access, oral health, and the difference we are making through interventions.
- e. Join up work with public health teams to maximise impact, tackle inequalities and embed a life-course oral health promotion and prevention approach.
- f. Plan to mitigate contract under delivery, in turn improving access, and use our resources to improve dentistry where this is unavoidable.
- g. Continue to influence the national discourse, for example on contract reform.

Recommendations

22. The WY JHOSC are asked to –

- a. Note the progress made since April 1, 2023, to improve and invest in dentistry and oral health, recognising further improvements will take time.
- b. Discuss and provide feedback on the progress and future areas of focus.
- c. Provide support and guidance where members have direct influence, including but not limited to water fluoridation, the link with public health and engagement with the public.

Appendix A – Dentistry and Oral Health in West Yorkshire

A link to the 16 May 2023 NHS WY ICB Board paper is [here](#).

Appendix B – Healthwatch Report on Dentistry and Oral Health

Report from Healthwatch Leeds, covering all of West Yorkshire: [The Public's Experience of NHS Dentistry](#)

Appendix C – Response to Dentistry and Oral Health Engagement Session

[Written response from the NHS WY ICB Chair and Director of Strategy and Partnership's](#) on the ICB Board engagement session.

Appendix D – Joint Forward Plan Consultation Report

A link to the report is [here](#).

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West Yorkshire Winter Planning 2023/24 Briefing Paper

1. Introduction

- 1.1 This paper sets out the West Yorkshire Integrated Care Board's (ICB) approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the increased demand for services and operational challenges ahead.
- 1.2 The paper also provides an update on our plans.

2. Context

- 2.1 Each year health and care services develop and implement plans to enhance capacity and resilience to respond to the additional demands and increased pressures that are experienced over the winter months.
- 2.2 2022/23 was an incredibly challenging winter with high levels of demand high rates of infectious disease, industrial action, and workforce and capacity constraints across all areas of our system impacting on system flow through our services. The effect of this was increasing delays in Emergency Departments and in discharging people from hospital resulting in very high levels of hospital bed occupancy and ambulance handover delays.
- 2.3 A key part of winter planning is a review of the previous winter to identify themes and actions that can inform preparedness for the following year. Due to the significant pressures last winter the first West Yorkshire winter learning event took place in early March 2023, providing clear insight into the areas of opportunity for improving the system, supporting the allocation of the additional funding within the operational planning process to support winter.
- 2.4 The latest data from Australia and New Zealand suggests that flu levels, and associated hospitalisation rates are lower than last year and closer to a normal winter. We cannot assume that this will translate directly into similar patterns in our winter, but historically the southern experience has given us some indication of what we can expect. Our public health colleagues advise that a base scenario to inform our planning should be to anticipate: a rise in respiratory admissions through September; a rise in Covid cases through autumn; and a rise in flu in early January.
- 2.5 The industrial action by the British Medical Association continued into October which inevitably has had impact on system capacity and resilience which has been factored into our scenario planning.

3. NHS guidance

- 3.1 In January 2023, NHS England (NHSE) published a delivery plan for recovering urgent and emergency care (UEC) services; an ambitious two-year plan to deliver improvements for patients across the integrated UEC pathway. The plan set two key ambitions for 2023/24 which will be the key metrics monitored over the winter period:
- Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25; and
 - Ambulances getting to patients more quickly: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.
- 3.2 The UEC recovery plan, along with the Primary Care Recovery Plan, Elective Recovery Plan and the broader strategic and operational plans and priorities for the NHS, provide a strong basis to prepare for this winter.
- 3.3 In previous years additional funding to support winter capacity interventions has been made available in-year from NHS England (NHSE). For 2023/24 this process has changed, with additional funding included as part of core NHS and Better Care Fund (BCF) allocations at the start of the financial year. This has enabled our places to plan, increasing capacity within the acute, community and social care sectors, along with implementing new ways of working, integrating services where appropriate.
- 3.4 In July NHSE published [guidance](#) setting out the national approach to 2023/24 winter planning, and the key steps ICBs must take with partners across all parts of the system to meet the anticipated operational challenges. It set out four areas of focus for systems to help prepare for winter:
- To continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place;
 - To complete operational and surge planning to prepare for different winter scenarios;
 - To ensure effective system working across all parts of the system including the implementation of system co-ordination centre policy and the new Operational Pressures Escalation Level framework; and
 - To support our workforce to deliver over winter.

- 3.5 The guidance emphasised that the challenges are not exclusively within in ambulance services or emergency departments, and that if we are to maintain a resilient system all partners need to work together to provide joined-up care for their populations.
- 3.6 To further support the resilience of our system this winter the implementation of a revised [System Co-ordination Centre \(SCC\) policy](#) will provide an operational platform within the ICS for tactical response and strategic oversight of emergency, primary, secondary, and social healthcare.
- 3.7 The SCC will form part of the support and delivery architecture of the ICB in delivering its statutory responsibilities in relation to the Civil Contingencies Act (2004) and Health and Social Care Act (2022) to manage operational pressures, and plan for and respond to major incidents.

4. UEC Recovery Plan – High Impact Interventions

- 4.1 In July 2023 NHSE launched a [universal support offer](#) aligned to the [UEC recovery plan](#), building on learning from and feedback on last year's Winter Improvement Collaborative.
- 4.2 Within the offer NHSE identified 10 evidence-based high-impact interventions key to improving resilience in winter. These are focused around reducing waiting times for in A&E departments, improving flow, building resilience in community services, and reducing length of stay in hospital settings.
- 4.3 Due to the complexity within UEC pathways and the wide remit of the recovery plan, West Yorkshire Senior Responsible Officers (SRO) leading specific relevant transformation programmes have come together to agree the mapping of the various elements within recovery plan. This demonstrates clear accountability across the Integrated Care System (ICS) through a matrix approach to ensure delivery of the plan and monitoring of progress.
- 4.4 Partners in all places across the ICS have assessed their maturity against these 10 interventions and each place identified there four or five priorities which will have biggest opportunity to impact on their system this winter. Working through identified UEC champions, places have received dedicated improvement support on their identified areas.
- 4.5 The ICB identified 52 champions across our five places from varying disciplines covering all the 10 high interventions. The identified UEC champions are committed to attend the national work stream sessions to ensure we built capacity and capability, maximise all opportunities to have an impact for winter and the longer term as well as bringing back the learning into the system. The

programme has been paused due to the busy winter months and will restart earlier next year.

- 4.6 The champions also have access to the NHSE Impact website and received dedicated support to build capability within their organisation, place and ICB providing an opportunity for further learning and sharing across the system.

5. Operational and surge planning for different winter scenarios

- 5.1 Earlier this year the ICB completed a detailed operational planning process for 2023/24 which included plans for additional capacity to support winter challenges.
- 5.2 Partners across West Yorkshire reviewed these plans to ascertain whether our assumptions regarding demand and capacity remain accurate. These reviews have informed the development of comprehensive place-level winter plans which cover four key priorities:
- building surge capacity to meet increased levels of demand;
 - implementing vaccination programmes for flu, covid-19 and measles to help prevent infection and hospitalisation;
 - implementing key actions from the NHS urgent and emergency care (UEC) recovery plan which will have the greatest impact; and
 - ensuring that we have effective operational management systems in place which support collaboration and facilitate mutual aid where required.
- 5.3 These place plans have been collated into an ICB overall position for submission to NHSE on 11 September; feedback was extremely positive.
- 5.4 Our winter planning has been helped by the early allocation of winter funding and additional investment by NHS England. Nationally this has included £1 billion of dedicated funding to support capacity in UEC services; £250 million worth of capital investment to deliver additional capacity; £200 million for ambulance services and an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund. A new incentive scheme has also been introduced to overachieve on planned performance in A&E waiting times and ambulance handover delays in return for receiving a share of £150 million capital in 2024/25.
- 5.5 Additional demand and capacity plans will be developed for the extended Christmas / New Year period which is often the most challenging time of the entire year.

5.6 In recognition of the importance of planning for multiple scenarios, the ICB held a multi-agency workshop on 10 October to collectively work through a range of scenarios:

- test our winter plans winter plans in response to peaks demand and wider system pressures;
- ensure our plans protect and deliver elective and cancer recovery objectives and deliver the primary care access programme; and
- test our processes and infrastructure within the SCC and the flow of information across the ICB

5.7 The event was very well attended by representatives from across all parts of our system and the partnership highlighting areas for further development as well as sharing good practice.

5.8 Key themes identified:

- The need to maintain our approach to Home first approach keeping in their own homes;
- Comprehensive support to care homes to maintain flow e.g., IPC support and pathways to support admission avoidance;
- Testing Business Continuity plans;
- Importance of clear and consistent reporting and escalation processes; and
- Proactive public facing communications.

5.9 All of the outputs from the session have been shared with the groups (Calderdale, Kirklees and Wakefield, Leeds and Bradford District and Craven) to support the further development of place-based plans with a focus on the management of local systems and the interface with the SCC.

5.10 The ICB also has developed winter communication plan for 2023/24 building on the work over the recent years at place and ICB level. This year's plan will include online radio and digital radio advertising over a 14-week period.

6. Effective System Working

6.1 The ICB has a key role in providing system leadership to ensure that the actions taken extend across the wider health and care system including mental health services, services for children and young people, community health services, primary care and the voluntary, community

and social enterprise (VCSE) sector to deliver services that maximises outcomes for patients.

- 6.2 The introduction of the revised SCC policy and the implementation of a new 2023/24 Operational Pressures Escalation Level (OPEL) framework for acute hospital trusts will support co-ordinated interventions across the ICS on key systemic issues that impact on patient flow, manage risk, and support mutual aid.
- 6.3 SCCs will be responsible for the co-ordination of an integrated system response using the OPEL framework in support of the operational policies of individual providers and the ICB. This will support proactive co-ordination of a system response to operational pressures and risks utilising information and intelligence to assess and validate local reports and submissions.
- 6.4 The ICB is on track to achieve the 91% compliance against the 15 Required Operational Standards (ROS) for the SCC by the 1 December 2023.
- 6.5 We continue to develop our SCC standard operating procedure (SOP) working with our providers, collaboratives and neighbouring ICB's. This will ensure we collectively agree on what, why and how we will manage the reporting, escalation and interfaces between providers, systems and across borders.
- 6.6 The SOP will include detailed internal processes for the SCC including the management of a range of additional activities that will sit with the SCC going forward as part of its co-ordination function.
- 6.7 We are currently testing the SOP including running through further scenarios that specially focus on the SCC processes. This is enabling us to embed the processes prior to the national deadline 4 December which is providing us with the opportunity to adjust processes etc where required. This is vital for the in and out of hours periods where we have commissioned an external partner to operate the SCC function and where escalations will be managed by the Director on Call.
- 6.8 To support effective operational management arrangements and ensure we can maintain a timely overview of our system the ICB will chair weekly system operational co-ordination group (SOCG) meetings as part of the SCC function. The meetings are scheduled to commence in December 2023.
- 6.9 The [OPEL Framework](#) introduces nine parameters which will be measured in a consistent way across all acute hospitals to ensure a systematic approach to the detection, and assessment, of acute site UEC operating pressures. The standardisation of measurement will provide

consistency within NHS trusts, ICSs and NHS England Regions, providing an OPEL score at each stage to demonstrate pressure.

- 6.10 The ICB is continuing to work with all providers to ensure that we have a flow of data and information through the SCC in for winter including the new nine parameters for acute sites.
- 6.11 We are making good progress on implementing real time digital software and a process in place to monitor, as a minimum, the following key metrics across the ICS, NHS111 and Ambulance services: SCCs are expected to ensure that digital enablement meets the technical guidance issued for Smart System Control (SSC) by NHS England.
- 6.12 Since January 2023 West Yorkshire ICB has been using and rolling out to partners the UEC RAIDR application produced and managed by NECs which complies with these requirements and can be accessed on laptops or mobile phone.
- 6.13 To capitalise on this versatile application and to prepare for winter we have been working with YAS, our acute, mental health and community provider collaboratives, Local Care Direct, General Practice and Pharmacies to identify operational metrics to share through the application to help manage system pressures.
- 6.14 To further support the winter planning process and ensure a whole system approach, NHSE has developed a set of recommended winter roles and responsibilities for system partnersLINK . This guidance provides clarity on what actions should be undertaken by each part of the system and have been incorporated into our winter plan to reflect how these relate to circumstances within each place.
- 6.15 To support effective operational management arrangements and ensure we can maintain a timely overview of our system the ICB will chair weekly meetings of a system operational co-ordination group (SOCG) as part of the SCC function, with representatives from partners across our five places, including acute trusts, Yorkshire Ambulance Service, and primary care.

7. Supporting our workforce

- 7.1 At a time of continued pressure across the NHS we recognise the importance of supporting our workforce and how crucial it is that employers ensure that they take steps to protect and improve the wellbeing of their workforce.
- 7.2 Improving staff health and wellbeing is a strategic priority across the ICS and we have well-established and effective mechanisms and practices to support staff. These include the West Yorkshire Partnership Health and Wellbeing hub, available to all staff across the system [Staff Mental Health and Wellbeing Hub:](#)

[Workforce Transformation \(wystaffwellbeinghub.co.uk\)](http://wystaffwellbeinghub.co.uk) and '[We Work Together](#)', a podcast about people working in partnership to improve health and care across West Yorkshire. The Hub mobilises access to psychological support focussing on access to early intervention and prevention.

- 7.3 Last winter, we saw flu return at scale impacting on both our patients and the workforce to care for them. It is vitally important that we protect the public and the health and care workforce against flu and other infectious diseases, and the best way of doing this is to ensure they are vaccinated.

8. Prevention – vaccination programmes

- 8.1 A new variant of COVID-19 (BA.2.86) has been identified. On 30 August NHSE announced that The UK Health Security Agency had determined that the most appropriate intervention for this variant, with the greatest potential public health impact, is to vaccinate all those eligible quickly. As a result the winter COVID-19 vaccination programme has been accelerated with the aim to have as many eligible people as possible vaccinated by the end of October.
- 8.2 As a result, both flu and COVID-19 vaccination programmes for adults were brought forward to start in September to maximise uptake of both vaccines. Additional financial support was made available to providers to support the acceleration of the campaigns.
- 8.3 All Trusts in West Yorkshire are signed up to offer both flu and COVID-19 vaccinations to their own staff, except for South West Yorkshire Partnership NHS Foundation Trust who due to their more distributed network rely on signposting to local COVID-19 services.
- 8.4 The primary focus now is to deliver Covid-19 and flu vaccinations to all eligible groups and to maximise take up in the general West Yorkshire population with a focus on the most vulnerable and high-risk, hard to reach populations. We will target an Access and Inequalities Fund to support improved uptake across all communities and address health inequalities.
- 8.5 To date we can confirm that the Covid-19 Programme, and current flu campaign, have reached widely with over 6 million vaccinations administered in West Yorkshire with:
- 92% of adults eligible for an Autumn booster in this campaign have had at least one dose since the programme began
 - In this campaign so far, 33% of eligible adult patients have had their Covid-19 booster
 - In North East England and Yorkshire 1.12m Covid-19 jabs were delivered since national bookings started

- In West Yorkshire, 273,305 Covid-19 vaccinations have been delivered in the same period – 24.4% of the regional number
- Approx. 50% (135,684) of these people have been co-administered with flu jabs.

9. Governance Arrangements for Winter Plan

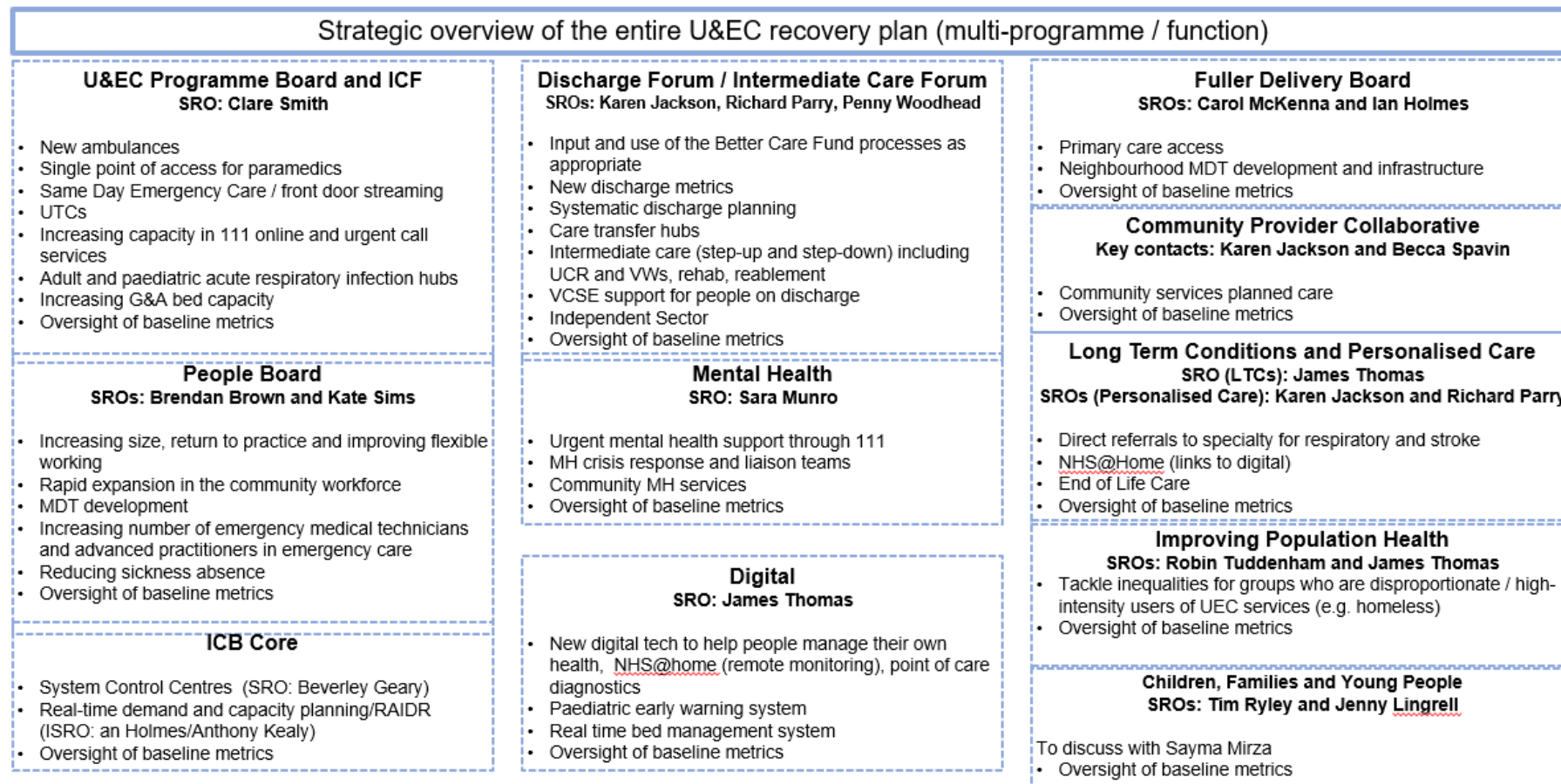
9.1 Place-level winter plans are governed through Local Place A&E Delivery Boards (or equivalent forums). These local plans contribute to an overall system plan for West Yorkshire. The following forums play a key role in the approval and delivery of this plan at West Yorkshire level:

- **ICB Board** – approve the plan and receive updates on the systems progress
- **ICB System Oversight and Assurance Group** – Monthly monitoring against the plan and the key risks
- **ICS System Operational Co-Ordination Group** – ICB's weekly 'real-time' forum for operational oversight of the wider system reviewing system pressures, and agree collective actions to support the wider system
- Yorkshire and Humber **Tactical Executive Leadership Group** for Yorkshire Ambulance Service (YAS) – weekly meetings of YAS and the three ICBs will review progress with YAS actions and agree where further support is required.

Appendix 1- Mapping of the UEC Recovery Plan to the ICB Transformation Programmes

Potential mapping from the national U&EC Recovery Plan to West Yorkshire groups and/or functions

N.B. This map is not intended to show all areas covered by system programmes/functions but those with potential links to the recovery plan.



Appendix 2 – Urgent and Emergency Care Recovery Plan – 10 High impact interventions for winter 2023/24

Self-assessment outcomes



Work stream	Bradford/Airedale	Calderdale	Kirklees	Wakefield	Leeds	ICB Common Themes (3/4 common areas)
Same day Emergency Care	4	6	6	5	6	1 place
Frailty	4	8	4	6	6	2 place
Inpatient Flow	5	2	2	3	3	4 places
Community Beds	6	5	4	3	5	3 places
Intermediate Care	4	5	5	4	3	3 places
Care Transfer Hubs	6	3	3	4	5	
Urgent Community Response	5	6	5	4	4	1 place
Single Point of Access	4	0	0	2	5	3 places
Acute Respiratory Infection Hubs	3	2	2	5	8	3 places
Virtual Wards	7	5	5	5	5	1 place

Places have identified through the self-assessment their **UEC priority areas** which demonstrate **the biggest impact in readiness for winter 23/24**

The areas of focus for each place is highlighted within the table.

Though this is a place based process the outcomes demonstrate 5 common areas across the ICB:

- **Inpatient flow**
- **Community beds**
- **Intermediate care**
- **Single point of access (SPOA)**
- **Acute Respiratory Infection Hubs (ARI)**

Please note There is still an expectation to make improvements and deliver the remaining areas for winter 23/24



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