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Date; 7 March 2024

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 **Friday 15 March 2024.**

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

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)
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 - 4

To approve the Minutes of the Meeting held on 16 January 2024.

3: Declarations of Interest

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

4: Public 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.

5: Health Inequalities and Prevention

5 - 14

The Committee will receive an update from representatives from the NHS West Yorkshire Integrated Care Board on Health Inequalities and Prevention.

Contact: Yolande Myers, Principal Governance Officer

6: West Yorkshire Urgent Care Service Review

15 - 62

The Committee will receive an update from representatives from the NHS West Yorkshire Integrated Care Board on the West Yorkshire Urgent Care Service Review.

Contact: Yolande Myers, Principal Governance Officer

7: Workforce Priorities

63 - 80

The Committee will receive an update from representatives from the NHS West Yorkshire Integrated Care Board regarding Workforce Priorities.

Contact: Yolande Myers, Principal Governance Officer

8: Agenda Plan 2024/25

81 - 82

The Committee will consider the 2024/25 forward agenda plan and date of next meeting.

Contact Officer: Yolande Myers

KIRKLEES COUNCIL

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday 16th January 2024

Present:

Councillor Elizabeth Smaje (Chair)
Councillor Colin Hutchinson - Calderdale Council
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 Andy Solloway - North Yorkshire County
Councillor Betty Rhodes - Wakefield Council
Councillor Kevin Swift - Wakefield Council

1 Membership of the Committee
Apologies for absence were received on behalf of Cllrs Lee and Solloway.

2 Minutes of Previous Meeting
The Minutes of the Meeting held on 23 November 2023 were approved as a correct record.

3 Declarations of Interest
No interests were declared.

4 Admission of the Public
It was noted that all items would be considered in public session.

5 Deputations/Petitions
No deputations or petitions were received.

6 Public Question Time
No questions were asked.

7 Harmonisation of Commissioning Policies
The Committee received a report regarding the harmonisation of clinical policies across West Yorkshire.

Catherine Thompson, Associate Director, Planned Care advised the Committee that the West Yorkshire Integrated Care Board had been working to harmonise commissioning policies across the five places of West Yorkshire to remove differences in policies where they existed from the previous

commissioning organisations, the Clinical Commissioning Groups to help reduce inequalities in outcomes, experience, and access to treatments for people across the area.

The Committee was advised that work had been ongoing in relation to eye health care across West Yorkshire for a number of years. This work had seen some success with the conversion rate for referral to surgery increasing, and in December, success with the implementation of a single point of access to electronic referral. This referral was available through number of different routes, and although the ICB could not mandate that specific information was used, all patients were asked to be signposted to it.

In relation to the timeframes from being referred to receiving treatment, the Committee was informed that this was dependent on the reason for referral but for cataracts, the majority of patients would be able to access a service in around three weeks. If the service was provided by a private service provider, this would still be funded by the NHS.

The Committee was informed that monitoring of these private service providers did take place in which they had to submit data about patient outcomes to a national ophthalmology database. The outcomes were comparable to the NHS but noting that the more complex patients would receive provision from the hospital, and due to the complexity would not expect the same outcomes in terms of sight restoration. The implementation of the single point of access eliminated some of the unnecessary delay of being referred to a private provider when the NHS provision would have been more appropriate.

In relation to the infertility policy and wig provision, the end date had not yet been determined, but each area would lead their own engagement which would include online and contacting people who were specifically and directly affected.

The Committee wanted to understand whether the proposal for bariatric surgery would increase referrals beyond what the service could deal with. Ms Thompson explained that the population requiring the surgery remained the same, but it removed the one-to-two-year programme of weight loss they had to complete to prioritise them based on their health need.

Regarding needle biopsies of the prostate, the proposals would ensure any test done in least invasive way possible to get best assessment on the type of cancer and the risk to the patient.

RESOLVED – That the representative from the West Yorkshire ICB be thanked for their attendance and report.

8 West Yorkshire Urgent Care - Service Review

This item was deferred until the next meeting of the Committee.

9 Non-Surgical Oncology - Programme Update

The Committee welcomed members of the West Yorkshire Cancer Alliance to the meeting to outline work on the delivery of a long-term plan on improving outcomes for non-surgical oncology.

The Committee noted that proposals remained under development, with some work being completed to understand barriers, workforce pressures, the increasing prevalence of cancer and the opportunity to innovate to deliver treatment differently.

The Committee heard that from the interim market research undertaken, there was a strong level of public support for the proposals, particularly in relation to travelling to a location where specialist care could be provided. There had been a series of focused groups both in person and online with a key concern being travel and access. The relationship with primary care had been explored, and Healthwatch had also been a key partner in understanding that the wider needs of patients.

In relation to consultation, the Committee was advised that the ICB had delegated the decision to the Transformation Committee who could request or require consultation even though this may not be legally required. However, although a view had not been reached as to whether consultation was required, it was understood that this decision would be made around Summer 2024. 522 people had been involved in the market research and focus group activities, and it was felt that this was a good indication of public sentiment.

One of the key drivers for change was the difficulty in recruiting non-surgical oncologists and the Committee questioned what numbers were in the pipeline for training new oncologists to ensure a sustainable service.

The Committee also wanted to understand whether the inpatient beds would be in Calderdale Royal Hospital (CRH) or Huddersfield Royal Infirmary (HRI), as it appeared the hospitals were used interchangeably in the report, particularly given the concern that bed occupancy in those hospitals at the time of the report was 100%.

The Committee was advised that a considerable amount of work was being undertaken to ensure a sustainable workforce and recruitment would involve international candidates alongside work with the NHSE to increase the number of training places. It was noted that the shortage of non-surgical oncologists was a national problem and therefore, a key principle in the proposal was to look at discipline and understand what could be completed by a consultant nurse or consultant pharmacist rather than a non-surgical oncology consultant.

It was also noted that the inpatient bed base would be in HRI with an expanded bed base opening in March 2024. Regarding training places for consultant oncologists, this had increased by 50% but these places had not been filled and was the reason for looking at international recruitment. Once mapping was completed, it was projected that with future retirement and even with full recruitment, there would still be a shortfall of 14 posts by 2027. It was therefore important to look at the blended workforce model, with experts only doing what was absolutely required of them.

The Committee queried how the service would engage with hard-to-reach people and people living in areas of high deprivation about the proposals. The Committee was advised that work had been undertaken to go out and reach a socio-economic range alongside specific groups, inner city areas and all age groups, trying to cover as many bases as possible.

It was anticipated that the Outline Business Case would be produced in October 2024 with the Committee being advised that spending was currently £3m in excess of what it should be, particularly due to the use of locums. The costs of delivering care would increase in the future as more people had cancer and as a product of people living longer, better diagnosis and more care being required for a longer period of time. The current system was too fragile with reliance on locums and agency staff, and a move away from that model was required to make the service more resilient.

The Committee expressed some concerns around the engagement that had taken place across the place areas in West Yorkshire with some Committee Members being unaware that any was taking place in their local authority area. However, officers from the Cancer Alliance felt reassured that they had significant support for their proposals, and although overall they were keen to hear from more members of the public about the proposals, they were not certain what further value a statutory consultation would add.

In relation to the budget for the change, the Committee questioned whether the budget was in place for any reconfiguration and that it would not present a risk to other services. The Committee was advised though, that the Director of Finance believed the cost envelope of what was currently being spent would be sufficient for the change, albeit better spent on a reconfiguration going forward and would prove to be more resilient.

The Committee heard from the Cancer Alliance that if a change was not made to the service, there would continue to be a loss of expertise.

The Committee understood the need for change, but wanted to understand the engagement with patients, including considering the questions that patients were asked, more information about hard-to-reach groups, and how the impact of any change would specifically impact individual local authority areas.

RESOLVED – That discussions take place at each local authority place, and a further report be considered at a future meeting of this Committee.

10 Agenda Plan 2023/24

A discussion took place on the 2023/24 agenda plan.

West Yorkshire and Harrogate Health and Care Partnership

Friday, March 15, 2024

West Yorkshire Joint Health Overview and Scrutiny Committee
Health Inequalities and Prevention

1. Introduction

In 2020 the West Yorkshire Health and Care Partnership launched a five year strategy with ten big ambitions. The first of these ambitions was to reduce the gap in the years of life people live, and the years of life people live in good health, that we see between our communities.

In West Yorkshire the average life expectancy is lower than the England average, as is the proportion of lives that people report living in good health. In West Yorkshire in 2020/21 there was an 8.9 year gap for males and 8 year gap for females in the average length of life between the communities living in the most and least deprived 20% of our communities. There are multiple factors that contribute to the difference in life expectancy and the differences in the years of life people live in good health.

Across the West Yorkshire system, most of the action on reducing health inequalities is led by Directors of Public Health in local places and communities. This paper will focus on the added value of the Integrated Care Partnership and Integrated Care Board in working as a collective across the system to contribute to a reduction in health inequalities for the population we serve.

This paper will provide an overview on progress to date on our progress as an Integrated Care Partnership to address inequalities. Factors that contribute the most to the gaps in years of life lived in West Yorkshire will be identified and recommendations will be made for targeted system action over the coming 12 months.

2. Population Health and Inequalities in West Yorkshire

In West Yorkshire there is a gap of 9.8 years for men and 11.8 years for women between the communities with the highest and lowest average life expectancy. The most recent published data from 2020/21 for West Yorkshire shows the conditions that contribute the most to the gap in life expectancy related to deprivation are circulatory conditions, respiratory conditions and cancer. For males the conditions contributing most to the gap in life expectancy were circulatory disease, followed by COVID-19 and cancer. For females the conditions were cancer followed by circulatory disease and COVID-19. For both males and females the cancer contributing most to the gap is lung cancer. This is important as many of these deaths are preventable through changes in risk factors or avoidable through improved access to good quality health care services.

It is not only the length of life but also quality of life and years of life spent in good health that contributes towards inequalities across our society. In West Yorkshire there is a gap of 17.2 years for men and 24.8 years for women between our communities with the highest and lowest healthy life expectancy – the years of life people report living in good health.

In terms of healthy life expectancy, the conditions that contribute the most towards reducing the number of years people report living in good health are musculoskeletal (MSK) conditions and mental health conditions, most commonly anxiety and depression.

Both the factors driving the gaps in life expectancy and healthy life expectancy are driven by inequalities in protective and risk factors for good health across the life course. The risk factor that contributes the most to the gap in life expectancy is smoking. Half of the gap in life expectancy we see is explained by differing smoking prevalence rates. For healthy life expectancy, people who smoke are 1.76 times more likely to report poor health when compared to the group that do not smoke. Smoking prevalence has reduced in recent years, but socioeconomic inequalities remain high**.** In West Yorkshire Smoking rates overall are 13.1% but for those in routine and manual occupations smoking prevalence is 22%.

These risk factors are underpinned by determinants of health which encompass the context of people's lives including their social, physical economic and environment. With factors such as income, employment, housing and education all playing a part in health outcomes.

3. System approaches to reducing health inequalities – Progress 2020/21 – 2023/24

Since the publication of the Five Year strategy for the partnership in 2020 and subsequent refresh in 2023, progress has been made across the system to better understand and address the inequalities we see across the population.

In addition to approaches that are led by local authority public health teams in each place we have focused on how we can add value in reducing inequalities through collective action as a system. This approach has centred around how we can add capacity, capability and intelligence through working together as a partnership of the health and care partnership that serve the 2.4 million people living in West Yorkshire. This approach has been a collective effort, coordinated through a core Improving Population Health Programme team, influenced through a West Yorkshire Health Inequalities Network and delivered through the wider Health and Care Partnership, with the impact felt across the population of West Yorkshire. The outputs of the West Yorkshire Health Inequalities Network are included in this progress section of this report.

We connect with partners regionally, nationally and internationally and are recognised for the great work that is taking place across the system to address health inequalities.

Since the ambition was set by the West Yorkshire Health and Care Partnership board in 2020, collective action has been taken to address health inequalities across our partnership, this action has been influenced by what we have learnt through the pandemic.

3.1 Progress to date – Building System Capacity

- **CORE20Plus5 resource -**This resource, allocated from NHS England to reduce healthcare inequalities, represents 0.5% of the West Yorkshire NHS Integrated Care Board budget. 80% of the resource was allocated to local places with the focus of spend to be determined locally. The remaining 20% was allocated for work at scale to reduce inequalities including system leadership and inclusion health. A CORE20Plus5 leadership group Provides the oversight and governance for this resource on behalf of the system.

  - **Health Inequalities Funding for VCSE and Health Partnerships**

  In July 2020 we allocated over £500,000 to 13 voluntary and community organisations across the area. The funds were used to support community organisations, working together with health partners, to support those disproportionately affected by COVID-19. This was followed by a Targeted Prevention Grant Fund in November 2020 to support targeted, community level preventative interventions that reduce harmful health behaviours, improve health outcomes and contribute to a reduction in inequalities for population groups who were disproportionately affected by COVID-19 and the indirect social implications of measures such as isolation and shielding. 11 organisations from across the health, voluntary and community and social enterprise (VCSE) sector successfully applied for the funding. In 2021 members of the West Yorkshire Health Inequalities Network worked in partnership with Leeds Cares to allocate £1,158,385 to VCSE organisations working in partnership with NHS services to reduce health inequalities. Details of the funded services can be found here.

- **Inclusion Health Unit –** Launched in 2023, the WY Inclusion Health Unit, brings together system partners across the NHS, Local Authorities and the VCSE to improve outcomes for people in inclusion health groups. This unit aims to support the needs of population groups who experience some of the most stark inequalities in West Yorkshire. Priorities have been agreed from the unit to deliver three main functions; to support and strengthen the five places in their inclusion health work, to respond to key at-scale priorities, and implement collective solutions to challenges and to act as a 'critical friend' to other programmes/mainstream provision. To date the work of the unit has influenced dental commissioning, secured additional resource to support vaccination of people living in contingency accommodation, developed a project to improve diagnosis of respiratory disease in the rough sleeper population and identified use of Women's Health hub resource to support women who engage in sex work.

- **Alcohol care teams -** As a Integrated Care Board we have supported the implementation of Alcohol Care Teams in Bradford Teaching Hospitals NHS Foundation Trust and Mid Yorkshire NHS Trust emergency departments.

- **Weight management and living with obesity -** We have provided access for West Yorkshire residents to the NHS Digital Weight Management Programme. We are co-producing a strategy for West Yorkshire to detail plans for a compassionate, trauma informed life course approach to weight management and living well with obesity. We are also working as a system to understand and respond to existing and new treatments to ensure equitable access and ongoing support for obesity management.

- **Smoking Cessation Services**

In relation to reducing risk factors for ill health overall we have made positive progress in reducing smoking prevalence. In West Yorkshire has reduced from 15.5% in 2020 to 13.1% in 2022. The greatest reductions were seen in Wakefield where smoking prevalence fell from 20.3% in 2020 to 12.5% in 2022. West Yorkshire had a greater reduction in smoking prevalence between 2020 and 2022 than the England overall. Figure 1 below shows the changes in smoking prevalence for each place in West Yorkshire 2017-2022.

Figure 1: Table to show smoking prevalence percentage in West Yorkshire by Local Authority 2017-2022

	Bradford	Calderdale	Kirklees	Leeds	Wakefield
2017	18.9	17.1	17.1	16.7	17.9
2018	18.5	15.5	15.1	18.2	19.3
2019	16.5	16.1	14.3	15.3	16.7
2020	16.2	14.7	13.8	14.3	20.3
2021	15.4	14.8	13	12.1	15.6
2022	15.6	11.5	12.7	12.4	12.7

Source: OHID Fingertips 2024

One aspect of tobacco control which is commissioned through the NHS is the Tobacco Dependency Treatment Service. The services are now required to be in place for all Acute Inpatient, Maternity and Mental Health Inpatient settings. Tobacco Dependency treatment services are now required to be in place for all Acute Inpatient, Maternity and Mental Health Inpatient settings. Of the 8/13 services submitting data in West Yorkshire between November 22 to November 23, at least 4,900 smokers have been referred to inhouse Tobacco Dependency Treatment Services (all pathways), of which at least 3,905 were seen, 1,395 engaged with support, including at least 1,065 who undertook a supported quit attempt. These attempts to quit varied by service, with 36% of Acute Inpatient referrals setting a quit date compared to 32% of maternity referrals and 9% of Mental Health inpatient setting referrals.

When focusing on specific points in the life course we have a focus on reducing smoking prevalence in pregnancy. In West Yorkshire we have seen a reduction in the proportion of mothers who reporting as smokers at the time of delivery between 2020/21 and Q2 of 2023/24. In West Yorkshire we have seen a steady decline and are reporting the lowest overall prevalence for this cohort in the region. While a decision to quit is multi-factorial the implementation of smoking cessation services has correlated with a decline in smoking prevalence for this cohort.

- **Inclusive Recovery -** West Yorkshire has led the way nationally on an approach to improve inclusive recovery. This means considering how we take a health equity focus to addressing the waiting lists and ensuring those in the greatest level of need are prioritised for treatment. Examples of this include prioritising people with learning disabilities who are on waiting lists for elective care and pilots in the community with VCSE to support people who on waiting lists with peer support and creative health initiatives.

- **COVID vaccination** – COVID vaccination programme in West Yorkshire has had a focus on understanding and reducing inequality in uptake. In December 2024 £950,000 vaccination inequalities funding was made available targeting investment in practices and pharmacies in communities ranked most deprived, we are evaluating this approach to support further targeted work. A case study from one of the participating pharmacies can be found here. A West Yorkshire Health inequalities Vaccination group is in place to share good practice and take action to reduce inequalities in uptake for wider vaccination programmes.

- **Winter Warmth** – In January 2022 £1 million of NHS resource for winter pressures was made available to reduce inequalities in health outcomes due to fuel poverty. The funding supported affordable warmth by increasing low-income households' energy efficiency rating, giving advice on reducing their energy bills, and helping people access additional support they are entitled to. An evaluation of this initiative is currently underway. Resources were also made available for health and care staff to support signposting where risks related to affordable warmth for children were identified.

- **Joint roles and health inequalities expertise** –In addition to the West Yorkshire Improving Population Health function and to embed approaches to reduce inequalities, a number of joint appointments have been made across the West Yorkshire Health and Care Partnership. These include a Public Health Consultant working between the ICB and the West Yorkshire Combined Authority, an Inclusivity Champion working across the system, a Public Health Consultant working in the Mental Health, Learning Disability and Autism Provider Collaborative and a public health lead working between the ICB and the West Yorkshire Violence Reduction Partnership.

3.2 Progress to date – Building System Capability

- **West Yorkshire Health Inequalities Academy** – Launched in 2020, the academy offers a variety of training and development opportunities tailored to different roles within the system. A dedicated website hosts training materials and resources to support people working across West Yorkshire to understand and address inequalities.

- **Health Equity Fellowship** - Supported by the leadership of the West Yorkshire Health and Care Partnership Board. In 2022, 28 fellows completed the programme and 52 more fellows were welcomed in 2023. **I**n this nine month programme fellows are supported to undertake health equity projects alongside foundations in public health training. The first year of the fellowship was well evaluated, in 2023 we expanded the

scope of the fellowship and in 2024 we will partner with Humber North Yorkshire ICB to further increase the scale of the programme.

- **Trauma Informed System** – recognising that Trauma and Adversity can impact health inequalities in West Yorkshire has made a commitment to "Work together with people with lived experience and colleagues across all sectors and organisations to ensure West Yorkshire is a trauma informed and responsive system by 2030". Our approach is to reduce trauma, adversity and build resilience for the population across West Yorkshire in particular people who are vulnerable, facing multiple difficulties, complex needs, adversity, and childhood trauma.
- **Partnership of Sanctuary** - In 2023, West Yorkshire Health and Care Partnership became the first Partnership of Sanctuary in the country. This is for going above and beyond to welcome people seeking sanctuary into West Yorkshire. This award is supported by a delivery plan which includes targeted approaches to reduce inequalities for refugees and asylum seekers such as the delivery of safer surgeries training, the development of a resource to support new arrivals to navigate the NHS and the delivery of a community connectors programme for perinatal mental health.

3.3. Building System Intelligence

- **West Yorkshire Race Equality Review**
  This review specifically aimed to understand this impact on ethnic minority communities and staff. Details of the review can be found here.
  The aim was to review existing work, to explore if this work was sufficient to address this impact and to identify recommendations for action to reduce this impact. Supported by VCSE voices panel and progress reported to the West Yorkshire Health and Care Partnership Board since the publication of the independently chaired review in 2020. One of the recommendations of the review was to improve ethnicity recording across the organisations in West Yorkshire. We have made progress on improving recording of ethnicity and we are performing well compared to other ICBs in our region.
- **Evaluation and reports –** we have commissioned a number of evaluations to support the health inequalities agenda, the findings of these are published on the health and care partnership website.
- **Universal Healthcare Report** – Published in October 2023 summarises programme of work in Bradford that conducted local data analysis and tested these hypotheses with local partners, to co-design potential solutions. The report highlighted that the way NHS traditionally designs and deliver services alongside differential access can exacerbate inequality.

4. Next Steps.

To make further progress in understanding and addressing inequalities it is recommended that priority areas are chosen for the coming 12 months.

- Targeted action on the factors that contribute towards inequalities. We will focus on action where we can add value as a system through working at scale.
- Maintaining system leadership to become an equity-based system with a focus on accountability, advocacy and allocation.

If we are to take action on reducing inequalities we need to consider the scale of the factors driving the gap in health outcomes and what is within our gift to either directly control or to influence. The factors contributing towards the gap in life expectancy are multi-faceted and as such our system response should continue to reflect this.

4.1 Next Steps: Determinants of Health

Socio-economic factors are frequently referred to as the determinants of health. These are the conditions that shape people's lives through their education, employment, housing and a multitude of other factors. Our Local Authorities and the Combined Authority therefore have a key role in understanding and affecting inequalities in these building blocks of health.

4.1.1 NHS Partnerships with Local Authority and West Yorkshire Combined Authority.

Local Authorities are led by their Directors of Public Health in addressing those core determinants of health, as well as leading many primary prevention services. The Combined Authority and the Integrated Care Board have signed a unique partnership agreement , which sets out our shared commitment to working together on the factors that affect population health: fair economic growth, climate, tackling inequality.

This approach supports the West Yorkshire Work and Health Partnership to inform our Economic Strategy, support delivery of the Fair Work Charter, and to deliver support to those at risk of falling out of work due to ill health or have fallen out of the labour market due to ill health.

4.1.2 NHS role in reducing and mitigating poverty

There are actions we can take as health and care services to prevent poverty and mitigate against the impact of poverty on population health. In West Yorkshire poverty should not be a barrier to accessing good quality health care.

We are working with hospital trusts reduce barriers to care that might be related to poverty such as transport to hospital, times of appointments and telephone reminders to individuals from communities who are more likely to miss their hospital appointments.

In addition to adapting services to be more inclusive for people living in poverty we can act as a system to prevent poverty through local investment. Several our health trusts locally have taken this approach to hyper-local recruitment including Leeds Community Healthcare NHS Trust .

4.1.3 Inclusion Health

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. We will maintain a continued focus on these populations and communities to be coordinated through the West Yorkshire inclusion health unit.

Launched in 2023, the WY Inclusion Health Unit brings together system partners to improve outcomes for people in inclusion health groups. Priority populations and approaches have been identified including a specific focus on migrant health to support our work as a Partnership of Sanctuary . Additional areas of focus agreed for 2024/25 include; improving diagnosis of respiratory conditions for people who are homeless, research to better understand the needs for women who engage in sex work, improving access to healthcare services for Gypsy, Traveller and Roma populations and improving health outcomes for people in contact with the criminal justice system.

This approach aligns with the ICB requirements for the national framework for action on inclusion health. As part of the framework ICBs are required to have a named lead for inclusion health to ensure ICP strategies and ICB plans tackle inequalities of access, experience and outcomes for people in inclusion health groups. Areas of focus for 2024/25 include; improving diagnosis of respiratory conditions for people who are homeless, research to better understand the needs for women who engage in sex work, improving

5.2 Next Steps: Risk Factors for ill health

5.2.1 Tobacco Control

As smoking prevalence is a key driver for inequalities in preventable ill health, we are proposing a whole system approach for tobacco control to compliment work that happens in each of our local places. Over the coming 12 months collective action as a system is recommended to make targeted efforts to reduce smoking prevalence working with the communities that require the most support.

In 2024 we will Launch a West Yorkshire Tobacco Alliance to bring together partners from all sectors across West Yorkshire under to learn from best practice and identify opportunities to work at scale. The aims for the Alliance will be to:

- Support the ongoing work on illicit tobacco at a West Yorkshire footprint as a flagship approach to tobacco control.
- Continue to support the implementation of tobacco control services in NHS settings.
- Target population groups where we know smoking rates are higher and where we could take collective action as a health and care partnership e.g. links with social housing providers through West Yorkshire Health and Housing Network.

5.2.2 Coordinated Approach to Physical Activity Offers at Scale

As a Health and Care Partnership many of the approaches to reduce inequalities in physical activity levels are led by local authority public health teams. There is an opportunity to work collectively on specific areas across West Yorkshire and support connections between industry partners and the NHS system.

We will work with physical activity partners to make the most of opportunities to support prehabilitation for people awaiting assessment and treatment for both physical and mental health conditions.

5.3 Next Steps: Secondary prevention and Long Term Conditions.

We will continue to use of intelligence and insight to focus efforts on the conditions and that drive the gap in life expectancy in West Yorkshire related to early diagnosis and timely treatment of long-term health conditions. We recommend a focus on high impact interventions across disease pathways for cardio-vascular disease (CVD), respiratory disease and cancer, as these are the health conditions that contribute the most to the gap in life expectancy.

Earlier diagnosis of long term conditions and effective treatment can both improve health outcomes and reduce demand on NHS services. We know in West Yorkshire that people who live in communities ranked most deprived are more likely to have a later diagnosis of a health condition, are more likely to have emergency hospital admissions for their condition and are more likely to die prematurely from their long term conditions.

Targeted approaches to NHS Health Checks and Pulmonary Rehabilitation Programmes are underway in West Yorkshire – some of which has been funded through CORE20Plus5 resource. To reduce the gap in healthcare activity and poorer health outcomes we will continue to target these approaches and ensure services are designed and delivered in a way that is tailored to the people with the greatest levels of need.

5.4 Next Steps: Conditions for an Equity Based System

We have made progress in embedding approaches to reduce inequalities as a partnership. We will continue to embed approaches to leadership, service delivery and resource allocation to reduced inequalities in health outcomes for the population of West Yorkshire. To support these approaches as a health and care partnership we will focus on system accountability, advocacy and allocation to support us to be an equity based system.

5.4.1 Accountability

To address inequalities across a population, leadership is required from every part of the system. Organised efforts through our West Yorkshire Health Inequalities Academy provides opportunities for training and development, including a Health Equity Fellowship programme which has been replicated in other ICBs across the country. We will continue to build on this approach to ensure staff within the system are informed about the action they can take to reduce inequalities.

We will continue to focus on board level commitments to reducing inequalities. Our current strategies reflect our commitments to reduce inequalities as a Health and Care Partnership. We will continue to act as a partnership to demonstrate the delivery of the ambitions outlined in these strategies. Approaches to address inequalities will continue to be explicit

in the strategies and plans published by the health and care partnership coupled with clear plans for delivery.

5.4.2 Advocacy

As a system we have a role in advocating for populations disproportionately affected by health inequalities. A large part of this advocacy is through engaging with communities to better understand their assets and the barriers they face to accessing our services.

Learning from the COVID-19 pandemic highlighted the importance of working with the VCSE and local community champions to help spread health protection messages. We have built on this approach through work on our Core20PLUSConnectors programme working with members of the Romany Gypsy and Irish Traveller Populations in addition to Refugees and Asylum seekers to understand how we can improve access to our services. We plan to learn from and expand this approach through the creation of a Community Board to support the West Yorkshire Inclusion Health Unit.

We will continue to put people with lived experience at the heart of our approach to reducing inequalities both through co-production and the development of a workforce that better represents the population we serve. The VCSE offer an important role as a system partner to support this type of engagement often acting as a conduit to the population groups experiencing the greatest inequalities. We are working towards becoming the first "Keep it Local" Integrated Care System. This will involve embedding the principles of Keep it Local which help health and care systems to reduce inequalities and shift towards prevention through working with the VCSE to unlock the power of local communities.

5.4.3 Allocation

Targeting resource to reduce health inequalities can contribute to an improved financial position in the short term, medium and longer term. In addition to the strong moral case for tackling the unjustifiable differences in health between the rich and the poor there is also a strong financial case for doing so. Population health data provides the evidence to show the disproportionate cost of managing the extra burden of disease in the most deprived socio-economic groups.

We have made progress in allocating dedicated CORE20Plus5 resource based on population need and will continue this into 2024/25. In addition we will seek new approaches to fund the system fairly based on population need will offer better value to the system and help to break the inverse care law which currently sees lower levels of service provision in communities with higher levels need.

Authors

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Meeting name:	WY Joint Health Oversight and Scrutiny Committee
Agenda item no.	TBC
Meeting date:	15th March 2024
Report title:	West Yorkshire Urgent Care Service Review Introduction
Report presented by:	Ian Holmes
Report approved by:	Ian Holmes
Report prepared by:	Jon Parnaby

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

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.

Previously a presentation was made to WY JHOSC in November 2023 with further discussions in January and February 2024

Executive summary and points for discussion:

The introduction and approach to the West Yorkshire Urgent Care Service Review has previously been brought to this Committee. This report expands upon that initial introduction with further detail (including activity and quality feedback and service detail) and an update on the Service Development and Improvement Plan and how this is going to be taken forward from April 2024 onwards.

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 WY Joint Health Oversight and Scrutiny Committee is asked to:

1) Note the contents of this report for information

2) Assurance of the approach and future steps for service improvement for activities within the Werst Yorkshire Urgent Care provision.
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
Appendix 1 – WYUC Services Appendix 2 – Interdependencies Appendix 3 – Suggested Involvement Approach Appendix 4 – Initial Equalities Assessment Findings Appendix 5 – Draft Service Development & Improvement Plan Appendix 6 - Timeline
Acronyms and Abbreviations explained
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 re-procurement route agreed
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 scoping elements in the Service Development & Improvement Plan
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 Care (WYUC) Service, provided by Local Care Direct (LCD) began in 2013 and provided primarily face to face primary care provision in the out of hours period. Due to the needs of the System and the developments in remote technologies (many developed during COVID response), the service organically grew. WYUC now encompasses GP Out of Hours (both face to face and remote), Clinical Advice Services and several place-based arrangements including Urgent Treatment Centres, Safe Haven, Emergency Department and GP Practice Learning Time. Further detail on these can be found further in Appendix 1

The current contract is worth over £20 million and was due to end March 2024. Although reviews have been carried out against individual service lines over the years, there has not been an overarching West Yorkshire review.

In early 2023 the West Yorkshire Urgent and Emergency Care (UEC) Programme carried out a refresh to establish priorities which reflected 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 Service.

Despite not being mentioned explicitly within the UEC Recovery Plan, the review was identified as an area which directly contributed to achieving the desired ambitions and also 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 West Yorkshire level.

1.2 Review Approach

The review is being led by the West Yorkshire ICB and the leadership assigned 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 individual ICB functions such as finance, contracting, engagement, quality, equality, information governance and safeguarding.

The intended 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.

1.3 Governance and Accountability

The WYUC Service Review reports into the Transformation Committee of the ICB Board for decision making.

An ICB led 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 Places and providers (including LCD) and functions as mentioned earlier.

Regular highlight reports are presented to 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.

The WYUC Service Review has also engaged with a variety of forums, including but not limited to: Joint Health Oversight and Scrutiny Committee (JHOSC), WY Primary Care Senior Leadership Team, WY Local Medical Council, Place Based Senior Leadership Team (SLT), and various quality, equality and engagement forums.

1.4 Specification vs Service Development & Improvement Plan

- Specification Route: A brand new specification covering all in-scope services to be developed and signed off through agreed governance route by 31 March 2024. LCD would then be required to deliver new specification from 1 April 2024, supported by a two-year mobilisation and implementation period

- Service Development and Improvement Plan (SDIP) Route: A detailed SDIP would be developed covering all in-scope services by 31 March and incorporated into any new contract from 1st April 2024.

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. It was agreed that the SDIP would allow for a more fluid and collaborative approach to service improvement and give more time for review, development and engagement with partners and our populations.

Identified leads have reviewed each of the services within the WYUC Contract and the findings of these service reviews will form the core of the SDIP.

1.5 Service Activity Overview

LCD provide regular contract narrative reports, which are reviewed and discussed at bi-monthly contracting meetings, supported by commissioners.
Monitoring against key performance indicators are also measured here.

Activity for 2022/23 was;

Contract element	Service	22/23 Activity
Core Specification	GP OOH remote/GP OOH F2F	53,997 (38,104 PCC and 15,893 Visit)
Local Specification	Calderdale and Kirklees ED streaming	6568 patients
	SAS Calderdale and Kirklees	2026 contacts
	PLT	3167 sessions
	UTC St George	31,597 patients
	UTC Wharfedale	29,794 patients
WY Local CAS	GP 1&2hr	23,358 contacts
	NHS 111 Online ED Validation	17,405 contacts

1.6 Interoperability and Interdependencies

The core WYUC contract and emerging services are essentially hinged on LCD's entire Corporate and non-pay infrastructure. Without the WYUC contract, LCD would be a fundamentally different entity. Other contracts outside of this core contract (such as the King Street Walk in contract and private arrangements to provide cover for West Yorkshire

practices) are also reliant on LCD maintaining the corporate infrastructure that supports WYUC. Without the WYUC infrastructure, LCD would be unable to cost-effectively replicate this to support non-WYUC contracts.

This interdependency is illustrated in Appendix 2

1.7 Contract & Finances

It was agreed by contracting colleagues to award a two-year contract to LCD to cover the implementation of the SDIP.

The Voluntary Ex-Ante Transparency Notice (VEAT) was issued under procurement rules and expired on 26 January with no challenge.

Throughout the review and the development of the SDIP all partners have been aware that the service must delivered within the current financial envelope (subject to any agreed uplift).

Opportunities are to be explored within the SDIP process for efficiencies.

1.8 Patient Feedback, Involvement and Equalities Assessment

LCD provide WYUC patient feedback on a quarterly basis, which is shared with commissioners. Patient feedback is broken down by both service and place. Demographic data is also captured and reported on.

Patient feedback is used to monitor the quality of the WYUC service and implement continuous improvements.

Thinking about urgent primary care, overall how was your experience of our service?	23/24 Q3	23/24 Q2
Very Good	61%	62%
Good	21%	21%
Neither good nor poor	6%	7%
Poor	5%	5%
Very poor	6%	4%
Don't know	1%	0%
Grand Total	712	640

As demonstrated by the table, LCD consistently receive a high proportion of ‘Very Good’ or ‘Good’ responses.

LCD continue to strive to improve on their feedback scores and regularly update commissioners at contract review meetings.

The views of patients and the public have been used to inform the development of the SDIP and will continue to be considered throughout the implementation. The involvement approach is included as Appendix 3 and initial equalities assessment findings included as Appendix 4

1.9 Outcome

In collaboration with service review leads, the WYUC Task and Finish Group and LCD, a comprehensive SDIP has been developed, covering all areas of the WYUC Contract. A draft of this can be seen in Appendix 5.

The SDIP identifies approximately 35 lines of improvement and /or development

The SDIP also details a timescale and an indication of any cost implications (saving, increases, neutral).

The structure of the SDIP reflects the established workstream (see Appendix 1), and also includes an additional 'workstream zero' which identifies improvements and development across the entire contract.

2. Next Steps/Implementation

2.1 Take the SDIP through agreed governance route for information/endorsement/ sign off:

- WY Transformation Committee
- WY Urgent and Emergency Care Programme Board
- WY ICS Clinical and Care Professional Forum
- WY Joint Health Oversight and Scrutiny Committee
- Place SLTs

2.2 Add the SDIP to the contract as an additional schedule to the contract terms and current specifications, along with principles and methodology.

2.3 Progress against the SDIP will be formally monitored by contracting colleagues using agreed contract monitoring forums, with input from commissioning colleagues against the established timeline (Appendix 6)

2.4 A smaller SDIP implementation group established to support contracting in this process.

3 Recommendations

The WY Joint Health Oversight and Scrutiny Committee is asked to:

1) Note the contents of this report for information
2) Assurance of the approach and future steps for service improvement for activities within the Werst Yorkshire Urgent Care provision.

4 Appendices

Appendix 1 – WYUC Services
Appendix 2 – Interdependencies
Appendix 3 – Suggested Involvement Approach
Appendix 4 – Initial Equalities Assessment Findings
Appendix 5 – Draft Service Development & Improvement Plan
Appendix 6 – Timeline

Appendix 1 – WYUC Services

GP Out of Hours (Workstream 1)

Review Lead(s)	Jon Parnaby
Description of Service	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 (remaining 10%) with an urgent primary medical care need in the OOH period between; 6.30pm to 8am weekdays and all weekends and bank holidays. Providing Virtual Consultations as well as operating 13 Primary Care Centres (for face-to-face appointments). Part of the GP OOH service also includes pathways for pathology lab results, prescriptions and a patient transport offer.
Additional points to note	This element of the WYUC service has seen the most significant change due to processes introduced as a response to Covid

WY Clinical Advice Services (CAS) (Workstream 2)

Review Lead(s)	Adam Cole & Vicky Annakin
Description of Service	The West Yorkshire Clinical Advice Services (CAS) are defined as: - 1&2 Hour GP Speak to disposition/outcome (as referred by NHS 111) and; - NHS 111 Online Emergency Department (ED) Validation Both services were commissioned with the intention of facilitating remote triage and avoiding unnecessary ED attendance and both have high closure rates with patients being redirected elsewhere or self-care recommended
Days & hours of operation	NHS111 Online ED Validation Service: 24 hours per day, 7 days per week including bank holidays NHS111 GP 1&2 Hours: 08:00 to 18:00 hours Monday to Friday excluding bank holidays.

ED Streaming (Workstream 3.1)

Review Lead(s)	Debbie Graham & Jon Parnaby
Description of Service	A streaming service for patients from the Huddersfield Royal Infirmary and Calderdale Royal Hospital A&E departments (where clinically appropriate in accordance with Manchester Pathway) to alternative and appropriate clinical colleagues within A&E
Footprint	Calderdale and Greater Huddersfield
Location(s) of service delivery	Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI)
Days & hours of operation	CRH: Mon-Fri 6.30pm - 10pm, weekends and bank holidays 10am-10pm Mon HRI: Mon-Fri 6.15pm-10.15pm, weekends and bank holidays 9.45am - 10.15pm

Protected Learning Time (Workstream 3.2)

Review Lead(s)	Chris Skelton & Kirsty Turner
Description of Service	To provide planned cover for telephone assessment, appropriate advice and / or treatment for registered patients of Calderdale, Kirklees, Leeds and Wakefield during General Practices Protected Learning Time (PLT).
Days & hours of operation	Calderdale: 10 sessions per year - Tuesday or Wednesday Kirklees: 12 sessions per year – Tuesday Leeds North - 10 sessions per year – Thursday Leeds South and East - 10 sessions per year – Tuesday Leeds West, 11 sessions per year - Thursday Wakefield: 10 sessions per year - Wednesday
Additional points to note	PLT allows GP practices to close for half a day to carry out staff training for the whole practice team. Everyone within GP Practices are committed to giving patients the best possible care therefore all staff take part in a number of PLT sessions throughout the year. Airedale and Bradford have separate arrangements for the delivery of PLT

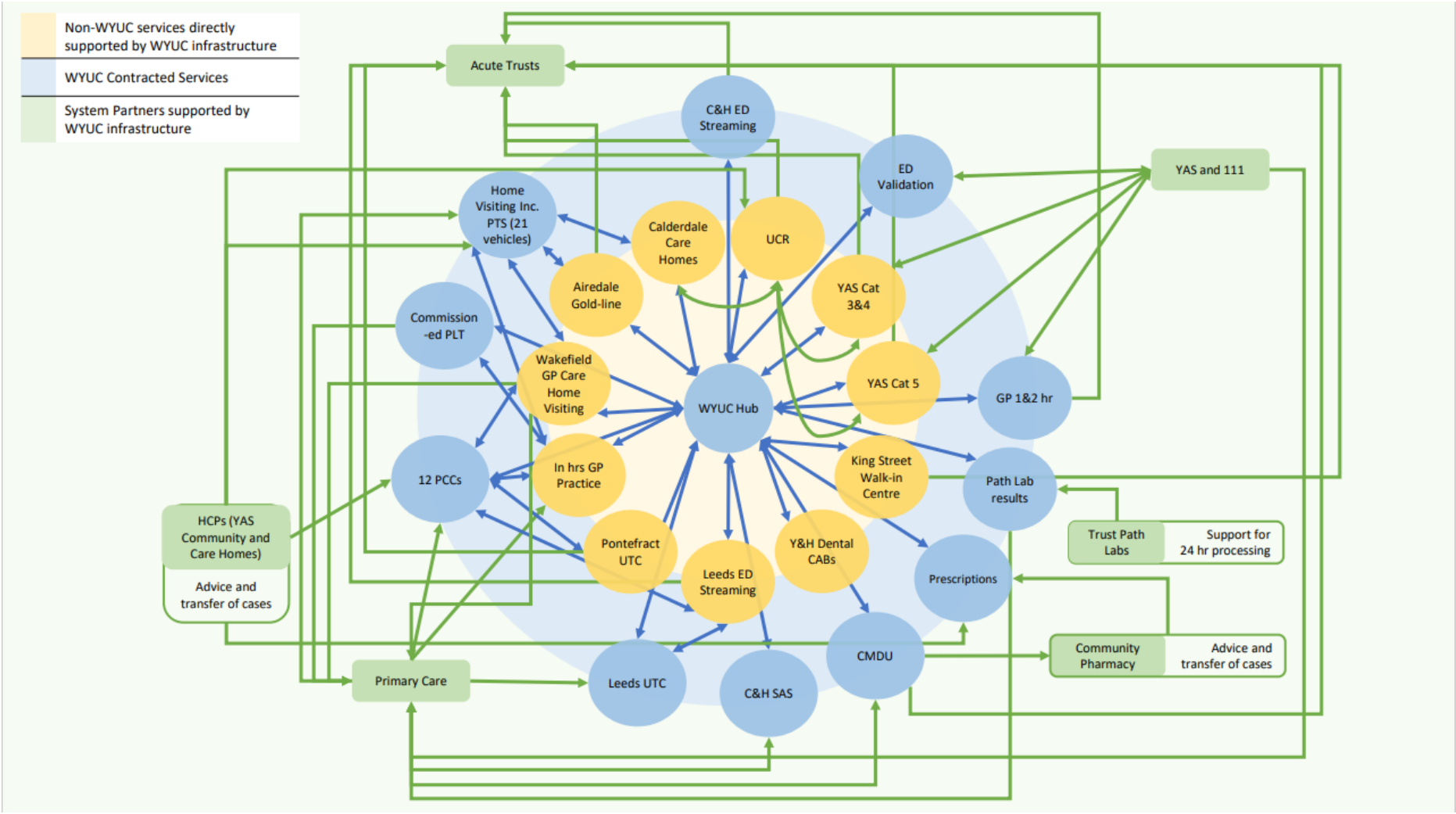
Safe Haven (Special Allocation Scheme (SAS)) (Workstream 3.3)

Review Lead(s)	Emma Bownas & Jan Giles
Description of Service	The SAS is a scheme to manage patients who are violent or aggressive. SAS provides a stable environment for the patient to receive continuing healthcare, addressing any underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in providing that treatment. The ultimate aim of the scheme is to rehabilitate the patient back into mainstream general practice.
Footprint	Calderdale and Kirklees
Location(s) of service delivery	Calderdale Royal Hospital - 1 face to face clinic per week Batley Health Centre - 1 face to face clinic per week
Days & hours of operation	9am - 5pm Mon - Fri
Additional points to note	Service delivery changed as a response to Covid. A new national specification has been published.

Urgent Treatment Centres (UTC) (Workstream 3.4)

Review Lead(s)	Martin Earnshaw
Description of Service	To provide walk-in and direct booking services to individuals of all ages (except 75+ with head injury) presenting at the Urgent Treatment Units located at St George's Centre and Wharfedale General Hospital, Otley.
Leeds	Leeds
St Georges Wharfedale Hospital	St Georges Wharfedale Hospital
8am-11pm - 7 days	8am-11pm - 7 days
Additional points to note	Ongoing improvement work throughout this element of the Service has been historically undertaken with Leeds commissioners direct with LCD. There is currently conflicting public messaging regarding the UTC which is being progressed locally.

Appendix 2 - Interdependencies Diagram



Appendix 3 – Involvement Approach

Urgent Care Service Review

Suggested Involvement Approach

NHS West Yorkshire Integrated Care Board

Phase 1

What do we know

Who do we need

Review existing involvement intelligence

- National, ICS, ICB and Place
  - What do we know already? What is it telling us? Where are the gaps?
- Review service level data
  - Is it of quality? Can we add value?

Equality Analysis & Access Demography

- Equalities
  - Are there any particular groups who are more likely or less likely to use the service?
  - Are there any know access or communication barriers
- Review service level data
  - 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

Phase 2

What do we change

What do we keep

Service Improvement

- Using existing intelligence
  - 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
  - Depending on Phase 1, use co-productive methods to understand issues, and develop improvements

Access Improvement

- Equalities
  - Depending on Phase 1, use existing relationships to understand issues, co-produce solutions.
- Review service level data
  - Depending on Phase 1, use existing relationships to understand issues, co-produce solutions.

Phase 3

What do we decide

What do we do next

Service Specification

- How involvement has influenced
  - 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?

More formal Involvement

- Significance of change
  - How is the model different following involvement?
  - What is the profile of the change (MP, FoI, PALS etc.)
- Formal Consultation?
  - Which statutory organisation decides to consult? And who leads the consultation?

NB: This decision is generally made at Board level, or appropriate delegated authority committee

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 update d
- Resource needs be allocated following each review

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West Yorkshire Health and Care Partnership

Appendix 4 – Initial Equalities Assessment Findings

Urgent Care Service Review

Initial Equalities Assessment - Findings

NHS West Yorkshire Integrated Care Board

So far:

We used existing intelligence to produce the existing insight summary to support the SDIP production

Revisited these reports to populate the Equality Impact Assessment, first draft

Intelligence that had been specifically analysed by protected characteristic

Although intelligence about each demography is not from all geographies it gives an indication.

High Level findings

- People with a disability slightly more likely to attend a walk-in
- People with Pakistani Heritage slightly more likely to attend a walk- in
- People who are older more likely to attend multiple times
- Ethnic minorities More likely to attend on advice of 111 or proximity to home
- The opening hours for walk in are more convenient for white people
- Caribbean groups less likely to attend again in future
- People Claiming benefits less likely to call 111
- Ethnic minorities Less likely to use technology except videos
- disabled people are less likely to use technology
- The Trans community seem to have a more varied experience of the existing service
- The LGBT community have a more varied experience of primary care

Please note

- The equality impact assessment process is iterative and the document evolving as the programme progresses
- Information drawn out from similar services and so only provides a partial picture

Appendix 5 – Draft Service Development & Improvement Plan

Workstream 0.0: WYUC	

Overall aim of the work is to support alignment with wider Integrated Urgent and Emergency Care priorities at Place and WY. Including national guidance such as UEC Recovery Plan, Primary Care Access Recovery Plan, and local strategy such as the Joint Forward Plan.			
No	Proposed SDIP Recommendation	Target timescale	Potential Cost implication
0.1	Work with commissioners to scope opportunity to support the wider system through additional pathways and integrated direct booking into other statutory and voluntary services. • This would provide an improved patient experience and smoother transition of patient care between services. • Focus should be given to pathways which aim to reduce health inequalities.	Scope Yr1 Q4 Decision Yr2 Q1	Increase
0.2	Scope ***online*** opportunities for all services within the WYUC contract (both at West Yorkshire and Place level) e.g., Booking and Referral Standard (BaRS) Framework Standard - implementation for Local Care Direct (LCD) Clinical Advice Service (CAS). • This would increase interoperability between Yorkshire Ambulance Service (YAS), LCD and other partners resulting in enhanced patient journey/care and meeting national standards. • This would also enhance other current 111 online services within the CAS e.g., EDAC and Urgent Community Response (UCR). • Consider service quality improvements and efficiencies using electronic consultation software.	Scope Yr1 Q4 Decision Yr2 Q2	Increase
0.3	Patient/public involvement including intelligence around protected characteristics should continue to inform the development and delivery of the SDIP.	Yr1 Q1-Yr2 Q4	Neutral
0.4	Regular monitoring of patient experience throughout the implementation of the SDIP, to ensure that developments and/or changes are achieving the proposed outcomes and meeting the needs of service users.	Yr1 Q1-Yr2 Q4	Neutral
0.5	Review estates to identify whether there is any opportunity to consolidate and update (including Infection Prevention Control (IPC) measures and accessibility improvements).	Scope Yr1 Q4	Saving

	• This includes a review of the design and layout of the Urgent Treatment Centres to make them easier for people with disabilities to use.	Decision Yr2 Q1	
Workstream 1.0: GP Out of Hours			
1.0.1	A set of principles to be developed that confirm expectations/principles for the service, which allows for LCD flexibility. Particularly around agreement as to what is urgent and what is not. • Currently LCD manage all activity when it may be more effective to de-escalate a call and hand it to the patient's in-hours regular GP. • This handover must be effective and safe, with a process to be developed including monitoring arrangements as well as presentations trends and peaks. • Potential to be explored through a primary care in-hours and out of hours reference group.	Scope Yr1 Q2 Decision Yr2 Q1	Neutral
1.1 GP OOH Remote and Primary Care Centres (including F2F appointments, Remote appointments & Home Visits)			
1.1.1	Scope plan for online consultations in the out of hours period. • To include details around projected volume and costing; similar to completing an online form on the website where presentation and symptoms are described for assessment by LCD. • Challenge is noted around potential conflict with NHS 111 online.	Scope Yr1 Q2 Decision Yr2 Q1	Increase
1.1.2	Review service opening/operating hours considering other available out of hours primary care pathways such as walk-in centres, Enhanced Access etc. • As additional out of hours primary care provision has been developed, there may be duplication of offers.	Scope Yr1 Q1 Decision Yr2 Q1	Saving
1.2 Pathology Lab Results			
Overall aim of work should aim is to reduce the number of patients receiving pathology calls in the out of hours unnecessarily. This is a poor patient experience and leads to anxiety/upset and complaints			
1.2.1	In partnership with WY ICB to develop consistent policies and approach to risk for pathology results (specifically in the out of hours period for phlebotomy)	Yr2 Q2	Neutral

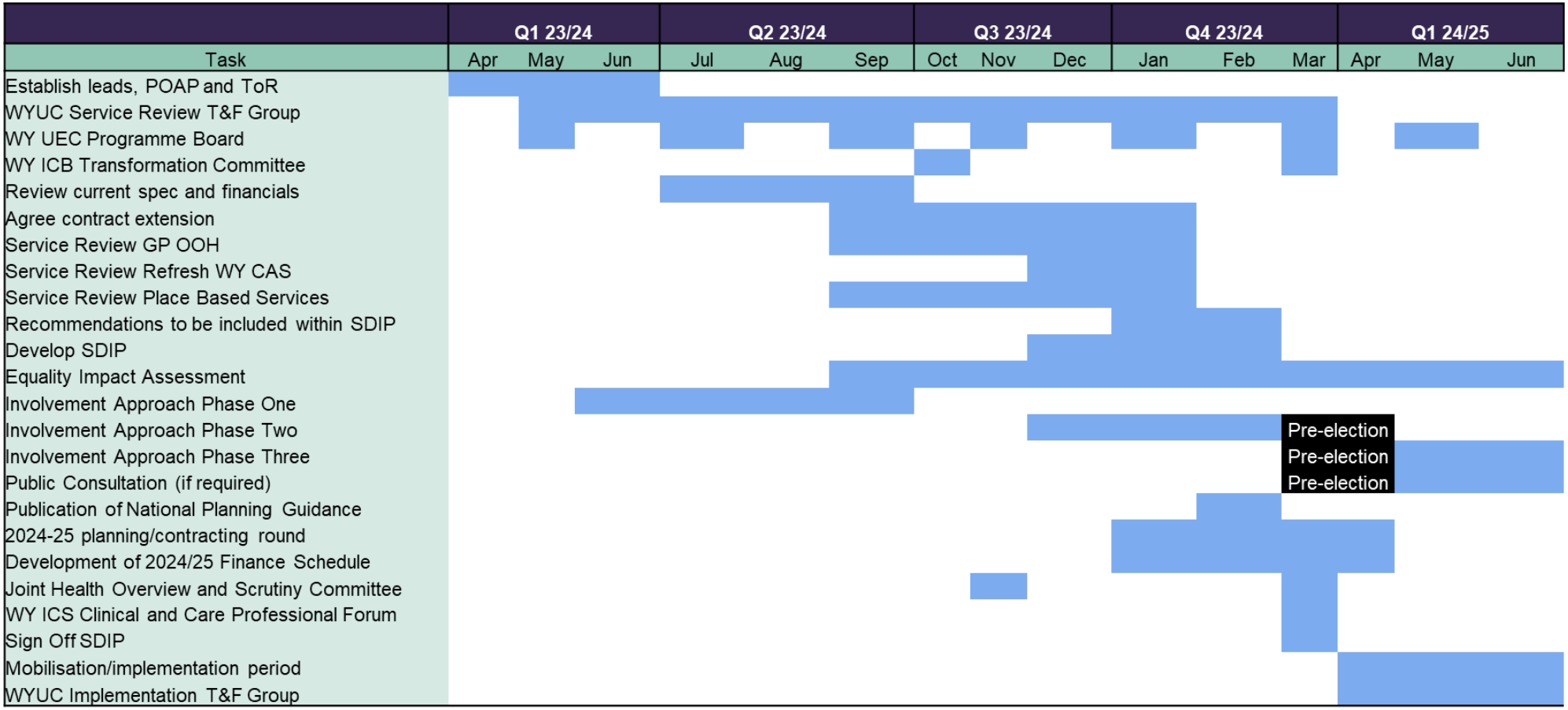
	• Explore potential to access patient record in this instance as it is in the patients' best interests.		
1.2.2	Scope implementation of ICE system entry, including cost implications. • The pre-populated option would enable more patient information and reason for test requests to LCD. • This will enable LCD to determine the urgency of any abnormal result.	Scope Yr1 Q2 Decision Yr2 Q1	Increase
1.3 Prescriptions			
Overall aim of the work is to reduce unnecessary prescriptions passing through WYUC, and to utilise capacity and integrate with better alternatives			
1.3.1	Review the data to highlight Practices, care homes or other services with particularly high usage of out of hour repeat prescriptions. • This will be used to support commissioners to carry out targeted work with these partners	Yr1 Q4	Neutral
1.3.2	Establish Prescriptions Task and Finish Group with representation from LCD, General Practice, Community Pharmacy and YAS to review opportunities such as: - Pharmacy First - Scoping of central pharmacy	Commence Yr1 Q1	Increase
1.3.3	Scope pathways and opportunities to resolve the limited resources available (available pharmacies on the OOH period) to dispense medications particularly of controlled drugs are needed. • It is recognised that the controlled drugs issue is a national ask and is not in the gift solely of LCD. • 1.3.3 may be merged with 1.3.2 as discussions develop.	Scope Yr1 Q1 Decision Yr2 Q1	Increase
1.4 Patient Transport Offer			

1.4.1	Review the equity of the service with possibility of reinvestment. • Patient transport is not offered to general practice patients in hours.	Scope Yr1 Q3 Decision Yr2 Q1	Saving
Workstream 2.0: WY Clinical Advice Service (CAS)			
2.0.1	Scope the opportunities for the expansion of a virtual West Yorkshire CAS (including but not limited to): • Provision of a system-wide Single Point of Access (SPOA) triage and consult service for service providers (including 111/YAS/GPs) delivering virtualised clinical services/pathways supporting system pressures and the avoidance of ambulance conveyance/ED attendance.	Scope Yr1 Q3 Decision Yr2 Q1	Increase
2.1 111 Online ED Validation Service			
2.1.1	Re-run value for money exercise with demand and cost data year 2 Q1. • Although review identified good value for money, demand was slightly lower than projected.	Yr2 Q1	Neutral
2.2 NHS111 GP 1&2 Hours			
2.2.1	LCD to work collaboratively with YAS to understand and manage referrals that go beyond 1–2-hour response time window. • Work is ongoing with LCD and YAS.	Yr1 Q2	Neutral
Workstream 3: Place Based Services			
3.1 ED Streaming			
3.1.1	Review and potential alignment with in-hours service offer (provided by CHFT) including eligibility criteria	Scope Yr1 Q2 Decision Yr2 Q1	Increase
3.1.2	Scope the move from an appointment service to an open access as the in-hours service	Scope	Increase

		Yr1 Q2 Decision Yr2 Q1	
3.1.3	Review of utilisation of appointments and potential service reconfiguration	Scope Yr1 Q3 Decision Yr2 Q1	Saving
3.1.4	Work with CHFT on the co-location within the new ED at HRI	Yr1 Q1	Neutral
3.1.5	Explore and define how the ED Streaming Service supports the PCC offer (both are co-located on the CHFT estate)	Yr1 Q3	Neutral
3.1.6	Proactive and closer working and association with ED department and team, including introductions at the start of rotas/shifts	Yr1 Q1	Neutral
3.2 Protected Learning Time (PLT)			
3.2.1	Develop contingency arrangements for PLT at times of system pressure (OPEL 4) including a consistent approach (recognising the separate arrangements within Bradford and Airedale) should PLT support need to be cancelled. • This would help the resilience of general practice by enabling the protection of PLT.	Scope Yr1 Q4 Decision Yr2 Q1	Neutral
3.2.2	Share specific performance information/activity analysis for the PLT afternoons by place and Practice to determine Value For Money for this element of the WYUC service	Yr1 Q2	Neutral
3.3 Safe Haven (Services Special Allocation Scheme (SAS))			
Overall aim is to review the Services Special Allocation Scheme (formally Safe Haven) considering publication of new national specification and expectation (including changes within the service offer implemented during COVID).			
3.3.1	Review of current offer and service linking with commissioners' expectations	Scope Yr1 Q1 Decision Yr1 Q3	Neutral
3.3.2	Work with commissioners on future strategy and plans for this element of the service	Yr1 Q4	Saving
3.4 Urgent Treatment Centres (UTC)			

3.4.1	Implement improved process for service disruption notification and monitor and review the effectiveness.	Yr1 Q1	Neutral
3.4.2	Monitor and review the effectiveness of RAIDR tool	Yr1 Q1	Neutral
3.4.3	Review and redesign all UTC communications both to patients and system partners which will: - Support Patients to understand clearly what services are available to them. - Demonstrate that the services offer a credible alternative to ED - Provide clarity on redirections • Currently the ICB fund the communication campaign and related materials. Would expect any large campaigns/public information to be funded by the ICB, with more 'basic' patient information funded by LCD. • As a result, cost implication is expected to be neutral.	Yr1 Q3	Neutral
3.4.4	Look at opportunity for provision of consistent and stable workforce. This would be demonstrated by improved rotas filled and less use of agency to run the services	Yr1 Q2	Saving
3.4.5	Review staffing model to improve performance of KPI relating to 'initial patient assessment (not a fully consultation) within 15 mins of arrival'	Scope Yr1 Q3 Decision Yr2 Q1	Neutral
To note: Previous engagement reports posed several recommendations, specifically relating to the current community based UTCs, we would like to explore these as part of developing the SDIP for 24/25:			
3.4.6	Scope whether the UTCs could open earlier than 8am	Scope Yr1 Q3 Decision Yr2 Q1	Increase
3.4.7	Training gap analysis to identify additional training opportunities with a focus on health inequalities. E.g., training to support staff to communicate with diverse people and those with special needs (e.g. who have mental health problems, who have learning difficulties, who are D/deaf or hard of hearing, and who have autism)	Yr1 Q4	Neutral

Appendix 6 – Timeline



Proud to be part of West Yorkshire
Health and Care Partnership

NHS West Yorkshire
Integrated Care Board

WYUC Service Review Development

West Yorkshire
Health and Care Partnership

History of WYUC

NHS West Yorkshire Integrated Care Board

The West Yorkshire Urgent Care (WYUC) Service, provided by Local Care Direct (LCD) began in 2013 and provided primarily face to face primary care provision in the out of hours period. Due to the needs of the System and the developments in remote technologies (many developed during COVID response), the service organically grew. WYUC now encompasses GP Out of Hours (both face to face and remote), Clinical Advice Services and several place-based arrangements including Urgent Treatment Centres, Safe Haven, ED Streaming and GP Practice Learning Time. Further detail on these can be found further in this report. The current contract is worth over £20 million and is due to end March 2024. Although reviews have been carried out against individual service lines over the years, there has not been an overarching West Yorkshire review.

In early 2023 the West Yorkshire Urgent and Emergency Care (UEC) Programme carried out a refresh to establish priorities which reflected both the strategic intention of the West Yorkshire 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 Service.

Despite not being mentioned explicitly within the UEC Recovery Plan, the review was identified as an area which directly contributed to achieving the desired ambitions and also 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 West Yorkshire level.

Review Approach

NHS West Yorkshire Integrated Care Board

- The review is being led by the West Yorkshire ICB and the leadership assigned 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 individual ICB leads for functions such as finance, contracting, engagement, quality, equality, information governance and safeguarding
- The intended 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.

Governance and Accountability

NHS West Yorkshire Integrated Care Board

- The WYUC Service Review reports into the Transformation Committee of the ICB Board for decision making
- An ICB led 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 Places and providers (including LCD) and functions as mentioned earlier
- Regular highlight reports are presented to 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
- The WYUC Service Review has also engaged with a variety of forums, including but not limited to: Joint Health Oversight and Scrutiny Committee (JHOSC), WY Primary Care Senior Leadership Team, WY Local Medical Council, Place Based Senior Leadership Team (SLT), and various quality, equality and engagement forums

Specification vs SDIP

NHS West Yorkshire Integrated Care Board

- Specification Route: A brand new specification covering all in-scope services to be developed and signed off through agreed governance route by 31 March 2024. LCD would then be required to deliver new specification from 1 April 2024, supported by a two-year mobilisation and implementation period

- Service Development and Improvement Plan (SDIP) Route: A detailed SDIP would be developed covering all in-scope services by 31 March and incorporated into any new contract from 1st April 2024.

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. It was agreed that the SDIP would allow for a more fluid and collaborative approach to service improvement and give more time for review, development and engagement with partners and our populations.

Identified leads have reviewed each of the services within the WYUC Contract and the findings of these service reviews will form the core of the SDIP.

Workstream 1: GP out of hours

NHS West Yorkshire Integrated Care Board

Review Lead(s)	Jon Parnaby
Description of Service	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 (remaining 10%) with an urgent primary medical care need in the OOH period between; 6.30pm to 8am weekdays and all weekends and bank holidays. Providing Virtual Consultations as well as operating 13 Primary Care Centres (for face-to-face appointments). Part of the GP OOH service also includes pathways for pathology lab results, prescriptions and a patient transport offer.
Additional points to note	This element of the WYUC service has seen the most significant change due to processes introduced as a response to Covid

Workstream 2: WY Clinical Advice Services (CAS)

NHS West Yorkshire Integrated Care Board

Review Lead(s)	Adam Cole & Vicky Annakin
Description of Service	The West Yorkshire Clinical Advice Services (CAS) are defined as: - 1&2 Hour GP Speak to disposition (as referred by NHS 111) and; - NHS 111 Online Emergency Department (ED) Validation Both services were commissioned with the intention of facilitating remote triage and avoiding unnecessary ED attendance and both have high closure rates with patients being redirected elsewhere or self-care recommended
Days & hours of operation	NHS111 Online ED Validation Service: 24 hours per day, 7 days per week including bank holidays NHS111 GP 1&2 Hours: 08:00 to 18:00 hours Monday to Friday excluding bank holidays.

Workstream 3.1: ED Streaming

NHS West Yorkshire Integrated Care Board

Review Lead(s)	Debbie Graham & Jon Parnaby
Description of Service	A streaming service for patients from the Huddersfield Royal Infirmary and Calderdale Royal Hospital A&E departments (where clinically appropriate in accordance with Manchester Pathway) to alternative and appropriate clinical colleagues within A&E
Footprint	Calderdale and Greater Huddersfield
Location(s) of service delivery	Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI)
Days & hours of operation	CRH: Mon-Fri 6.30pm - 10pm, weekends and bank holidays 10am-10pm Mon HRI: Mon-Fri 6.15pm-10.15pm, weekends and bank holidays 9.45am - 10.15pm

Workstream 3.2: Protected Learning Time

NHS West Yorkshire Integrated Care Board

Review Lead(s)	Chris Skelton & Kirsty Turner
Description of Service	To provide planned cover for telephone assessment, appropriate advice and / or treatment for registered patients of Calderdale, Kirklees, Leeds and Wakefield during General Practices Protected Learning Time (PLT).
Days & hours of operation	Calderdale: 10 sessions per year - Tuesday or Wednesday Kirklees: 12 sessions per year – Tuesday Leeds North - 10 sessions per year – Thursday Leeds South and East - 10 sessions per year – Tuesday Leeds West, 11 sessions per year - Thursday Wakefield: 10 sessions per year - Wednesday
Additional points to note	PLT allows GP practices to close for half a day to carry out staff training for the whole practice team. Everyone within GP Practices are committed to giving patients the best possible care therefore all staff take part in a number of PLT sessions throughout the year. Airedale and Bradford have separate arrangements for the delivery of PLT

Workstream 3.3: Safe Haven (Special Allocation Scheme (SAS))

NHS West Yorkshire Integrated Care Board

Review Lead(s)	Emma Bownas & Jan Giles
Description of Service	The SAS is a scheme to manage patients who are violent or aggressive. SAS provides a stable environment for the patient to receive continuing healthcare, addressing any underlying causes of aggressive behaviour and providing a safe environment for the individuals involved in providing that treatment. The ultimate aim of the scheme is to rehabilitate the patient back into mainstream general practice.
Footprint	Calderdale and Kirklees
Location(s) of service delivery	Calderdale Royal Hospital - 1 face to face clinic per week Batley Health Centre - 1 face to face clinic per week
Days & hours of operation	9am - 5pm Mon - Fri
Additional points to note	Service delivery changed as a response to Covid. A new national specification has been published.

Workstream 3.4: Urgent Treatment Centres (UTC)

NHS West Yorkshire Integrated Care Board

Review Lead(s)	Martin Earnshaw
Description of Service	To provide walk-in and direct booking services to individuals of all ages presenting at the Urgent Treatment Units located at St George's Centre and Wharfedale General Hospital, Otley.
Leeds	Leeds
St Georges Wharfedale Hospital	St Georges Wharfedale Hospital
8am-11pm - 7 days	8am-11pm - 7 days
Additional points to note	Ongoing improvement work throughout this element of the Service has been historically undertaken with Leeds commissioners direct with LCD

Service Activity Overview

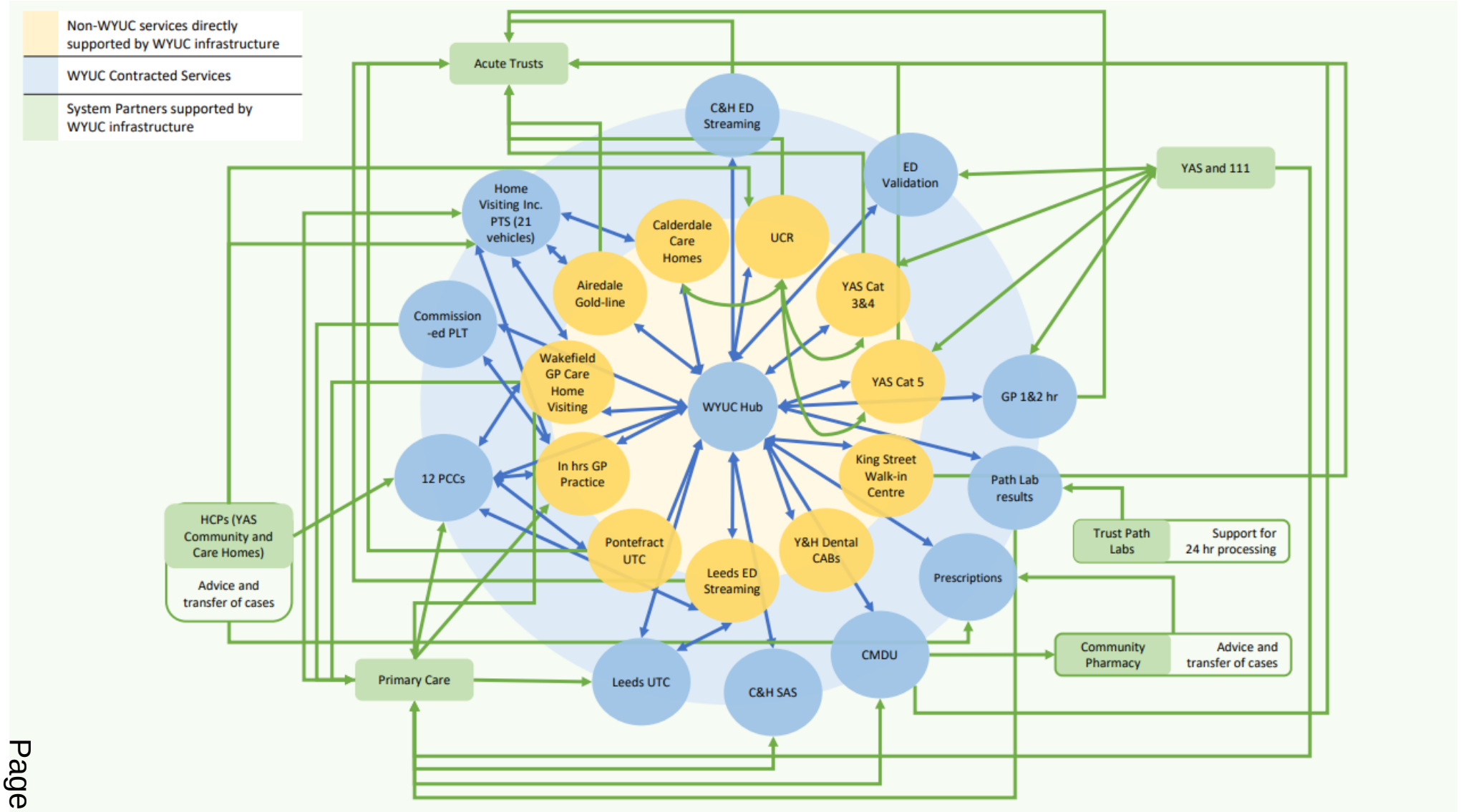
LCD provide regular contract narrative reports, which are reviewed and discussed at bi-monthly contracting meetings, supported by commissioners.

Monitoring against key performance indicators are also measured here.

Contract element	Service	22/23 Activity
Core Specification	GP OOH remote/GP OOH F2F	53,997 (38,104 PCC and 15,893 Visit)
Local Specification	Calderdale and Kirklees ED streaming	6568 patients
	SAS Calderdale and Kirklees	2026 contacts
	PLT	3167 sessions
	UTC St George	31,597 patients
	UTC Wharfedale	29,794 patients
	UTC	Admin
WY Local CAS	GP 1&2hr	23,358 contacts
	NHS 111 Online ED Validation	17,405 contacts

Local Care Direct Interoperability

NHS West Yorkshire Integrated Care Board



Contract and Finance

- It was agreed by contracting colleagues to award a two-year contract to LCD to cover the implementation of the SDIP
- The Voluntary Ex-Ante Transparency Notice (VEAT) was issued under procurement rules and expired on 26 January with no challenge
- Throughout the review and the development of the SDIP all partners have been aware that the service must delivered within the current financial envelope (subject to any agreed uplift)
- Opportunities are to be explored within the SDIP process for efficiencies.

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Urgent Care Service Review

Suggested Involvement Approach

NHS West Yorkshire Integrated Care Board

Phase 1

What do we know

Who do we need

Review existing involvement intelligence

- National, ICS, ICB and Place
  - What do we know already? What is it telling us? Where are the gaps?
- Review service level data
  - Is it of quality? Can we add value?

Equality Analysis & Access Demography

- Equalities
  - Are there any particular groups who are more likely or less likely to use the service?
  - Are there any know access or communication barriers
- Review service level data
  - 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

Phase 2

What do we change

What do we keep

Service Improvement

- Using existing intelligence
  - 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
  - Depending on Phase 1, use co-productive methods to understand issues, and develop improvements

Access Improvement

- Equalities
  - Depending on Phase 1, use existing relationships to understand issues, co-produce solutions.
- Review service level data
  - Depending on Phase 1, use existing relationships to understand issues, co-produce solutions.

Phase 3

What do we decide

What do we do next

Service Specification

- How involvement has influenced
  - 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?

More formal Involvement

- Significance of change
  - How is the model different following involvement?
  - What is the profile of the change (MP, FoI, PALS etc.)
- Formal Consultation?
  - Which statutory organisation decides to consult? And who leads the consultation?

NB: This decision is generally made at Board level, or appropriate delegated authority committee

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

Urgent Care Service Review

Initial Equalities Assessment - Findings

NHS West Yorkshire Integrated Care Board

So far:

We used existing intelligence to produce the existing insight summary to support the SDIP production

Revisited these reports to populate the Equality Impact Assessment, first draft

Intelligence that had been specifically analysed by protected characteristic

Although intelligence about each demography is not from all geographies it gives an indication.

High Level findings

- People with a disability slightly more likely to attend a walk-in
- People with Pakistani Heritage slightly more likely to attend a walk- in
- People who are older more likely to attend multiple times
- Ethnic minorities More likely to attend on advice of 111 or proximity to home
- The opening hours for walk in are more convenient for white people
- Caribbean groups less likely to attend again in future
- People Claiming benefits less likely to call 111
- Ethnic minorities Less likely to use technology except videos
- disabled people are less likely to use technology
- The Trans community seem to have a more varied experience of the existing service
- The LGBT community have a more varied experience of primary care

Please note

- The equality impact assessment process is iterative and the document evolving as the programme progresses
- Information drawn out from similar services and so only provides a partial picture

Patient Feedback

NHS West Yorkshire Integrated Care Board

LCD provide WYUC patient feedback on a quarterly basis, which is shared with commissioners. Patient feedback is broken down by both service and place. Demographic data is also captured and reported on.

Patient feedback is used to monitor the quality of the WYUC service and implement continuous improvements.

As demonstrated by the table, LCD consistently receive a high proportion of 'Very Good' or 'Good' responses.

LCD continue to strive to improve on their feedback scores and regularly update commissioners at contract review meeting.

Thinking about urgent primary care, overall how was your experience of our service?	23/24 Q3	23/24 Q2
Very Good	61%	62%
Good	21%	21%
Neither good nor poor	6%	7%
Poor	5%	5%
Very poor	6%	4%
Don't know	1%	0%
Grand Total	712	640

Outcome

- In collaboration with service review leads, the WYUC Task and Finish Group and LCD, a comprehensive SDIP has been developed, covering all areas of the WYUC Contract
- The SDIP identifies approximately 35 lines of improvement/development
- The SDIP also details a timescale and an indication of any cost implications (saving, increases, neutral)
- The structure of the SDIP reflects the established workstream, and also includes an additional ‘workstream zero’ which identifies improvements and development across the entire contract.

Next Steps/Implementation

- Take the SDIP through agreed governance route for endorsement/ sign off:
  - WY ICS Clinical and Care Professional Forum
  - WY Joint Health Oversight and Scrutiny Committee
  - WY Urgent and Emergency Care Programme Board
  - WY Transformation Committee
  - Place SLTs
- Add the SDIP to the contract as an additional schedule to the contract terms and current specifications
- Progress against the SDIP will be formally monitored by contracting colleagues using agreed contract monitoring forums, with input from commissioning colleagues
- A smaller SDIP implementation task & finish group established to support contracting in this process

WYUC Service Review Timeline

NHS West Yorkshire Integrated Care Board

Task	Q1 23/24			Q2 23/24			Q3 23/24			Q4 23/24			Q1 24/25		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Establish leads, POAP and ToR															
WYUC Service Review T&F Group															
WY UEC Programme Board															
WY ICB Transformation Committee															
Review current spec and financials															
Agree contract extension															
Service Review GP OOH															
Service Review Refresh WY CAS															
Service Review Place Based Services															
Recommendations to be included within SDIP															
Develop SDIP															
Equality Impact Assessment															→ End of 24/25
Involvement Approach Phase One															
Involvement Approach Phase Two												Pre-election			
Involvement Approach Phase Three												Pre-election			
Public Consultation (if required)												Pre-election			→ End of 24/25
Publication of National Planning Guidance															
2024-25 planning/contracting round															
Development of 2024/25 Finance Schedule															
Joint Health Overview and Scrutiny Committee															
WY ICS Clinical and Care Professional Forum															
Sign Off SDIP															
Mobilisation/implementation period															
WYUC Implementation T&F Group															→ End of 24/25

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West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	West Yorkshire Joint Health Oversight and Scrutiny Committee (JHOSC)
Agenda item no.	
Meeting date:	15 March 2024
Report title:	NHS West Yorkshire Integrated Care Board (ICB) - Workforce Priorities Update
Report presented by:	Kate Sims, Director of People, NHS West Yorkshire ICB
Report approved by:	Kate Sims, Director of People, NHS West Yorkshire ICB
Report prepared by:	Jonathan Brown, Associate Director of Workforce Strategy and Planning, NHS West Yorkshire ICB

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

Previous considerations:

This is the first occasion that the People Directorate of NHS West Yorkshire ICB has presented on workforce priorities to the West Yorkshire Joint Health Oversight and Scrutiny Committee.

Executive summary and points for discussion:

The workforce challenges currently facing the West Yorkshire system are significant. This ranges from the immediate need to grow the workforce and retain people at a time when financial challenge adds further to the pressures on workforce resilience, through to the need to ensure the scope as a partnership to work collectively on longer-term strategic workforce planning and workforce development. All contribute to the transformation of health and care service delivery.

The West Yorkshire People Strategy (People Plan) was published in February 2022 following development with system partners and sets out the ambitions for current and longer-term workforce solutions to respond to the current health and care challenges. West Yorkshire has a People Board (reporting to the West Yorkshire Partnership Board), which has strategic oversight of the development of and actions against the People Plan.

Recognising the breadth and scale of the People (workforce agenda) across West Yorkshire Health and Care Partnership, with both challenges and opportunities for workforce transformation across the system, in the short and long-term this paper focuses on two core aspects, namely:

Part 1 – Sets out the ICB's systemwide priorities identified by the ICB Board.

Part 2 – Provides some, but not all, relevant workforce context and priorities being responded to by the system.

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 Joint Health Overview and Scrutiny Committee are asked to note the context provided within this paper across several aspects of the health and care workforce and the work underway across professions and collaboratives.

In addition, the committee is asked to note the key priorities set for the ICB People Team in response to the West Yorkshire workforce programme, with further updates available as this work develops.

Appendices

1. Recent Workforce Growth for West Yorkshire 2018 -2023
2. Primary Care People plan (high level)
3. Reference links

Acronyms and Abbreviations explained

1. JHOSC - West Yorkshire Joint Health Oversight and Scrutiny Committee
2. ICB – Integrated Care Board

Introduction

1.1 The West Yorkshire Partnership Board approved in early 2022 the West Yorkshire People Plan (People Strategy) which can be found at https://workforce.wypartnership.co.uk/people-plan . This is available in various accessible formats.

1.2 The West Yorkshire People Plan aligns to commitments in the national NHS People Plan published in July 2020 . This has been developed further, to recognise the diverse nature of our partnership and represents the full range of health and care sectors, including universities, those working in voluntary, community and social enterprise (VCSE) sector and unpaid carers.

1.3 The People Plan articulates the current workforce challenges which the plan aims to respond to, along with the ambition for our people and the workforce agenda. It sets out current actions against each of the five pillars together with communicating future aims.

Delivering the People Plan

1 Following the publication of the West Yorkshire People Plan work has taken place both by the ICB People Directorate, and also at each of the five places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District) and professional networks of, West Yorkshire to deliver a range of workforce activities against each of the commitments made against the five pillars. Actions in response to the ambitions of the People Plan continue to be informed by consideration of:

- Current versus newly arising people-related activity, including ability to be agile in response to emerging requirements, examples include preparation in response to industrial action and workforce input into the preparedness for vaccination programmes.
- Ongoing involvement with place workforce groups and system partners
- Alignment with the NHS Annual Operational Planning Guidance – which sets out several key priorities for the workforce.

Part 1 West Yorkshire ICB People priorities

Introduction

"The size and shape of the NHS workforce needs to change to meet patient need now and in the future. When a person turns to the NHS for help, it needs to have enough people with the right skills, and in the right place, to meet their needs" – NHS Long Term Workforce Plan July 2023

The West Yorkshire Integrated Care System (ICS) is made up of multiple partners who have significant roles in bringing this vision to light. With leading edge academic approaches through our colleges and universities, there is innovation in care settings, all of which need:

- Workforce plans that represent the sectors of health, social care and voluntary, community and social enterprise
- Supporting education and training plans enabling new roles and ways of working.
- High quality environments where people can learn, grow and work safely and effectively.
- Career opportunities for all to enter, and career pathways that support people's ambitions.
- The best working environments where people are cared for and valued.

National policy and guidance

When determining our approach to building an operating model for West Yorkshire workforce priorities, the following policy documents serve as a useful framework: 1) "Building strong integrated care systems everywhere: guidance on the ICS people function" (April 2021), reinforced in the 2) NHS Long Term Workforce Plan (July 2023):

Both policy documents set out the same workforce expectations on partners in an Integrated Care System as follows :

1. Supporting the health and wellbeing of all staff

2. Growing the workforce for the future and enabling adequate workforce supply
3. Supporting inclusion and belonging for all, and creating a great experience for staff
4. Valuing and supporting leadership at all levels, and lifelong learning
5. Leading workforce transformation and new ways of working
6. Educating, training and developing people, and managing talent
7. Driving and supporting broader social and economic development
8. Transforming people services and supporting the people profession
9. Leading coordinated workforce planning using analysis and intelligence
10. Supporting system design and development

The principle drivers of change

When determining priorities for the ICB People Directorate, the following strategies and plans are considered:

- West Yorkshire Integrated Care strategy and Joint Forward Plan
- NHS Long Term Workforce Plan (for West Yorkshire – across all partners)
- West Yorkshire People Plan
- West Yorkshire Digital Strategy
- Improving dentistry in West Yorkshire
- NHS guidance for people functions
- NHS planning and performance requirements

System Wide priorities

The West Yorkshire ICB People Directorate works with partners across the system, including education providers, provider collaboratives, social care, the voluntary, community and social enterprise (VCSE) sector, the five West Yorkshire places, leaders in innovation e.g. AHSN/ ICB Programmes such as the digital programme and for our global work, the Local Maternity and Neo-Natal System as an example. As a Directorate, we work with NHS England to develop operating plans and training plans to inform education and training investment and here appropriate we act as “system leaders” on system wide planning/ assurance, an example being the Covid Vaccination Workforce and currently the start of the Long-Term Workforce Plan response.

Given significant reductions in capacity of the ICB People directorate as a result of the ICB Operating Model review and running cost reduction requirement, priorities have needed to be reviewed in order that capacity of the three functions of the People Directorate is better able to meet demand.

There are three functions within the People Directorate, each with a defined set of priorities as follows:

Workforce Strategy and Planning Team

The three priorities which follow, have been presented to Executives and Senior Responsible Officers of the ICB Board during operating model development and have been agreed by the ICB Transformation Committee as the appropriate three for the team at this stage:

1. Working with partners through a Strategic Leadership Group we will respond to local demand and the **Long-Term Workforce Plan** to develop a students and placement strategy including infrastructure, trainers and estates.

2. We have developed a strategy and plan for the **Oral Health workforce** aligned to the commissioning delivery strategy which has now moved into the delivery phase following review by the West Yorkshire Local Dental Network

3. We are working with colleagues in digital to focus efforts on **digital readiness of the workforce** (to deliver the ICB Digital Strategy), collaborating with undergraduate, postgraduate, professions and employers to develop an inclusive skills-based approach to enabling future delivery of care and the future workforce.

System Leadership & Development Team

Two key priorities for 2024-25

1. **Increasing the diversity of our leadership**

- Leadership, design and delivery of the **West Yorkshire Fellowship programme** and it's component parts; talent management, organisational preparedness, current cohorts and alumni
- Leadership design and delivery of the West Yorkshire **reciprocal mentoring** programme
- Co-ordination of West Yorkshire ILM **coaching programmes** (four currently underway with no further planned)
- Leadership and facilitation of West Yorkshire **coaching hub and e-platform** and overall coaching approach.

2. **Enable the development of our partnership** through leading and facilitating Organisational Development (OD) and system development with the component parts of our partnership. The focus for 2024/25 is on enabling the implementation of the ICB Operating Model and the partnership's Integrated CareStrategy

Corporate People Team

Key priorities for 2024-25

- ICB Operating Model implementation – final stage
- People management skills for ICB line managers
- ICB transition activity:
  - Policy consolidation
  - Terms & Conditions reviews
  - New Ways of Working
- Equality Staff Networks and Staff Engagement Group development
- ICB People Plan – development and implementation
- NHS Staff Survey action plan
- Employee development programme.

In addition to the priorities of the three teams, the ICB Director of People holds a portfolio of work supporting national, regional and system priorities:

ICB Director Portfolio priorities – 2024/25

- NHS LTW Plan - Strategic Workforce Forum
- Well-being - Executive sponsor for the MH Wellbeing Hub
  ICB Executive sponsor for the WY Work well bid
- Inequalities - Living Wage review group.
- Social care - National Integration group – development of social care workforce strategy and plan
- Partnership - Network across the People profession groups, sectors, collaboratives, region and nationally.

Part 2 –Current workforce context

On the 30 June 2023 NHS England published the NHS Long Term Workforce Plan

"If the NHS is to continue to be the health service the public overwhelmingly wants and are proud of – one which provides high quality care for patients, free at the point of need – it needs a robust and effective plan to ensure we have the right number of people, with the right skills and support in place to be able to deliver the kind of care people need."

The plan sets out a strategic direction for the long term, as well as concrete and pragmatic action to be taken locally, regionally and nationally in the short to medium term, to address current workforce challenges. Those actions fall into three clear priority areas:

Train: significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses and midwives, and more of other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.

Retain: ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.

Reform: improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

Whilst it is recognised by the system that the Long-Term Workforce Plan is focussed primarily on the NHS workforce, the commitment within West Yorkshire to work where possible collaboratively, ensures for areas such as clinical placement capacity and wider development of best practice to support retention and workforce transformation, these are shared across the wider system.

Workforce growth December 2018 – December 2023

West Yorkshire has successfully grown the workforce in hospital and primary care settings, with the high-level detail set out in **Appendix A.** For the medical and dental workforce, an increase of 27% can be seen, which includes growth in trainees. For GP practices, there has been growth across many areas of the workforce.

What does the Long-Term workforce plan(LTWP) mean for West Yorkshire?

The National plan published high-level ambitions for England against specific groups of staff. In the following table the three columns at the right-hand end are the working ambitions for West Yorkshire based on an estimated share of 4.3% of the National.

Commitment	England			West Yorkshire 4.3%		
	23/24 assumption	28/29 commitment	31/32 commitment	23/24 assumption	28/29 commitment	31/32 commitment
Double the number of medical school training places	7,500	10,000	15,000	323	430	645
Increase the number of GP training places	4,000	5,000	6,000	172	215	258
Increase adult nursing training places	19,800	28,000	38,000	851	1,204	1,634
Increase Other Nursing & Midwifery training places	10,500	16,000	20,000	452	688	860
Introduce medical degree apprenticeships	-	850	2,000	-	37	86
Expand dentistry training places	800	1,000	1,100	34	43	47
Increase advanced practice pathways	3,000	5,000	6,300	129	215	271
Increased training places for Nursing Associates	5,000	7,000	10,500	215	301	452
Increased Physician Associate training places	1,300	1,400	1,500	56	60	65
Increased AHP training places	15,000	17,000	18,800	645	731	808
Increased training places for Clinical Psychology and Child & Adolescent Psychotherapy	1,000	1,000	1,300	43	43	56
Increased training places for Pharmacists	3,300	4,300	5,000	142	185	215
Increased training places for dental therapists and hygiene professionals			500			22
Increased training places for healthcare scientists	770.00	850	1,000	33	37	43
Additional support workers required			204,000			8,772

The systems approach to responding to this opportunity is to develop collaborative plans, setting out the way in which the system will define and share innovation, prioritise demand and create an evidence base for change in what is a challenging financial climate. Medium to long term growth, combined with ongoing productivity improvements are both important and essential.

The principal opportunity in the LTWP, is to use some of the the proposed additional “staff in training” in community-based settings. We know that people tend to stay working where they train and so enriching community placements and opportunities for career development and pathways in settings outside of acute hospitals, is key to supporting delivery of the West Yorkshire Joint Forward Plan.

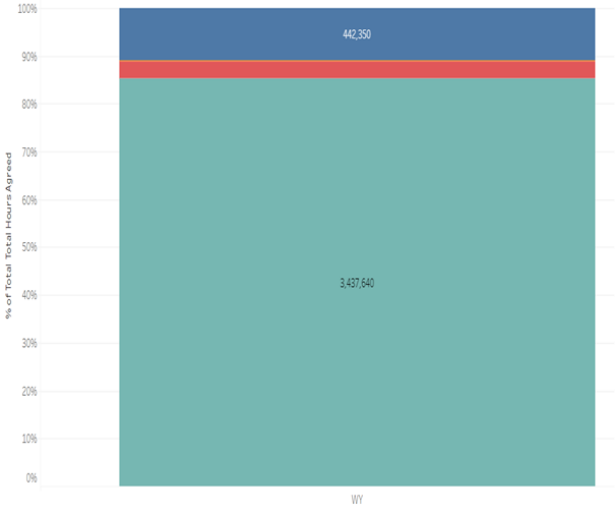
Maintaining and improving placement capacity in the acute setting is of priority at the same time. This will require ongoing strong partnership relationships across West Yorkshire providers of services and from the Education Sector, both within further and higher education.

We consult widely with partners across the system and will continue in a collaborative style recognising where “doing it once for all” is beneficial, (e.g. student placements where vacancy challenges exist or where there is an absence of training placements with providers), or “place led” when an opportunity exists in a specific boundary of place between partners in that place.

Graph 1.0 – Placement distribution across West Yorkshire

Placement distribution across WY

This graph shows the proportion of placement hours taking place with WY Placement Providers for the year 5 July 2021- 3 July 2022, split by the type of placement (placements at NHS Trusts, placements at other providers, placement in primary care or simulated learning.



Other Providers = 10.97%

Primary Care = 0.18%

Simulated hours = 3.58%

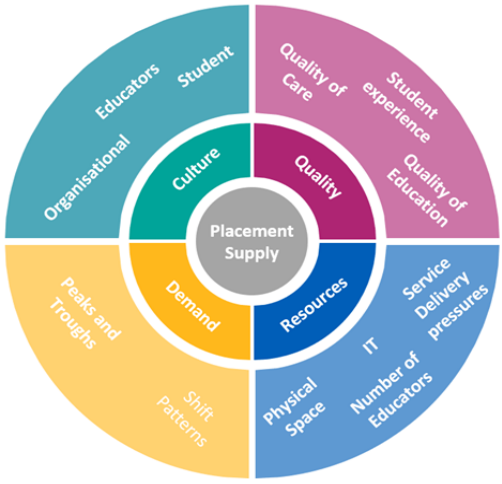
Trust placement hours = 85.27%

We recognise that increasing placements in the system can bring challenges for providers of services in terms of the potential to reduce efficiency/ productivity of those people supporting trainees. Therefore, we are using four pillars of importance in planning and implementing new, alongside improving current environments. The following Diagram A summarises areas of challenge for placements under the pillars of Quality, Culture, Demand and Resources that underpin our approach.

Diagram A – Placement challenges

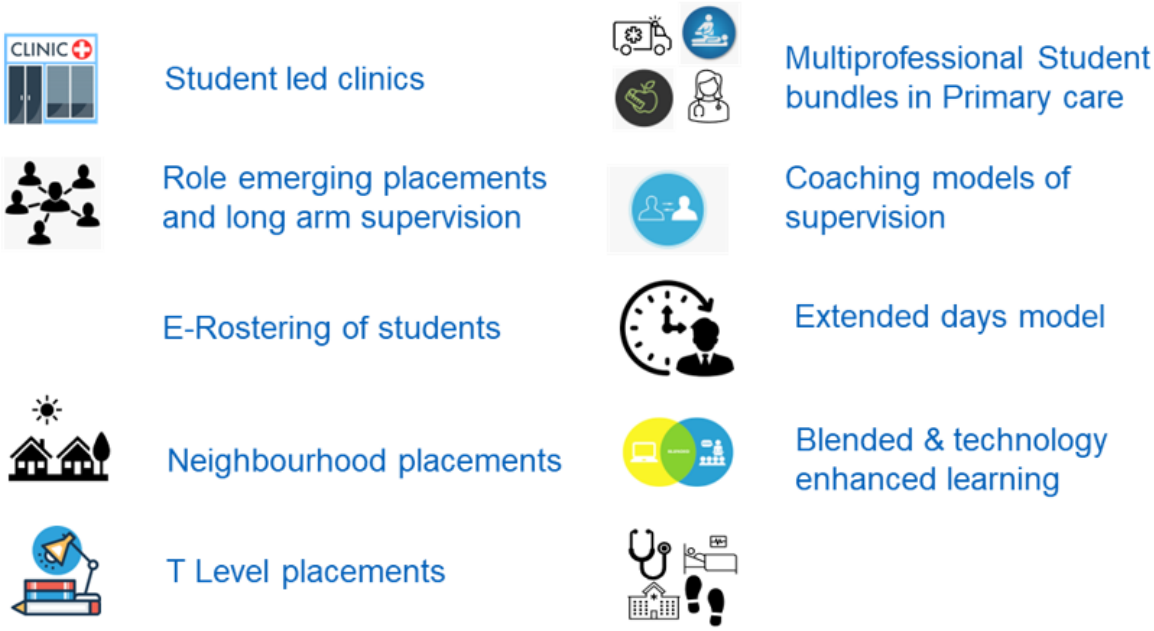
Placement Challenges

- Theatres
- Mental Health
- Speech and Language Therapy
- Dietetics
- Paramedics
- Midwives
- ODPs
- Effective allocation and utilisation
- PIVOs, Social Care



Further initiatives to secure future workforce will be set out in our workforce transformation plan for 2024/25 and beyond, based on the evidence of "what works". We will identify the required investment/ developments in the following areas of opportunity working with service providers and clinical leaders:

Securing future workforce supply through expanding practice-based learning



We recognise the importance of partnerships with all services across all sectors to truly improve connectivity and the efficiency of health and care.

Within West, there are, highlighted priority areas where workforce is a significant focus. Several examples from the West Yorkshire collaboratives are set out for illustration below:

Mental Health, Learning Disabilities and Autism (MHLDA)

- The West Yorkshire Mental Health, Autism and Learning Difficulties Collaborative develops and tackles workforce priorities across the system.
- System wide rollout of the Oliver McGowan training to all staff aimed at improving awareness.
- MHLDA Workforce Strategy Refresh - 2024-27 currently being developed and ongoing engagement with key stakeholders.
- Embedding of West Yorkshire staff bank, launched Jan 2024 across the three Mental Health Trusts. Within the first few weeks' 1000+ people have opted to sign in to work on the collaborative bank. The priority is to onboard these people asap, then undertake an ongoing review of key metrics to evaluate return on investment, specifically relating to the reduction in agency spend and increased fill rates of bank shifts.
- Completing the evaluation of the Inclusive Recruitment partnership with Touchstone and taking forward the learning. This will include the development of a Neurodiversity recruitment toolkit and information / training about reasonable adjustments.
- Joint procurement – mapping current contracts for digital workforce systems and training to explore opportunities for joint procurement of workforce solutions.

Cancer collaborative

- The West Yorkshire and Harrogate Cancer Alliance responds to workforce priorities across the system and reaches out where regional opportunities exist to support the challenges identified.
- Planning for '24/25': The Cancer Alliance planning pack includes an expectation that Cancer Alliances will work with partners and providers to support implementation of the ACCEND framework – (Aspirant Cancer Career and Education Development framework).
- Cancer Clinical Nurse Specialist workforce initiatives including a Northeast & Yorkshire wide programme funding by Macmillan, the Cancer Alliances and NHS WTE (Cancer & Diagnostics) to upskill 42 potential Clinical Nurse Specialists across NEY (12 posts in WY&H), a CNS internship programme and an educational event for CNS and Allied Health Professions working in Cancer (13/3/24).
- Ongoing work with the Cancer Alliance's Non-Surgical Oncology programme to develop and implement a sustainable workforce plan for Non-Surgical Oncology (including international recruitment), with roles and competencies aligned to ACCEND.

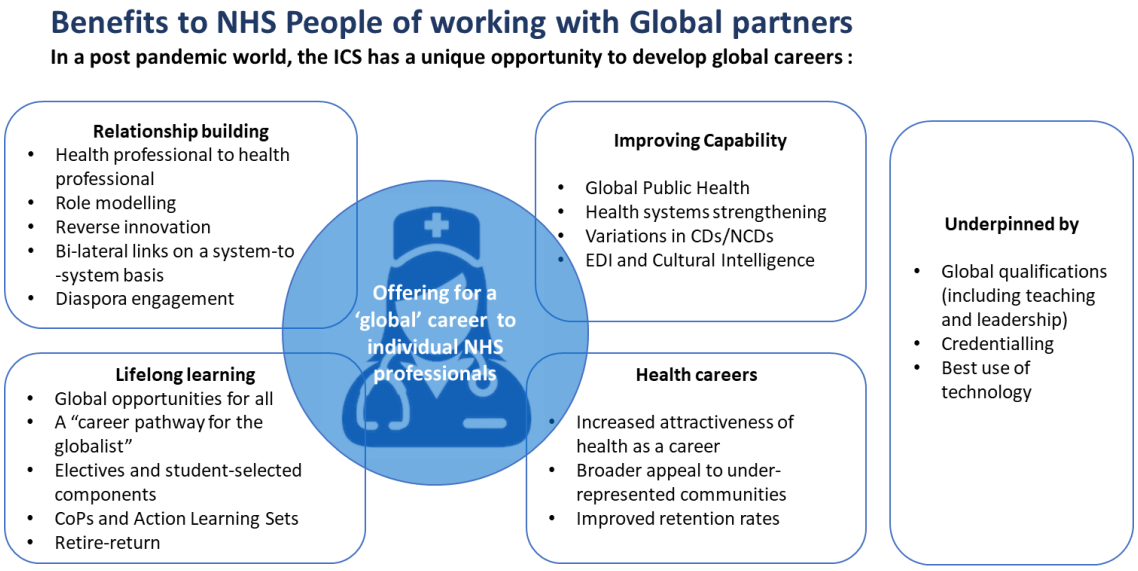
Primary and community care

- The West Yorkshire Primary and Community Services Workforce Steering Group (WFSG) was established five years ago with the aim of bringing key stakeholders and organisations together to focus on what we could do across West Yorkshire to support workforce transformation across Primary and Community Care.
- Part of the West Yorkshire Primary and Community Services Programme structure, more recently reviewed to be reporting to the West Yorkshire Fuller Board which links through to the ICB People Directorate
- Membership includes Place and ICB Representation, Training Hub, Local Reference Committees and NHS England.
- **Appendix B** provides the outline of the Primary Care People Plan

West Yorkshire Global Partnerships

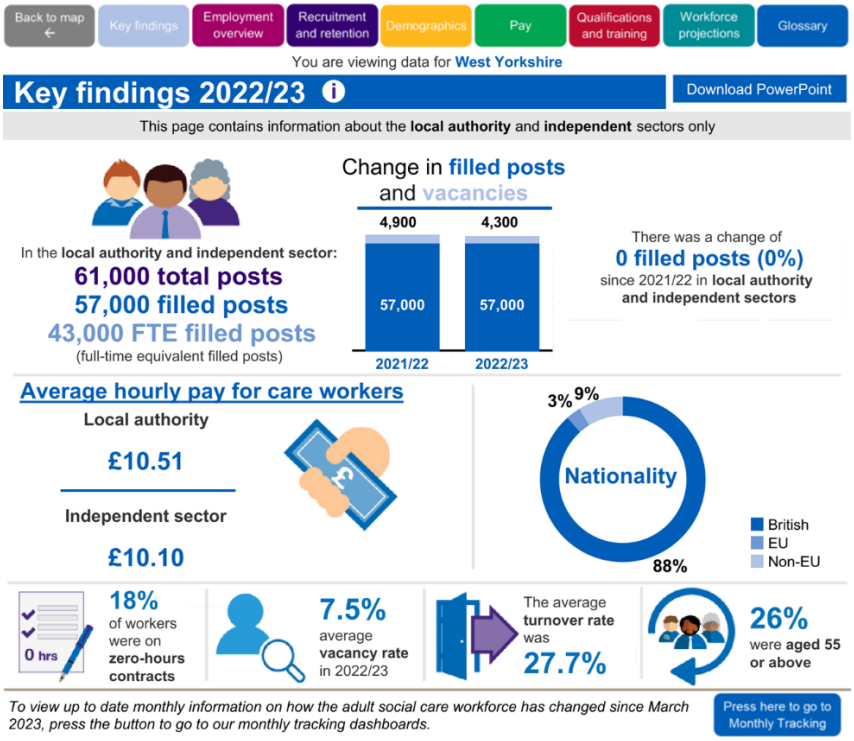
As part of West Yorkshire partnerships workforce plan and contribution to the wider, citizen agenda, we seek to be a great Global Citizen. The ICB People Directorate has a small team, dedicated to this agenda, with a plan of activities including:

- A relationship with the Government of Kerala, for the development of pathways and supply of workforce into health and social care across West Yorkshire, further developed to include opportunities for the West Yorkshire Combined Authority
- A partnership with the NHS England Global team to scope and develop "best in class" ethical IR pathways and troubleshoot system wide issues.
- Social Care International Recruitment pilots
- Leading on the development of a Mental Health Nurse upskilling programme that will prepare international nurses for Mental Health nursing in England.
- A collaboration between Kampala, the Health Ministry of Uganda and the West Yorkshire Local Maternity and Neonatal System



Social care workforce

The social care workforce is a key part of the health and care workforce across the system and it is recognised that there are challenges facing the attraction and retention agenda for the social care workforce. The following infographic from our partners in Skills for Care sets out the workforce information for West Yorkshire 2022/23. It is a view taken from social care data collections taken annually.



Social care colleagues across the sector are working with their local systems at place and at West Yorkshire-wide level, to share challenges and opportunities for integration and to create the necessary system plans, both locally, at place and system.

Examples of direct integration projects include:

- International recruitment of Senior Care Assistants and Nurses
- National Integration group – Development of Social Care workforce strategy and plan – Director level involvement

Recommendations

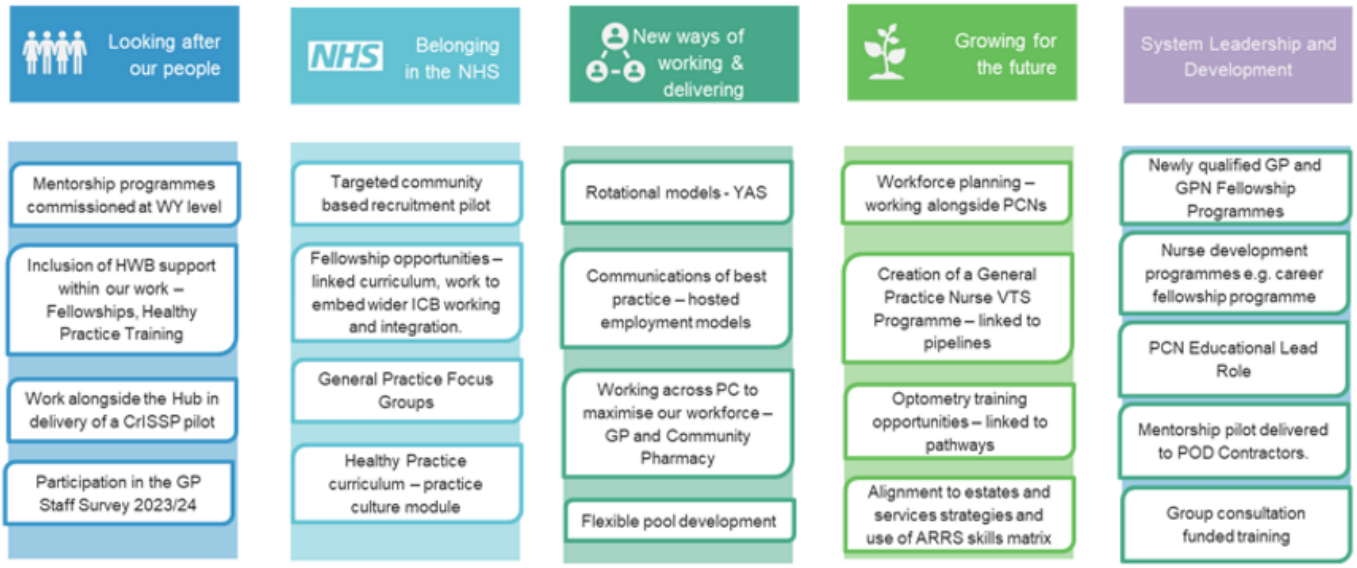
The Joint Health Overview and Scrutiny Committee are asked to note the context provided within this paper across several aspects of the health and care workforce and the work underway across professions and collaboratives. In addition, the committee is asked to note the key priorities set for the ICB People Team in response to the West Yorkshire workforce programme, with further updates available as this work develops.

Appendix A – West Yorkshire Workforce Growth – 2018-2023

NHS ESR Workforce	Dec-18	Dec-23	Growth Dec 18 to Dec 23	
	wte	wte	wte	%
Medical & Dental (incl training grades)	5,104	6,503	1,399	27.4%
Nursing & Midwifery	14,359	16,458	2,099	14.6%
Allied Health Professionals	5,234	6,343	1,109	21.2%
Other Scientific, Therapeutic & Technical	1,649	2,063	414	25.1%
Health Care Scientists	1,160	1,343	183	15.8%
Support to Clinical	12,183	15,131	2,948	24.2%
NHS Infrastructure	15,879	18,815	2,936	18.5%
West Yorkshire Total	**55,567**	**66,656**	**11,089**	**20.0%**
Source: ESR December 2023				

General Practice Workforce	Dec-18	Dec-23	Change Dec 18 to Dec 23	
	wte	wte	wte	%
GPs (incl training grades)	1,395	1,656	261	18.7%
Nurses	851	810	- 41	-4.8%
Direct Patient Care (non ARRS)	515	712	197	38.3%
Direct Patient Care ARRS	-	1,356	1,356	100.0%
Administrative & Estates	3,072	3,254	182	5.9%
West Yorkshire Total	**5,833**	**7,788**	**1,955**	**33.5%**
Source: NWRS December 2023				

Appendix B – Primary Care People Plan



Appendix C – Reference links

- Our Joint Forward Plan 2023 :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
- Improving dentistry in West Yorkshire :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
- Using digital and innovation to support delivery :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
- NHS England » NHS Long Term Workforce Plan
- NHS England » Integrated care systems: guidance

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West Yorkshire Joint Health Overview Scrutiny Committee Agenda Plan 2024/24		
Friday 12 July 2024 10:00am (TBC)	• Strategic Priorities - 10 Ambitions • 23-24 Finances • Dentistry Access Issues and Plans	Ian Holmes Jonathan Webb / Ian Holmes Hayden Ridsdale

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