



West Yorkshire Health and Care Partnership
Integrated care system monthly update for programme boards

Edition 52

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Introduction

This information has been produced to update West Yorkshire CEOs, programme SROs and leads on the work our Partnership is doing as an Integrated Care System (ICS). It aims to provide a monthly update with key messages following the leadership meetings at the beginning of every month or the Partnership Board. Please feel free to use this as a briefing note at your programme board meetings.

Please note this information has not been produced for the public. It is intended for internal use only.

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COVID-19

Infection rates

The UK Health Security Agency (27 October) [published the latest national influenza and COVID-19 report, monitoring COVID-19 activity, seasonal flu and other seasonal respiratory illnesses](#). These reports summarise the surveillance of influenza, COVID-19 and other seasonal respiratory illnesses. At a national level, COVID-19 activity decreased or remained stable in most indicators in week 42 of 2022. Surveillance indicators suggest increasing levels of influenza activity. Weekly findings from community, primary care, secondary care and mortality surveillance systems are included in the reports.

There are early signs that the increase in the number of COVID-19 infections seen since the end of September is now plateauing. In the week ending 17 October, 3.21% of the population in England were estimated to test positive, or around 1 in 30 people. This is like the previous week.

There remains variation in the prevalence and trends across the country. The estimated proportion of people testing positive in Yorkshire and Humber was 3.4% according to latest ONS data, a small decrease on the previous week. Infections are still rising slowly in some parts of the country and just starting to plateau in others (accurate 31 October).

Current position

Hospitals across West Yorkshire now have a total of 450 patients with COVID-19. Over the last week the total has reduced by 112 (20%). A peak of 567 patients was reached on 14 October.

The current total includes 14 patients in mental health beds. The number in HDU/ITU is nine.

Non-COVID demand remains very high in all sectors. Accurate 28 October.

West Yorkshire Vaccine programme

COVID booster rollout. Bookings are now open for all eligible people, including those aged 50 and over and people aged 5 and over who have a health condition that puts them at greater risk from COVID-19. People can use the National Booking Service to book an appointment at a convenient clinic, either online or by calling 119. A range of pop-up clinics are being organised in local communities to help reach people in areas where uptake is lower and walk-in appointments are also starting to be offered at some clinics. Details of these are available on the national site finder on NHS.uk.

The national COVID and flu communications campaign (Boost your immunity) began on 24 October to help encourage people to come forward for both jabs. This will continue to be supplemented by local communications to target specific groups of concern, including pregnant women, unpaid carers and people who are immunosuppressed.

All frontline health and care workers are eligible for the booster as they are more likely to be exposed to the COVID virus. They also care for people who may be at greater risk so are being asked to get both the booster and their flu jab to protect both themselves and the people they care for. Staff are also asked to encourage eligible family and friends to do the same, to help protect both them and the NHS this winter. With mounting service pressures and increasing rates of COVID-19 infections across our area, we need to do all we can to minimise the impact on people who access care and staff as much as possible.

Unpublished vaccine numbers

- Total vaccinations given in WY in the past seven days was 61,650 with a daily average of 8,807 vaccinations.
 - 1,189, First and second doses given in the past week
 - 60,461 Seasonal Booster
 - 10, 3rd dose given to Immunosuppressed
- *Accurate 28 October 2022

NHS Winter Resilience Plan

In August 2022, NHS England set out key actions to improve operational resilience, built in partnership with NHS organisations. Following further engagement with systems over recent weeks NHS England are now setting out an expansion of these [plans](#).

The winter plans include rapid response teams to help people who have fallen at home and 24/7 'care traffic control centres' to prepare for winter. New 24/7 system control centres are expected to be created in every local area, which will manage demand and capacity across the entire country by tracking beds and attendances - taking stock of activity and performance for the first time.

Respiratory infections, including covid, flu, pneumonia and acute bronchitis are expected to be one of the most significant winter pressures on the NHS, with modelling suggesting they could occupy up to half of all NHS beds this winter.

The NHS is preparing earlier than ever before for winter – with plans already well underway to create extra bed capacity in hospitals and in the community, as well as increasing the number of call handlers working in NHS 111 and 999.

In a letter to every local health service in the country, NHS national leaders also said they will roll out 24/7 access to professional mental health advice in ambulances services over winter which will enable more people to access the right support in their community. You can read more [here](#).

On Wednesday the 19 October, at the Oversight and Assurance System Leadership Team meeting leaders discussed how the [latest winter planning guidance](#) will be implemented in West Yorkshire.

There are 34 requirements set out in the guidance and leaders discussed how each of them could be addressed. The requirements cover the following priorities:

- Better supporting people in the community and preventing avoidable admissions
- Delivering our ambitions to maximise bed capacity and support ambulance services
- Ensuring timely discharge and supporting people to leave hospital when clinically appropriate
- Continuing to support elective activity
- Cancer continuing to support elective activity
- Infection prevention control measures and testing
- Vaccinations
- Workforce
- Oversight and incident management arrangements.

We agreed how to progress these requirements through several elements of the partnership. We are working closely to ensure that the creation of a 24/7 command centre that operates 365 days a year is aligned with our current winter arrangements and Emergency Preparedness Resilience and Response (EPRR) mechanisms.

It was recognised that the resourcing requirements might mean other work being prioritised.

One of the things that will help this winter is increasing the number of our staff and citizens who are vaccinated for [flu](#) and [COVID-19](#).

Urgent and Emergency Care Board

Urgent and emergency care (UEC) services across England continue to be under sustained pressure. On 12 August 2022, NHS England issued guidance on the steps that Integrated Care Boards (ICB) and NHS providers should take in increasing capacity and operational resilience in UEC ahead of winter. This identified nine core objectives and actions. NHS England issued further guidance (18 October) setting out a necessary expansion of these plans, as set out above.

[‘Together We Can’](#) will run for the second year this winter and is set to launch mid-November. This a long-term awareness campaign to alter public behaviour to minimise pressures on urgent and emergency services and will align to local and national campaigns that together form the West Yorkshire winter communications strategy. The previous year’s campaign has been refreshed with some updated creatives and a communications toolkit will be shared for use across West Yorkshire.

We encourage all partners to use this as it will ensure there are consistent messages used across the area that help people to choose well and use the right service appropriate for their needs if they do become unwell this winter. Media activity will include advertising on Heart FM, out of home advertising using iVans to reach all parts of our communities and online advertising using a variety of platforms. Our targeted media activity will focus on families with children under 16 and young people living within two miles of emergency departments (as per insight gained).

Planned care / elective recovery

In West Yorkshire there are 214,548 people on the waiting list for planned care. Of those, 7,974 people have been waiting for more than one year and 23 have been waiting for more than two years (accurate 16 October 2022). For those waiting more than two years, this is most likely to be due to personal choice, or because they are awaiting complex procedures.

Harmonising commissioning policies across West Yorkshire

Since 2017, the Partnership has worked with places to harmonise commissioning policies. These are the documents that define thresholds and criteria for patient access to healthcare interventions and medicines. Harmonising our commissioning policies is helping to address inequalities across West Yorkshire. In addition, the process will ensure we make the best possible use of resources for better population health outcomes.

To be able to carry out harmonisation, places were asked to consider how the necessary staffing resource could be met from the existing workforce across West Yorkshire. Colleagues in quality and equality, data analysis, finance, and in communications and involvement have been identified and are now working alongside the planned care team to progress this work.

Quality and Equality Impact Assessments (QEIAs) have been completed for the 27 clinical intervention policies that have already been harmonised and/or approved by the West Yorkshire Planned Care Alliance Board, now known as the West Yorkshire Planned Care Transformation Board. There are still seven clinical intervention policies to harmonise and eight high priority medicine policies that will go to the West Yorkshire Planned Care Transformation Board for approval, then through the QEIA process and onto internal discussion and agreement as to patient and public engagement or consultation.

We anticipate completion of the policy harmonisation process will take more than 12 months, in order that proper clinical, system and citizen engagement can be done, with the first policies potentially ready for internal discussion by December 2022.

If you have any questions or thoughts, please email the planned care team at: wyhcp.plannedcare@nhs.net

Planning / system oversight

NHS England has published its new Operating Framework, which sets out the roles that NHS England, Integrated Care Boards (ICBs) and NHS providers will now play, working alongside our partners in the wider health and care system.

The National Audit Office (NAO) has published its report into the introduction of Integrated Care Systems. The report acknowledges the strong support for ICSs, the way they have developed and highlights the challenges that ICS leaders face.

Hospital discharge working group

The West Yorkshire Discharge Executive Group brings together places and providers to support improvements to discharge including the 100-day challenge. A multiagency discharge group continues to meet weekly to work through joint actions, commission new pieces of work and share practice as part of developing our resilience ahead of winter.

There continues to be on average 600 people in hospital not meeting the set Criteria to Reside (CtR) (18 October). On average 300 people not meeting the CtR have a length of stay (LOS) over 21 days. There are 24% of people not meeting the CtR are waiting for an assessment. 24% of people are waiting for a residential or nursing home bed and 15% of people are waiting for a rehabilitation bed.

Areas of focus include:

- Developing a discharge dashboard that is aligned to the winter broad assurance framework
- Working to understand the variation in the definition, provision and staffing levels for services associated with discharge

- Focus on attendance and admission avoidance through the urgent community response work and the development of virtual wards
- Continue to share good practice across our systems, whilst working together
- Discharge continues to be a challenge across all of systems with an aging population and a rise in acuity. There has been some outstanding work within our acute trust on process to eliminate discharge delays for people who do not require onward care but for those needing care outside of hospital there remains.

Yorkshire Ambulance Service (YAS) NHS Trust pressures

Operational update and winter planning

Like other parts of the health and care system, our services are continuing to face challenges, including continuing delays in hospital patient handovers. We are working with partners to do all that we can to ensure patients receive timely care, in a setting that best meets their needs, including maximising the use of access to other pathways, such as same day emergency care and urgent and emergency care teams.

As hospitals within our region take action to reduce waiting lists and ease bed capacity pressures, demand for our Patient Transport Service (PTS) has continued to rise and we have been increasing the number of patients we transport on one journey, although we still undertake single patient journeys where we need to transport individual patients who are COVID positive, with appropriate personal protective equipment in place. We are also continuing to use PTS low acuity crews to support patients who are calling our Emergency Operations Centre to support our A&E Operations service.

With the publication of our Going Further on Winter Resilience Guidance, we are working with partners in the setting up of the 24/7 system control centres to ensure mental health capacity is provided in our clinical hub in our Emergency Operations Centres and availability of our Mental Health Response Vehicles, as well as ensuring NHS 111 and 999 access to local falls services.

Restart a Heart

On Friday 14 October, we taught CPR to over 30,000 students at 132 secondary schools across the region which means we have hit the milestone of more than 200,000 young people being taught the life-saving skill since our campaign was launched in 2014. The schools taking part included four schools with special educational needs' students and involved 620 volunteers including YAS staff, volunteers and volunteers from 42 partner agencies supporting the initiative. Over the last two years we have tried to ensure RSAH includes those areas with the most challenged health outcomes and 46 of the participating schools were in deciles 1-3 of the most deprived areas of Yorkshire (34.84%), while 74 of the participating schools were in deciles 1-5 of the most deprived areas of Yorkshire (57.57%). (Decile 1 represents the most deprived 10%).

Industrial action

As with other parts of the NHS, the GMB union's ballot for strike action opened on 24 October for ambulance staff at 11 trusts across England and Wales.

More than 15,000 members can vote on industrial action in the pay dispute, with the GMB saying any strike could take place before Christmas. Ballots are also taking place amongst ambulance/NHS staff with Unite the Union and Unison. We are working closely with staff-side representatives in this regard.

West Yorkshire System Partnership Director appointed

We have appointed Rachel Gillott as our new System Partnership Director for West Yorkshire and she will be joining us at the end of November.

Rachel will be meeting up with stakeholders across West Yorkshire and is currently Programme Director for Mental Health, Learning Disability Autism and Urgent and Emergency Care within the South Yorkshire Integrated Care System.

Integrated care system plans

In 2020 just before the first COVID-19 lockdown, West Yorkshire Health and Care Partnership (WY HCP) published a five-year plan, [‘Better health and wellbeing for everyone’](#).

As a result of the passing of the Health and Care Act 2022, there is a requirement for each Integrated Care Partnership (which we call our [‘Partnership Board’](#)) to produce a five-year integrated care strategy to set the strategic direction for health and care services across the whole Integrated Care System (ICS), including how commissioners in the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population. As a result of this requirement, we are in the process of refreshing our 2020 five-year plan to ensure that it reflects the needs of the 2.4 million people living within the West Yorkshire Health and Care Partnership area.

The NHS components of the integrated care strategy will be delivered by NHS West Yorkshire Integrated Care Board (ICB), via its joint Forward Plan (JFP). The ICB are required to consult on the JFP as part of working with people and communities. The JFP will also include the requirements of the refreshed NHS Long Term Plan (not yet published) and the [Fuller stocktake](#). Our five place-based partnerships, which bring together place-based integrated care board teams, local authorities and the voluntary, community and social enterprise sector (VCSE), are vital and will continue to lead most of this work through local plans. The five placed-based partnerships are:

- [Bradford District and Craven Health and Care Partnership](#)
- [Calderdale Cares Partnership](#)
- [Kirklees Health and Care Partnership](#)
- [Leeds Health and Care Partnership](#)
- [Wakefield District Health & Care Partnership](#)

You can keep up to date on the work as it progresses on our [Partnership’s website](#)

Social care

The County Councils Network (CCN) has [called on the Government to delay its social care reforms](#), warning that services face a ‘perfect storm’ of financial and workforce pressures over the next 12 months. CCN has highlighted that councils risk not having the staff or money needed to implement the financial changes proposed. And the NHS Confederation has [called on the Government to introduce extra social care funding](#).

Skills for Care – The State of Adult Social Care Sector and Workforce in England report 2022

This [report](#) includes detailed and intelligence on changes to the adult social care sector in the last year. You can find the full report and data visualisations on their [website](#). You can also access updated regional and local data.

Key findings include:

- An estimated 17,900 organisations were involved in providing or organising adult social care in England as at 2021/22. Those services were delivered in an estimated 39,000 establishments. There were also 65,000 individuals employing their own staff
- The total number of adult social care posts in 2021/22 was 1.79m. 1.62m of these posts were filled by a person (filled posts) and 165,000 were posts employers were actively seeking to recruit somebody to (vacancies)

- The number of vacancies increased by 52% in 2021/22 (by 55,000 to 165,000 vacant posts). The vacancy rate in 2021/22 was 10.7%
- The number of full-time equivalent filled posts was estimated at 1.17 million and the number of people working in adult social care was estimated at 1.50 million in 2021/22; more than in the NHS (headcount of 1.4 million)
- In April 2021, the national living wage rose from £8.72 to £8.91 (2.2% in nominal terms). This increase contributed to a 5.4% increase in the median nominal care worker hourly rate from March 2021 to March 2022. This was the second highest increase over the recorded period. However, in real terms, the median hourly rate decreased by 1.5% between March 2021 and March 2022
- The forecasts show that if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over in the population between 2021 and 2035, an increase of 27% (480,000 extra posts) would be required by 2035
- The adult social care sector was estimated to contribute £51.5 billion gross value added (GVA) per annum to the economy in England (up 2% from 2020/21).

West Yorkshire Clinical Forum

The Clinical Forum met on Tuesday for a leadership development session. The meeting was chaired by Dr James Thomas, the NHS West Yorkshire Integrated Care Board Medical Director, with support from Sir David Pearson (a social worker by background and integrated care system leader) and NHS England Transformation Team. Rob Webster, our Partnership CEO lead welcomed clinicians to the session, highlighting the journey since 2016 and the importance of working together to strengthen our approach to supporting people and communities. This includes reducing the difference in care received and the work we are doing to tackle health inequalities and jointed up care for people with multiple health conditions. Getting the very best social, economic return on investment was also discussed. There was an update on governance, distributed leadership, subsidiarity of place, our values, and behaviours, with Rob explaining the way we work is as important as what we do.

James welcomed existing and new forum members. Agenda items included creating a shared vision of success for clinical and care professional leadership in West Yorkshire. There was an overview of clinical and care professional leadership nationally and locally as well as discussions around building a shared vision of success, including what we can build upon and what could get in the way of success. The session included action planning for now and the future under the premise of the positive difference we can make collectively for everyone accessing care.

Several good practice examples were shared, for example hundreds of the most clinically vulnerable people across West Yorkshire received new COVID treatment to reduce the chance of hospital admission over the past months by clinicians working together (presented by Dr Steve Ollerton). Another being the development of Long-COVID clinics and the results of a survey which led to wider discussions on support for people with respiratory problems, and the work of allied health professionals (presented by Maureen Drake). The evidence was shared with national colleagues to influence the guidance published earlier this year.

Addressing health inequalities is key to all we do and is fundamental to how we improve care and services for all. An overview of the [Health Equity Fellowship](#) was shared as an example of good national practice started in West Yorkshire (presented by Dr Sohail Abbas).

There were discussions on developing the vision, building on success and next steps for clinical leadership. Feedback from the workshops includes the importance of building trust, respect, and that our partnership is made up of all health and care sectors, and parity of esteem for social care and the voluntary community social enterprise sector is key. Sharing and spreading the adoption of innovation, and representation of leadership diversity were also discussed.

Ruth Buchan has been appointed at Clinical Pharmacy Lead for the NHS West Yorkshire Integrated Care Board as part of the Clinical Leadership and Professional Directorate. Huge congratulations to Ruth.

System Leadership Executive Group

The System Leadership Executive Group met on Tuesday. The meeting was chaired by Rob Webster, our Partnership CEO lead. Leaders discussed the following items and Rob gave an update on the current context (see page one) and there was an overview on COVID-19 infection rates.

Rob also gave an update on [NHS England's new operating framework](#), which sets out how the NHS will operate in the new statutory framework created by the Health and Care Act 2022. It reflects the formal establishment of integrated care systems (ICSs) in July this year and the need to change the way NHS England works and behaves in this new system architecture. It also reflects the needs of an expanding organisation, which will bring NHS England (NHS E) together with Health Education England (HEE) and NHS Digital. This new operating framework (previously referred to as the 'operating model') has four core foundations, which define NHS E's:

- Purpose
- Areas of value
- Leadership behaviours and accountabilities
- Medium-term priorities and long-term aims.

The development of these core foundations began in 2021 and has involved a series of engagement and co-production sessions, including with provider and ICB leaders, local government and other partners. The operating framework is now entering its implementation phase, which will focus on embedding these new ways of working and refining as needed

The operating framework sets out the accountabilities and responsibilities of providers, ICBs and NHS England considering the changes in legislation and the shift to system working.

Rob gave an update on the elective care recovery session across North East and Yorkshire ICBs held last week. We were able to give a good West Yorkshire account of ourselves, thanks to our distributed leadership model and mature arrangements we have firmly in place. We benefit significantly from over six years of collective working. This gives us the platform to accelerate learning and to address the issues that we face in the current context.

The session was well informed by data which demonstrated how small gains in productivity could lead to substantial improvements in waiting times delivery. As a region and in West Yorkshire we have made some substantial progress on improving the position on long waits for people needing treatment. [Professor Tim Briggs](#) shared a range of data and evidence that demonstrated a focus on day case rates, theatre utilisation and standardised approaches to deliver high-volume, low-cost procedures

There was also an update on [NHS Confederation's Report: The link between investing in health and economic growth](#) (published on 17 October 2022). This highlights that growth in healthcare investment has a clear relationship with economic growth. This analysis shows that for each £1 spent per head on the NHS, there is a corresponding return on investment of £4 – showing an economic benefit to investing in our national health service. [The State of Adult Social Care Sector and Workforce in England report 2022](#) was also covered (please see page six).

Leaders discussed the increase in public requests for care and support against workforce capacity, union action and vaccination uptake. A [letter](#) has been shared from NHS England on preparedness for potential industrial action in the NHS.

Winter planning

The priority is to rapidly increase capacity and resilience ahead of winter, building on operational plans. The Board Assurance Framework (BAF) will monitor progress monthly against the combined system capacity plans, actions, good practice and improvement priorities.

Enhanced planning to take system further to manage winter resilience and additional asks include:

- Each BAF will be unique to each integrated care system (ICS) reflect the specific capacity gaps that have been identified against an agreed set of local trajectories
- Surge and escalation plan with extremis actions reviewed ahead of winter
- System Control Centre to manage escalation, surge and incidents and maintain flows of information across integrated care boards (ICB), regional and national.

Our winter planning principles are:

- System resilience is 365 days of the year
- Staff support and wellbeing arrangements should be in place to enable a resilient workforce
- Health inequalities integral to all plans
- System wide clinical engagement and leadership in the ongoing development of plans and oversight
- Consideration of impact of wider transformational schemes on system plans
- Early identification of winter schemes through winter learning
- Evaluation of system wide learning from the previous winter to inform future planning including
- Operational Pressures Escalation Levels Framework (OPEL)
- Reviewed command and control arrangements to support system escalation
- Mechanisms in place to ensure systems escalate early in anticipation of demand surges, not in response to them.
- Development of communication plans with system partners and the public to influence behaviour.

The National winter focus areas are:

- Urgent care action plan – areas of focus
- Self-assessment – questions/requirements
- Going further on our winter resilience plans.

The Governance process involves:

Place

- Place based governance through local A&E Delivery Boards

West Yorkshire Integrated Care Board

- Urgent and emergency care (UEC) senior responsible officer led Wednesday morning system wide operational group – weekly
- ICB Tactical System Leadership Team – weekly (operational)
- Yorkshire Ambulance Services Executive Tactical Group – weekly
- ICB West Yorkshire formal System Leadership Team – Monthly
- ICB Board – bimonthly. Finance, Investment and Performance Committee - bimonthly
- UEC Programme Board – bi-monthly
- All plans reviewed and feedback provided – October

Regional/National

- Northeast and Yorkshire UEC Operations
- Regional winter bi-lateral discussions
- National winter review panel.

Mapping work continues across WYAAT and our EPPR processes for the hub requirements. This will build on the work we already have in place as well as options to consider. The next steps will be discussed at the design group on Wednesday. Further updates will follow.

West Yorkshire Adversity Trauma and Resilience Programme

Adversity and trauma are more prevalent amongst those in our society who already suffer from poorer health, poverty, inequalities, and other disadvantages.

Trauma is extremely prominent in the population. 70% of the population has experienced a traumatic event. Adverse childhood experiences (ACEs) impact at least 50% of the UK population, with 1 in 10 people reporting four or more adversities. Childhood adversity constitutes developmental trauma which can have lifelong negative consequences due to the interruption and disruption to the child's developing brain, as well as their social and emotional development.

Traumatic stress leads to neurobiological changes in brain architecture and triggers a determinantal inflammatory cascade. These leads leading to emotional and behavioural dysregulation, and diseases like obesity, diabetes, cardiovascular and respiratory diseases. This often leads to unhealthy coping mechanisms such as substance misuse, risk taking behaviour, and engaging in violence.

Those that experience trauma are more likely to experience poor life chances, with higher risk of poorer educational attainment, homelessness, addiction, and incarceration.

Some people can cope with trauma better than others – this is called resilience. Communities with plentiful resources such as employment and education opportunities, physical safety, green spaces, clean air, and proficient care services are essential for fostering resilience. Poorer communities have lower levels of resilience. Resilience isn't fixed - it's malleable, its largely part acquired and can be grown through supportive, empathetic social relationships, improved mental health, connecting with the community and a stable home environment.

The consequences of trauma impact on all the public institutions and agencies in West Yorkshire; the impact is disproportionate to the number of people who are substantially and persistently affected by trauma and adversity. How many people in West Yorkshire are affected by trauma and adversity?

Estimates have been developed of the total number of people accessing homelessness, addiction, re-offending, and mental health services using the methods established in Hard Edges. The total number of individuals using these services is almost 52,000 across West Yorkshire. Of these, almost 7,000 individuals will access 3 or 4 services which equates to 1,400 people per West Yorkshire local authority on average.

Our Partnership vision includes:

- 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
- To deliver our agreed ambition our approach is for all organisations, sectors, and system leaders to work together as trauma and adversity cannot be prevented and responded to by one sector
- Prevent adversity and trauma across the life course
- Prevent and intervene early to reduce adversity and trauma because of by poverty and inequalities
- Respond to trauma and adversity that already exists, mitigating harm where possible
- Facilitate an integrated trauma-informed and responsive system that enables all children and young people, including those with complex needs to thrive
- Build and strengthen resilience assets and protective factors for individuals and communities
- Reduce risks and improve outcomes for those who experience adversity and trauma

- Ensure children and young people can develop meaningful relationships with experienced professionals, who will champion on their behalf placing them at the centre of care, coordinating services around the child and family
- Provide senior clinical leadership across the system, strategic oversight, embedded reflective practice, specialist input and psychosocial interventions
- Reduce inequalities that contribute to adversity and trauma and inequalities caused by adversity and trauma
- Ensure an understanding of adversity and traumatic events and the impact they have on an individual, their life chances and opportunities.

Leaders discussed supporting staff who have experienced violence, the complexity of the programme and important work with schools. Trauma linked to racism was covered with an ask for it being data informed. Two new workshops will launch in the new year, one for trauma related to racism (for example impact of stop and search, prison services) and another on inclusion, for example young people who have been in care. A joint co-production has been taken across all work, with clear business cases and evaluation measures being developed. There was a conversation on early help and intervention for children and young people, so they don't need complex mental health services. Educating the workforce is key to identifying people sooner rather than later.

NHS approach to improvement update

Julian Hartley gave leaders an update on the national improvement work, which he and colleagues are involved in. They have been encouraging national NHS E leaders to drive forward an approach to engage health and care leaders across priority areas through mobilising improvement collaboratives to take forward the work. Regional and system performance with improvement indicators is also a focus for the work. Another area is around a national NHS E shared framework (not to prescriptive) to tackle better access, quality, and value, as we are all one NHS.

Peer support is already underway across West Yorkshire, and this is helping colleagues to look at addressing differences in variations of care. This includes a shared purpose which is coproduced, transparent and understood.

The goal is to achieve a quality improvement framework which will be rolled out across different parts of the system, using a coordinated approach at a local, regional, system and national level. This is all about a culture of 'high trust, low bureaucracy' and not 'command and control'. Leaders noted that it is not prescriptive and a blended approach that is right for the issue or focus of improvement is essential for a permanent solution. It was also noted that our Partnership is more than the NHS.

The next steps include assessment against the five areas and the five-year strategy refresh, and the development of a task and finish group via the Improvement and Innovation Board. Evaluation should be built mainly from local places.

Three-Year Digital and Data Transformation Investment Plan (Dawn Greaves, Louisa Matthews, and Kate Salsbury)

The Clarity Practice has been asked by our Partnership to manage the process of collating organisations' digital and data investment plans, standardising the way in which they are presented and the information that they provide whilst prioritising the items within them. Further work has been done through a comprehensive stakeholder engagement programme to identify investment priorities at local place and West Yorkshire level, and any risks and challenges to delivery. This has then been consolidated as a single Digital and Data Transformation Investment Plan for our integrated care system (not published yet). This reflects the investment in digital initiatives only. Investment in service alternatives to those digitally enabled are captured elsewhere in planning. The plan is a living document since decision-making about investment priorities and allocation of funding is dynamic.

Regarding financial analysis of the plan, there is no clarification on the funding now. A significant number of bids have been submitted for funding and we're unclear when notification will come through. We will be ready to move forward once we have clarity.

Local place / organisations are aligned around similar priorities in their digital and data investment plans, which can be summarised as:

- Sharing information about people who use health and social care services, to provide more joined up care wherever it is needed
- Developing digital skills and data literacy in the partner organisations to support both staff but also then in turn ensuring patients can use those services made available to them wherever possible
- Using digital tools to give citizens more personalised care – including at home – and more information about their health
- Pooling data to enable analysis and interventions that secure better health outcomes for the population.

They also face similar challenges:

- Funding, staffing, and managing digital and data investment programmes, particularly across organisations, and within the constraints of the prevailing capital funding model
- Raising the digital and data maturity of organisations to a common, high standard including building skills in the workforce
- Integrating as Places and supporting the voluntary, community and social enterprise (VCSE) sector to play a greater role, including by navigating a way through barriers such as information sharing and governance.

The plan has been through the digital board for approval. Following the system leadership executive group comments today, further updates will be shared for leaders to share with their digital community for alignment. There was also a conversation on cyber security, and the prioritisation of funding under constrained times. It was agreed that the plan for approval would go to the ICB Board later, following a stock take and when we are in more certain times. Work will continue in the meantime.

Digital Health and Social Care Plan – West Yorkshire Perspective

Digital transformation of health and social care is a top priority for the Department of Health and Social Care (DHSC) and NHS England (NHSE). The system's long-term sustainability depends on it. Taking the right national and local decisions on digital now will put the health and social care system in a position to deliver the four goals of reform. This includes:

- Prevent people's health and social care needs from escalating
- Personalise health and social care and reduce health disparities
- Improve the experience and impact of people providing services
- Transform performance.

The Digital Health and Social Care Plan consolidates the different national digital goals and investments detailed in separate sector strategies and guidance into one single action plan for achieving these goals on several fronts.

Leaders received an update on the West Yorkshire approach. This includes:

1. Equipping the system digitally for better care, for example, digitising health and social care records (DSCR) – The ICB has been allocated £1.151m for 2022/23 to develop plans to meet the targets and a life-long joined up health and social care record by March 2025.
2. Supporting independent healthy lives. This will involve enhanced national digital channels will give people more control over their lives. They will be:

- Able to interact easily with different health and social care providers, and access more resources for meeting their health and care needs when and where they choose
 - Digital transformation that focuses on building trust with people and their families will enhance but not entirely replace the health and social care system's offer. For those who cannot or prefer not to access digital services, traditional services will remain.
3. Accelerating adoption of proven tech, for example a brighter future depends on a stream of transformative technologies being developed and spreading fast through the health and social care system. The plan aims to:
 - Systematise tech research and development (R&D) partnerships – Good technology spreads faster through the system when innovators and frontline teams collaborate on its development. We are supporting best practice partnerships between tech innovators and frontline teams by providing support networks via our Innovation Hub, and collaborative working with the Yorkshire and Humber Allied Health Science Network (AHSN).
 4. Aligning oversight with accelerating digital transformation - to guide all ICBs towards required levels of digital maturity by 2025 and help them to go further, digital transformation needs to be embedded in oversight arrangements.
 5. Digital foundations. For example, the health and social care system must have the necessary digital foundations to enable this transformation. This includes resilience to cyber-attack.
 6. Maintaining the highest standards of privacy and ethics. Joined-up data is a requirement for joined-up services. To get more connected the system needs to share technical standards and certain capabilities nationwide.
 7. Risks and barriers, such as the COVID-19 pandemic, Funding clarity and the national shortage of digital resources, with many roles being hard to recruit in the current climate. There is also an issue with a lack of internal organisational resources to deliver the scale of transformation expected with organisational, regional and National priorities.

Leaders discussed the importance of ensuring we use digital to join up care through good data which supports people accessing services, and our governance arrangements for wider decision making at local and West Yorkshire level. The report will be discussed further with the digital programme board.

West Yorkshire Association of Acute Trusts (WYAAT)

The West Yorkshire Association of Acute Trusts brings together the six acute hospital trusts from West Yorkshire and Harrogate: Airedale NHS Foundation Trust; Bradford Teaching Hospitals NHS Foundation Trust; Calderdale and Huddersfield NHS Foundation Trust; Harrogate and District NHS Foundation Trust; Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Trust.

Pathology (LIMS)

Airedale NHS Foundation Trust (ANHSFT) and Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) will shortly become the first trusts in West Yorkshire and Harrogate to implement a new, shared Laboratory Information Management System (LIMS).

The roll-out of the new system is a West Yorkshire Association of Acute Trusts (WYAAT) programme and begins with Airedale and Bradford transfusion and cellular pathology services in November 2022. The rollout across the remaining WYAAT member trusts is expected to run until summer 2024. LIMS is a type of software designed to improve lab productivity and efficiency, by keeping track of data associated with samples, experiments, laboratory workflows and instruments.

A shared LIMS across WYAAT will provide a resilient and sustainable solution for the future and will deliver significant improvements in care for patients across West Yorkshire and Harrogate.

Neurology

The neurology programme has established a steering group represented by all trusts and will begin the work of addressing immediate priorities and propose plans for service improvement.

A wider clinical engagement event was held in October to jointly agree a vision and define objectives for the programme, challenges that need to be addressed were also identified.

A clinical reference group is being established to provide subject expertise, knowledge and guidance. Initial discussions with NHSE Neurosciences Service Transformation Programme, GIRFT Lead and Association of Neurologists have also been initiated.

Elective recovery

All trusts to continue to work together toward eliminating 78 week-waits and remaining 104 week-waits.

Yorkshire Imaging Collaborative

The Yorkshire Imaging Collaborative (YIC) has hosted the first radiographer skeletal survey training day in the region. The study day was offered after receiving CPD endorsement from the College and Society of Radiographers. The event had input from radiographers with expertise in this field – Caitlin Burke from Leeds Children's Hospital produced a video of the steps in acquiring a survey, Diane Evans from Alder Hey Children's Hospital led the sessions on the gold standard survey with practical tips and advice.

Procurement

A surgical sutures joint procurement project has been approved, which has the potential to lead to £82,000 direct savings across the WYAAT trusts.

Mental Health, Learning Disabilities and Autism Programme (MHLDA)

The [Mental Health, Learning Disability and Autism Partnership Board](#) (the Board) met on the 11 October and heard reports from a number of workstreams in the programme, including:

- An update from the West Yorkshire Voluntary Community Social Enterprise Sector (VCSE) Mental Health Reference Group on developing the role of the VCSE sector within the MHLDA Programme. The report recognised the positive progress made in empowering the VCSE sector to date and the Board supported recommendations from the Reference Group to strengthen this further
- A report on progress against actions taken in respect of tackling health inequalities for minority ethnic communities, and the workstreams' and places' response to Sharing Voices into suicide prevention within South Asian communities. Members were asked to support their places and workstreams in providing an update on their Sharing Voices report actions for the next ethnic minority focus item in January 2023
- Evaluation of the recent MHLDA virtual recruitment campaign and next steps was discussed. This includes purchase of a further year's licence and delivery of a further four virtual events, plus funding for some in person engagement events. Next steps include alignment with the existing inclusion workstream working with Touchstone to support recruitment from under-represented groups; production of further leaflets to promote the events and specifically CSW / entry level roles and collaborative bank and support from providers and VCSE to produce the events and get more attendees and exhibitors to take part.

Regarding the Autism and ADHD deep dive work that is happening, the Board heard how:

- All places have seen an increase in referrals under the right to choose, which has had an impact on not being able to forecast budgets, workforce, medication reviews and primary care. Waiting times are increasing across all areas

- Recruitment and retention across some places are difficult resulting in increasing pressure on existing staff teams' capacity and wellbeing
- Funding for neurodiversity is not ring fenced and service provision varies. Work to generate consistent, reliable data and to consider how to reduce unwarranted variation is being taken forward by the deep dive.

An update from the information sharing workshop that took place in September to reflect on common interactions between our services to understand what happens now in the way that we share information with service users and between services, and to identify what we want to happen in the future, as also discussed.

West Yorkshire Community Collaborative

Local community care providers from across the area met on Tuesday 25 October. The meeting was chaired by [Brodie Clark CBE, Chair of Leeds Community Healthcare NHS Trust](#). The group meets to discuss shared learning, development of good practice and where they can work together to tackle challenges. There were agenda items on work across the area, virtual wards and the community care workforce.

The [NHS West Yorkshire Integrated Care Board](#) (ICB) sector lead for the [collaborative](#) is Karen Jackson, CEO for [Locala Community Partnership](#). Karen discussed how the work of the collaborative aligns to the ICB in terms of governance and the value of having a strong community care provider voice present at the board.

It's important to note that community care is delivered in our five local places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District) and group members only discuss areas where a collective approach is helpful. This way of working is reflected in the work of the collaborative on shared agendas, such as the hospital discharge working group. The West Yorkshire Discharge Executive Group brings together places and providers to support improvements to discharge including the 100-day challenge. A multiagency discharge group continues to meet weekly to work through joint actions, commission new pieces of work and share practice as part of developing our resilience ahead of winter. They have been meeting since winter 2021.

The collaborative discussed the priorities for discussion at the ICB board, which includes community care workforce, and their vital role in delivering services. A joined-up partnership approach across all sectors, for example hospitals and councils, to help people get the care they need, was also discussed.

Community district nursing, their skills, pressures and challenges were covered in the meeting. This follows earlier discussions with registered nurses. Retention, the variety of roles, record keeping and building the workforce in partnership with primary care networks, higher education as well as international recruitment and links to social care / home care agencies and self-care were covered. Group members also discussed the complexity of district nurses working in inner city versus rural community care.

[Virtual wards](#) was also discussed. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring, and treatment they need in their own home. This model prevents avoidable admissions into hospital, supports early discharge out of hospital, and can help release hospital capacity for elective recovery.

There are two main types of virtual ward:

- Mostly remote – based on technology-enabled remote monitoring and self-management, with minimal face-to-face provision

- Mostly face-to-face ('Hospital at Home') – based on a blended model of technology enablement with face-to-face provision, delivering acute-level interventions at home.

Across our Partnership, all virtual wards will have a core focus on admissions avoidance and early supported discharge, initially for frailty and respiratory (with further scoping activity required on how models could be extended to other pathways and conditions). The models are being developed in an integrated way. This involves joining virtual wards together with wider services such as urgent community response and same day emergency care, with shared care and monitoring across acute and community services and teams, development of acute and community multi-disciplinary team models (plus input from social care and the voluntary community social enterprise sector) and expansion in technology and digital care hub type arrangements. All models will operate 8 to 8, 7 days a week, with out-of-hours arrangements.

Colleagues are identifying any gaps and are working with NHS England for highlighting reporting to demonstrate the value of the funding and the positive difference this way of working brings to people, communities and staff. Group members discussed the various areas which must be in people's homes for it to be achievable, for example digital, against the backdrop of health inequalities and recruitment.

Improving Population Health Programme

During Stoptober we've been encouraging smokers to join the 2.5 million others who have made a quit attempt since the campaign launched a decade ago in 2012. Stoptober and other quit smoking resources are available on the [campaign resource centre](#). The Partnership signed up to the [Smokefree Pledge](#) earlier in the year and is committed to implementing the Long Term Plan for Tobacco across West Yorkshire. Coming up after Stoptober we have a campaign to help support women, aged 16 to 25, to reduce or stop smoking during pregnancy. Our #MumsCan campaign supports the [NHS Long Term Plan for smoking](#) and is all about building confidence. It recognises that peer support and believing you can quit smoking is integral to many women's success. We are using insight to support the design and delivery of the evidence-based, specialised behaviour change campaign. This includes feedback from two surveys aimed at [pregnant women](#) and [healthcare professionals](#).

9-15 October was [Baby Loss Awareness Week](#), a national opportunity for bereaved families to commemorate babies' lives. During the week we encouraged registered trainers who have attended an [Every Sleep a Safe Sleep](#) 'train the trainer' event to plan their own sessions with frontline practitioners working with a family where there is a child aged 12 months or under. The next 'train the trainer' session is on Wednesday, 30 November from 1.30pm to 3.30pm. For more information see our [Every Sleep a Safe Sleep](#) resources page.

Following on from the success of the Partnership's first Health Equity Fellowship we will shortly launch year two. This year, we are expanding the fellowship to cover other areas of the Improving Population Health Programme. More information available on our [Improving Population Health Fellowship pages](#). We'll be on the lookout for:

- 30 Health Equity Fellows
- 30 Adversity, Trauma and Resilience Fellows
- Five Climate Change Fellows
- Five Suicide Prevention Fellows.

Resources to support general practices and community pharmacies referring into the NHS Digital Weight Management Programme (DWMP) are available. This includes a [General Practice Toolkit](#), [posters](#), a [language matters guide](#), [leaflets](#) and lots more.

NHS staff living with obesity can sign up to the free 12-week programme, without having to be referred by a GP or pharmacist. The programme offers dietary advice, physical activity guidance and support. [Find out more](#)

The Home Office has been working closely with cross government partners to make sure there is a joined-up response to reports of drink and needle spiking across a range of settings, including festivals, events and the wider night-time economy. The 'Enough' campaign, which aims to tackle violence against women and girls, has produced a [collection of resources](#) to use. We're reminding bars, pubs, clubs, restaurants and hotels across West Yorkshire to sign up to the [Licensing Security & Vulnerability Initiative](#) (LSAVI) - an online and confidential self-assessment tool which provides everything that licensees need to create safer workplaces for managers, staff and customers.

Grants of up to £10,000 are available to community groups in England for sport and physical activities that tackle health inequality in culturally diverse communities, among people with a disability, lower socio-economic groups or people with long-term health conditions. Community groups can make applications any time up to the deadline of Saturday, 31 December 2022. See the [Health Exchange website](#).

[Health Equity Fellow](#) Emmanuelle Blondiaux-Ding is looking at ways we can provide equal access to healthcare for deaf and hard of hearing people. As part of the project, Emmanuelle wants to hear from healthcare colleagues who have good practice examples to share together with how initiatives are set up, challenges faced and feedback from patients. Email: emmanuelle.blondiaux-ding@nhs.net

17 to 23 October was [National Recycle Week](#) and a great time for colleagues to make their [allhandsin.co.uk](#) pledges for a better future. By making changes to everyday actions, together we can make a positive difference to the environment, to our health and to the wellbeing of our communities.

With the cost-of-living crisis and as the cold winter months approach, it's more important than ever that we talk about and take action to help people stay warm and healthy. On our [affordable warmth page](#) we have collated some of the resources, that are available to offer support, whether that be providing details of organisations offering expert advocacy or signposting to possible grant funding opportunities. We are developing the system's response to supporting places in addressing the cost-of-living crisis and poverty.

We will soon launch a new web portal bringing together adversity, trauma and resilience resources. We are also working with Leeds GATE who are leading the work on developing and implementing the community connector model for Roma, Gypsy and Traveller populations in Leeds with support from system and place in relation to early diagnosis of cancer and cardiovascular disease prevention.

Suicide prevention

Around 80 people attended the Partnership's Suicide Prevention Advisory Network (SPAN) meeting – a virtual, optional, learning forum which hears from guest speakers and aims to spark more suicide prevention action. Speakers at the latest SPAN included an ex-gambler, representatives from the Gypsy and Traveller community and an academic on the risk of suicide and homicide-suicide in unpaid carers. [Click here to read an article on the meeting and to view all resources shared by the speakers](#). The next SPAN meeting is on 29 November. Anyone interested in joining the network – to receive invites to future meetings and a monthly suicide prevention newsletter – email Joanna.wardill@nhs.net.

Children, young people and families

The Children, Young People (CYP) and Families programme has been busy advancing its transformation priorities for local communities.

The West Yorkshire 'complications relating to excess weight in children' (CEW) service continues to develop. This service is now making links with early help leads across West Yorkshire and has established a task and finish group to design a CEW safeguarding referral pathway and policy for social care colleagues.

Work continues within the programme to continue to focus on system priorities for prevention which include supporting healthy weight in CYP by exploring an obesity strategy for West Yorkshire in collaboration with the West Yorkshire Improving Population Health programme. This will adopt a compassionate approach to public health and explore the use of protective factors. Work is taking place to explore the submission of an expression of interest to be part of a Health Equity Collaborative with the Institute of Health Equity and Barnados, which would support us to further address our childhood inequalities and wider determinants.

The family resilience and early help group has established links with the Yorkshire and Humber Associate Directors of Children's Services Group whilst reviewing its own workplan to ensure alignment of priorities. In addition to this, completion of the final research into the merits and challenges of online parenting courses has now been achieved with 10 system wide recommendations which will be shared across West Yorkshire. Continued work is taking place to share good practice on the development of family hubs across West Yorkshire.

The children's healthcare in the community project groups continue to develop the content of the ['Healthier Together'](#) website at pace using google analytics to review access to the site. 35 primary care practices in Bradford are focusing on promoting the website and Leeds launched a marketing campaign with social media messages and graphics on the back of buses across Leeds.

A workshop for Same Day Emergency Care (SDEC) has led to a definition and principles of SDEC with three core actions identified for paediatrics. The work is being aligned with the Urgent and Emergency Care Programme, local places and the provider collaboratives WYAAT and MHLDA. A West Yorkshire CYP palliative care steering group has been established and mapping of CYP palliative care services has begun. This work will build on the previous work of the Yorkshire and Humber Children's Palliative Care Network.

To establish the complex needs and SEND workstream an organisational development session was recently held to identify areas of focus. These included reducing variation on education, health and care plan (EHCP), West Yorkshire community dataset, think vision approach for annual health checks and approaches to share learning on Ofsted/CQC inspections. A best practice framework for 'Quality Health Advice' is being discussed at the first meeting of the project group.

The long-term conditions project groups held the first overarching group to explore common themes for CYP with long terms conditions including transition, access to psychology and equitable access to technology. Mapping across place has been taking place to review progress with the asthma care bundle and resources for asthma friendly schools continues to be shared. Links with the education sector and 0-19 years services continue to be developed. West Yorkshire was successful in securing a bid for young adult transition in diabetes which will be work led by partners across Bradford and Airedale.

Primary care and community services

The Programme has recently considered a proposal on the next steps of the national [Fuller Stocktake Report](#). The Board will bring strategic conversations together in a way that reflects the breadth of the Fuller Report, linked to the refresh of the Partnership's five-year strategy and our integrated care board (ICB) arrangements that went live in July. We continue to identify opportunities for shared learning and development.

Work is progressing to support the future delegation of community pharmacy, optometry, and dental services to the ICB from April 2023. This work has been included in the submission of the Pre-Delegation Assessment Framework which will be reviewed at regional and national level by NHS England. The work is supported by task and finish groups with colleagues from the ICB and the West Yorkshire Primary Care Team.

Principles have been developed in collaboration with place to best inform use of resource available from the recently published detail of [Primary Care System Development Funding \(SDF\)](#) for 2022/23 and how funding is allocated at system and place level.

Primary care is focussing on winter resilience planning ensuring a clear process for understanding primary care pressures and levels of escalation to inform appropriate support arrangements, strengthening local resilience and contributing to overall system resilience and co-ordination.

All integrated care systems in England have been set an ambition to further develop and roll out virtual wards. Each of our five local places are developing virtual wards in line with national guidance and supported by additional national funding, with an initial emphasis on older people with frailty and those with respiratory conditions. This includes designing the clinical pathways, recruiting additional staff, and implementing technology solutions, so that there is high quality care and support for patients in their own home.

Clinical and Professional Development Directorate

Diabetes

A team member attended an Urdu speaking NHS Diabetes Prevention Programme session to ensure cultural fit and assurance of information. Reflections and feedback have been shared with the steering group. World diabetes day takes place on 14 November. A webinar, social media, new case studies for website and a blog from our clinical lead is planned. The focus is on prevention and knowing risk factors for type 2 diabetes especially for staff and healthcare professionals. Assisting Bradford and Craven Beating Diabetes (ASSIST BCD) for their use of the Assist BCD tool took the prize as the winner of QIC Diabetes 2022 awards in the category of Clinical Pathways Using New Technologies.

Integrated Services Digital Network (ISDN)

A health inequalities lead has been recruited and when in post will be working on inequalities workstream across all three ISDNs. An initial meeting has taken place between regional ISDN Managers and NHS England with plans to complete a Yorkshire and Humber regional prevention strategy and plan.

SQURE funding approved for Speak With IT pilot project called 'The App Club', which take place at Dewsbury Health Centre and give stroke survivors who have developed aphasia or apraxia, access to nine weeks of speech, language and communication therapy.

Palliative care and end of life

The rollout of advance care planning and bereavement training for health, social care, VCSE and volunteers has taken place. Progression on the wider assessment of experience of inequalities of palliative and end of life care, a co-produced vision and capturing experiences of people who have experienced the service is underway.

Personalised care

The first of four cohorts of Bridges self-management training is fully booked and due to start in November with additional four cohorts being delivered in February/March. Evaluation of Brain in Hand is underway to review learning from digital offer. It will look at supported self-management for people living with a mental health condition, learning disabilities and/or Autism.

Transformation place-based funding has been awarded to Bradford District Care NHS Trust to produce a digital version of the existing respiratory pathway which will provide a more accessible and inclusive online resource, reflecting the diversity of the local population and inclusive of people with learning disabilities

Transformation place-based funding has also been awarded to CoActive to pilot a holistic assessment of strengths, needs and aspirations with CoActive members and their carers to help ensure they access support.

Transformation place-based funding has also been awarded to Leeds Health and Care Partnership to continue the provision of personalised stroke six-month reviews for a further three months, whilst a business case for long-term funding and expansion is prepared to achieve the aim of increasing the number of patients offered a person-centred care six-month review.

Unpaid carers

Over 160 people registered from across the UK have registered to hear about the trauma-informed film-making approach webinar in November. Six new films highlighting how to identify and understand the impact on young carers for health and education professionals took place during October half term. [Watch here.](#)

Place-based primary care packs to identify and support unpaid carers of all ages will be shared with all GP surgeries by the end of the year.

West Yorkshire and Harrogate Cancer Alliance

Promoting cancer screening for people with learning disabilities

West Yorkshire and Harrogate Cancer Alliance & BTM (Bradford Talking Media) have recently created walk through videos aimed to show patients with learning disabilities the process of all three cancer screening programmes (breast, bowel and cervical). The videos have been produced to give clear and understandable messaging so an informed decision could be made about attending a screening. The videos have been translated into the three most spoken languages across West Yorkshire (Polish, Urdu & Punjabi) and a separate video including a BSL (British Sign Language) interpreter to ensure the videos can be accessed by any patient group. This is the first-time videos like these have been produced and these are being viewed as best practice.

Patient education remains in focus as Cancer Alliance grant scheme enters third year. The West Yorkshire and Harrogate Cancer Alliance patient education bursary scheme is now in its third year. A range of applications have been approved, with successful applications securing funding to help patients manage their own condition at the end of treatment – known as ‘supported self-management’.

Supported self-management is a model of care where patients are helped to manage the impact of their condition closer to home, with access to clinical teams when they need it and with the right information, education and support. The NHS Long Term Plan, published in 2019, endorses the move to supported self-management, and the improved patient experience that can come from replacing unnecessary hospital visits and outpatient appointments, where safe and appropriate, with access to support services closer to home in the local community.

Applications were encouraged from organisations and/or individuals working in GP surgeries or the community, in hospitals or specialist services, in voluntary organisations and charities. Bursaries are being awarded to support the development of education and information designed to ensure that patients feel confident and supported to embark on supported self-management; to manage the potential longer-term mental and physical consequences of their cancer and treatment, and to adopt a healthy lifestyle which supports their overall health and wellbeing. The bursary funding was secured from NHS England by the Cancer Alliance as part of its delivery plan for 2022/2023.

The West Yorkshire and Harrogate Local Maternity and Neonatal System

The West Yorkshire and Harrogate Local Maternity and Neonatal System (WY&H LMNS) welcomes the newly qualified midwives who are commencing their careers in our maternity services this autumn. Over the next 18 to 24 months, they will be supported to complete the LMNS preceptorship package, developing their confidence as an autonomous professional, refining their skills, values and behaviours. The newly qualified midwives will be supported by the preceptorship lead midwife and professional midwifery advocates in their organisation.

Trusts across the WY&H LMNS are continuing to experience gaps in the obstetric, midwifery and neonatal workforce due to vacancies, sickness and maternity. The LMNS workforce steering group are working together to develop a system wide maternity workforce strategy this includes exploring apprenticeship opportunities, new roles and new ways of working to address these gaps in both the immediate and long-term future.

The LMNS published the maternity Equity and Equality Plan, and a steering group is being established to implement the work with stakeholders from across the system. In collaboration with colleagues in the Harnessing the Power of Communities programme, the LMNS has co-produced and facilitated a workshop with Mums and Dads, from a range of backgrounds and experiences including asylum seekers, refugees, young parents, and representatives from VCSE organisations across West Yorkshire. Mapping experiences against the maternity pathway, participants were able to share what elements of maternity care worked well, as well as challenges and opportunities. Community assets were compiled to contribute to the LMNS Equality and Equity Plan. Themes included accessibility, information, capacity and resources and equity. Some participants have expressed a desire to be involved in working together with the community to drive forward specific ideas that surfaced in the workshop. A full report will be presented the LMNS Board in November.

Harnessing the power of communities (HPoC)

[Kim Shutler](#) has now taken up her role as VCSE ICB Board member and Senior Responsible Officer for our [Harnessing the Power of Communities Programme](#). Kim and the HPoC team have been working with our VCSE colleagues to agree our priorities for 2023 onwards and ensuring the VCSE are embedded in all our ICB plans and strategies. It is more important than ever that we recognise the interdependency of partners in health and care to tackle the current challenges we face - and that a key aspect of delivering this is a resilient VCSE sector embedded in communities – a lifeline to so many of our residents.!

October was Mental health Awareness Month, and our Harnessing the Power of Communities programme marked this by sharing some of the work the VCSE sector are doing with people experiencing loneliness and not feeling at their best. You can find out more at <https://www.wypartnership.co.uk/our-priorities/harnessing-power-communities/VCSE-events/mental-health-and-loneliness>

Our VCSE sector have been working hard to support communities as so many people find themselves struggling to pay their bills and make ends meet. So HPoC have pulled together information and signposting to some of the support offered by our VCSE – including for our VCSE staff and volunteers working across West Yorkshire. This will go live on our webpages next week.

Our work tackling current challenges in health and care continues – we have just completed some co-creation work with Thrive By Design working with the LMS, midwives, other health workers, new Mums and Dads and the VCSE, looking at what we could do differently to improve outcomes. The final report will be available on our web pages in November.

From December 2022, we will be working with NHS Leadership Academy (North East & Yorkshire) to explore and describe what an ICS approach to co-production means to strengthen how we harness the power of communities with the VCSE sector. Using expert external co-production consultants provided by NHS Leadership Academy and working with HPoC to connect with relevant VCSE organisations, we want to upskill leads for a small number of projects across the ICS to support them to understand co-production, work with the VCSE sector and enable the projects to begin and progress in a meaningfully co-produced way.

Please get in touch if you:

- Are beginning a project that you are progressing over the next 6-8 months (or longer) and have not used a co-production approach in the past
- Have 2-3 people leading/delivering your project who would benefit from being upskilled on co-production receiving bespoke advice / guidance for your project and can commit time to some peer learning and training in 2023
- Would like support connecting to relevant VCSE organisations for your project.

Please note that the above support will not be to deliver/facilitate co-production sessions for you. At its heart it is about upskilling people on how they can develop and deliver their project with co-production at its centre and taking that learning forward for other pieces of work.

If you have project that would benefit from the above and want to take part, please contact Arfan Hussain (Programme Manager, HPoC) via arfan.hussain3@nhs.net by Weds 09 November.

We are excited to share that our West Yorkshire Volunteering Principles which have been developed by our Integrated Volunteering Group have been agreed by the People Board. These principles set out some agreed standards for all volunteering across health and Care in West Yorkshire and have been developed in partnership with Yorkshire Ambulance Service, The Hospital Trusts and the VCSE sector. Please take time to read them and we would encourage you to adopt them and apply them to your area of work. The principles can be found [here](#).

Digital

The digital inclusion project is developing a laptop gifting scheme using old organisational devices and is currently undergoing final pilot preparations. A refurbishment agreement is currently being produced to commence work and supporting documents, which include the scheme's privacy notice and information sharing agreement are being finalised. The forward-facing digital support aspect of the scheme is ready for pilot launch along with all supporting resources.

Yorkshire Health Care Record (YHCR)

- The Mid Yorkshire Hospitals NHS Trust are due to move into the second test environment for data planned to be shared to the Interweave Portal which includes patient demographics, inpatient encounters and appointments, emergency department encounters, documents including discharge summaries and maternity
- Leeds Teaching Hospitals NHS Trust are currently testing patient demographics to provide data to the Interweave Portal.
- Calderdale and Huddersfield NHS Foundation Trust are continuing with the technical developments for the data provision project
- The data consumption projects include Bradford Council, Wakefield Council, Primary Care Networks in Wakefield and North Kirklees and Leeds Community Healthcare who will view this data when ready.
- The TPP non-GP units' data provision project is to provide data from the SystmOne units used by organisations outside of primary care. The status of the project is to test the data by the regional pilots. The West Yorkshire pilot is to provide end of life data by the Palliative Care Nursing Team at Harrogate District Hospital and will be tested by Leeds Community Healthcare Neighbourhood Nursing Teams based in Wetherby. Once the data is assessed as useable, clinically safe and valid, the project will move to a local adoption phase for organisations to connect to the Interweave Portal. Examples of organisations that can connect their TPP units to provide data to the Interweave Portal are local authorities, community services, hospices, acute trusts etc.

West Yorkshire Innovation Hub

The programme board met on Friday 28 October. The meeting was chaired by Dr James Thomas, NHS West Yorkshire Integrated Care Board. There was an update on Leeds Health and Care Evaluation Services. Examples of the team's work includes supporting improving population health programmes and understanding the experience of people going through a mental health crisis. There was an update on the evaluation framework for procurement of expertise, ranging from focus groups to qualitative research projects right through to more complex service wide work. The service already supports West Yorkshire work and has some big client groups, for example IPSOS Mori. The role of the voluntary community social enterprise sector and links for their support was discussed.

Sarah Brook, a senior dietician from [Locala Community Partnerships](#) discussed a patient story around supporting people with low body weight through innovation, especially the approach taken during the pandemic. There was a discussion on support in the community and how innovation can benefit all - no matter how small.

Remote monitoring and safety collaboratives were also discussed. This work was quickly adopted during the pandemic, covering the care sector and hospitals, and is part of the implementation of [virtual wards](#). All learning is shared via the [Yorkshire and Humber Academic Health Science Network](#) across integrated care systems within the region. The importance of communications was highlighted to demonstrate the positive difference innovation and evaluations brings to staff, people and communities.

Programme members heard about the Digital Primary Care Innovation Hub, which is overseen by the [Partnership's Digital Programme](#). Robotic process automation (RPA) will play a major part in the work we do. RPA is a form of business process automation technology based on artificial intelligence – it is key to adoption and spread of innovation products to help improve people's health and wellbeing. For primary care this could be around areas such as blood tests, appointments, and triage. How we harness the approach, map where it is working already across West Yorkshire, primary care clinical engagement and good practice learning from other areas of the country are part of the next steps

Members lastly discussed the [NHS Digital's Trusted Research Environment \(TRE\)](#) service for England which provides approved researchers with access to essential linked, for example to quickly answer COVID-19 related research questions. The TRE service provides approved researchers from trusted organisations with timely and secure access to health and care data. Researchers are given access to their approved data (in accordance with their Data Sharing Agreements), enabling them to collaborate, link data, share code and results within the same research projects.

The service provides a secure data platform with the analytical and statistical tools to support researchers in conducting their work. Their findings can then be exported safely, ensuring the formats and analyses are approved and sent to authorised users. Next steps include looking at the benefits for West Yorkshire.

The board are going to refresh the membership to further reduce silos, to enable good practice across digital and innovation. An engagement survey was completed in the summer, resulting in proposals for a face-to-face event twice a year where innovation, digital colleagues can come together to tackle wicked issues, whilst ensuring people's lived experience is at the heart of the work. There will also be local place input into the agenda to make the most of all opportunities, so people feel involved. The first event will take place in March 2023. As well as this there will be a full board meeting every three months. In between there will be a Futures Platform where colleagues can come together to share innovation thoughts and resources online.

Finance

We have just reported the month six position (to the end of September 2022) and both the ICB and the integrated care system (ICS) are forecasting to be on plan. The ICB forecast is for a £4.4m surplus, offsetting a £4.4m deficit forecast in providers. Those values are in line with plans submitted earlier in the year.

There are several significant risks in the forecast, and work is ongoing to ensure all identified mitigations are robust and will fully offset the risk.

In addition, local authority colleagues are also highlighting financial risks and pressures which have the potential to further impact on the NHS financial position, due to the inability of providers to discharge patients. Additional funding of £500m has been identified nationally to help support these pressures – the distribution is not yet known.

Regarding capital, we continue to forecast delivery in line with plan. There are several new funding streams this year, all of which we need to spend or risk losing. We are currently reviewing all forecasts across all funding streams to ensure capital allocations are fully maximised.

Meetings in public

- The next West Yorkshire Integrated Care Board meeting takes place on the 15 November. [The meeting is held in public, and you can read the papers and watch online on our website.](#)
- The Partnership Board meets on the 6 December. [The meeting is held in public, and you can read the papers and watch online on our website.](#)

Campaigns and events

'Together We Can' West Yorkshire's winter campaign 2022/23

'Together We Can' will run for the second year this winter and is set to launch on 14 November. This is a long-term awareness campaign to alter public behaviour to minimise pressures on urgent and emergency services. It will align to local and national campaigns that together form the West Yorkshire winter communications plan.

The Partnership's first regional wide winter campaign ran from 14 December 2021 - March 2022 and successfully drove 25,639 unique visitors to the '[Together We Can](#)' signposting website. The previous year's campaign has been refreshed with some updated creatives and a communications toolkit will be shared for use across West Yorkshire in early November. We encourage all partners to use this please as it will ensure there are consistent messages used across the region that help people to choose well and use the right service appropriate for their needs if they do become unwell this winter.

Media activity will include advertising on Heart FM, out of home advertising using iVans to reach all parts of our communities and online advertising using a variety of platforms. Our targeted media activity will focus on families with children under 16 and young adults living within two miles of emergency departments.

New for winter 2022/23 is the [West Yorkshire Healthier Together](#) website that launched June 2022. This will come under the 'Together We Can' umbrella and where families are signposted to. We will also be adding information for young people and working alongside local partners and our voluntary and community sector allies across West Yorkshire by proactively sharing resources, information and advice that will assist local people and our workforce with the increased cost of living this winter.

We will also be refreshing the 'Looking out for our neighbours' campaign materials.

Affordable warmth

On our [affordable warmth page](#) we have collated some of the resources, that are available to offer support, whether that be providing details of organisations offering expert advocacy or signposting to possible grant funding opportunities. This includes:

- An [infographic](#) aimed at health professionals visiting people at home. The purpose is to support colleagues in identifying the signs of fuel poverty and support people to seek help
- [Affordable warmth information leaflet - web version](#) (with hyperlinks)
- [Affordable warmth information leaflet - printable version](#) (print out double sided and fold)
- [Affordable warmth easy read leaflet](#)
- [Affordable warmth affecting children information leaflet](#) - web version (with hyperlinks)
- [Affordable warmth affecting children information leaflet](#) - printable version (print out double sided and fold)
- [Affordable warmth affecting children easy read leaflet](#)

West Yorkshire Healthier Together

The [West Yorkshire Healthier Together website](#) officially launched on Monday 27 June. A communications toolkit was shared and there has been a lot of promotion of the site on social media across West Yorkshire. West Yorkshire Healthier Together is a free website led by The Partnership's Children and Young People Programme and developed by local healthcare professionals to help parents and carers keep their children safe and healthy. It will have a wide range of information available. Partnership colleagues have worked hard to ensure the advice given on the website compliments local advice given across health and care services. Information has been ratified and reviewed by local paediatricians, GPs, community pharmacists, health visitors and other professionals across the area to ensure it is the most, current and up to date information available.

A communications toolkit was shared with communications colleagues. Work continues to add new content to the web page ahead of winter 2022/23.

Smoking and pregnancy

Coming up after Stoptober we have a campaign to help support women (aged 16 to 25) to reduce or stop smoking during pregnancy. Our #MumsCan campaign supports the [NHS Long Term Plan for smoking](#) and is all about building confidence. It recognises that peer support and believing you can quit smoking is integral to many women's success. We are using insight to support the design and delivery of an evidence-based, specialised behaviour change campaign aimed at pregnant young women across West Yorkshire that:

- Raises awareness of the risks of smoking during pregnancy
- Ensure everyone who wants help, knows how to get it
- Encourages young pregnant women to stop smoking
- Increases awareness and referrals to local smoking cessation services.

This includes the feedback from two surveys aimed at [pregnant women](#) and [healthcare professionals](#). The next stage is to test out the preferred concept which focuses on #MumsCan.

ENDS