



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

Edition 43

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### Introduction

This information has been produced to update West Yorkshire and Harrogate CEOs, programme SROs and leads on the development 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. 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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### National infection rates

This week, the [UK Health Security Agency](#) moved all COVID-19 case reporting in England to a new episode-based definition, which includes possible reinfections. Daily and weekly briefings produced by The Office for Health Improvement and Disparities Local Knowledge and Intelligence Service (LKIS) for the North East and Yorkshire will update in the same manner.

The number of people testing positive for COVID-19 in England remains high and overall case numbers have plateaued at this high level. In the most recent seven days for which data is available (up to the 22 January) the case rate was 1000 per 100,000, meaning that 565,453 people in England tested positive. Case rates continue to be highest in the North East. Whilst overall rates continue to fall slowly in the North East, North West and Yorkshire and the Humber, rates are rising in some parts of the country – most notably the South East, East of England, and the South West.

Rises are largely being driven by increases in children and young people. This is most marked in the under 12 population. Latest available data from the [Office of National Statistics Infection Survey](#) showed that 8% of primary school children had COVID in the week ending 15 January.



## West Yorkshire infection rates

Rates in West Yorkshire remain very high; rates continue to fall in all five upper tier local authorities (UTLAs); however, the decline has slowed significantly. Rates are falling in all age groups except for 0–15-year-olds where the case rate continues to rise. Rates remain similar in all five UTLAs and currently range from 948 per 100,000 in Wakefield to 1,182 per 100,000 people in Bradford.

The UK Health Security Agency (UKHSA) is now including data on possible reinfections in its COVID-19 dashboard. Read more [here](#).

## West Yorkshire current position

Hospitals across West Yorkshire now have a total of 500 patients with COVID-19. This number has reduced over the past week. Part of the decrease is people with mental health – which was 100 people in January to 20 currently. NHS staff absence reached over 12% in early January, with high numbers of staff testing positive for COVID or having to self-isolate as a close contact. The absence rate is now decreasing and currently around 8%.

Although the numbers are better than they were early January, there is still tremendous pressure across all sectors.

## West Yorkshire Vaccine programme

Across West Yorkshire we have started offering boosters for 16-17s and at risk 12-15s year olds. Boosters are also underway for immunosuppressed people. Second doses for 12-15s year old are being offered through school clinics and in selected vaccination centres in each area. Arrangements are in place to start offering first dose to at risk 5–11-year-olds. This will mainly be via GP and hospital services, with back up of clinics at selected community vaccination centres.

Work continues to encourage those who have not been vaccinated to come forward as well as increasing uptake of 2nd doses and boosters. The focus continues providing additional outreach and pop-up clinics in local communities and supporting this with community engagement. For example, our unpaid carers programme is supporting the low take up of vaccine amongst unpaid carers in areas of Bradford. Working with local partners they are producing targeted communications to encourage vaccine confidence.

NHS England have written to maternity service leads asking for their help to work with local vaccination programme leads so that every woman attending a maternity service has easy, timely access to vaccine confidence conversations. The Partnership's Local Maternity Service colleagues are supporting the take up of vaccine with their local networks across the area.



### Vaccination as a Condition of Deployment Regulations

Everyone is working incredibly hard to engage with staff in a compassionate way to support them to take up the vaccine. On Monday 31 January, the Secretary of State announced that vaccination as a condition of deployment (VCOD) for healthcare workers is being reconsidered. The Government's decision is subject to Parliamentary process and will require further consultation and a vote to be passed into legislation. This change in Government policy means that employers do not serve notice of termination to employees affected by the VCOD regulations. More information is [available here](#).

### Planned care

In West Yorkshire there are 198,890 people on the waiting list for planned care. Of those, 8,835 people have been waiting for more than one year and 835 have been waiting for more than two years (accurate 9 January). Weekly data on capacity in the Independent Sector (IS) is identifying opportunities for best use across the area. Tens of thousands of patients have been transferred to the IS in the last 18 months. A consistent approach to prioritisation of patients for treatment is ensuring equity of access across all our hospital trusts. There is a continued focus on prioritising health inequalities by removing barriers through a West Yorkshire patient transfer offer.

### Planning / system oversight

#### Planning guidance

The 2022/23 priorities and operational planning guidance sets out our priorities for the year ahead. This guidance reconfirms the ongoing need to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. While the future pattern of COVID-19 transmission and the resulting demands on the NHS remain uncertain, we know we need to continue to increase our capacity and resilience to meet the full range of people's health and care needs. You can read the latest guidance [here](#).

#### Planning meeting with NHS England

As a partnership we received an update last week following our focused meeting in November with NHS England. Here we discussed the headlines from our system approach, which includes the elective recovery set out in our seven-point plan that is underpinning our work. This provides assurance of the depth and sustainability of the actions taking place in our system. In relation to delivering urgent and emergency care (UEC) services during the remainder of 2021/22 our approach includes clear operating models for escalation and partnership working and is guided by our winter plan which was signed off in November.

In relation to workforce planning, we set out the expected growth across all professions across the remainder of 2021/22. These numbers are challenging to deliver. They need to be seen in the context of ongoing vacancy levels. They are moving in the right direction and there are some important system developments coming online, including the recruitment of 300+ nurses via international recruitment programmes.



There was acknowledgement of the support provided across the system in response to pressures, including for our ambulance services and the financial support to adult social care and the national living wage uplift for care staff. This was seen as an important demonstration of our commitment to integrated care.

There remains an ongoing need to manage all pressures across the sectors together alongside the ongoing response to COVID-19 patients. The strength of our system, the seven-point plan for elective care and our winter planning approach provide us with the best opportunity to deliver for people living across our area.

#### System Oversight Assurance Group

The System Oversight and Assurance Group (SOAG) met on the 21 January. Sector leads from across the area discussed healthcare challenges, system pressures, infection rates, finance, mental health, and staff wellbeing. Supporting people who are being discharged from hospitals for community care services was also discussed. There was also a conversation on maintaining the mental health transformation standards. We are expecting the national elective recovery plan to be published shortly.

#### Urgent and Emergency Care Programme

Our emergency departments continue to be extremely busy. We are working to ensure people get to the right service to meet their needs, with the support of the [“together we can”](#) campaign which aims to encourage people to think about the right service for them and alternatives to emergency departments. We are working together with NHS 111 colleagues to make sure they have access to as many services as possible to refer. This involves offering people who access NHS 111 online an opportunity to have a call with a clinician to check they do need to go to an emergency department.

#### Legislation (Health and Care Bill) update

[The Health and Care Bill, currently going through Parliament](#), sets out plans to put integrated care systems on a statutory footing, empowering them to better join up health and care services, improve people's health and wellbeing, whilst reducing health inequalities. We are working towards an implementation date of the 1 July, subject to parliament approval.

#### West Yorkshire position

We continue to focus on the [values and behaviours](#) that will underpin our Partnership and be critical to our future success. Crucially, we have provided certainty to all staff on their future, for example clinical commissioning group staff, the integrated care system core team, as well as senior staff. We have made excellent progress with the appointment process for new Board level director roles, with interviews and stakeholder panels currently underway.

#### Designated accountable officers/ place-based leads for Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield

As part of recent announcements confirming the latest senior leadership appointments to the West Yorkshire Integrated Care Board, we are pleased to let you know that the following five people have been appointed the Designate Accountable Officer/Place Based Lead for our five local places. These are:

- Mel Pickup, for Bradford District and Craven. Mel is also the CEO for Bradford Hospitals NHS Foundation Trust



- Robin Tuddenham, for Calderdale. Robin is also the CEO for Calderdale Council
- Carol McKenna for Kirklees
- Tim Ryley for Leeds
- Jo Webster for Wakefield District. Jo is also the Director for Adults and Health at Wakefield Council.

You can read more [here](#).

#### Integrated Care Board Director roles

The closing date for the medical director, finance director and chief nurse was the 13 January. Stakeholder panels will form part of the interview process over the coming weeks. The closing date for the people director was the 20 January. There is more information on our website [here](#).

#### Non-executive Independent Members for the Integrated Care Board

We held an open evening session on 19 January to support the recruitment process for [three non-executive independent members](#) for the West Yorkshire Integrated Care Board. Around 35 people attended from a wide range of backgrounds with varying skills and experience. The closing date for applications is the 31 January. Given the calibre of those who attended, we're confident we will get the right people in the role to benefit us all, including most importantly communities.

#### Independent Chairs and Members of Place-based Committees of the West Yorkshire Integrated Care Board

Our local places are seeking expressions of interest for the independent roles on the new place-based committees of the West Yorkshire Integrated Care Board (ICB) in Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield. The closing date is the 4 February and more information is [here](#).

### **System pressures**

#### **Social care**

The mandatory vaccinations deadline has passed for residential and nursing home staff. This has led to several staff leaving the sector in November and December consequently. Learning from the social care sector is being shared with NHS colleagues and with domiciliary care providers - where there are almost 3000 staff who may not have taken up a first dose by the deadline.

Social care providers are being affected by staff shortages (both long term recruitment and retention issues and high sickness levels) which is impacting on meeting service needs. Local prioritisation is being undertaken to balance demand for services and available capacity.

Bringing forward of the increase in the National Living Wage using NHS resource was received well by care providers but the impact will have been limited by the competitor sectors such as supermarkets also offering improved terms and conditions that exceed social care offer.

A longer-term solution is needed to ensure that the social care workforce feels suitably recognised and valued both financially and in terms of the status of their work, part of our workforce plans.



Local authorities will be starting to plan for proposed social care reforms and to work, with partners across the system, on the implementation of the new national Autism Strategy. Balancing the continued short term operational pressures with the slightly longer-term strategic changes will pose some challenges.

The new Liberty Protection Safeguards (that are designed to protect people who lack the mental capacity to make certain decisions) was moved to April 2022 but further postponed last month with no implementation date yet set.

#### Yorkshire Ambulance Service NHS Trust (YAS)

Operational pressures increased significantly from 26 December, exacerbated by COVID-19 related absence, reaching a peak around 5 January (13% of staff absent). This affected both our emergency operations service, 999 and our NHS 111 service. YAS took mitigating actions to address operational pressures. Actions included:

- Redeploying staff to support frontline services
- Increasing support for remote clinical assessment, bringing GPS and senior clinicians into our control room
- Temporarily suspending some non-emergency patient transport service journeys to general outpatient appointments; life-saving treatment journeys continued, from 12 January; reinstated 24 January
- Requested additional support from the military; 40 military personnel supporting YAS clinicians by assisting with the transportation of patients with less urgent needs
- From peak staff absence on 5 January, absence is reducing in all areas; patient journeys were reinstated
- Hospital handover delays continue to be challenging, reflecting hospital capacity challenges; work underway with acutes and system partners to address this.

Monitoring uncertainty of impact of pandemic on service demand and staff absence continues.

#### Nightingale Hubs

Leeds Teaching Hospitals is hosting the regional Nightingale Hub for the North East and Yorkshire region. This is a temporary 70-bed unit to be used if absolutely necessary. Construction is largely complete. Given the decline in COVID admissions to hospital since mid-January, we hope it will not now be needed.

#### Hospital discharge

A West Yorkshire discharge group has been established. This is led by Karen Jackson (senior responsible officer), Richard Parry (director of adult social services lead) and Penny Woodhead (clinical lead). This group has been set up to improve discharge activity to meet the national target of reducing the number of people without a reason to reside in an acute hospital by 30% for 31 January 2022.

The group includes representatives from each of our local places, as well the hospice sector, voluntary community social enterprise sector (VCSE), independent sector social care providers and data and process specialists.



The following themes have been identified so far.

1. Data: definitions and achieving consistency across West Yorkshire
2. The key interventions already being undertaken including leadership of interventions and sharing of success (e.g., VCSE support, family grants, HR, infection prevention control (IPC) support etc)
3. Risk appetite, using gold arrangements in each place to manage risk locally
4. Ensuring that there is a culture of taking a partnership approach to tackling and transforming the discharge agenda
5. Taking a medium-term approach alongside the short-term actions:
  - Modelling to be undertaken for the coming 12 months
  - Consideration of what type of model we want for West Yorkshire and our places
  - Work with other national and international models such as Canterbury to develop our learning and inform our model.

The group will be working with local colleagues to agree an approach to communications and engagement for the short- and medium-term.

### **Neutralising monoclonal antibodies (nMABs)**

Community Monoclonal Antibody Clinic (CMDU) has been set up at pace, jointly led by the Partnership and local mobilisation teams to treat people with the virus at high risk of hospitalisation. Unit models are working in Bradford District, Leeds and one for Calderdale, Kirklees, and Wakefield. The service for eligible patients in Bradford District and Craven, is located at Airedale Hospital and went live for administering IV nMAB therapy on the 28 January. Clinics run on a Monday and Friday. Oral treatment continues to be prescribed by the CMDU and available from hospital sites.

### **West Yorkshire and Harrogate Clinical Forum**

The Clinical Forum met virtually on Tuesday. The meeting was chaired by Dr James Thomas. Forum members include medical directors, GPs, pharmacists, allied health professionals, lead nurses and NHS E colleagues. Forum members discussed system pressures as well as the following.

The Head of Office and the Associate Director for Children, Young People and Families posts within the clinical and professional portfolio are currently out to advert.

Amy Overend was appointed as the West Yorkshire Innovation Hub Director and is due to start in post at the Yorkshire and Humber Academic Health and Science Network in the next few weeks.

### **Discussion with the West Yorkshire Integrated Care Board Chair-Designate**

Clinical forum members had the opportunity to meet with Cathy Elliott, Chair-Designate for the West Yorkshire Integrated Care Board to ask her questions about the approach being taking as we move towards new legislation in July 2022, subject to parliamentary approval. We are currently recruiting for a Medical Director and Director of Nursing to provide leadership to the directorate and across the Partnership, including the Integrated Care Board (ICB). We want to be ambitious for colleagues and communities and it is vital that multi-professional clinical and professional leadership is at the heart of our work.



### Developing clinical leadership arrangements in place

Our Partnership belongs to each of our five local places, and whilst we work as one system and at a West Yorkshire level where appropriate, making decisions as close to the person remains essential. The directorate will maintain and develop strong connectivity with place-based and provider collaborative clinical leadership. The Clinical Forum were asked to contribute their views at the meeting, with each place invited to share their emerging arrangements for clinical leadership and how these arrangements will connect with and influence decision-making at place, including the place committee of the integrated care board.

The new directorate will align with national guidance on system clinical leadership and drive forward quality, innovation, improvement, and inclusion. Making improvements to population health and our Partnership's ambition of reducing health inequalities will be threaded throughout, with multiple professional disciplines (including social care) embedded to deliver, starting from a local place.

### System response to people leaving hospital

Throughout the pandemic there has been a need to focus on models of discharge which would enable systems to have the right level of flow to cope with the impact of COVID-19. Given this and the ongoing challenges periodically experienced on a historic basis by hospitals providing acute care, there has always been a desire in West Yorkshire to continuously improve in this area.

As above on page X, the recently established West Yorkshire Discharge Group wrote to partners on 21 January to give an update on the work to date. This set out the five key themes below:

1. Data: definitions and achieving consistency across West Yorkshire
2. The key interventions already being undertaken including leadership of interventions and sharing of success (e.g., VCSE support, family grants, HR, infection prevention control (IPC) support etc)
3. Risk appetite, using gold arrangements in each place to manage risk locally
4. Ensuring that there is a culture of taking a partnership approach to tackling and transforming the discharge agenda
5. Taking a medium-term approach alongside the short-term actions:
  - Modelling to be undertaken for the coming 12 months
  - Consideration of what type of model we want for West Yorkshire and our places
  - Work with other national and international models such as Canterbury to develop our learning and inform our model.

To maintain the system wide profile for this work, it is proposed that the existing West Yorkshire Discharge Forum led by Karen Jackson continues to coordinate delivery of the action plan. The group will continue to drive some of the immediate actions relating to literature modelling reviews, working with the wider group to develop the strategy/plan.

There is a need to link to wider functions and programmes of work across West Yorkshire and places, for example the elective care programme and workforce agenda. The proposed scope was considered by place-based leaders on Monday and later on Tuesday by the System Leadership Executive Group (see page 6). It will also be discussed at the Partnership Board on 1 March 2022.



Ahead of the System Leadership Executive Group discussion, forum members supported the scope of work to be undertaken by the task and finish group, whilst keeping in view place-based approaches and the intention to connect the delivery of the virtual wards programme, admissions avoidance work including anticipatory care and the impacts on urgent community response throughout.

## System Leadership Executive Group

The System Leadership Executive Group meets monthly and is chaired by Rob Webster, CEO-Designate for the Partnership. Group members discussed the following.

Recruitment to the Integrated Care Board Director roles is underway with stakeholder and interview panels taking place over the next few weeks. Thank you to everyone taking part in this important process by participating on stakeholder and interview panels.

### Current context

We are expecting the 'Levelling Up White Paper' to be published soon. Levelling Up Secretary Michael Gove is due to launch the Government's blueprint for spreading opportunity more equally across the country in a speech expected to be held on Wednesday. Rob gave an update on healthcare worker mandatory vaccination, as mentioned on page X. There was a discussion on the impact on social care colleagues as well as the vaccine take up remaining important. There was a conversation on children are at risk of catching measles as vaccination rates for MMR fall to new low after focus on COVID. We will be looking to regroup as sector leads on vaccinations

Leaders received an update on the latest COVID infection rates across the area. This week, the UK Health Security Agency has moved all COVID-19 case reporting in England to a new episode-based definition, which includes possible reinfections. Daily and weekly briefings produced by the Office for Health Improvement and Disparities Local Knowledge and Intelligence Service (LKIS) for the North East and Yorkshire will update in the same manner. All North East & Yorkshire LKIS COVID-19 outputs where cases have been used will be replaced with outputs showing episodes of infection. This change will produce a step-change in the total number of episodes of COVID-19 at all levels of geography from 31 January compared with the previous counts of cases as second and subsequent episodes are added to the data according to their specimen date. Full details of the change, are available [here](#).

We have plateaued at a high level of around 90,000 cases per day. Primary care school age children – between 2-11 years old have seen the highest numbers of infections. Across West Yorkshire the numbers have declined, albeit, higher than previous peaks. This trend is mirrored across our five local places. 450 people per 100,000 older people have the virus compared to 50 per 100,000 during the delta wave. COVID bed numbers are decreasing, and below previous waves. The key question is where the numbers will settle.

Our vaccine programme is targeting eligible 5–11-year-olds, and communities where there is a lower take-up. The numbers for people recently coming forward for a first dose is similar numbers to those having a booster.



A range of studies and research are underway for waning immunity – this hasn't yet translated to a change in policy. It's important to note the omicron is still very serious for some people.

Leaders discussed elective recovery, which is picking up across the system. Conversations are taking place around elective recovery hubs, and additional capacity for support. There are also other waiting lists, for example for children's mental health and autism.

#### [Delivering a medium-term plan through a discharge task and finish group](#)

Leaders discussed the work taking place across West Yorkshire to address challenges and risks associated with current discharge models and to propose new models of care. The focus is on improving patient experience and outcomes and avoiding admissions where possible.

The multi-agency work stream embraces all partners in the delivery of the challenge ensuring that this is not an issue solely for health or social care and is centred around having good care in our communities at the right time, in the right place. The work will be coordinated by a time limited task and finish group which reports into the West Yorkshire Discharge Forum. The product of this piece of work will be a medium-term delivery plan of actions agreed as appropriate at place and West Yorkshire level. Please see page 6 for more information.

The System Leadership Executive Group discussed:

- The context of the overall short-, medium- and long-term approach to improving discharge across our five places and at West Yorkshire, connected to other related programmes of work
- The scope of work to be undertaken by the task and finish group
- The intention to connect the delivery of the virtual wards programme, admissions avoidance work including anticipatory care and the impacts on urgent community response through this work.

Early indicators show they by the 31 January 2022 we met our national target to reduce numbers of people in hospital, who didn't need to there, to 706. We are currently at around 620 people.

Leaders discussed the importance of looking at the entire care pathway for people to ensure their needs are met in the best and most appropriate place for them. This should be seen also in the context of adult social care reform and longer system planning, for example care homes.

A set of actions will be shared with the Partnership Board in March 2022.

#### [Integrated Care Board Constitution and Governance](#)

Work to develop our governance arrangements has continued in line with our original timescale and had not been affected by the delay in the implementation of the Health and Social Care Act until 1 July 2022. Whilst the delay presents challenges for colleagues across the system, it also presents an opportunity to 'bed in' our arrangements through a longer period of shadow operation.

The West Yorkshire Integrated Care System (ICS) Governance Working Group, chaired by Tim Riley and including partners from across our partnership, has been co-ordinating the development of the integrated care board (ICB) governance arrangements, ensuring alignment between place and West Yorkshire.



On November 2021, we presented the draft ICB constitution to the system leadership executive group and set out the proposed approach to stakeholder involvement. In line with that approach, we published our draft constitution on 8 November 2021 and presented it to the Partnership Board in December 2021. The involvement period ended on 14 January 2022, and we propose to present a near-final version of the constitution to the Partnership Board on 1 March 2022 and the Shadow ICB Board in April 2022.

Alongside work on the constitution, the Governance Working Group has co-ordinated development work on the detailed arrangements which will be set out in our governance handbook (including the terms of reference for place and West Yorkshire level committees and key governance policies) and recruitment to independent roles on place ICB committees.

The draft constitution is framed by the ways of working, values, and principles in our Memorandum of Understanding, with the Partnership Board setting the overall strategy for the Partnership. Our principles of subsidiarity mean that the ICB will primarily discharge its duties through delegation to place, alongside work that is delivered at West Yorkshire level. Most decisions will be made at place level, in support of local Health and Wellbeing Board priorities.

Leaders discussed the feedback on the constitution, including representation on the integrated care board, membership and colleagues feeding comments into the board. The governance handbook will be a document which sets out more details, including terms of reference and how subsidiarity works in practice – a draft will be shared with all leaders – ahead of partnership engagement.

#### 2021/22 Planning Focus Meeting

As a Partnership we received an update this week following our planning meeting in November with NHS England, where we discussed the headlines from our system approach. This includes the elective recovery set out in our seven-point plan which provides assurance of the depth and sustainability of the actions taking place in our system. In relation to delivering urgent and emergency care services during the remainder of 2021/22, our approach as a system is to manage these with clear operating models for escalation. Partnership working is key to this, and we are guided by our winter plan.

#### Mental Health, Learning Disabilities and Autism Collaborative (MHLDA)

The Mental Health, Learning Disabilities and Autism Programme is continuing to deal with the impact of increased mental illness exacerbated by the earlier phases of people dealing with COVID-19 and the continued disruption to all our lives.

Mental health services across West Yorkshire are facing significant staffing pressures due to absence related to winter pressures and Covid. Our staff continue to work exceptionally hard, and we would like to reassure our patients and the public that despite the challenges faced, essential services remain open for anyone who needs them, so people should continue to come forward for care.

People's experience of care may be slightly different due to the changes we have had to make to manage the current situation. We know that face to face care is important to the treatment and recovery of some patients, and we are prioritising this care.



Free information and support for mental health, including a self-assessment tool, can be found at Mental health - NHS ([www.nhs.uk](http://www.nhs.uk)). However, our system is more than the NHS – our trusted Voluntary, Community and Social Enterprise (VCSE) partners offer a wide range of support and resources that are local and available to everyone who needs them.

Staff wellbeing is our priority across the Partnership and people can and should expect support for their mental health and wellbeing from their line manager and their organisation. Help is available from our [Staff Mental Health and Wellbeing Hub](#) to everyone who works in the West Yorkshire health and care system, including volunteers.

## **West Yorkshire Association of Acute Trusts (WYAAT)**

The [West Yorkshire Association of Acute Trusts](#) brings together the six acute 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.

### **Committee in Common (CiC) update**

The quarterly CiC meeting was held on the 25 January. Updates included:

- The outline business case for a pharmacy aseptic service has been approved by all trust boards.
- Outline solutions for the pathology managed service contract (MSC) were submitted last month and are currently subject to evaluation
- Committee members supported proposals for a sustainability agenda across WYAAT, which will be led by Len Richards as SRO
- Work is continuing to progress on the development of an acute non-surgical oncology model across WYAAT members.

### **Elective recovery**

Building on earlier collaborative discussions between WYAAT members, trusts have identified and begun to contact a significant number of patients currently awaiting elective procedures to offer them treatment at neighbouring trusts. The impact of omicron on the recovery of the elective position remains under review.

### **Workforce**

Following a successful recruitment process an interim Programme Manager has joined WYAAT and will oversee workforce priorities.

## **West Yorkshire and Harrogate Cancer Alliance**

### **Breast cancer services**

In response to ongoing capacity and demand pressures across West Yorkshire and Harrogate, the Cancer Alliance Board has endorsed plans to develop a system-wide collaborative and sustainable solution for breast diagnostic services. This would allow the system to anticipate and respond to risks, provide optimal pathways, and care for patients, and improve service resilience in the longer term. The proposal, developed by the Alliance Programme Management Office and stakeholders, focuses on the medium term, acknowledging system pressures, including workforce, and takes a phased approach.



Potential ways of reducing demand and optimising available capacity - such as use of the PinPoint blood test; piloting services for the management of low-risk breast pain and exploring a West Yorkshire and Harrogate service model to respond to constraints- will be explored.

The project will adopt a co-production approach, with people affected by cancer involved from the outset. Membership of the project Steering Group, which will meet monthly, has been drawn from primary and secondary care providers and commissioners. Additional expert advice will be brought in as required.

Next steps will include:

- Scoping breast diagnostic demand and capacity requirements across West Yorkshire and Harrogate, including existing service configuration and best practice
- Supporting discussions on mutual aid options to address immediate service pressures in breast diagnostics, to ensure all patients have equitable and timely access to referral and investigation of symptoms and suspected cancer
- Continued expansion of the PinPoint programme and pilot breast pain clinics, securing engagement and ownership with early findings shared.

#### Rapid Diagnostic Services (RDS)

Publication of the finalised NHS Faster Diagnosis Framework is still awaited from the National Cancer Programme team, as of 31 January 2022. A further 325 referrals have been made on the RDS non-site-specific pathway during October and November 2021, with a cancer conversion rate of between five and seven per cent. Progression of live site-specific pathways continues, with seven pathways live (November 2021) within upper GI, lower GI, lung, and haematology (as per RDS Management Information data submission which is collated and submitted to the National Cancer Programme team each month).

The Cancer Alliance has facilitated funding to support RDS Nurse education across West Yorkshire and Harrogate to support staff in accessing local training courses.

#### Living With And Beyond Cancer- Personalised Stratified Follow Up (PSFU)

National policy states that implementing Personalised Stratified Follow Up (PSFU), supported by a digital Remote Monitoring System (RMS), is a 'must do'. To support the implementation of PSFU pathways and empower patients to self-manage, a digital RMS is required to request, schedule, monitor and alert when patients are due routine investigations or have missed appointments. Currently these systems are not in place in most of the acute Trusts in West Yorkshire and Harrogate. The Cancer Alliance has commissioned an external agency to review local strategies and systems and assess the state of readiness of each Trust to either incorporate digital RMS into its own host infrastructure or procure a solution, which will inform an options appraisal.

The chosen supplier is The Clarity Practice, with work beginning imminently and to be completed by April 2022, informing business planning priorities for 2023.

#### Performance update

All trusts in the West Yorkshire and Harrogate system, working with their partners in primary care, are continuing to work hard to ensure that the national priority direction towards protecting screening, diagnostic, and treatment capacity is reflected in practice.



Services have been maintained, and patients appropriately clinically prioritised, whilst taking account of severe operational pressures, arising from the impact of the omicron variant and seasonal factors. However, all providers have reported some impacts in terms of the pandemic affecting the availability of the cancer workforce, both directly, and in terms of diagnostics.

In this context, the proportion of patients waiting more than 62 days for their cancer care has increased, with this number now being 992 as of the week ending the 23 January. This compares with 1,480 patients at the highest peak during the pandemic in June 2020. It is expected that, because of the actions being taken by trusts to restore activity, there will be an improvement in this position by the next update. This includes our local hospitals working together to manage demands on the system where needed.

## Improving population health

In last week's [weekly update](#) Climate Change Lead, Frank Swinton provided an update around sustainability activities to support the Partnership's [ninth big ambition](#) to become a global leader in responding to the climate emergency. We are developing a climate change campaign based on a series of principles involving real people and practical advice.

Given the increase in fuel costs, the announcement that we are investing £1million funding to help keep people warm this winter has attracted a lot of local interest including in the media. We are distributing funding to the West Yorkshire local places so they can increase resource allocations for specific targeted winter warmth initiatives. We've also recently updated our leaflets providing information about the support available to help those families who are spending a disproportionate amount of their income on fuel. For more information see our [affordable warmth page](#).

We've written to everyone who has successfully been shortlisted to join the [Health Equity Fellowship Programme](#). The programme will start in March 2022 and the role of the fellows will be to support our work to tackle health inequalities and make West Yorkshire and Harrogate an equity informed system. We'll announce the shortlist and publish fellow biographies on our [website pages](#).

A new, innovative, and free service for people who are overweight and living with type 2 diabetes is set to be piloted in West Yorkshire. The Low-Calorie Diet is a one-year programme supporting healthier lifestyles, weight loss, and remission of type 2 diabetes. The unique programme combines specialist nutrition, behaviour change strategies and physical activity to support rapid weight loss and long-term lifestyle changes. The pilot is a digital offer, will run for two years and is limited to 500 patients across West Yorkshire. We are running one-hour staff information sessions in March and April. to provide an overview on how the programme works and what patients can expect.

Community pharmacy teams can now refer adults living with obesity, and other conditions, to the 12-week online [Digital Weight Management Programme](#). The initiative is part of the NHS's radical action to tackle rising obesity levels and type 2 diabetes. We have developed two posters, one for [GPs](#) and the other for [patients](#) (sent to practices before Christmas) summarising the national programmes available to help prevent and manage diabetes.



Our Let's DiaBEAT this [video resource](#) is now available in [English](#), [Polish](#), [Punjabi](#) and [Arabic](#). The video features an animated character based on Dr Waqas Tahir, Clinical Diabetes Lead for the Partnership and describes who is at risk, how to recognise the signs and what you can do to prevent type 2 diabetes. John Ebo has recorded part 5 of a [video diary](#) of his journey on the Healthier You NHS Diabetes Prevention Programme. A new [Better Health](#) marketing campaign launched in January to help people prevent risks of developing serious illness and help reduce the risk of being hospitalised with COVID-19.

[West Yorkshire Housing Partnership \(WYHP\) has produced its first annual report](#) setting out achievements over the last year. We are developing an awareness raising campaign which seeks to change and influence perceptions of sheltered housing across West Yorkshire and to get people thinking about it as a possible option earlier, rather than later, on in life.

[Leeds Gate – Gypsy & Traveller Exchange](#) has developed an [educational tool](#) which aims to give Partnership colleagues an insight into the lives of Gypsies and Travellers across West Yorkshire. It highlights some of the health inequalities faced by our communities and invites you to think about the part you could play to make things better. There is also a resource [exploring access to services for Gypsies and Travellers](#) which provides everything you need to run your own group practitioner workshop.

Due to current pressures, we have paused our prevention workstream including all meetings up to 31 March. We aim to refresh the workstream from 1 April. Although our prevention work is proving successful, we feel the time is right for us to shift focus and decide on how best to target for the next phase.

### **Harnessing the Power of Communities (HPoC)**

Public health development management funding of £25k has been secured to support voluntary community social enterprise sector (VCSE) engagement and participation in the public health management place-based development programme. This will be focused on Leeds, starting next month.

A bid has been submitted to Core20Plus Connectors for £80k. Funding would go to VCSE organisations working with this group across our area and would be supported in kind by Harnessing the Power of Communities (HPoC) and Improving Population Health Programme Leadership.

The resource would support VCSE organisations with engagement, outreach, and representation for one or two of the five clinical areas identified in the CORE20Plus5 approach, for example engagement on maternity and severe mental illness health checks for refugees and asylum seekers and engagement on earlier cancer diagnosis and hypertension case finding for gypsy and traveller people.

HPoC is currently supporting the development of a health and well-being hub in Craven alongside Community First Yorkshire and primary care to enable VCSE involvement; a co-production piece with the Health Creation Alliance; and working alongside members of the Integrated Stroke Delivery Network (ISDN). This will include the development of a pathway for working aged people in West Yorkshire who have experienced a stroke to support their return to employment.



Colleagues are planning a showcase of all the great VCSE work taking place across West Yorkshire, such as waiting well, supporting earlier discharge, mental health and wellbeing, volunteering, activity, and sport – celebrating co production, tackling health inequalities by working with communities to build on what exists. If you have an example of something your programme or organisation has delivered which includes the VCSE as partners and has made a difference in some way, please let us know by e mailing Laura at: [laura.beesley4@nhs.net](mailto:laura.beesley4@nhs.net)

## Digital

We've now published a [public summary](#) and a [strategy on a page](#) of the Partnership's three year digital strategy recently approved by senior leaders. The strategy supports our ambitions for using digital tools to promote health and wellness, reduce inequalities and deliver safe, joined up high-quality care for all. We worked collaboratively with health and social care partners across the area with input from communities to develop the strategy.

The Yorkshire & Humber Academic Health Science Network has been shortlisted for a HSJ Partnership Award alongside the Partnership for the implementation of the [TytoCare](#) project. The product has been implemented as part of 26 pilot projects across 14 different sites in Yorkshire and the Humber.

A warm welcome to our latest recruits in the Digital Programme. Labeeb Azim has taken up the post as Digital Project Manager leading on re-procurement of GP online consultation and video solutions. Rochelle Featherstone is our new Graduate Business Change Manager whose focus will be around supporting the implementation of our regional shared care record i.e., the Yorkshire and Humber Care Record.

At the invitation of Dawn Greaves, the Partnership's Digital Programme Manager, Thrive by Design put forward a proposal to the Yorkshire and Humber Digital Board to carry out a discovery process to learn more about how to co-design inclusion into digital transformation across the region. In West Yorkshire we highlighted digital and access to data as a priority area. For more information see the [case study on the Thrive by Design website](#).

The Digital Weight Management Programme is a new service for staff working in the NHS who would like to lose weight and improve their health and wellbeing. It's for NHS staff living with obesity. Staff can self-register [on the NHS website](#). A new campaign from Department of Health and Social Care's Office for Health Improvement and Disparities (OHID) has [launched](#), championing the NHS Food Scanner App as part of its first Better Health children's nutrition campaign.

A range of illustrated resources to support NHS providers to implement and embed video consultations are available. See the [video consulting with your NHS: guides for patients, staff and trusts](#).

Our Digital Programme is looking for opportunities to speak directly with care home residents and their relatives to ensure that we factor their views into the design of future remote health monitoring solutions and care models.



Dawn Kellett has more information: [dawn.kellett1@nhs.net](mailto:dawn.kellett1@nhs.net). Healthwatch and Wakefield Council is looking for volunteers to be part of a brand-new citizen panel who will have their say on adult social care services in Wakefield District. Please see and share the [flyer](#) for more info.

We've updated the [innovation and improvement page](#) to showcase how we work together to develop and deliver innovative ideas and solutions to improve the health and wellbeing of the 2.4million people living across our area.

## Economy

We continue to see the numbers of people in work increasing while the numbers of people claiming out-of-work benefits falling, although remains higher than before the pandemic. We are also seeing the impact of omicron and Plan B feeding through in lower levels of vacancies. The numbers of people claiming out-of-work benefits fell by 2% between November and December 2021 (or 1,400 people) and currently stands at around 80,000. This is 27% (or 29,000) lower than its peak in March 2021 but still 42% higher than pre-pandemic levels in February 2020.

West Yorkshire's claimant unemployment rate, of 5.5%, is higher than the national average of 4.5%. We continue to see a recovery in the labour market with employment now 23,000 (2%) above the pre-pandemic level of February 2020 and 50,000 (5%) higher than at its low point in November 2020.

The number of job vacancies in West Yorkshire fell in December following peak levels during November. The scale of the month-on-month decline ranged from -22% in Leeds to -54% in Kirklees. This is partly due to the high numbers of vacancies in November being unsustainable, the slowing down of recruitment over the festive period, and the impact of the omicron variant/ Plan B. All occupational categories saw big declines, with the worst-affected groups being those most exposed to the impact of omicron: hospitality, food, and tourism; and sales (primarily retail).

## Finance

Following a full review of the Month 9 Income and expenditure forecast, our Partnership now expects to deliver a £25million surplus. There are several factors including constraints of workforce availability, one-off and unplanned financial gains, and the benefit for some organisations in West Yorkshire to build up cash reserves to support future capital requirements. Key points to note regarding the forecast surplus, includes:

- We have continued across all our organisations, places, and sectors, to ensure that operational requirements are properly and fully resourced
- Workforce challenges have restricted our ability to deliver elective recovery at the levels that we had planned
- We have redistributed resources between places and organisations at planning stage and in-year to ensure that we best allocate resource to where it is required
- We intend to deliver our commitment (in line with national policy) to meet our Mental Health Investment Standard requirements in all our places
- We have continued to ensure that our financial decisions deliver value for money for the taxpayer
- We have considered how NHS resources can be used to support other part of the health and care sector (e.g., £12million to bring forward the national living wage uplift for social care staff).



There remain several uncertainties that could further change the financial position between now and the end of the financial year, and these are being kept under constant review. The current forecast represents the most likely year-end case based on current knowledge.

Planning guidance and draft allocations have been issued, and we are working through different modelling scenarios which consider how those allocations (once finalised) could be played out to place. This work is ongoing.

#### Future-Focused Finance Towards Excellence Accreditation at Level 1

All five clinical commissioning groups have now successfully achieved Future-Focused Finance Towards Excellence Accreditation at Level 1. A tremendous amount of work has gone into reviewing, updating, and developing the ways in which we support professional and personal development in our finance teams. Support each other, and to ensure common arrangements as move into the integrated care board arrangements. Finance colleagues will start to develop plans for accreditation at the next level. Huge well done to all involved.

## Campaigns

#### Let's Keep West Yorkshire Going!

National COVID-19 measures are changing but here in West Yorkshire, infection rates are still high. We all need to remain cautious and do what we can to reduce the spread of the virus in our communities and get back to normal sooner #KeepWYGoing. You can access all the assets [here](#).

#### Primary care anti-abuse campaign: Be Kind

Following insight from primary care colleagues and members of the public, we are finalising the assets, in anticipation of launching a 'Be Kind' campaign in February.

