



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

Edition 48

Tuesday, 07 June 2022

## Introduction

This information has been produced to update West Yorkshire 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 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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## National and West Yorkshire COVID-19 infection rates

In England, the percentage of people testing positive for coronavirus (COVID-19) continued to decrease in the week ending 27 May 2022; the estimated number of people testing positive for COVID-19 was 784,100 (95% credible interval: 735,800 to 832,700), equating to 1.44% of the population or around 1 in 70 people.

The percentage of people testing positive for COVID-19 decreased in Yorkshire and the Humber, the East Midlands, the East of England, the South East and the South West, and the trend was uncertain in the North West, the North East, the West Midlands and London, in the week ending 27 May 2022.

The percentage of people testing positive for COVID-19 decreased in all age groups except those aged 2 years to school Year 6, those aged 25 to 34 years and those aged 70 years and over for whom the trend was uncertain, in the week ending 27 May 2022. The number of people testing positive for COVID-19 varied across sub-regions of the UK in the week ending 21 May 2022, with around 1 in 60 testing positive in Bradford and 1 in 70 people in Leeds and Kirklees.





## West Yorkshire COVID-19 current position

Hospitals across West Yorkshire now have a total of 77 patients with COVID-19. This number has reduced by 22 (22%) over the past week. The Omicron BA.2 wave reached a peak of 547 patients on 6 April. Non-COVID demand remains very high in all sectors ([accurate 1 June 2022](#)).

## West Yorkshire Vaccine Programme

The Spring Booster rollout is continuing, with top up jabs being offered to people aged 75 and over, care home residents and people who are immunosuppressed. People are being invited approximately six months after they had their previous booster, and it is expected everyone in these groups will have been contacted by the end of June.

First, second and booster doses are still available for anyone who needs them, with targeted work to increase uptake continuing across West Yorkshire. A range of pop-up and walk in clinics continue to be available in all areas and promoted locally and on the NHS [national site finder](#) or people can choose to book an appointment at a centre of their choice using the national booking service. These include appointments for 5–11-year-olds, which are on offer at designated child-friendly centres.

The Joint Committee for Vaccinations and Immunisations has confirmed that there will be an autumn booster programme and that their current view is that this will be offered to people aged 65 and over, those aged 16 and over who are at greater risk from COVID-19, care home residents and frontline health and care workers. Plans for the booster rollout are being developed, building on the learning from the programme to date to ensure these are easily accessible for all communities.

## Planned care / elective recovery

In West Yorkshire there are 197,792 people on the waiting list for planned care. Of those, 7,906 people have been waiting for more than one year and 308 have been waiting for more than two years ([accurate 15 May 2022](#)).

Healthwatch ran a public survey around delays to planned care from June to September 2021. The feedback from respondents reflected the recommendations that came out of the Partnership's engagement with the [Planned Care Citizens' Panel](#) which ran at the same time. One of those key recommendations was to improve communications with planned care patients, particularly around waiting times and support whilst waiting.

The introduction of the national patient platform [My Planned Care](#) is helping to improve communications with patients. In addition to up-to-date information around waiting times for each Trust and for each specialty, the online platform is providing information and guidance around prehabilitation (or 'prehab') to help patients be in the best health possible prior to their surgery.

## Antiviral medicines and neutralising monoclonal antibodies (nMABs)

All acute hospitals are now dispensing the oral antiviral medications. Triage and treatments for COVID-19 have started to decrease since the latest wave of positive cases.





Triages for COVID-19 antiviral treatments continue to reduce significantly with 40 treatments prescribed between 9 and 15 May across West Yorkshire (90% of referrals to COVID-19 Medicine Delivery Units).

## Planning / system oversight

### Hospital discharge

Our aim is to develop models of care that support people to be discharged to the right place, at the right time, and with the right support that maximises their independence and leads to the best possible sustainable outcomes and experience. We met the national target of reducing the number of people in hospital without criteria to reside by 30% by 31 January 2022 and continue to sustain the position. The challenge now lies in developing future models of care for West Yorkshire.

Colleagues continue to reinforce areas of work for a West Yorkshire wide approach/work to hospital discharge. These are set out in our 10-point plan focusing on:

- Using resources differently
- Workforce - experimenting with approaches across all sectors
- Seven-day discharge
- Capacity and demand of the whole pathway – escalation framework
- Data quality and measuring outcomes
- Population health needs
- Maximising virtual care/wards
- Maximising anticipatory care
- Linking place-based plans – assurance and delivery
- Good practice resource catalogue.

There have been a helpful set of World Café conversations in which each of our five places shared good practice from their local areas and several connections were made that have enabled people to take forward shared learning. These conversations helped clarify what is best taken forward at a place level, and via existing West Yorkshire programmes (e.g., the workforce programme) and what would benefit from co-ordination at a West Yorkshire level. This very much fits with the existing approach in the Partnership of subsidiarity and being clear about the collective way we consider issues. During June we are supporting places with completion of a maturity matrix which will include capacity and demand data.

### Urgent and emergency care (UEC)

During periods of escalation (OPEL 3E) Local Care Direct have been using a protocol to close lower acuity 12-24-hour cases by text message to manage need. A proposal was supported by West Yorkshire Clinical Forum to use this protocol at a lower escalation level. Monitoring of patient's safety and complaints will primarily take place through the West Yorkshire quality group; and any escalations or wide system impacts will be discussed at the pre-hospital working group.

A workshop was held in May to better understand the current access into adult's Same Day Emergency Care (SDEC) and blocks and barriers to extending this access. The workshop was well attended by clinical and operational staff across all West Yorkshire Acute Trusts. A set of West Yorkshire SDEC principles, and a definition of the service have been agreed and shared.





The workshop identified the areas where value could be added at system level, which included workforce, pathways, and engagement with partners (particularly Yorkshire Ambulance Service). A workshop for paediatric SDEC will be held in June.

Work continues improving ambulance conveyancing and handovers in particular areas - principles for sharing system risk, including intelligent conveyance, cohorting and rapid handover. Our system wide approach is focusing on our collaborative work to improve alternatives to emergency departments and ensure that 999 and 111 services have knowledge and access to alternatives.

#### Virtual wards

National guidance states that '[a virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology](#)'. 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 includes preventing avoidable admissions into hospital, supporting early discharge out of hospital, as well as can helping release hospital bedded 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

The 2022/23 national planning priorities set out that integrated care system (ICSs) should develop and extend virtual ward capacity, with the ambition of developing 40 to 50 'beds' for 100,000 population over the next two years (for West Yorkshire this is approximately 1000 to 1300 beds). This ambition is based on national evidence and modelling work for acute respiratory infection (ARI) and for frailty.

All ICSs are required to submit a detailed narrative plan in June, plus supporting workforce and finance information, that sets out the key developments that will be undertaken locally, the expected trajectory and benefits.

It spans across many of the Partnership's aims around improving quality, productivity, and outcomes, and supporting people to stay well at home wherever possible through proactive and personalised care. It is also recognised (both nationally and locally) that virtual wards do not exist in isolation, and their development needs to be weaved in alongside a raft of transformations within wider acute, urgent, and emergency, primary and community, and social care. All places across West Yorkshire have versions of virtual ward models up and running.

Initial discussions involving our five local places have highlighted common development themes relating to the depth of pathway design that will be needed, clinical risk management (for patients who would have historically been cared for in a hospital bed), staff and patient/public engagement and co-design, workforce capacity and training / new integrated roles, and technology enablement. A potential rate limiting factor will be the ability to grow the workforce (especially for advanced skills) in the community to deliver the expanded service models. All places (Bradford District and Craven; Calderdale, Kirklees, Leeds, and Wakefield District) are looking to further integrate models with primary care and social care, as well as the acute-community interface.





NHS England /Improvement is making available to integrated care systems two years of additional service development funding to support the expansion of virtual wards.

This funding is intended to be used primarily for workforce pay costs (including clinical, operational, administrative and programme delivery resource) and for enabling technology (licensing, software and/or platform costs, kit required for the virtual ward). Work continues with local place colleagues.

#### Legislation (Health and Care Act)

[The Health and Care Act 2022](#) completed the parliamentary process and received Royal Assent on the 28 April. This is an important step on the journey towards the establishment of statutory integrated care systems which comes into effect on 1 July 2022.

All forty-two integrated care systems in England will move onto a statutory footing with the establishment of integrated care boards and integrated care partnerships, including our own. It is helpful to note that our integrated care partnership is the [Partnership Board](#).

Our work to transition to statutory status will continue up to 1 July 2022 when the new arrangements will formally be established, and clinical commissioning groups will close. We will continue to work in shadow format until then and continue to do all we can to be ready, including supporting all our colleagues transferring into the new organisation and holding a one-off shadow integrated care board meeting on the 17 May 2022. You can read the papers [here](#) and watch the meeting online. The next West Yorkshire NHS ICB Board Development Session is in person on the 21 May. The first meeting of the ICB will be on Friday 1 July. This meeting will be held in public via digital technology. See also page 9.

#### Scoping for a West Yorkshire ICB ‘people panel’

Sector leads and the chairs and leaders reference group received an update on project scope for the development of a West Yorkshire Integrated Care Partnership (WY HCP) ‘people panel’. Local Healthwatch across West Yorkshire have been commissioned to undertake this work over a three-year period which began in March 2022. The project involves people, groups and organisations working together using their lived experience and expertise equally, responsibly, and creatively to design, deliver and evaluate the panel.

Core membership of the panel will be reflective of the population of West Yorkshire. Focus will be placed on empowering people with protected characteristics and those that are often under-represented to participate (e.g., certain socio-economic groups and young people) and it is hoped there will be a wider ‘network of networks’ to link to existing groups.

We are keen to ensure that the panel encompasses a whole system approach, working together with local councils (including council leaders), NHS, and voluntary sector organisations as well as individuals to ensure the voices of all are heard.

The ‘panel’ will complement our existing public engagement approach outlined in our [Involvement Framework](#) and Communication and Involvement Plan as well as other local and regional engagement approaches (e.g., Talkback Panels, Youth Councils, West Yorkshire Youth Collective Voice etc).





Its objectives will ensure it does not duplicate or replace existing involvement mechanisms; either at a West Yorkshire level or in the five local places. We will keep you updated as the work develops.

### West Yorkshire Joint Committee of Clinical Commissioning Groups

The West Yorkshire Joint Committee of Clinical Commissioning Groups (CCGs) met in public for the last time on Tuesday 7 June, 2022, at 11am. From 1 July 2022, the Committee's responsibilities will transfer to the new NHS West Yorkshire Integrated Care Board.

The meeting on Tuesday discussed the next steps for the harmonisation of commissioning policies across West Yorkshire, Healthy Hearts, and a summary report on the Joint Committee's achievements before it hands over its responsibilities to the new West Yorkshire Integrated Care Board on 1 July 2022. You can read the papers and watch the meeting on our [website](#).

Although the meeting was virtual, we want to give people every opportunity to ask questions about items on the agenda. Members of the public were invited to send questions to the Partnership Team and asked them direct to the Committee. There were questions on eye care (including commissioning cataract surgery), stroke services and improving planned care. All responses will be followed through and published on our website. The committee discussed the following at the meeting.

### West Yorkshire Healthy Hearts

The West Yorkshire Healthy Hearts project has revised two of its previously agreed treatment guidance documents (cholesterol and diabetes) to align to new national guidance. The revisions to these treatment guidance document have been agreed by the Area Prescribing Committee. The cholesterol guidance has been revised to reflect the addition of new national lipid lowering drugs, including Inclisiran (which is subject to a mandatory NICE Technology Appraisal) The diabetes guidance has been updated to reflect minor licensing changes for SGLT2i (drug) and the update to NICE diabetes guidance.

There are many people who could benefit further from high intensity statins etc and further engagement with primary care colleagues and GPs is underway. The Committee approved the revision to the guidance.

### Risk management

The Joint Committee has agreed an approach to reviewing and managing the risks to the delivery of its work plan. The risks overseen by the Joint Committee will be transferred to the NHS West Yorkshire Integrated Care Board corporate risk register. Committees covering Finance, Investment and Performance Committee and Quality will be established to provide the ICB Board with assurance on the arrangements for mitigating and managing all relevant risks.

### Harmonisation of commissioning policies

The work to complete the remaining harmonisation of West Yorkshire commissioning policies will be brought to a future NHS West Yorkshire Integrated Care Board, post 1 July 2022. This is to help ensure all relevant work, including public engagement, can be carried out in a timely way.





### Joint committee close down

The joint committee was established in May 2017 by the then 11 West Yorkshire and Harrogate CCGs. As part of the West Yorkshire and Harrogate Health and Care Partnership the Committee has played an important role in delivering shared priorities which met one or more of the three tests for working at West Yorkshire level:

- To achieve a critical mass beyond local population level to achieve the best outcomes
- To share best practice and reduce variation
- To achieve better outcomes for people overall by tackling complex, intractable problems.

The committee had delegated authority to take commissioning decisions on services including planned care, mental health, stroke, and urgent care. To ensure that decision making was open and transparent, the Committee had an independent lay chair, Marie Burnham, and lay members drawn from the CCGs. Each CCG was represented by its Clinical Chair and Accountable Officer. Meetings were held in public and were streamed 'live' on the Committee's website. A Patient and Public Assurance Group of CCG Lay Members provided assurance that appropriate patient and public involvement informed the Committee's decisions.

Following CCG mergers, by 2022 the committee was made up of the five West Yorkshire CCGs, with North Yorkshire CCG as an Associate Member. The abolition of CCGs means that from 1 July 2022, the Joint Committee will cease to exist, and its functions will transfer to the NHS West Yorkshire Integrated Care Board. You can read [this report](#) for a summary of achievements and next steps.

Ian Holmes, Director of Strategy and Partnerships, thanked Marie for chairing the committee for the past five years.

### West Yorkshire and Harrogate Clinical Forum

The Clinical Forum met virtually on Tuesday (7 June). 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 congratulated Julian Hartley and other colleagues on being recognised in the recent Queen's Honours. The following items were discussed.

### Provider Collaboratives and the NHS West Yorkshire Integrated Care Board

Provider collaboratives are an important part of system working, being one way in which providers work together to plan, deliver, and transform services. All Trusts providing acute and mental health services are expected to be part of one or more provider collaboratives

Community Trusts, ambulance trusts and non-NHS providers should be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved. They should have capabilities including partnership building, programme delivery, shared governance, peer support and mutual accountability, joined up working and quality improvement.

The NHS England / Improvement 'toolkit' describes some of the key collaborative requirements.

- A shared commitment, vision, and purpose from all partners
- Governance and resourcing models that are proportionate to the objectives of the collaborative
- Consideration of clinical, clinical support and corporate service priorities





- Building on existing collaboration where possible.

Both West Yorkshire Association of Acute Trusts and Mental Health and Learning Disabilities and Autism Collaborative are provider collaboratives that pre-date NHS E guidance. They meet all the requirements described above. Examples discussed included West Yorkshire Vascular Services and Assessment Treatment Units for people with learning disabilities. Both collaboratives have a place at the new NHS West Yorkshire Integrated Care Board.

Other examples include working through the pandemic, workforce planning and recruitment. There was a discussion on decision making across committee in common structures, with focus on health inequalities and how place-based structures and West Yorkshire initiatives fit together – recognising most of the work is led locally with primacy of place. Recovery times and equitability and sustainability were also discussed.

Forum members shared their views on the times when single organisational changes impact on multiple West Yorkshire local places but not necessarily the totality. Or times when two places/providers might wish to work in partnership, but not all collaborative partners. There are some areas clearly for local places / Trusts, and others for the wider system and integrated care board. Conversations and testing over time will take place. Forum members also highlighted the importance of other provider collaboratives, including primary and community care.

#### Community diagnostic centres - progress and next steps

Over the five years prior to the pandemic, demand for almost all diagnostic services in England grew. The COVID-19 pandemic has exacerbated pre-existing challenges, resulting in substantial increases to waiting times. Key recommendations of the [Richards' Review](#) included the development of community diagnostic centres (CDCs) to provide separate, dedicated locations for carrying out elective diagnostic procedures. CDCs must contribute to meeting six primary aims:

- improved population health outcomes
- increased diagnostic capacity
- improved productivity and efficiency
- reduced health inequalities
- improved patient experience
- and support for the integration of primary, community and secondary care.

CDCs will provide a broad range of elective diagnostics away from acute facilities. In many cases these will be able to be done in a one stop shop setting. All CDCs must meet and deliver key minimum requirements as set out in this guidance, including carrying out specified diagnostic tests.

Delivering the national asks for community diagnostic centres will support our Partnership's mission to:

- Use our collective resources wisely and
- Secure the wider benefits of investing in health and care.

Clinical Forum members received an update on progress and next steps. There was a conversation on pathways, workforce, staff involvement and working through the clinical governance framework as well as good public involvement. Further conversations will take place, including with Yorkshire Ambulance Service and pharmacy colleagues.





### Faecal Immunochemical Testing (FIT)

The NHS England / Improvement Planning Guidance 2022/23 includes the requirement to ensure every urgent suspected lower gastrointestinal referral is accompanied by a Faecal Immunochemical Testing FIT result, where clinically appropriate. The rationale for this national mandate is that it supports efforts to reduce the backlog of cancer care caused by the pandemic, improves cancer waiting times performance against the faster diagnosis standard and improves patient throughput.

West Yorkshire and Harrogate stakeholders, including clinicians, have reviewed the available guidance and evidence, and audited current FIT practice across localities to set out some guiding principles to inform the position and response, seeking to use best clinical judgement to inform practice. Forum members received an update on the current position and the rationale for this approach, whilst setting out conclusions, recommendations and proposed next steps.

It's important that when introducing new tests into the cancer pathway they add value to patients. This is an evolving area of work with published papers expected soon with revision of NICE guidance for NG 12 referrals. The issues remain under active discussion in the colorectal optimal pathway group. System clinicians will engage with national cancer and endoscopy lead clinicians to discuss positions and a meeting has been arranged for mid-July 2022.

Forum members discussed the links with primary care. Members also discussed the recent paper published by the British Society of Gastroenterology which included a summary of forthcoming guidance recommending that FIT be used in primary care for patients presenting with all suspected colorectal cancer symptoms except anal / rectal mass or anal ulceration. It also recommends that those with a FIT threshold of fHb <10µg Hb/g are not referred and are managed in primary care except anal / rectal mass or anal ulceration. It also recommends that those with a FIT threshold of fHb <10µg Hb/g are not referred and are managed in primary care. Clinical communications will be needed following further guidance.

### West Yorkshire Health and Care Partnership Board

The Partnership Board met on Tuesday 7 June. The meeting was chaired by Cllr Tim Swift, Leader of Calderdale Council. You can read the papers and watch the live stream on our [website](#). This was the 13<sup>th</sup> meeting of the Board.

Our transition to the new statutory arrangements from 1 July 2022 coincides with the Board's four co-opted members being in their roles for a three-year tenure. As we move into our new arrangements we will refresh these public voice arrangements into the Partnership Board, ensuring that there is a close connection with the citizens panel (see page 5) that we are establishing and other mechanisms for citizen involvement. Cllr Swift thanked co-opted members Jackie, Emma, Andy, and Stephen for their contributions over the last three years.

Partnership Board members welcomed Sarah Armstrong in her role as Chair of Harrogate and District NHS Trust, succeeding Angela Schofield as well as Kate Sims as Director of People-Designate for the NHS West Yorkshire Integrated Care Board.

Appointments to the new NHS West Yorkshire Integrated Care Board followed an open and comprehensive recruitment process involving partners and stakeholders. Jane Madeley was announced as the Non-Executive Member for Audit, Finance, and Innovation.





Becky Malby was announced as the Non-Executive Member for Citizens and Future Generations. Haris Sultan will be supported in his development through the NHS national NExT director programme, with a placement focusing on young people and future generations, working closely with Cathy Elliott as ICB Chair (designate) and non-executive member (designate) Becky Malby. Recruitment is currently underway for a further two Non-Executive Directors.

Cllr Swift congratulated colleagues in Bradford following the area being announced as the City of Culture 2025 on the 31 May 2022.

Julian Hartley, Chief Executive of Leeds Teaching Hospitals NHS Trust has been recognised in the Queen's Birthday Honours this year for his outstanding services to healthcare. Julian has been awarded a Knighthood for his services to healthcare over a 30-year career and in recognition of his commitment and contribution to the community. Congratulations to all other colleagues who have been recognised for their outstanding achievements.

Board members discussed the following agenda items at the Board meeting.

#### Questions from the public

Members of the public attending the virtual meeting included questions around child protection policies, health inequalities – the links to the care and child benefits. Reducing child poverty and addressing health inequalities is one of our 10 ambitions.

#### Rob Webster CEO Lead for the Partnership report to the Board

You can read Rob's report to the Board on our [website](#).

#### Putting people at the centre of the Board's work

There was a case study film produced with [Leeds Gate Gypsy and Traveller Exchange](#). Leaders discussed the power of the Partnership working with VCSE partners and the positive difference they make to local people's lives, alongside a potential to partner CEO with VCSE organisations as part of the Partnership's organisational development work – building on the good practice in Leeds.

#### Integrated care system of sanctuary

In West Yorkshire we see our migrants, refugees, and asylum seeker population as an asset to our cities, towns, and communities not a burden. Providing a safe and welcoming place of sanctuary for individuals and families should be seen as an opportunity not a threat.

We aspire to be a place where we build on the strengths of our refugee and migrant population and realise the opportunities by creating an enabling environment that provide stability and support to reduce the barriers, facilitate access to learning, training, good health, and wellbeing.

Each of our five places have developed and achieved sanctuary status (city or valley). The Partnership of Sanctuary aims to support local work and ensure West Yorkshire is a safe, welcoming county where refugees, migrants and asylum seekers can thrive and live healthy lives.

As a Partnership we will take positive action to embed concepts of welcome, safety and inclusion within our health and care sectors and commit to creating a safe and inclusive culture of welcome that benefits everybody, including anyone seeking sanctuary.





Next steps include:

- Develop a Health Inequalities Prevention Pathway for Refugees and Asylum seekers to communicate overall need and targeted interventions.
- Reduce barriers to communication to ensure healthcare services provide good quality language support, including interpreting and translation services, in line with NHS guidance.
- Embed approaches that ensure vulnerable migrants can navigate healthcare services, including booking appointments, obtaining prescriptions, using pharmacies etc.
- Scope future commissioning arrangements for bespoke services for vulnerable migrants to better respond to emerging population needs.
- Sharing practice from across West Yorkshire, highlighting interventions and activities in support of welcome and inclusion through our board and governance structure, social media, bulletins, and our partnership website.
- Commitment to share our learning with other integrated care systems and sharing through regional migration groups.
- Sharing approach with City of Sanctuary – health stream website and events.
- Sharing the positive contribution that refugees and asylum seekers make within our workforce and our communities.

We hope to have achieved the status by the end of June and would be one of the first integrated care system in the country. This will give us the standards we aspire to achieve for all and enable us to share learning nationally through working with VCSE organisations and linking into statutory organisations, for example Migration Yorkshire and the Home Office. Robin Tuddenham, Calderdale Place-based Lead is the lead for the work in Yorkshire. The aim is to ensure we keep the status for three years and regular progress will be reported to the Board. You can read more about the work in the paper on our [website](#).

#### Delivering the West Yorkshire People Plan

In December 2021 the Partnership Board approved a draft of the [West Yorkshire People Plan](#) which was published in March 2022.

Work is underway to develop an operational delivery plan which will set out the workstreams and associated deliverables and milestones to ensure delivery of the commitments made in our People Plan. This also encompasses the system wide development (organisational development) plan as one of the five people plan pillars. The operational delivery plan will be a 'live' document and reviewed regularly; informed through ongoing engagement with system partners as part of our networked model for the future People Function of the Integrated Care Board.

Priorities will be informed through the priorities set out in the NHS England / NHS Improvement Operational Planning Process for 2022/23, whilst keeping in view our plan is a system wide approach.

Delivery against many of the commitments are underway, with some areas being challenging, for example recruitment. Our focus is now on identifying the short, medium, and long-term actions and mapping the key deliverables, milestones, metrics, and resources required.

There are several key considerations which have informed process and progress pace.

- Current versus new activity – progress is already being made on several our commitments made in the West Yorkshire People Plan.





The priority will be to continue to build on this through 2022/23. There are some areas which are new or where work has not started, and the priority will be to scope these workstreams to identify the key deliverables, milestones and resources required to deliver

- Engagement with place workforce groups and system partners - the delivery plans need to be informed through ongoing engagement with place workforce groups and other partners to avoid duplication and to ensure activity is delivered at the right level.
- Alignment with the 2022/23 Operational Planning Guidance – the Operational Planning Guidance set out several key priorities for the workforce for 2022/23 which have been reflected in wider system and place delivery plans and will inform the People Plan delivery plans for 2022/23. This work was completed at the end of April 2022.
- Operational pressures due to Omicron – the priority area of focus at the start of 2022 was to support the system in responding to the Omicron variant thus impacting.

Delivery will be supported by a programme management infrastructure which will include reporting on associated performance indicators. There are several themes, including OD development, growing for the future, new ways of working and delivering care. There is also a cycle to workforce planning and investment with a process for engagement. This cycle considers local policy and national legislation.

Leaders discussed the differential growth in workforce, for example hospital doctor recruitment is higher than GP and community and primary care. There was a conversation on targeted worked with higher education / universities and the workforce observatory. This is about the whole career pathway, and we need to consider the contribution we and universities make together to the economy, through innovation, research and skills/jobs whilst ensuring links to the Leeds City Region are made.

You can read the report presented on our [website](#).

#### Hospital discharge (see also page 6)

The national ambition to reduce the number of people in hospital without a Criteria to Reside (C2R) by 30% was achieved by the Partnership. This target was based on a point in time baseline (December 2021). This resulted in renewed focus on data quality and internal hospital processes to address delays in pathway 0 (returning home without support) contributing to the Partnership's overall achievement by 31 January 2022 of 41%. The achievement of the target demonstrates the significant amount of work by all partners but there is still more to do for systems to reach a sustainable position to ensure effective flow, progress of their elective recovery plans and reduce ambulance handover delays.

Individual placed based plans are focused on working through collective actions to improve the current position to address the significant delays especially with regards long stay patients. These plans are monitored through current command and control structures along with Accident and Emergency Delivery Boards.

Working on the solutions as close as possible to the problems is vital to deliver responsive support as needed to stay out of hospital and improve discharge experiences and outcomes.

- Individual organisations will seek to manage their own performance and resources





- Where this is not possible, commissioners and providers will work together in their place to manage their collective performance and resources
- Where this is not possible, all partners will work together as a whole system to manage our collective performance and resources.

Some of the challenge is that over successive years there has been a short-term focus on managing winter rather than actions that could be taken over several winters to have greatest impact. Any new models developed need to align with the national strategic direction to deliver more care within and closer to home for people with mental health concerns and people with learning disabilities. Partnership Board members discussed connectivity for process and flow across the entire system, as well as acute and community governance and the importance of unpaid carers support.

You can read the paper on our [website](#).

#### Tackling health inequalities for minority ethnic communities and colleagues

The Board received an update on the [progress](#) made on the delivery of the [tackling health inequalities race review](#) action plan against the themes of population planning and mental health.

The Improving Population Health Programme working with local place colleagues continues its commitment to ensure that resource, intervention, and services understand and respond to the needs of different groups in our population. This includes:

- Supporting local places and understanding the system response for migrants and refugees, particularly the bespoke needs of Ukrainian refugees
- Roll out and success of the West Yorkshire Health Equity Fellows Programme and planning for year two
- Secured £200,000 funding from NHS England for five projects across West Yorkshire to support partnership approaches to targeted CVD prevention working between primary care networks and VCSE organisations.

Work is under way as part of the Adversity, Trauma and Resilience Programme to establish a health inclusion workstream to ensure people are identified to provide the best preventative response and to mitigate harm where needed. The programme is working with partners and organisations across West Yorkshire to understand the needs of people that are living with the effects of historical, current, and intergenerational racism.

We have established a CORE20Plus5 leadership group for the Partnership with programme and place membership established to ensure a joined-up system approach for the allocation of the £10,724,000 recurrent and additional resource across West Yorkshire to support targeted reductions in health inequalities for 2022/23.

An MOU with the VCSE sector will set out how the Partnership will work with the sector to shape services, invest in services, and deliver services that meet the diverse needs of our communities has been produced. governance arrangements which include the VCSE sector and citizen voice to ensure the organisations based in communities and led by communities have a voice in decision making at all levels. This includes a full voting member on the ICB Board for the VCSE.





The Mental Health, Learning Disability and Autism Collaborative has reviewed progress against the initial actions set through the review and set out next stage actions to be taken forwards during 2022/23. Actions completed include those relating to the development of the Staff Mental Wellbeing Hub and enhancing inequalities leadership at West Yorkshire level through new appointments. Actions include continuing the work on discrimination in employment policies and enhancing visibility on inequality in mental health planning and outcomes assessment. New actions being taken forward include improving consistency in use of inequalities data and diversity recruitment avenues.

Board members noted the progress of the work and discussed the importance of understanding communities and neighbourhoods. Local places explained their approaches and commitment to the agenda, for example the rolling vaccination programme in Wakefield and the connectivity made with communities had good success.

#### NHS West Yorkshire Integrated Care Board – constitution and governance

Each ICB will have a constitution setting out the board membership and governance arrangements for the organisation. As required by the Act, Clinical Commissioning Groups, working with designate ICB leaders, have engaged with key local stakeholders in developing the constitutions for each ICB before proposing them to NHS England. NHS England will bring the following constitutions into effect through the order that will establish ICBs on 1 July 2022. Each ICB's supplementary governance documents, for example details of committees it is establishing, will be made available on the relevant ICB website when live. You can find out more [here](#). Following submission of our ICB constitution to NHS England / Improvement in May 2022, our constitution has been approved.

The governance handbook is being designed to give us the flexibility to adapt our arrangements. None of the documents or governance arrangement that will be in place on the 1 July are 'set in stone'. They will need to be refined considering learning from operating in statutory form. A formal review at 12 and 18 months have been built into all aspects of the arrangements.

The Partnership Board will become our Integrated Care Partnership and set the integrated care strategy. It will be a statutory committee that is formally established as a joint committee of the local authorities and the ICB. This will be in line with the Partnership Board terms of reference agreed in December 2021. The Chair of the ICB (Cathy Elliott) will be the deputy Chair of the Partnership Board. The terms of reference of the Partnership Board will need to be updated to reflect the Board's new statutory status.

Each of our places will have an ICB committee with delegated authority to take decisions about ICB functions and resources. The Committees will agree an annual plan to deliver the place health and wellbeing strategy, allocate resources and arrange the provision of health services. In addition to place committees, West Yorkshire-level committees are proposed to provide the ICB Board with assurance in carrying out its functions. These include two statutory committees – audit and remuneration and nomination. A finance, performance and investment committee and quality committee will provide assurance on these key areas.

Leaders discussed connectivity between boards and committees and the next step for organisational development, for example identifying a place to discuss concerns such as the cost-of-living rise and the role of both the Partnership Board and the ICB Board.





You can read the report with further details on our [website](#).

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

The West Yorkshire Mental Health Learning Disabilities and Autism Partnership Board met on 16 May and discussed the following.

- Current work to learn from deaths of people with a Learning Disability (LeDeR) including how to bring together common themes from LeDeR and the recent safe and wellbeing reviews of people accessing care
- Training being developed through the community mental health transformation programme relating to cultural competence and humility, to better support staff in understanding of cultures, racial justice, wider inequalities and support better personalised conversations. A framework has been co-produced and will be circulated for wider comment
- Progress made on developing a consistent Standard Operating Procedure for the West Yorkshire Psychiatric Intensive Care Units (PICU) and decisions made with all places on the use of crisis and liaison funding for 2022/23.
- Updates on suicide prevention work – including the refreshed strategy, new Check-In campaign aimed at men and improvements in data frequency and quality coming into local public health teams from West Yorkshire police to support real-time surveillance and targeted interventions
- Latest developments with the complex rehabilitation support team, and work on the women's pathway – including the role of co-production
- A desire from Bradford place colleagues to undertake a system quality learning event across all partners.

### **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.

#### **Pathology**

Airedale NHS Foundation Trust upgraded its ICE system (the system that the whole trust uses to request pathology and radiology results) on Saturday 14 May 2022. The new system brings Airedale up to date with the latest version, which will make the system more reliable and easier to maintain. This work forms part of a West Yorkshire Association of Acute Trusts (WYAAT) pathology programme to improve requesting and resulting across all hospital trusts. The Mid Yorkshire Hospitals NHS Trust will be the next trust to upgrade, with the remaining trusts to follow over the course of the next two years. This is a pre-cursor to being able to share pathology results between hospital trusts.

#### **West Yorkshire Vascular Service (WYVaS)**

The regional clinical pathways pack has been refreshed and expanded to ensure that patients have the same, high standard of care wherever they contact the service.

WYVaS is also planning its first face to face regional event since 2020 – a meeting to share learning, set future priorities, and further develop the culture and relationships beyond the established collaborative working across the region.





## Procurement

Work is underway with all West Yorkshire ICS providers to standardise product choice on sticks, crutches and walking frames.

## Primary care and community services

Primary care teams in West Yorkshire continue to coordinate the support needed for practices to address the care backlog in communities by focussing on service prioritisation, quality, and long-term solutions. This is focused on areas with high levels of deprivation with other programmes in the Partnership such as urgent emergency care. More recently local primary care teams are working with guidance focused on the rise of Monkeypox cases and the impact on general practice. transformation in primary and community health services continues. This includes (and is not limited to):

- Primary care networks (PCN) continuing to tackle health inequalities that exist within their populations daily. The focused project work identified through the 2020/21 PCN Health Inequalities Support Funding is ongoing. This project work has evolved within each PCN and informed how PCNs support the Tackling Neighbourhood Health Inequalities DES requirements. Recently PCN Health Inequality Leads have participated in a webinar delivered by the partnerships Health Inequalities Academy to learn, discuss, and share best practice on mental health and diabetes.
- The pilot of Community Pharmacy Consultation Service (CPCS) within Pontefract Urgent Treatment Centre, with an aim to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine to help reduce access pressure.
- PCNs are making progress in recruiting additional roles giving patients access to a range of professionals for their needs via their GP practice, enabling quicker access to care and alleviating workload pressures on existing staff and freeing up GP time. [A recent case study from Leeds has been highlighted](#) within regional communications.
- Places continuing to work with PCNs in preparation for the implementation of Enhanced Access Directed Service in readiness for October 2022. Work to support teams to bring together to produce a West Yorkshire strategy and plan is underpinned by drawing upon qualitative feedback of patient experiences in preparation for QOF Quality Improvement.
- The Primary and Community Care Workforce Steering Group continues to work with stakeholders to review its strategic objectives aligning to our [People Plan](#) and associated national primary care workforce priorities. Recent developments include the progress of funding to develop skills in community-based optometry providers working closely with the Eye Health Network and scoping a piece of work to understand how primary care providers can be supported to develop their placement capacity.

Our Primary Care Design Group continues to progress the commissioning operating model as part of the transition and preparation for when the commissioning of primary medical care services are delegated to the integrated care board on the 1 July 2022.





## West Yorkshire and Harrogate Cancer Alliance

### Board meeting – patient story

Each Cancer Alliance Board meeting is now opening with a person affected by cancer invited to share their story with members. Each patient/carer story will relate to an issue elsewhere on the agenda, or a particular topical issue – for example, the current cancer awareness month or a pertinent high profile media story. In May, lung cancer patient Ric Myers shared his experience of early diagnosis, treatment, living with and beyond cancer. He described his reasons for joining the Cancer Alliance community patient panel and for volunteering as a cancer champion supporting [Cancer SMART](#), part of the Cancer Alliance Healthy Communities programme, which featured later on the agenda.

### Delivering Cancer Alliance Priorities In 2022/2023

The latest draft of the Cancer Alliance delivery plan for this year was presented to the May Board meeting, with comments requested. The plan has subsequently been assured by NHS England, and further information will be shared in the June ICS update, by which time the plan will be adopted as the ICS plan for cancer.

### Best Practice Timed Pathway Guidance

NHS England/Improvement have been working on new Best Practice Timed Pathway Guidance for gynaecology, head and neck, and skin, as well as refreshing the existing Best Practice Timed Pathway Guidance for lung, prostate, colorectal and oesophago-gastric cancers. All are available on NHS Futures, or by emailing [optimal.pathways@nhs.net](mailto:optimal.pathways@nhs.net). While there may still be minor changes to the style of the documents, the clinical and operational elements of all seven pathways are now finalised. These will now be uploaded to the [Cancer Alliance website](#).

### Breast Cancer Services Resilience Project

Progress continues with the work to improve the resilience of breast cancer service delivery across West Yorkshire and Harrogate.

Work is progressing on the development of two pilot services for women with breast pain only, with the introduction of the first clinics in Leeds and Mid Yorkshire Trusts, planned for June/July 2022. These will be evaluated. The first patient focus group meeting took place at the end of April, where the Advice and Guidance Tool devised for the breast pain pilot by Leeds Teaching Hospitals (LTHT) was discussed. The group discussed perceptions of breast pain and specific elements of the pathway, including timings; advice; availability of diagnostics. In particular, the panel questioned the need for two appointments prior to a referral to the breast pain clinic. This has subsequently been amended in the LTHT pathway and now indicates the patient visiting the GP, being offered advice, guidance, and support, and then being able to self-refer to the breast pain clinic if symptoms persist.

We have information about current and historical demands on services and the next steps will be to undertake an assessment of service capacity, identifying any specific gaps which exist within individual Trusts and across WY&H as a system. A rapid mapping review of the breast diagnostic pathway is also underway, including pathway steps and intervals, service model, workforce roles and responsibilities.





### Targeted lung health checks – North Kirklees and Bradford

The Targeted Lung Health Checks (TLHC) programmes in North Kirklees and Bradford are progressing well. People aged 55 – 74 who smoke or have ever smoked, and are registered with a GP in the area, will be invited for a telephone health check. If any issues are identified, people will be offered a CT scan at a mobile scanner unit location within relevant area.

Within North Kirklees, more than 2,000 people have already undertaken lung health checks since the programme began. Targeting of the initial Primary Care Network (PCN) population has been completed and progression into the next PCN area begins this month. A total of 600 lung health checks have been recorded in Bradford (as of May 2022), with encouraging engagement by the first cohort of GP practices.

The expansion of both projects is ongoing, with more staff being involved to support additional capacity; the innovative use of technology to facilitate self-booking and greater patient choice for lung health check appointments. Further work will also take place to raise awareness in the local community and promote uptake. National reporting requirements to support effective evaluation are also being met.

### Community/patient panel – face to face meeting

The Cancer Alliance community patient panel has met face-to-face for the first time in more than two years – with Lay Board Member Paul Vose (also a panel member and Treasurer of Yorkshire Cancer Community) joining the meeting via Zoom from the Isle of Man. Members of the patient-led charity Yorkshire Cancer Community were also invited to attend.

Panel members have continued to work alongside the Cancer Alliance during the pandemic – for example, by engaging through regular Zoom meetings; participating in workstream focus groups online and co-production of work via remote working.

The panel – hosted by Healthwatch Wakefield - was also recognised with the Helpforce Champions Award 2021 for ‘partnership and systems working in volunteering’ for their continued commitment to making a positive difference for patients, carers and all those affected by cancer.

At the start of the meeting, several members shared their individual stories of life during Covid, and how their lives had been affected. Many whose on-screen faces had become familiar since 2019 were meeting in person for the first time.

Items on the agenda for discussion and potential engagement of panel members included the Cancer Alliance delivery plan and priorities for 2022/2023; targeted lung health checks; non-surgical oncology and a national project looking at improving experience of care for people affected by cancer with pre-existing mental health conditions.

### Local Maternity Service (LMS)

West Yorkshire and Harrogate Local Maternity System (LMS) Programme Board met on 17 May 2022. Chaired by Anne-Marie Henshaw, Senior Responsible Officer for the Partnership’s LMS and Director of Midwifery and Women’s Health at Mid Yorkshire Hospitals Trust.





The programme is data driven and the new dashboard, which continues to be updated with new deliverables, is providing timely information to support transformation and performance. The method of how the data is reported was discussed and the board asked senior maternity leaders to explore how this can be enhanced for future meetings.

As required following the publication of the interim Ockenden Report and the perinatal surveillance model the board received the first data measurements regarding workforce and training. The LMS Workforce Steering Group have led on this data collection and had previously piloted the data collection. Some challenges remain, but as the process moves forward the data collected will become more robust and comparable.

Safety is a golden thread that runs through the LMS work. The peer review process of serious incidents is now embedded, and learning is shared at the SI Review Panel and the Safety Forum both of which meet monthly. An LMS learning log records system-wide learning and recommendations, which are disseminated via a learning bulletin. Two working groups will be established to progress recommendations around maternity triage and implementing training for management of an impacted fetal head.

The North Region Maternity Team and the West Yorkshire and Harrogate Local Maternity System will be undertaking visits at each Trust during June and July 2022. The aim is to provide assurance that the seven essential immediate actions outlined in the interim Ockenden report (December 2020) have been implemented and to provide support to Trusts who are now working towards the 15 new actions from the final Ockenden Report (March 2022).

The next Board Meeting will take place on the 16 August 2022 with an extraordinary Board Meeting being held on 7 July 2022.

### **Improving population health programme**

The Improving Population Health Programme Board met on 12 May with a packed agenda. There were updates around the [Partnership's Green Plan 2022-2025](#) and our two new campaigns which launched this month: [all hands in](#) and [check in with your mate](#). The Board committed to collaborative working between healthcare, affordable warmth and housing services to achieve our ambition to address the health inequality gap for children living in households with the lowest incomes with respect to children and young people with asthma. An evaluation tool to assess the reach of the Health Inequalities Grant funding into deprived communities in West Yorkshire, already welcomed by voluntary and community sector colleagues, was endorsed by the Board. Members also heard updates around initiatives being carried out by the [Health Equity Fellows](#) as well as the [Core20PLUS Connectors](#) programme funding to reduce healthcare inequalities, of which our Partnership was selected to form part of the national wave 1.

Registration for the Partnership's Health Inequalities Academy 'one year on' event on Tuesday 21 June and Wednesday 22 June 2022 from 9.30am to 4.30pm is now open. Following the [successful launch](#) of the [Health Inequalities Academy](#) in February 2021 this virtual event will bring partners together to explore progress to date, share learning, and outline our continued approach toward closing the health and wellbeing gap across West Yorkshire. See the [eventbrite pages for the full agenda and booking instructions](#).





Copies of the presentations, illustrations and other handy resources from this year's Adversity, Trauma and Resilience Knowledge Exchange are available on the [Partnership's Knowledge Exchange pages](#). For more information see the [Adversity, Trauma and Resilience Annual Knowledge Exchange](#). Post-event booklet coming soon.

New [guidance for trauma co-production](#) is available. The guidance, authored by Lisa Cherry, Schools, Services and Systems Change Consultant, sets out an understanding of how to engage in co-production using a trauma informed lens.

Thank you to everyone who has promoted the [All Hands In](#) movement to staff and colleagues across the Partnership. We now have over 80 pledges from colleagues committing to making small changes leading to a huge impact on climate change. During the next phase we want to drive momentum and encourage more people to pledge and share. See the [website, which is now full of ideas](#).

We are hosting three half-hour focus groups aimed at parents and carers of children and young people with asthma on 7, 9 and 16 June. The aim is to get people's thoughts on the content of draft patient information leaflets. The leaflets look at the link between damp, mould and poor indoor air quality in the home with asthma.

As we move into the second year of the [Long Term Plan for smoking](#), we continue to deliver and provide quit smoking opportunities across maternity services. The West Yorkshire Smokefree Forum's focus this year is on the planning and implementation of hospital-based tobacco dependency treatment services for inpatients, in both acute and mental health settings. We assessed proposals from agencies who we asked to design and deliver an evidence-based, specialised behaviour change campaign to encourage young pregnant women - aged between 16 and 23 - to stop smoking.

Following the success of the 2021 series, we're back with a [2022 series of events](#) to share knowledge and experience related to NHS sustainability. We hear from experts both within and outside the NHS as we address the climate and biodiversity emergencies.

The Improving Population Health Programme's [Annual Report](#) covering 2021/22 is now available in [BSL](#). The report, which documents the Programme's progress over the last 12 months is also available in [text only](#) and [easy read](#) versions as well as an [audio version](#).

Our Suicide Prevention Programme announced the launch of [Leaving Service](#), a new 30-minute documentary film exploring mental health and suicide prevention with ex-military personnel.

A very warm welcome to Valerie Mzizi our new Programme Support Officer for the Improving Population Health Programme.

### **Children and Young People (CYP)**

The Partnership's CYP programme continues to progress areas of transformation for children, young people, and families. The collaborative work on long term health conditions includes a housing and healthcare commitment for children and young people with severe asthma which is currently being signed off with the transformation group.





We have recently appointed clinical leads to support the delivery of the national asthma care bundle and the diabetes Digibete app for type 2 diabetes has started its design phase.

We have been successful in the recruitment of two assistant psychologists across West Yorkshire to scope and undertake development work as part of the longer-term approach to improve psychological support for children and young people with epilepsy and their families. In keeping with our commitment to co-produce work there has been agreement for the development of an epilepsy patient facing first year of care pathway and patient facing information.

Final amendments are being made to launch the 'Healthier Together' website later this month in line with our focus on children's healthcare in the community. There are plans for ongoing development in co-production with our youth collective.

A community pharmacy presentation for primary care to develop closer collaboration on asthma has also been received and the approach includes a review of the integrated checklist with a focus on community pharmacy.

A palliative and end of life care steering group with key stakeholders is being established to progress a 24/7 service across West Yorkshire. Our work with schools continues to progress and a video has been finalised for supporting asthma friendly schools.

To support family resilience and early help, an adversity, resilience, and trauma social justice workshop took place in May to identify areas to work together as a system on and links have been made with Wetherby Young Offender Institution. Trauma informed foundation level training has continued with West Yorkshire Police first response teams in Wakefield and Kirklees, housing staff across West Yorkshire and primary care in Calderdale. The training has evaluated well, and case studies are being developed as to the impact of the training.

Work on childhood obesity and healthy weight has included local place- based prevention workshops, led in collaboration with the Improving Population Health Programme and Directors of Public Health. West Yorkshire has been successful with a national NHSE/I Expression of Interest to be a pilot site to implement a clinic for complications relating to excess weight in children from 2022. This service is being hosted by Leeds Teaching Hospitals NHS Foundation Trust for West Yorkshire and implementation of the clinic is being developed with the recruitment of staff and location identified and agreed.

Preconception and early years work have helped to produce safe sleeping guidance and a train the trainer package has been developed. There has been an agreement to hold place- based workshops to identify prioritisation of the local maternity system public health prevention system recommendations as a priority. This includes recommendations around parenting and identifying early years system priorities. It includes work with the West Yorkshire Oral Health Group.

## Diabetes

We supported Type 2 Diabetes Prevention Week which ran from 23 to 29 May. During the week colleagues shared their Healthier Hack tips for reducing the risk of developing type 2 diabetes and other health problems.





Great to see colleagues from across West Yorkshire joining in too and using the Partnership's resources available on our [diabetes comms page](#). We also published [John's video diary](#) of his journey on the Healthier You NHS Diabetes Prevention Programme. John recorded seven videos over nine months which we've put together so you can see the [whole journey](#). The videos range from when he first started the programme right through to the last session with fantastic results.

As a follow up from Type 2 Diabetes Prevention Week and a precursor to Diabetes Week (13 to 19 June) we'll be pitching up on 10 June outside Marks and Spencer by the Woolshops in Halifax town centre. We'll be joined there by colleagues from Diabetes UK and Reed Wellbeing – one of the providers of the NHS Diabetes Prevention Programme, to encourage more people to assess their risk of diabetes and use the Diabetes UK [Know Your Risk](#) tool.

We'll be supporting this year's Diabetes Week which will run from Monday 13 to Sunday 19 June. The week is about celebrating the millions of people across the UK taking diabetes in their stride – and everyone supporting them along the way.

We updated the [packs for GPs](#) which provide all the information needed to identify and mail out to patients who are at risk of developing type 2 diabetes and who, we hope, will take up the opportunity to join the Healthier You NHS Diabetes Prevention Programme. The revised packs consider the timeframe for blood result eligibility to the NHS Diabetes Prevention Programme has reverted to 12 months from 24 months.

GP practices and other healthcare colleagues are now making referrals to the NHS Low Calorie Diet (LCD) Programme being piloted in West Yorkshire. The referrals follow three training sessions attended by over 200 colleagues. See the [NHS LCD pages](#) of our [diabetes resources page](#) for more information and resources.

We met with Ingeus, who were awarded the NHS Diabetes Prevention Programme contract for our region for the next three years starting on 1 August 2022. The Diabetes Programme Team continue to work closely with CCGs, GP practices as well as the outgoing and new provider to ensure a smooth transition.

We continue to promote [Healthy Living](#), a free online service designed to provide information to people living with type 2 diabetes to help them better manage their condition.

## Digital

On the 28 April 2022 the West Yorkshire Digital Team held an initial Procurement Workshop to understand from representatives across West Yorkshire what functionality they would like from a new solution, using the feedback from the evaluation workshop as a baseline, and except for some new requirements, the messages and feedback were still very much the same.

The Digital Programme are hosting their second GP online consultation re-procurement workshop on Thursday 16 June, having secured the extension of current arrangements for 2022/2023. This second workshop is part of a range of activities towards procuring an ICS wide combined digital solution which includes online consultation, video, and SMS capabilities for April 2023 onwards.





At this next stage the programme team are looking to agree the requirements for the specification, invite the procurement hub participants to share their thoughts, and provide an opportunity for clinical and non-clinical colleagues from GP practices and primary care networks to raise any questions and to get involved in the procurement process.

It is very clear that the digital marketplace has evolved over the last few years and there are now far more sophisticated solutions out there and many more that keep being added to the Digital First Online Consultation and Video Consultation (DFOCVC) framework for the Digital Programme to choose from.

### **Harnessing the power of communities**

We are excited to have appointed a new Programme Manager for HPoC who will start in late June – we hope to share more details soon. And we are currently liaising on the recruitment of the voluntary community social enterprise sector (VCSE) integrated care board member and HPoC senior responsible officer which we hope will go out to advertisement in the next week or so.

Training was delivered earlier this month by HPoC and a range of VCSE organisations to 44 newly qualified GPs and general practice nurses with the aim of building understanding and connectivity with the sector early in their careers. This will be an annual event which we hope will lead to increased collaboration with the VCSE sector and better health and well-being outcomes for the population.

We are collaborating with West Yorkshire Combined Authority, South Yorkshire Integrated Care System and Humber, Coast and Vale Integrated Care System, to build on the research we completed last year with Durham University, strengthening our knowledge, and understanding of the VCSE sector in Yorkshire. The three integrated care systems are working together with Yorkshire Ambulance Service to gain feedback from some specific population groups, via VCSE organisations working with these groups, on their experience of using the ambulance service, with the aim of making it more accessible to them.

HPoC will also be continuing in their role as the West Yorkshire lead for Thriving Communities – the VCSE social prescribing network and programme of training, development, and peer support.

### **Finance**

After the local finance submissions on the 10 June, we aim to close the financial planning gap and identify any risks and mitigations needed to do that. We are working through how additional funding provided will impact on plans. Earlier this year in April we had a planning gap of £73m, and we are exploring all opportunities to close that gap – with nothing certain yet. NHS England / Improvement requirements state that if we don't achieve a balanced plan, we won't have access to the additional allocations. There's a real drive to address outstanding issues.

There's also lots of work going on in finance around clinical commissioning groups close-downs and transition to becoming an integrated care board, with due diligence work ongoing. No significant risks have been identified at this stage, and work is progressing.





## Campaigns

### Mental Health, Learning Disability and Autism Programme

The Programme is working on the development of campaign and communications resources to support the work of the Community Mental Health Transformation project. A communications working group has been established to ensure that all places are represented in the creative process.

A new campaign is in the early stages of discussion with a view to increasing referral rates to perinatal and maternal mental health services, particularly from groups who have not traditionally accessed these services. This campaign follows up on the awareness campaign that ran last year. Thrive by Design have been briefed to bring a proposal for an extensive co-production and engagement exercise that will inform the development of the creative assets.

A campaign to support the final event in a series of virtual recruitment fairs – this takes place on 30 June. The campaign comprises a leaflet drop to 130 000 households in postcodes adjacent to the three mental health trusts and focusing on areas of deprivation in order to raise awareness of the range of opportunities available. The creative message reinforces that these roles do not require high academic achievement, are not age-sensitive and are open to anyone.

### Check-in with a mate – suicide prevention campaign

[The campaign launched on 16 May](#). Based on and leveraging the success of the award winning [staff check-in campaign](#) last year, this is a public-facing campaign aimed at men. The campaign highlights that more men than women take their own lives and urges people to check in with male friends, especially those who are displaying know risk factor behaviours. [All resources are open-source and available to download from the campaign web pages](#).

### Climate change: All Hands In

We launched our new climate change campaign on 9 May urging over 100,000 staff and volunteers to be ‘all hands in for a better future.’

We know climate change poses a major threat to everyone’s future. That’s why we’re committing to making fundamental changes to the way we work, through increased investment, mitigation, and culture change throughout our health and care system. The campaign encourages us all to be aware of how individual actions can impact on the climate and how decreasing carbon emissions is good for health.

In this [video](#) our healthcare leaders ask colleagues to promise to do one simple thing of their choosing to reduce the impact on the environment and make a pledge on the campaign’s website <https://allhandsin.co.uk/>.

The campaign builds on staff insight about the changes we want to see and be part of. By sharing real life examples, we aim to show how small changes to everyday behaviours can collectively make a positive difference to the world and people’s health, for example cycling to work, energy saving, recycling clothes, and eating less meat.

We’ve shared a communication toolkit with all communication and engagement colleagues with all assets needed to support the campaign phases stored in [Microsoft One Drive](#) and [Drop box](#).





### Staff Mental Health and Wellbeing Hub awareness campaign

This campaign will use digital technology and social media to raise awareness of the Hub among staff working in our acute and mental health trusts. The campaign will launch in June.

### Primary care: leaving a gap campaign

Led from patient and primary care insight work to prevent abuse towards primary care colleagues, a new campaign launched in March. The aim is to motivate the public to be kind to staff, so they don't resign and leave a gap in service delivery – which is no good for anyone. We will evaluate the campaign in August / September. Will be putting forward communication award applications.

### Let's DiaBEAT this

Our Let's DiaBEAT this campaign to boost referrals and uptake of programmes aimed at preventing and managing diabetes continued. We held three one-hour training events in March and April and have another planned for June to enable healthcare professionals to make referrals to the NHS Low Calorie Diet Programme being piloted in West Yorkshire. To date we've had 22 referrals.

We're supporting Type 2 Diabetes Prevention Week which runs from Monday 23 May to Sunday 29 May this year. As part of the week, we'll be promoting #HealthierHack tips from colleagues on social media.

We published John Ebo's final [part 7](#) instalment of his journey on the Healthier You NHS Diabetes Prevention Programme. John describes how it's gone and share his latest stats with the results speaking for themselves. Promotional and other materials are available on our updated [communications resource page](#). This includes GP resources, Twitter graphics, video clips, billboard poster, magazine advert, radio ads in English and in Punjabi and much more.

### Seriously resistant

Seriously is a campaign that aims to raise awareness of antibiotic resistance and encourage people to pledge to keep antibiotics working. If we carry on misusing antibiotics, in the future they could stop working altogether, so it's now more important than ever that they're taken correctly. We are looking at how we can scale up the Leeds campaign website across West Yorkshire.

### NHS Long Term Plan -Targeted Smoking Cessation Communications Campaign

Following a tender process, we selected our chosen provider to design and deliver an evidence-based, specialised behaviour change campaign aimed at pregnant young women (aged 16-25) across West Yorkshire that:

- raises awareness of the risks of smoking during pregnancy
- Encourages young pregnant women to stop smoking
- increases awareness and referrals to local smoking cessation services.

A project group is being set up to oversee the campaign who will review creatives and sign off at each stage. This work supports our work to meet the requirements of the [NHS Long Term Plan for smoking](#)





### Stroke awareness month (May)

Social media graphics were created to raise awareness and to signpost people to the website. A [new booklet](#) to promote the patient and carer representatives group was produced. A [blog](#) was shared in the Partnership's Friday and local stroke survivor Geoff shared his experience of stroke and written into a case study to help raise awareness all shared on the and I listed the [stroke awareness events page](#).

### 'Together We Can'

The evaluation report of the 2021/22 winter campaign for 'Together We Can' will be received and signed off in the coming weeks.

### Carers Week and Message in a Bottle initiative

This year [Carers Week](#) runs from 6 to 12 June, with the theme **Visible, Valued and Supported**. As a partnership our aim is to increase recognition and support for approximately 400,000 unpaid carers living across West Yorkshire in Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District.

Working with local caring organisations, we want to support them and local carers to encourage people to plan for the eventuality of an emergency so that those they care for receive the help they need. This includes promoting the ['message in a bottle'](#) initiative, created by the Lions Club Charity, who encourage people to share important medical information in a green and white bottle in an easy to find location – the fridge.

New Partnership guidance for managers also aims to help employers have supportive conversations with employees who have unpaid caring responsibilities. 1 in 7 of our workforce is a working carer with 600 people stop working every day to care for a loved one. This means employers lose staff, knowledge, and skills. Evidence shows that allowing greater flexible working enables working carers to balance work and care successfully. The guidance document and working carer passport can be viewed on our [unpaid carers webpage](#). We are also working hard for young carers across West Yorkshire and will be launching the new Young Carers Education pack with resources to help support them.

### West Yorkshire Healthier Together

Partnership colleagues are getting ready to launch a new website in June, that provides consistent, accurate and trustworthy healthcare advice to parents, carers, young people, and professionals.

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.

The Healthier Together programme first originated in Wessex and has been so successful it has been adapted and launched in other parts of the country.





The benefits of local developments mean links and information about local services and resources will be made available. A communications toolkit will be shared with communications colleagues and local healthcare professionals.

#### Cervical Cancer Awareness Week

The Cancer Alliance are planning a social media campaign to support Cervical Cancer Awareness Week (20 – 26 June 2022), raising awareness of the importance of cervical screening amongst younger women coming up to their first screening invitation at 25 years old. The plan will utilise influencer marketing to reach a younger demographic, with the aim to remove any taboo and promote the importance of attending screening when invited. The Alliance will also be releasing a video breaking down the process involved in going for a cervical screening, designed to improve accessibility for people with learning disabilities. In addition, the Alliance will be supporting Jo's Trust in resharing content across social channels throughout the week to raise awareness of the signs and symptoms of cervical cancer.

#### Skin Cancer Awareness Month – Focus on Melanoma

The Cancer Alliance is supporting the national campaign for May as Skin Cancer Awareness Month. Quote from National Cancer Director Peter Johnson summarises key messages which are supported through a national campaign plan.

Professor Peter Johnson, NHS clinical director for cancer said: "Skin cancer is easier to treat if detected at an early stage, so it's important to see your GP straightaway if any moles or freckles change size, shape, colour, itch or bleed.

"Through the Long-Term Plan, the NHS is also delivering more cutting-edge treatments than ever before to help save lives, including through new innovation and technology like teledermatology, where a GP takes images of any worrying skin symptoms and sends them for review by a specialist – speeding up referrals and helping to catch cancers earlier to ensure people get the treatment they need as soon as possible."

**ENDS**

