



## Wakefield Health and Wellbeing Board Members

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# Foreword



As Chair of the Health and Wellbeing Board I am delighted to set out in this plan what we intend to do to make substantial health improvements for the Wakefield District through both the transformation of services and better partnership working. You will also see in this plan, details of what we have achieved over the last two years since the publication of the Wakefield Health and Wellbeing Plan, which has contributed to delivery of real outcomes

for our population. I am proud that the work of this Board has driven these improvements and I am ambitious for what more can be achieved over the lifetime of this plan. As Cabinet Portfolio Holder for Adults and Health it is my role to ensure that we all work together to ensure that we can bring an added value to the people of the district and I am confident that with the strong relationships we have on this Board and the passion that we all have for better health and care, we will be able to achieve this.

## **Councillor Pat Garbutt – Chair Health and Wellbeing Board**



As the strategic lead for Health and Care Transformation and Integration in the Wakefield Place it is my honour to be able to work with our partners on the Health and Wellbeing Board and to act as the representative for Wakefield on the West Yorkshire and Harrogate Health and Care Partnership. There is a lot for us to do to improve the health and quality of lives in the Wakefield District and in a different way to which we have done before and this plan sets out

how we intend to do that. I am proud of how partners in Wakefield have a shared ambition and a commitment to try new things to make a difference and you will see some of that in the recent achievements we have set out. These achievements are important to note in order to celebrate but also to learn. We understand the need to look beyond the traditional health and care boundaries to find how we can transform lives and the need to focus on what is at the heart of a family, their home, their jobs, their finance and their communities and I believe that the work we have set out in the plan to undertake reflects this. I am excited to continue to work across our health and care sector and look forward to seeing many of you at our engagement events over the coming months and years.

## **Jo Webster - Strategic Lead for Health and Care Transformation and Integration and Chief Officer, NHS Wakefield CCG**

## Introduction

The role of Wakefield Health and Wellbeing Board is to work with the public, partners and stakeholders to determine the health needs of our District. Our role is then to set the strategic direction and vision for health and care across the Wakefield District. In 2016 we refreshed our plan to take account of the publication by NHS England of 'Delivering the Five Year Forward View' and the increasing workforce and financial challenges. Our ambition is to build the resilience of local people: we want people in Wakefield district to have healthier, happier and longer lives with less inequality. To deliver this we need to do more to prevent ill health, to support people to make informed choices and be more in control of their lives. We know that people who have jobs, good housing, and are connected to families and communities feel better and stay healthier.

Our focus must be on our people and our places, not organisations. There will be a responsibility for everyone to work together from individuals, families, communities and our staff across all public and voluntary organisations.

The creation of the West Yorkshire and Harrogate Health and Care Partnership broadened our scope of opportunity to work with partners across a larger geographical area to deal with issues that are beyond our capacity to deal with alone.

Whilst this way of working presents an opportunity to deal with the complex issues that we face, we strongly believe that people should get the care they need as close as possible to where they live. We want GP practices, social care and hospitals to work together as networks to provide the best possible care.

With local services working together, focused on people and place, we want to transform our plan to take a more proactive approach. We want to ensure that we:-

- Give every child the best start in life
- Prevent ill health by focusing on early intervention and prevention
- Ensure there is a healthy standard of living for everyone
- Create and develop sustainable communities that support local residents to become healthier, resilient and empowered.

Wakefield District is ranked 65 out of 326 most deprived districts in England. On average, people here die younger than in other parts of England and cardiovascular disease, cancer and respiratory illnesses mean that people become ill at a young age and live with their illnesses longer than other parts of the country. There are a growing number of older

people, who often have more than one long term health issue to manage and of people living with multiple health conditions at a younger age.

Thousands of people are treated in hospitals when their needs could be better met elsewhere; care is not always joined up between teams or of a consistent quality. We also spend millions of pounds dealing with illnesses caused by poverty, loneliness, stress, debt, smoking, drinking, unhealthy eating, poor housing and physical inactivity.

These demographic dynamics present a clear challenge to health and care services in the District. If we don't act now to radically change the way in which we do things, the next generation will have more people suffering from poor health, physical and mental illness. If we did nothing to improve the situation, Wakefield District would also face a gross system deficit of £182m funding for health and care services by 2020/21.

This plan shows that Wakefield Health and Wellbeing board will seize the opportunity to shape its future, drawing on the assets of strong public and voluntary services and healthy and strong communities to build a new system.

## Why we need to change

The health outcomes for Wakefield are worse than those in other parts of the country and health inequalities are deep rooted. Of 346 districts in England and Wales (326 in England and 20 in Wales), Wakefield District ranks 290 for life expectancy for women and 299 for men. The high prevalence of long term conditions such as cardiovascular and respiratory disease mean that Wakefield people not only have shorter life expectancy, but can expect to experience poor health at a younger age than other parts of the country. Both men and women living in the most deprived areas can also expect to spend nearly 20 fewer years in good health compared with those in the least deprived areas. By 2031, the number of older people in the population is expected to reach almost 100,000. As more people have developed multiple long term conditions the focus has shifted from curing illness to helping individuals live with chronic ill health.

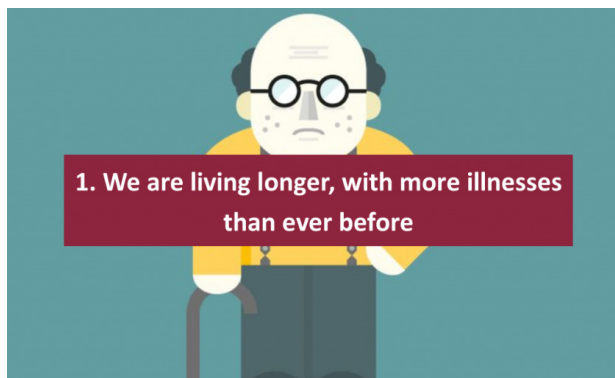
Our partnership arrangements have contributed to significant progress in these areas, developing care packages centred on the needs of individuals, delivered by joined up teams across health and care, statutory and voluntary organisations. This will help to reduce the number of people being treated in hospital whose needs would be better met in primary care or in the community. However, we still have much more work to do to ensure that care is

coordinated between urgent and emergency services. There are real risks that there will not be enough providers of residential, nursing and home care services and this will impact on system resilience and hospital discharge planning. There is a rising burden of illness caused by lifestyle choices like smoking, alcohol, and obesity. These changes have put the NHS and social care under increasing pressure and the growing number of people with multiple problems receiving care that is potentially fragmented could lead to wasteful duplication, poor outcomes and experiences.,

Based on these trends, if we do nothing, the Wakefield District health and social care system will face a gross deficit of £182million by 2020/21. That pattern of rising demand is compounded by the way services are organised and the imbalance between preventive early help services and those which respond when a crisis occurs. The scale of the challenge demonstrates why radical change is needed, both in the way services are delivered and in the way the public use them. This is why we must take this opportunity to draw on all the capability and capacity of our system to work together.

Investment in the wider social determinants of health such as employment, housing, social isolation, the built environment and education will support this prevention approach. We know that there are more challenges to come in the Wakefield District. The introduction of Universal Credit will have a significant impact on some of our most vulnerable people and agencies need to work together to tackle this.

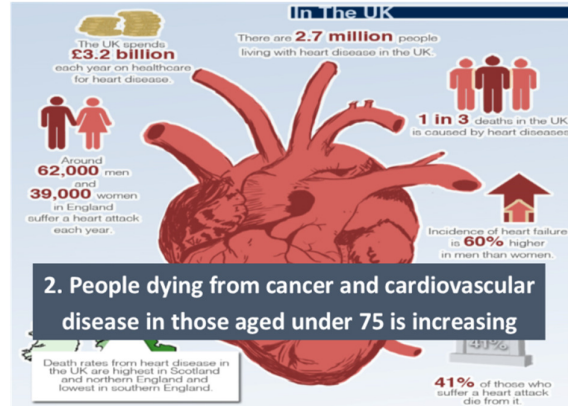
We have made great progress as a Board in improving the health of our district however many challenges remain. Here are some of the top 10 facts about the health of our population in Wakefield.



We know that people are living longer in the district, although still less than the national average. This does mean that some people are living longer in ill health, around 16 years in ill health for men and 19 years for women and unless we can encourage people to drink less alcohol, stop smoking and exercise more this will put extra pressure to the health and care system.

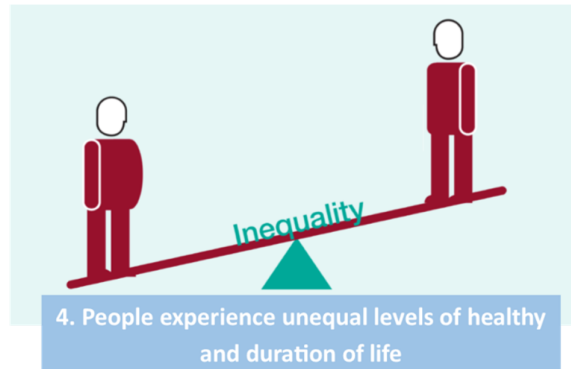


Cancer and cardiovascular disease are the two diseases people are most likely to die of in the Wakefield District and whilst we have seen much improvement in them over the last 17 years with rates of death nearly halving, they are increasing in those aged under 75.



We know that 1 in 7 adults in Wakefield District are recorded as having anxiety or depression and there are 25-30 suicides each year. The mental health of our children and young people is of particular importance to us as a Board and will continue to be a focus.

Wakefield District ranks poorly for life expectancy in men and women across the district which has been the case for many years. We know that those living in the more deprived areas of our district will live up to 20 fewer years than those in the least deprived areas of our district.



Over the last two years we have made great progress in reducing the amount of people in the district who smoke and the numbers of pregnant women who are still smoking at the time when their baby is born but there is still much work to be done. With 19.5% adults still reporting to be smoking this remains a key risk factor for serious diseases.





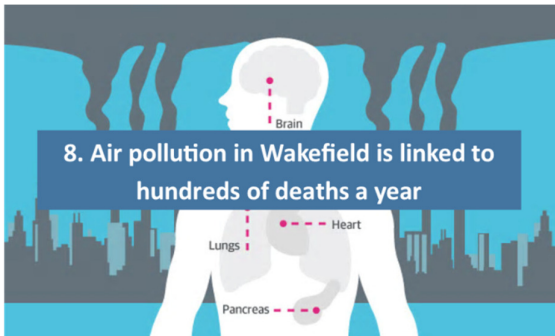
6. Excess weight in the population is a challenge for Wakefield District

Over 70% of the adult population in Wakefield District are overweight and next to smoking this has the greatest impact on health. It also impacts on the choices our children and young people make. As a district we choose to eat less fruit and vegetables, have a high number of takeaways and lower levels of activity. Child obesity continues to be a challenge and will continue to be a priority through the lifetime of this plan.

Health conditions related to alcohol are at their highest for some time with nearly 3,000 hospital admissions related to it last year. Deaths from liver disease have also increased

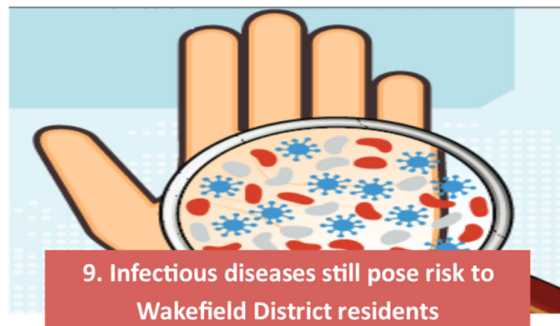


7. Alcohol harm and the violence associated with alcohol are increasing



Air pollution is estimated to be linked to approximately 150 deaths in the last year. This is an example of how the Health and Wellbeing Board needs to work with other agencies and with local industries to create healthy places to live.

Flu continues to be a big risk to some of our population with the elderly and those with long term conditions being particularly vulnerable. We aim to raise vaccination rates and to champion appropriate use of antibiotics to ensure that they will stay effective when we most need them.



We have improved dental health, after many years of significant problems, but we still have much work to do. In 2018 we know that almost one third of our five year olds have experienced tooth decay and this is too high. As a Board we will continue to work in partnership to reduce this.

## Working together in Wakefield

We benefit from a strong tradition of organisations working together to make a difference to the population of the Wakefield District. Our Health and Wellbeing Board is led by our Local Authority elected councillor who has the lead for adults and health. The Board has a strong mix of health and care leaders including the voluntary and community sector and other key partners such as West Yorkshire Police. We have evolved over the years, in a time of increased demands on resources, understanding the need to work with new partners such as Fire and Rescue and housing to tackle the underlying causes of ill health. This has strengthened our ability to transform lives by working differently together.

We are currently re-designing the health and care system in Wakefield District to achieve three aims:

- health and wellbeing
- care and quality
- finance and efficiency.

We have already begun this journey jointly under the leadership of the Health and Wellbeing Board through the development of this plan, which describes what we intend to do as well as the principles by which we intend to work together as a health and social care system.

The next step to transform health and care in Wakefield District is to define how as organisations we set ourselves up to deliver. It is timely for us to re-energise and renew our ambition for health and care in Wakefield as the West Yorkshire and Harrogate Health and Care Partnership begins discussions about how it will develop its relationship with local places and with national bodies to bring about a shift towards far stronger community services. In addition, as power to make change is devolved to local areas, increasing opportunities to ensure all people benefit from economic growth, it is important that we are clear as a district what our vision is locally for health and care and what we want to achieve across the broader area of West Yorkshire and Harrogate.

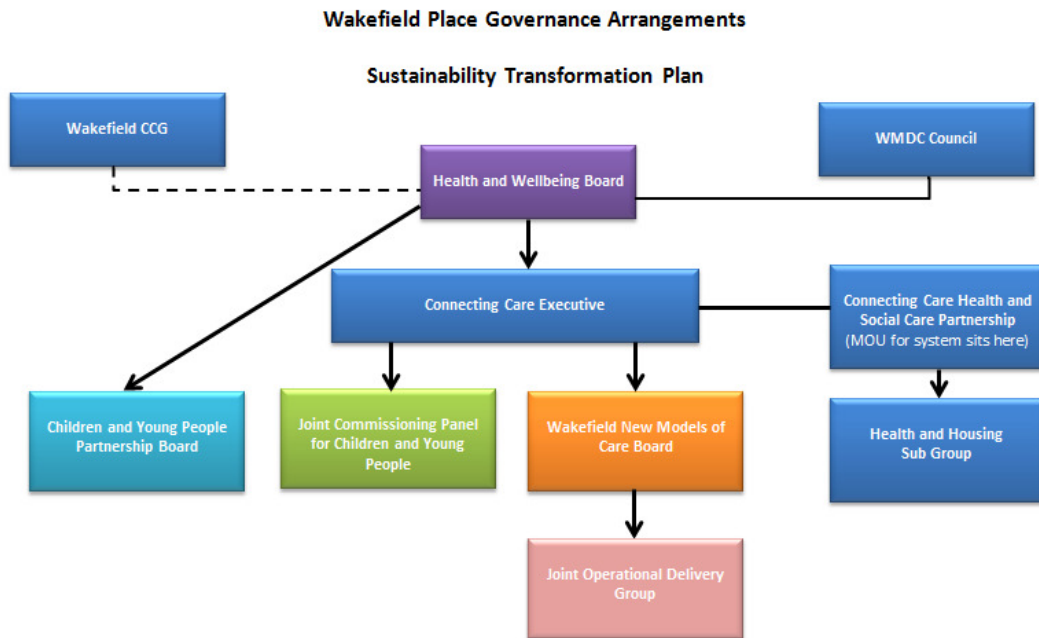
The national Five Year Forward View for the NHS sets out an ambition to improve health and wellbeing and reduce inequality, which is reflected in this plan. Wakefield district has already made a commitment to engage with clinicians and communities to focus on prevention, self-management and early intervention. Such engagement will allow us to develop stronger local ownership under our new vision of health and care. It will also be important for us to have clear and robust decision making arrangements to ensure that there is clarity of roles and responsibilities in the system.

Joint commissioning and delivery arrangements for mental health and learning disability services are well-established between NHS Wakefield Clinical Commissioning Group (CCG), Wakefield Council and the wider health and care sector. Integration of general health and social care has developed at pace in recent years through the introduction of collaborative commissioning arrangements and development of multi-agency, multi-professional teams delivering person-centred care closer to home. In order to move further faster however, we now need to take the next step on our collaborative journey.

We will work together in an efficient forward-thinking way as an Integrated Care Partnership ensuring a clearer vision for health and care, which will lead to a credible, locally managed system that uses transformation resources collectively to strengthen our communities. We have created a defined strategic leader of health and care who works in partnership with the Chief Executive of the Local Authority, ensuring that we are working towards a fully integrated health and care system for the Wakefield District.

These integrated commissioning arrangements are supported within the wider architecture of the leadership capacity within the New Models of Care Board. This Board will be accountable for effective collaboration, assurance, oversight and good governance across the integrated arrangements for health and care between the Council, the CCG and our wider health and care partners.

The organisations involved in health and social care across Wakefield District are listed at the front of this document. We have put in place a Wakefield Alliance agreement that sets out our intentions and formal agreement to work together. In order to ensure that we deliver this plan we had to develop at pace and scale to ensure the system could reach decisions in a fair and equitable way. These governance arrangements were designed and agreed with full involvement of senior leaders across the health and social care system. These arrangements will oversee delivery and ensure that we are able to be accountable to the people of the Wakefield District. The diagram below illustrates these arrangements.



## Delivery and Assurance

We will delegate delivery of each priority area to a relevant partnership board or bespoke structure with the Health and Wellbeing Board maintaining a strategic overview. For example, the Children and Young People’s Partnership (CYPP) is directly accountable to the Health and Wellbeing Board for ensuring the health and wellbeing of children and young people in the district. The CYPP is responsible for the elements of the Health and Wellbeing Plan which specifically relate to Children and Young People and will report to our Board on a regular basis.

Each of the priority areas will have a set of measurable outcomes which will form the basis of an outcomes framework for delivery of this plan and once a quarter we will take one of our four priorities and have that as the key focus of the Health and Wellbeing Board. This will provide the Health and Wellbeing Board with a strategic picture of how effectively we are delivering this outcome, where we have assets and where we have gaps.

We will also continue to cooperate, report and share information on other matters relating to their broader work programmes that sit outside of this plan but which require our collaboration.

The Health and Wellbeing Board also works with other partnership forums in Wakefield as part of the wider ‘Wakefield Together’ agenda. The Wakefield Together Executive is a forum

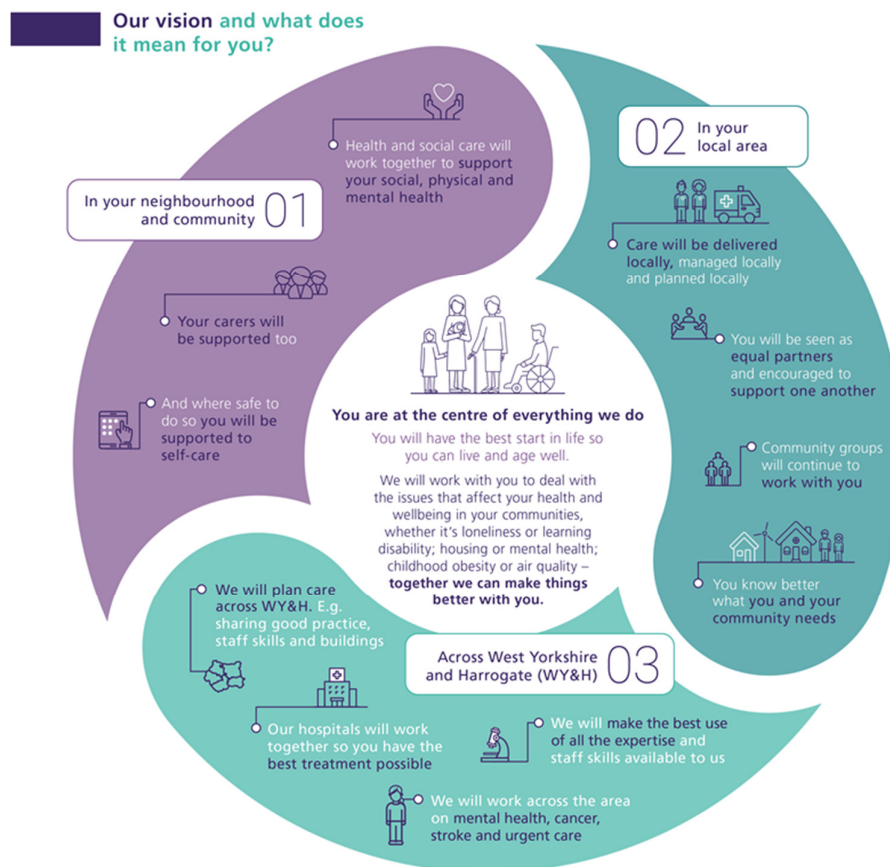
which brings together public sector leaders across the district to provide a vision, oversight and challenge to partnership boards and forums in Wakefield, including the Health and Wellbeing Board, the Community Safety Partnership and the business sector. We work closely with Wakefield Together Executive to ensure our plans and strategic objectives work as part of the overall vision for the future of Wakefield District and the way in which they expect partners to work together to achieve it.

We know that health and wellbeing is key to a strong economy and it is important that we work with local businesses through the Wakefield Together Partnerships to do better to support our workforces and to boost employment and productivity. This starts with our own commitment to being the best employers we can be. In the delivery of this plan we will look to develop our governance arrangements to ensure a stronger link to business arrangements.

Health also has a significant impact on other public services such as crime, justice and welfare and our work across with the Community Safety Partnership is key to supporting our partners.

## Working as part of the West Yorkshire & Harrogate Health and Care Partnership

We are proud to be one of seven local areas in West Yorkshire and Harrogate, which make up the second largest health and care partnership in the country. The West Yorkshire and Harrogate partnership has now joined the Integrated Care System Programme, ensuring that we will have additional freedoms and flexibilities to manage our services. This will also help us attract new monies to support transformation of services. In Wakefield we have already seen investment in our cancer services, harnessing the power of communities, primary care networks and helping us ensure that we are able to provide the best services over the winter period. The diagram below sets out the vision of the West Yorkshire and Harrogate partnership and how it will work, particularly in terms of local place.

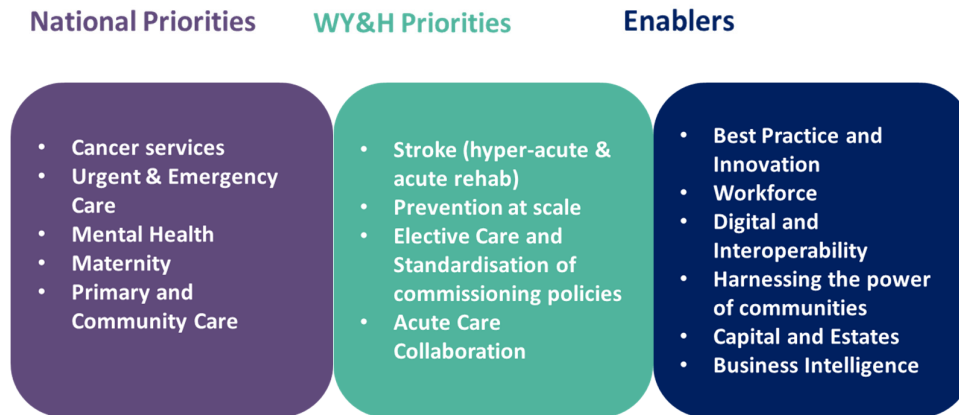


The West Yorkshire and Harrogate Health and Care Partnership benefits from strong partnership working at place centred around Health and Wellbeing Boards and our Board is committed to working collaboratively with them. The priorities which have been set at this level link to many of our own challenges and it is important that we identify the opportunities



to work locally but to also share best practice and seek learning across our partners in West Yorkshire and Harrogate.

The nine programmes and six enabling work streams agreed by the West Yorkshire and Harrogate Health and Care Partnership are:



All these programmes fit with our own priorities and we will continue to work closely across the partnership to ensure that:

- Places will be healthy
- If you have long term conditions you will be supported to manage them yourself
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs
- Hospitals will work together to give you the best care possible
- All healthcare will be planned and paid for once
- You can get involved in the delivery of plans

The upcoming NHS 10 Year Plan also sets out a number of priorities which fit with all the above. This highlights areas of 'life course programmes' such as health inequalities, personal responsibility, healthy childhood and maternal health and integrated and personalised care. It also sets out clinical priorities such as cancer, mental health, learning disabilities and autism and cardiovascular and respiratory. Lastly it also describes the enablers to delivery including primary care, research, engagement and workforce.

## What we have achieved in Wakefield

We have been working hard since we produced our last plan, to find different ways of working together which makes the best use of the resources we have. We have continued to focus on person-centred, coordinated care and the feedback we have had from local people has not only helped us to further develop our services but also helped to design new ones. We have also had national recognition for some of the work we have done and we continue to share our learning across West Yorkshire and Harrogate and nationally.

### Supporting healthy living and quality of life



The Better Care Fund (BCF) is a partnership managed by the local NHS and Wakefield Council, which looks to join up health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

In 2017/18, the partnership developed a pooled budget of £78m (£53m more than the required minimum) to demonstrate our ambition of joining services up to help communities. With this funding we have been able to deliver support to patients to enable them to stay at home to be treated for their conditions rather than having to go to hospital or a care home. In the last year we delivered:

- 1,261 fewer hospital admissions than the year before
- Fewer care home admissions per 100,000 than last year
- 89% of people still at home 91 days after rehabilitation
- 453 fewer delayed transfers of care days than the same period the year before.

### Supporting early years



Wakefield district has seen a significant increase in the uptake of the children's flu vaccine, with Wakefield Council's immunisation team attributing this success to many different approaches taken in Wakefield this year. Approaches taken by the team include rigorous pre flu-season planning, contacting parents directly where a consent or dissent was not received for a child and through being more vigilant about home schooled children.

Bradford District Care NHS Foundation Trust is the new provider for school nursing and health visiting services and has delivered this fantastic flu immunisation work. The results for 2017/18 against 2016/17 can be found below:

Cohort	2016/17	2017/18
Reception	N/A	78.9
Year 1	62.6	74.8
Year 2	62.1	81.6
Year 3	59.6	81.6
Year 4	N/A	79.4

Smoking at time of delivery is a major risk factor for low birth weight, premature delivery, stillbirth and neonatal death. We know that the number of mothers smoking at time of their baby's birth has been high for many years in Wakefield. We have made great progress to reduce this through partnership working and we have ambition to make further improvements to increase the life chances of our children.

We have already appointed a specialist midwife to The Mid Yorkshire Hospitals NHS Trust and this has resulted in the number of women smoking at birth to 16%. This needs to go further and we will work to ensure that we have a tobacco strategy which prioritises smoke free homes, play parks and public places.

## Supporting carers



Since late 2017, partners from across Wakefield have been working on the relaunch of the Wakefield District Carers Strategy, which identifies three key priority areas:

- Young Carers
- Adult Carers
- Working Carers

Services have been working together to improve the identification and support offered to young carers. This will be shared with professionals, and training will be offered to ensure that all services understand the need to identify and follow processes for supporting young carers. To support carers we purchased the Carers UK Digital Resource which gives carers in Wakefield online access to up to date information, resources and e-Learning as well as providing routes to access local relevant services.

We are continuing to work on this important issue and as a Board are working towards signing up to a working carer charter for employers.

## Supporting people with long-term conditions



To support diabetes prevention across the district, the National Diabetes Prevention Programme was launched in Wakefield in May 2017. Since launching, the programme has seen:

- 1,482 eligible referrals in Wakefield, with 69% of people being booked onto an initial assessment, with 56% of these people attending their initial assessment
- Following the initial assessment, 40% of people then booked onto the programme
- An incredible 71 active diabetes prevention programmes running across West Yorkshire and Harrogate (WY&H)
- 3,301 referrals across WY&H, ensuring we are achieving national targets.

A project officer has also been employed to support doctors in primary care and to work across the West Yorkshire and Harrogate community.

## Health and housing - the impact on physical and mental health



Poor housing is shown to affect physical and mental health; it worsens some medical conditions and contributes to accidents/injuries such as trips, falls and burns. The right home environment will protect and improve health to ensure people can remain in their home. Wakefield partners have come together to create a Housing, Health and Social Care Partnership group (HHSCP) which sits under the Health and Wellbeing Board. During this year this partnership has:

- Offered Telecare as a part of the re-ablement Service, WHICH supports people to regain daily living skills following a hospital admission or deterioration in health. Telecare is provided through the Wakefield District Housing (WDH) Care Link, free of charge, to the patient for the duration of their re-ablement. Many patients have continued with the service once back on their feet - providing them with ongoing support in their home to maintain independence
- Developed a housing pathway with both South West Yorkshire Partnership NHS Foundation Trust and The Mid Yorkshire Hospitals NHS Trust with a view to making

hospital discharge more efficient where housing issues are present. WDH housing co-ordinators are now based at Fieldhead Hospital and Pinderfields Hospital as part of this.

## Helping older people to stay independent



The Hospital to Home Service, delivered by Age UK Wakefield, focuses on providing a swift response to patients over the age of 60 to support them to go home following a hospital stay, and ensure they are safe, secure and comfortable upon return.

The Age UK Wakefield District Hospital Transport and Support Service provide a 7 day a week service. Referral numbers throughout 2017/18 have continued to increase with 2882 patients transported and supported at home. Age UK Wakefield District makes more than 400 referrals to other voluntary and community services. The added monetary value of this support at home is hard to quantify but there are some clear areas where savings to the system can be identified. For example:

The service transports patients to go home from the Ambulatory Emergency Care unit at Pinderfields Hospital and to return for a planned appointment to Ambulatory Care, preventing unnecessary admission.

- 431 patients supported from Ambulatory Emergency Care
- Total saving at an average of £1500 per admission: £646,500

The service provides transport and support after 7pm and on Bank Holidays and weekends when patient transport services are not available. Below is a breakdown of patients who benefited from this service.

- Evening - 678 patients
- Weekend - 397 patients
- Bank Holiday - 50 patients
- 38% of patients were taken home directly from the Emergency Department, resulting in 428 unnecessary admissions being avoided.
- Total saving at an average of £1500 per admission: £562,500

Additional bed days saved for patients from hospital wards who were supported to go home at times when patient transport services would not have been available (based on an estimate of an average of at least one bed day released for each patient).

- 697 patients

- 859 additional bed days released
- Total bed day savings at an average of £303 per night equates to £471,468

The service offers considerable additional value in improving the quality of life of people for accessing it that will undoubtedly reduce further pressure on the system, delivering further savings.

## Helping to prevent inequalities within communities



Across Wakefield, health and social care services are focusing on delivering integrated and co-ordinated care, in partnership with other voluntary and community sector organisations, through the Connecting Care Hubs. There are two Connecting Care Hubs in Wakefield; Waterton Hub in the West of the district and Bullenshaw Hub in the East, alongside a satellite unit in Castleford. The Hubs are made up of specialist workers from different health, social care, voluntary and community organisations. Patients are referred directly into the Hubs to receive an integrated care plan. The Hubs allow multiple organisations to work together more seamlessly to support patients who could otherwise receive disjointed care, with multiple referrals and handovers. They also support targeted work through community anchors and specific projects to address health inequality.

During 2017/18, the Hubs have achieved many milestones; most significant being the introduction of a shared electronic care record that provides an overview of the interventions a person receives. This means all the agencies involved with a patient can see what support has been given and work accordingly to one integrated care plan.

From December 2017 to March 2018, the Hubs received 1,217 referrals which included 190 GP referrals. Feedback from Hub staff so far has included; "It's amazing! No emails or writing referrals... it's all there." and "We are nearer patients and more local, in an emergency we can respond quicker."

**Dr Shakeel Sarwar, local GP and Clinical Lead for the Hubs, explains how the Hubs are improving care locally:** "The Hubs have been fantastic for primary care. All we need to do when we have a patient who is appropriate for the service is refer into the Hubs and we know their health and wellbeing needs will be taken care of. "The shared record means we can all see the patient's summary record and that all individuals involved in someone's care know what has happened to that person from the beginning to the end of their journey."



### Mr Barry's story:

Mr Barry had broken his hip and was ready to return home from Pinderfields Hospital after a lengthy stay. When speaking with the Hospital to Home team, Mr Barry brought up concerns he had about his limited mobility. It was identified he may need support with cleaning and shopping and a referral was made into the Connecting Care Hubs.

The Hub was in touch that evening and arranged to see Mr and Mrs Barry the following morning. An assessment was carried out and confirmed the concerns raised by the Hospital to Home team. Immediate referrals were put into four services with some shopping and Meals on Wheels commencing the following day. Upon recovery, the Hub completed an exit assessment which identified Mr and Mrs Barry as considerably happier with their circumstances. Mr Barry's independence had increased and they had reduced their support to the cleaning service.

## Access to urgent primary care services



As part of our commitment to ensuring that patients have responsive access to urgent primary care services all our GP practices have achieved our '4 hour standard'. The 4 hour standard ensures that when a patient contacts their GP practice with an urgent problem, they will be contacted by the practice within four hours and where appropriate offered an appointment the same day.

In September 2017, our GP Care Wakefield service was launched. The service provides extended access to general practice from 6pm to 10pm on weekdays and 9am to 3pm on weekends and bank holidays. It is accessed by calling the GP practice telephone number, where patients are assessed and given advice. If a problem requires a face to face appointment, these are provided at Trinity Health Centre in Wakefield or at Pontefract Hospital dependant on the patient's choice.

The service is provided by local GPs and clinicians working together with NHS 111, the out of hours GP service, the district walk-in centre, the hospital urgent and emergency care service and Urgent Treatment Centre at Pontefract.

Since the service launched the following outcomes have been achieved;

In the first year, there were 14,736 contacts with the service

- 7810 people were seen face to face by a healthcare professional the same day
- Patients were directed to other services including local pharmacies and A&E.
- 99% of the patients who used the GP Care Wakefield said they would recommend it to a Family or Friend.

Wakefield was chosen to trial the Late Visiting Service. The service supports GPs to carry-out appropriate urgent visits through Community Matrons, who conduct home visits to housebound patients that require an urgent same-day appointment in the afternoon. Previously, people who were unable to receive a visit or treatment by the doctor would typically call 999, or access other NHS services such as A&E.

The Late Visiting Service was originally piloted in five practices in the West of Wakefield and five practices in the East of Wakefield, covering over 92,200 people. The phased roll-out of the service began in April 2018 and will continue throughout the year until all GP practices are on board.

From August 2017 to March 2018, the service has seen the following outcomes:

- 55% of people avoided going into hospital as a result of using the service
- 396 people accepted referrals, of which, 212 people avoided going into hospital
- 84% of people using the service were seen in two hours
- 98% of people using the service were seen in four hours.

## Engagement and evaluations



The Health and Wellbeing Board aims to have the voice of local people at the heart of their decision making. Each year Healthwatch Wakefield develops a report for the Board that summarises and themes all the complaints, compliments and opinions collected by health and social care organisations throughout the year. Focused engagement work also takes place to find out what people think about local services. Recent examples include over 3,000 people's thoughts about urgent care at Pontefract Hospital, over 1,000 people interviewed about their experiences of integrated care and hundreds more interviewed about changes in primary care. Over 680 members of our community shared their views of their experience of Connecting Care health and care services between 2014 and 2017:

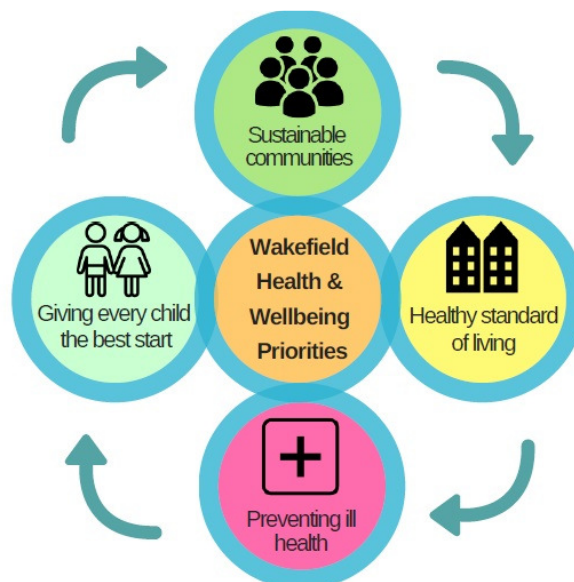
- 97% of people felt staff treated them with kindness and compassion
- 85% of people shared they felt the health and care services provided are very good or good
- 86% felt involved in making decisions about their care.

All of these engagement and listening activities help inform the priorities of the Board.

## Wakefield Health and Wellbeing Priorities 2018

There are a number of key drivers for change which have shaped our new priorities for the Health and Care system in Wakefield. These include the local knowledge of the partner organisations, public engagement, the joint strategic needs assessment, the West Yorkshire and Harrogate priorities set out in 'Our Steps to Better Health and Care for Everyone', the upcoming NHS 10 year plan and the Green Paper on Social Care.

Given these drivers, in March 2018 we agreed to reframe our priorities in the context of the wider determinants of health. These priorities were approved in July 2018. The monitoring and delivery of the four key priorities for our Health and Wellbeing Board will be taken forward by both the Children and Young People's Partnership and by the New Models of Care Board which are the key delivery partnerships for our Health and Wellbeing Plan. The four Health and Wellbeing Board priorities are:



### ***Wakefield Health and Wellbeing Board Priorities 2018***



**Ensuring a healthy standard of living for all.** This encompasses our ambition to ensure that we can work with our partners across the district to tackle poverty, loneliness, stress, debt, poor housing, smoking, alcohol, unhealthy eating, and physical inactivity and to minimise the impact this has on health and wellbeing.

All public services have committed to come together and work collaboratively to develop ways in which we can tackle differently the impact of things like Universal Credit across the district through joined up advice and support. As a health and care system we also want to ensure that we help people into work through our workforce strategies and apprenticeships and support people in work, in particular our working carers.

We know that people are living longer lives and they are more likely to be in good health when they are in work. The impacts of being out of work on physical and mental health are significant and are likely to not just affect the individual but the whole household and extended family. Nationally mental health and musculoskeletal health account for the majority of sickness absence and this is no different in Wakefield.

The roll out of Universal Credit across the district in November 2018 will have a significant impact on the standard of living for some of our most vulnerable adults and families. Our Board is committed to working to minimise this impact. We will continue to seek opportunities with all partners including the Department for Work and Pensions to find the best solution to help our population.

As part of our governance arrangements our Connecting Care Health and Social Care Partnership is developing an Alliance to seek to ensure that we as a health and care system can provide the best support to our residents in the most need, whether they be in social or private housing. This will expand on existing support including that offered by the Citizens Advice Bureau and Wakefield and District Housing's Cashwise scheme to ensure a co-ordinated package of guidance and support to our population.

Partners on the Health and Wellbeing Board work with some of the most disadvantaged people in our communities. This includes people whose lives and health are affected by substance misuse. Wakefield council is currently working with stakeholders to shape the future substance misuse service.

A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot

cope without their support and the care they give is unpaid. We know that one in eight workers are carers and in the Wakefield District we know we have 6,700 carers known to Wakefield and District Carers which is likely to be an underestimation. Our young carers also need our support and we will continue to work with the Children and Young People's Partnership to develop plans to do this.

Carers providing high levels of care are more than twice as likely to suffer from poor health compared to people without caring responsibilities and are associated with a 23% higher risk of stroke. Sadly one third of older carers say they have cancelled treatment or an operation for themselves because of their caring responsibilities and we commit to working towards changing that. Our Carers Strategy is due to be launched this year.

It can be difficult for the people who work in our organisations who have caring responsibilities. As responsible, caring employers, the organisations on the Board will also be signing up to an Employers Workforce Carers Charter.

Employment brings many health and wellbeing benefits to both individuals and their families and as part of this plan we have an ambition to do more to help get people in to work and to stay in work. We commit as organisations on the Board to increase the number of apprenticeships we employ in particularly for those young people who are leaving care or have learning disabilities. We will also work with the Department of Work and Pensions (DWP) to identify more opportunities for working together, extending the programme of support in general practice for DWP advisers to help people either back in to work or to remain in work.



**Giving every child the best start in life.** We need to work closely with our Children and Young People's Partnership to ensure that we can provide our children with the best start in life. In September 2018 the Children and Young People Partnership adopted the following five priorities to ensure Wakefield can deliver safe and healthy futures for our children. These priorities are:

1. Early years, with a focus on the first 1000 days of life of a child's life;
2. Early help to tackle the causes of ill-health, including smoking and obesity;
3. Mental Health, emotional wellbeing and suicide prevention in young people;
4. Child and Family Poverty.

The 'First 1,000 days' work being led by Public Health sets out an ambition to give every child a healthy start in life. There are many factors which will improve the physical and mental well-being of children, from ensuring better births, to reducing maternal smoking, good diet to reduce childhood obesity, parenting skills, preparing children for school, early intervention through children's services, reducing exposure to domestic abuse in the home and tackling child poverty. In order to achieve our ambition the Health and Wellbeing Board has, in conjunction with the Children and Young People's Partnership, commissioned a 'First 1,000 days' strategy which will support joint working across all early years services to improve outcomes for our youngest children and support the foundations of good health and wellbeing.

We continue to work with the Maternity programme within the West Yorkshire and Harrogate Health and Care Partnership to deliver the outcomes set out in the 'Better Births' national maternity review. We also continue to work with our providers to ensure that they can deliver the desired outcomes. We are seeking to ensure:

- Continuity of carer, this is recognised as a challenge however, all providers will be rolling out pilots over the year to trial models for increasing the number of women receiving continuity of carer.
- Improvements in safety, through implementation of the Saving Babies Lives Care Bundle and the Mid Yorkshire Hospitals NHS Trust is fully signed up to the Regional Maternal Enhanced and Critical Care Programme.
- Increased access to specialist perinatal mental health services, by promoting pathways for women to access the local specialist perinatal mental health service which was launched last year.
- Improvements to the safety, choice and personalisation of maternity services.

Smoking in pregnancy is a major risk factor for low birth weight, premature delivery, stillbirth and neonatal death. We know that the number of mothers smoking at time of their baby's birth has been high for many years in Wakefield. We have made great progress to reduce this through partnership working and we have ambition to make further improvements to increase the life chances of our children.

We have already appointed a specialist midwife to The Mid Yorkshire Hospitals NHS Trust and this has resulted in the number of women smoking at birth to 16 %. This needs to go further and we will work to ensure that we have a tobacco strategy which prioritises smoke free homes, play parks and public places.



11.1% of children entering reception in Wakefield schools in 2016/17 were obese, and by the end of Year 6 this figure had risen to more than a fifth (21.3%). We know that overweight children are much more likely to become overweight adults, and we know that 7 out of 10 adults in Wakefield are overweight or obese. This has far-reaching implications for the whole population across a wide range of health risks.

We intend to work in partnership to ensure we have effective interventions for families where children are identified as being overweight. We will also build on our existing opportunities to extend access to activities in our parks and leisure facilities.

We know that we need to do more to support our children and young people who are experiencing mental health and emotional wellbeing issues and in particular suicide prevention in young people. We will be working closely with the Children and Young People's Partnership and the Children's Improvement Board to ensure that we can do more and better. We know in particular that there are challenges to specialist support and CAMHS and whilst we have commissioned excellent web based tools such as KOOTH, there is more we can do.

The Board will continue to support the development of the multi-agency pathway and resources for suicide prevention, which will be launched in autumn 2018. Through the Future in Mind Transformation programme we have developed a Local Transformation plan to support children and young people to access early support for emotional health and wellbeing and timely referrals in to mental health services. Wakefield has developed online and face-to-face counselling services which are supporting a large number of children, and preventing the escalation of cases, including out of hours support which will continue to evolve through the lifetime of this plan.

Poor, insecure housing has a direct impact on health, as does living in more disadvantaged areas (for example where air pollution is high or where opportunities for safe outdoor play are limited). There is increasing evidence that access to green space has a direct impact on mental health for both adults and children.

Poverty has a major impact on health. It is harder for families to eat well, be physically active, and take up opportunities in the early years if they are struggling with poverty. Financial hardship places strain on adult and family relationships, increasing the likelihood of stressful and adverse childhood experiences. It makes it harder to make good choices such as giving up smoking.

Our Board will continue to work to tackle poverty in the district as a whole and will work closely with the Children and Young People's Partnership to lead specific pieces of work to support our understanding of the prevalence and impact of child poverty, and to address the impact of child poverty in the District. Through the partnership, we will also work to support families that are affected by alcohol and substance misuse.



### **Strengthening the role and impact of ill health**

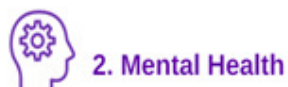
**prevention.** As a health and care system preventing ill health is a key part of everything we do, we have an ambition to increase a focus on self-care as part of this. We also want to support those with ill health and those who have conditions which suggest a lower life expectancy to prevent their health worsening. This includes our plans for mental health, cancer, frailty, primary care home and end of life care. We also want to work more closely

with our partners to identify how we can work together to prevent ill health through non-traditional health areas such as housing which play an important role in a person's health and wellbeing.



As a Board we have focussed for many years now on tackling the level of people who smoke in the district. We have had much success but there are still 21.9% of people who smoke which is too

high. Smoking is a significant risk factor in the incidence of lung cancer and Wakefield has some of the highest rate of lung cancer deaths in the country. Deaths from lung cancer alone account for over 250 of the 3300 deaths each year in the district. We will continue to work across Public Health, Primary Care and with the Mid Yorkshire Hospitals NHS Trust to provide stop smoking support and to promote national and local campaigns to encourage people to stop smoking. As a Board we also commit to increasing the number of smoke free workplaces, play parks and public places. We are also committed to supporting the lung cancer work being undertaken in the district as part of the West Yorkshire and Harrogate Health and Care Partnership Cancer Programme. This is an exciting opportunity to be able to make a real difference to those suffering from lung cancer by achieving an earlier diagnosis and better outcomes as a result.



Poor mental health has long been an issue in the district. Annual population surveys over the last decade have indicated this. The area has had higher than national average of common mental

health disorders such as depression and anxiety. In the young, self-harming has been

increasing in the district particularly for young women. Suicide has also been on the increase across the district particularly in middle aged men. For some of our older population, social isolation and loneliness should also be taken into account as a key factor influencing quality of life, health outcomes and service demand. Being lonely has been estimated to have the same negative effect on health and wellbeing as smoking 15 cigarettes a day. In a recent survey of 500 older people in receipt of Connecting Care Services, 36 per cent described themselves as not having as much social contact as they would like.

We will continue to support the work of the mental health provider alliance group in Wakefield and to work across the West Yorkshire and Harrogate Health and Care Partnership to identify opportunities to work better together. As a Board we commit to overseeing the work of the suicide prevention strategy and its developing action plan and signing up together as a member of the Suicide Prevention Alliance.



### 3. Elderly Care

As people live longer, elderly care will continue to become a pressure for the health and care services locally as more people develop long term conditions associated with old age. The result of having more complex patients to manage is increased demand on health and care services. Our focus will be on preventing people from becoming ill and better management of people who have long terms conditions to prevent premature mortality.

We commit to develop the Connecting Care Hubs. Over the lifetime of this plan we will oversee work to improve the model of care and the management of elderly and frail residents in Wakefield. We will also build on our nationally recognised schemes to enhance care in care homes. We plan to roll out to all care homes as the ‘red bag’ scheme which involves providing residents with a bag with all their essential supplies which transfers with them if they need to go into hospital. We will also roll out our telemedicine scheme to a further six care homes. The dementia pathway will also be of significant focus in particular identifying how services could change to meet increasing demand in the future.



### 4. Primary Care Home

Key to helping improve Lung Cancer, Mental Health, Elderly Care and End of Life care is reaching people sooner and managing them more effectively. Primary Care Home is an innovative approach to strengthening and redesigning primary care. The model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector to focus on local population needs and provide care closer to patients’ homes.

As part of this work we intend to Develop 5 Primary Care Homes models within the Wakefield District by October 2018 affiliated to the National Association for Primary Care. In addition over a three year period, we will work towards the functional integration of adult community nursing and practice nursing teams over a gradual timescale.

## 5. End of Life Care

End of life care and having the choice about where you spend your final days has been a clear drive within health and care services for many years. Since 2010, Wakefield has seen a great increase in the number of deaths within the hospital setting locally. The proportion of people in Wakefield who die in their usual place of residence is increasing, but at a slower rate than in other comparable areas. Those dying from circulatory disease, dementia and Alzheimer's disease in Wakefield are less likely to die in their usual place of residence than in other comparable areas. Supporting people who choose to die in their usual place of residence improves quality of care and reduces demand on acute services.

Our focus as a Board over the coming three years will be to develop integrated end of life care. Earlier identification of those at the end of life and Advance Care Planning (ACP) will improve patient and family satisfaction and reduce stress, anxiety and depression in surviving relatives.



The right home environment will protect and improve health, enable people to manage their care and health needs and to remain at home. This greatly impacts on delaying or reducing the need for primary care and social care interventions, preventing hospital admission and supporting timely discharge from hospital to home. We know that the quality of our homes have a significant impact on health, with damp and mould significantly impacting on respiratory diseases such as Asthma. As a Board, we have been working hard to identify opportunities to work with housing colleagues to make a difference in ill health prevention. We will continue to oversee the work of the health and housing partnership in their work to influence the building of 'homes for the future', equipped with technology which supports health living. In addition the extension of the care link programme to support reablement, work to tackle fuel poverty in the district and the promotion of social inclusion in WDH properties. We will also continue to work closely with housing colleagues in partner organisations to address the issues over crowding and poor living conditions and supporting families under housing cost related financial stress.



### **Creating and developing sustainable places and communities.**

This priority embodies our vision to adopt innovative approaches to transform health and wellbeing and captures some of our enabling work streams of workforce, digital, estates and communications. This priority also includes how we can enable communities to be health producing. As a Board, we know that working with communities will bring about real change and we will

continue to harness the power of our communities and work with our local businesses.

Our communities themselves are the people who are best placed to improve the health and wellbeing in their own area and it is important that we as a Board to work with them to design services together. In Wakefield, this has been taken seriously from the very beginning of our journey to integrate health, social care and voluntary sector services. Since 2014 we have engaged with hundreds of local people; testing out ideas, asking their opinions of services, gathering stories and feedback and evaluating health and care initiatives. We are committed as a Board to working with the people who are using our services to understand how best to improve them.

We will be working with the West Yorkshire and Harrogate Health and Care Partnership to develop a programme with our communities under the 'Harnessing the Power of Communities' work stream.

In order to make sure all our plans are sustainable for the future there are other key enablers which will help us to deliver.

### **Technology**

We have been nationally recognised for our work on our electronic shared record, known as the personal integrated care file (PIC), and over the next three years we will continue to build upon this. The PIC provides the opportunity for all health and care professionals to share information appropriately in order to ensure patients get the right care at the right time by the right person. It is innovative in breaking down traditional organisational barriers and bringing partners together in one hub.

### **Estates**

The Connecting Care Hubs are a good example of how we are driving forward a new culture in sharing buildings across our system. Currently teams from different agencies and different professional backgrounds are working to new care co-ordination arrangements in both Bullenshaw and Waterton Connecting Care Hubs. These include support workers from Age UKWD, Carers Wakefield, Mental Health Navigators, Community Matrons, OT's, Physiotherapists, Dieticians, Therapy Support Staff, WMDC Adults Social Workers and Care Co-ordinators, WDH and Pharmacists. We will continue to build on this to ensure that we are using our resources more effectively and creating better outcomes for people.

In addition as a Board we don't just look at our estates as they currently are, but also how we need them to be in the future. As a Housing Zone area there are multiple large scale housing and employment developments across the Wakefield District and more planned for the future. We are working hard as a Board to understand what this means in terms of demand on our services and how it fits with our plans for health and care in the future. This also extends to the design of the homes we build ensuring that they are homes which are fit for life, suitable for adaptations and technologically enabled to support new ways of working in the future.

We will continue to work to support the development of healthy places to live, building on the successful work already underway in relation to pedestrian and cycling routes in areas such as City Fields in Wakefield and Prince of Wales in Pontefract.

### **Health Producing Communities**

By developing the places where people live we can create health producing communities. This requires a focus on a range of factors including the physical environment, social - capital, the food environment, promoting physical activity, air pollution and traffic calming. When taking this 'place-based' approach it is essential to engage meaningfully with communities noting that without meaningful participation engagement interventions will fail to impact on health inequalities.

Creating social capital and building connections within local areas is also essential for healthy communities. The role of the third sector and community anchors is important to recognise here as well as primary care home, libraries, schools, pharmacies and other local assets. By taking an asset- based approach, and recognising the good things that communities have we can harness a local population's strengths and skills to provide self-supporting networks and improve health and wellbeing.

As a Board we will explore what a health producing community looks like and work to identify where this needs developing further in Wakefield District. We will do this using asset-based,

co-productive approaches and working with colleagues in regeneration, housing and the third sector.

We will also work with local businesses using a similar approach, using the Wakefield Way social contract to seek a return for business support.

### **Communicating Our Progress**

The Health and Wellbeing Board meets in public every other month to develop its plans and review progress. Meetings are open to the public and information about them can be found on the Council's website [here](#).

The work of the Health and Wellbeing Board is also shared on the website of the member organisations. Links to websites can be found by clicking on the representatives' names in the membership list at the front of this Plan. We also regularly share information about our progress through our regular Connecting Care newsletter and each year we publish an Annual Report.





### **Further information**

The Board meets every other month and members of the public are invited and encouraged to attend. Use the below contact methods to find out more!

[www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board](http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board)

contactus@wakefieldccg.nhs.uk 01924 213050

Further details on the West Yorkshire and Harrogate Health and Care Partnership, the website is available at:

<https://www.wyhpartnership.co.uk/>

