NHS
Kirklees
Clinical Commissioning Group

Engagement event report

April 2022

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1. Background to the event

NHS Kirklees Clinical Commissioning Group (CCG) holds regular events to give the public an opportunity to hear about the work that the CCG has been doing, their priorities, and plans for the future. The last event was held in November 2021, a copy of the report from this event can be accessed on the Kirklees CCG website.

The events are usually held in public but due to Covid-19 they are currently being held online. The event was held on Wednesday 6th April 2022 at 10.00am – 12pm. The event focused on the work taking place to support the transition to the West Yorkshire Integrated Care System (ICS) and Kirklees Health and Care Partnership; our planning priorities for 2022/23; the COVID-19 vaccination programme; the latest guidance on living with COVID; and an update on the wide range of activity taking place in primary care.

2. Promotion of the event

An email invite was sent to all the groups, organisations and people registered on our database. In addition to this we promoted it on our websites and using social media.

People were able to register for the event via Eventbrite.

All those that registered were sent an email that included joining links for both the event and the discussion group, and information on how to access MS Teams.

3. Attendance at the event

52 people signed up to attend the event (see appendix A for a list of the groups / organisations that signed up to attend) and 44 people attended.

4. Presentations

The event was chaired by Dr Khalid Naeem, Chair of NHS Kirklees CCG and the following presentations were delivered (see appendices C and D):

- **Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership** – Carol McKenna (Chief Officer) provided an update on the work that had been taking place in both West Yorkshire and Kirklees to support the transition to the West Yorkshire Integrated Care System and Kirklees Place-based Partnership.

- **2022/23 National Priorities**– Natalie Ackroyd (Principal Strategic Planning, Performance and Delivery Manager) described the 10 national priorities and how Kirklees would be implementing these.
- **COVID-19 vaccination programme update** – Matthew Whittaker (Programme Manager – Covid-19 Vaccine) provided an update on the work that had been taking place and the plans in place to continue to deliver the Covid-19 vaccination programme in Kirklees
- **'Living with COVID'** – Emily Parry-Harries (Consultant in Public Health, Kirklees Council) described the latest 'Living with COVID' guidance and what this means for the public.
- **Primary Care update** – Catherine Wormstone (Director of Primary Care) provided an overview of the work that had taken place in GP practices over the previous 4 months, including the increase in demand for GP appointments; the Winter Access Fund; the work that Primary Care Networks will be doing to deliver Enhanced Access; the expansion of the primary care workforce; and the preparations being made to support Ukrainian refugees.

5. Questions / comments raised

The following questions / comments were raised in response to the presentations:

Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership

- People were interested in the commissioning arrangements within the new structures and queried where the decisions would be made and who would be responsible for those decisions.
- One person queried whether the funding levels in the new organisation would be the same as what the CCG currently receives.
- People were interested in the challenge that the new structure could create, with an example given of whereby one provider needs more funding but to enable this to happen funding needs to be reduced from another provider, and as representatives from those organisations will be part of the ICB this could lead to some difficult conversations.
- A question was raised with regards to the model for patient involvement and whether the future model was dependent on the outcome of the work that Healthwatch has been commissioned to do on behalf of West Yorkshire Health and Care Partnership. They were keen to see the continuation of the GP practice patient reference groups.

2022/23 National Priorities

- An attendee that works in health research queried what research questions, topics and themes would be useful to the board when planning care.
- One person queried how patients who are waiting for hip / knee replacements will be kept informed of their wait.
- There was some debate about the feasibility of being able to increase capacity and reduce the backlog when there are challenges in recruiting staff and there would be no additional funding available.
- A question was raised as to whether the nationally mandated priorities were in line with our local priorities to address health inequalities and improve health outcomes, and how would we manage to deliver on both national and local priorities.

COVID-19 vaccination programme update

- People were keen to understand what will be done to encourage parents to have their children aged 5-11 to be vaccinated.
- People were also interested to know which cohorts would be included in the Autumn booster campaign.
- People were keen to understand what the CCG and Kirklees Council were doing to encourage those people that had not been vaccinated to get vaccinated, and whether the work taking place had been successful. Attendees offered their support in helping to raise awareness of the vaccination programme.

'Living with COVID'

There was some discussion with regards to people now needing to pay for their own lateral flow tests and the impact this could have on the number of people being tested. There was a real concern that people will choose not to pay for a test or isolate and as such will increase the risk of more people being infected, and in turn could see an increase in people requiring hospital treatment.

For further information about the topics discussed in the presentations or questions raised please click on the links provided below.

Transition to the West Yorkshire Integrated Care System

West Yorkshire ICS website contains information on the Integrated Care Systems legislation and what it means for the area.

A video has also been produced to explain the changes and this can be accessed on YouTube

Appointments to the West Yorkshire ICS

You can find out more about the people who have been appointed to the West Yorkshire ICS on the West Yorkshire ICS website

Draft Integrated Care Board constitution involvement exercise

West Yorkshire ICS website contains information on the outcome of the involvement exercise on the draft Integrated Care Board constitution

National priorities for 2022/23

The 2022/23 priorities and operational planning guidance is available here.

Covid-19 vaccine programme

Latest information on the Covid-19 vaccine programme

Covid-19 – guidance

Latest guidance on government website

Kirklees Council Covid-19

Latest information provided by Kirklees Council

6. Next steps

This report will be emailed to all those that registered to attend the event and will be published on our websites.

Appendix A - Groups / organisations signed up to attend the event

52 people signed up to attend the event, with representatives signed up from the following groups / organisations:

- Age UK
- Carers Count
- Cloverleaf Advocacy
- Community Links
- Elysium Healthcare
- GP Practice Patient Reference Group members
- Huddersfield Mission
- Indian Muslim Welfare Society
- Invictus Wellbeing
- Kirklees Council
- Kirklees Visually Impaired Network
- Locala
- Locorum
- Mencap
- National Institute for Health Research
- Northorpe Hall
- Royal Voluntary Service
- St Anne's
- Thornton Lodge Action Group
- Touchstone
- United Response
- VAC
- Women Centre

Appendix B – Glossary of acronyms used in the presentations

ANP – Advanced nurse practitioner

ARRS - Additional Roles Reimbursement Scheme

CCG – Clinical Commissioning Group

CHFT – Calderdale and Huddersfield NHS Foundation Trust

CMDU – COVID medicines delivery unit

CP – Community pharmacist

CYP – children and young people

DES – Directed enhanced service

ED – Emergency department

HCP – Health and Care Partnership

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICS – Integrated Care System

JCVI - Joint Committee on Vaccination and Immunisation

MH – mental health

MHLDA services – Mental health, learning disabilities and autism services

MYHT – Mid Yorkshire Hospitals NHS Trust

NHSEI – NHS England and NHS Improvement

PCN – Primary Care Network

SPLW – Social prescribing link worker

SRO – senior responsible officer

SWYPFT – South West Yorkshire Partnership NHS Foundation Trust

UEC – Urgent and emergency care

WY – West Yorkshire

Appendix C – Presentation - accessible version

Slide 1

Welcome!

- Please keep your microphone and camera turned off unless you are invited to speak – otherwise you will be visible and audible to everyone in the meeting.
- Please don't interrupt the presenters.
- You can ask questions or make a comment either by using the chat function or raising your hand. Please ask any questions related to what is being said and we'll try to deal with them as we go along.

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Event programme

- Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership – Carol McKenna, Chief Officer
- 2022/23 National Priorities– Natalie Ackroyd, Principal Strategic Planning, Performance and Delivery Manager, and Vicky Dutchburn, Director of Operational Delivery & Performance
- COVID-19 vaccination programme update – Matt Whittaker, Programme Manager – Covid-19 Vaccine
- 'Living with COVID' – Emily Parry-Harries, Consultant in Public Health, Kirklees Council
- Primary Care update – Catherine Wormstone, Director of Primary Care

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Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership

Slide 4

Last update – 17 November 2021

- Why change?
- What does it mean?
- What is an ICS?
- How it will work
- What changes will, and won't, we see in Kirklees

Slide 5

Updates today

- Name: Kirklees Health and Care Partnership
- Legislation delay
- West Yorkshire Constitution – Engagement feedback
- Kirklees Involvement approach
- Appointments

Slide 6

Legislation delay

- Target date now 1 July 2022 (was 1 April)
- In West Yorkshire
  - Shadow form from 1 April
- CCG retains accountability until 30 June 2022
  - Some parallel running

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WY ICB Constitution – engagement feedback

- Integrated Care Board constitution :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
  - Describes changes in response to feedback
- Most feedback on:
  - size and composition of ICB Board;
  - Arrangements for delegation to places;
  - Public & patient involvement.

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Involvement approach

- Kirklees Health and Care Partnership
  - New / more formal network across partners
  - Mapping what is already in place
- West Yorkshire
  - Healthwatch commissioned to codesign a citizen panel

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Appointments (WY designate)

- Chair – Cathy Elliot
- Chief Executive – Rob Webster
- Medical Director – Dr James Thomas
- Director of Finance – Jonathan Webb
- Director of Nursing – Beverley Geary
- Director of People – Kate Sims
- Director of Strategy & Partnerships – Ian Holmes
- Independent members (Citizen Involvement; Finance, Audit & Innovation; Quality; Workforce)
- Partner members – awaiting secondary legislation

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Kirklees Health & Care Partnership

- Kirklees Place Accountable Officer – Carol McKenna
- Other partnership executives
- Independent members (ICB Committee)
  - Chair of Kirklees Integrated Care Board Committee
  - 2 other independent members
- Partner members (ICB Committee)
  - Kirklees Council; General Practice; CHFT; MYHT; SWYPFT; Community Provider (Locala); Voluntary, Community & Social Enterprise sector; Healthwatch

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2022/23 National Priorities

Natalie Ackroyd

Principal Strategic Planning, Performance and Delivery Manager

Vicky Dutchburn

Director of Operational Delivery & Performance

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10 Priorities

- Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
- Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
- Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
- Improve the responsiveness of UEC and build community care capacity. Supported by creating the equivalent of 5,000 additional beds, eliminating 12-hour waits in EDs and minimising ambulance handover delays.
- Improve timely access to primary care – expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
- Improve MHLDA services – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
- Continue to develop population health management, prevent ill-health and address health inequalities
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
- Establish ICBs and collaborative system working – ICSs to develop a five-year strategic plan

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Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care

- Improve retention & the experience of staff, through a focus on flexible working, better conversation regarding careers and pensions
- Support the health and wellbeing of our staff
- Accelerate the introduction of new roles, such as anaesthetic associates and first contact practitioners, and expanding advanced clinical practitioners
- Expand international recruitment of high quality nurses and midwives
- Widen participation and create training and employment opportunities, including through expanding apprenticeships

- Improve the Black, Asian and minority ethnic disparity ratio, delivering the six high impact actions to overhaul recruitment and promotion practices.
- Implement plans to promote equality across all protected characteristics.

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Respond to COVID-19 ever more effectively – delivering the NHS COVID vaccination programme and meeting the needs of patients with COVID-19

- Continued focus on offering eligible adults over 18 a booster vaccination
- Maintain the infrastructure to respond as required.
- New treatment options, initially for the highest-risk patients, will also be rolled out (CMDU).
- Post-COVID-19 syndrome (long COVID) - increase referrals and the number seen within six weeks of referral, and decrease the number of patients waiting longer than 15 weeks.

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Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

- All systems must develop an elective care recovery plan for 2022/23. Systems should exceed, on average, 110 per cent of pre-pandemic elective activity. Ambitious goal to deliver 30 per cent more elective activity by 2024/25.
- Eliminate waits of over 104 weeks as a priority by March 2022 and maintain this position through 2022/23 (except where patients choose to wait longer).
- Conduct regular reviews of people who have been waiting more than 78 weeks.
- Develop plans that support an overall reduction in 52-week waits, where possible
- Accelerate progress towards a more personalised approach to follow-up care, reducing outpatient follow-ups by a minimum of 25 per cent against 2019/20 activity levels by March 2023.

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Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

Cancer

- Continue work already set out in national strategy.
- Work with cancer alliances to deliver a plan for the future.

- Maintain and restore cancer screening programmes.

Diagnostics

- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23
- Develop plans to implement Community Diagnostic Centres in 2023/24 and 2024/25.

Maternity care

- Continue to embed and deliver the seven immediate and essential actions identified in the interim Ockenden report as well as forthcoming second Ockenden report.

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Improve the responsiveness of UEC and community care. This needs to be supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.

- Continue to transform community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay.
- Reduce 12-hour waits in EDs
- Minimise ambulance handover delays
- Virtual wards – complete comprehensive development of virtual wards by December 2023

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Improve the responsiveness of UEC and community care. This needs to be supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.

- Urgent community response – Continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance
- Anticipatory care – Systems will work with health and care providers to develop a plan for delivering anticipatory care from 2023/24.
- Enhanced Health in Care Homes – Ensure consistent and comprehensive coverage in line with the national framework.

- Community service waiting lists – Systems must develop and agree a plan for reduction of community service waiting lists and ensure compliance of national reporting.
- Hospital discharge – The additional funding for the Hospital Discharge Programme will end in March 2022. Consider local approach.
- Digital – ensure providers of community health services can access the local care shared record as a priority in 2022/23.

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Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

- Increase the size of the PCN workforce and expand the number of GPs in line with national targets.
- Transfer of lower acuity care from general practice to community pharmacy through the Community Pharmacist Consultation Service.
- Implement revised arrangements for enhanced access delivered through PCNs from October 2022
- Support patients to have the right to digital-first primary care by 2023/24.
- Delivering Network Contract DES of anticipatory care and personalised care. The existing cardiovascular disease diagnosis and prevention service will be expanded.
- Support PCNs to work closely with local communities to address health inequalities
- Practices are to continue to address the backlog of care for patients with ongoing conditions to avoid worsening outcomes.
- ICBs will be the delegated commissioners for primary medical services

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Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access

- Expand and improve mental health access and provision for all ages
- Continue to expand and transform services in line with the Mental Health Implementation Plan.
- The Mental Health Investment Standard remains mandatory.
- Develop a mental health workforce plan to 2023/24.

- Mental health provider collaboratives to produce a clear plan of requirements for CYP MH general adolescent and psychiatric intensive care inpatient beds

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Continue to develop our approach to population health management, prevent ill health and address health inequalities - using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

- By April 2023, every system should have in place the capability required for population health management, including access and use of appropriate data on underserved communities.
- Develop plans for the prevention of ill health. Preventative services should focus on socio-economically deprived populations and certain ethnic minority groups that experience poorer health outcomes.

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Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.

- Progress the core digitisation programme (to 2024/25)
- Develop investment plans

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Effective use of resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.

- Return to making efficiencies and pre-pandemic levels of productivity where the context allows.
- Return to financial balance, following the pandemic-era flexibility.
- Written contracts between commissioning and all providers will be required by the start of the financial year.

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Establish ICBs and collaborative system working.

- New target date of 1 July 2022 for statutory arrangements for ICSs to take effect and ICBs to be established.

An extended preparatory phase from 1 April 2022 to 1 July 2022.

- CCGs will remain in place and retain all existing duties and functions.
- CCG leaders will work with designate ICB leaders in key decisions (notably commissioning and contracting)
- NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.

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Kirklees Response

- Planning Group in place to respond to 2022/23 national planning tasks. System wide group.
- Working with colleagues within the ICS.
- SROs from across the system have been identified for all of the priority areas.
- Considering our local response to the national deliverables in the context of the emerging Kirklees ICP. Working to develop an Operational Plan. Engagement to be considered as part of this.
- Usual engagement processes apply.

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Any questions?

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Covid-19 Vaccination Programme Update

Matthew Whitaker – Programme Manager, Kirklees CCG

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Priority Group	JCVI Cohort	% Vaccinated 1st Dose	% declined	% Vaccinated 2nd Dose	% Vaccinated Booster Dose
1	Care Home Residents	96%	2%	94%	87%
1	Residential Care Worker	>90%	Unknown	>90%	Unknown
2	80+	96%	2%	95%	91%
2	Healthcare Workers	>90%	Unknown	>90%	Unknown
2	Social Care Workers				
3	75-79	97%	1%	96%	93%
4	70-74	93%	1%	91%	81%

Priority Group	JCVI Cohort	% Vaccinated 1st Dose	% declined	% Vaccinated 2nd Dose	% Vaccinated Booster Dose
4	Clinically Extremely Vulnerable (Under 70)				
5	65-69	94%	1%	93%	87%
6	At Risk (under 65)	89%	2%	86%	68%
7	60-64	91%	1%	90%	83%
8	55-59	89%	1%	88%	79%
9	50-54	87%	1%	85%	72%
10	40-49	82%	1%	79%	57%
11	30-39	72%	1%	67%	39%
12	18-29	67%	0%	60%	28%
13	16-17	63%	1%	43%	7%
14	12-15 JCVI Criteria **	58%	6%	35%	5%
15	12-15	53%	1%	30%	0%
16	5-11 JCVI Criteria **	8%	9%	0%	0%
	5-11	1%	1%	0%	0%

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Delivery Model: Change Over Year 1

3 pie charts showing how over the past 12 months where people have their vaccinations has changed.

- In Dec-May – Primary Care Network was the main provider, followed by pharmacy and vaccination hub
- In Jun – Sept – Pharmacy was the main provider, followed by primary care network and vaccination hub
- In Oct – Jan - Pharmacy was the main provider, followed by primary care network, vaccination hub and then school age immunization service

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Next steps for the NHS COVID-19 Vaccination Programme planning and delivery

- Recognises that we are in uncertain times, relating to Covid-19
- Planning is split into two six month periods

Spring Booster phase - 21st March 22 – September 22

- Continued access to Covid-19 vaccinations, for all cohorts
- Fourth booster for 75+; 12+ (immunosuppressed); residents of older adult care homes – all 182 days after previous booster
- Focus on all 5-11s
- Continued access to overseas validation sites
- Expected to be largely complete by June

Autumn booster phase - October 22 – March 23

- Suggested this will be for higher risk cohorts
- Detail cannot be currently given
- Minimum planning is for cohorts 1-6; maximum planning is for cohorts 1-9
- Main part of the programme will likely be Sept – Dec

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Next steps for the NHS COVID-19 Vaccination Programme planning and delivery

- Places should also develop contingency plans to surge, if required
- Justification being learning from Omicron and in anticipation of potential future variants that could lead to worse outcomes
- In Kirklees we previously peaked at ~41,000 vaccination events in a week, with a capacity of ~60,000 that week
- Sufficient surge capacity planning should enable us to achieve 40,000 appointments in a week

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Kirklees Delivery Model for 2022/23

Hospital Hub

- Acre Mills
- Stood up as/if required for CHFT staff
- Be able to vaccinate, or facilitate vaccination of, certain higher risk cohorts

Vaccination Centre

- Enhanced roll – maternity, needle phobic, overseas vaccination, vaccine management
- Continue to validate overseas vaccinations
- Potential to be a training site for new staff

PCN

- All nine PCNs – occasionally dormant/opportunistic only
- Flexibility to vaccinate at practice level

- Key for certain cohorts
- Less pressure/reliance on PCNs – volumes Oct-Jan level or lower

Community Pharmacy

- All 19 continue – less reliance on non-pharmacy premises
- On board more to increase access, spread workload, workforce
- Helps with workforce as bring their own
- Expanded roll – volumes Oct-Jan or higher – main delivery model for 5-11s

School Age Immunisation Service

- Continuation of current arrangements if required
- Locala lead with sub-contract to provide capacity

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Increasing Uptake & Reducing Inequalities

Engagement

- Community Champions continue to end of May 22 with view to maintaining thereafter
- Ongoing development of place-based approach including four Council hubs
- Increasingly holistic not just vaccine focused
- Huddersfield University research with white, working age, less affluent males
- Continue to build on Kirklees partnership working

Communications

- Increasingly holistic health and wellbeing messaging
- Consider how vaccination centres can support the make every contact count initiative
- Continue with national/regional communications messages
- Continue targeted work, as appropriate

Targeted Sessions

- Factor in further insights gained over time
- Maintain flexible approach able to respond to uncertainty in the programme
- Continue to build reluctant community confidence in the programme
- Complement expanded community offers from CP & PCNs (temporary clinics)

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Thank you for listening

Questions?

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‘Living with COVID’

Emily Parry-Harries

Consultant in Public Health

There were no slides for this item, as this was a verbal update

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Primary Care Update

Catherine Wormstone, Director of Primary Care

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Primary care – COVID Recovery

- General Practice is open and has been open throughout the pandemic.
- Practices are still working within NHS guidance which requires staff and patients to continue to wear masks and front line staff will continue to undertake regular lateral flow testing.
- They are still sometimes impacted by staffing absence due to COVID – just like any other business
- Focus of primary care returning to addressing non-COVID needs.

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Primary care – COVID Recovery

- Focus on long term condition management and prevention
- Ensuring timely access, especially for patients with urgent care needs and suspected cancers
- Ensure delivery of routine vaccination and screening, annual health checks and
- Patients will be seen face to face where it is clinically appropriate

Slide 39

Appointments in General Practice

Graph showing the number of appointments in General practice, comparing the numbers across 2019/20, 2020/21, and 2021/22. Chart shows that there have been more appointments for 2021/22 compared to previous years.

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Primary care – Winter Access Fund

Winter Access funding was provided to support GP practices between December 2021 and March 2022.

- Improve access to urgent, same day primary care in GP practice
- Increase capacity and GP appointment numbers
- Provide extra extended access of GP appointments (GP or ANP) outside of 'normal' practice opening times
- Pilot for GP practices to handle electronic consultations with support from Local Care Direct (Out of Hours provider) to help with acute/on day issues
- Release clinical time for practice clinicians to focus on face to face appointments
- Piloted Dewsbury Integrated Urgent Care Service within Dewsbury Walk In Centre
- Worked closely with Community Pharmacy to share workload

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Primary care – COVID Recovery

- GP practices will continue to respond to COVID and offer COVID vaccinations
- Continued focus on digital developments and consultations for GP practices and patients
- Patients are encouraged to download the NHS App
- Part of plans for 2022 - patients with online accounts such as through the NHS App will be able to read new entries in their health record. This applies to patients whose practices use the SystmOne and EMIS systems

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Primary care – Access

- From October 2022, Primary Care Networks (PCNs) will take on responsibility for Enhanced Access
- This will see PCNs providing bookable appointments outside of core hours (between 6:30pm and 8pm weekday evenings and 9-5 on Saturdays)
- This will use the full multidisciplinary team and include routine services such as screening, vaccinations and health checks
- PCNs will be able to provide a proportion of Enhanced Access appointments outside of these hours, e.g. early mornings or Sundays in line with local need
- PCNs will begin to make preparatory arrangements between April and October, including engaging with its patient population and consider patient preferences

- This is likely to build on what we already have in place locally in Kirklees

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Primary Care Workforce

- The expansion of the workforce will support GPs at a time when recruitment is challenging and help to improve access for patients.
- This is through a scheme called Additional Roles Reimbursement Scheme (ARRS)
- Patients value the relationship they have with their local GP and practice staff and the use of these extended roles is often something that needs education on the scope of the roles and to build confidence with some patients.
- Every PCN has developed their plans to recruit to the new additional roles that have become available. Using data and local knowledge about their populations' health needs, PCNs have identified the roles that they believe will bring most benefit to their patients and have started to recruit to the posts.

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Expanding the workforce – Additional Roles

Role	**Introduced**
Clinical pharmacists	2019/20
Social prescribing link workers	2019/20
First contact physiotherapists	2020/21
Physician associates	2020/21
Pharmacy technicians	2020/21
Occupational therapist	2020/21
Dieticians	2020/21
Podiatrists	2020/21
Health and wellbeing coaches	2020/21
Paramedics	2021/22
Mental health practitioners	2021/22
Nurse associates	Oct 2020
Training nurse associates	Oct 2020

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Primary care workforce

- Some of the new roles in Primary Care are really showing benefits to patients, practices and the wider health and social care system
- E.g. Social Prescribing Link workers

Patient contact

- 899 contacts were made during Q3
- 76 of contacts were for patienst who required SPLW support
- 23% of contact was supporting cancer screening and LD reviews
- Time spent – the average time spent with patients during Q3 was 1hour

Reason for referral

- 38% were referred for social and complex needs
- 68% were referred for support with 1 or more long term health conditions
- 31% were referred for support with their mental health
- 12% were referred as they were lonely or isolated
- 20% unable to contact
- 8% declined SPLW support / withdrew

Patient outcomes

- 32% felt more in control and were able to manage their mental health
- 25% were better able to manage practical situations
- 17% felt more connected to others and less lonely and isolated
- 15% were more physically active

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Primary Care Networks – Focus on health inequalities

- Each of the nine Kirklees PCNs identified a project in 2021/22 which would focus on tackling population health and wellbeing needs and inequalities highlighted during COVID.
- These included projects to increase cancer screening rates, carrying out more pre-diabetic screening and aiming to reduce asthma admissions and emergency attendances.
- As an example, the Mast PCN opted to make use of a ‘health and wellbeing bus’ which visits the predominantly rural PCN area for health checks, health promotion and ‘pop up’ clinics in places that are more accessible than traditional health centres

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Primary Care Networks – MAST community garden

A space to be used by the local community and community groups. An area that can be used by ARRS roles for therapies outside, a space for wellbeing and contemplation where young and old can benefit. They hope to grow fruit and veg, flowers, have sensory areas, create wildlife friendly areas and include contemplation spaces.

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Over the coming weeks

- Preparations are underway in Kirklees to support refugees arriving from Ukraine to access healthcare services.
- Patients will need to register with a GP practice that covers the address at which they are staying. People will be resettled across the whole of Kirklees.
- The Social Prescribing Link Worker Service (SPLW) is available in all GP practices. SPLWs will support refugees from Ukraine to receive all appropriate access to social networks and activities available locally.

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Any questions?

Slide 50

Thank you for attending today

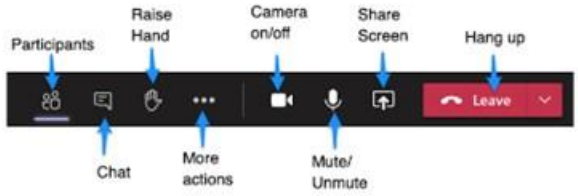
Appendix D – Presentation - PowerPoint version

NHS Kirklees Clinical Commissioning Group

WELCOME!

The event will start soon.

- Please keep your microphone and camera turned off unless you are invited to speak – otherwise you will be visible and audible to everyone in the meeting.
- Please don't interrupt the presenters.
- You can ask questions or make a comment either by using the chat function or raising your hand. Please ask any questions related to what is being said and we'll try to deal with them as we go along.



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Event programme

- **Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership –** Carol McKenna, Chief Officer
- **2022/23 National Priorities–** Natalie Ackroyd, Principal Strategic Planning, Performance and Delivery Manager, and Vicky Dutchburn, Director of Operational Delivery & Performance
- **COVID-19 vaccination programme update** – Matthew Whittaker, Programme Manager – Covid-19 Vaccine
- **'Living with COVID'** – Emily Parry-Harries, Consultant in Public Health, Kirklees Council
- **Primary Care update** – Catherine Wormstone, Director of Primary Care

Transition to West Yorkshire Integrated Care System and Kirklees Place-based Partnership

Last update – 17 November 2021

- Why change?
- What does it mean?
- What is an ICS?
- How it will work
- What changes will, and won't, we see in Kirklees

Updates today

- Name: Kirklees Health and Care Partnership
- Legislation delay
- West Yorkshire Constitution – Engagement feedback
- Kirklees Involvement approach
- Appointments

Legislation delay

- Target date now 1 July 2022 (was 1 April)
- In West Yorkshire
  - Shadow form from 1 April
- CCG retains accountability until 30 June 2022
  - Some parallel running

WY ICB Constitution – engagement feedback

- Integrated Care Board constitution :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
  - Describes changes in response to feedback
- Most feedback on:
  - size and composition of ICB Board;
  - Arrangements for delegation to places;
  - Public & patient involvement.

Involvement approach

- Kirklees Health and Care Partnership
  - New / more formal network across partners
  - Mapping what is already in place
- West Yorkshire
  - Healthwatch commissioned to codesign a citizen panel

Appointments (WY designate)

Chair – Cathy Elliot
Chief Executive – Rob Webster
Medical Director – Dr James Thomas
Director of Finance – Jonathan Webb
Director of Nursing – Beverley Geary
Director of People – Kate Sims
Director of Strategy & Partnerships – Ian Holmes
Independent members (Citizen Involvement; Finance, Audit & Innovation; Quality; Workforce)
Partner members – awaiting secondary legislation

Kirklees Health & Care Partnership

- Kirklees Place Accountable Officer – Carol McKenna
- Other partnership executives
- Independent members (ICB Committee)
  - Chair of Kirklees Integrated Care Board Committee
  - 2 other independent members
- Partner members (ICB Committee)
  - Kirklees Council; General Practice; CHFT; MYHT; SWYPFT; Community Provider (Locala); Voluntary, Community & Social Enterprise sector; Healthwatch

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2022/23 National Priorities

Natalie Ackroyd
Principal Strategic Planning, Performance and Delivery Manager

Vicky Dutchburn
Director of Operational Delivery & Performance

10 Priorities

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A. Invest in our **workforce** – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
B. Respond to **COVID-19** ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
C. Deliver significantly more **elective care** to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
D. Improve the responsiveness of **UEC** and build community care capacity. Supported by creating the equivalent of 5,000 additional beds, eliminating 12-hour waits in EDs and minimising ambulance handover delays.
E. Improve timely access to **primary care** – expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
F. Improve **MHLDA services** – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
G. Continue to develop **population health management**, prevent ill-health and address health inequalities
H. Exploit the potential of **digital technologies** to transform the delivery of care and patient outcomes
I. Make the most effective **use of our resources** – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
J. **Establish ICBs** and collaborative system working – ICSs to develop a five-year strategic plan

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(A) Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care

- Improve **retention** & the **experience** of staff, through a focus on flexible working, better conversation regarding careers and pensions
- Support the **health and wellbeing** of our staff
- Accelerate the introduction of **new roles**, such as anaesthetic associates and first contact practitioners, and expanding advanced clinical practitioners
- Expand **international recruitment** of high quality nurses and midwives
- **Widen participation** and create training and employment opportunities, including through expanding **apprenticeships**
- Improve the Black, Asian and minority ethnic disparity ratio, delivering the six high impact actions to overhaul **recruitment and promotion** practices.
- Implement plans to promote **equality** across all protected characteristics.

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(B) Respond to COVID-19 ever more effectively – delivering the NHS COVID vaccination programme and meeting the needs of patients with COVID-19

- Continued focus on offering eligible adults over 18 a booster vaccination
- Maintain the infrastructure to respond as required.
- New treatment options, initially for the highest-risk patients, will also be rolled out (CMDU).
- Post-COVID-19 syndrome (long COVID) - increase referrals and the number seen within six weeks of referral, and decrease the number of patients waiting longer than 15 weeks.

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(C) Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

- All systems must develop an elective care recovery plan for 2022/23. Systems should exceed, on average, 110 per cent of pre-pandemic elective activity. Ambitious goal to deliver 30 per cent more elective activity by 2024/25.
- Eliminate waits of over 104 weeks as a priority by March 2022 and maintain this position through 2022/23 (except where patients choose to wait longer).
- Conduct regular reviews of people who have been waiting more than 78 weeks.
- Develop plans that support an overall reduction in 52-week waits, where possible
- Accelerate progress towards a more personalised approach to follow-up care, reducing outpatient follow-ups by a minimum of 25 per cent against 2019/20 activity levels by March 2023.

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(C) Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

Cancer
- Continue work already set out in national strategy.
- Work with cancer alliances to deliver a plan for the future.
- Maintain and restore cancer screening programmes.

Diagnostics
- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23
- Develop plans to implement Community Diagnostic Centres in 2023/24 and 2024/25.

Maternity care
- Continue to embed and deliver the seven immediate and essential actions identified in the interim Ockenden report as well as forthcoming second Ockenden report.

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(D) Improve the responsiveness of UEC and community care. This needs to be supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.

Continue to transform community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for ED patients and reduce length of stay.

Reduce 12-hour waits in EDs
Minimise ambulance handover delays

Virtual wards – complete comprehensive development of virtual wards by December 2023

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(D) Improve the responsiveness of UEC and community care. This needs to be supported by creating the equivalent of 5,000 additional beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.

Urgent community response – Continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance
Anticipatory care – Systems will work with health and care providers to develop a plan for delivering anticipatory care from 2023/24.
Enhanced Health in Care Homes – Ensure consistent and comprehensive coverage in line with the national framework.
Community service waiting lists – Systems must develop and agree a plan for reduction of community service waiting lists and ensure compliance of national reporting.
Hospital discharge – The additional funding for the Hospital Discharge Programme will end in March 2022. Consider local approach.
Digital – ensure providers of community health services can access the local care shared record as a priority in 2022/23.

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(E) Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

- Increase the size of the PCN workforce and expand the number of GPs in line with national targets.
- Transfer of lower acuity care from general practice to community pharmacy through the Community Pharmacist Consultation Service.
- Implement revised arrangements for enhanced access delivered through PCNs from October 2022
- Support patients to have the right to digital-first primary care by 2023/24.
- Delivering Network Contract DES of anticipatory care and personalised care. The existing cardiovascular disease diagnosis and prevention service will be expanded.
- Support PCNs to work closely with local communities to address health inequalities
- Practices are to continue to address the backlog of care for patients with ongoing conditions to avoid worsening outcomes.
- ICBs will be the delegated commissioners for primary medical services

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(F) Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access

- Expand and improve mental health access and provision for all ages
- Continue to expand and transform services in line with the Mental Health Implementation Plan.
- The Mental Health Investment Standard remains mandatory.
- Develop a mental health workforce plan to 2023/24.
- Mental health provider collaboratives to produce a clear plan of requirements for CYP MH general adolescent and psychiatric intensive care inpatient beds

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(G) Continue to develop our approach to population health management, prevent ill health and address health inequalities - using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

- By April 2023, every system should have in place the capability required for population health management, including access and use of appropriate data on underserved communities.
- Develop plans for the prevention of ill health. Preventative services should focus on socio-economically deprived populations and certain ethnic minority groups that experience poorer health outcomes.

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(H) Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.

- Progress the core digitisation programme (to 2024/25)
- Develop investment plans

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(I) Effective use of resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.

- Return to making efficiencies and pre-pandemic levels of productivity where the context allows.
- Return to financial balance, following the pandemic-era flexibility.
- Written contracts between commissioning and all providers will be required by the start of the financial year.

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(J) Establish ICBs and collaborative system working.

- New target date of 1 July 2022 for statutory arrangements for ICSs to take effect and ICBs to be established.

- An extended preparatory phase from 1 April 2022 to 1 July 2022.
  - CCGs will remain in place and retain all existing duties and functions.
  - CCG leaders will work with designate ICB leaders in key decisions (notably commissioning and contracting)
  - NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.

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Kirklees Response

- Planning Group in place to respond to 2022/23 national planning tasks. System wide group.
- Working with colleagues within the ICS.
- SROs from across the system have been identified for all of the priority areas.
- Considering our local response to the national deliverables in the context of the emerging Kirklees ICP. Working to develop an Operational Plan. Engagement to be considered as part of this.
- Usual engagement processes apply.

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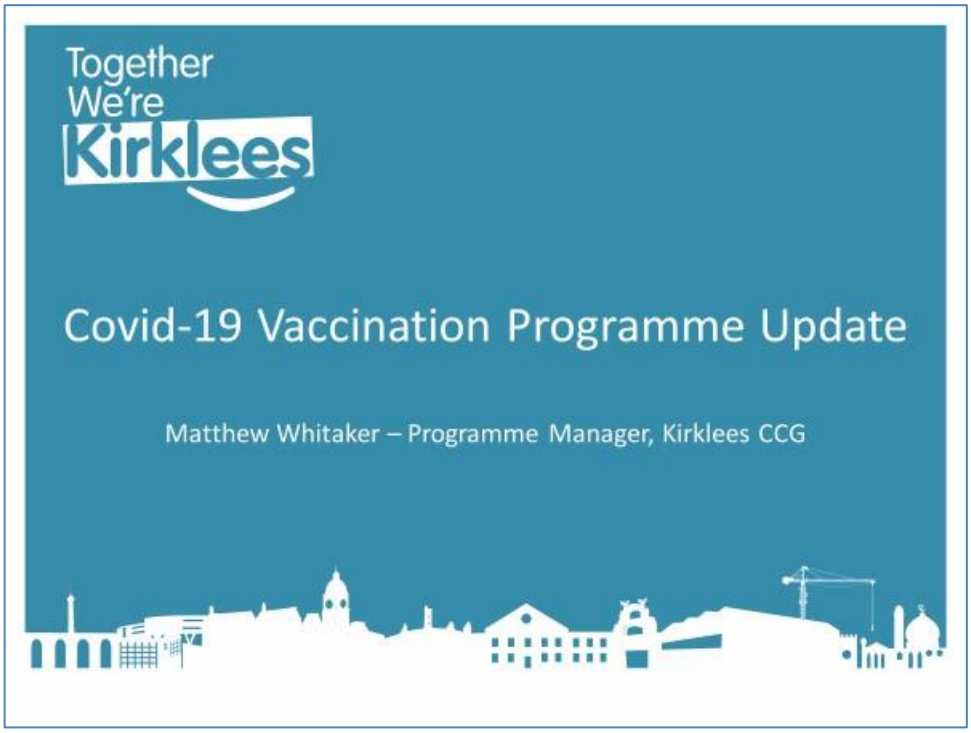
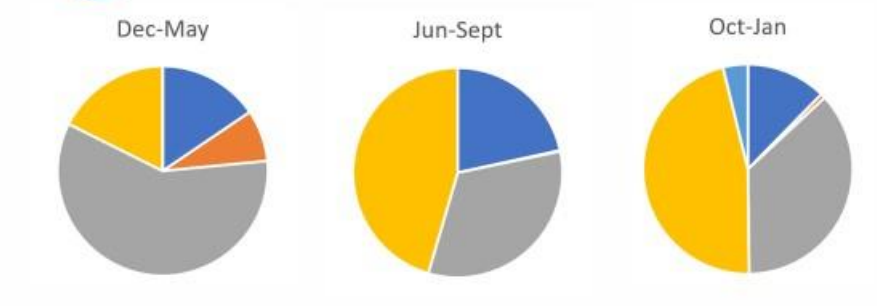
Any questions?



Priority Group	JCVI Cohort	% Vaccinated 1st Dose	% declined	% Vaccinated 2nd Dose	% Vaccinated Booster Dose
1	Care Home Residents	96%	2%	94%	87%
1	Residential Care Worker	>90%	Unknown	>90%	Unknown
2	80+	96%	2%	95%	91%
2	Healthcare Workers	>90%	Unknown	>90%	Unknown
2	Social Care Workers				
3	75-79	97%	1%	96%	93%
4	70-74	93%	1%	91%	81%
4	Clinically Extremely Vulnerable (Under 70)				
5	65-69	94%	1%	93%	87%
6	At Risk (under 65)	89%	2%	86%	68%
7	60-64	91%	1%	90%	83%
8	55-59	89%	1%	88%	79%
9	50-54	87%	1%	85%	72%
10	40-49	82%	1%	79%	57%
11	30-39	72%	1%	67%	39%
12	18-29	67%	0%	60%	28%
13	16-17	63%	1%	43%	7%
14	12-15 JCVI Criteria **	58%	6%	35%	5%
15	12-15	53%	1%	30%	0%
16	5-11 JCVI Criteria **	8%	9%	0%	0%
	5-11	1%	1%	0%	0%

Delivery Model: Change Over Year 1



- Vaccination Centre
- Hospital Hub
- Primary Care Network
- Pharmacy
- School Age Immunisation Service

Current Position
1 Hospital Hub
1 Vaccination Centre
9 PCNs
19 Community Pharmacy
1 School Age Immunisation Service

Next steps for the NHS COVID-19 Vaccination Programme planning and delivery

- Recognises that we are in uncertain times, relating to Covid-19
- Planning is split into two six month periods

21st March 22 – September 22
Spring booster phase

- Continued access to Covid-19 vaccinations, for all cohorts
- Fourth booster for 75+; 12+ (immunosuppressed); residents of older adult care homes – all 182 days after previous booster
- Focus on all 5-11s
- Continued access to overseas validation sites
- Expected to be largely complete by June

October 22 – March 23
Autumn booster phase

- Suggested this will be for higher risk cohorts
- Detail cannot be currently given
- Minimum planning is for cohorts 1-6; maximum planning is for cohorts 1-9
- Main part of the programme will likely be Sept – Dec

Next steps for the NHS COVID-19 Vaccination Programme planning and delivery

- Places should also develop contingency plans to surge, if required
- Justification being learning from Omicron and in anticipation of potential future variants that could lead to worse outcomes
- In Kirklees we previously peaked at ~41,000 vaccination events in a week, with a capacity of ~60,000 that week
- Sufficient surge capacity planning should enable us to achieve 40,000 appointments in a week

Kirklees Delivery Model for 2022/23

Hospital Hub	• Acre Mills • Stood up as/if required for CHFT staff • Be able to vaccinate, or facilitate vaccination of, certain higher risk cohorts
Vaccination Centre	• Enhanced roll – maternity, needle phobic, overseas vaccination, vaccine management • Continue to validate overseas vaccinations • Potential to be a training site for new staff
PCN	• All nine PCNs – occasionally dormant/opportunistic only • Flexibility to vaccinate at practice level • Key for certain cohorts • Less pressure/reliance on PCNs – volumes Oct-Jan level or lower
Community Pharmacy	• All 19 continue – less reliance on non-pharmacy premises • On board more to increase access, spread workload, workforce • Helps with workforce as bring their own • Expanded roll – volumes Oct-Jan or higher – main delivery model for 5-11s
School Age Immunisation Service	• Continuation of current arrangements if required • Locala lead with sub-contract to provide capacity

Increasing Uptake & Reducing Inequalities

Engagement	• Community Champions continue to end of May 22 with view to maintaining thereafter • Ongoing development of place-based approach including four Council hubs • Increasingly holistic not just vaccine focused • Huddersfield University research with white, working age, less affluent males • Continue to build on Kirklees partnership working
Communications	• Increasingly holistic health and wellbeing messaging • Consider how vaccination centres can support the make every contact count initiative • Continue with national/regional communications messages • Continue targeted work, as appropriate
Targeted Sessions	• Factor in further insights gained over time • Maintain flexible approach able to respond to uncertainty in the programme • Continue to build reluctant community confidence in the programme • Complement expanded community offers from CP & PCNs (temporary clinics)

Together We're Kirklees

Thank you for listening

Questions?

NHS

‘Living with COVID’

Emily Parry-Harries
Consultant in Public Health

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Primary Care Update

Catherine Wormstone, Director of Primary Care

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Primary care – COVID Recovery

- General Practice is open and has been open throughout the pandemic.
- Practices are still working within NHS guidance which requires staff and patients to continue to wear masks and front line staff will continue to undertake regular lateral flow testing.
- They are still sometimes impacted by staffing absence due to COVID – just like any other business
- Focus of primary care returning to addressing non-COVID needs.

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Primary care – COVID Recovery

- Focus on long term condition management and prevention
- Ensuring timely access, especially for patients with urgent care needs and suspected cancers
- Ensure delivery of routine vaccination and screening, annual health checks and
- Patients will be seen face to face where it is clinically appropriate

Appointments in General Practice

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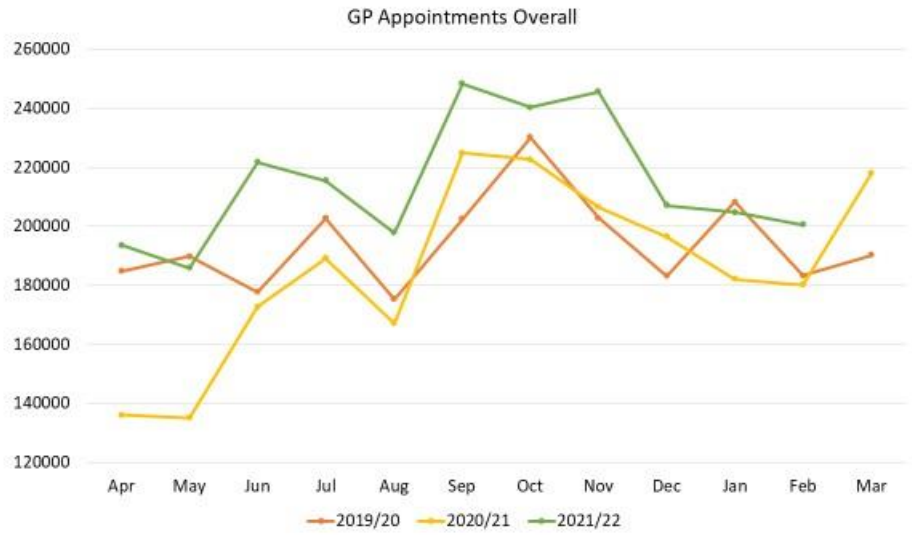

Source: NHS Digital Appointments in General Practice https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice

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Primary care – Winter Access Fund

Winter Access funding was provided to support GP practices between December 2021 and March 2022.

- Improve access to urgent, same day primary care in GP practice
- Increase capacity and GP appointment numbers
- Provide extra extended access of GP appointments (GP or ANP) outside of 'normal' practice opening times
- Pilot for GP practices to handle electronic consultations with support from Local Care Direct (Out of Hours provider) to help with acute/on day issues
- Release clinical time for practice clinicians to focus on face to face appointments
- Piloted Dewsbury Integrated Urgent Care Service within Dewsbury Walk In Centre
- Worked closely with Community Pharmacy to share workload

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Primary care – COVID Recovery

- GP practices will continue to respond to COVID and offer COVID vaccinations
- Continued focus on digital developments and consultations for GP practices and patients
- Patients are encouraged to download the NHS App
- Part of plans for 2022 - patients with online accounts such as through the NHS App will be able to read new entries in their health record. This applies to patients whose practices use the SystmOne and EMIS systems

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Primary care – Access

- From October 2022, Primary Care Networks (PCNs) will take on responsibility for Enhanced Access
- This will see PCNs providing bookable appointments outside of core hours (between 6:30pm and 8pm weekday evenings and 9-5 on Saturdays)
- This will use the full multidisciplinary team and include routine services such as screening, vaccinations and health checks
- PCNs will be able to provide a proportion of Enhanced Access appointments outside of these hours, e.g. early mornings or Sundays in line with local need
- PCNs will begin to make preparatory arrangements between April and October, including engaging with its patient population and consider patient preferences
- This is likely to build on what we already have in place locally in Kirklees

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Primary Care Workforce

- The expansion of the workforce will support GPs at a time when recruitment is challenging and help to improve access for patients.
- This is through a scheme called Additional Roles Reimbursement Scheme (ARRS)
- Patients value the relationship they have with their local GP and practice staff and the use of these extended roles is often something that needs education on the scope of the roles and to build confidence with some patients.
- Every PCN has developed their plans to recruit to the new additional roles that have become available. Using data and local knowledge about their populations' health needs, PCNs have identified the roles that they believe will bring most benefit to their patients and have started to recruit to the posts.

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Expanding the workforce – Additional Roles

Role	Introduced
Clinical Pharmacists	2019/20
Social Prescribing Link Workers	2019/20
First Contact Physiotherapists	2020/21
Physician Associates	2020/21
Pharmacy Technicians	2020/21
Occupational therapist	2020/21
Dieticians	2020/21
Podiatrists	2020/21
Health and Wellbeing Coaches	2020/21
Care Co-ordinators	2020/21
Paramedics	2021/22
Mental Health Practitioners	2021/22
Nurse Associates	Oct 2020
Trainee Nursing Associates	Oct 2020

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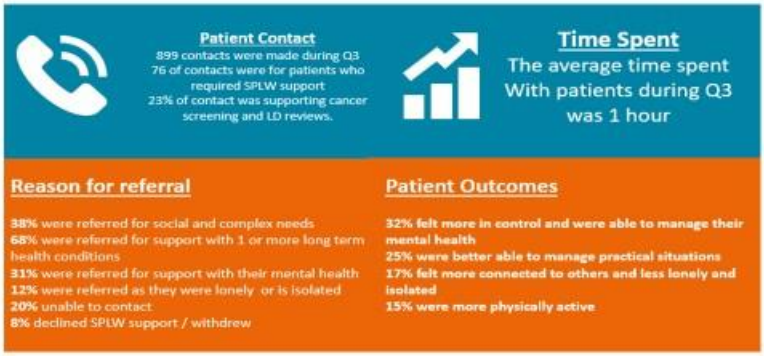
Primary care workforce

- Some of the new roles in Primary Care are really showing benefits to patients, practices and the wider health and social care system
- E.g. Social Prescribing Link workers



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Primary Care Networks – Focus on health inequalities

- Each of the nine Kirklees PCNs identified a project in 2021/22 which would focus on tackling population health and wellbeing needs and inequalities highlighted during COVID.
- These included projects to increase cancer screening rates, carrying out more pre-diabetic screening and aiming to reduce asthma admissions and emergency attendances.
- As an example, the Mast PCN opted to make use of a 'health and wellbeing bus' which visits the predominantly rural PCN area for health checks, health promotion and 'pop up' clinics in places that are more accessible than traditional health centres.

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Primary Care Networks – MAST community garden

A space to be used by the local community and community groups. An area that can be used by ARRS roles for therapies outside, a space for wellbeing and contemplation where young and old can benefit. They hope to grow fruit and veg, flowers, have sensory areas, create wildlife friendly areas and include contemplation spaces.

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Over the coming weeks

- Preparations are underway in Kirklees to support refugees arriving from Ukraine to access healthcare services.
- Patients will need to register with a GP practice that covers the address at which they are staying. People will be resettled across the whole of Kirklees.
- The Social Prescribing Link Worker Service (SPLW) is available in all GP practices. SPLWs will support refugees from Ukraine to receive all appropriate access to social networks and activities available locally.

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Any questions?

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Thank you for attending today