

Our Approach to Health & Wellbeing

Wakefield Health & Social Care

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Adults, Health & Communities

Health & Wellbeing Board

- It's all about 'Leadership'
- Shared purpose, shared values, shared leadership
- Developing 'business rules' how we work together

Connecting Care

- Social care and NHS – different perspectives
- Public Health driving and challenging
- Third Sector and Housing key partners

Connecting Care

Setting our Aims

- People not services
- Prevention rather than cure
- Assets not deficits

Connecting Care+ partners

Connecting Care+ is made up of a range of partners, from health, social care and voluntary and community organisations, who deliver integrated care services across Wakefield.



Wakefield Place – asset based commissioning

Wakefield District

38 Practices;
371,000 registered population;
333,000 resident population;
3 Integrated hubs;
coterminous boundaries with the LA



NHS Wakefield - New Network Configuration



There are 76,388 children and young people aged 0-19 living in Wakefield - 23.2% of the total population. There are 488 children and young people in care.



As of January 2015 there were 50 registered Care Homes within the Wakefield District which cater for people aged 65 and over. A further 17 Care Homes support individuals under the age of 65 with physical disabilities, LD and mental health issues. This provides 2435 active beds.

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Police officers: 481
Police staff: 181
PCSOs: 59
Special constables: 128
Police Volunteers: 9



1500 Voluntary and Community Sector organisations



154 operational firefighters plus retained firefighters carrying out preventative home visits



Multi agency safeguarding hub with X police and health staff working together to safeguard the district

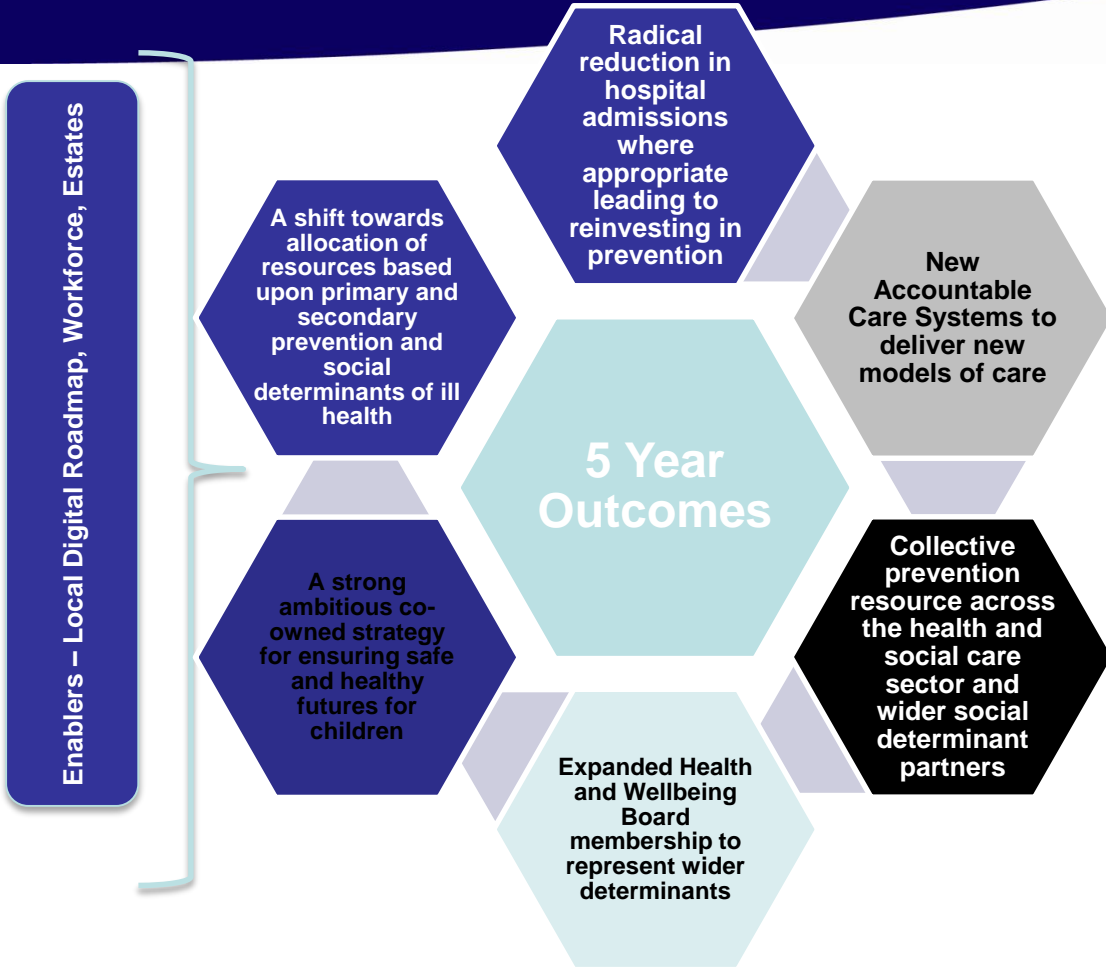
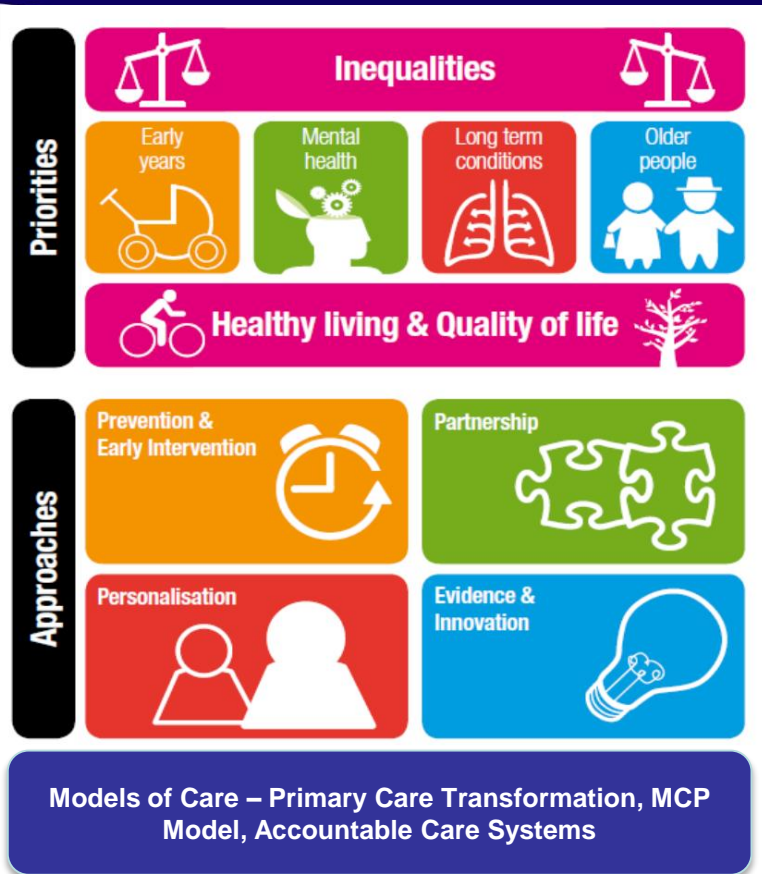


2 hospices
43 Domiciliary care providers

Wakefield- the case for change for accountable care

- Wakefield ranks as the 65th most deprived local authority out of 326 putting it in the top 20% most deprived local authorities
- The size of the resident population of Wakefield District is estimated to be in the region of 332,000, making the District the 18th largest local authority in England and Wales.
- WCCG's registered population is 363,000
- There are stark inequalities in health in the district with men in poorer areas living on average 9.9 years less; 7.2 years for women
- Wakefield has higher rates of long term conditions than the national average and we estimate that there are a number of people who remain undiagnosed
- Long-term conditions account for 55% of GP appointments, 68% of outpatient and A&E appointments, and 77% of in-patient bed days
- By 2031, the older population is expected to have grown by over 50 per cent, representing a population close to 100,000
- In 2016 PWC undertook a system analysis of health and social care this identified by 2021 Wakefield's gross system deficit would be £182m

Wakefield Challenges to Outcomes – Reducing the Three Gaps



Progress to developing a Accountable Care system

Wakefield's success has included- Evaluation of Connecting Care Hubs-Model is a blend of a VCS support workers (Age UK and Carers Wakefield) working with clinical Nurses, Therapy staff and local authority Social Care workers to support patients care needs and manage them in the community

The Outcome?

- In 2013, Wakefield commissioned a three-year long evaluation of the Connecting Care initiative, supported by Healthwatch Wakefield. The report presents the results of almost 1000 interviews with service users, carers, and staff. Some headlines and quotes can be found below:
- 97% of patients interviewed felt they had been treated with kindness and compassion by the Connecting Care staff
- 85% of patients interviewed rated the Connecting Care service as very good or good
- "We are nearer patients and more local. In an emergency we can respond quicker."- Connecting Care staff member
- "They have been brilliant, nothing but praise"- Connecting Care service user.

Principles of developing a Accountable Care system

Wakefield's key principles for our accountable care approach are:

- **Promoting** health and wellbeing, **reducing inequalities** and **preventing** ill-health and illness progression at individual and community level;
 - Focus is on narrowing health inequalities
- Ensuring **fast, responsive access** to care and **preventing avoidable** admissions to care settings, hospital emergency admissions and A&E attendances;
- **Proactive co-ordination** of care (or anticipatory care), particularly for people with long term conditions and more complex health and care problems;

Tips for Health & Wellbeing Boards

- Relationships are key to your success
- Develop your vision for integrated care in your area
- Identify with partners the key areas for the new model of care
- Challenge each other why anything is out of scope
- Develop the appropriate governance to support the new arrangements and be open and transparent about why new arrangements are in place
- Develop system SRO roles, be brave as leaders- CCG and local authority do NOT need to lead all work programmes- other partner organisations want to lead OD, Workforce development, evaluation, communications and patient engagement and other key functions
- Invest as a system in the PMO infrastructure to make it happen, before Wakefield secured any investment from NHSE WCCG and WMDC committed to establishing a joint funded PMO to drive forward integrated care