

<b>Meeting name:</b>	NHS West Yorkshire Integrated Care Board (meeting in public)
<b>Agenda item no.</b>	9
<b>Meeting date:</b>	24 September 2024
<b>Report title:</b>	Chief Executive's Report
<b>Report presented by:</b>	Rob Webster CBE, Chief Executive, NHS West Yorkshire Integrated Care Board (ICB)
<b>Report approved by:</b>	Rob Webster CBE, Chief Executive, NHS West Yorkshire ICB
<b>Report prepared by:</b>	Rob Webster CBE, Chief Executive, NHS West Yorkshire ICB

<b>Purpose and Action</b>			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input checked="" type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input checked="" type="checkbox"/>
<b>Previous considerations:</b>			
None.			
<b>Executive summary and points for discussion:</b>			
<b>Which purpose(s) of an Integrated Care System does this report align with?</b>			
<input checked="" type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience and outcomes <input checked="" type="checkbox"/> Enhance productivity and value for money <input checked="" type="checkbox"/> Support broader social and economic development			
<b>Recommendation(s)</b>			
The Board is asked to consider this paper and the areas of note within it.			
<b>Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:</b>			
The paper sets the context within which we operate and areas that will impact upon the Board Assurance Framework in all areas.			
<b>Appendices</b>			
None			
<b>Acronyms and Abbreviations explained</b>			
1. NHS = National Health Service 2. WY = West Yorkshire			

3. ICB = Integrated Care Board
4. EIA = Equality Impact Assessment
5. EDI = Equality, Diversity and Inclusion
6. LGBTQ+ = lesbian, gay, bi, trans, and queer/questioning. (The “+” is used to include the wide range of other sexualities and gender identities which aren’t included in these letters)
7. UK = United Kingdom
8. ICS = Integrated Care System
9. ADHD = attention deficit hyperactivity disorder
10. NHSE = NHS England
11. CQC = Care Quality Commission
12. BMA = British Medical Association
13. DDRB = Doctors’ and Dentists’ Remuneration
14. GP = General Practitioner
15. GPC = General Practitioners Committee
16. LMC = Local Medical Committee
17. UEMO = European Union of GPs
18. NBS = National Booking Service (NBS)
19. JCVI = Joint Committee on Vaccination and Immunisation
20. Places = Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District
21. FAQs = Frequently Asked Questions
22. UKHSA = UK Health Security Agency
23. PwC = PricewaterhouseCoopers
24. WYAAT = West Yorkshire Association of Acute Trusts
25. NHS OF = NHS Oversight Framework
26. GPIIP = General Practice Improvement Programme (GPIP).
27. PCN = Primary Care Network
28. CBT = cloud-based telephony
29. STP = Sustainability and Transformation Partnership
30. WYCA = West Yorkshire Combined Authority
31. VCSE = Voluntary, Community and Social Enterprise

**What are the implications for?** Please refer to all Sections.

<b>Residents and Communities</b>	The paper sets out the broad context that will impact upon residents and communities. Changes to plans and priorities for 2024/25 may impact on local people and will be subject to Equality Impact Assessment (EIA).
<b>Quality and Safety</b>	Our provider collaboratives are a vehicle to address waiting list issues and to improve productivity and efficiency in flow. Working across the ICB and wider ICS, we will continue to work on solutions across the breadth of pathways our patients and local communities interact with, and working as a health and care partnership, we will maintain our commitment to action on tackling inequalities and the determinants of health.
<b>Equality, Diversity and Inclusion</b>	One of the 39 bills, outlined in the Kings Speech, that ministers want to pass in the next parliamentary session is

	a race equality and disabled workers bill, which aims to enshrine the full right of equal pay in law.
<b>Finances and Use of Resources</b>	One of the key actions taken to address the year-to-date position is the commissioning of an external finance review that mirrors the NHS England national specification for systems with high financial risk.
<b>Regulation and Legal Requirements</b>	None.
<b>Conflicts of Interest</b>	None.
<b>Data Protection</b>	None.
<b>Transformation and Innovation</b>	The paper sets out the broad context that will impact upon residents and communities and our services. Changes to plans and priorities for this 2024/25 may impact on our ability to transform care.
<b>Environmental and Climate Change</b>	None.
<b>Future Decisions and Policy Making</b>	None.
<b>Citizen and Stakeholder Engagement</b>	Our planning arrangements are built on good citizen insight.

## NHS West Yorkshire Integrated Care Board Board Chief Executive's Report – 24 September 2024

### 1. Purpose

1.1 This report provides contextual points that will help shape the conversation at the Board.

1.2 The Board is asked to note the contents of the report.

### 2. National context

#### King's Speech

2.1 In July 2024, King Charles III outlined the governments priorities for the coming legislative year. The King advised that his government will govern in service to the country, with a legislative programme that is mission led, based in fairness opportunity and stability for all. The King reiterated his government's commitment to the NHS - *"My Government will improve the National Health Service as a service for all, providing care on the basis of need regardless of the ability to pay. It will seek to reduce the waiting times, focus on prevention and improve mental health provision for young people."* The full text of the King's Speech can be found [here](#).

2.2 The speech outlined 39 bills that ministers want to pass in the next parliamentary session, after their party's return to power. The most important proposed bills for the health and care are:

- a) Tobacco and vapes bill: This legislation will create a smoke-free generation by phasing out the ability to legally purchase tobacco products. The bill will also restrict vape products, limiting children's ability to access them.
- b) Mental health bill: This new bill would reform the Mental Health Act 1983, which, among other things, has been criticised due to how it treats people with learning disabilities and autistic people and discriminates against some ethnic minorities, particularly black people.
- c) Restrictions on junk food and energy drink advertising to children.
- d) Conversion practices bill: This legislation will propose new offences to target acts of conversion practices towards the LGBTQ+ community that are not captured by existing legislation.

- e) Cyber security and resilience bill: The bill will strengthen the United Kingdom's (UK) cyber defences, ensuring that critical infrastructure and the digital services that companies rely on are secure.
- f) English devolution bill: This legislation seeks to devolve further powers to combined authorities and metro mayors. These powers cover skills, planning, energy, and transport, and to 'support local growth plans that bring economic benefit to communities'.
- g) 'Making work pay' with various relevant employment bills including:
  - a skills bill, which will abolish the apprenticeship levy and replace it with a new growth and skills levy
  - a race equality and disabled workers bill, which aims to enshrine the full right of equal pay in law
  - an employment rights bill (Labour's New Deal for Working People), which that will update worker rights including banning zero-hour contracts and ensuring sick pay and parental leave are available from day one of employment.

#### Independent investigation of NHS performance

- 2.3 On 11 July 2024, the Secretary of State for Health and Social Care commissioned an immediate and independent investigation of the NHS and appointed Professor Ara Darzi, Baron Darzi of Denham, to lead the investigation. The investigation had a focus on assessing patient access to healthcare, the quality of healthcare being provided and the overall performance of the health system and reported in September 2024.
- 2.4 The investigation set out to consider the available data and intelligence in order to:
  - provide an independent and expert understanding of the current performance of the NHS across England and the challenges facing the healthcare system;
  - ensure that a new 10-year plan for health focuses on these challenges; and
  - stimulate and support an honest conversation with the public and staff about the level of improvement that is required, what is realistic and by when.
- 2.5 The report was published on 11 September 2024 and is available here: [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/131111/independent-investigation-of-the-national-health-service-in-england.pdf).

2.6 A number of core themes have emerged from the report, which can be summarised as follows:

- **Deterioration:** The health of the nation has deteriorated over the past 15 years, with a substantial increase in the number of people living with multiple long-term conditions. Nationally, health inequalities are also heading in the wrong direction, and variable care quality and access links to this. There are a number of clear opportunities for Integrated Care System (ICSs) to address the drivers of poor health and inequalities.
- **Spending:** Too great a share of the NHS budget is being spent in hospitals, too little in the community, and productivity is too low. In addition, too much spending has been delivered with a short-term rationale. Capital investment has been particularly impacted, with around £37 billion less invested when compared with similar countries.
- **Waiting times:** Waiting lists have swelled and waiting times have surged, with queues in our Accident and Emergency departments more than doubling from an average of just under 40 people on a typical evening in April 2009 to over 100 in April 2024. 1 in 10 patients are now waiting for 12 hours or more. Mental health, attention deficit hyperactivity disorder (ADHD) and autism waiting lists are also soaring nationally, especially for young people. There has been some success seen in access to NHS Talking Therapies targets.
- **Cancer care:** The UK has appreciably higher cancer mortality rates than other countries, with no progress whatsoever made in diagnosing cancer at stage one and two between 2013 and 2021.
- **Lasting damage:** The Health and Social Care Act of 2012 did lasting damage to the management capacity and capability of the NHS. It took 10 years to return to a sensible structure, and the effects continue to be felt to this day.
- **Productivity:** Too many resources have been poured into hospitals where productivity had substantially fallen, while too little has been spent in the community. A more efficient health system would contribute better to the economy and growth through supporting health and wellbeing, with over half current NHS waiting lists made up of working age adults. This links clearly to the fourth core purpose of Integrated Care Boards (ICBs).

- 2.7 This report also acknowledges working as integrated care systems (ICS') to be positive and a significant opportunity. There is no appetite for further structural change although the report points to some realignment of roles and clarity on the leadership of issues like performance management between ICBs and NHS England (NHSE).
- 2.8 The focus on inequalities and tackling the determinants of health is clear in the report, with an acknowledgement that the current position has been driven by wider factors including the economy, the pandemic and a significant reduction in public health funding.
- 2.9 Overcoming the challenges across the country will take time. In West Yorkshire we have already made progress across a number of the themes highlighted in the report, with other transformational programmes and projects in the pipeline. The ways of working that we have built together is important on this journey. Our provider collaboratives are a vehicle to address waiting list issues and to improve productivity and efficiency in flow. Working across the ICB and wider ICS, we will continue to work on solutions across the breadth of pathways our patients and local communities interact with, and working as a health and care partnership, we will maintain our commitment to action on tackling inequalities and the determinants of health.
- 2.10 Over the coming weeks and months, we will work closely with others on how the Darzi Review and forthcoming 10-year plan will shape up. We will do this with a continued focus on managing the system over winter and our ongoing work to improve outcomes and experiences for our local populations, in line with our Partnership's [ten big ambitions](#).

#### Review into the operational effectiveness of the Care Quality Commission

- 2.11 In May 2024, Dr Penelope Dash, Chair of NHS North West London ICB was commissioned to undertake a review of the Care Quality Commission's (CQC) operational effectiveness by the previous government as part of an assessment of public bodies under the Cabinet Office Public Bodies Review Programme.
- 2.12 On assuming the office of Secretary of State for Health and Social Care, Wes Streeting asked Dr Dash to produce an urgent interim report. The Department of Health and Social Care published the interim report of the review at the end of July 2024 which provides a summary of the emerging findings and outlines a series of recommendations. The interim report's findings and the statement that the CQC is not fit for purpose suggest substantial change is required. This will be the task of a new Chief

Executive, including the five recommendations for CQC from the interim report:

- 1) Rapidly improve operational performance.
- 2) Fix the provider portal and regulatory platform.
- 3) Rebuild expertise within the organisation and relationships with providers in order to resurrect credibility.
- 4) Review the Single Assessment Framework to make it fit for purpose.
- 5) Clarify how ratings are calculated and make the results more transparent particularly where multi-year inspections and ratings have been used.

2.13 A more detailed, final report will be published in autumn 2024 and prior to this Dr Dash is intending to discuss her findings with user groups to ensure her final recommendations reflect their needs (which was not possible during pre-election period).

#### Government's pay offer to the junior doctors

2.14 On Tuesday 23 July 2024, the British Medical Association (BMA) Junior (soon to be Resident) Doctors Committee entered negotiations with Secretary of State for Health and Social Care Wes Streeting and were presented with a final offer on Friday 26 July 2024. After eleven rounds of industrial action, including most recently during the General Election, the BMA's Junior Doctor Committee believes this offer is credible enough to be put to its members for a vote, and are recommending a vote to accept. The offer is:

- Pay offer for 2023-24: The Government will invest an average of a further 4.05% into 2023-24 pay scales for junior doctors. This means that the 2023-24 pay scales are on average 13.2% higher than in 2022-23 – an improvement of 4.4 percentage points from the current 2023-24 pay scales. Uplifts will be applied to the pay scales for the 2016 and 2002 contracts as well as to local pay scales which mirror those contracts. The effective date for these changes will be 1 April 2023 and junior doctors will receive a payment to reflect backpay.
- Pay for 2024-25: In addition, the Government has accepted the recommendations of the Review Body on Doctors' and Dentists' Remuneration (DDRB) and uplift each Nodal Point by 6% plus £1000, on a consolidated basis, with an effective date of 1 April 2024.



## General Practitioner (GP) collective action

- 2.15 The BMA balloted its GP contractor/ partner BMA members in England through a non-statutory ballot between 17 June 2024 and 29 July 2024. On 1 August 2024, the BMA announced that 98.3% of members that voted were in favour of, and were willing to take part in collective action. Collective action is not the same as industrial action, but means that some GPs may stop or reduce certain work.
- 2.16 The General Practitioners Committee (GPC) England has identified 10 actions that it is inviting GP contractor/ partner BMA members to take depending on their patients, local contracts, and any feedback from their local medical committee (LMC), these are:
- 1) Limit daily patient contacts per clinician to the UEMO (European Union of GPs) recommended safe maximum of 25. Divert patients to local urgent care settings once daily maximum capacity has been reached.
  - 2) Stop engaging with the e-Referral Advice and Guidance pathway - unless for you it is a timely and clinically helpful process in your professional role.
  - 3) Serve notice on any voluntary services currently undertaken that plug local commissioning gaps and stop supporting the system at the expense of your business and staff.
  - 4) Stop rationing referrals, investigations, and admissions.
  - 5) Switch off GPConnect Update Record functionality that permits the entry of coding into the GP clinical record by third-party providers.
  - 6) Withdraw permission for data sharing agreements that exclusively use data for secondary purposes (i.e. not direct care).
  - 7) Freeze sign-up to any new data sharing agreements or local system data sharing platforms.
  - 8) Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing (rather than the clinical benefit of your patients).
  - 9) Defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance is available.

- 10) Defer making any decisions to accept local or national NHS England Pilot programmes whilst we explore opportunities with the new Government.
- 2.17 We continue to work closely with our LMCs and all partners to monitor any actions taken across West Yorkshire to assess and minimise the impact on our patients. We hope for a resolution between the parties as soon as is practicable.

### Vaccinations

- 2.18 The 2024/25 autumn COVID-19 and flu vaccination campaign will start on Monday, 23 September 2024, with the National Booking Service (NBS) opening for appointments and vaccinations beginning on Thursday, 3 October 2024. The COVID-19 campaign ends on 11 December 2024, while the flu campaign continues until 31 March 2025.
- 2.19 Patients can book appointments online, via the NHS app, at participating pharmacies, or by calling NHS 119 or their GP. The JCVI recommends COVID-19 vaccines for adults 65+, care home residents, clinically at-risk individuals aged 6 months to 64 years, and pregnant women.
- 2.20 The NHSE national campaign starts on 7 October 2024 and will include national TV, out of home, digital, and social media advertising and news media activity, with a toolkit from NHS England expected by 2 September. Additional messaging for healthcare workers will be provided by the end of September 2024.
- 2.21 In West Yorkshire, the campaign will additionally align with the NHS England campaign. There will be an emphasis on empowering eligible individuals to consider and arrange COVID-19 vaccinations appropriate for their life stage. This approach aims to enhance overall vaccination uptake, boost vaccine confidence, and address health inequalities, particularly among diverse audiences known to have lower COVID-19 vaccination rates.
- 2.22 The NHS WY ICB and Place websites will be updated with information about both vaccines, FAQs, and appointment booking details.
- 2.23 While planning to deliver the autumn vaccine campaign is rightly the focus, many colleagues will have been keeping tabs on the developing Clade 1b mpox outbreak in parts of Africa over recent weeks, and in particular in the Democratic Republic of the Congo, where sadly there has been a worsening outbreak. In August 2024, the detection of the first confirmed

case outside of Africa, in Stockholm, has understandably focused minds further, in the UK and across Europe, on planning for this potential threat.

- 2.24 Mpox virus (previously known as monkeypox) is a rare, viral infection most commonly found in parts of west, central and east Africa. It is usually a mild illness and most people recover within a few weeks. It's spread by very close contact with an infected person.
- 2.25 The NHS successfully surged mpox vaccinations in 2022/23 in response to the last outbreak, providing tens of thousands of eligible people with protection. While UKHSA currently rate the risk to the British population as low, plans are in place to identify and treat any cases, and the NHS is working closely with UKHSA in case we need to stand a programme up again. Most of the eligible group were vaccinated in 2022/23 and are therefore expected to be protected by the vaccine. Those who missed out but fit the eligibility criteria are still able to access the vaccine in some areas of the country where they have had recent cases of clade 2. UKHSA has shared actions for the NHS, which includes details on the clinical assessment and case definition.

### **3. Local Context**

#### Financial Planning 2024/25

- 3.1 We reported at the NHS WY ICB July 2024 Board meeting that the planning process for 2024/25 had just been completed following a number of iterative submissions which resulted in a final plan submission on 12 June 2024. The challenge was to balance a difficult financial position with the need to ensure recovery of our core services and productivity following the COVID-19 pandemic.
- 3.2 As a reminder, the final plan submission was for a system deficit of £50 million (0.9% of our overall budget). This was in line with a control total formally notified to us by NHS England, and included a value of £17 million relating to 'system risk', which represents the difference between the sum of all final organisational plans and the system designated control total.
- 3.3 The Board agreed to the submission of the financial plan on that basis, and that the approach for addressing the risk would be to allocate any new additional non-earmarked allocations rather than distribute to the system where that was possible. To date there have been no additional allocations, and further options to consider are currently being explored.

- 3.4 The plan was predicted on the delivery of efficiencies of around 7.7% of our overall system allocation against a counterfactual on costs and activity. This needs to be seen in the context of the medium term and coming back to balance. We are currently in the process of updating our Medium-Term Financial plan, and aim to have an initial output of that in September 2024.

#### Financial Position 2024/25

- 3.5 At the end of July 2024 (Month 4) the system reported an adverse variance to plan of £11.9 million. Of that position, the ICB was in line with plan (so no variance) and there was an adverse variance in the provider sector of the £11.9 million.
- 3.6 The total variance broke down into three key elements:
- £4 million due to Industrial Action costs relating to June and July 2024, and NHS England has indicated that funding will be available to support direct costs of that action (value still TBC).
  - £4 million relating to the system being behind target with regards to elective activity and therefore earning less funding through the Elective Recovery Fund. Organisations continue to indicate that this will be recovered by the end of the financial year, so this is expected to improve in future months.
  - £3.9 million relating to other operational issues, principally where efficiencies were behind plan – for context, the total planned efficiencies were higher than in any previous year when plans were submitted.
- 3.7 Key actions being taken to address the year-to-date position include:
- Reports from PricewaterhouseCoopers (PwC) on the West Yorkshire Association of Acute Trusts (WYAAT) leading to Chief Executive led work programmes that deliver improved efficiencies.
  - ICB/ ICS seeking to commission external finance review that mirrors the NHS England national specification for systems with high financial risk – this has been commissioned and is due to start in the next few days with a whole system meeting that I will chair.
  - Approach to oversight of Trusts in National Oversight Framework level 3 (with financial exit criteria) has been revised and will be implemented imminently.

- Focussed meetings with some Trust Directors of Finance about movement at month 4 in advance of month 5 reports.
- Review of NHS England “grip and control” checklist via the West Yorkshire ICS Finance Forum.

3.8 Within the forecast position that is in line with delivery of our system financial, delivery risks have been identified which are being managed within organisations and places. The value of these risks amounts to c.£80m and work continues to identify and deliver mitigations, including those actions set out above.

### NHS Oversight Framework

3.9 NHS England has statutory accountability for oversight of both ICBs and NHS providers. Each quarter, NHS England undertakes a review of the ‘segmentation’ status of each NHS Trust and NHS Foundation Trust using the [NHS Oversight Framework](#) (NHS OF). The purposes of placing an organisation in one of four segments are:

- to provide an overview of the level and nature of support required;
- to inform oversight arrangements; and
- to target support capacity as effectively as possible.

3.10 The NHS OF, has four segments for ICBs and NHS providers. These are rated from one (consistently high performing) to four (critical position, requiring intensive support).

3.11 A provider will be placed in segment three if NHS England believes that the Trust has significant support needs against one or more of the five national oversight themes and is in actual or suspected breach of the NHS provider licence. The five themes are:

- quality of care;
- access and outcomes;
- preventing ill-health and reducing inequalities;
- people;
- finance and use of resources; and
- leadership and capability.

3.12 The following organisations in West Yorkshire have received NOF3 notifications:

- Airedale NHS Foundation Trust - Financial position
- Bradford Teaching Hospitals NHS Foundation Trust - Leadership and governance

- Calderdale and Huddersfield NHS Foundation Trust - Financial position
  - Mid Yorkshire Teaching NHS Trust - Financial position
- 3.13 Being in segment three is not a unique position for NHS providers, operating in very challenging environments both in terms of healthcare demand and stricter financial controls. Providers in West Yorkshire continue to welcome an opportunity to collaborate with NHS England and NHS West Yorkshire ICB, as well as benefitting from any additional support they provide.

#### Primary Care - Recovering Access to General Practice

- 3.14 We continue to make strong progress against the [national primary care access recovery plan](#) (published in May 2023), guided by the national requirements. [Year 2 of the delivery plan](#), published in April 2024 sets out the areas for continued focus throughout 2024/25.
- 3.15 Despite ongoing pressures and more recently GP collective action we have continued to make good progress, including:
- In 2023/24 West Yorkshire saw 71 practices undertake the national [General Practice Improvement Programme](#) (GPIP). West Yorkshire has some of the highest participation rates (region and national) in the programme with numbers continuing to increase in 24/25. Preliminary analysis has shown some improvement in overall patient experience results with those undertaking the improvement programme, but further work needs to be done to understand any true correlation.
  - A Community Pharmacy Integration Group including Community Pharmacy, Local Medical Committee and place representation has made good progress in setting local ambitions for delivery of the [Pharmacy First Advanced Service](#), strengthening integration between Primary Care Networks (PCNs) and Community Pharmacy to improve access pathways for patients.
  - National Patient Survey results were published in July 24. Overall patient experience of General Practice remains relatively good at 74% whilst recognising there is variation across places and opportunities for improvement. Work is being progressed at place and WY to agree local actions.
  - Responding to the needs of our workforce, including ongoing access to Mentorship GMPplus has supported 196 mentees. In WY 89 GPs

and 16 GPNs are active on the Fellowship programme with 35 GPs and 7 GPNs completed

- West Yorkshire was one of 21 ICBs that have participated in the 2023/24 GP Staff Survey. Participation from employing organisations (GP practices, PCNs and GP federations) is voluntary, however 2,674 staff were sent questionnaires with a 43% response rate. The ICB level and employer level report results have been shared locally and considered at the WY Primary Care Workforce Steering Group.
- 127 practices to date have been supported to switch to modern advanced cloud-based telephony systems (CBT), of which 83 practices are currently live.
- Primary Care and Digital teams have continued to work with practices to support NHS App uptake and usage. Through the NHS App Ambassador programme practices and PCNs are supporting patients to adopt and use the App. West Yorkshire has exceeded the overall national target for practices enabling the NHS App functionality and at 89% we are currently just short of the 90% national target for enabling patients access to prospective records.

3.16 Our key priorities for the next 6 months will include a focus on:

- Embedding Modern General Practice approaches, creating environments to learn from others.
- to local Integrated Neighbourhood blueprint development and approaches.
- Participation in year 2 of the GP staff survey to enable a better understanding of staff experience and how to support retention in primary care.
- Increasing the number of practices offering GP Online Registration, a contractual obligation. 64% of practices have enabled this functionality, a number of actions are being undertaken to achieve the 100% deadline by October 2024.
- Drawing on data and agreed primary care quality metrics to understand variation in general practice across West Yorkshire.
- Continued engagement with Healthwatch colleagues through the access Improvement and oversight group, receiving and agreeing actions to act on local feedback.
- Maintaining and recovering services in the light of GP collective action.

External reviews into the closure of Hazel Garth Care Home and into integrated leadership arrangements across the Wakefield District Health and Care Partnership.

- 3.17 Board members may have seen the recent local media coverage of the temporary closure of the Hazel Garth care home in Knottingley. In June 2024, Wakefield Council launched an external review into the circumstances surrounding the closure. That review has now concluded and a report has been published on the Council's website. It has undoubtedly been a challenging time for many people and we extend our sympathies to the residents, families and staff who have been affected by the closure of Hazel Garth.
- 3.18 Wakefield Council has accepted the report recommendations in full, and the NHS WY ICB will support them as a partner as they implement the recommendations and work through the associated action plan.
- 3.19 The Hazel Garth report includes reference to the separate ongoing review into our integrated leadership arrangements across the Wakefield District Health and Care Partnership. This piece of work has been commissioned by NHS West Yorkshire ICB, Wakefield Council, Mid Yorkshire Teaching NHS Trust and South West Yorkshire Partnership NHS Foundation Trust and is being carried out by Mike Farrar, a management consultant with 15 years CEO experience in the NHS, and former Chief Executive of the NHS Confederation.
- 3.20 The review will explore how we can strengthen the leadership of integrated care across the Wakefield District Health and Care Partnership into the future. It will focus on what leadership capacity we have, how the Partnership is held accountable, and how we manage conflicts of interest. It will assess the benefits of the current model against a range of alternative approaches.
- 3.21 Mike has met with key stakeholders to inform the recommendations of the review, including colleagues in health, social care, the voluntary sector and housing. The review should conclude in early October 2024 and I will keep you updated as this work progresses.

#### **4. Partnerships**

New senior Department of Health and Social Care role for Tom Riordan

- 4.1 I am delighted that Tom Riordan, former Leeds City Council Chief Executive and Local Authority Partner Member on our Board has this week



been appointed as Department of Health and Social Care Second Permanent Secretary.

- 4.2 Tom has been Chief Executive of Leeds City Council for the last 14 years, developing the Strategy to make Leeds the Best City in the UK, a Child Friendly City and a City of Sanctuary. He has also worked to ensure that we join up care around the needs of residents. I have worked with Tom since 2011, and his ambition and energy have always been driven by a clear set of values and aspirations for local people and for our staff. He has always brought this to the work of the health and care partnership, and since 2016 has played a key role in the STP and ICS. His work and support during the pandemic was vital to the people of Leeds and West Yorkshire. In 2022, when we became a statutory body, he took up the LA lead role on the Board.
- 4.3 Tom will leave an extremely strong legacy and plans are afoot to recruit into Tom's role at Leeds City Council. We welcome Mariana Pexton as the interim Chief Executive from late September. For our Board, we are in the process of appointing an Interim Partner Member: Local Authorities and I hope to be able to confirm who this will be before our next Board meeting and Annual General Meeting, which takes place in public on 24 September 2024.
- 4.4 I will miss Tom's significant contribution, but note that his role will be partly based in Leeds. Given the need to align the work of national, regional and local bodies, I am sure he will continue to be part of all of our lives.

#### West Yorkshire Local Transport Plan and Mass Transit Plan

- 4.5 The West Yorkshire Combined Authority (WYCA) are working with the five West Yorkshire local authorities (Bradford, Calderdale, Kirklees, Leeds and Wakefield) to renew the Mayor's West Yorkshire Local Transport Plan. This is a plan that all Transport Authorities must develop and regularly renew for their area to assess their transport needs and challenges. The plan then sets out different ways in which to tackle those challenges. It matters because it guides decision making on transport policy and investment across all types of transport in the region.
- 4.6 The Local Transport Plan will be developed in two phases:
- a) The first phase involves developing the strategic direction, including the vision, objectives and principles for West Yorkshire's transport network. WYCA are seeking views on the vision and objectives from individuals, organisations and stakeholders – the engagement document is available her: [The Mayor's West Yorkshire Local Transport Plan \(ehq-production-europe.s3.eu-west-](https://ehq-production-europe.s3.eu-west-1.amazonaws.com/transport-plan/transport-plan-2024-2026-consultation-document.pdf)

[1.amazonaws.com](https://1.amazonaws.com)) and feedback can be submitted until 11:59pm on 30 September 2024

- b) In the second phase, WYCA will develop the full Local Transport Plan, including the policies needed to achieve the vision and objectives, together with an implementation plan – a statutory consultation on the full Local Transport Plan will take place during 2025.
- 4.7 In parallel, WYCA are also exploring Mass Transit options - new forms of transport, not currently used in West Yorkshire, that could transform our public transport network and make it even more accessible for everyone. WYCA's aim is to eventually connect the whole of West Yorkshire, but for Phase One they are proposing two lines: The Leeds Line and the Bradford Line. During this consultation, they are asking for feedback from individuals, organisations and stakeholders on route options for both lines. The consultation document is available here [WYMT Phase one route options consultation](#) and feedback can be submitted until 11:59pm on 30 September 2024.

## 5. Our People

### We Stand Together - Our response to the recent violence and racism across the country

- 5.1 The NHS WY ICB is an organisation that sits within a Partnership that sees our diversity as a strength.
- 5.2 I was shocked and saddened at the events that have taken place around the country over the last few months - these events of violence and thuggery, fuelled by racism and Islamophobia, are truly awful.
- 5.3 Some of the recent violent scenes have taken place here in West Yorkshire as well as in our neighbouring communities, and many of those being targeted, including people seeking asylum, are among our most vulnerable and isolated residents.
- 5.4 I know that the violence has had and is having a huge impact on people. Thank you to those who have publicly and privately described the fear and distress you feel. Your courage in speaking out is notable and I am sorry that this is happening to you. The impact on so many of our colleagues and our local communities is felt in a very real concern for personal safety. Thanks also to those allies and leaders who have offered support and help.

- 5.5 NHS WY ICB staff have access to a variety of wellbeing resources, which include links to the [Partnership's Mental Health and Wellbeing Hub](#). The support from the hub is available to everyone across West Yorkshire working in health and care services, including voluntary, community, social enterprise (VCSE) sector colleagues.
- 5.6 A new page has been developed on the [West Yorkshire Health and Care Partnership website](#) which includes helpful information and resources for all partner organisations.

#### Director of Planning and Performance

- 5.7 Anthony Kealy, the ICB's Director of Planning and Performance will be stepping down from his current role at the end of December 2024 after almost 36 years in NHS management. I intend to retain the role of Director of Planning and Performance and will be commencing the recruitment process shortly.

#### Leadership changes within Bradford District and Craven Health and Care Partnership

- 5.8 Nancy O'Neill, Director of Partnerships and Place and Deputy Accountable Officer for Bradford District and Craven Place will retire at the end of September 2024 following a 43-year career in the NHS. Nancy was awarded an MBE in 2021 in recognition of her achievements over her career in the NHS, as a nurse and NHS manager. Nancy has played a vital role in developing local health and care partnerships and during the Covid-19 pandemic she was at the forefront of the response, stepping forward from her 'day job' as Strategic Director of Transformation and Change, to establish the first local testing centre for staff within 24 hours, which went on to be the best performing satellite testing service in the country. On behalf of the ICB Board I would like to thank Nancy for her tireless commitment and wish her all the very best for the future.
- 5.9 Following a recruitment process involving colleagues and partners from across Bradford District and Craven, we can confirm that two director level appointments have been made for the place-based senior leadership team for NHS West Yorkshire Integrated Care Board (ICB).
- 5.10 Helen Farmer, currently priority director for our place-based partnership's access to care priority, has been appointed to the role of Director of System Transformation. Matt Sandford, who has held a number of senior leader roles in health transformation most recently in South Yorkshire, has been appointed to the role of Director of Partnership and Place. These roles will form part of the senior leadership team for our place-based ICB

and will contribute to our wider vision for our Bradford District and Craven Health and Care Partnership.

## **6. Recommendation**

- 6.1 The Board should consider this paper and the areas of note within it as set out above.**