



## West Yorkshire Health and Care Partnership Board

16 July 2024

Summary report	
Item No:	5
Item:	<b>Update from the Partnership Chief Executive Lead</b>
Report author:	Rob Webster, Chief Executive, NHS West Yorkshire Integrated Care Board
Presenter:	Rob Webster, Chief Executive, NHS West Yorkshire Integrated Care Board
Executive summary	
<p>This short report builds on the Chief Executive Report presented at the Board meeting of the NHS West Yorkshire Integrated Care Board which met on Tuesday 25 June 2024 and elements of the Chair's report at that meeting too. These reports are enclosed at <b>[Annex A]</b> and <b>[Annex B]</b>.</p> <p>This report also provides additional updates on matters which have occurred since 25 June 2024; provides points of emphasis on matters within that report; and covers a range of issues reserved for the West Yorkshire Partnership Board.</p>	
Recommendations and next steps	
<p>Members of the Partnership Board are asked to note the report and discuss any key points for clarification.</p>	

## Purpose

1. This paper builds on the Chief Executive Report presented at the Board meeting of the NHS West Yorkshire Integrated Care Board (NHS WY ICB) which met on Tuesday 25 June 2024. This detailed report is enclosed at **[Annex A]**, along with the Chair's report from that meeting at **[Annex B]**.
2. The Partnership Board is asked **to note** the contents of this report, which informs the conversation on the detailed papers provided today.

## National Context

### General election

3. Keir Starmer is the new Prime Minister following Labour's success at the UK general election on 4 July 2024. Other key cabinet members include:
  - Rachel Reeves as Chancellor;
  - Angela Rayner as Deputy Prime Minister;
  - Yvette Cooper as Home Secretary;
  - David Lammy as Foreign Secretary;
  - Liz Kendall as Secretary of State for Work and Pensions. and
  - Wes Streeting as Secretary of State for health and Social Care.
4. The Labour Party's health and care pledges in their general election manifesto included:
  - Cut NHS waiting times with 40,000 more appointments every week.
  - Introduce shared waiting lists to pool resources across neighbouring hospitals to reduce waiting lists.
  - Double the number of cancer scanners.
  - A Dentistry Rescue Plan to recruit more dentists where they're needed most.
  - Recruit 8,500 additional mental health staff.
  - Open Access Mental Health Support Hub in every community.
  - A Child Health Action Plan.
  - Regulation of NHS managers.
5. Wes Streeting, Secretary of State for Health and Social Care delivered his first statement in the role on 5 July 2024 which you can read here: [Statement from the Secretary of State for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/speeches/wes-streeting-statement-as-secretary-of-state-for-health-and-social-care).
6. We are writing to elected Members of Parliament across West Yorkshire to congratulate them on their appointment and share some background information on our Partnership. We will continue to work closely with them, including members of the Cabinet who are also local MPs: the Chancellor, the Home Secretary and the NI Secretary.

## Junior Doctors' Industrial Action and the potential for General Practitioner (GP) collective action

7. A period of industrial action by the British Medical Association's (BMA) Junior Doctors' Committee took place in the run up to the General Election, with a full walkout by junior doctors from 27 June to 2 July 2024. Junior doctors represent nearly half the medical workforce in the NHS - with two-thirds members of the BMA. This was the 11th walkout by junior doctors in their dispute with the Government since the first strike in March 2023.
8. The NHS WY ICB and all providers in West Yorkshire implemented well-practiced arrangements under the Emergency Preparedness Resilience and Response (EPRR) policies to minimise disruption and associated risks to patients. I can confirm that essential services were maintained throughout the period of strike action and no patient safety incidents were reported. However, it was necessary for Trusts to postpone some routine planned appointments and procedures, and this will have had a direct impact on the patients affected and on our plans to reduce long waits.
9. Elsewhere, the General Practitioners' Committee of the BMA is conducting a non-statutory ballot on collective action between 19 June and 29 July 2024. This follows the imposition of the 2024/25 contract for General Practice by the previous Government.
10. If the ballot is successful, GP practices will be invited to choose from a menu of nine possible actions. The timing of these actions will not be fixed, but could commence from 1 August 2024. Practices can choose to start slowly and build incrementally or do all of them from day one. This means that the impact on patients and other services will not be uniform.
11. We have updated our risk registers accordingly and we are working with partners across West Yorkshire to plan for a range of scenarios arising from the collective action, and to mitigate the impact.
12. We hope that national leaders on both sides of these disputes can work to avoid any further action and the new Secretary of State has prioritised this relationship in his first days in office.

## Care Quality Commission (CQC) Review

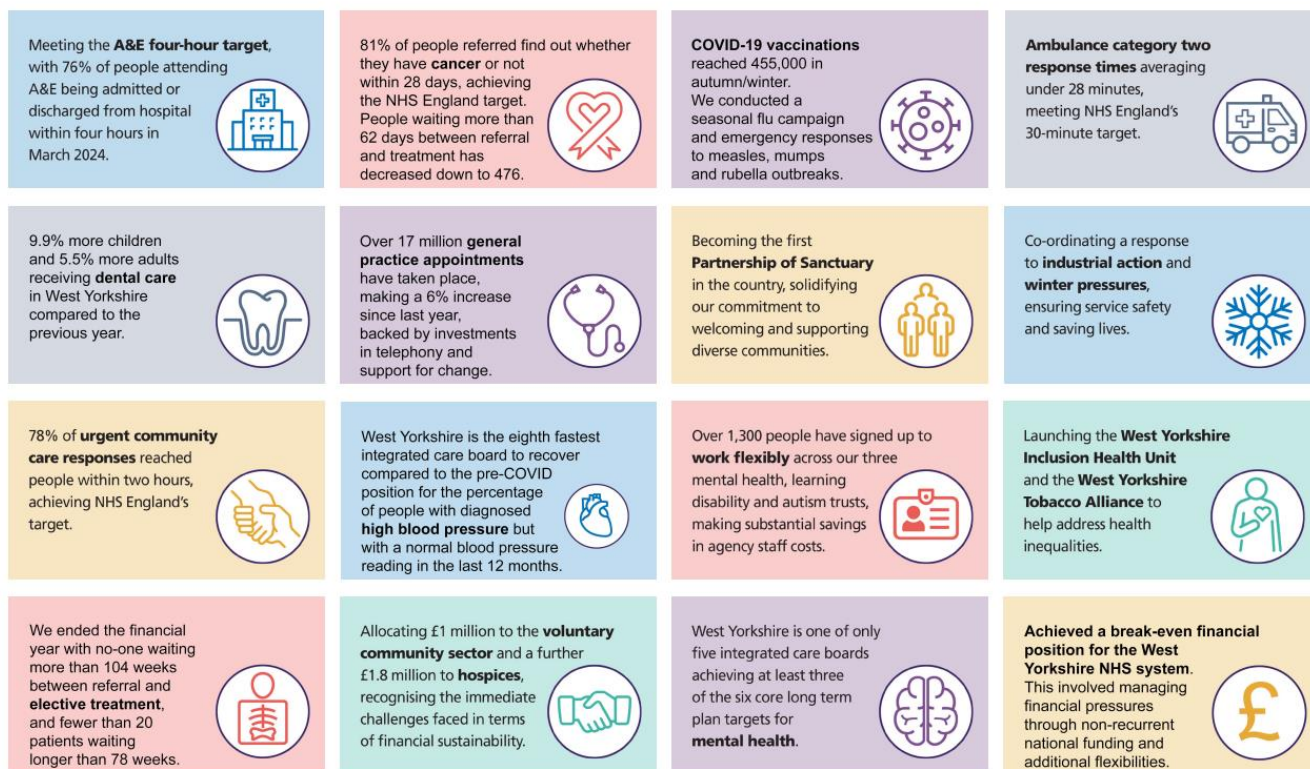
13. On 6 May 2024, the Department of Health and Social Care (DHSC) commissioned a review into the CQC's effectiveness, and its purpose is to "to examine the suitability of CQC's new single assessment framework methodology for inspections and ratings of CQC".
14. Dr Penny Dash, Chair of the North West London Integrated Care Board, is leading the review which is due to conclude its findings in Autumn 2024. This is a pre-planned assessment which is part of [the Cabinet Office Public Bodies Review Programme](#), which aims to periodically review the governance, accountability, efficacy, and efficiency of

existing arm’s-length bodies, including in response to significant changes in approach. The reviews are intended to identify areas in need of improvement and provide tangible recommendations for addressing them. There are over 30 Cabinet Office reviews of public bodies planned for 2024/25.

**Local context**

Achievements and challenges in 2023/24

- 15. The system continues to face daily challenges and a difficult context. As we conclude our operational and financial plans for 2024/2025, it is important to reflect on what we have collectively achieved in 2023/24 across West Yorkshire, and what more needs to be done. I wrote an open letter to all staff working in health and care across West Yorkshire in May 2024 highlighting a few examples of our shared successes in the face of industrial action, financial stress and demand for services outstripping supply in some sectors – you can read the full letter here: [Thank you to all staff in West Yorkshire Health and Care Partnership :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://www.wypartnership.co.uk/Thank-you-to-all-staff-in-West-Yorkshire-Health-and-Care-Partnership-2024)
- 16. The following infographic gives a visual summary of some key achievements in this period:



Thank you to colleagues, teams, places, partners and provider collaboratives for continuing to improve people’s lives across West Yorkshire over the past year.

NHS West Yorkshire Integrated Care Board

- 17. The Board of the NHS WY ICB met in public on 25 June 2024. The Chief Executive Report presented at that meeting is enclosed as **[Annex A]** and Cathy Elliott’s Chair Report is enclosed as **[Annex B]**.

18. A key focus of the meeting was the ICB's Annual Report and Accounts 2023/24, the ICB Board's Committees' Annual Reports 2023/24, Terms of Reference and Workplans. There were also discussions on the West Yorkshire Integrated Care System (ICS) Financial Plan and West Yorkshire Joint Capital Resource Use Plan 2024/25. Other agenda items included: the Integrated Performance Dashboard including Financial Performance; the Corporate Risk Register; the Board Assurance Framework. You can view all the papers and a recording from the meeting here: [NHS West Yorkshire ICB Board Meeting - 25 June 2024 :: West Yorkshire Health & Care Partnership.](#)
19. Earlier on that day, the NHS WY ICB Board also participated in an engagement session for health inequalities. The aim of these sessions, which will take place over the coming 12 months, is to better understand health inequalities faced by the population of West Yorkshire and how we can address these as an ICB. The first session focused on the population cohort of working aged adults and discussed approaches to reduce the inequalities that we see in the early diagnosis and treatment of long-term heart and lung conditions. Members of the NHS WY ICB Board agreed actions on; better use of intelligence to understand the collective impact we are having on reducing inequalities, sharing of good practice across West Yorkshire and working with finance and contracting colleagues to ensure the way we plan services and allocate resources doesn't worsen health inequalities.

#### NHS Financial and Operational Planning for 2024/25

20. We have now concluded the process to develop our NHS financial and operational plans for 2024/25. This work began in December 2023, when NHSE set out some draft planning assumptions whilst discussions continued with Government about funding and priorities for the NHS. The [2024/25 priorities and operational planning guidance](#) was published on 27 March 2024, just ahead of the start of the new financial year. As a result, it has taken longer than usual to conclude the planning process.
21. The NHSE guidance confirmed that the overall priority in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. To improve patient outcomes and experience we must continue to:
  - Maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach.
  - Improve ambulance response and Accident and Emergency (A&E) waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24.
  - Reduce elective long waits and improve performance against the core cancer and diagnostic standards.



- Make it easier for people to access community and primary care services, particularly general practice and dentistry.
  - Improve access to mental health services so that more people of all ages receive the treatment they need.
  - Improve staff experience, retention and attendance.
22. We have worked with all NHS partner organisations in West Yorkshire to develop individual, Place (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District) and system plans which reflect these priorities and the key assumptions and targets set out in the guidance.
23. I indicated in my report to the NHS WY ICB Board in March 2024 that the delivery of a break-even financial plan for 2024/25 would present a significant challenge and this has proved to be the case. The plan we have concluded, and agreed with NHSE, aims to deliver a system deficit position of £50 million (0.9% of our overall budget).
24. Achieving this position will continue to be challenging, requiring productivity and efficiency savings amounting to 7.7% of our budget to be delivered, including cost avoidance as well as cost reduction issues. This involves a substantial amount of risk. Providers have identified plans to deliver over 90% of the required improvements, and over two thirds of the identified savings will be recurrent.
25. We met the NHS England (NHSE) Chief Executive, along with senior national and regional colleagues, on 17 June 2024 to confirm our plans and agreed with them that our focus should now be entirely on delivering the operational, financial, and quality improvements that we have committed to achieve.

### Local government finances

26. On 6 March 2024, in the Spring budget the Chancellor extended the Household Support Fund for a further six months from 1 April 2024 to 30 September 2024, making a further £421 million available nationally to County Councils and Unitary Authorities in England to support those most in need with the cost of essentials.
27. On 7 June 2024 the [Local Government White Paper](#) was published and this called for immediate change to tackle some of the sectors biggest challenges, including better support for children, homeless families, adults who draw on care and support and on climate change.
28. The white paper also pressed for longer-term reform and set out the following five priorities it believes could drive change:
- An equal, respectful partnership between local and national government – a genuine partnership model backed by statute, based on best international practice.
  - Sufficient and sustainable funding – with multi-year settlements and combined funding pots so that local services can develop and transform.

- Backing local government as place leaders – with new powers to bring partners together to get services working better, drive inclusive growth and regulate failing markets.
  - A new focus on prevention and services for the wider community – joint action with the NHS to keep people well from birth to later life, alongside action on housing and homelessness.
  - Innovation and freedom from bureaucracy – ending bureaucratic reporting and exploiting the full potential of technology, including artificial intelligence (AI).
29. As part of the white paper, the Local Government Association (LGA) published new analysis that suggested councils in England now face a funding gap of £6.2 billion over the next two years (an increase from the £4 billion previously determined). According to the LGA, the shortfall is being driven by rising cost and demand pressures to provide adult social care, children's services, homelessness support and home-to-school transport for children with special educational needs and disabilities.
30. Without funding reform, the LGA warned that cost and demand pressures will continue to stretch Council budgets to the limit in the coming years, potentially leaving more councils unable to deliver their legal duties.

#### Update on Dental Commissioning, One Year On.

31. The ICB has been the commissioner of NHS dental services for 15 months now. When this was delegated, we developed and agreed a plan at pace to stabilise and improve dental services at our May 2023 Board meeting. The plan focused on maximising the dental budget, progressing on flexible commissioning, increasing the capacity of the dental team, developing a dental workforce plan and connecting with local authorities on oral health and prevention.
32. We have grown the dental commissioning team, welcoming Andrew Hobson as the Deputy Director for Dental Commissioning, and three other key roles. These roles provide the leadership, direction and capacity required to deliver the wider priorities set out. They are instrumental to delivering new ways of working in dentistry – rooted in relationships, collaboration and partnerships with our providers and Local Dental Committees.
33. Maximising the investment of the dental budget for dental services has been our top priority. We reinvested £8 million of dental claw back in 2023/24, which historically was underspent and used to offset deficits elsewhere in the system. Through this investment we delivered:
- 7,551 additional access sessions, delivering up to 53,000 additional episodes of treatment for those with urgent dental needs.
  - Additional access schemes for children in deprived communities, people seeking asylum, people living in nursing and residential care, and homeless people across West Yorkshire.

- 10% additional contract delivery for practices delivering their full contract value.
  - Additional access sessions for people with additional needs (such as learning difficulties and autism).
  - Joint initiatives with local authority and education partners, focused on prevention.
34. Throughout 2024/25 we are building on the investments made last year, providing continuity to the same schemes for a further 12 months and expanding on those with additional investment where need is high. We are also progressing medium to longer term priorities, including:
- Developing an innovative and sustainable flexible commissioning framework, working with partners and clinical leadership across Yorkshire and the Humber.
  - Developing a dental workforce strategy, with leadership from the ICB workforce team, working in close partnership with clinical leaders and industry partners.
  - Working collaboratively with the Community Dental Service (CDS) providers (through the West Yorkshire Community Health Services Provider Collaborative) to develop a high quality and sustainable service model, and supporting immediate priorities around access to theatre space in collaboration with the West Yorkshire Association of Acute Trusts (WYAAT), and mutual aid between CDS providers.
35. The progress we have made is significant and welcomed by the dental system, as is the ongoing commitment. Delivering sustainable change requires a multi-year commitment, covering both that within our remit and wider factors. There remains considerable need for dental contract reform, fair investment in dental services, and a focus on high impact prevention initiatives – particularly community water fluoridation.

#### The West Yorkshire People Board

36. The West Yorkshire People Board, which includes representation from across the Partnership including social care, local government, the NHS and the voluntary community and social enterprise (VCSE) sector met on the 20 June 2024 to review and refresh the purpose of the Board together with key principles and strategic priorities. The People Board recognised the importance of the upcoming publication of the national Social Care Strategy as a key enabler to system wide workforce planning and transformation across the Partnership and the outcome of that strategy will signal priorities for the Board. There will also be a focus on the mental health workforce in delivering the ambitions of the Partnership and tackling inequalities. The ICB's Director of People and members of the People Board following consultation across sectors are establishing a Strategic Workforce Forum to lead with the following purpose:



- a) Oversee and drive the growth and sustainability of a health and care workforce for tomorrow, capable of meeting the needs of the population of West Yorkshire.
  - b) Provide leadership and consensus on determining system wide workforce transformation priorities, interventions and projects.
  - c) Enable strategic collaboration between partners.
  - d) Provide governance / assurance to the WY Health and Care Partnership.
  - e) Oversee the system's ability to expand and maximise placement quality and capacity across all partnership sectors.
37. The priorities will be set out in the West Yorkshire People Plan which will be refreshed over the forthcoming 12 months.
38. The People Board received an update on the West Yorkshire Partnership's Fellowship Programme for diverse racial leadership with a presentation of the findings from a recent independent evaluation and proposed future progress. This included a recommendation in relation to system readiness which refers to the readiness of those enmeshed in the dominant culture of health and social care for a change in racial equity and how that becomes recognisable in the reality of the work environment for our colleagues that participate in the Fellowship and colleagues from ethnically diverse communities.

### Modern Slavery

39. Modern Slavery is a violation of a person's human rights. It can take the form of human trafficking, forced labour, bonded labour, forced or servile marriage, descent-based slavery, and domestic slavery. A person is in modern slavery if they are:
- Forced to work through mental or physical threats.
  - Owned or controlled by an "employer," usually through mental or physical abuse.
  - Dehumanised, treated as a commodity, or sold or bought as "property."
  - Physically constrained or has restrictions placed on their freedom of movement.
40. In 2021, the [International Labour Organisation estimate that in 2021, there were 50 million people living in modern slavery across the world](#). It is prevalent across many countries, including the UK, and can occur in any business sector. While there are laws in place to address instances of modern slavery, the public sector can use its extensive buying power to mitigate the risk of modern slavery. This can be achieved through the adoption of processes and procedures in procurement and supplier management to increase the visibility of the supply chain.
41. Under the Modern Slavery Act 2015 an organisation is required to publish a Modern Slavery Statement if:
- It is a 'body corporate' or a partnership, whether incorporated or formed.

- It carries on a business, or part of a business in the UK.
  - It supplies goods or services.
  - It has an annual turnover of £36 million or more.
42. NHS WY ICB remains sensitive to the risk of modern slavery in our supply chains. We are committed to acting responsibly and with integrity in all our business relationships and continue to take measures to implement and enforce effective systems and processes to ensure that modern slavery and human trafficking are not taking place anywhere within our control or influence. The NHS WY ICB's Modern Slavery Statement is available on the website here: [Modern Slavery Statement :: West Yorkshire Health & Care Partnership \(icb.nhs.uk\)](https://www.icb.nhs.uk/modern-slavery-statement)

#### NHS England – North East and Yorkshire

43. Richard Barker, Regional Director for North East and Yorkshire retired from his role at the end of June 2024. Robert Cornall, Regional Director of Commissioning and Transformation is fulfilling the role of Regional Director for the North East and Yorkshire until the national recruitment process is completed.

#### Working with the West Yorkshire Combined Authority (WYCA)

44. On 4 May 2024, Tracy Brabin was re-elected as Mayor of West Yorkshire and has set out her plans to create a more prosperous region by putting local growth at the heart of her vision to give children the best possible start in life and to support parents to retrain and get back into work creating a 'region of learning'.
45. In addition to improving public transport, reducing violent crime, and building thousands of affordable homes, Mayor Brabin will work with councils to redesign public services including early years, adult skills and employment support.
46. The Mayor's other key pledges for this second term include:
- Local control of buses and spades in the ground on a tram system.
  - A region of learning and creativity with a new skills and training system.
  - A plan to reduce serious violence on our streets.
  - Increase access to culture and sports for all children.
  - 5,000 new affordable homes and a programme to insulate all social homes.
47. Alison Lowe was confirmed on 14 June 2024 as West Yorkshire's Deputy Mayor for another four years, to support the Mayor to improve policing and tackle crime across the region.
48. West Yorkshire is a creative place and the creative industries play a vital role in our economy. We know that creativity is an important part of wellbeing. West Yorkshire is already one of four national Arts and Health Hubs with the National Centre for Creative

Health (NCCH) the new Creative Health Review makes prolonged references to the strategic and pioneering work ongoing in our region.

49. In December 2023, the NHS West Yorkshire ICB, Mayor of West Yorkshire Tracy Brabin and WYCA announced our region as a Creative Health System. To our knowledge, this was the first such announcement in the country.
50. At our March 2024 meeting, the Partnership Board considered and supported the vision, mission, aims and objectives of the WY Creative Health System, you can read the paper here: [Item 7 West Yorkshire - A Creative Health System.pdf \(wypartnership.co.uk\)](#)
51. At the time of writing, we are due to hold the inaugural West Yorkshire Creative Health Programme Board on 15 July 2024, co-chaired by myself and Mayor Tracy Brabin. The Board has membership from Local Authorities, NHS, Creative Industries, Place creatives and Universities and whilst there is already much work underway – it will be excellent to bring everyone together to galvanise the system and work towards our collective ambition of West Yorkshire as a Creative Health System.
52. For the third consecutive year, Leeds hosted the three-day UK's Real Estate Investment and Infrastructure Forum (UKREiiF) event in May 2024 attracting over 12,000 business and political leaders. Delegates were invited to a series of panel discussions with private sector firms, looking at themes including harnessing artificial intelligence (AI), acting on net zero, using culture for regeneration, building a regional tram system, and delivering the West Yorkshire Investment Zone, which aims to create more than 2,500 new jobs and £220 million of investment.
53. During the event, the West Yorkshire Strategic Climate and Environment Partnership was announced. This will see four major private sector companies working alongside the Mayor on targeted activity to deliver green skills, decarbonise homes and businesses, and put the region on the path to net zero carbon by 2038. In return, the four companies will benefit from the Mayor and Combined Authority's influence and leadership on climate and the environment, giving them the confidence to invest in West Yorkshire at scale.
54. Earlier this month, WYCA and the NHS WY ICB recommitted to the Memorandum of Understanding with the Association of British Healthcare Industries, in support of our Med Tech Strategy.

#### Independent Review next steps

55. Progress continues on the delivery of the [Tackling Health Inequalities for Black, Asian and Minority Ethnic Communities and Colleagues](#) review and subsequent action plan against the following themes:
  - Theme 1 Safe access to work [including psychological safety]
  - Theme 2 Leadership
  - Theme 3 Population Planning
  - Theme 4 Reducing inequalities in mental health

56. The Partnership will be hosting an event in Autumn 2024 and inviting Professor Dame Donna Kinnair to return to the region to share the progress that has been made as well as exploring opportunities to consolidate this work. An update will be provided to the Partnership Board after this event.

#### Change to leadership arrangements in West Yorkshire

57. From the 1 May 2024, Therese Patten succeeded Mel Pickup as the Place Lead for Bradford District and Craven Health and Care Partnership. Therese is the Chief Executive for Bradford District Care NHS Foundation Trust (BDCFT) and has taken on this additional role. This includes providing the Accountable Officer function for our ICB at Place. You can read more about this in the Chief Executive Report to the NHS WY ICB Board in June 2024 (enclosed at Annex A).
58. In Wakefield, Tony Reeves has joined as the Council's Chief Executive. Wakefield Place have agreed that it is the right time to conduct a strategic review of the health and local authority arrangements overall, which will report in September and consider options for further strengthening the partnership and ensuring the right capacity is in place.
59. Tom Riordan, CEO of Leeds Council has announced his intention to step down at Christmas time, and Richard Parry, Director of Adult Social Services in Kirklees will leave us shortly to take up a role at the Local Government Association. Both have been key figures in our partnership and deserve huge credit for their contribution to our success.

#### ICB's Operating Model

60. The latest phase of the WY ICB Operating Model work (organisational change) has concluded, and all teams and Place structures are now in place. We have seen a small number of colleagues who have left or will be leaving the organisation via compulsory redundancy and have been supported where possible to identify suitable roles within the organisation or the wider system.
61. Strong relationships and effective team working will be critical to realise the benefits of our new operating model. To enable this, a comprehensive programme of organisational development (OD) has commenced which supports teams in developing their working practices, team dynamics and cultures in a constructive and supportive manner. This work will align with the work underway to refresh the ICB's own values and behaviours framework. This OD programme of work is set to continue until March 2025 and has already seen numerous team development initiatives, including in June 2024 for the ICB's Executive Management Team.
62. In parallel, in the early Autumn 2024 we will be carrying out an insight survey with key partners and stakeholders to build a picture of what we are like to work with as an organisation. This will be used to inform further OD work.

## Conclusion

63. These continue to be challenging times across the system. The focus of the new Government will become much clearer in the coming weeks. We are well set to deliver on their stated objectives, through our strong collaboratives, effective places and history of working in the interests of people. We will continue to focus on quality, safety and ensuring our staff feel supported in everything they do.

<b>Meeting name:</b>	NHS West Yorkshire Integrated Care Board (meeting in public)
<b>Agenda item no.</b>	13
<b>Meeting date:</b>	25 June 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

Purpose and Action			
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"/>
Previous considerations:			
None.			
Executive summary and points for discussion:			
x			
Which purpose(s) of an Integrated Care System does this report align with?			
<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			
Recommendation(s)			
The Board is asked to consider this paper and the areas of note within it.			
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:			
The paper sets the context within which we operate and areas that will impact upon the Board Assurance Framework in all areas.			
Appendices			
None			
Acronyms and Abbreviations explained			
1. NHS = National Health Service 2. WY = West Yorkshire			



3. ICB = Integrated Care Board
4. WY ICB = West Yorkshire Integrated Care Board
5. EIA = Equality Impact Assessment
6. EDI = Equality, Diversity and Inclusion
7. UK = United Kingdom
8. NHSE = NHS England
9. MP = Members of Parliament
10. BMA = British Medical Association
11. GP = General Practitioner
12. EPRR – Emergency, Preparedness, Resilience and Response
13. Places = Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District
14. A&E = Accident and Emergency
15. NHS OF = NHS Oversight Framework
16. CHFT = Calderdale and Huddersfield NHS Foundation Trust
17. MYTT = Mid Yorkshire Teaching NHS Trust
18. BTHFT = Bradford Teaching Hospitals NHS Foundation Trust
19. QOF = Quality and Outcomes Framework
20. PCAL = Primary Care Access Line
21. PCN = Primary Care Network
22. VCSE = Voluntary, Community and Social Enterprise
23. WYCHS = West Yorkshire Community Health Services Provider Collaborative
24. HDFT = Harrogate and District NHS Foundation Trust
25. NEY = North East and Yorkshire
26. CDS = Community Dental Services
27. YAS = Yorkshire Ambulance Service NHS Trust
28. KPIs = Key Performance Indicators
29. UEC = Urgent and Emergency Care
30. WYAAT = West Yorkshire Association of Acute Trusts
31. ENT = Ear, Nose and Throat
32. CCG = Clinical Commissioning Group
33. OD = Organisational Development

**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>	All NHS providers in West Yorkshire have worked to ensure that urgent and emergency care, and other essential services, remain in place through periods of industrial action to keep people safe. The cancellation and rescheduling of elective activity during periods of industrial action has and will impact on providers' ability to reduce long waits and will inevitably have an impact on some patients whose conditions deteriorate further.

<b>Equality, Diversity and Inclusion</b>	As described in the 2024/25 Priorities and Operational Planning Guidance, the NHS Staff Survey 2023 showed important improvements which organisations are asked to build on further, including embedding the <a href="#">NHS equality, diversity and inclusion (EDI) improvement plan</a> .
<b>Finances and Use of Resources</b>	The papers sets out the work we have done through the Operational Planning process 2024/25 to ensure that we are able to make best use of our resources and live within our means.
<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 – 25 June 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

#### General election and pre-election period

2.1 A general election will take place in the United Kingdom (UK) on Thursday 4 July 2024.

2.2 The pre-election period started at 00.01 on Saturday 25 May 2024 and will be in place until 00.01 on 5 July 2024 or until the date at which a new Government is formed.

2.3 The pre-election period is designed to avoid the actions of public bodies distracting from or having influence on election campaigns. The pre-election period has implications for all NHS organisations, although it is worth remembering that the NHS should always remain politically impartial.

2.4 NHS England (NHSE) have issued [guidance](#) which applies to the NHS during the run-up to an election and covers:

- the handling of requests for information and other enquiries during a general election campaign;
- briefing of Members of Parliament (MPs), prospective parliamentary candidates and ministers during the election period; and
- carrying out business as usual activities during an election campaign.

2.5 Communication activities during a general election should avoid competing with parliamentary candidates for the attention of the public.

### Industrial action

- 2.6 The British Medical Association's (BMA's) Junior Doctors Committee has announced further planned industrial action, which will take place in the run up to the General Election. This will involve a full walkout by junior doctors beginning at 7am on 27 June 2024 and ending 7am on 2 July 2024.
- 2.7 Junior doctors represent nearly half the doctor workforce in the NHS - with two-thirds members of the BMA.
- 2.8 A communications toolkit will be shared with communications leads to help mitigate the impact of strike action by raising awareness with the public and advising them how to access care.
- 2.9 This will be the 11th walkout by junior doctors in this dispute after their first strike in March 2023. The previous one took place in February 2024. I can confirm that we have in place the necessary arrangements under the Emergency Preparedness Resilience and Response (EPRR) policies to ensure that we minimise disruption and associated risks to patients.
- 2.10 Elsewhere, the General Practitioners Committee of the BMA will open a non-statutory ballot on 19 June 2024 until 29 July 2024. This follows the imposition of the 2024/25 contract for General Practice. A series of roadshows will take place over the summer talking General Practitioners (GPs) through the actions that could be taken. We have updated our risk registers accordingly and will hope that national leaders on both sides can work to prevent any further action.

### NHS Confederation Expo 2024

- 2.11 This year's NHS ConfedExpo was held in Manchester Central on 12 and 13 June 2024. The annual event, which NHS Confederation and NHSE deliver in partnership brings together colleagues from across the health and care sector. Given the pre-election period, there were no political representatives in attendance.
- 2.12 The key speeches within the Expo and its broad themes were consistent with the strategies of the ICB and our partners:
- Amanda Pritchard, Chief Executive, NHSE used her speech to emphasise the importance of primary care; that we must now implement streamlined access to urgent care or advice for everyone; deliver proactive, personalised care for all patients with long term needs; and help everyone to stay well for longer. She focused on the

key enablers for transformation: the workforce (both in terms of numbers and skills), capital and estates, technology and data.

- In his speech, Matthew Taylor, Chief Executive, NHS Confederation reminded us that we should measure success in terms of NHS activity and health outcomes. He also made the case that if we want to improve the nation's health and work on social determinants and prevention - ideas and action are required at a local, not national level. Devolving power and resource to local systems, places and neighbourhoods, enabling us to be more accountable to our local partners and more responsive to the communities we serve.
- Themes were system and transformation oriented, with strong focus on population health, prevention, primary care and the enablers of change, including:
  - digital innovation and artificial intelligence;
  - collaboration and partnerships;
  - population health;
  - health inequalities improvement; and
  - the role of the voluntary sector

### Covid-19 Vaccinations

2.13 The spring campaign began on 15 April 2024 with COVID-19 vaccinations in residential adult care homes. On 22 April 2024 the campaign rolled out to other eligible groups in order to protect the most vulnerable people from developing serious illnesses and helping to minimise NHS hospitalisations. The spring campaign will end on 30 June 2024

2.14 People eligible for a spring COVID-19 vaccination or booster are:

- residents in a care home for older adults;
- adults aged 75 years and over; and
- people aged six months and over who are immunosuppressed (as defined in tables 3 or 4 in the COVID-19 chapter of the [Green Book](#)).

2.15 We have delivered 150,000 COVID-19 vaccinations up to 13 June, to people aged 75 years+ in residential care homes, to the public aged over 75 years and for people aged 6 months and over who are immunosuppressed.

2.16 There is excellent coverage and capacity at over 180 pharmacies and through GP's services across West Yorkshire. The Operational Team is

working to ensure that sufficient vaccine supply remains in place, and we will continue communications to ensure the public have visibility of services continuing to run to the end of June 2024.

2.17 Vaccination appointments can be made via the [NHS website](#), on the NHS app, by calling 119 free or going to a walk-in pharmacy clinic.

### 3. Local Context

#### Financial and Operational Planning for 2024/25

3.1 We have been working to develop our financial and operational plans for 2024/25 since December 2023, when NHSE set out some draft planning assumptions while discussions continued with Government about funding and priorities for the NHS. The [2024/25 priorities and operational planning guidance](#) was published on 27 March 2024, just ahead of the start of the new financial year. As a result, it has taken longer than usual to conclude the planning process.

3.2 The NHSE guidance confirmed that the overall priority in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. To improve patient outcomes and experience we must continue to:

- maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach;
- improve ambulance response and Accident and Emergency (A&E) waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24;
- reduce elective long waits and improve performance against the core cancer and diagnostic standards;
- make it easier for people to access community and primary care services, particularly general practice and dentistry;
- improve access to mental health services so that more people of all ages receive the treatment they need; and
- improve staff experience, retention and attendance.

3.3 We have worked with all NHS partner organisations in West Yorkshire to develop individual, Place (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District) and system plans which reflect these priorities and the key assumptions and targets set out in the guidance.



- 3.4 I indicated in my report to the NHS WY ICB Board in March 2024 that the delivery of a break-even financial plan for 2024/25 would present a significant challenge and this has proved to be the case. The plan we have concluded, and agreed with NHSE, aims to deliver a system deficit position of £50m (0.9% of our overall budget).
- 3.5 Achieving this position will continue to be challenging, requiring productivity and efficiency savings amounting to 7.7% of our budget to be delivered, including cost avoidance as well as cost reduction issues. This involves a substantial amount of risk. Providers have identified plans to deliver over 90% of the required improvements, and over two thirds of the identified savings will be recurrent.
- 3.6 At the time of writing, we will meet the NHSE Chief Executive, along with senior national and regional colleagues, on 17 June 2024 to confirm our plans and agreed with them that our focus should now be entirely on delivering the operational, financial, and quality improvements that we have committed to achieve. I will provide a verbal update at the Board meeting.

#### NHS Outcomes Framework

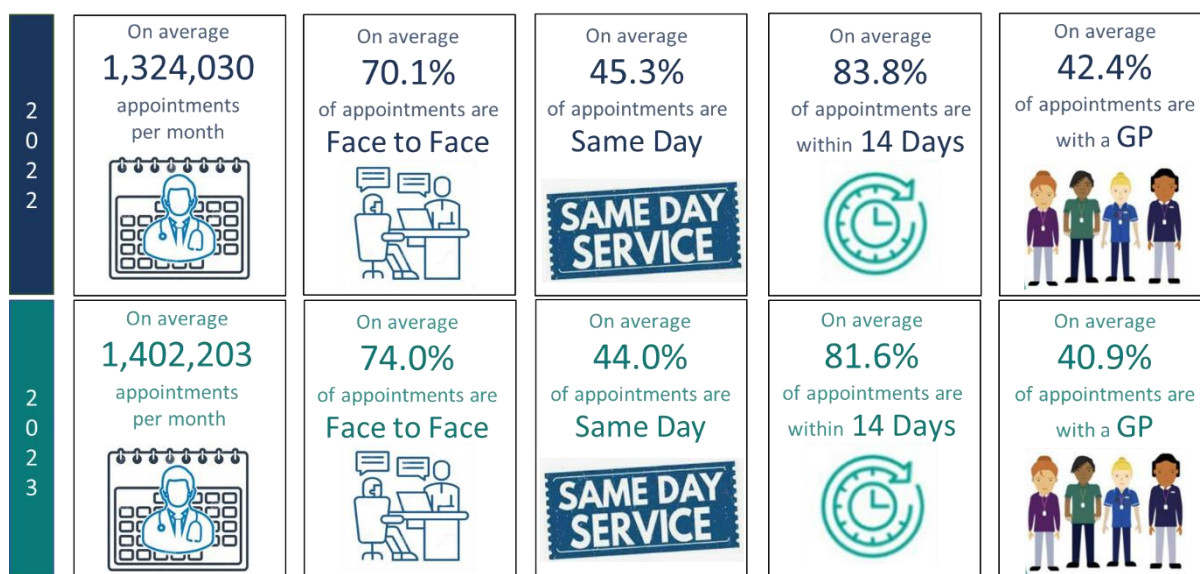
- 3.7 Each quarter, NHS England undertakes a review of the 'segmentation' status of each NHS Trust and NHS Foundation Trust using the [NHS Oversight Framework](#) (NHS OF). The purposes of placing an organisation in one of four segments are: to provide an overview of the level and nature of support required; to inform oversight arrangements; and to target support capacity as effectively as possible.
- 3.8 Of the 10 Trusts in West Yorkshire, eight have been classified as segment two for some time and two, Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Teaching NHS Trust (MYTT), have been classified as segment three, owing to the financial position of the organisations.
- 3.9 Segment two is the 'default' segment to which all trusts will be allocated unless the criteria for moving into another segment are met. It signals that the Trust has plans that have the support of system partners to address areas of challenge. Segment three indicates that the Trust has support needs against one or more of the five national oversight themes (quality of care, access and outcomes; preventing ill-health and reducing inequalities; people; finance and use of resources; and leadership and capability).

3.10 Following the most recent review NHSE has confirmed no change to the segmentation status of nine of our Trusts. Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) has been advised that it has moved from segment two to segment three and we will work with NHSE on the support that is required in our role as the commissioner of services.

### Primary Care

3.11 We are strong advocates for primary care and are working with colleagues from across the system to ensure that there is a 'blueprint' for the future way in which the service is delivered. This work, under the leadership of the 'Fuller Board', sits alongside the Primary Care Access and Recovery Programme. The latter focuses on issues of access and the capacity to support this.

*Figure 1: WY GP Practice Total Appointments*



3.12 Substantial progress has been made on access against the four elements of the plan Access and Recovery Plan to:

- a. Empower patients – through expansion of community pharmacy services, the NHS app and access to prospective records, and self-referral pathways.
- b. Implement 'Modern General Practice Access – including Digital Telephony and Capacity and Access Improvement Plans
- c. Build capacity – expansion of GP training, Workforce Planning, and associated roles.
- d. Cut bureaucracy – improving primary to secondary care interface and streamlining of the Quality and Outcomes Framework (QOF) indicators.

- 3.13 Claire Fuller, National Medical Director for Primary Care, NHSE and regional primary care colleagues visited Leeds and the WY ICB team on 26 May 2024. Claire visited the Primary Care Access Line (PCAL) service and Seacroft Primary Care Network (PCN).
- 3.14 The feedback on the sessions were positive. PCAL, an advice and guidance service which allows primary care immediate and direct telephone access to local consultants at our hospitals, receives around 85,000 calls a year and helps ensure patients are cared for in the most appropriate way, bridging the gap between GPs and hospital doctors. It is a strong, replicable model for managing the interface between primary and secondary care. The Seacroft PCN discussion highlighted the strength of working in Leeds with the Voluntary, Community and Social Enterprise (VCSE) sector and the Leeds GP partnership model.

#### 4. Partnerships

##### Update from West Yorkshire Community Health Services Provider Collaborative

- 4.1 The West Yorkshire Community Health Services Provider Collaborative (WYCHS) has now been engaged and active for 18 months. The Collaborative continues to work collectively in order to improve outcomes and make the most of resources.
- 4.2 West Yorkshire has long recognised the vital role provider collaboratives play in bringing together joined up care for people living across West Yorkshire through sharing good practice and learning. Our systems focus on collaboration is a response to changes in how the health and care system is organised. Instead of focusing on competition and individual autonomy, the emphasis is now on working together to tackle challenges we all face, for example around increased demand for services, workforce issues, and financial constraints. Working together allows us to collectively improve efficiency, sustainability, and the quality of care. Partnership working is key, especially around our efforts to alleviate system pressures, reduce health inequalities and improve population health and wellbeing outcomes for our residents through integrated services. We learn from each other to ensure we make the links between our work whenever possible.
- 4.3 At the NHS WY ICB Board's July 2023 'Focus on Community' session the WYCHS our ambition of keeping people well, for longer, closer to where they live was confirmed as a system aspiration. We want to offer personalised care for everyone, ensuring a good quality of life.

4.4 Since that 'Focus on' update the WYCHS has;

- Welcomed Harrogate and District NHS Foundation Trust (HDFT) as a core member of the WYCHS Provider Collaborative - which has both strengthened and broadened our scope and opportunity for joint work;
- Established a Business Intelligence/ Performance Leads Network to support shared learning and joint work around data. This group has identified a number of priority areas to collectively review, including community waits, in order to support Place and Provider colleagues with service transformation and data quality improvements. We are working to increase the efficiency and accuracy of the production of community waits data and are linking with other Business Intelligence and Performance leads across WY. This supports the North East and Yorkshire (NEY) Community Health services team priority to 'work towards a single source of the truth about community health services data through quality improvement, supporting provider data capabilities and standardisation of definitions of community health services and data requirements.' Work continues together on the implementation of 'Faster Data Flows' programme and the Provider asks with the recently published Community Data strategy; and
- Supported the West Yorkshire Providers of Community Dental Services (CDS) coming together to support, share and jointly design services that work for both our staff and residents. The overall ambition of our collaboration is to become the best CDS Collaboration in the country. By maximising the opportunities provided with the community dental contract for flexible commissioning we are jointly creating and delivering a CDS model that enables equitable access and outcomes across West Yorkshire. Having a consistent CDS delivery model, that is owned by each provider, reduces variation and ensure the right care is delivered in the right setting. In a short space of time, supported by the WY ICB, the WY CDS Collaborative has jointly worked on mutual aid, a shared service specification and flexible commissioning options, standardised General Anaesthetic Pathway and much more.

4.5 The WY CHS Collaborative provides a formal mechanism for collective decision making across the eight member trusts on 'whole sector' issues and enables collective action on those issues where collaboration has benefits for the wider population of West Yorkshire and Harrogate. The 2024/25 work programme will focus on;

- Optimising community based urgent care – working with the Yorkshire Ambulance Service NHS Trust (YAS) services to navigate to appropriate urgent community-based services.
  - Proactive Care – More personalised approaches mean individuals receive the right care, in the right place at the right time for more positive outcomes and experiences of the health and care system.
  - Intermediate Care – to further shape and develop the clarity of wider intermediate care pathways and create a stronger messaging and evidence base around the importance of 'HomeFirst' and Reablement pathways.
  - Community Dental Services – create a CDS model that enables equitable access and outcomes across West Yorkshire.
  - Develop a set of relevant community Key Performance Indicators (KPIs) – and support targeted towards proactive care; avoidable conveyance and admissions; intermediate care and early supported discharge. Deploy improved community data to benchmark and continuously support business improvement.
- 4.6 Alongside the work programmes, commitment remains to supporting the WY ICB and other Provider Collaboratives ambitions and priorities, for example;
- The development of Urgent and Emergency Care (UEC) and Primary Care Blueprints,
  - The oversight of Virtual Ward, Urgent Community Response and Discharge,
  - The development of Integrated Neighbourhood Teams, which will be key factor within our urgent, proactive and intermediate care workstreams,
  - Outpatient transformation - led through the West Yorkshire Association of Acute Trusts (WYAAT), work has already commenced to support transformation within ear, nose and throat (ENT) services, Dermatology, Gynaecology and non-surgical oncology – there are many other planned care areas the Community Collaborative would be keen to explore with system partners; and
  - Secondary prevention, which will be a key element of the proactive care programme and we are already committed to supporting WYs Long Term Conditions/ House of Care approach.
- 4.7 In the longer term the WYCHS is keen to explore the development a universal West Yorkshire offer across community care, ensuring infrastructure is modernised and in place to support this. The WYCHS is in a strong position to support a left shift of more care to the community, including through responsive community provision introducing and

developing urgent, integrated and coordinated care and support to people in their community. Indeed, the delivery of more proactive care to keep people as well as possible and reduce avoidable healthcare use is within our collective gift. This requires continued improvement in access to and quality of core community services, including waits and to enable transformation of services when appropriate. To that end, we wish to continue work with the WY ICB on the medium to long term resource plans to support this ambition.

## 5. Our People

### Leadership change at Bradford District and Craven Place.

- 5.1 From the 1 May 2024, Therese Patten succeeded Mel Pickup as the Place Lead for Bradford District and Craven Health and Care Partnership. Therese is the Chief Executive for Bradford District Care NHS Foundation Trust (BDCFT has taken on this additional role. This includes providing the Accountable Officer function for our ICB at Place.
- 5.2 We are delighted that Therese has agreed to take on this role, which has been supported by our wider system leaders at Place and across West Yorkshire. Therese will continue to be involved in the work of our West Yorkshire Mental Health, Learning Disability and Autism (WYMHLDA) collaborative.
- 5.3 We will continue to benefit from Mel's leadership for the work we do across our Integrated Care System through her role as Chief Executive for BTHFT and through WYAAT. She will also continue to contribute to various leadership groups in Bradford District and Craven.
- 5.4 We would like to thank Mel for her work and significant contributions on behalf of the ICB and our Partnership, that has steered colleagues in Bradford District and Craven through the transition from a Clinical Commissioning Group (CCG) to the ICB and the more recent operating model review.

### Chief Digital and Information Officer

- 5.5 Shaukat Ali Khan has been appointed as the new Chief Digital and Information Officer (Director of Digital) for the NHS WY ICB.
- 5.6 Shaukat brings a wealth of experience from his current role as the Global Chief Information Officer at the Aga Khan University and Hospitals in Asia, Africa and United Kingdom, where he's been driving digital strategies on a global scale. His background includes leadership roles at the University of



Central Asia and Novo Nordisk A/S, where he led digital transformation initiatives.

- 5.7 Shaukat's international career spans over 20 years across strategic and operational IT disciplines in healthcare, educational, pharmaceutical, humanitarian, defence, and hospitality sectors in both developed and developing countries including his roles at UNICEF, Lockheed Martin, Marriott and Siemens.
- 5.8 Shaukat Ali Khan will be joining us in the autumn to take on this new role. He will work alongside a strong network of digital information, business intelligence colleagues and leaders across the Partnership, ensuring that digital innovation and business intelligence is at the forefront of our healthcare delivery.

### Operating Model

- 5.9 The latest phase of the WY ICB Operating Model work (organisational change) has concluded, and all teams and Place structures are now in place. We have seen a small number of colleagues who have left or will be leaving the organisation via compulsory redundancy and have been supported where possible to identify suitable roles within the organisation or the wider system.
- 5.10 Recognising the resulting change to the ICB's Operating Model, a comprehensive programme of organisational development (OD) has commenced which supports teams in developing their working practices, team dynamics and cultures in a constructive and supportive manner. This work will align with the current ICB work underway to refresh the ICB's own values and behaviours framework. This OD programme of work is set to continue until March 2025 and has already seen numerous team development initiatives, including in June 2024 for the ICB's Executive Management Team.

### Deputy Director – Communications and Engagement

- 5.11 Our Deputy Director – Communications and Engagement, Karen Coleman took early retirement at the end of May 2024. On behalf of the NHS WY ICB Board and wider WY Health and Care Partnership Leadership, I would like to note her significant contribution over the last eight years to our success. Following a competitive recruitment process, Paul Hemingway has been appointed as Deputy Director of Communications and Involvement, he will be joining us from 5 August 2024.

- 5.12 Paul currently works at NHS Norfolk and Waveney ICB as Associate Director of Communications and Engagement, as well as providing communications and involvement leadership to Norfolk and Suffolk NHS Foundation Trust as part of their improvement journey.
- 5.13 Paul lives in West Yorkshire. He has vast communications and involvement experience from roles across the NHS, including national, commissioning, provider organisations and Local Government.

## 6. Recommendation

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

<b>Meeting name:</b>	NHS West Yorkshire Integrated Care Board (meeting in public)
<b>Agenda item no.</b>	12
<b>Meeting date:</b>	25 June 2024
<b>Report title:</b>	Chair's Report
<b>Report presented by:</b>	Cathy Elliott, NHS West Yorkshire Integrated Care Board (ICB) Chair
<b>Report approved by:</b>	Cathy Elliott, NHS West Yorkshire ICB Chair
<b>Report prepared by:</b>	Cathy Elliott, NHS West Yorkshire ICB Chair, and Laura Ellis, NHS West Yorkshire ICB Director of Corporate Affairs

<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>			
Considerations of developments since the previous Chair's Board Report of March 2024 and the Integrated Care Partnership Board meeting on 5 March 2024.			
<b>Executive summary and points for discussion:</b>			
<p>NHS West Yorkshire Integrated Care Board (ICB) and our partners in the NHS are currently operating under NHS England (NHSE) long-standing pre-election guidance which always applies to the NHS during the run-up to an election. Items and updates outlined in this ICB Chair's report are considered part of the ICB's business as usual.</p> <p>This report covers activities and developments taking place in relation to governance arrangements and senior level partnership working including:</p> <ul style="list-style-type: none"> <li>• general updates on the work of the ICB Board for the 2024/25 financial year;</li> <li>• a High Assurance opinion has been provided by Audit Yorkshire for NHS West Yorkshire ICB's Involvement work;</li> <li>• update on the ICB's continuing work on co-production, including an outline of our Co-Production Principles in Appendix 1;</li> <li>• planned ICB Non-Executive Member (NEM) recruitment for the remit of Citizens and Future Generations; and</li> <li>• Board succession planning work via the ICB Board's participation in the Insight Programme.</li> </ul>			
<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 as set out, including compliance with national requirements, good governance practice and furthering the work of our ICB and broader Partnership.
<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 in West Yorkshire as the commissioner and the convener of our Health and Care Partnership.
<b>Appendices</b>
<b>[Appendix 1] – West Yorkshire Health and Care Partnership Co-Production Principles</b>
<b>Acronyms and Abbreviations explained</b>
<ol style="list-style-type: none"> <li>1. WY – West Yorkshire</li> <li>2. ICB – Integrated Care Board</li> <li>3. NHSE – NHS England</li> <li>4. ICP – Integrated Care Partnership</li> <li>5. NEM – Non-Executive Member</li> <li>6. AO – Accountable Officer</li> <li>7. BTHFT – Bradford Teaching Hospitals NHS Trust</li> <li>8. BDCFT – Bradford District Care NHS Foundation Trust</li> <li>9. WYAAT – West Yorkshire Association of Acute Trusts</li> <li>10. HCP – Health and Care Partnership</li> <li>11. ICS – Integrated Care System</li> <li>12. VCSE – Voluntary, Community and Social Enterprise</li> <li>13. Places – Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District</li> <li>14. NED – Non-Executive Director</li> <li>15. DoF – Director of Finance</li> <li>16. SID – Senior Independent Director</li> <li>17. MYTT – Mid Yorkshire Teaching NHS Trust</li> <li>18. SWYPFT – South West Yorkshire Partnership NHS</li> <li>19. REN - Race Equality Network</li> <li>20. EDI – Equality, Diversity and Inclusion</li> </ol>

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

<b>Residents and Communities</b>	Continued commitment to embed citizens at the heart of our ICB Board decision-making, and public engagement through our co-production approach, supported by our work with the West Yorkshire Voice Forum and livestreaming of meetings in public.
<b>Quality and Safety</b>	System collaboration to ensure quality and safety of services.
<b>Equality, Diversity and Inclusion</b>	Continued commitment to EDI, including via Board engagement. Continued development of the programme of work of the Chair and NED System Working Group on development, succession planning and sharing of good practice to support applications and appointments from people with diverse backgrounds in NHS Chair and NED careers, including via the Insight Programme.
<b>Finances and Use of Resources</b>	The revision of the ICB governance cycle for 2024 / 25 aiming to reflect on learning, including the use of resources to support continual improvement and supporting provider collaboratives on productivity reviews.
<b>Regulation and Legal Requirements</b>	Details of EDS22 and NHS Improvement Plan High Impact Action frameworks in respect of system actions on EDI.
<b>Conflicts of Interest</b>	Continued online register of Declarations of Interest of the ICB Board in the public domain.
<b>Data Protection</b>	N/A
<b>Transformation and Innovation</b>	Collaboration across the Partnership and continued system working
<b>Environmental and Climate Change</b>	Use of resources and governance cycle review informing 2024/25 work.
<b>Future Decisions and Policy Making</b>	Ongoing work of the Chairs and NEDs System Working Group on collaborating and sharing best practice across organisations.
<b>Citizen and Stakeholder Engagement</b>	Highlights of the West Yorkshire Co-Production Principles for 2024/25.

## NHS West Yorkshire Integrated Care Board Board Chair's Report – 25 June 2024

### 1. Purpose

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

### 2. Introduction

#### 2.1 Pre-Election Period

A general election will take place in the UK on Thursday 4 July 2024. NHS West Yorkshire Integrated Care Board (WY ICB) and our partners in the NHS are currently operating under NHS England (NHSE) long-standing pre-election guidance which always applies to the NHS during the run-up to an election. For further information the national NHSE guidance can be found here: [NHS England » Pre-election guidance for NHS organisations – General Election 2024](#). The content of this report is considered part of the ICB's business as usual.

#### 2.2 Board Membership Update

The Board is asked to note the following Board member changes which were announced within the ICB and to our Integrated Care Partnership (ICP) during April and early May 2024:

- **Thank you to ICB Non-Executive Member (NEM) Becky Malby** for her commitment and contribution to the ICB Board over the last two years, particularly her work with fellow Board members on establishing citizens being at the heart of ICB decision-making at Board level and the development of the ICB's West Yorkshire Quality Committee. This Board meeting will be her last one with us before she leaves for personal and professional reasons. Recruitment for her successor is outlined in the People section of this report.
- **Thank you to ICB Board member and Place Accountable Officer (AO) for Bradford District and Craven Mel Pickup** for her work and leadership for the Place's Partnership over a number of years. Mel has stepped down from her AO role as part of the Place's leadership rotation under the Place's Memorandum of Understanding, linked to the ICB's Constitution. Mel continues in her role as Chief Executive of Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) and as a member of our ICP.
- **Welcome to new ICB Board member Therese Patten** as the next Place AO for Bradford District and Craven who came into post in May 2024, following a peer



nomination and ICB process. There is Chief Executive of Bradford District Care NHS Foundation Trust (BDCFT) and a member of our ICP; and

- **Welcome to Shaukat Ali Khan to the new role of ICB Chief Digital Information Officer** who joins us this month and will be a Board attendee. He will be working with digital information colleagues and business intelligence teams across West Yorkshire. Further detail is included in the Chief Executive's report to the Board.

### 3. Strategy and Governance

#### 3.1 End of Year Effectiveness Review 2023 / 24

The ICB Board's Committees have each undertaken an end of year effectiveness review, which has informed their annual reports, review of terms of reference and development of work plans. These can be found at agenda items 15 and 17.

This end of year review was supported by 2:2 review of ICB Committees operating at a West Yorkshire level between the ICB Chair and ICB Chief Executive and the Non-Executive Member Chair and Lead Executive for each ICB Committee. Thanks to ICB Board members who have taken part in these productive 2:2 reviews during recent months to support the workplans for each Committee during 2024/25.

#### 3.2 Extraordinary Board Meeting, 29 April 2024

An extraordinary meeting of the NHS West Yorkshire ICB Board took place virtually on Monday 29 April 2024 to consider the operational and financial plans for 2024 / 25 in advance of the formal plan submission to NHS England on Thursday 2 May 2024. The Board:

- approved the updated operational plan for submission to NHS England on Thursday 2 May 2024;
- delegated authority to the Chair, Chief Executive and Director of Finance to agree any further amendments to the plan, ahead of submission; and
- noted intention not to apply for a local variation to the Elective Recovery Fund funding mechanism for 2024/25.

### 4. Outcomes Focused

#### 4.1 West Yorkshire Association of Acute Trusts (WYAAT)

The Chief Executive's report outlines our system-wide 2024 / 25 financial and operational planning process and implementation. In relation to this, the Board is asked to particularly note the work of the Provider Collaborative WYAAT. The ICB Chair and ICB Chief Executive have a direct link at Board level to WYAAT as previously reported to the Board, and myself and Rob Webster, ICB Chief Executive, attended their last Collaborative meeting in April this year to discuss ways of working, following the March 2024 ICB Board 'focus on' report from WYAAT as a partner and delivery arm of the ICB. To note, WYAAT's Committee in Common agreed at their April 2024 meeting to

undertake collectively an independent review of productivity to support their 2024 / 25 and medium term financial and operational plans which is being led by WYAAT Chief Executives. The ICB will be regularly updated on this work.

#### 4.2 **West Yorkshire Involvement Framework Audit**

A High Assurance opinion has been provided by Audit Yorkshire for NHS West Yorkshire ICB's Population Health Outcomes including the supporting Involvement work. The audit finalised in May 2024 stated that patient and public engagement and experience is effectively used to monitor the on-going quality of services, and that a robust process is in place that feeds patient and public experience into commissioning decisions.

The ICB has a strategy in place, namely the [Involvement Framework](#) which is supported by the [Communication and Involvement Plan](#) which details how the ICB communicates and involves people in the work of the ICP and the ICB.

There is an [Involvement and Consultation Mapping Report](#) produced on an annual basis which includes key themes captured from involvement and consultation activities and includes, where available, provides details of any issues raised by protected groups. The review confirmed that evidence is available to support the assertions made within the report. There is also a [Public Involvement Report for 2023/2024](#) produced to support the ICB's Annual Report.

Governance arrangements were found to be appropriate to provide assurance that the ICB is improving the quality of services through outcomes by monitoring the experiences undergone by patients. The review confirmed that the work carried out around 'involvement' was positively received through the Board minutes.

#### 4.3 **West Yorkshire Health and Care Partnership Co-Production Principles**

The West Yorkshire Health and Care Partnership (HCP) has a long history of working together with strong foundations and good relationships rooted in our principles of subsidiarity, working as equal partners across our Integrated Care System (ICS) and making decisions as close to our communities as possible. This is essential to delivering on our aims, vision and ambitions and continue to move towards a culture of co-production in its broadest sense where possible in developing and shaping our plans and services.

For our Partnership across West Yorkshire and at Place level we have [fantastic examples of co-production](#). This has been built on our work established in 2022 via the West Yorkshire Co-Production Group jointly led by the ICB's Communications Involvement Team with the Power of Communities Programme, our voluntary, community and social enterprise (VCSE) Strategic Alliance, as a space to share good practice, provide peer support and act as advocates and champions for co-production. It brings together people from our five Places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District) and wider system (including local

authorities, VCSE and academia) from areas such as communications and engagement and quality improvement as well local people with lived experience.

The Board is asked to note that over the past year our ICS has developed the *West Yorkshire Health and Care Partnership Co-Production Principles* [**Appendix 1**] that brings together our shared key ingredients for working together aligned with our Keep it Local ICS approach. The principles have been developed by a Co-Production Group drawing on existing good practice from across the Partnership.

The Group has worked to develop a shared understanding of what a West Yorkshire HCP approach to co-production means within an ICS context, engaging with over 100 people across the system about co-production through partnership events, co-production workshops and training, using existing good practice/ plans/ strategies from our system and Places such as our [West Yorkshire Trauma Informed Co-Production Guidance](#) and [Co-production in ActEarly: Nothing About Us Without Us](#).

Using this learning, the next steps for the Group is to enable people to embed the West Yorkshire Health and Care Partnership Co-Production Principles. This includes the development of an accessible and supportive peer support network for co-production, tools, guides and self-assessment approaches as well as in-person and online development sessions using our existing expertise of working together in the ICS.

## 5. Partnerships

### 5.1 Chairs and Leaders Virtual Exchange Programme

The established Chairs and Leaders virtual exchanges continue on a six-eight weekly basis as an opportunity for colleagues to learn about best practice at a system leadership level. The sessions have been hosted by the ICB since spring/ summer 2022, and they are open to Board Chairs, Health and Wellbeing Board Chairs, Place Committee Chairs, ICB NEMs and NHS Non-Executive Directors (NEDs).

In April this year the session focused on system financial planning and delivery for 2024/ 25. The session included presentations from the ICB's Director of Finance (DoFs), ICB Director of Planning and Performance, and DoFs from across NHS trusts and our Places in West Yorkshire, particularly highlighting the peer review and open book approach to West Yorkshire financial planning, productivity plans for 2024/ 25 and the medium term, and learning drawn upon from our five-year track record of delivering a balanced system budget.

Our next session is on 19 June 2024 with a feature on Climate Change. The session will include presentations from NHS Chairs and Place Committee Chairs on the work of their organisations and Places on sustainability and local Green Plans as well as a reminder of and progress update on our West Yorkshire Climate Change strategy from Frank Swinton as system lead for this work.

These system learning exchanges complement the West Yorkshire Chairs Forum which will next meet virtually also on 19 June 2024 prior to the Yorkshire and Humber Chairs Network.

## 6. People

### 6.1 ICB Board Annual Appraisal Process

As stated in the March 2024 Chair's Report, an update is provided for this meeting on ICB annual appraisal plans as part of the new ICB governance cycle. The ICB Board level annual appraisal process began in May 2024 with the ICB Chair appraisal being carried out by the ICB Senior Independent Director (SID) in line with the NHSE national NHS Chair appraisal guidance in conjunction with the NHSE Regional Director; and the ICB Chief Executive appraisal being held by the ICB Chair. Both appraisals included inviting and collating anonymous multi-source feedback from across our Health and Care Partnership and the within the ICB, and thanks to those colleagues who contributed.

Appraisals for ICB Executives, including Place Accountable Officers, began in May 2024 and will conclude next month, and appraisals for ICB NEMs will take place in July 2024. Objective setting for Board members for 2024 / 25 is already progressing and will include system actions on EDI in line with national guidance.

The ICB's Remuneration and Nomination Committee is kept updated on the appraisal process and the 2024/ 25 objective setting for Board members, including via its most recent meeting planned for 20 June this year. We continue to work with colleagues across the ICB to ensure that objectives are reflective of our mission and values.

### 6.2 ICB Non-Executive Member (NEM) Recruitment

Recruitment for an NHS West Yorkshire ICB NEM has formally begun this month, working with search and selection agency Odgers Berndston. We are seeking applications against a Non-Executive remit of Citizens and Future Generations, including citizen engagement, quality and maternity safety. This recruitment process and planned appointment is part of the ICB's business as usual.

As referenced above, this vacancy has arisen due to Professor Becky Malby leaving after two years, she will continue with her connection to West Yorkshire via her national academic work.

The role opportunity was profiled as forthcoming at a collective West Yorkshire virtual recruitment open evening in early May 2024 for the recruitment of NED vacancies across Mid Yorkshire Teaching Trust (MYTT), South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and NHS West Yorkshire ICB.

More information about the role and how to apply is available on the following page of the ICB's website: [Recruitment of non-executive members for the NHS West Yorkshire Integrated Care Board :: West Yorkshire Health & Care Partnership](#)

[wypartnership.co.uk](http://wypartnership.co.uk)). The deadline for applications is 08:00 on Tuesday 2 July 2024. We will ensure that a variety of people will be involved throughout the recruitment process, especially representation from the West Yorkshire Race Equality Network (REN) and those who will work directly with the appointed person such as our ICB Director of Nursing, our West Yorkshire Inclusivity Champion and leaders representing citizen and patient forums such as Healthwatch and West Yorkshire Voice.

### 6.3 **Insight Programme Non-Executive Director (NED) Placements with the ICB**

As shared in my November 2023 Board report, via the West Yorkshire Board Chairs Forum and the system's new Working Group for Chair and NED Development there has been a commitment since last year to work in partnership on developing a future talent pipeline for Boards with a commitment to achieving equality, diversity and inclusion (EDI). This has resulted in all 10 NHS provider Trusts and the ICB signing up to the 2023/24 Gatenby Sanderson Insight Programme to support a greater diversity of people develop their NED skills and experience to take on full NHS NED roles in the future. (Previously a small number of NHS trusts in the system took part in the programme, including Leeds Teaching Hospitals and MYTT). Last month the ICB offered two placements to Insight Programme participants which will run consecutively from summer this year until spring 2025. Each participant will receive an induction and take part in ICB Board activities around one day a month. More information on the national Insight Programme can be found here: [The Insight Programme |](#)

### 6.4 **NHSE Regional Director, Richard Barker**

Finally, on behalf of the NHS West Yorkshire ICB Board I would like to offer thanks to Richard Barker, NHSE Regional Director (North East and Yorkshire), in recognition of his incredible contribution and commitment to the NHS. Richard is due to retire at the end of June 2024 after a 40-year career in the NHS. I thank Richard for his support and commitment to our collective work over many years and wish him well for the future. A recruitment process has begun to appoint his successor and the Board looks forward to continuing to work closely with NHSE as the regulator across the region.

## 7. Recommendations

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

## Appendix 1: West Yorkshire Co-production Principles

Co-production describes a way of working together to make a difference. We hope the principles, values, and behaviours, help people, communities, and organisations across West Yorkshire work better together.

### Co-production is an equal partnership.

#### Values

- We all have experiences that are valuable, and we want to include lots of different points of view.
- We make decisions and share power with people and organisations in West Yorkshire.

#### Behaviours

- People's experiences are important and should be used equally with different types of knowledge.
- We know that inequity that exists between people and organisations commit to minimise this.
- We share power, authority, accountability, and resources.

### Co-production is genuine and sincere.

#### Values

- We value the difference co-production will make and commit to change in response to co-production.
- We build relationships with people and partners for the long term.
- We listen to each other with respect and openness.

#### Behaviours

- We agree how things are, and how things will be, together.
- We identify together real outcomes that make a difference.
- We feedback what has changed, what can't be changed and why, and stay in contact to maintain changes.
- We create a safe trusted space for people to talk and share.

### Co-production is open to all.

#### Values

- We proactively seek people from different backgrounds with different experiences.
- We communicate clearly, in ways that reflect the diversity of people working together.
- We are empathic and compassionate.

#### Behaviours

- We adapt and respond to requests to make it easier for people to join in.
- We avoid jargon and explain acronyms and complex terms.
- Use a range of communication methods and languages to embrace difference.
- Sensitive about the language and actions we use, communicating thoughtfully using trauma informed approaches.

### Co-production is important.

#### Values

- Co-production is how we like to work.
- We all take ownership and support co-production.
- We properly resource co-production

#### Behaviours

- Our leaders, from partners and communities, are committed to co-production.
- Make sure there is enough time for groups to establish.
- We develop constructive trusted relationships.