

West Yorkshire Health and Care Partnership Board

21 January 2025

Summary report	
Item No:	5
Item:	Update from the Partnership Chief Executive Lead
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 17 December 2024 and elements of the Chair’s report at that meeting too. These reports are enclosed at Annex A and Annex B respectively.</p> <p>This report also provides additional updates on matters which have occurred since 17 December 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 17 December 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

Devolution White Paper

3. The English Devolution White Paper "[Power and Partnership: Foundations for Growth](#)" was published on 16 December 2024 and sets out the government's plans to "*widen and deepen devolution across England, providing mayors with unprecedented powers and funding and hardwiring them into the way government works*".
4. The paper also outlines how the government intends to "*rebuild and reform local government, as the foundation for devolution, reset the relationship between central and local government, and give communities stronger tools to shape the future of their local areas, while improving accountability and building capacity across the local government sector*".
5. Key points to note are as follows:
 - A focus on giving elected Mayors new powers over areas such as housing, planning, transport, energy, skills, employment support - underlined by integrated and consolidated funding, which links to Local Growth Plans that are to be established by Mayoral Strategic Authorities.
 - An ambition for universal coverage of "strategic authorities" in England (ideally by the end of this Parliament) delivering against a statutory framework and with broad integrated financial settlements. An emphasis on greater alignment and integration of public sector services, including through setting out a requirement that Mayors are members of Integrated Care Partnerships (ICP) and involved in the appointment of the ICB Chair, as well as an intention to develop a bespoke duty for Strategic Authorities for health improvement.
6. Examples of the excellent work already underway in West Yorkshire are highlighted in the White Paper, including how our Mayor, Tracy Brabin has used her powers over transport, economy, and responsibilities for policing and crime to focus on improving the safety of women and girls. As a system that has close working with the Mayoral Combined Authority; planning and delivery built from partnerships in our five Places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District); and a history of innovation and thought leadership, we are well set to implement any new arrangements. We are now exploring the opportunities that the White Paper brings to enhance our joint working, and how we strengthen

our governance to ensure this is the case.

7. You can read more about the English Devolution White Paper "[Power and Partnership: Foundations for Growth](#)" at [Item 6: Responding to new Government policies](#) for today's meeting.

Joint work between the West Yorkshire Combined Authority (WYCA) and NHS WY ICB

8. Building on our effective Work and Health Partnership, WYCA commissioned a community insight and co-designed Work, Health and Skills plan which will be published later this month. This work is a strong foundation to build on for two key programmes that were announced in the "[Get Britain Working](#)" White Paper, which was published at the end of November 2024. NHS WY ICB was announced as one of three accelerator sites, and WYCA as one of eight national trailblazer sites, for improving population health and reducing economic inactivity due to ill health. We will work together through a joint programme board to deliver these programmes. You can read more about the Get Britain Working White Paper, the NHS WY ICB accelerator and the WYCA trailblazer in Section 2 of the Chairs Report to the NHS WY ICB Board on 17 December 2024, enclosed as **Annex B**.
9. Congratulations to colleagues in Bradford as we enter their year as City of Culture for 2025. We continue to link the work on culture in all of our Places to our Creative Health programme, which is continuing to develop and grow as one of our shared programmes of work. This month saw the official launch of the [Creative Health Hub at the University of Huddersfield](#) on 8 January 2025. This was followed by a public event on 9 January 2025 celebrating the Cultures of Creative Health book launch; a project aligned to the Creative Health Hub.
10. This work should be seen in the context of the Government's commitment to a shift from treatment to prevention (and the wider determinants of care) as part of its health mission; the development of a "neighbourhood health service" built from communities and looking at the mental, physical and social needs of people; and our local aspirations for the economy and creative industries.

10 Year Health Plan

11. The new Government has pledged to consult on and set out a 10 Year Health Plan that supports building a National Health Service that is fit for the future. We anticipate that this plan will be published in the late Spring or early Summer of 2025.
12. The [Lord Darzi independent investigation](#) sets out a diagnostic assessment of the current state of health and the NHS. This provides important context that the 10 Year Health Plan is being developed within. We should expect to see a plan that seeks to address the key issues highlighted.

13. The West Yorkshire system is well represented in developing the plan, and through the Change NHS process set out below, and wider involvement. It's important that we continue to work with our national partners on this, sharing our insights and learning to drive change.
14. Using the information available to us and what we have learned so far, it is likely that the 10 Year Health Plan will cover:
 - The three shifts (from hospital to community, analogue to digital, and treatment to prevention).
 - Establishing a neighbourhood health service covering health, care and wider support functions.
 - The role and importance of NHS providers, covering planned and unplanned care, including the approach to oversight and management.
 - The role of ICBs as a strategic commissioner – recognising that this exists alongside, and complements, our important role as a partner within our ICP.
 - The policy, finance, incentives and oversight frameworks that will be used to create the conditions for and monitor change.
15. The detail of the plan will become clearer as we move towards publication, and it is important that we receive it with awareness of the current operating context. This plan should set ambitious priorities and targets, and it will take time and effort at all levels of the health and care system to deliver the changes across the next decade.
16. You can read more about the 10 Year Health Plan at [Item 6: Responding to new Government policies](#).

Change NHS: Please help us prepare a response for West Yorkshire

17. Across West Yorkshire, we are very keen to hear from as many people as possible to help inform the 10 Year Health Plan. In the last 12 months, we have heard from thousands of people about what matters to them and what they would like to see change or improve across health and care services locally and nationally. This is [published on our website in a compendium](#). Using this information and insight, we are mapping out what we know already. We know from our local insight that people want to be cared for closer to home, in their local communities, they want to be able to, wherever possible, take more control over their own health and care, which includes for many, communicating with the NHS via modern technology. We're already making lots of progress across these three areas and where we have gaps in our insight, we are actively engaging people and communities of West Yorkshire to seek their views. We have published some information on our [website](#) and created a dedicated hub for stakeholders, patients and members of the public to help shape the 10 Year Health Plan, providing an opportunity to say what is important in West Yorkshire to inform the national plan.
18. Our West Yorkshire approach to involvement and engagement with the national [Change NHS](#) initiative is twofold: firstly, to capture the views and experiences of our partners, stakeholders and local communities across West Yorkshire, enabling us to provide a West Yorkshire view into the 10 Year Health Plan and secondly, to

provide an additional opportunity to tell us how we should further develop, enhance and improve local health and care services to further reduce health inequalities. Please keep visiting the web pages in the weeks ahead as more events, local insight and additional content will continue to be added. You can complete the [West Yorkshire survey here](#).

Winter pressures and urgent care

19. At the time of writing, the Health and Care sector and our wider public services are experiencing intense winter pressures. The last week has been incredibly challenging, with a surge in demand and a rise in the number of people who are poorly with seasonal and respiratory illness.
20. This has been further exacerbated by the weather conditions we have seen across many parts of the country. The UK Health Security Agency (UKHSA) issued an amber cold health alert - the second-highest level - covering all regions of England. The alerts warn the freezing conditions are likely to result in a rise in deaths, particularly among older and vulnerable people, and an increase in demand for health services. These alerts are different to weather warnings and provide early warning to healthcare providers and suggest actions such as actively monitoring individuals at a high risk.
21. During this period, we have used our winter plan, our Place working, and the wider system coordination, to ensure that services continue to operate. Despite being disproportionately affected by flu and having extreme weather we have not declared any critical incidents to date and have always worked together on solutions to the problems we face. We have also remained focused on safety and reducing risk. During this period, delays in ambulance response times, crowding and delays in Accident and Emergency (A&E) departments and reduced flow through our health and care system are increasing the risk of harm to patients.
22. I would like to thank all our colleagues within the wider health and care system for their continued focus and energy to keep people safe and services running.

NHS Planning Guidance

23. Performance expectations of NHS ICBs and Trusts for the next financial year will be set out in the 2025/26 NHS planning guidance which is expected imminently. We should expect a focus on safe services, elective recovery and financial balance through productivity and transformation.
24. We continue to plan for next year and beyond, in the absence of national guidance. This is a legitimate and prudent approach that we should expect in all of our organisations, including our own.

Reforming elective care for patients

25. The Government has signalled a desire to ensure that we recover elective care

performance and reduce waiting for services. This, alongside safe urgent care, productivity and neighbourhood health services is one of the key national priorities.

26. On 6 January 2025, the Department for Health and Social Care (DHSC) and NHS England published a new plan to set out how the NHS will reform elective care services and meet the 18-week referral to treatment standard by March 2029. You can read the plan here: [Reforming elective care for patients – January 2025](#).
27. Under this plan elective care will be increasingly personalised and digital, with a focus on improving experience and convenience, and empowering people with choice and control over when and where they will be treated. The plan includes a welcome focus on addressing inequalities.
28. To meet the 18-week standard and reform elective care by March 2029, the plan focuses on:
 - **empowering patients** by giving them more choice and control, and by establishing the standards they can expect to make their experience of planned NHS care as smooth, supportive and convenient as possible;
 - **reforming delivery** by working more productively, consistently – and in many cases differently – to deliver more elective care;
 - **delivering care in the right place** to make sure patients receive their care from skilled healthcare professionals in the right setting; and
 - **aligning funding, performance oversight and delivery standards**, with clear responsibilities and incentives for reform, robust and regular oversight of performance, and clear expectations for how elective care will be delivered at a local level.
29. The plan also includes clarity on what is expected of each of the organisations at each level in the health and care system. This is helpful. It will mean, for example that Integrated Care Boards will:
 - ensure patients and their carers are aware of the new experience expectations for elective care and their right to choose their care – September 2025
 - set a clear local vision for how health inequalities will be reduced as part of elective care reform, and ensure interventions are in place to reduce disparities for groups who face additional waiting list challenges – March 2025

Local context

NHS West Yorkshire Integrated Care Board

30. The Board of the NHS WY ICB met in public on 17 December 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**.
31. [Item 18 – Integrated Performance Dashboard](#) contains an important update on progress against the ten big ambitions. We have increased the clarity of reporting on specific measures.

32. The meeting included discussions on Winter Planning 2024/25; Emergency Preparedness, Resilience and Response Core Standards; Medical Revalidation and Changes to the ICB Constitution (including Standing Orders), Scheme of Reservation and Delegation (SoRD) and Financial Scheme of Delegation (FSoD).
33. The 'focus on' session of the meeting was on approaches to understand and address inequalities for older adults in West Yorkshire. This was the latest in a series of deep dives into health inequalities, which remains a feature of all of our work. This session was particularly focused on inequalities related to Antimicrobial Resistant (AMR) infections linked to Urinary Tract Infections (UTIs) and dental care; and inequalities related to palliative and end-of-life care for older people. You can view all the papers and a recording from the meeting here: [NHS West Yorkshire ICB Board Meeting - 17 December 2024 :: West Yorkshire Health & Care Partnership](#)

Update on West Yorkshire People Board

34. The West Yorkshire People Board met on 26 November 2024, chaired by Kate Sims, Director of People for the NHS WY ICB. Attendees received updates on two programme of work which are current priorities for the ICB's Workforce Strategy and Planning team, namely the preparatory work to support the development of a West Yorkshire Digital Workforce plan and following a commission from the WY Integrated Care Board earlier in 2024, the development of a workforce plan for the Oral Health Workforce. The People Board heard how the work is reported through the Local Dental Network with future priorities identified. The plan includes exploring the concept of a centre for development that would support flexible dental training pathways and clinical support for different parts of the Oral Health workforce which subject to funding and estate, could provide valuable additional capacity in education and training.
35. The West Yorkshire People Board also received a further presentation from Jen Connolly, Associate Director of Population Health for the West Yorkshire Combined Authority and NHS WY ICB. As referenced, the Get Britain Working White Paper was announced that day and in addition, that West Yorkshire had been announced as one of three economic accelerator programmes within the Yorkshire and Northeast region, within key missions including the improvement in population health outcomes and increasing economic growth by reducing health related labour market inactivity, thus supporting the long-term ambition of a shift from sickness to prevention. Workforce Place leads and members of the West Yorkshire People Board are now involved in supporting the preparatory and implementation work for the twelve-month pilot within West Yorkshire.
36. Members were delighted to learn that the business case for Achieving Diverse Leadership across West Yorkshire, previously supported by People Board members, including the expansion of the West Yorkshire Fellowship on a substantive basis had been supported at the West Yorkshire Transformation and Programme System Leadership Team meeting in November 2024.

Changes to leadership arrangements in West Yorkshire

37. Since our last meeting, Leeds City Council announced Ed Whiting OBE as its new permanent chief executive and Ed has now commenced in this post. Ed was previously Director of Cities and Local Growth in the Department for Business and Trade and Ministry for Housing, Communities and Local Government, based in Leeds, and lead Place-based economic growth partnerships with UK Mayors and other leaders. He has also held senior civil service roles in Her Majesty's Treasury and 10 Downing Street. Previously he was Director of Strategy for Wellcome, where he led the development of their new organisational strategy and global partnerships, and was the executive sponsor for equality, diversity and inclusion.
38. In July 2024, our colleague Carol McKenna announced her decision to retire from the role of Accountable Officer for the Kirklees Health and Care Partnership at the end of March 2025. Carol has worked in the NHS for almost 33 years, with 25 of these in Kirklees. On behalf of the West Yorkshire Partnership Board, I would like to take this opportunity to thank Carol for both her leadership and support. Interim arrangements are likely to be in place until October 2025.
39. Later last year, Anthony Kealy, announced that he would be stepping down from his role as the NHS WY ICB's Director of Planning and Performance at the end of December 2024 after almost 36 years in NHS management. The good news is that Anthony is not leaving us just yet. He will continue working for the ICB on a part-time basis until the end of March 2025, so he will continue to be a familiar face. During this time, he will continue to lead the review of Place Partnerships across our Integrated Care System (ICS).
40. I would like to take this opportunity to thanks Anthony and to welcome Lou Auger as the NHS WY ICB's Interim Director of Planning and Performance. Lou has formally taken over Anthony Kealy's role on an interim basis from 1 January 2025 whilst we recruit into the post on a substantive basis.

Conclusion

41. These continue to be challenging times across the system. As the focus of the new Government have become clearer over the last few months, we continue to ensure 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.

Meeting name:	NHS West Yorkshire Integrated Care Board (meeting in public)
Agenda item no.	17
Meeting date:	17 December 2024
Report title:	Chief Executive's Report
Report presented by:	Rob Webster CBE, Chief Executive, NHS West Yorkshire Integrated Care Board (ICB)
Report approved by:	Rob Webster CBE, Chief Executive, NHS West Yorkshire ICB
Report prepared by:	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:			
<ul style="list-style-type: none"> • The Care Quality Commission's State of Care report highlights systemic and specific issues for the Health and Care system in England. • The Budget provided welcome additional resources for the NHS and local government. The full extent of the requirements arising from these funds has yet to be agreed and will be the subject of further guidance. • The Department of Health and Social Care and NHS England have signalled changes to the role of Integrated Care Boards within the system. These will be developed in the final quarter of 2024/25 and implemented from April 2025. • Collective GP action and the Royal College of Nursing rejection of the 2024 pay award are signals of continuing unrest amongst key staff groups. • We continue to support local and national arrangements for managing Mpox, leading local management of a case in Leeds. • Winter is here, with an early flu season causing additional pressure in the system and our Winter Plan has been enacted. • Delegation of specialised commissioning has been agreed in principle. • The engagement on older people's mental health services in Calderdale, Kirklees and Wakefield has concluded. • Changes to the leadership of the system should be noted. • Our role continues to be essential in a period of Winter Pressures, performance and financial stress and the need for strategic commissioning to inform service transformation. 			
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
<ol style="list-style-type: none"> 1. NHS = National Health Service 2. WY = West Yorkshire 3. ICB = Integrated Care Board 4. CQC = Care Quality Commission 5. DHSC = Department of Health and Social Care 6. GP = General Practitioner 7. ICS = Integrated Care System 8. EIA = Equality Impact Assessment 9. EDI = Equality, Diversity and Inclusion 10. UK = United Kingdom 11. NHSE = NHS England 12. VCSE = Voluntary, Community and Social Enterprise 13. SEND = special educational needs and disabilities 14. SofS = Secretary of State for Health and Social Care 15. Places = Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District 16. RCN = Royal College of Nursing 17. BMA = British Medical Association 18. GPC = General Practitioners Committee 19. LMC = Local Medical Committee 20. PRB = NHS Pay Review Body 21. WHO = World Health Organisation 22. PCN = Primary Care Network 23. UKHSA = UK Health Security Agency 24. SRO = Senior Responsible Officer 25. NBS = National Booking Service (NBS) 26. JCVI = Joint Committee on Vaccination and Immunisation 27. SCS = Coordination Centre 28. SWYPFT = South West Yorkshire Partnership NHS Foundation Trust 29. ATU = Assessment and Treatment Units 30. MYTT = Mid Yorks Teaching NHS Trust

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

Residents and Communities	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).
Quality and Safety	The Care Quality Commission (CQC) published its annual State of Care Report 2023/24 in late October 2024. This is a comprehensive review of their conclusions on the quality of services people received in Health and Social Care in England in 2023/24. It is consistent with much of the evidence from the Lord Darzi Report on the State of the NHS and is a helpful benchmark of the national position that should inform our work in West Yorkshire.
Equality, Diversity and Inclusion	CQC's State of Care Report 2023/24 highlight some areas of specific concern, for example, only around a quarter of people with a learning disability were recorded on the learning disability register, which means that many people are missing out on the proactive care and treatment they are entitled to and people in Black or Black British ethnic groups are over three and a half times more likely to be detained under the Mental Health Act than people in white ethnic groups.
Finances and Use of Resources	The Autumn Budget 2024 was laid before the House of Commons on 30 October 2024 is a one-year budget (termed Phase 1) setting out both an updated 2024/25 spend and next year's planned funding. A longer-term Spending Review will follow in the 'late spring' (termed Phase 2).
Regulation and Legal Requirements	None.
Conflicts of Interest	None.
Data Protection	None.
Transformation and Innovation	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.
Environmental and Climate Change	None.
Future Decisions and Policy Making	None.
Citizen and Stakeholder Engagement	Our planning arrangements are built on good citizen insight.

NHS West Yorkshire Integrated Care Board Board Chief Executive's Report –17 December 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

State of Care Report

- 2.1 The Care Quality Commission (CQC) published its annual [State of Care Report 2023/24](#) in late October 2024. This is a comprehensive review of their conclusions on the quality of services people received in Health and Social Care in England in 2023/24. It is a generally challenging read, with substantial issues highlighted in all of the sections covering Primary Care, Community Services, Mental Health, Maternity, Acute Care and Social Care. It is consistent with much of the evidence from the [Lord Darzi Report on the State of the NHS](#) and is a helpful benchmark of the national position that should inform our work in West Yorkshire.
- 2.2 The CQC also highlight some areas of specific concern. The concerns involve issues around safety, quality, workforce, and inequalities, including:
 - 2.2.1 *Too many women are still not receiving the high-quality maternity care they deserve. Of the 131 locations we inspected in our national maternity inspection programme, almost half were rated as either requires improvement (36%) or inadequate (12%).*
 - 2.2.2 *We have concerns that children and young people are not always able to access services in a timely way – both planned and in an emergency. Anecdotal evidence suggests that parents and carers are well placed to recognise when their child is very unwell, but many feel they are not being listened to.*

- 2.2.3 *The number of health visitors, who give individual support for young children and their parents, has declined by 45% over the last 9 years.*
- 2.2.4 *Only around a quarter of people with a learning disability were recorded on the learning disability register, which means that many people are missing out on the proactive care and treatment they are entitled to.*
- 2.2.5 *Despite fewer new referrals for autism diagnoses over 2023/24, the average waiting time to start an assessment reached a peak of nearly a year (328 days) in April 2024, rather than the recommended 3 months.*
- 2.2.6 *People in Black or Black British ethnic groups are over 3 and a half times more likely to be detained under the Mental Health Act than people in white ethnic groups.*
- 2.2.7 *Work on our cross-sector dementia strategy is highlighting the compassionate care and initiatives that are improving people's lives, but staff do not always understand the specific needs of people with dementia.*
- 2.3 It is worth considering that these themes and issues should be familiar to Board members and have been the subject of active risk management, specific focused work through the quality functions of the system, or are parts of priority work programmes. Examples include the Neurodiversity summits and subsequent work; the Race Equity Review update led by Professor Dame Donna Kinnair that is currently in session and gathering evidence for its 2024 update; and the Board's focus on children's services.
- 2.4 The Report also covers the challenges affecting ICBs within the system.
- 2.5 **In a period where national conversations can be dominated by money, it is important that we continue to focus on quality and safety and the Board is asked to note the publication of the State of Care report.**

Bradford Teaching Hospitals' Neonatal Unit

- 2.6 One of the areas featured in national media over the last year has been the quality of neonatal services in Bradford. This has also been the subject of ICB and NHS England (NHSE) quality assurance processes.
- 2.7 On 20 November 2024, the CQC report into the inspection of Bradford Teaching Hospitals' Neonatal Unit was published. The unit has been

assessed as 'Outstanding' by the Care Quality Commission (CQC). The inspection report shows the service was 'performing exceptionally well', was 'exceptionally caring' and families felt valued and part of the team caring for their baby.

- 2.8 This outstanding rating is testament to the hard work, dedication, compassion and kindness of all our colleagues who work on the Neonatal Unit.

Review into the operational effectiveness of the Care Quality Commission

- 2.9 As set out in my last update to the ICB Board (September 2024), in May 2024, Dr Penelope Dash, Chair of NHS North West London ICB was commissioned to undertake a review of the CQC's operational effectiveness by the previous government as part of an assessment of public bodies under the Cabinet Office Public Bodies Review Programme.
- 2.10 The Department of Health and Social Care (DHSC) published the interim report of the review at the end of July 2024 which provided a summary of the emerging findings and outlined a series of recommendations.
- 2.11 A [full report of the review's final findings](#) was published in October 2024. This full report reflects the recent conversations that Dr Dash has had with user groups and a larger number of staff than had been possible previously (due to the pre-election period) and provides greater depth to her findings and recommendations.

Autumn Budget 2024

- 2.12 The Autumn Budget 2024 was laid before the House of Commons by the Chancellor of the Exchequer on 30 October 2024. This is a one-year budget (termed Phase 1) setting out both an updated 2024/25 spend and next year's planned funding. A longer-term Spending Review will follow in the 'late spring' (termed Phase 2). The Spending Review will underpin the early part of the 10 year plan for health and care, as well as the linked missions of cross governmental work on prevention and the review of adult social care.
- 2.13 Additional resources for this year and next have been funded by a range of tax rises and public sector spending changes. This demonstrates the priority given to the NHS and the appropriate challenge that this brings in relation to the delivery of improvements to services – addressing issues set out by the CQC and ensuring we meet the commitments

made by the Government. This will not be straightforward and significant progress on waste and productivity will need to be secured.

- 2.14 The Health and Social Care revenue budget will increase to £200.5 billion in 2025/26 and its ring-fenced sub-budget for NHSE will increase to £192 billion.
- 2.15 The Health and Social Care capital budget will increase to £13.6 billion in 2025/26 and the Budget set out certain capital projects that this increase will fund.
- 2.16 The Budget included an estimated real terms increase of 3.2% in core local government funding in 2025/26 as well £1.3 billion of new grant funding, £600 million of which will be allocated to social care.
- 2.17 The National Living Wage is set to rise by 6.7% to £12.21 and employers' National Insurance contributions will go up by 1.2 percentage points to 15% and reduce the threshold for when employers pay to £5,000 from 1 April 2025. We are mindful that this will increase cost pressures for care homes, hospices and other voluntary, community and social enterprise (VCSE) organisations. **This places significant strain on their budgets which have already been impacted by funding pressures in both local government and the NHS, as well as the performance of the retail arms of some larger charities. This is a material risk, and the ICB risk register will be updated accordingly.**
- 2.18 £240 million was announced in the Budget to trial new ways of getting people back to work. Subsequently the Government published the [Get Britain Working White Paper](#) on 26 November 2024 detailing its proposals to reform employment, health and skills support to tackle economic inactivity and support people into good work and sets out the detail of the Government's plan for £240 million of investment. You can read more about this white paper in [Item 16. Chair's Report](#) to the ICB Board.
- 2.19 The Budget also set out the following relevant non-health announcements:
- An increase in tobacco duties and the soft drinks industry levy. From 1 October 2026 this will also be a new vaping products duty.
 - An increase in alcohol duty in line with inflation and a cut on alcohol duty on draught products from February 2025.
 - An uplift of £1 billion for special educational needs and disabilities (SEND) provision and alternative educational provision funding.

- £2 billion for health research and development to drive innovation and support the UK's leading life sciences sector (which should help our regional growth strategy).
- £11.8 billion has been allocated to compensate those infected and affected by the infected blood scandal.
- A Covid Corruption Commissioner has been appointed to uncover COVID-19 era fraud.

Recent Government and NHS England announcements

2.20 In this context, there have been recent announcements made by the Secretary of State for Health and Social Care (SofS), Wes Streeting and the Chief Executive of NHSE, Amanda Pritchard on the future arrangements for management and accountability in the NHS. These were widely reported in the media in a way that suggested some significant changes to the role of NHSE, ICBs and providers. This was subsequently followed up with a number of correspondences and meetings. The announcements set out the Government's aim to achieve a number of things:

- To provide greater clarity on performance through a focus on targets that align with public expectations and league tables that demonstrate relative performance.
- To clarify oversight and accountability arrangements for NHS providers. NHSE will have a clearer role in the management and oversight of providers that are underperforming in terms of quality, finance or access to services. This will be done in accordance with a clear and transparent regulatory framework.
- To increase the emphasis on strategic commissioning. The ICB will be responsible for planning services for their population, with an increased focus on integrated neighbourhood health, prevention and addressing inequalities. A strategic commissioning framework will be developed to support and enable this.
- To place stronger emphasis on NHS leadership and supporting leaders to be effective, backed by a new management and leadership framework.

2.21 There is clearly further detail to be worked through to understand the implications of this. I and other leaders in the system will be actively involved in this over the coming months and the expectation is that new arrangements will not be in place until 1 April 2025. Some of my initial reflections on these announcements are as follows:

- Providers are a key part of our ICS and a key partner of the ICB. We have a strong and trusted relationship with providers and their collaboratives. This close partnership has served us well over the years and will continue to do so. We will seek clarity on how and when regulatory intervention will work. It is helpful that NHSE acknowledges that this will be done with ICBs. I am confident we can navigate this with our strong relationships and leadership.
- There is strong alignment between the national direction on strategic commissioning and our five functions as an ICB (population planning, transformation, partnership development, system coordination and workforce). I am hopeful for greater national focus on integrated models and Place-based working.
- We have a successful arrangement with NHSE in our region that means we work together collectively on performance and improvement locally; and that the four ICBs and the region work together in a “4+1” arrangement, as set out in this [report from Professor Sir Chris Ham CBE](#).
- The work we have already begun on reviewing Place (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District) leadership arrangements is exploring these issues and will help with our response. Further detail is available in Section 4 of this paper.
- There are clearly some tensions between the language and rhetoric of grip and control versus the longer-term ambition for greater devolution and flexibility to Places. We must have the right focus on the short-term priorities (including responding to the financial challenge in the next couple of years) and our medium-term ambition for greater devolution and integrated working aligned to our Partnership’s [10 Big Ambitions](#) and the [four overall purposes of an Integrated Care System \(ICS\)](#).

2.22 The speculation and likelihood of some change I will cause some uncertainty in the ICB and the wider system. I am confident we can navigate this and continue to recover services, innovate and meet our collective ambition to improve outcomes for local people. We know that the financial position across the public sector, including the NHS, remains challenging and we are expecting that the continued focus on delivery, productivity, transformation and care closer to home will continue, all to be delivered within the financial envelope and resources we have.

- 2.23 I anticipate even more focus on the neighbourhood health service, and it is a positive that the SofS has made this one of his top priorities. Tom Riordan's appointment as Second Permanent Secretary at the DHSC and focus on this work underlines this.
- 2.24 Whilst it will be important for us to influence and shape national thinking over the coming months to ensure that any changes are beneficial for the way that we work together as a partnership across West Yorkshire, it is critical that we are not distracted and that we continue to focus on delivering our ambitions for the local population. An over-emphasis on the mechanics of planning and oversight could divert us from the daily reality of providing safe care and planning for a sustainable future. That is something we should never allow.

NHS Financial and Operational Planning Guidance 2025/26

- 2.25 Performance expectations of NHS ICBs and Trusts for the next financial year will be set out in the 2025/26 NHS planning guidance which is expected by end of December 2024. We should expect a focus on safe services, elective recovery and financial balance through productivity and transformation.
- 2.26 We continue to plan for next year and beyond, in the absence of national guidance. This is a legitimate and prudent approach that we should expect in all of our organisations, including our own.

General Practitioner (GP) collective action

- 2.27 As set out in my update to the last ICB Board Meeting in September 2024, following a British Medical Association (BMA) ballot of GP contractor/partner BMA members in England during June / July 2024, the BMA announced that 98.3% of members that voted were in favour of, and were willing to take part in collective action. The collective action is not the same as industrial action, but means that some GPs may stop or reduce certain work.
- 2.28 The General Practitioners Committee (GPC) England identified 10 actions that it invited GP contractor/partner BMA members to take depending on their patients, local contracts, and any feedback from their local medical committee (LMC).
- 2.29 We continue to work closely with our LMCs and all partners to monitor any action taken across West Yorkshire to assess and act to minimise the impact on our patients. This process is well coordinated through our Places and we have seen some disruption. We have managed to mitigate

the impact on patients, which to date, has been relatively limited. There are some areas where improvements and efficiencies were being developed which are now at risk. We hope for a resolution between the parties as soon as is practicable.

Government's NHS pay award rejected by Nurses

- 2.30 The Chancellor announced the UK Government's 2024/25 pay award for NHS staff in late July 2024, accepting the recommendations of the NHS Pay Review Body (PRB), awarding a 5.5% consolidated pay increase across all bands, backdated to 1 April 2024.
- 2.31 During the Labour Annual Conference, on 23 September 2024, the RCN announced that its members working for the NHS in England had voted to reject the 2024/25 pay award from the UK Government. A record 145,000 eligible members cast a vote with two-thirds (64%) of them saying they didn't accept the 5.5% award. As this is a pay award rather than a pay offer, the results of the RCN's consultation will not directly affect employers' payment of it. It is also important to note that the RCN's consultation was not a vote on the issue of strike action. By law, a new statutory ballot by post would be needed to authorise industrial action. No other trade union has rejected the pay award.

Mpox virus

- 2.32 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 is spread by very close contact with an infected person, causing a painful rash, enlarged lymph nodes, and fever. It can make people very sick and leave scars.
- 2.33 The World Health Organisation (WHO) declared clade 1b mpox as a public health emergency of international concern in August 2024 following an upsurge of mpox) in the Democratic Republic of the Congo and its spread to neighbouring countries. In August 2024, the detection of the first confirmed case outside of Africa, in Stockholm understandably focused minds further, in the UK and across Europe, on planning for this potential threat.
- 2.34 The current risk to the UK population remains low. However, on 30 October 2024 the first case of clade 1b mpox was detected in the UK, a travel-associated case in London and subsequently three household contacts have had positive tests. All four people are understood to have recovered.

- 2.35 NHSE wrote to ICBs, NHS Providers and primary care networks (PCNs) on 7 November 2024 setting out the actions to take to assure and refresh infectious disease outbreak response plans, further to the measures they set out in September 2024 which are available here: [NHS England » NHS response to outbreak of Clade I mpox in Eastern and Central Africa](#).
- 2.36 While the UK has secured more vaccine to boost resilience against Mpox, there is currently a limited supply of mpox vaccine, supplied only to a small number of sites following qualification by the UK Health Security Agency (UKHSA). The vaccine is supplied frozen, in packs of 20, and has a shelf-life of only eight weeks once thawed.
- 2.37 At the end of November 2024, the fifth person in England was confirmed with a case of clade 1b mpox in Leeds. Our Medical Director, Dr James Thomas led the NHS response in his role as ICB Senior Responsible Officer (SRO) for Health Protection and Joint Chair of the West Yorkshire Health Protection Oversight Board.
- 2.38 Prof Susan Hopkins, Chief Medical Advisor at UKHSA sent a note of thanks on 4 December 2024 to Dr James Thomas and Victoria Eaton for all their work and support of the UKHSA Health Protection Team, patient and contacts over the last few weeks.

Vaccinations

- 2.39 The seasonal flu campaign began on 23 September 2024, with COVID-19 vaccinations and the National Booking Service (NBS) starting on 3 October 2024. NBS appointments end on 20 December 2024, after which eligible people can still get their COVID-19 vaccinations at participating walk-in pharmacies until 31 January 2025. The flu campaign continues until 31 March 2025.
- 2.40 Patients can book appointments online, via the NHS app, at participating pharmacies, or by calling NHS 119 or their GP. The Joint Committee on Vaccination and Immunisation (JCVI) recommends COVID-19 vaccines for adults 65+, adult care home residents, clinically at-risk individuals aged 6 months to 64 years, and pregnant women.
- 2.41 Vaccinations in West Yorkshire (up to 2 December 2024):
- 354,921 (41.7% of 846,074 eligible people) had a COVID-19 vaccination.
 - Calderdale has the highest uptake (45.2%).
 - Bradford District & Craven has the lowest (34.8%).

- 97.2% of adult care homes have been visited for COVID-19 vaccinations.
- 16,437 (75%) of 22,085 eligible housebound patients had COVID-19 vaccinations.
- 7,000,000 COVID-19 vaccinations have been delivered since the first on 8 December 2020.
- 646,000 flu vaccinations have been delivered.

3. Local Context

Preparing for Winter

- 3.1 This Winter will be difficult. There has been evidence of an early flu season causing an increase in morbidity and admissions to hospital nationally, and services locally are under pressure. Performance on Ambulance Response times and across the urgent care pathway have been impacted as a result.
- 3.2 Our Winter plan has been the subject of discussions with the Board since March 2024 and is covered elsewhere on the agenda. As in previous years, we are working throughout West Yorkshire on a coordinated approach with clear oversight and management, supported by the System Coordination Centre (SCC).
- 3.3 For the fourth year, the Partnership is also running an area wide '[Together We Can](#)' campaign this winter. The campaign launched on 4 November 2024 and communications resources have been shared with partners across the region.
- 3.4 Our media activity this year included three weeks of advertising during November across Heart FM, digital radio advertising (DAX) and on Spotify (digital music service). Online advertising will continue to run on Facebook, YouTube and Google Display and Google Search Network until early next year and three further weeks of advertising are scheduled on Heart FM and DAX from 6 January 2025.
- 3.5 During times of unprecedented demand, we will step up our communications and reactive approaches to support our workforce and service providers. Last year the boosting of trusts' social media posts allowed us to reach 1.14 million local people with a timely and relevant message that helped to relieve pressure on services. This provision is in place again this year. We have already issued proactive media due to heightened systems pressures at the end of November, and views to our campaign website [Home - NHS - Together We Can](#) are up 58% to around 16,000.

Specialised Commissioning

- 3.6 NHSE has previously set out its intention to delegate commissioning responsibility for a range of specialised services to ICBs. It is planned that from 1 April 2025 these services will be delegated to the ICB. There are 84 services to be delegated, with a financial value of £466 million across West Yorkshire.
- 3.7 There is broad support for moving towards delegation in principle, and an acknowledgement that it can bring a range of benefits for patients. This includes through improving integration and how we commission services across the pathway, placing a greater emphasis on prevention, and strengthening clinical leadership and provider collaboration. There are also risks around delivery and finance that will need to be managed effectively.
- 3.8 A paper was considered at the NHS West Yorkshire ICB Board in September 2024 with a summary of the context of delegation, an outline of the approach being taken to manage the delegation and set out the key priorities that will be progressed throughout this year to support a safe delegation and landing from 1 April 2025.
- 3.9 A [further update was presented to the ICB Board at its extraordinary meeting on 11 November 2024](#) focusing particularly on the progress that has been made since September 2024 and specifically toward satisfying the “tests” that were set out.
- 3.10 Further detail is provided at [Item 18a: Integrated Performance Dashboard including Financial Performance](#).

Decision reached on changes to older people’s mental health inpatient services in Calderdale, Kirklees and Wakefield District

- 3.11 Thank you to everyone who gave their views as part of the older people’s mental health inpatient services consultation. The consultation was run by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) in partnership with NHS West Yorkshire ICB and looked at proposals to create specialist inpatient wards for people living with dementia and dedicated inpatient wards for other older people’s mental health needs (known as ‘functional mental health needs’) in Calderdale, Kirklees and Wakefield District.
- 3.12 The public consultation closed in March 2024 and heard from more than 1,500 people on where specialist wards in Calderdale, Kirklees and Wakefield District could be located. A decision has been reached to have a dedicated inpatient dementia service at Ward 19, Dewsbury and District

Hospital, with inpatient wards for other mental health needs in Calderdale and Wakefield District.

- 3.13 The local NHS looked at all the responses along with an independent review of the findings which also included information on equality. We also worked with other NHS organisations, councils and voluntary and community services to reach the decision which was made on 11 November 2024 at a joint NHS West Yorkshire ICB Committee of Calderdale, Kirklees and Wakefield District.
- 3.14 From Winter 2025 / early 2026, people living with dementia will be cared for on a specialist ward at Ward 19, Priestley Unit, Dewsbury and District Hospital. There will be two separate male and female wards, both with 15 beds (30 beds in total).
- 3.15 Dedicated wards for other mental health needs will be at Crofton Ward, Fieldhead Hospital, Wakefield which will have two separate male and female wards with 26 beds in total, and one ward at Beechdale Ward, The Dales, Calderdale Royal Hospital which will have 16 beds.

4. Partnerships

Review of Place Partnership arrangements in West Yorkshire

- 4.1 The West Yorkshire Health and Care Partnership is founded on five principles, including the principle of subsidiarity, underpinned by strong and effective system leadership, place working and provider collaboratives.
- 4.2 The NHS West Yorkshire ICB has a role in leading and supporting partnership development at system, place and provider collaborative levels.
- 4.3 The ICB operating model has undergone significant change over the past year, driven by a reduction in national running costs allocations. These changes have included the consolidation of some functions at West Yorkshire level, the design of some other functions which operate across Places and West Yorkshire, as well as retaining a range of functions in five strong Places.
- 4.4 The changes to the ICB operating model introduced in 2024 were one stage in a journey towards greater delegation to place partnerships and integrated provision. Ultimately, the ICB would convene the system (the ICS) and have the capacity required to undertake its strategy and policy, allocative and assurance responsibilities. Alongside this, it would act as

advocate, promote fundamental evidence-based strategic transformation, and establish regional relationships.

- 4.5 In this model the ICB retains accountability but delegates authority and resources for planning, delivery and transformation across the quadruple aim to Place partnerships through formal accountability mechanisms.
- 4.6 The functions of our ICB were clarified in the operating model process and are:
- Population health planning
 - Leading service transformation
 - The development of local health partnerships
 - System coordination on planning, performance, delivery and EPRR
 - Workforce planning and development.
- 4.7 There is currently significant variation between Place teams in their capacity to deliver some of these core functions. This is particularly seen in differences in capacity to exploit data analytics at scale to support population health planning and differences in the ability to support health and care workforce transformation and development.
- 4.8 The recent and forthcoming changes to the leadership arrangements in a number of Places in West Yorkshire mean we now have an opportunity to review how the partnerships in Place can be strengthened, providing the scope for further integration.
- 4.9 The challenging financial position across the whole system, major capital developments, and ongoing consideration of issues like the configuration of non-surgical oncology, assessment and treatment units (ATUs) and fragile services means there is also a need to review patient pathways and service configuration into the medium term. Work on these priorities, led by the West Yorkshire Provider Collaboratives, will also need to be taken into account in considering future arrangements. These developments will require strong collaboration with places, and changes should take into account the opportunities that this may bring.
- 4.10 With this in mind, a review of the ICB's leadership and organisational arrangements at Place level will allow us to identify options to ensure that the ICB:
- Has the optimal capacity and capability to deliver its core functions in each Place, including its ability to exploit data, deliver transformation and improve health outcomes.
 - Supports the further development of provider partnerships in Place to transform patient pathways and service configuration into the medium term.

- Maintains its ability to work in close partnership with councils to achieve further health and care integration in each local authority footprint.
 - Supports continuing progress towards further delegation of resources and authority to more formal partnerships between the ICB and other partners, where appropriate.
- 4.11 I should make it clear that the review is not driven by a need to further reduce operating costs. As you would expect, the review will consider how to achieve the best value for money within the resources available to the ICB.
- 4.12 The review will not mean wholesale further changes to our structures. While it may have implications for senior leadership roles at Place level, it is not envisaged that staff below the level of directors in Place teams will be adversely affected.
- 4.13 The findings of the review of our Place partnership arrangements and recommendations will be set out in a report with clear recommendations for the ICB Board. An interim report will be produced by mid-December 2024, with a final set of recommendations by the end of January 2025. The review will be informed by wider national considerations, including the Devolution White Paper (expected by end of 2024) and any potential changes to local government being consider in Whitehall.

5. Our People

Leadership changes within Wakefield District Health and Care Partnership

- 5.1 Jo Webster, the Accountable Officer for Wakefield District Health and Care Partnership, left NHS West Yorkshire ICB on 30 November 2024. After a recent period of absence, Jo has decided it is time to step back from her role and take the opportunity to spend more time with her family and friends as she plans for her future.
- 5.2 Jo has been a key member of the ICB Executive Team and Board since the establishment of our statutory body. She has also held a joint role with Wakefield Council and Mid Yorkshire Teaching NHS Trust (MYTT), both of which have now come to an end.
- 5.3 I would like to take this opportunity to thank Jo for her hard work and commitment throughout her career in health and care, and I wish her all the best in her future endeavours. I would also like to thank Mel Brown who has been acting as Wakefield District Accountable Officer in recent months. Mel will continue in this role and has been well supported by partners, who we will continue to call on as part of the local Partnership.

Improving Population Health Fellowship

- 5.4 Applications for the 2025 Improving Population Health Fellowship are now open. We are looking for 75 people across five areas, including health equity; adversity, trauma and resilience; climate change; suicide prevention and antimicrobial resistance.
- 5.5 Colleagues from all sectors across health, social care, local authority and the VCSE sector in West Yorkshire irrespective of job role, grade or profession are welcome to apply. The 2025 fellowship will run from April 2025 to March 2026 with applications open now until 24 January 2025. More information is available here: [Improving Population Health Fellowship : West Yorkshire Health & Care Partnership](#)

6. Recommendation

- 6.1 The Board, the Executive and all of our partners are working continually on the financial position and delivering our planned position of a £50 million deficit budget. The October 2024 (Month 7) year-to-date position for the ICS was a £48 million deficit. This was against a planned deficit of £24.9 million, resulting in an £23.1 million adverse variance.
- 6.2 We continue to have a forecast position that is in line with delivery of our system financial plan. Delivery risks have been identified which are being managed within organisations and places. The value of these risks amounts to c.£80 million and work continues to identify and deliver mitigations.
- 6.3 This daily reality of managing the financial position needs to be considered alongside a medium-term future that is more sustainable and owned by staff and the public alike. This will require tough choices given the financial outlook next year and beyond, as well as a genuine focus on transforming care. Our role as strategic commissioners will be essential.
- 6.4 This is a time when the new Government is stating its commitment to the NHS and care system, backed by a relatively generous settlement for us in the budget, compared to other Whitehall spending departments, including ring-fenced capital funding. That brings with it pressure and expectation which can be transmitted from Whitehall to every organisation in the system. As we navigate the winter, plan for next financial year and help shape the 10-year health plan, we should all recognise this reality, stay true to our way of working and remain focused on what matters.
- 6.5 **The Board should consider this paper and the areas of note within it as set out above.**

Meeting name:	NHS West Yorkshire Integrated Care Board (meeting in public)
Agenda item no.	16
Meeting date:	17 December 2024
Report title:	Chair's Report
Report presented by:	Cathy Elliott, NHS West Yorkshire Integrated Care Board (ICB) Chair
Report approved by:	Cathy Elliott, NHS West Yorkshire ICB Chair
Report prepared by:	Cathy Elliott, NHS West Yorkshire ICB Chair

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:			
Considerations of developments since the previous Chair's Board Report of September 2024.			
Executive summary and points for discussion:			
<p>This report covers activities and developments taking place in relation to governance arrangements and senior level partnership working and strategic delivery including:</p> <ul style="list-style-type: none"> • Our response and consideration of the new government's agenda, including contributing to the 10-Year Health Plan and the 'three big shifts' for the NHS. • Continued ICB Board development, including a session in October 2024 on risk management with Audit Yorkshire. • Our prioritisation of the ICB and Board's role in reducing health inequalities as commissioner and convener of our West Yorkshire Health and Care Partnership via a series of 'Focus On' sessions with Public Health colleagues in 2024/25, taking a life-course approach. • Collaboration across our Health and Care Partnership, including with the West Yorkshire Combined Authority. • Virtual learning exchanges taking place between health and care leaders within West Yorkshire and with other ICBs to enhance our practice and delivery. • Contributing to our strategic ambition to increase the diversity of health and care leaders via system wide Chair and Non Executive Director development. 			
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)
<p>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.</p>
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:
<p>The paper sets the context within which we operate in West Yorkshire as the commissioner and the convener of our Health and Care Partnership in line with our Board Assurance Framework (BAF).</p>
Appendices
<p>None.</p>
Acronyms and Abbreviations explained
<ol style="list-style-type: none"> 1. ICB = Integrated Care Board 2. BAF = Board Assurance Framework 3. EDI = Equality, Diversity and Inclusion 4. NED = Non-Executive Director 5. FPP = Fit and Proper Person 6. WYCA = West Yorkshire Combined Authority 7. Places = Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District 8. DHSC = Department for Health and Social Care 9. NHS E = NHS England 10. NEM = Non-Executive Member 11. ICS = Integrated Care System 12. INT = Integrated Neighbourhood Team 13. AFT = Airedale NHS Foundation Trust 14. BDCFT = Bradford District Care NHS Foundation Trust 15. CHFT = Calderdale and Huddersfield NHS Foundation Trust 16. HDFT = Harrogate and District NHS Foundation Trust 17. LCH = Leeds Community Healthcare NHS Trust 18. MYTT = Mid Yorkshire Teaching NHS Trust 19. YAS = Yorkshire Ambulance Service NHS Trust 20. VCSE = Voluntary, Community and Social Enterprise 21. LYPFT = Leeds and York Partnership NHS Foundation Trust 22. BTHFT = Bradford Teaching Hospitals NHS Foundation Trust 23. SWYPFT = South West Yorkshire Partnership NHS Foundation Trust 24. LTHT = Leeds Teaching Hospitals NHS Trust

What are the implications for?

Residents and Communities	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.
Quality and Safety	n/a
Equality, Diversity and Inclusion (EDI)	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 from diverse backgrounds in NHS Chair and NED careers, including via the Insight Programme.
Finances and Use of Resources	n/a
Regulation and Legal Requirements	The ICB is required to undertake annual Fit and Proper Person (FPP) checks in accordance with the national guidance and regulations. Checks are undertaken annually for existing post holders, all new board member appointments and for those undertaking roles that significant influence on the decisions taken by the Board and its Committees.
Conflicts of Interest	Continued online register of Declarations of Interest of the ICB Board in the public domain.
Data Protection	n/a
Transformation and Innovation	Our work with the West Yorkshire Combined Authority (WYCA), both as a Get Britain Working Trailblazer to reduce economic inactivity and our work as Health and Growth Accelerator.
Environmental and Climate Change	n/a
Future Decisions and Policy Making	Ongoing work of the Chairs and NEDs System Working Group on collaborating and sharing best practice across organisations.
Citizen and Stakeholder Engagement	The West Yorkshire Partnerships' Involvement Framework describes our approach to involvement. In West Yorkshire, we are very keen to hear from as many people as possible to help inform the 10-Year Health Plan via the Change.NHS current national initiative.

NHS West Yorkshire Integrated Care Board Board Chair's Report – 17 December 2024

1. Purpose

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

2. Setting strategy and delivering long-term transformation

10-Year Health Plan

- 2.1 Since our last ICB Board meeting in September 2024, the government launched [Change.NHS](#) to inform the 10-Year Health Plan for the NHS. This Board report includes a summary of our proactive work in West Yorkshire to contribute across our five Places to [Change.NHS](#) and the 10-Year Health Plan via our established West Yorkshire Involvement Framework: [Involvement Framework \(wypartnership.co.uk\)](http://wypartnership.co.uk)
- 2.2 We are delighted that our ICB Chief Executive Rob Webster has been invited by the Department for Health and Social Care (DHSC) to be part of a team of people to co-chair national working groups set up by the Secretary of State for Health and Social Care to support the development of the 10-Year Health Plan. Rob will co-chair with DHSC Director General Matthew Style the national DHSC Accountability and Oversight working group to “review the current approach to accountability and oversight and determine whether it is fit for purpose and can drive improvement in our healthcare system. The work of this group will be focused on clarifying roles and incentivising the right behaviours and ways of working, not structural change.” (DHSC)
- 2.3 The public engagement exercise of [Change.NHS](#) will help shape the government's 10-Year Health Plan and will be underlined by ‘three big shifts’ in healthcare:
- hospital to community;
 - analogue to digital; and
 - sickness to prevention.
- 2.4 This engagement exercise has been billed as the largest in the history of the NHS. Across West Yorkshire, we are very keen to hear from as many people as possible to help inform the 10-Year Health Plan. In the last 12 months, we have heard from thousands of people already about what

matters to them and what they would like to see change across health and care services locally and nationally. Using this information and insight, we are mapping out what we know already. Where we have gaps in our insight, we are actively reaching out to the people and communities of West Yorkshire in many different ways to seek their views.

- 2.5 Between now and the end of January 2025, we will run a series of events and opportunities for people to have their say locally. These events are included on the West Yorkshire Health and Care Partnership website [here](#), and we encourage local people to join. Events will take place in Bradford, District and Craven, Calderdale, Kirklees, Leeds and Wakefield. Alternatively, if local people would rather share their views directly via the national survey, they are welcome to do so. Equally, if they would prefer to share their views in their own time and would like to request a paper copy, they can email wycb.wycommsandinvolvement@nhs.net and we will send a paper copy to them in the post.
- 2.6 If you are a member of staff and work within the West Yorkshire Health and Care Partnership and would like to get involved in capturing views and thoughts from services you work in, as well as from patients, people and communities you work with or support, please contact our ICB communications and involvement team. They can attend team meetings or events to help capture as much information as we possibly can. Please email wycb.wycommsandinvolvement@nhs.net and a member of the team will get back to you.
- 2.7 Healthwatch colleagues across West Yorkshire are supporting this important involvement opportunity and are available to answer any questions as well as hear views.
- 2.8 ICB Non Executive Member (NEM) Nadira Mirza, under her remit for Citizens and Future Generations, will be the ICB's Non Executive champion for [Change.NHS](#). This role will include liaising with the ICB communications and involvement team, receiving updates on activities, attending workshops and being briefed on the results. Nadira will also be available to provide independent guidance, advice and critical friendship to the ICB's work in West Yorkshire on [Change.NHS](#), alongside taking an interest in national developments in this NHS England (NHS E) / DHSC initiative.

Get Britain Working White Paper

- 2.9 On 26 November 2024, the government published the [Get Britain Working White Paper](#) detailing its proposals to reform employment, health and

skills support to tackle economic inactivity and support people into good work, backed by £240m of investment.

2.10 This White Paper sets out the government's proposals for action and change in the following areas:

- Scaling up and deepening the contribution of the NHS and wider health system to improve employment outcomes.
- Backing local areas to shape an effective work, health and skills offer for local people, with mayoral authorities leading the way in England.
- Delivering a Youth Guarantee so that all 18-to-21-year-olds in England have access to education, training or help to find a job or an apprenticeship.
- Creating a new jobs and careers service to help people get into work and get on at work.
- Launching an independent review into the role of UK employers in promoting healthy and inclusive workplaces, led by Sir Charlie Mayfield.

2.11 As part of the proposals to back local areas to shape an effective work, health and skills offer for local people, the government has committed to work with mayoral authorities and the Welsh government to mobilise eight place-based trailblazers to reduce economic inactivity. These will be backed by £125m of funding in 2025/26, enabling them to work with the full range of partners in their areas to shape a strong, joined-up and local work, health and skills offer. These Trailblazers will trial new interventions and increase engagement with local people who are outside the workforce.

2.12 We are delighted that West Yorkshire is one of these Trailblazer areas and will receive around £10m through the West Yorkshire Combined Authority to deliver on this agenda.

2.13 In addition, three of these Trailblazers will also receive part of an additional £45m to launch NHSE-led 'Health and Growth Accelerators', to concentrate on learning how to address health-related inactivity specifically. The allocation from the £45m is around £11m for West Yorkshire.

2.14 In total, this will mean that over £20m will be invested in West Yorkshire to improve employment opportunities for our population, directly contributing to an ICS' fourth purpose of supporting broader social and economic development.

English Devolution White Paper

- 2.15 The [Autumn Budget](#), delivered on 30 October 2024 by Rachel Reeves, the Chancellor of the Exchequer, set out wide-reaching changes to government spending and taxation, but also included a brief reference to the "upcoming" Devolution White Paper which is now expected to be published by end of 2024.
- 2.16 This White Paper will set out the government's plans to widen devolution to more areas and deepen the powers of existing mayors and their combined authorities, ensuring they have the tools needed to boost economic growth. It will also include how the government will work with councils to move to simpler structures that make sense for their local areas, with efficiency savings from council reorganisation helping to meet the needs of local people.

The West Yorkshire Community Services Provider Collaborative

- 2.17 In response to the government's 'big shift' from hospital to community in the NHS, the West Yorkshire Community Services Provider Collaborative focused its in-person 'time-out' session on 22 November 2024 in Leeds on the design and delivery of neighbourhood healthcare. This discussion, and planning between Chairs and Chief Executives of providers in the NHS and with social enterprise Locala, supports the on-going work of the Collaborative which the ICB Board has formally supported since July 2023. The design and implementation of effective neighbourhood healthcare to deliver care closer to home is enabled by system-wide work on Primary Care Recovery via our West Yorkshire Fuller Delivery Board reported to Board in November 2023, overseen by our ICB Quality Committee, and our 2024/25 transformation aim to design an Integrated Neighbourhood Team (INT) blueprint across our five Places, overseen by our ICB Transformation Committee.
- 2.18 Our ICB Chief Executive and I attended the meeting of the Community Services Provider Collaborative's Committee in Common last month to support leaders from Airedale NHS Foundation Trust (AFT), Bradford District Care NHS Foundation Trust (BDCFT), Calderdale and Huddersfield NHS Foundation Trust (CHFT), Harrogate and District NHS Foundation Trust (HDFT), Locala, Leeds Community Healthcare NHS Trust (LCH), Mid Yorkshire Teaching NHS Trust (MYTT) and Yorkshire Ambulance Service NHS Trust (YAS). Members of the committee work with the wider Collaborative, including leaders from Primary Care and the voluntary, community and social enterprise (VCSE) sector. The Collaborative has been invited by the ICB to detail plans, outline challenges and opportunities, and propose the transformation required,

including in strategic commissioning, to enable neighbourhood healthcare within existing system resources. The ICB Board will be kept informed of proposals and developments.

3. Well Led: Providing robust governance and assurance

ICB Board Development

- 3.1 Our ICB Board development sessions continued in recent months. We were joined by colleagues from Audit Yorkshire for our ICB Board development session on 15 October 2024, which had a focus on the Board's developing role, appetite and oversight of system risk management and mitigation. Insights and actions from the session will be developed or implemented in the coming months.
- 3.2 The next Board development session will be held on 14 January 2025 and will take the form of an ICB-to-ICB exchange with NHS Greater Manchester ICB with further information on this later in this report.

NHS Management and Leadership Framework

- 3.3 At the NHS Providers Conference in November 2024, Amanda Pritchard, Chief Executive of NHS England, announced the publication of the workplan for the new NHS Management and Leadership Framework.
- 3.4 The framework will offer everyone who works in the NHS clarity and consistency on what is expected of them and how to get there, from a single code of practice, set of professional behaviours and competencies, to an official national induction and curriculum.

4. Outcomes Focused: Driving high-quality and sustainable outcomes

The ICB's Role in Reducing Health Inequalities

- 4.1 As Board members are aware, our 'Focus On' topic for 2024/25 is the ICB's role as a commissioner and convener of our Partnership in reducing health inequalities in West Yorkshire over a life course approach.
- 4.2 The session this month for the Board's quarterly meeting in public is on reducing health inequalities for older adults and ageing well in West Yorkshire to understand the factors driving inequalities in frailty prevalence and related outcomes.

4.3 We know that:

- England's population is ageing, with more people than ever before in older age groups and the 65+ age group projected to grow further over the next 15 years.
- There are global and national commitments to healthy ageing, defined as “the process of developing and maintaining the functional ability that enables wellbeing in older age”.
- However, the experience of ageing remains diverse, with some people having good physical and mental health whilst others are frail.
- Many people spend a significant part of their later years in poor health or managing preventable disabilities, with substantial disparities in healthy and disability-free life expectancy across the country.
- These years spent in ill health are not inevitable, and many of the factors that cause people to age differently can be prevented or the impact mitigated through public health interventions.

4.4 Thanks to colleagues in Public Health for their preparation for this session, working with expert advisors and an ICB Board ‘task and finish’ group to support this 2024/25 ‘Focus On’ series.

5. Partnerships: Building a trusted relationship with partners and communities

Working with the West Yorkshire Combined Authority (WYCA) and Mayor Brabin

5.1 In addition to our work with WYCA, both as a Get Britain Working Trailblazer to reduce economic inactivity and our work as Health and Growth Accelerator described in Section 2 of this paper, we continue to explore the potential of aligning our ICB infrastructure strategy with the infrastructure plans of WYCA to assess WYCA housing plans against NHSE estate plans and support public sector infrastructure overall. Explorations into aligning respective plans include via my role as an advisor to WYCA’s Place, Regeneration and Housing Committee and the joint role of Jennifer Connolly for WYCA and the ICB.

Integrated Care Partnership Meeting on 22 October 2024

5.2 We held our last quarterly meeting of the West Yorkshire Health and Care Partnership Board (the Integrated Care Partnership) on 22 October 2024, via MS Teams. This meeting in public was live-streamed and a recording

of the meeting made available online. You can view the papers and recording of the meeting [here](#).

- 5.3 The meeting focused on the Partnership's progress in delivering two of our 10 strategic big Ambitions with reports for this meeting on: Our ambition to reduce stillbirths, neonatal deaths, brain injuries and maternal mortality; and our ambition to strengthen our local economy.

ICB to ICB exchanges

- 5.4 Our developing ICB to ICB exchange programme continues for 2024/25.

- 5.5 Greater Manchester ICB and West Yorkshire ICB exchange on the four purposes of an ICS: This exchange between neighbouring and similar sized ICSs began in mid-November 2024 with a virtual exchange between the Chairs, Chief Executives, Non Executive Members and Directors of Corporate Affairs of the respective ICBs. It was a welcomed introductory session on the origins and evolution of each well-established system and health and care partnership as well as a discussion which identified topics and strategic aims in common for further exchange.

- 5.6 The next exchange will be in-person in mid-January 2025 between Board members of the respective ICBs. Thanks to the corporate governance teams of both ICBs for their work on preparing for this session. The following topics have been identified as in-common strategic aims for which to exchange best practice: the use of business intelligence to improve outcomes in population health and healthcare; enhance productivity and value for money due to recent system productivity reviews for the 2024/25 financial year; designing and enabling neighbourhood healthcare in large-scale systems; working with local government and a combined authority so that the NHS can support broader social and economic development; and ICB accountability and governance arrangements for multiples Places within an ICS.

- 5.7 Black Country ICB and West Yorkshire ICB exchange on tackling health inequalities: A follow-up virtual exchange session took place on 5 December 2024 for ICB colleagues working in Public Health and in Strategy and Partnerships directorates. The session shared current practice and future plans in relation to an ICB's role in delivering two of the four purposes of an ICS; to improve outcomes in population health and healthcare and to tackle inequalities in outcomes, experience and access.

- 5.8 Colleagues from Black Country ICB shared their work on developing a population outcomes framework and within that their economic modelling on diabetes type 2 - which supports an approach in principle towards left

shift, demand management and broader prevention, including socio-economic aspects. West Yorkshire ICB colleagues shared our early stage work on economic inactivity and being a Get Britain Working Trailblazer, and also working with an ICB Board on reducing health inequalities.

Chairs and Leaders Virtual Learning Exchange

- 5.9 Virtual learning exchanges continue with the most recent session taking place via MS Teams on 19 November 2024 with a focus on productivity. Our speaker was Thea Stein, Chief Executive of the Nuffield Trust (since September 2023) and former Chief Executive at LCH. The session was positively received by leaders and complemented a recent invited external review on productivity in the system.
- 5.10 These exchanges continue to be open to Health and Wellbeing Board Chairs, Provider Board Chairs and Non-Executive Directors, Place Committee Chairs and independent members, and ICB Non-Executive Members.

6. Social Justice: Promoting equality and inclusion, and reducing inequalities

Chair and NED Development

- 6.1 A 12-month programme of work with Board Chairs, Non Executive Directors (NEDs) and Company Secretaries across the 10 NHS Trusts in our system, hosted by me as ICB Chair, has focused on the talent pipeline and development of Chairs and NEDs on NHS Boards now and in the future. This work supports one of our 10 strategic ambitions to increase the diversity of health and care leadership. An example of this work is six-monthly West Yorkshire recruitment open evenings hosted by the ICB to profile the role of a NED in the system and promote the latest Associate NED and NED vacancies, including with AFT, MYTT and YAS in October 2024. Thanks to ICB colleagues who have supported me with this pilot initiative.
- 6.2 A culmination of collective work was marked earlier this month when we held a virtual West Yorkshire learning exchange on Chair and NED development with representatives from NHSE, including Richard Meddings (Chair); Jane Ellison (NED); and representatives from the NHSE Appointments Team at a regional and national level. The session was positively received by NHSE and seen nationally as best practice to profile with other systems. Presentations included proactive Board development work at Leeds and York Partnership NHS Foundation Trust (LYPFT) in increasing diversity on their Board; at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) on Board development under

Well Led; and at MYTT on effectively offering Associate NED roles to create a pathway to NED roles in the system.

- 6.3 Thanks to Chair, NED and Company Secretary colleagues across the system who have worked with me on this since November 2023, including Chairs from CHFT, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and MYTT and Company Secretaries from BDCFT, Leeds Teaching Hospitals NHS Trust (LTHT), LYPFT and YAS, alongside our West Yorkshire Inclusivity Champion Fatima Khan-Shah. We will now evaluate our achievements and learning over 12 months to inform our work into 2025/26, including the majority of Trusts and the ICB signing up to the NED development opportunity via the Insights Programme.

7. People: Creating a compassionate, just and positive culture

Fit and Proper Person Update

- 7.1 Following the approval of the ICB's Fit and Proper Person Policy at the Board meeting in September 2024, the ICB is currently undertaking its annual self-attestation process. ICB Corporate Governance and People teams carry out a series of other checks, and once the checks are completed, they are signed off by myself as ICB Chair and we will then send a compliance submission to NHSE in Summer 2025. The ICB Remuneration and Nomination Committee has oversight of this process and is being kept informed on progress via the Committee's regular meetings.

NHS WY ICB Non Executive Member

- 7.2 Professor Nadira Mirza started in post as a Non Executive Member of the [NHS West Yorkshire Integrated Care Board \(ICB\)](#) on 11 November 2024, taking on the Non Executive remit of Citizens and Future Generations, the role of Chair of NHS WY ICB Quality Committee and joining the membership of a number of other ICB committees. We are delighted to welcome Nadira to the Board.

System Leadership changes

- 7.3 Since our last meeting, Leeds City Council has announced that Ed Whiting OBE is set to be appointed as its new permanent Chief Executive, having been formally approved by full Council on 13 November 2024. Ed is currently Director of Cities and Local Growth in the Department for Business and Trade and Ministry for Housing, Communities and Local

Government based in Leeds, and is leading place-based economic growth partnerships with UK Mayors and other leaders.

NHS WY ICB Partner Membership

- 7.4 At our meeting on 24 September 2024, Victoria Eaton FFPH, Director of Public Health, Leeds City Council was confirmed as [Partner Member: Director of Public Health](#) to the Board of NHS West Yorkshire Integrated Care Board from this month, representing Directors of Public Health across the West Yorkshire Health and Care Partnership. Victoria is the successor to Rachel Spencer-Henshall, Director for Public Health, Kirklees Council, who was part of NHS West Yorkshire ICB Board's establishment in July 2022.
- 7.5 Also in September 2024, Mariana Pexton, Interim Chief Executive, Leeds City Council, was appointed as [Partner Member: Local Authorities](#) on an interim basis to advocate on behalf of the Local Authorities across West Yorkshire, including North Yorkshire Council. Mariana took up this role following Tom Riordan CBE's departure as Chief Executive of Leeds City Council to take on a new national role as Department of Health and Social Care Second Permanent Secretary. A substantive Partner Member: Local Authorities for the NHS West Yorkshire Board will be nominated collectively by the Local Authorities of West Yorkshire now Leeds City Council has appointed its permanent Chief Executive.

8. Recommendation

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