



West Yorkshire Health and Care Partnership Board

21 January 2025

Summary report	
Item No:	6
Item:	Responding to the new Government policies
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Executive summary	
<p>We are now getting further clarity on the Governments priorities for health and care.</p> <p>This paper focuses on three key policy areas: the emerging 10 Year Health Plan, the “Get Britain Working” White Paper, and the “English Devolution” White Paper. The paper provides a summary of each policy, the work we are already doing related to this, what this could mean for West Yorkshire, and further opportunities / next steps.</p> <p>Whilst national policy continues to develop, our Partnership in many ways is already working towards many of the ambitions and has established priorities that align well. There is significant scope for the national policies to enhance and accelerate much of the work we have started.</p>	
Recommendations and next steps	
<p>Members of the West Yorkshire Partnership Board are asked to:</p> <ul style="list-style-type: none"> • note the summary position presented; • note and support the ongoing work across West Yorkshire that is set out; and • support and endorse the next steps that are set out in paragraphs 26 and 27, including the delivery of those where they are within the remit of partners, and influencing in line with them where national action is required. 	

Purpose

1. This paper provides a summary of the emerging Government policy relating to health and care and sets out the challenges and opportunities which this provides to the West Yorkshire Health and Care Partnership (WY HCP). It considers:
 - the emerging 10 Year Health Plan, and stated aims of the Government for health including the three shifts (from hospital to community, analogue to digital, and treatment to prevention) and move towards a neighbourhood health service;
 - the “[Get Britain Working](#)” White Paper; and
 - The “[English Devolution](#)” White Paper.
2. The paper provides a summary description of the policy outlined, work we are already doing in West Yorkshire related to this, what this could mean for West Yorkshire, and further opportunities it may provide.

Government Policy

3. Taken collectively, there is significant scope that the policies set out will support creating the conditions for long-term improvement, integration and transformation across the health and care system. Much of this will build on and accelerate the work we have already undertaken in West Yorkshire and facilitate work which we have wanted to pursue as a system to reduce health inequalities across West Yorkshire. This new policy landscape also reinforces our role under the fourth purpose of integrated care systems, to support broader social and economic development.

10 Year Health Plan

4. The 10 Year Health Plan, which is expected to be published in late Spring/ early Summer, will set out the long-term priorities that will lead to delivery of the three shifts set out in paragraph 1. This will provide national focus and direction on key areas of improvement and transformation, support the direction of resources toward that, and support local systems in setting their strategies and plans.
5. To inform this process, the government launched [Change.NHS](#). Across West Yorkshire and our five Places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District), we are working hard to ensure adequate involvement and input into this, in line with our established involvement framework. We are also looking to build from involvement work which has already taken place over recent months, in order not to duplicate engagement where possible.

6. Whilst the content of the plan is under development, there are areas of focus that we can expect to feature, including:
 - The three shifts (from hospital to community, analogue to digital, and treatment to prevention).
 - Establishing a neighbourhood health service, which will include significant attention on joining up the range of services and professionals important in supporting people to lead independent, healthy and fulfilling lives, and to receive the right care at the right time. We would anticipate that this includes health services, social care, as well as housing, financial and other social support services.
 - A focus on the role of Integrated Care Boards (ICBs) in “strategic commissioning”, whereby there is significant potential to realise the unique position of ICBs in bringing together multiple pathways, professions and partners to improve the way in which multiple services are planned and delivered to maximise efficiency and patient outcomes.
 - Emphasis on value, efficiency, productivity and reducing wastage.
 - Greater clarity on performance through a focus on targets that align with public expectations and league tables that demonstrate relative performance.
 - The oversight and accountability arrangements for NHS providers, with an intention for NHS England to have a clearer role in the management and oversight of providers that are underperforming in terms of quality, finance or access to services.
7. The mechanics of how priorities are delivered will also be important to this. A key element is the financial framework, and in the Autumn 2024 budget the Chancellor clearly signalled that the “Phase 2” spending review would set out the finances to support the longer-term transformation of the NHS.
8. The policy frameworks that support strategic commissioning and accountability/oversight arrangements are also an important factor and our leadership is proactively involved in shaping these discussions.
9. Whilst the detail of the financial, policy, performance and contracting frameworks are yet to be finalised, it is anticipated that these frameworks should consider:
 - How to bring together and incentivise health and local authority systems and leaders, focused on shared understandings, priorities and outcomes.
 - The strategies and plans that will be required to support priorities, for example on workforce (including recruitment, training and education) and estates.
 - Both the national and local levers that will enable or require reform and alignment to enable the national direction.

- The increased investment required in primary and community care capacity to deliver the three shifts.
- The capacity and expertise required locally, from across health and care partners, to drive strategic improvement and transformation.
- The data and data flows required to ensure that strategic commissioning decisions are informed by evidence and clearly monitorable.
- How the 10 Year Plan will be overseen and expected to be delivered, including for example any supporting sector, pathway or health condition specific plans, and changes to existing strategies (e.g. Integrated Care Strategy or Joint Forward Plan).

Get Britain Working

10. In the Autumn Budget the Chancellor announced a £240 million investment in local employment services to help people back into work and to address economic inactivity.
11. Nationally, 2.8 million people are economically inactive due to long-term sickness, 1 in 8 young people are not in education, employment or training and 9 million adults lack the basic skills they need to access work and progress. These figures have been rising for a number of years and reversing this trend is a critical part of the Government's plan to improve economic prosperity.
12. In West Yorkshire, the employment rate is 73.4% (compared to a national average of 75.8%). Employment rates within the region have been below the national average since 2008. 23.3% of people are economically inactive (vs a national average of approx. 21.2%), with long-term sickness accounting for 25% of that economic inactivity. This has a significant impact not only on the health and wellbeing of those individuals, but also on service demand and availability of workforce.
13. The White Paper is the Government's response to those challenges and sets out the reforms being introduced to address the 'root causes' of economic inactivity, through investment in locally designed work, skills and health support. The key priorities are:
 - To achieve an 80% employment rate, recognising the role of good work in enabling a "healthier, wealthier nation".
 - Reforming work, health and skills provision for people experiencing economic activity due to poor health and to address barriers faced by Disabled people, as well as a focus on young people with a commitment to providing support and opportunities linked to a 'Youth Guarantee'.
 - Reforming the role Jobcentre Plus, with a shift from an emphasis on 'managing benefit claims' to a service focused on skills and careers (albeit

with a commitment to maintain conditionality ‘based on mutual obligations’).

- Supporting employers to recruit and retain people, including those with health conditions and Disabled people, recognising the influence this has on creating an inclusive labour market.
14. Our region has been selected as a national economic inactivity trailblazer and an NHS accelerator focused on preventing people from falling out of the labour market in 2025/26. One year funding of £20 million has been confirmed to support this work, which will be delivered in partnership between the ICB and West Yorkshire Combined Authority (WYCA).
 15. This is in addition to the Connect to Work programme, which will be the responsibility of the WYCA. The allocation at peak delivery is up to £16.2m per year, to support 4,500 people per year and will be grant funded to WYCA for up to five years / March 2030 (initially three years secured, and two further years pending success and budget review).
 16. To support this work, we are developing collaborative governance arrangements across the ICB and WYCA. This will act as an enabler of this work and an accelerant for stronger partnership working.

English Devolution

17. The recently published White Paper sets out significant intentions to reform how policy is developed and delivered across England.
18. Overall, it signals an intention to move further away from a centralised system to one with greater powers for regions. The key intentions set out include:
 - Establishing Strategic Authorities (wherever possible, Mayoral Combined Authorities) covering every region in England.
 - Giving elected Mayors increased power and responsibility over housing, planning, transport, energy, skills, and employment support, which is supported by integrated and consolidated funding.
 - A statutory requirement for all Mayoral Strategic Authorities to produce a Local Growth Plan (LGP) and that priorities from the LGP be reflected within the Integrated Settlement Outcomes Framework.
 - Establishing a bespoke duty for Strategic Authorities in relation to health improvement and health inequalities (detail awaited).
 - For Mayors to be members of Integrated Care Partnerships (ICPs) and be considered for the role of Chair/ Co-Chair of the ICP, as well as being involved in appointing ICB Chairs.
 - A focus on aligning the planning footprints of public services to enabler better integration, including health, policing, employment support, and combined authorities.

- A focus on greater leadership accountability, whereby local leaders are accountable for delivering their integrated settlements.
19. Much of this is not new for the West Yorkshire region, where we have a long-established Mayoral Combined Authority. The White Paper does confirm that West Yorkshire will receive Established Mayoral Strategic Authority status – the deepest level of devolution available, and reaffirms that West Yorkshire is eligible for the Integrated Settlement from 2026.
20. A [WY LGP](#) was approved and adopted in December 2024 by the WYCA, with explicit reference to the principles of inclusion, health and wellbeing, and sustainability at the heart of the plan. The Plan also recognises the importance of our health and social care workforce, key strengths in our region around life sciences industries and HealthTech, as well as the importance of our creative industries, vital for our creative health programme.

Responding to the policy direction

21. At a high level, the policy direction set out is welcome. The focus on medium-to-long-term improvements, finance and capital, reform, prevention and determinants of health, and greater integration of public sector services presents a considerable opportunity to improve the lives of our population and tackle health inequalities.
22. For almost a decade, health and care partners from across West Yorkshire have been working together to deliver some of the benefits described in the emerging policy. It's important that we continue to influence and embrace these, but equally that we acknowledge the strong platform that we are building on. For example:
- Our Integrated Care Strategy is built from local Health and Wellbeing Board priorities, with decisions being made as close to individuals as possible. It is delivered through our Joint Forward Plan (JFP) with the balance between national local priorities carefully managed. This already helps to ensure that we are harnessing integration opportunities to deliver benefits for our people. A review of the West Yorkshire Integrated Care Strategy is likely to be required following publication of the 10 Year Plan.
 - Our operating model is driven by the principle of subsidiarity and sets out clear functions of our ICB. This aligns well with delivering the emerging health and care priorities, as well as the drivers of devolution.
 - We have well established provider collaboratives in West Yorkshire covering acute, mental health and community services. These collaboratives create space for providers to come together in service of patients, to maximise collective resources and deliver optimal outcomes.
 - The ICB and WYCA have a [Partnership Agreement](#) in place and already work closely together on a range of agreed issues, with jointly employed

roles to facilitate this. There are similar arrangements between ICB places and local authority partners.

- Regionally, we work collaboratively with NHS England and partner ICBs with a “4+1” arrangement, which supports a strong collective focus on performance, improvement and accountability.

23. These foundations are the basis from which we will deliver the emerging policy. Although the detail of the 10 Year Health Plan particularly is still being consulted on and developed, the messages to date and priorities that we collectively agreed as system partners previously mean that we are already working to deliver much of the expected focus. For example:

- We have a number of strong examples of integrated neighbourhood working. These offer practical templates for spread and adoption of good practice. The Integrated Neighbourhood Team (INT) Blueprint will set out the core components of this.
- The development of an Urgent and Emergency Care Blueprint, which will set out what a high performing model of urgent and emergency care will look like in West Yorkshire, ensuring that whilst pursuing a hospital to home model of care, we are equally able to describe how the urgent offer connects to both community and urgent care.
- Nationally, a “core offer” for community health services (CHS) is being launched to drive standardisation and consistency in service delivery and measurement of the impact of services. The WY CHS Collaborative, in partnership with the ICB, will undertake a stocktake to understand current delivery, review opportunities to enhance, standardise and measure our community offer, and develop a West Yorkshire blueprint of community services, that moves us towards the desired model and benchmark.
- The CHS Collaborative are leading work across West Yorkshire on proactive care (personalised and co-ordinated multi-professional support and interventions for people living with complex needs) to understand current gaps in delivery against the proactive care framework. It will result in a suite of recommendations that support establishing a shared offer across West Yorkshire, a reduction in variation of that offer, a deeper understanding of proactive care, and delivering care to people where they live and avoiding unnecessary visits/ stays in hospital. This aligns with the shift from hospital to community and treatment to prevention.
- We have agreed to establish a joint Programme Board to ensure the opportunities of the Trailblazer, Accelerator and Connect to Work programmes are coordinated and planned together between the ICB and the WYCA, in partnership with our Voluntary, Community and Social Enterprise (VCSE), local authorities, the Department for Work and Pensions (DWP) and other key stakeholders.

- We have agreed that the opportunity around economic inactivity programmes will connect with the integrated neighbourhood team development work to ensure this transformation opportunity is maximised.
24. Whilst this direction of travel is broadly positive, we recognise that the financial and operational context continues to be extremely challenging. It will be important that we have the right focus on supporting operational delivery and returning to financial balance in the immediate term.
25. It is also important to note that the timescales associated with the recent announcement on social care reform (2028) will cause some concern given the pressures faced by that sector.

Next Steps

26. While policy is still in development, in many areas the next steps required are clear. For example:
- On shifting from analogue to digital it will be important that digital programmes are sufficiently funded and expected to be sustainably delivered within realistic timelines, that digital and data opportunities are utilised across the public sector to inform planning and to reduce inequalities, and that the focus on digital does not exacerbate inequalities and digital poverty.
 - On shifting from treatment to prevention it will be crucial that national policy focuses on major interventions and that policy and financial flows enable this across government (locally, regionally and nationally), as well as a cross-sector focus on multimorbidity and a practical balance between NHS performance and tackling the causes of ill-health and inequality.
 - On shifting from hospital to community, greater investment in primary and community care will be critical, as will refocusing operational planning and performance frameworks away from hospital-based targets.
 - On moving towards a neighbourhood-based health system, we should ensure that we understand and can robustly describe our current arrangements in West Yorkshire, using this as a benchmark to understand how we develop and to embed a continuous and shared learning approach as the INT Blueprint is implemented.
27. There are also some crosscutting actions that will be required, including:
- A longer-term and more flexible financial planning arrangement to support core goals on inequalities and outcomes, providing greater certainty and continuity of funding, and the right balance of revenue and capital investment that is long-term and predictable.
 - Policy and financial frameworks should reflect greater joint working and priorities between health/ local authorities/ Mayoral Combined Authorities,

and be outcomes focused. Finding a better balance between regulatory oversight and creating space for greater innovation and improvement.

- The enablement of joined up working across public services and industry locally, with significant devolution and local autonomy, which is underpinned by a clear Place-based accountability outcomes framework.
- A greater focus on enabling vertical integration at Place, whereby the range of services operating at different levels of complexity become more closely aligned to improve efficiency, coordination and patient care as a mode of organising the system.
- Clarity on the role of NHS England in relation to providers, given the importance and prominence of providers and collaboratives in our regional approach, especially on how and when regulatory intervention will work.
- Consideration of how the financial settlements for the coming year would impact delivery of policy ambitions locally, and how or what we could prioritise for transformation and delivery.
- Consideration of how a Community Investment Standard could be implemented, aligned to the 'Big Shifts' of 'treatment to prevention' and 'hospital to community'.

Recommendations

28. Members of the WY Partnership Board are asked to:

- note the summary position presented;
- note and support the ongoing work across West Yorkshire that is set out; and
- support and endorse the next steps that are set out in paragraphs 26 and 27, including the delivery of those where they are within the remit of partners, and influencing in line with them where national action is required.