

West Yorkshire Health and Care Partnership Board

6 June 2023

Summary report	
Item No:	5
Item:	Update from the Partnership Chief Executive Lead
Report author:	Rob Webster CBE, Chief Executive for the NHS West Yorkshire Integrated Care Board and Chief Executive Lead for the West Yorkshire Health and Care Partnership
Presenter:	Rob Webster CBE, Chief Executive for the NHS West Yorkshire Integrated Care Board and Chief Executive Lead for the West Yorkshire Health and Care Partnership
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 16 May 2023 and elements of the Chair’s report too. These reports are enclosed at Annex A and Annex B</p> <p>This report also provides additional updates on matters which have occurred since 16 May 2023; provides points of emphasis on matters within that report; and covers a range of issues reserved for the WY Partnership Board.</p>	
Recommendations and next steps	
<p>Members of the Partnership Board are asked to note the report, 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 which met on Tuesday 16 May 2023. This detailed report is enclosed at Annex A, along with the Chair's report 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 and Local Context

Covid-19

3. At their fifteenth meeting of the International Health Regulations (IHR) (2005) Emergency Committee on the Covid-19 pandemic, held on 4 May 2023, the World Health Organization announced that Covid-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC). You can read a statement from the meeting here: [https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)
4. On 18 May 2023, Amanda Pritchard, NHS Chief Executive and Sir David Sloman, NHS Chief Operating Officer at NHS England wrote out to NHS Chief executives, GP practices and primary care networks, Community health service providers and NHS 111 providers the about stepping down the Covid-19 incident level from a level 3. You can view the letter here: <PRN00498-nhs-response-to-covid-19-stepping-down-from-nhs-level-3-incident.pdf> (england.nhs.uk).
5. The end of the level three incident and the global health emergency are worth noting. It remains important to remember that we continue to live with Covid-19 and that there are still, as of 25 May 2023, around 100 Covid-19 positive patients in West Yorkshire hospitals. The serious health consequences of Covid-19 on some people living in West Yorkshire cannot be underestimated. We will always urge everyone eligible for a vaccine to take up the opportunity when offered.
6. I have written an open letter to all West Yorkshire Health and Care Partnership colleagues to thank everyone for their incredible efforts to respond to the Covid-19 pandemic and for the work they do every day to support the 2.4 million people living across our area. Our Partnership of the NHS, councils, social care, community care providers, hospices, the voluntary, community and social enterprise sector, Healthwatch and communities is a testimony to the best of public service. You can read the letter here: <https://www.wypartnership.co.uk/news-and-blog/news/our-response-covid-19-stepping-down-nhs-level-three-incident>

Covid-19 Spring vaccination campaign

7. We are now a month into the spring vaccination campaign, which is progressing well across the region. The additional jab is being offered to all those aged 75 or over, residents in older adult care homes and people with weakened immune systems, which amounts to just over a quarter of a million people in West Yorkshire
8. Vaccinations for older adult care homes are almost complete, with over 70% uptake to date. In total, we have delivered 100,745 spring vaccinations so far to all cohorts. This represents approximately 39% of those eligible for the additional dose, which is above the national average.
9. As usual, our teams across the region have been working hard to run as many clinics as possible and make vaccinations easily accessible for all communities. We are primarily offering bookable appointments for this campaign, reflecting the preferences of the eligible cohorts, which are available at wide number of clinics run by primary care networks and local pharmacies.
10. In line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance issued last month, we are also starting to plan for offering Covid-19 vaccinations to children aged between six months and four years who are in a clinical risk group. Vaccinations for these children are expected to start mid-June 2023.

Agenda for Change NHS Pay Award 2022-23 and 2023-24

11. A decision to accept the pay offer made by the Government in relation to staff on Agenda for Change was taken on 2 May 2023 by the NHS Staff Council. This pay deal has been accepted by most of the Trade Unions supporting staff (not employed on medical terms and conditions). As a result, NHS organisations have now been asked to now implement this offer, which covers 2022-23 and 2023-24.
12. The NHS Staff Council, which brings together NHS employers and trade unions that represent the Agenda for Change workforce, has issued a [joint statement](#) that sets out how it arrived at the joint decision to accept the pay offer.
13. Whilst this is very positive news for our NHS Agenda for Change colleagues (not employed on medical terms and conditions), we must be mindful that funding to support the non-consolidated national pay award offer is not being provided to non-NHS bodies. Some of these mirror Agenda for Change conditions, including Locala. Locala attracts employees from the same pool as NHS Organisations supported by the commitment and alignment with Agenda for Change. The leadership of Locala argue that colleagues have supported services and put themselves at risk during Covid-19, have supported through the recent difficult winter period and have the same

cost of living issues as NHS colleagues. Discussions are continuing about how we resolve this issue nationally, and in the local system.

Industrial action

14. Junior doctors in England have announced a 72-hour walkout between 07:00 on Wednesday 14 June 2023 and 07:00 on Saturday 17 June 2023, after the latest round of government pay talks broke down. This will be the third strike by junior doctors since the pay dispute began. Junior doctors make up around half of all hospital doctors in England and a quarter of all doctors working in GP surgeries. Disruption will be significant for organisations and potentially patients. Managing this will detract from the work required to recover services to a reasonable standard.
15. A ballot on industrial action for NHS Consultants opened on 15 May 2023 and runs until 27 June 2023.

Elective Care

16. Following continued focus and effort on elective care and cancer recovery we are seeing a significant reduction in the number of long waiting patients over recent months. Whilst there has been excellent progress, there is still much to do. NHS England wrote to all NHS acute trusts on 23 May 2023 to set out the priorities for 23/24. You can read the letter here: [PRN00496-elective-care-2023-24-priorities-letter-230523.pdf \(england.nhs.uk\)](https://www.nhs.uk/consult/external/PRN00496-elective-care-2023-24-priorities-letter-230523.pdf)
17. On 25 May 2023, the Department of Health and Social Care announced a new plan to empower patients by offering the ability to choose where to be seen, informed by access to details on waiting times and quality of care, which will be available on the NHS App. You can read more about the plan here: https://www.gov.uk/government/news/more-choice-to-help-cut-hospital-waiting-times?utm_campaign=1348600_Daily%20Member%20Bulletin%3A%20Thursday%2025%20May%202023&utm_medium=email&utm_source=NHS%20Confederation&dm_i=6OI9,SWL4,3DZRXT,3JV2B,1

Integration of Primary and Community Care

18. The House of Lords Integration of Primary and Community Care Committee continued their inquiry into the integration of primary and community care by holding two evidence sessions with witnesses including policy leads in mental health and health inequality on 22 May 2023.
19. The first session examined how social prescribing, where patients are directed to community non-clinical interventions, could reduce pressure on health services and

the extent to which integration can help facilitate this and how Integrated Care systems support the various areas being discussed. Fatima Khan-Shah, Inclusivity Champion for West Yorkshire (a joint role between the NHS West Yorkshire Integrated Care Board and the West Yorkshire Combined Authority) gave evidence to the Committee at this session in her capacity as the Chair of the People and Communities Workstream for the Fuller Report.

Government's New Hospital Programme

20. The Government announced on 25 May 2023 that it would rebuild five major hospitals by 2030, as part of the New Hospital Programme. All five hospitals have significant amounts of reinforced autoclaved aerated concrete (RAAC), a lightweight type of concrete used to construct parts of the NHS estate in the past but has a limited lifespan, after which it deteriorates significantly.
21. We are delighted that one of the five hospitals in this cohort is Airedale General Hospital. The state of the hospital has been one of the critical risks on the risk register of the NHS WY ICB, and substantial work has been undertaken to ensure that the hospital remains safe and that risks are managed. This includes reinforcement of the infrastructure and changes to the layout of the clinical services, which has led to financial pressures within the Trust. A new hospital will eliminate these risks and have far-reaching benefits for the local community, allowing colleagues in Airedale to continue to provide vital health care in a safe, modern environment that's fit for the future, and that will improve patient outcomes and experience.
22. We also welcomed confirmation that the Cohort 3 schemes, of which Leeds is one, are funded and expected to progress for delivery by 2030. These centres, including a new children's hospital in Leeds, are good for the people of Leeds, West Yorkshire and beyond. As well as bringing new infrastructure for services, they bring jobs and environmental improvements that support our roles as anchor organisations in an anchor system.
23. Beyond the new hospital programme, we continue to work across West Yorkshire to prioritise our capital needs. These are substantial.

New Independent Chair for Calderdale Cares Partnership

24. Calderdale Cares Partnership, a committee of the NHS West Yorkshire Integrated Care Board, has appointed Jo Bibby to the role of Independent Chair following a competitive, open and transparent recruitment process. Jo will start on 1 June 2023 and replaces John Mallalieu who stepped down from the role at the end of March 2023.

25. Jo is the Director of Health at the Health Foundation, responsible for leading the Foundation's Healthy Lives strategy. She has led on areas of health inequalities, patient safety and person-centred care. She is also a trustee at the Centre for Homelessness Impact and has over a decade of experience as a non-executive director at Salford NHS Foundation Trust and Rotherham NHS Foundation Trust.

NHS@75

26. There is significant attention being placed on the NHS at 75, alongside celebrations of the social care system which is also 75 years old. NHS England have taken the opportunity of the anniversary to seek advice from the NHS Assembly on the journey we have been on, the place we find ourselves and where we need to go next. This has included a series of rapid engagements with people from across the health and care system, across the whole of England. For example, our strategy team had a conversation involving people from across the Partnership; I hosted the staff networks; and the communications team have developed a podcast of the conversations for wider sharing.
27. We expect a document to be produced by the NHS Assembly that sets out their findings and advice for NHS England.

NHS WY ICB Operating Model

28. The requirement for all ICBs to reduce running costs by 30% is progressing, with a substantial amount of work being undertaken in the NHS WY ICB in advance of any staff consultation. I want to thank everyone for engaging with the process at this important time.

Conclusion

29. These continue to be challenging times. The Partnership Board is asked to note the contents of this report and to discuss any aspects that impact upon our broader work.

Meeting name:	NHS West Yorkshire Integrated Care Board (meeting in public)
Agenda item no.	8
Meeting date:	16 May 2023
Report title:	Chief Executive's Report
Report presented by:	Rob Webster CBE, NHS West Yorkshire Integrated Care Board (WY ICB) Chief Executive
Report approved by:	Rob Webster CBE, NHS West Yorkshire ICB Chief Executive
Report prepared by:	Rob Webster CBE, NHS West Yorkshire ICB Chief Executive

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:			
See Recommendation section.			
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: 1. Note the contents of this report, which helps to inform the conversation at the Board.			
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			
1. [Appendix 1] – The NHS Assembly NHS@75 - An invitation to have your say 2. [Appendix 2] – NHS Providers 'on the day briefing' Hewitt Review			

Acronyms and Abbreviations explained

1. WY – West Yorkshire
2. ICB – Integrated Care Board
3. RCN – Royal College of Nursing
4. BMA – British Medical Association
5. NHSE – NHS England
6. DHSC – Department for Health and Social Care
7. Place – Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District
8. ICS – Integrated Care System
9. IPPR – Institute for Public Policy Reform
10. CHFT – Calderdale and Huddersfield NHS Foundation Trust
11. WYCA – West Yorkshire Combined Authority
12. LCHT - Leeds Community Healthcare NHS Trust

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

Residents and Communities	The context we work in affects everyone
Quality and Safety	A focus on quality and safety is paramount at all times, particularly during a period of financial pressure
Equality, Diversity and Inclusion	Fatima Khan Shah has been appointed as the Inclusivity Champion across West Yorkshire. EQIA processes have to be conducted on all efficiency programmes.
Finances and Use of Resources	We delivered our financial plan for 2022/23 and reached break even. The financial plan for 2023/24 continues.
Regulation and Legal Requirements	N/A
Conflicts of Interest	N/A
Data Protection	N/A
Transformation and Innovation	Is covered in our planning processes and forms part of our efficiency programme.
Environmental and Climate Change	N/A
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 – 16 May 2023

1. Purpose

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

2. National Context

- 2.1 As we enter the 2023 / 24 financial year the consequences of living with COVID are becoming clearer.** In 2022 / 23 we had five COVID waves which tended to peak three months apart. We can expect this pattern to continue in some form this year. Variants related to Omicron continue to dominate which is helpful from a natural immunity and vaccination perspective. To safeguard people at risk we have launched the [Spring Booster](#) campaign which is available to those over 75 years old as well as some specific vulnerable groups, and will conclude in June 2023. The Evergreen offer will also finish at that point.
- 2.2** This is also the time of the year when infectious diseases have tended to subside. This has eased pressure in the system.
- 2.3 The NHS Staff Council has accepted the pay offer made by the government for Agenda for Change staff in England. As a result, ministers have been asked to implement this offer, which covers the 2022 / 23 and 2023 / 24 pay years.** At the time of writing the Royal College of Nursing (RCN), Unite and the Royal College of Radiographers are expected to re-ballot members on strike action.
- 2.4** Industrial action by junior doctors has had a significant impact on patients, the public and our communities as well as staff and services. There is potential for talks to end the dispute to begin soon. The British Medical Association (BMA) is also expected to ballot its consultant members for strike action at some stage.
- 2.5 Overall, the position on industrial relations remains fraught, and the consequence of this is felt by everyone.** The amount of work that has gone into managing critical services and ensuring safety during the industrial action has been substantial resulting in successful mitigation of risk and issues on urgent care. Risk of harm being caused to people who have had procedures postponed or cancelled has been minimised to no harm or low harm wherever possible, yet some harm has been caused. I would like to pass on my heartfelt thanks to everyone involved in the management of services during the disputes and acknowledge the

significant amount of work undertaken in the system to ensure we had minimum safe staffing levels in place for people living across our area.

- 2.6 **During this period, we have been working to sign off our West Yorkshire 2023 / 24 NHS financial plans** - this is covered elsewhere on the agenda. What our plans signify are the need to prioritise our work and to ensure **that we focus on safety and quality** as we attempt to deliver an efficiency programme averaging 7%. Board members will recall that I have been emphasising this focus on quality and safety in every Board report, and I will continue to do so.
- 2.7 We await the publication of the **national Primary Care Improvement Plan and the NHS Long-Term Workforce Plan from NHS England (NHSE)**. In the meantime, we continue with local efforts to improve access for people in our communities and to support our staff.
- 2.8 **The NHS Assembly has been asked to produce a document for the NHS 75th Birthday which will help advise the Board of NHS England on the future direction of the service.** A steering group has been developed that will deliver this and I have joined the Chairs of the NHS Assembly, Dr Claire Fuller and Eugene Yafele, on this group. Details have been circulated to NHS organisations and are included in the attached document at **[Appendix 1]**. As ever we will ensure that the West Yorkshire system contributes towards this document.
- 2.9 **The Hewitt Review was published on 4 April 2023** and a summary briefing from NHS Providers is attached at **[Appendix 2]**. It is notable that there has been no ministerial response to the review from the Department of Health and Social Care (DHSC). The report was welcomed by the Chancellor of the Exchequer, for whom it was commissioned. As a system, West Yorkshire inputted into the Review via several different channels and the outcomes in the final report reflect support for the direction of travel for system working.

3. Local Context

- 3.1 **We continue to progress our work on developing a new operating model.** This is a requirement of the decision made by the Secretary of State for Health and Social Care and ratified by NHSE to reduce running costs allowances of ICBs by 30% by April 2025. Tim Ryley, Accountable Officer for Leeds Place has been leading this work, engaging with partners and coordinating a programme board made up of staff from across the organisation. Staff communications and engagement remain a priority and this will be an important focus over the coming weeks, as will working with our staff networks and unions.
- 3.2 This is our opportunity to create an operating model that addresses any capacity gaps that we may have, for example on delivering improvements in NHS dentistry as well as maximising the opportunities that our Provider Collaboratives and local Places (Bradford District and Craven, Calderdale,

Kirklees, Leeds and Wakefield District) bring to the Integrated Care System (ICS).

- 3.3 **These changes must be seen in the context of changes to NHSE**, which is expected to consult on its new structures in the summer. The structure of NHSE will impact significantly on us as an organisation, with key areas such as regulation, performance, workforce, clinical networks and digital all being impacted.
- 3.4 Following the changes to our governance arrangements, the System Leadership Executive Group now meets quarterly. **The latest meeting on 2 May 2023 was largely given over to a discussion about the fourth purpose of ICS' – to support broader social and economic development** - which was facilitated by NHSE and the Institute for Public Policy Reform (IPPR). We are one of five systems working with these organisations to ensure that the fourth purpose is prioritised and is deliverable. We have some notable good practice including the social value approach, the reconfiguration of services at Calderdale and Huddersfield NHS Foundation Trust (CHFT), and the approach to the development of the Red Kite View facility in Leeds.

4. Leadership

- 4.1 Congratulations to **Thea Stein**, Chief Executive of Leeds Community Healthcare NHS Trust (LCHT) who will become the new Chief Executive of the [Nuffield Trust](#) from September 2023. Congratulations also to **Fatima Khan-Shah**, Associate Director Long Term Conditions and Personalisation who starts in her new role as West Yorkshire Inclusivity Champion this month. This is a combined role between the ICB and West Yorkshire Combined Authority (WYCA), and Fatima will work closely with the West Yorkshire Mayor, Tracy Brabin and the Chair of the ICB, Cathy Elliott. She will continue to work on the care agenda for us and will continue to be a member of this Board.
- 4.2 Fatima has been asked to provide evidence to the House of Lords Committee on the Integration of Primary and Community Care. She will provide evidence at the Committee on 22 May 2023 on the role that social prescribing and voluntary organisations can have in the effective delivery of primary and community care.
- 4.3 Thanks also to **Jessica Parker**, who is leaving her role as Suicide Prevention Project Manager working on our Suicide Prevention Strategy to take up a role in Bradford District and Craven Place.

5. Conclusion

- 5.1 We are entering a period of transition into a world where we understand the consequences of living with COVID; where we hopefully begin to rebuild relationships with staff following prolonged industrial action; and where a move to productivity and efficiency is overseen by organisations

working in a system. At this point, as always, our focus on safety must remain paramount.

- 5.2 This will also be the period where the work we have done together on values and relationships will continue to be crucial. We know that there will be substantial stresses in the system this year and unplanned events that knock us off course. By focussing on the mission, values and behaviours we have agreed together we will continue to do what's right, even in the toughest of circumstances.

6. Recommendations

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

The NHS Assembly: NHS@75 - An invitation to have your say



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The NHS Assembly

The NHS Assembly brings together a range of individuals from across the health and care sectors at regular intervals to provide independent advice to the board of NHS England.

Its members include NHS clinical and operational leaders, frontline staff, patients, and representatives from several charities and community organisations. The NHS@75 project is being led by the NHS Assembly.

Introducing NHS@75

On 5 July 2023, the NHS celebrates its 75th birthday. Since it was founded in 1948, it has evolved and developed into one of the largest and most respected healthcare systems in the world. It provides a wide range of services to millions of people that are free at the point of use for everyone.

This 75th anniversary is a significant milestone; an opportunity for all of us to appreciate and reflect on its importance in providing healthcare services to everyone.

However, it's also important to acknowledge the challenges that the NHS currently faces, and how the NHS will inevitably shift and develop over time to meet these difficulties as effectively as possible.

The NHS today is very different from its early days of 75 years ago, just as our society is also very different from how it was three generations ago.

The NHS of tomorrow will continue to adapt to meet the emergent new challenges, as well as the ones we are currently facing. These include increasing demand for services, higher levels of chronic long-term ill-health, workforce shortages, and the need to make the best use of new technologies and treatments.

NHS@75 is all about working together to help shape our future NHS. It's a collaborative conversation, which we hope to include everyone who would like to take part. We would welcome your thoughts, ideas, insights, and suggestions, and we hope you'll want to join in with this.

There are three big areas that we'd like to ask you about:

1. How far has the NHS come in 75 years?

2. Where is it now?

3. What would you like from it in the future?

Your contributions to this conversation, no matter how brief or in-depth, are important. We want an honest discussion: recognising what is difficult, as well as celebrating what is going well.

We welcome anything you'd like to share with us, and we have deliberately asked broad questions to invite a wide selection of experiences, thoughts, and insights from you. The more you can tell us, the more we can learn at this very important time.

Your contributions will help inform findings that will be shared with the NHS in England and its partners, including Amanda Pritchard, the Chief Executive of the NHS.

Over the last few months, the NHS Assembly has already been considering some of the ambitions for the NHS beyond the 75th birthday. These include:

Prevention: supporting people to live longer, healthier lives.

Personalisation: giving people power to control their own care and have shared responsibility for achieving better health.

People: caring for those who care for us, including those who work in the health service and unpaid carers of family and friends.

Participation: involving patients and their families at every level of decision making and service design.

Primary and community care: focusing on strengthening these local services which are the foundation for most care and treatment.

Partnerships: the NHS working better with other organisations to improve health and care for all.

Now, it's your turn – please let us know what you think.

This engagement will be presented to the NHS Assembly, with the aim of seeking consensus on the future development of the NHS as it advises the NHS England Board.

Thank you for your participation in this vital conversation.

Clare Gerada and Chris Ham
Co-chairs, NHS Assembly



How to respond?

We encourage you to respond to the questions in this guide using our [Citizen Space online response form](#). You can find more information, including the link to the online response form and a downloadable version of the survey at www.longtermplan.nhs.uk/nhs-assembly.

Please feel free to answer all the questions, or just answer one or two of them, whichever feels most relevant to you.

If you have any queries, please contact us at england.nhs75engagement@nhs.net. **Thank you.**

What this work will build from

This exercise is not from starting from scratch; it builds on learning from work and consultations such as the forthcoming Long Term Workforce Plan, the Fuller Stocktake of Integrated Primary Care and recent local NHS plans.

It will also have access to the latest insights on patient experience prepared by Healthwatch England, National Voices, and staff experiences through the NHS Staff Survey and People Pulse. Researchers, royal colleges and think tanks who sit on the Assembly have produced valuable reports upon which to draw.

How far has the NHS come in 75 years?

Background

The NHS was born from the principles that access to healthcare should be based on need not ability to pay and delivered fairly to the whole population. The principles, rights and responsibilities of patients, citizens and staff are enshrined in the [NHS Constitution](#) and backed by legislation.

Across all services around 2 million people use the NHS every working day. They are served by over 1.4 million staff, covering more than 150 roles, drawn from every community in the country.

Some things have stayed the same, or very similar, since 1948. The service is still almost entirely funded through national taxation. Services are still delivered largely through a similar mix of organisations, from general practice to hospitals.

Where things have changed dramatically is through advances in healthcare and technology, such as medicines, diagnostic tests, and surgical interventions. We also offer more in terms of preventative care, such as national screening programmes and vaccinations. The NHS workforce and their roles have also changed with the number of doctors, nurses and other healthcare professionals increasing substantially.

These advances have led to people living longer, averaging 14 years more than in 1948. Survival from heart disease, cancer and other conditions has improved considerably, although we often now live with multiple long-term conditions.

The questions

- 1. What features, developments or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary?**

You are welcome to include any personal experiences or contributions you've made, with insights into why they were successful.

Where are we now?

Background

Reaching its 75th anniversary highlights much to celebrate about the NHS. However, it's also essential to acknowledge that it is currently facing significant challenges. Waiting lists are at a record high; many who work in the NHS are under considerable pressure and industrial action is being taken by different groups.

For many years we have seen a sustained improvement in people's life expectancies, with people not just living longer lives, but remaining healthy and well for longer as well. However, we are now seeing these improvements plateau, and even begin to decline. There are also significant inequalities in health outcomes and accessing care.

In 2019 the NHS published the [NHS Long Term Plan](#). It outlined changes in how to deliver care and to improve health, including improvements in the prevention, detection, and management of long-term conditions. It also outlined improvements in access to and the quality of mental health care and other major health conditions. Our aim is to go further in the years ahead, working to reduce health inequalities, to prevent ill health where possible and to increase the number of healthy years that people live.

Recently, the NHS faced its greatest challenge ever in the COVID-19 pandemic. The pandemic exacerbated many of the challenges the NHS was already facing.

However, there is an enormous amount to be proud of in our response to COVID-19, not just within the NHS but across our partners – from community groups to those at the leading edge of scientific research. Many of the rapidly adapted ways of working and new team structures, particularly in the use of digital care, show us what the future of the NHS might look like.

The questions

2. Today, in which areas do you think the NHS is making progress?

Please feel free to include more than one area.

3. Today, in which areas do you think the NHS most needs to improve?

Please feel free to include more than one area.

4. What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?

What would you like from the NHS in the future?

Background

The 75th birthday of the NHS is a time to look forward. We want to hear your views on the most important ways the NHS should develop services in the coming years.

These will be delivered in the context of changes in our population. There will be a continued rise in the number of us living into advanced old age, with more people living with chronic diseases and an increase in health risk factors such as obesity.

Technology is transforming how we communicate and consult with health providers. Research into our understanding of disease, better diagnosis and new treatments create significant opportunities.

The NHS is a people business. Without the staff, volunteers and unpaid carers that deliver it, it wouldn't exist, and they are vital to the future of the NHS. We know that we must improve the experience of Black, Asian and Ethnic Minority staff, and create careers and patterns of work that people want and need.

The questions

5. **What do you think should be the most important changes in the way that care is delivered, and health improved in the coming years?**
6. **What would need to be in place to achieve these changes and ambitions?**
7. **And finally, do you have one example of a brilliant way in which the NHS is working now which could be a bigger part of how we work in the future?**

Please describe this example.

Thank you for taking part in this – together we can shape an NHS that is better for everyone.

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The Hewitt Review

Introduction

In November, the Rt Hon Patricia Hewitt, chair of NHS Norfolk and Waveney integrated care board (ICB) and deputy chair of the integrated care partnership (ICP), was commissioned by the chancellor, the Rt Hon Jeremy Hunt, to lead a review into the role and powers of integrated care systems (ICSs).

The terms of reference of the review were:

- How to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending.
- The scope and options for a significantly smaller number of national targets for which ICBs should be both held accountable for and supported to improve by NHS England (NHSE) and other national bodies, alongside local priorities reflecting the particular needs of communities.
- How the role of the Care Quality Commission (CQC) can be enhanced in system oversight.

The review was conducted with significant engagement with leaders from across health and social care and we had a welcome and constructive relationship with the review team on behalf of our members. NHS Providers has contributed throughout the review including: a submission during the formal call for evidence, discussion sessions with workstream leads, several meetings with Patricia Hewitt, and written feedback on various drafts of the report. Members' views were sought throughout and we are grateful to all who contributed their perspectives either through NHS Providers or directly to the review team.

Overview

- The Hewitt Review is an ambitious and extensive review which seeks to maximise the opportunities ICSs bring to improve population health and wellbeing.
- There is welcome recognition throughout of the issues hindering progress and placing unhelpful burdens on system players. The report recognises that without investment, workforce and leadership development, recurrent and multi-year funding, reduction of duplicative or unnecessary data requests, and effective planning (centrally and locally), systems will be unable to achieve their potential.

- The report makes the case for reducing the number of national targets to give local leaders the ‘time and space’ to lead. Hewitt suggests that there should be no more than ten national priorities, and that local priorities should be treated with equal weight.
- The report suggests high performing ICSs should have fewer national targets – it recommends establishing an initial cohort of 10 “high accountability and responsibility partnerships” (HARPs).
- The report clearly explains the fundamental need to join up health and social care in numerous ways, and the challenges of doing so. It also emphasises the need to shift the focus to prevention and health improvement, including through more joined up central government, an increase in prevention spending, and a focus on inequalities and discrimination.
- The review recognises the importance of collaboration and co-design as drivers of improvement. It emphasises the need for improvement support to be the focus of most intervention, espousing a ‘one team’ approach to system development and oversight.
- The report aims to set out clearly the responsibilities and accountabilities of the different players in systems locally, regionally and nationally. We are concerned that it falls short of providing the clarity we believe is necessary to enable more effective collaboration (see NHS Providers View below). We are also concerned that ICBs are positioned as system overseers, rather than equal partners of trusts.
- On finance and capital, Hewitt recommends reviewing the entire NHS capital regime, reducing the use of short-term funding pots, and learn from good practice (including internationally) around payment models.
- The political appetite for such significant change (and necessary investment over the longer term) has yet to be seen: the Department of Health and Social Care (DHSC) has so far only committed to “review [the report’s recommendations] in due course.”

The Hewitt Review report has four main chapters. This briefing sets out the main findings and recommendations for each, and gives NHS Providers’ view.

From focusing on illness to promoting health

This chapter describes the main health challenges facing the nation. It highlights the impact of health inequalities and promotes the importance of addressing the wider determinants of health, including education and housing, to enable people to live longer and healthier lives.

It also discusses about the role of ICSs in delivering a more holistic approach to improving populations’ health, and the need for local leaders to be empowered to do this, while ensuring they

remain accountable for performance and spending. Data and digital is framed as a key enabler to driving this shift forward.

Key recommendations

- An increase in the public health grant to local authorities.
- A framework on what constitutes spending on prevention, decided by a working group of local government, public health leaders, Office for Health Improvement and Disparities, NHSE and the Department of Health and Social Care, and a cross section of ICS leaders.
- The government, NHSE and ICS partners, through their ICP, should commit to increasing resources going to prevention. In particular, the share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next five years.
- A “national mission for health improvement” led by the government.
- A health, wellbeing and care assembly should be established to complement the activity of the NHS assembly, reflecting the need to bring in other systems partners.
- Population health, prevention and health inequalities should be part of the training and continuing development for all professions and embedded in the national workforce plan to help develop the skills needed to improve health equity.
- ICSs should be supported to establish an integrated view of population and personal health and wellbeing.

NHS Providers view

We welcome many of the proposals outlined in this chapter. It offers clear messages on the impact of inequality, racism and discrimination, and we welcome the focus on the wider determinants of health.

We agree that health improvement must be a key focus for central government, and welcome the recommendations around cross-departmental working to drive these ambitions forward. This mirrors the local collaboration that ICSs have been established to promote.

We welcome the focus on improved data and use of digital as enablers to addressing health inequalities. While recommendations around building on good practice and improving joined up working are important, we believe the report could go further in highlighting innovative, practical ways ICSs can progress this agenda.

We strongly support the call to increase the public health grant. NHS Providers has, over several years, called for this. Furthermore, we would argue that any increase in the allocation should reflect

and address the current inflationary pressures and years of underfunding that has effectively acted as a cut to the grant over the last decade.

While we welcome the proposed shift towards spending on prevention, we would welcome further clarity on the target to increase funding for prevention by 1%, including the evidence and baseline for this proposed increase. Upfront funding, including through an increase to the public health grant allocation, is key to delivering an increase in funding for prevention without diverting resources from elsewhere in the system.

Delivering on the promise of systems

Here, Hewitt addresses the need for substantial culture and behavioural change from all involved in health and social care if ICSs are to achieve the ambitions set out for them in the Health and Care Act 2022.

This section considers the roles and responsibilities of government departments, NHSE, the CQC, and the partners in ICSs, including the approach to oversight, assessment and performance management across health and social care. Acknowledging the different regulatory, financial and accountability frameworks that various ICS partners sit within, the focus here is on the NHS's framework of regulation and accountability, which NHSE and the CQC are already taking steps to change in light of the Act.

Stressing the need for strong ICS accountabilities, given the public funds at their disposal, Hewitt's starting point is that ICBs must be 'great partners' within both their ICS and within the overarching NHS structure – although it also positions ICBs as the bodies "with and through" which most regulatory activity is carried out.

Key recommendations

- The number of national targets should be significantly reduced, and total no more than 10.
- ICSs should set a limited number of locally co-developed targets which should be treated with equal weight to national targets and local outcomes.
- National Planning Guidance should be developed collaboratively with system leaders, and should focus on a small number of key priorities. This should be reflected in a streamlined Mandate for the NHS. To achieve this collaboration, NHSE and ICBs should agree a common approach to co-production, including working with organisations such as NHS Confederation and NHS Providers.

- Each ICS should define places and place-level leadership, transparently and accessibly for their communities.
- ICSs should be supported to become 'self-improving systems' and ministers, NHSE and ICSs should confirm the principles of subsidiarity, collaboration and flexibility to underpin this.
- Support and intervention in relation to providers should be exercised 'with and through' ICBs by default as per NHSE's Operating Framework. ICBs should lead in working with providers facing difficulties, supporting trusts to agree improvement plans, and calling on support from NHSE regions as required and depending on ICS maturity.
- An appropriate group of ICS leaders (including local government and other partners from outside the NHS) should work with DHSC, Department for Housing, Levelling Up and Communities (DHLUC) and NHSE to create new higher autonomy and responsibility partnerships (HARPs) - more mature ICSs able to take on advanced levels of autonomy and responsibility. Hewitt estimates around 10 systems will be able to work in this way from April 2024.
- 2023/24 should be a transitional year for the CQC as it works with NHSE and ICSs to co-design an effective long-term approach to their reviews of ICSs, and to develop the capabilities and skill sets to support the successful development of ICSs.
- The balance of resourcing between national, regional and system should be further considered in 2023/24, with a larger shift of resource towards systems.
- The required 10% cut in the ICB Running Cost Allowance for 2025-26, which will come on top of a 20% cut in 2024-25, should be reconsidered before the Budget 2024.
- NHSE should work with the Local Government Association (LGA), NHS Confederation and NHS Providers to develop a leadership support offer for systems, and a national peer review offer for systems should be developed, building on the LGA approach.
- NHSE regions should prioritise support for improvement over 'performance management'. Regional teams should support systems in translating national expectations to local circumstances, and ICBs should be involved in the work currently underway to design new regional teams.
- The role of data and its collection should be reviewed by DHSC and NHSE, working with ICS colleagues, to reset baselines, remove duplicative or unnecessary requests. This work should be completed within three months. In addition, data collection should be automated from the Federated Data Platform, replacing both SITREPS and additional data requests.

NHS Providers view

This section sets out to tackle some of the thorny issues our members are raising with us as ICSs evolve, and seeks to resolve issues at the heart of the remit of the Review: clarifying the responsibilities and associated accountabilities of the partners in ICSs (including ICBs), NHSE regional

teams, NHSE centrally and the DHSC. This is no easy task, and there are welcome steps taken here to make real the ethos of partnership and collaboration.

The report strongly recognises the value of subsidiarity and effectiveness of co-design, and the counter-productive impact of numerous and unfocused national targets, ad hoc and duplicative data requests and invasive oversight. We agree with Hewitt's assessment of the burden created by excessive national targets, and support a shift towards more streamlined priority setting from the centre. We will be keen to ensure these fewer targets retain, and in some cases strengthen, a focus on community services and mental health.

Hewitt relies heavily on the existing NHSE Operating Framework and NHS Oversight Framework to describe the relationship between ICBs and providers. The review reinforces the role of ICBs in day to day oversight of providers, with NHSE working 'with and through' ICBs to support improvement and remedy issues. There is welcome recognition that not all ICBs will immediately have the capability to undertake this role and that support for their development from NHSE in these cases will be required.

However, the fundamental tension remains that ICBs are asked to be both system partners and overseers (in some cases performance managers) of trusts. This puts both ICBs and providers in a challenging position; one that may reinforce instead of moving away from a culture of command and control, and undermine the 'one team' approach that is well expressed elsewhere in the review. In this section, Hewitt also recommends that ICBs coordinate collaboratives' priorities and should be involved in appointing trust leaders. Increased autonomy of ICBs should not be achieved at the expense of the proper autonomy of trusts and collaboratives.

We fed back strongly during the review's development that clarity about accountabilities was required. The section on accountability relationships sometimes uses the term unhelpfully – for example without a statutory basis. The section ultimately does not add clarity who is accountable to whom within systems.

The inclusion of provider collaboratives as key drivers of improvements for the population is welcome, but the potential of provider collaboratives feels under-developed, and there is little recognition of the specific challenges for providers which straddle more than one ICS.

There is a logic to the evolution of health overview and scrutiny committees (HOSCs) to system oversight committees, but we are concerned that this (along with the proposed ICP Forum) adds

another layer of scrutiny and potentially bureaucracy in systems when the aim was the opposite. We also query whether the proposed Joint HOSCs might cut across the responsibilities of ICPs.

We would be pleased to work with the NHS Confederation and LGA on leadership support scoping and provision, and on developing co-design principles to improve National Planning Guidance.

Hewitt suggests “HARP” systems should be given greater financial freedoms and a radical reduction in the number of shared national priorities. We agree with these ambitions, which will afford more mature ICSs the bandwidth to drive forward local priorities. We will be interested to see whether and how these recommendations are taken forward by DHSC and NHSE.

We also share Hewitt’s concerns about the impact of cutting the ICB running cost allowance in the context of the shift of resources from national to local. Systems will need adequate resourcing to deliver on the core ambitions of system working – especially as more is being asked of them than their predecessor organisations in overseeing trusts, for example.

Resetting our approach to finance to embed change

This chapter discusses the creation of value through the NHS, the need to focus on prevention and upstream funding to cut avoidable spending, and the importance of financial accountability.

It also calls for work to better understand ICS level prevention spending, greater financial alignment between the NHS and local authority partners, and greater flexibility for systems to determine allocations for different services.

Key recommendations

- NHSE, DHSC and HM Treasury should work with ICSs collectively, and with other key partners including the office for local government and the Chartered Institute for Public Finance and Accountancy to develop a consistent method of financial reporting.
- As far as possible, ending use of small in-year funding pots with extensive reporting requirements.
- More flexibility for systems to determine allocations for services and appropriate payment mechanisms within system boundaries, and updated NHS payment scheme to reflect this.
- National guidance should be further developed providing a default position for payment mechanisms for inter-system allocations.

- DHSC, DLUHC and NHSE should align budget and grant allocations for local government (including social care and public health which are currently allocated at different points) and the NHS so systems can more cohesively plan their local priorities over a longer time period.
- Government should accelerate the work to widen the scope of section 75 transfers, to include previously excluded functions (such as the full range of primary care services) and review the regulations with a view to simplifying them.
- Review of legislation with a view to expanding the scope of the organisations that can be part of s.75 arrangements to include social care providers, VSCE providers and wider providers such as housing providers.
- NHSE should work with DHSC, HM Treasury and the most innovative and mature ICBs and ICSs, drawing upon international examples as well as local best practice, to identify most effective payment models to incentivise and enable better outcomes and significantly improve productivity.
- Government to commission a review of the entire NHS capital regime, working with systems, with a view to implementing its recommendations from 2024.

NHS Providers view

We welcome the framing of this chapter, which clearly articulates the value the NHS creates in the wider economy. It also provides an important focus on lifting the financial barriers to prevention spending, and better understanding current spending by systems. These are important components in driving forward a successful prevention-based models. However, it is important to recognise that adding up, and effectively comparing, spending within and between systems, is a very complex task. This is particularly the case as much of this spending will be outside of the NHS, for example via local authority budgets.

We are pleased to see recommendations around the alignment of NHS and local government funding allocations and the removal of non-recurrent funding pots. These proposals will help to reduce burden on members and support a more effective approach to financial planning within system working.

We agree with the recommendation to remove hypothecation where possible, and afford systems greater flexibility to determine local allocations for services. However, the acknowledgement that we are not at the stage where we can remove all hypothecation is an important one and reflects the ongoing development of ICSs. We therefore strongly agree with the recommendation to retain the mental health investment standard, and to build on it to introduce a focus on delivering outcomes for populations within it. We also welcome the recommendation of a review of capital spending, which supports our ongoing [campaigning](#) on the importance of capital funding for providers.

Unlocking the potential of primary and social care and their workforce

This chapter focuses on both primary care and social care. It refers to the 2022 Fuller stocktake of primary care, and builds on its vision for integrated working, making recommendations around the contracting and commissioning of primary care services.

The report draws out the vital role of the social care sector. It suggests that in the longer term there must be a conversation about the funding and value of social care. In the meantime, it says social care must be a priority for investment and workforce development, and that ICSs can play a key role in supporting a more sustainable sector.

Key recommendations

- NHS England and DHSC should convene a national partnership group to develop a new framework for GP primary care contracts.
- Publication of a complementary strategy for the social care workforce as soon as possible.
- Investment in workforce development in social care should be longer term, as a minimum based on a three-year rolling planning cycle to support multi-year investment programmes.
- There should be a clear expectation that part of the training and development budgets within each NHS entity (i.e. primary care practices as well as trusts and foundation trusts) and within social care (at least commissioning and, ideally, provision) should be used for shared training and development of staff with other parts of the NHS and social care.

NHS Providers view

The report offers a clear vision for social care, and we support the view that social care should be a strategic priority for government. Many of the proposals support our view that social care plays an essential role in addressing key challenges facing the health and care system.

In particular, we welcome recommendations around a complementary strategy for the social care workforce, and long-term investment in the social care workforce. These proposals reflect our concerns about workforce pressures in social care, and our view that, where possible, joined up training and recruitment of NHS and social care staff is beneficial.

The recommendation that NHSE co-develops a framework for GP contracting, and that the national partnership group should discuss how primary care can be better supported and incentivised to work at scale, is also welcome. This is particularly important given the increased emphasis on this kind of working, including through vertical **integration of primary and secondary care**.

Meeting name:	NHS West Yorkshire Integrated Care Board (meeting in public)
Agenda item no.	7
Meeting date:	16 May 2023
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, Ian Holmes, NHS West Yorkshire ICB Director of Strategy and Partnerships and, Laura Ellis, NHS West Yorkshire ICB Director of Corporate Affairs

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 March 2023.			
Executive summary and points for discussion:			
<p>This report covers wide ranging activities and developments taking place in relation to strategic planning and delivery, governance arrangements and senior level partnership working at local, regional and national level, including:</p> <ul style="list-style-type: none"> • Recognition and thanks to all those involved in the recent industrial action; • Implementation of the West Yorkshire Integrated Care Strategy; • Submission and oversight of our 2023 / 24 West Yorkshire ICB Financial Plans; • Action undertaken following the March 2023 'focus on' Board topic on the sustainability of the Voluntary, Community and Social Enterprise (VCSE) sector; • Board and Partnership forums and events taking place recently and Board follow-up and engagement across sectors, alongside joint working to progress our ambitions as a system; • Arrangements and planning for ICB Board appraisals as well as the extension of our NEXt Director scheme placement. 			
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 requirement 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>Continued development of the strategic level Board Assurance Framework for risk management, and references to system risks in the Corporate Risk Register.</p>
Appendices
<p>None.</p>
Acronyms and Abbreviations explained
<ol style="list-style-type: none"> 1. WY – West Yorkshire 2. ICB – Integrated Care Board 3. ICS – Integrated Care System 4. CQC - Care Quality Commission 5. Places – Bradford District and Craven Calderdale, Kirklees, Leeds and Wakefield District 6. ICP – Integrated Care Partnership 7. JFP – Joint Forward Plan 8. NHSE – NHS England 9. HCP – Health and Care Partnership 10. FIPC - Finance, Investment and Performance Committee 11. CCG – Clinical Commissioning Group 12. NEM – Non-Executive Member 13. HPoC - Harnessing the Power of Communities 14. VCSE – Voluntary, Community and Social Enterprise 15. BAF - Board Assurance Framework 16. CRR - Corporate Risk Register 17. MHIS – Mental Health Investment Standard 18. LCHT - Leeds Community Healthcare NHS Trust 19. WYAAT - West Yorkshire Association of Acute Trusts 20. MHLDA Mental Health, Learning Disabilities and Autism 21. ICP – Integrated Care Partnership 22. REN - Race Equality Network 23. WYCA – West Yorkshire Combined Authority

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

Residents and Communities	Continued commitment to embed citizens at the heart of our ICB Board decision-making.
Quality and Safety	Embedding good governance for oversight and risk management.
Equality, Diversity and Inclusion	Continued commitment to EDI, including inviting data from partners to further our work on achieving a more diverse leadership.
Finances and Use of Resources	Noting design and delivery plans for the 2023 / 24 system financial plan.
Regulation and Legal Requirements	Embedding good governance for oversight and risk management.
Conflicts of Interest	As above.
Data Protection	As above.
Transformation and Innovation	Delivery of our Integrated Care System (ICS) strategic plan with the Partnership Board.
Environmental and Climate Change	As above.
Future Decisions and Policy Making	As above.
Citizen and Stakeholder Engagement	As above.

NHS West Yorkshire Integrated Care Board

Board Chair's Report – 16 May 2023

1. Purpose

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

2. Introduction

- 2.1 This report highlights activities and plans to note within the work of the NHS West Yorkshire Integrated Care Board (WY ICB), working in line with our Constitution and governance handbook, and also good practice as an NHS Board such as the Care Quality Commission's (CQC) Well Led Framework.
- 2.2 Since our last Board meeting in public in March 2023, colleagues across our Places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District) and overall Partnership have **worked together to deliver our 2022 / 23 plans. Thank you** to everyone involved for the collective efforts as a true partnership in West Yorkshire.
- 2.3 On behalf of the NHS West Yorkshire ICB, I would like to **thank our Incident Management Team and all the staff involved in providing support and input into the recent industrial action**, and for all their hard work and planning over the last few weeks. Achieving safe staffing and ensuring all areas were covered throughout those periods was a result of an enormous amount of hard work by all those involved. Our Director of Nursing, Beverley Geary notes that the result of this was that the action passed with patients being kept safe in all our organisations, despite the disruption. The input by those who were not directly involved in the action also helped with the system's response, and the contingencies and explorations of potential for mutual aid were incredibly valuable to ensure the days passed without serious incident.

3. Strategy

3.1 Implementation of the Refreshed Strategic Plan

- 3.1.1 The [West Yorkshire Integrated Care Strategy](#) was signed off by our Integrated Care Partnership (ICP) Board on 7 March 2023 in Leeds. This included our refreshed 10 big ambitions and the metrics that will be used to track progress. We are now in the process of developing our Joint Forward Plan (JFP) which will describe how the ICB will work to deliver the strategy as well as the national requirements from NHS England (NHSE). This will be finalised at the

end of June 2023, and the Board dashboard report will be refreshed to reflect its content.

- 3.1.2 As the Board is aware, our strategic plan is informed by the plans of the Health and Wellbeing Boards in all five of our Places, extensive consultations with stakeholders and local people, and our previous Health and Care Partnership (HCP) strategy for West Yorkshire approved in 2019 / 20.

3.2 ICB Board Developments

- 3.2.1 The Board held its recent private development session in April 2023 at a community venue, St George's Centre, in Leeds. The session included a Board strategic planning session, linked to the 2023 / 24 system financial plan, and work towards our annual ICB governance review. The session brought a variety of recommendations on improved ways of working for 2023 / 24, including holding ICB Board Committees in public and in private as required to support effective risk management and mitigation, patient confidentiality, data oversight and management, and any commercial sensitivities.
- 3.2.2 At the meetings held on 25 April 2023 our ICB Quality Committee and ICB Finance, Investment and Performance Committee (FIPC) agreed to have the option to meet in public and in private to ensure effectiveness. Reporting from those Committees will continue to be shared in the public domain for transparency.
- 3.2.3 Our next ICB Board development session will be held next month in Bradford, our NHSE Regional Director, Richard Barker will be in attendance.

3.3 2022 / 23 Annual Report and Accounts

- 3.3.1 The ICB Audit Committee has approved the timetable for sign off and submission of the ICB Annual Report and Accounts and the former Clinical Commissioning Group (CCG) Quarter 1 Annual Report and Accounts. The draft submissions were made at the end of April 2023 and are currently being audited.
- 3.3.2 The Audit Committee will meet with the auditors ahead of an additional virtual ICB Board meeting on 27 June 2023 to formally sign off the Annual Reports and Accounts ahead of submission to NHSE.

3.4 Submission of our 2023 / 24 West Yorkshire ICB Financial Plan

- 3.4.1 Our West Yorkshire 2023 / 24 NHS financial plan continues in its development and delivery, reporting regularly to NHSE, with oversight from a Board approved sub-group of ICB Non-Executive Members

(NEMs) and Executives and also our ICB Committees, including the Committee for FIPC. Our ICB Chief Executive and Director of Finance will report further on this in their respective reports to Board this month.

- 3.4.2 The oversight of our 2023 / 24 NHS financial plan for West Yorkshire included an in-person meeting last month in Leeds with the NHSE senior team, including the NHSE Chief Executive Amanda Pritchard and NHSE Regional Director Richard Barker. West Yorkshire was represented at the meeting by our ICB Chief Executive Rob Webster, ICB Director of Finance Jonathan Webb, ICB Board member for the acute sector Brendan Brown and me as ICB Chair. All seven ICBs across the North of England met individually with NHSE that day on their respective system financial planning and performance.
- 3.4.3 Thank you to colleagues across our five Places, Provider Collaboratives and our NHS provider Trusts for working in partnership to contribute to our 2023 / 24 system financial plans and their continued work on the plan's delivery in line with the ICB's duty to deliver a balanced system budget. Particular thanks to our ICB Director of Finance Jonathan Webb for his leadership in this planning and delivery process.

4. Outcomes Focused

4.1 West Yorkshire ICB Annual Governance Review

- 4.1.1 The ICB is required to carry out an annual governance review during Quarter 1 (April – June) of 2023 / 24. The review is based on a self-assessment and focuses on the role and functioning of the ICB Board; decision-making; governance of ICB commissioning; and governance of the wider NHS system.
- 4.1.2 The ICB has been assisting with the development of guidance and case studies to support the creation of the national NHSE guidance. We have commenced the initial stages of the review.
- 4.1.3 The Board and its related Committees, including in Places, held development sessions during April 2023, reflecting on effective ways of working, including responsibilities for system leadership; the ability for all Board or Committee members to contribute to issues under consideration; the effectiveness of delegation to committees, partners and executives; and future areas for development. Work on the review will continue in the coming weeks, and a report will summarise the review findings in the early autumn 2023.

4.2 West Yorkshire Harnessing the Power of Communities (HPoC)

- 4.2.1 Following the ICB Board meeting in public in March 2023 when we held a 'focus on' engagement and Board meeting item on the sustainability of the Voluntary, Community and Social Enterprise (VCSE) sector, our

ICB Board member Kim Shutler advocating for the VCSE sector has worked across our system to take forward actions and recommendations. This has included communications last month from the ICB Board to VCSE representatives who attended the engagement session in March 2023 in Wakefield and with the VCSE leadership across West Yorkshire, including on our continued commitment to the sector and a £2m investment from the ICB in VCSE organisations for HPoC to design in partnership with the sector.

4.2.2 A follow-up activity from the March 2023 Board meeting was a virtual roundtable on 3 May 2023 on VCSE sector sustainability via NHS and Local Authority contracting and commissioning, hosted by Kim Shutler and myself as ICB Chair. This forum and subsequent work will aim to share and improve practice across Places and partners.

4.2.3 Thank you to Kim Shutler for her efforts and drive in taking this agenda forward with HPoC colleagues and partners.

4.3 **Embedding Citizen's Voices in Decision-Making**

4.3.1 Our commitment as a Board since September 2022 to embed citizen's voices in our decision-making continues, alongside a wish to regularly engage and be visible as Board members with staff, patients, local residents and partners.

4.3.2 Our engagement session for this May 2023 Board meeting in public will be on oral health and dental services, working with Healthwatch organisations across West Yorkshire, including our ICB Board member advocate for Healthwatch Hannah Davies. Thanks to all those involved in arranging this and contributing to the session.

4.3.3 A development in outlining the ICB Board's engagement with local leaders and citizens is a new section of our ICB website outlining our previous and forthcoming engagement sessions which can be found here: [Board engagement sessions : West Yorkshire Health & Care Partnership](#) A summary of the results of the May 2023 engagement session will be included on this page online by the end of May / early June.

4.3.4 We will review the format and effectiveness of these Board engagement sessions via our first annual ICB governance review this summer and look to take on board learning and develop formats into the autumn this year as a result. This will then mark one-year-on from approving this approach at our September 2022 Board meeting in public.

4.3.5 Proposed future 'focus on' topics for Board meetings and engagement sessions will link with our Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and are currently as follows: June / July 2023 – integrated community services (confirmed); September /

October 2023 - mental health services and the mental health investment standard (MHIS) (confirmed); November / December 2023 - children and young people's services, including NHS and social care (to be confirmed).

4.4 West Yorkshire Community Services Provider Collaborative

- 4.4.1 The ICS's in development Community Services Provider Collaborative held its first in-person development session last month in Brighouse, hosted by Leeds Community Healthcare NHS Trust's (LCHT) Chair Brodie Clark CBE and Locala's Chief Executive Karen Jackson who has an ICB Board remit for the community services sector. The half-day session was attended by representatives from the independent care sector, primary care, NHS community services, VCSE sector and national representatives from community nursing.
- 4.4.2 The results of the session will be included in the 'focus on' Board report on integrated community services for our July 2023 Board meeting in public in Batley. Thanks to Karen Jackson for leading on this with colleagues, aiming to link with existing forums and programme boards, including the Fuller Delivery Board for primary care.
- 4.4.3 The Community Services Provider Collaborative is our newest Provider Collaborative in West Yorkshire. They would welcome learning from the more established West Yorkshire Association of Acute Trusts (WYAAT) and the Mental Health, Learning Disabilities and Autism (MHLDA) Provider Collaborative.

5. Partnerships

5.1 West Yorkshire Health and Care Partnership – Integrated Care Partnership (ICP)

- 5.1.1 Our Partnership Board will have oversight of our strategy's delivery through and with the ICB and its Board and Committees, including via the Partnership Board's forthcoming meetings in June, September and December 2023. This is in-line with our governance handbook.
- 5.1.2 The results of our Partnership Board development session in March 2023 in Leeds are being reviewed and will inform future gatherings of leaders across Local Authorities, the NHS and the VCSE sector.
- 5.1.3 We continue to invite partners across our HCP to share workforce data with our Race Equality Network (REN) to inform the next stage of our work in tackling inequalities for our colleagues from Black, Asian and minority ethnic groups. A reminder of this will be shared at the Partnership Board meeting in June 2023.

5.2 Working with the West Yorkshire Combined Authority (WYCA)

- 5.2.1 We held a strategic planning meeting with Mayor of West Yorkshire, Tracy Brabin and her senior team at WYCA last month to take forward plans which complement those in motion at WYCA, the Mayor's public commitments and our Partnership's refreshed strategy. The two joint roles between WYCA and our Partnership outlined below will contribute to developing and deliver in-common plans for the benefit of local residents, especially the fourth purpose of an ICS in terms of broader social and economic development, also referenced in the Chief Executive Board Report. An update on progress on this joint work will be shared regularly with the ICB Board and our Partnership as appropriate.
- 5.2.2 The West Yorkshire ICB remains committed to continuing its work to address the inequalities impacting our diverse communities and staff. We know a key element of this is working with our partners to influence some of the wider determinants of health.
- 5.2.3 The ICB is working on this agenda closely with our colleagues in local government as well as the WYCA. We are pleased to report that we have appointed a West Yorkshire Inclusivity Champion and Consultant in Public Health in shared roles across both organisations. These roles will work closely with regional leaders and the communities they serve to provide expert advice on inclusion and addressing regional disparities, including social, economic and health.

5.3 Working with NHS Confederation

- 5.3.1 A requested virtual introductory engagement and networking session was held by NHS Confederation last month for ICB Chairs and NEMs from all seven ICBs across the North of England to exchange practice. The session included our NHSE Regional Director, Richard Barker as Guest Speaker and it was welcomed by attendees, including from our ICB Board. Future in-person and virtual sessions are currently being explored with NHS Confederation within our current membership.
- 5.3.2 West Yorkshire is one of five Integrated Care Systems that have agreed to partner with the Institute for Public Policy Research and the NHS Confederation to support the development of a framework to support an ICS' understanding of the relationship between health and wealth and the role that health and care partnerships might play as anchor systems. Our West Yorkshire System Leadership Executive meeting on the 2 May this year was used to discuss how these

opportunities could be realised covering a broad range of issues, including employment and skills, procurement and climate. This is also referenced in the Chief Executive Report to Board This conversation will be used to shape the joint priorities between the ICB and WYCA. It also references back to our contribution to the NHS Confederation's national report of December 2022 on the NHS's potential contribution to economic development which featured a recommended maturity framework and a case study informed by our own system work to date.

6. People

6.1 All Staff Briefings and ICB Operating Model

6.1.1 Senior ICB colleagues via a programme board continue with plans to respond to the NHSE required reductions in resources over two financial years. Our Chief Executive will report further on this via his Board report this month.

6.1.2 The ICB All Staff Briefing session on 17 April 2023 complemented this work. The virtual session was attended by over 600 ICB staff across our five Places, offering a briefing by our senior team, led by our Chief Executive Rob Webster and an open question and answer session with senior ICB leaders, facilitated by me as ICB Chair. Follow-up communications for all staff and separate Place staff briefings took place subsequently.

6.2 ICB Board Appraisals

6.2.1 Planning continues for the first year of annual appraisals of ICB Board members, and regular reporting on plans has been shared with our ICB Remuneration and Nominations Committee, including ICB NEMs and co-opted NHS provider Trust Board Non-Executive Committee members. This ICB Board appraisal process links with the ICB workforce appraisal process which is currently being developed in conjunction with the ICB Staff Networks.

6.2.2 The **appraisal of our Chief Executive** will take place in June 2023, led by me as ICB Chair, referring to a general brief from our NHSE Regional Director. The appraisal will include a self-assessment, the results of an online 360-feedback process undertaken this month with selected stakeholders, feedback from partners gained over the last 12 months, and a review meeting. As ICB Chair I will provide a summary overview of the appraisal and 2023 / 24 objectives agreed with our Chief Executive to the next ICB Remuneration and Nomination Committee meeting which meets in private.

- 6.2.3 Our Chief Executive is leading on **ICB Executive Director and Place Accountable Officer appraisals**, including a self-assessment, feedback gained from partners over the last 12 months and a review meeting. The Chief Executive will provide a summary overview of the appraisals and the 2023 / 24 objectives agreed with ICB Executive Directors and Place Leads to the next ICB Remuneration and Nomination Committee meeting.
- 6.2.4 My **ICB Chair appraisal** will also take place in June led by ICB Board's Senior Independent Director (SID) and Audit Chair, Jane Madeley. My appraisal will be linked to a brief from our NHSE Regional Director specifically on NHS ICB and provider Trust Chair objectives for 2023 / 24. The appraisal will include a self-assessment, the results of an online 360-feedback process undertaken this month with selected stakeholders, feedback from partners gained over the last 12 months, and a review meeting. The Board's SID will report a summary overview of my appraisal and 2023 / 24 objectives agreed with me against the NHSE brief to the NHSE Regional Director by the national deadline for Chair appraisals of 30 June 2023 and also to the next ICB Remuneration and Nomination Committee meeting.
- 6.2.5 As ICB Chair I am leading on the **appraisals for ICB NEMs**, including our SID, which will take place from mid-June to early July 2023, including a self-assessment, feedback on their Committee Chair role via the ICB's recent annual governance review and a review meeting. I will provide a summary overview of the appraisals and the 2023 / 24 objectives, linked to the NHSE brief for NHS Chairs and agreed with the ICB NEMs, to the next ICB Remuneration and Nomination Committee meeting. Through this reporting process a reminder of NEM Board roles and remits and staggered terms of service will also be included for the Committee.
- 6.2.6 **Annual reviews for ICB Board members who are sector leads** and advocates will be offered from this month to complement their own annual appraisal within their sector and organisation, involving me as ICB Chair and / or our Chief Executive as appropriate.
- 6.2.7 I will provide an update on the progress and completion of Board appraisals and 2023 / 24 objective setting in my July and September ICB Chair reports later this year.

6.3 Place Committee Chair Recruitment

- 6.3.1 Calderdale Cares Place Committee and Place Accountable Officer recently worked together to recruit a new Place Committee Chair within the ICB's governance arrangements. Interviews took place at the end of April 2023, involving the Calderdale Place Lead, a representative from the REN and me as ICB Chair, supported by our ICB People Directorate. The newly appointed Chair will be announced shortly.
- 6.3.2 Thank you to Calderdale's previous Place Committee Chair John Mallalieu for his contributions and time in setting up the Committee with colleagues as well as his broader contributions to our health and care system.

6.4 NExT Director Placement

- 6.4.1 I am pleased to share that Haris Sultan will continue with our ICB Board via his NHSE NExT Director placement.
- 6.4.2 Haris has been part of our Board as an attendee for 12 months now, gaining professional development opportunities in a Non-Executive role and contributing to our work as a Board under the future generations remit. In consultation with Haris, he has had his contract extended until the end of this calendar year with the support of NHSE and our ICB Remuneration and Nomination Committee, and I will hold a review meeting with him later this month.

7. Recommendations

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