



NHS West Yorkshire Integrated Care Board

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Wednesday 8 November 2023

To: NHS West Yorkshire Integrated Care Board colleagues
Cc: NHS West Yorkshire Integrated Care Board members

Dear colleagues

Thank you and update.

I am conscious that our NHS West Yorkshire Integrated Care Board (ICB) All Staff Briefings over the past six months have focused significantly on the running cost allowances for 2023/24 and the development of our new operating model. This is an important piece of work which we must get right if we are to build an organisation fit for the future that delivers on our [Partnership's Five-Year Integrated Strategy](#), [NHS Joint Forward Plan](#) and [People Plan](#) for everyone living and working in West Yorkshire.

It is also the case that these changes are happening during one of the busiest times for services, our partners and organisation. To meet the challenges that face us, we must retain a focus on purpose and impact, as well as organisational change. We will also continue to work across our places, provider collaboratives and partner organisations to ensure that we have capacity and a focus on delivering the best services and outcomes possible for all.

I wanted to write to you now to set out some of the national, regional, and local context, which I usually cover in the monthly All Staff Briefings. I will also be hosting a conversation this Thursday 9 November, 2pm to 3pm, for anyone who wants to discuss issues in more detail. Please let your communication colleagues know if you haven't received the invite.

CONTEXT

COVID Inquiry

The news has been dominated by testimony from senior officials involved in the [UK COVID-19 Inquiry](#). This has been set up to examine the UK's response to and impact of the pandemic, and to learn lessons for the future. This has gained profile in recent weeks as the Inquiry has focused on the Government's response to the pandemic.



Several key figures from across Government are being questioned about their leadership, and more will follow.

It's fair to say that these testimonies have involved written communications from ministers and special advisors that are disrespectful and fall far short of the standards we would expect of each other here.

Evidence also suggests the response to the pandemic was not always sufficiently focused on the needs of people living on low incomes, people with disabilities and people with other protected characteristics, including ethnicity and gender.

Given what we have lived through at work and at home during this time, I know many of you will be shocked, angry, disappointed, or hurt by the testimony. You may also be triggered by what you are seeing and hearing in the news.

I want to especially acknowledge and recognise the valuable and specialist skills of you all and the positive impact that your contribution made and continues to make in supporting people and communities as we continue to recover from the pandemic.

I would also reflect that my direct experience of those times was one where I saw us at our best, in the most appalling, difficult and challenging circumstances. The courage, commitment, and collaboration of everyone ensured that we kept services going, took steps to address inequity and supported staff to help people. Our behaviours were in line with the values we hold and always in support of each other.

I also importantly want to remind you that our [Staff Mental Health and Wellbeing Hub](#) offers a range of resource for staff and teams. There is also wellbeing support available for ICB colleagues via the contact details on [Share Board](#). Please take up these offers if you need them, including the working carers passport.

Evidence has already been presented to the Inquiry's Chair, Baroness Hallett who has divided the Inquiry's investigation into modules. Not all of this was offensive or hurtful, and last week we heard evidence from health and care leaders, such as Lord Simon Stevens, previous CEO for NHS England. This covered governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long COVID-19 diagnosis and support.

Political landscape

The global political landscape is dominated by wars in Europe and the Middle East. The consequences of these are felt in our communities and in our workforce. The direct impact of war in our communities, including staff, and the cost of living has a real impact on those also with connections to Ukraine, Israel, Gaza, and the West Bank - which are visible for us all to see.

At these times, we look to ensure that we recognise the words of Jo Cox MP, "We have more in common than that which divides us".



The combined support for [cost of living](#), the [System of Sanctuary](#) work or help for people affected by current conflicts through our networks continues to set the tone with our behaviours as people and leaders.

We are, and always will be, affected by politics. As we enter a period in the run up to the election, there will be more that will be made of political debates in relation to the NHS. This is normal and we must recognise this will continue in the media and elsewhere. This has been seen recently in issues such as the Secretary of State's request on equality, diversity, and inclusion roles in the NHS. Thanks to colleagues here for this response that went to all ICB staff on the 24 October, which you can read [here](#).

In this context, we will remain focused on what we are here to deliver, in the way we have set about delivering it. How we work is as important as what we do.

Political leadership is essential in health and care. Following the pause in industrial action, we hope that there will be a resolution of the dispute between the British Medical Association (BMA) and the Government. There are some early signs that talks are happening and, elsewhere, we can see that staff who mirror agenda for change terms in Community Interest Companies, such as Locala Community Partnerships, will get their pay award after a period of conversation and lobbying by Social Enterprise UK.

Local political leadership remains strongly connected to our work, with the West Yorkshire Mayor and council leaders, as part of [West Yorkshire Combined Authority](#) (WYCA), engaged fully in our work locally and across the area. This is seen in some excellent developments, including our work on becoming a [trauma informed system](#), the [system of sanctuary](#), [tackling health inequalities](#), [reducing violence against women and girls](#), creativity and health. Senior roles, such as the [West Yorkshire Inclusivity Champion](#) and joint posts across WYCA and the ICB show serious intent.

OUR PRIORITIES

We have a set of local and national priorities in the Partnership. Our national work covers priorities such as ambulance response times, elective waiting lists, urgent care, primary and community services, mental health, care for people with learning disabilities and autism, finance, and efficiency. Locally this is amplified by substantial work on supporting people with multi-morbidity, suicide prevention, help for informal carers, housing and health, health inequalities, creativity and health and ensuring support for people affected by the cost-of-living crisis. During these times of change, I wanted to remind you of some of the progress we are making.

Quality and Safety

We always retain a focus on quality and safety. The ICB's System Quality Group and the Quality Committee consider the picture and the areas of focus. This includes our work on the following.

- [Maternity and neonatal care](#) – which is cited as good practice in recent CQC inspections



- [Learning from deaths of people with learning disabilities](#) – with a LeDeR action plan signed off by the organisation to ensure things continue to improve
- Ensuring the safety of people seeking asylum and refugees. This includes the action plan to address issues and learning identified in previous support for people coming to West Yorkshire
- Active support for partners in Bradford in relation to the development of the [Children and Families Trust](#)
- Improved monitoring and oversight work with the Yorkshire Ambulance Service NHS Trust on delays.

The importance of a focus on safety is something we will continue to reinforce in this period and beyond.

Vaccinations

More than six million lifesaving vaccinations have been given across West Yorkshire, marking another significant milestone in the area's COVID-19 vaccination programme (accurate on 31 October 2023). We have been promoting vaccination as part of our "Winter Strong" campaign and the autumn 2023 COVID-19 vaccination campaign is being joined up with the flu vaccination programme and is part of a package of health and care measures being rolled out to prepare West Yorkshire residents for winter. With the pressure from industrial action, demand on emergency services, alongside the risk of a new COVID-19 variant (BA.2.86), and other winter viruses, including the flu, it's vital that those most at risk of serious illness are protected. If you are eligible to receive these vaccinations, please do so. I personally found receiving mine from a community pharmacy in Bradford very straightforward and convenient, with lots of options.

Planning for winter

Public health campaigns, including [‘Together we can’](#), are only one part of the work we are doing to get ready for winter. Planning started in February this year, with lessons learned from last winter being identified and brought into this year's arrangements. We have a simple approach this year based on the following four themes.

- Building capacity to meet demand. This includes ensuring there are sufficient hospital beds available for people in hospitals
- Managing people's needs through vaccination and health protection, for example protecting those most vulnerable
- Implementing the [10 High Impact Actions on Urgent and Emergency Care](#)
- Putting in place a [system coordination centre](#) infrastructure, supported by [emergency preparedness, resilience and response](#) (EPRR) reviews of capacity and capability.

This continues to be a substantial undertaking with work in all sectors and places across West Yorkshire.

Elective care recovery

We know that industrial action and substantial demand have placed substantial pressure on people waiting for treatment. In West Yorkshire there are 274,850 people on the waiting list for planned care.



Of those, 2,420 people have been waiting for more than one year and six people have been waiting for more than two years (accurate 22 October 2023).

Industrial action has also had an indirect impact on all our work, through the requirement to plan and manage the industrial action periods and re-book patients, reducing the capacity available to support productivity and quality improvements in the delivery of services.

Hospital Trusts continue to work together through the [West Yorkshire Association of Acute Trusts](#) with patient safety the priority. They continue to focus on delivery of our operational plan for 2023/2024 to ensure no patients are waiting more than 65 weeks by the end of March 2024, in line with the national ambition. Recent announcements on surgical hubs and the expansion of [community diagnostic centres](#) have included developments in West Yorkshire too. This is no accident and comes on the back of significant work by teams here.

NHS England has also set an expectation that all people in a mental health crisis can access support via NHS111. As a system we support this ambition and need to make sure that its implementation does not inadvertently destabilise our crisis offer or create barriers to access for people who need care. We are working between the Trusts, our voluntary and community providers, and Yorkshire Ambulance Service to undertake a West Yorkshire approach.

Primary and community care

We continue to work across our primary and community teams to ensure that we have joined up care in communities. This work happens with all partners, driven mostly in local places, supported by West Yorkshire programmes. We are making good progress on the [Primary Care Access Recovery Plan](#) required by NHS England. Critically, we are also focused on local work to transform care to meet the mental, physical, and social needs of people. Just this week, I was in Chapeltown in Leeds talking to colleagues from the [Feel Good Factor](#), a third sector organisation engaged in wellbeing support in general practices and joined up care for people leaving hospital.

All this work is overseen by our “Fuller Board”, which considers how we ensure that good access and planned changes are being progressed. Our Community Care Collaborative and Hospice Collaboratives also have a key delivery role. At the [Board meeting on the 21 November](#) (which you can watch online live on the day), we will be discussing progress across this agenda over the last year and what further support is needed.

Access to [dentistry](#) continues to be a priority and an area of good practice. There is a helpful blog for you to read [here](#) by Ian Holmes, Director of Strategy and Partnerships for the ICB, and Hayden Ridsdale, a Programme Manager in the Strategy and Partnerships Directorate.

We have been singled out as good practice by the Local Dental Committees (LDCs) nationally for the way we are engaging on this important issue; and we are investing capacity and resources in ensuring we build a way out of the current difficult state for people needing NHS dental care. Thanks to the whole team for the work here.



Mental health

We know that the Covid pandemic and the cost-of-living crisis have impacted upon the mental health and wellbeing of people in West Yorkshire.

Our mental health programme and very mature [West Yorkshire Mental Health, Learning Disabilities and Autism Collaborative](#) are active in a range of areas.

Nationally, the focus is on a range of targets, such as access to psychological therapies, early intervention in psychosis, perinatal mental health and out of area placements. We continue to do relatively well on most of the major indicators, except for out of area placements and access to child and adolescent mental health services, which continue to be strong areas of focus.

We also continue to support the system and places in suicide prevention work, including award winning work and campaigns. If you are interested in becoming a [suicide prevention champion](#), then please do get in touch.

Learning disabilities, autism, and ADHD

Thanks to everyone working on providing better support to people with learning disabilities (LD), autistic people and those with ADHD. This is an area where we have set the tone locally and nationally – with developments like the prioritisation of people with learning disabilities on the waiting list, reasonable adjustments for people accessing vaccinations and a focus on health checks. These come together in our [LD challenge](#) work.

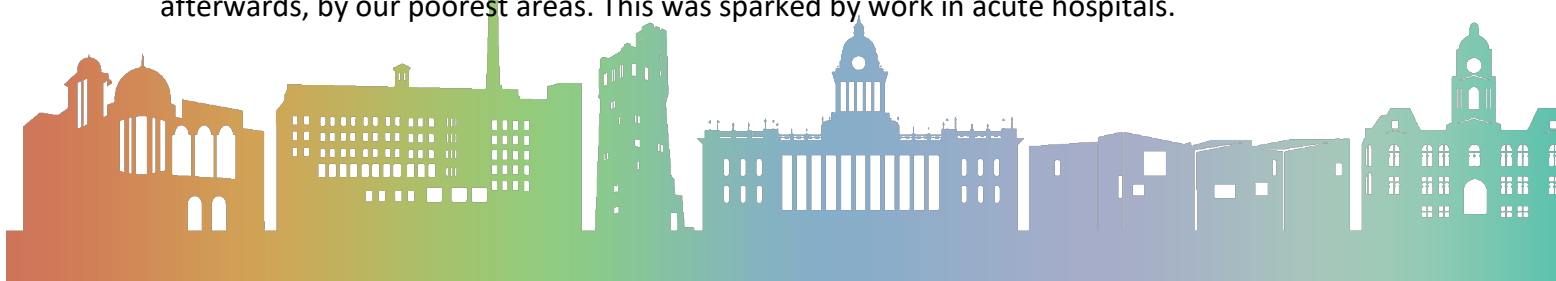
It is also an area where more needs to be done, with concerning levels of delay for people seeking autism and ADHD assessments. We are doing substantial work to transfer care models in this area so that we can resolve long waits and assure quality of care for people. This will take time to fix but we will fix it.

Health inequalities

In all the above, we remain focused on tackling health inequalities we know exist, and which have been exacerbated over the past few years. As a Partnership, which the ICB is part of, we continue to build on the Core20PLUS5 approach introduced in 2021/22 to support the reduction of health inequalities experienced by adults, young people, and children.

Specific focus on populations ethnicity, poverty, people with learning disabilities and mental illness will address health inequalities. That alone is insufficient.

I am delighted that so many people have been engaged in the [Health Inequalities Academy](#), our work on race equity, the proliferation of [Health Equity Fellowships](#) and our constant consideration of which groups of people are impacted the most in society and need the most support. This has now infected the way we work in a very positive way. For example, the work on ambulance conveyances with [West Yorkshire Association of Acute Trusts](#) and the AHSN (now [Health Innovation Yorkshire and Humber](#)) looking at data on calls and conveyance shows the different populations that call ambulances and what happens afterwards, by our poorest areas. This was sparked by work in acute hospitals.



I would also like to thank everyone involved in the [Universal Health Inquiry Report](#) conducted with South Bank University. Bradford colleagues worked to show how a flat offer of support is an unfair one, that resources do not yet follow need and that we can make substantial changes to services locally to better meet the needs of people. This work will feed into plans in all our places, alongside the work of our Clinical and Care Professional Forum, who discussed this at their meeting on Tuesday 7 November, for the second time.

In bringing all this together, we now have a Joint Scientific Advisory Group set up with the West Yorkshire Combined Authority, Mayor's Office.

Transformation

Our role as an ICB is substantially about transforming care to better meet the needs of people. We do this through enabling others – as set out in the proposed operating model. We also need to recognise the supporting strategies that we have in place:

- **Capital and estates:** with excellent progress on Calderdale and Huddersfield NHS Foundation Trust, Leeds Pathology Centre, Airedale NHS Foundation Trust and funding for surgical hubs and community diagnostic centres. Thanks to everyone working on these issues as well as the broader estates strategy covering primary and community care. Much still needs to be done and our work with Government on schemes continues.
- **Digital and data:** Our [West Yorkshire Digital Strategy](#) sets out how we will ensure that tech and data enable transformation, productivity and efficiency. We are making progress on several fronts and have excellent examples of how this work can transform care. This includes the work in Leeds on the Office of Data Analytics; work in Wakefield on considering how we identify and support vulnerable people; and the Bradford Digital Enterprise Zone. Work also continues electronic patient record systems and interoperability. Our investment in a new Chief Digital and Information Officer (interviews will take place in December) will ensure the right leadership is in place.
- **People:** The People Board is supporting delivery of the [West Yorkshire People Plan](#). There is a strong focus on all workforce dimensions, and focused work such as inclusive recruitment, social care staffing, skills and international recruitment to roles and professions. This huge undertaking, in a context of the [NHS Long-Term Workforce Plan](#) is essential if we are to succeed.

Finance and efficiency

The 2023/24 ICS Financial Plan was based on a planned surplus of £25m in the ICB and a combined planned deficit of £25m in NHS providers. There are several factors which have created significant financial challenges across the NHS, including the direct costs of industrial action and associated management focus, the continued impact of inflation above nationally expected levels, and the continued growth of spend on medicines in primary care (above national expectations).

At the time of writing, we are expecting some welcome news on additional resources for the NHS and I will update you on this in subsequent briefings.



This position sits alongside an ever-tightening financial position in local authorities, which impact on services, people, and communities.

The development of a medium-term financial model for the West Yorkshire Integrated Care System continues which will inform our 2024/25 and beyond plans.

We are working hard to ensure we support national colleagues as they seek improvements of this from the Treasury as a result of pay, inflation and industrial action costs. We are also working closely to close this gap.

This work is continuous and affects everyone. I know we are all focused on delivering high quality services and financial prudence.

We are also working on a medium-term financial plan to get out of this cycle of short termism. This will focus on the position over the next 4 years and cover, supply demand and the need to deliver:

- Management cost savings
- Procurement efficiencies
- Service productivity through adoption of best practice
- Service transformation to drive clinical and cost effectiveness.

This approach is akin to the Long-Term Financial Models required of NHS Foundation Trusts. It is good discipline and will help us focus on our role in the system.

A good culture

Everything we do over the coming weeks and months will be guided by our [West Yorkshire values and in service of our mission to improve outcomes for local people](#). I believe leadership happens in systems, is values based and can happen at all levels. The past months (and years) have proven me right. I would like to encourage everyone to complete their NHS Staff Survey this year. It is more important than ever to hear how things are for you and what we need to keep doing and where we need to improve.

Finally, I want to emphasise that there is a strong vote of confidence in system working and in organisations like our ICB. We have worked together in difficult times to help meet the mental, physical, and social needs of people and your hard work is much appreciated and nationally recognised.

The work we have done in unprecedented times has required leadership from every seat in the organisation and will continue to do so. I am proud to be your Chief Executive and of what we have achieved together as an ICB.

I hope you find this letter helpful. Apologies that it is very long – and still doesn't cover everything! As the staff consultation on the operating model is midway through, and as we enter the final phase, we will resume weekly communications on the operating model, and ensure local and West Yorkshire staff meetings are scheduled at the right times.



Thank you for everything you do for the people of West Yorkshire

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Webster', on a light grey rectangular background.

Rob Webster CBE

Chief Executive, NHS West Yorkshire Integrated Care Board

