
Brought to you by

ACTIVE BRADFORD

ACTIVE CALDERDALE

ACTIVE LEEDS

ACTIVE WITHERNSEA

GET DONCASTER MOVING

JOIN US. MOVE. PLAY.

ACTIVE HUMBER

North Yorkshire Sport

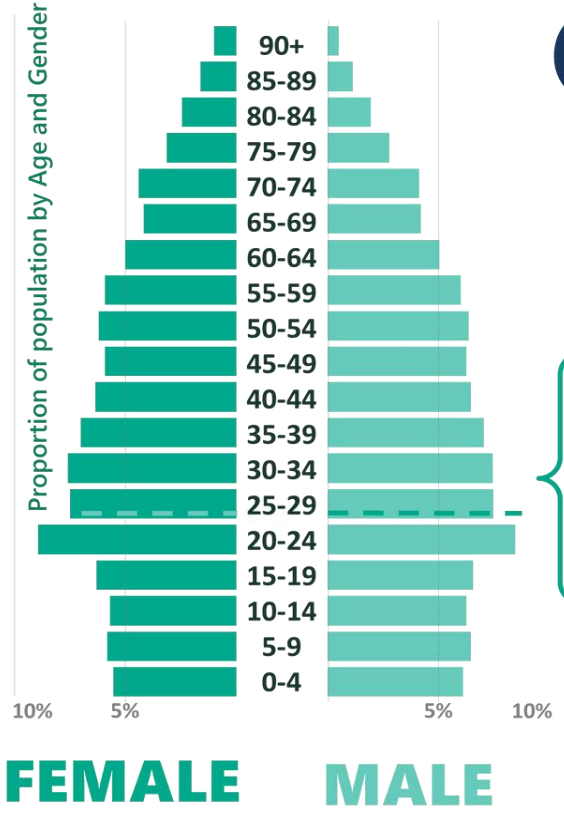
Yorkshire Sport Foundation

SPORT ENGLAND

# Health, care and wellbeing in Leeds

Tony Cooke, Chief Officer Health Partnerships

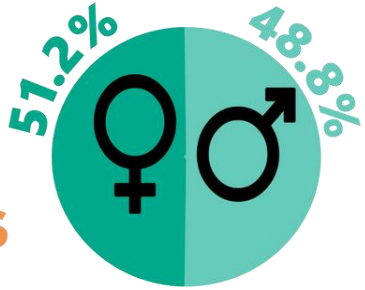
# About Leeds




**811,956**

**341,467**

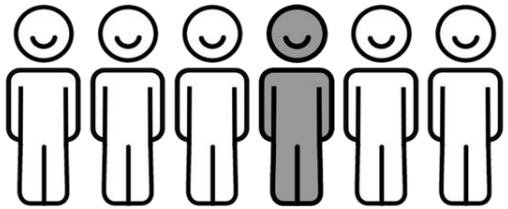
HOUSEHOLDS



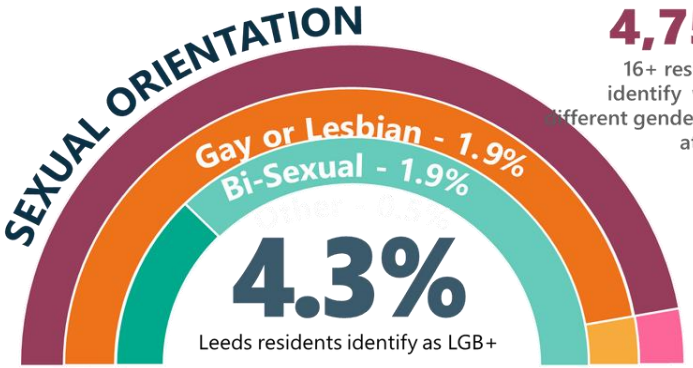

ETHNICITY


The average age of a Leeds resident is **37**

DISABILITIES



1 in 6 people living in Leeds are considered disabled under the Equality Act. (16.7%)

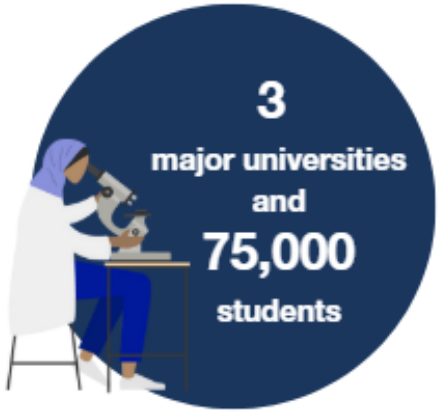



**4,754**

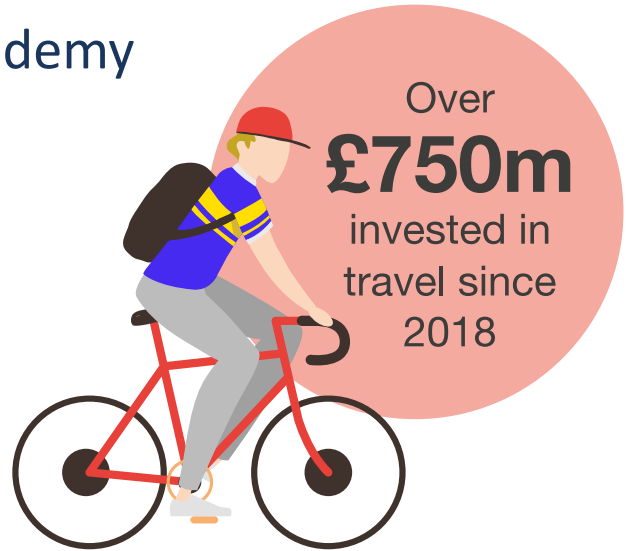
16+ residents identify with a different gender than at birth

# Lots to be proud of…

- Third largest and economically fastest growing city in the country
- Leading city for digital, data and tech companies
- Leeds Academic Health Partnership and Innovation Arc
- Team Leeds
- Priority Neighbourhoods
- Health and Care Academy
- Marmot City
- Pioneer of ABCD
- Connecting Leeds
- LCPs








# But more to do…

**31%**
of children and young people are inactive.
**24%**
of all adults are inactive
**36%**
of older adults are inactive.

The gap in life expectancy between the most affluent and least affluent areas is
**14** years for women and
**11** years for men

**26%**
of the population in Leeds live in the
**10%**
most deprived areas nationally

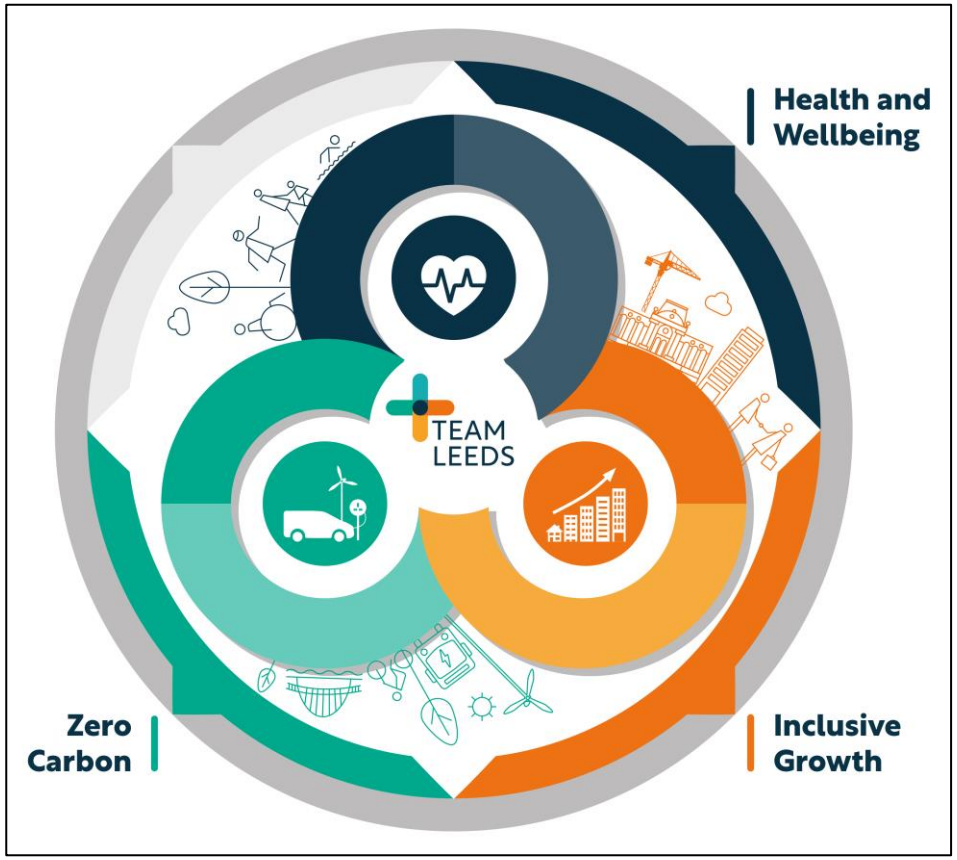
**54**
of every
**1000**
deaths in Leeds are connected to air pollution

**12.5%**
of Leeds residents earn less than the real Living Wage

The **Leeds Dock, Hunslet and Stourton** area of the city has the lowest female life expectancy in England

**7%**
increase in child population from 2012-2018
**13%**
in deprived areas

# City strategies






TEAM LEEDS

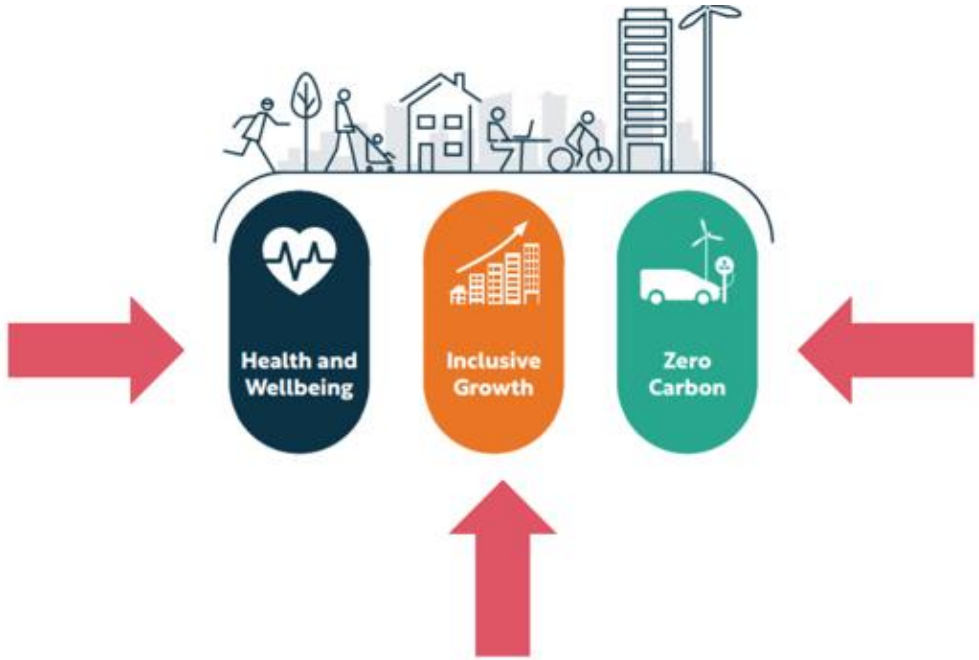
# Physical activity and the Best City Ambition

Contributing to physical and mental health.

Some is good, more is better.

Significant health benefits for prevention, quality of life and management of conditions.

This includes long term conditions (such as Diabetes, hypertension), Falls and Frailty, dementia, depression and anxiety.




Improving the wellbeing of our workforce.

Evidence shows improved productivity, resilience and decreased sickness rates.

Leading through research delivered by our local universities.

Reducing our impact on the planet through active travel and decrease reliance on private cars.

Working with our local communities to improve the spaces around us to be active and play in.

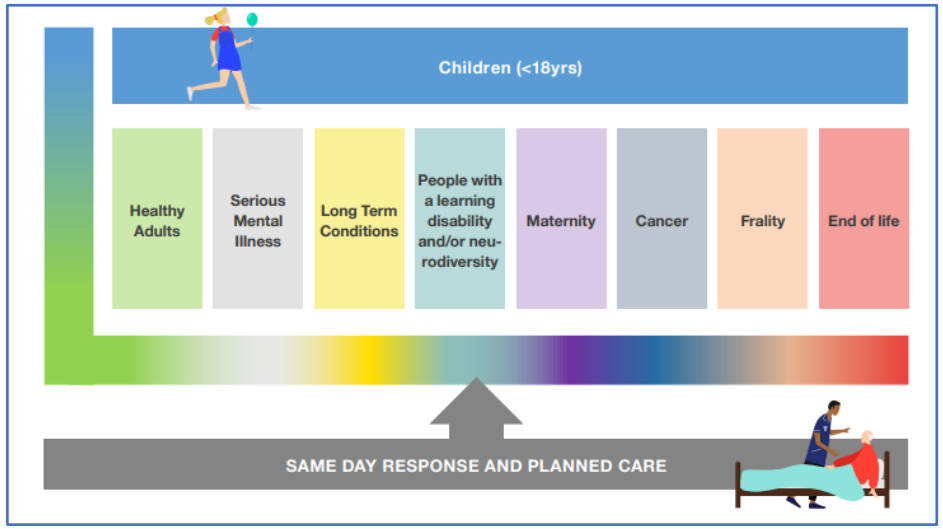
# Healthy Leeds Plan

## Health and Care Plan Goals:

Reduce preventable unplanned care and utilisation across health settings

Increase early identification and intervention (of both, risk factors and actual physical and mental illness)

**Focussed on 26% of population in Leeds who live in the 10% most deprived areas nationally.**




**Population health management**


**Integrated neighbourhood health and care**

# Physical activity in the Health and Care Plan

**Examples:**

## Population: Maternity

- Improving outcomes for people who are over 18 and who are pregnant or within two years of pregnancy.
- A population size of 12,000 people.
- Established a gestational diabetes and maternal healthy weight workstream.
- Includes targeted physical activity interventions.

## Population: Healthy adults

- Improving outcomes for people aged over 18 with no diagnosed long-term condition and not pregnant.
- A population size of 340,000 people.
- Key outcome – ensure people in this population are physically healthier for longer.
- Have established social prescribing approaches, which includes physically activity.

# Delivering our physical activity ambition

**Examples:**

Active Travel
Social Prescribing

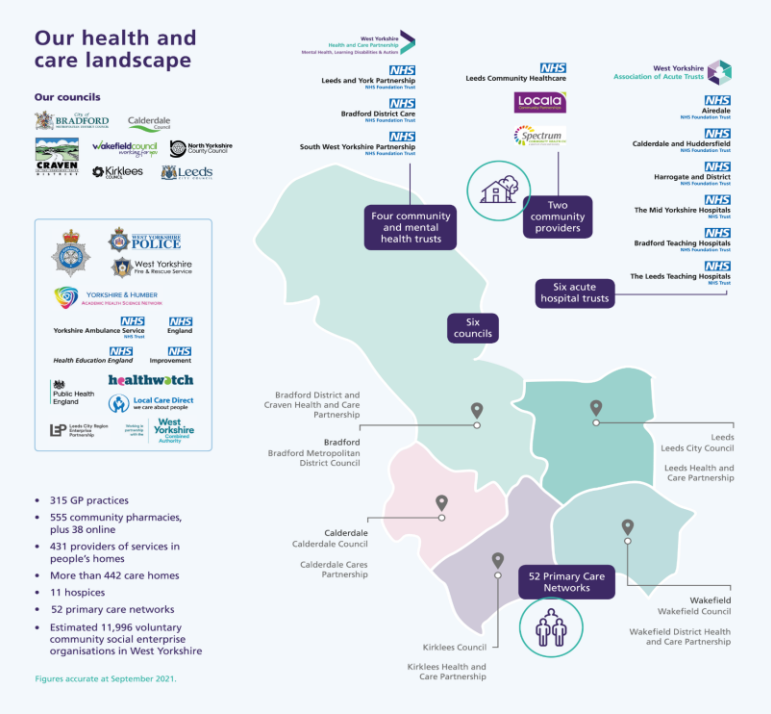
Get Set Leeds Local

Leeds Encouraging Activity in People (LEAP)

#TeamLeeds

# Beyond Leeds

## Regionally: Integrated Care Systems




## Nationally:

The Ten-Year Health Plan

- 3 big shifts:
- Moving care from hospitals to community.
- Making better use of technology.
- Focussing on preventing sickness, not just treating it.

In Leeds we are already aligned with these 3 shifts, e.g.:

- HomeFirst, transforming intermediate care to reduce delayed discharge and help more people receive care at home.
- We are a national leader in health tech and innovation.
- We are making progress in defining our neighbourhood model.

**The future of health and care planning and prioritisation will be dominated by the three shifts, system integration, population health management, and neighbourhood health planning. Physical activity partners can be part of this journey.**

# Thank-you


Brought to you by

ACTIVE BRADFORD

ACTIVE CALDERDALE

ACTIVE LEEDS

ACTIVE WITHERNSEA

GET DONCASTER MOVING

JOIN US. MOVE. PLAY.

ACTIVE HUMBER

North Yorkshire Sport

Yorkshire Sport Foundation

SPORT ENGLAND

# Our day together…

| Time | Activity | Lead |
|---|---|---|
| 10:00am | Leeds: A city where everyone can be more active, more often | Tony Cooke |
| 10:30am | **Health Perspectives:**<br>• National perspectives and horizon scanning<br>• Working across a System – 'Integration and Collaboration' | Annie Holden<br>Dr David Crichton |
| 11:30am | Break | |
| 11:45am | **Health Perspectives (cont.):**<br>• Understanding a local 'Place' context – what are the opportunities and threats?<br>• Panel discussion | Steve Brennan<br><br>Jodie Bridger &<br>Damien Smith |
| 12:45am | Lunch | |
| 1:30pm | **Open Space session**<br>Sharing learning and approaches – what this means in action | Richard Croker<br>Ben Wiliams<br>Susan Haigh |
| 2:50pm | Review, reflection and next steps | Gayle Elvidge |
| 3:00pm | Close | |

# Sharing the Learning

## Purpose:

1. To benefit from the latest ideas, methodologies and learning from whole systems and place based physical activity approaches.
2. To create opportunities for people to come together as a regional network to build relationships and partnerships.
3. To provide examples of work across themes and cross cutting agendas, increase communication and collaboration across the region.
4. To provide a platform to support and promote other events and learning opportunities regionally. Ensure a connected network and avoid duplication.

# Labour's five missions to rebuild Britain

## 1) Kickstart economic growth

to secure the highest sustained growth in the G7 – with good jobs and productivity growth in every part of the country making everyone, no

## 2) Make

to cut bills, c
carbon elec

## 3) Take

by halving s
police and c

## 4) Break down barriers to opportunity

by reforming our childcare and education systems, to make sure there is no class ceiling on the ambitions of young people in Britain.

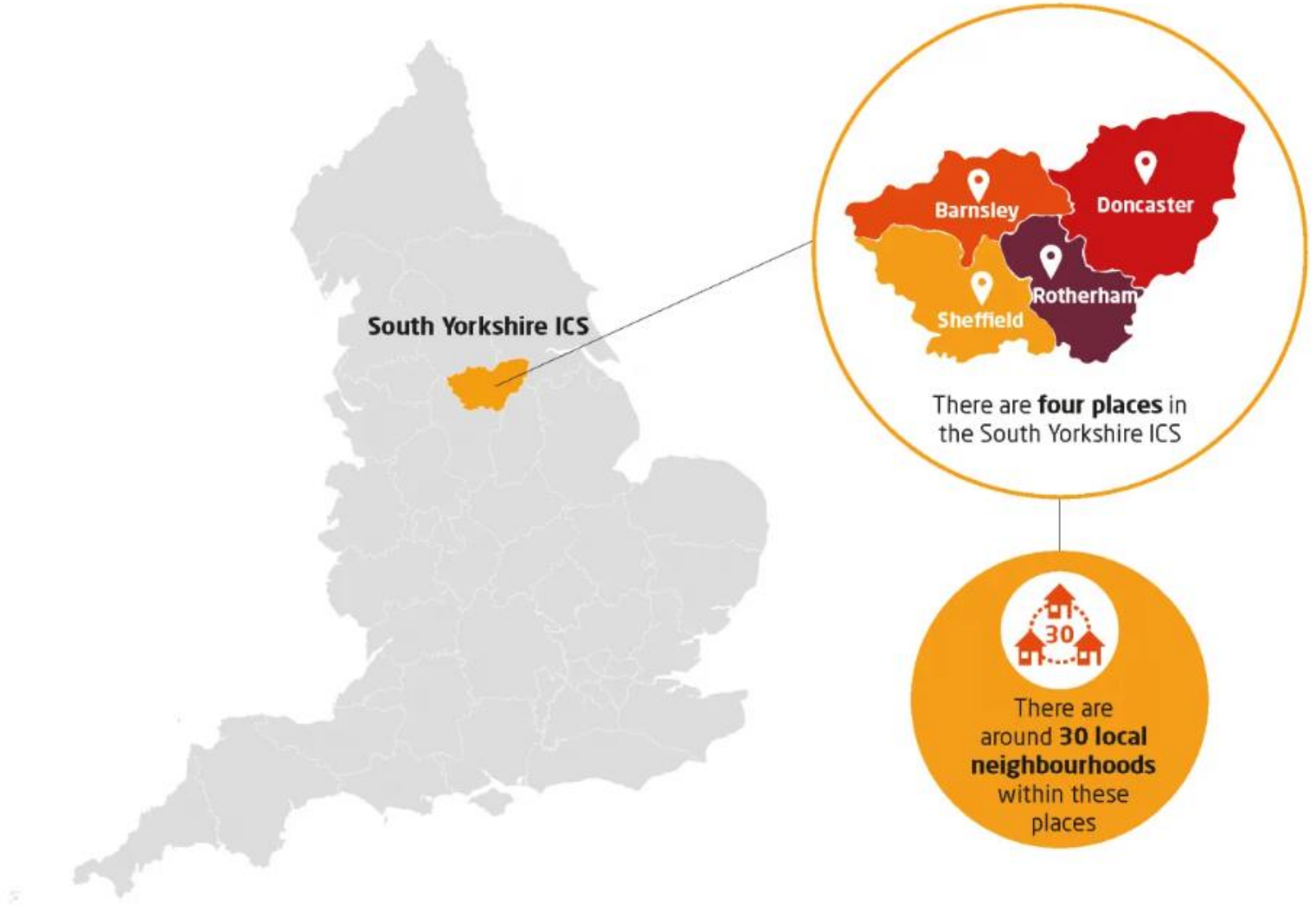
## 5) Build an NHS fit for the future

that is there when people need it; with fewer lives lost to the biggest killers; in a fairer Britain, where everyone lives well for longer.

# Community Led; System Enabled

## We can be unapologetically ambitious in increasing activity levels

# What part can you play?



# ALMOST EVERYONE KNOWS IT'S KEY FOR PEOPLE WITH LTHCs TO BE PHYSICALLY ACTIVE

% agree 'physical activity is important in managing or preventing long term health conditions'


**Source: Richmond Group of Charities, Bridging the Gap report (April 2024) -** Q01. In your opinion, how important is physical activity in managing or preventing long term health conditions? Base: People with LTHC (n=1009), Family/friends/carers (n=569), Health and social care professionals (n=339), Charity/voluntary professionals (n=63), Sport & physical activity professionals (n=117), Government professionals (n=71)


Brought to you by

# National perspectives and horizon scanning February 12th, 2025

Improving health through addressing strategic priorities relating to reducing inactivity levels, in areas of need.

# Us on a page

2023–2027

## Active Partnerships National Organisation

### Vision

To make active lifestyles the norm for everyone.

### Mission

To make it easier for everyone to enjoy an active life.

We will help create the right conditions in local places to remove inequalities and build relationships to connect networks and advance change.

### Ambitions

- Be an **OUTSTANDING** performing organisation.
- Have a **HIGHLY CONNECTED NETWORK** of strong performing Active Partnerships.
- **EVIDENCING CHANGE** through a robust, meaningful and embedded measurement, evaluation and learning framework.
- Be **VALUED AS LEADERS, CREATING MOMENTUM** across places for 'Uniting the Movement' to flourish.

### Role

- To Connect
- To Strengthen
- To Enable

### Principles

- People and culture-first
- Equity, Diversity and Inclusion at our core
- Being a collective
- Innovation-driven
- Learning by design
- Being a sustainable and ethical workplace

### Values

- Passion for our purpose
- A collaborative spirit
- Trust brings connectivity

# National priorities and government alignment

# NHS 10 Year Health Plan

CHANGE NHS

**Help build a health service fit for the future**

The 10 Year Health Plan will be built around 3 shifts:

## Moving more care from hospitals to communities

Moving care from hospitals into homes, closer to the places people live and their community.

## Making better use of technology

Using digital technology promises faster, higher-quality, more connected care.


## Preventing sickness, not just treating it

Preventing rather than simply treating sickness will keep people healthier for longer.


# Implementation Plan for 2025-28 in development.

- SE currently developing and testing a small set of insight-led priorities that will galvanise the whole organisation and focus how we work together over next 3 years.
- Early indications are that collaboration with H&WB partners will be at the heart of these, supporting people at greatest risk of, and living with, LTHCs (subject to consultation).
- Priorities will have clear line of sight to government Health and Opportunity Missions.

# HEALTH & WELLBEING
# KEY OPPORTUNITIES FOR CHANGE 2022-25

SPORT ENGLAND

**Influence people working in the NHS and social care to prioritise physical activity to address health inequalities**

**Improve the pathway between health and organised activity by removing barriers associated with risk**

**Champion the role of sport & physical activity in supporting positive mental health and wellbeing**

HORIZONS

National Academy for Social Prescribing

The Richmond Group of Charities

Active Partnerships
Engaging Communities, Transforming Lives

mind

Transformation Partners in Health and Care

Office for Health Improvement & Disparities

WE ARE UNDEFEATABLE

Faculty of Sport and Exercise Medicine UK

Edge Hill University

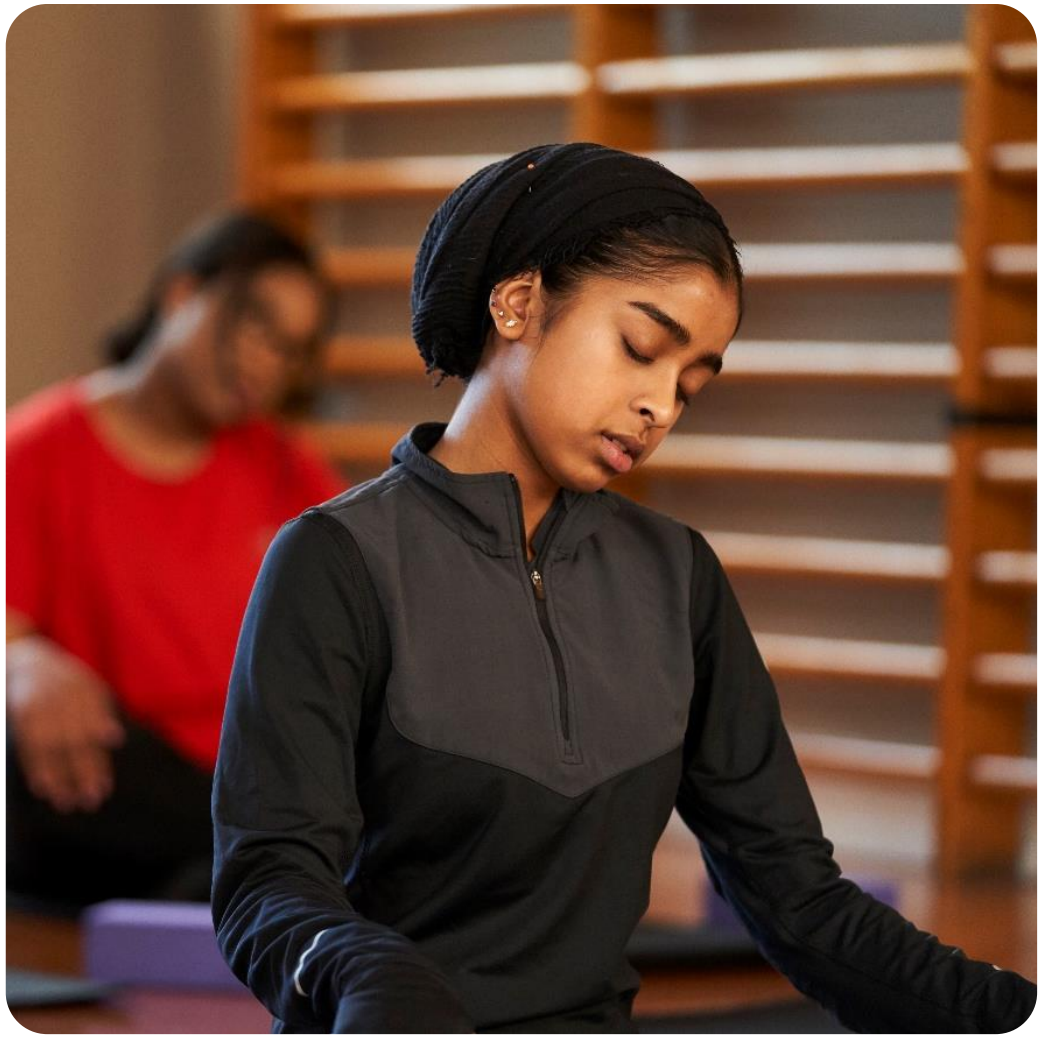
# NHSE Position Statement

# NHSE Position Statement

- The NHS public health team has developed a position statement to emphasise the importance of physical activity within the NHS, with contributions from key group members.

- The statement includes four calls to action that align with ongoing and past efforts in the Collaborative group, aiming to highlight the significance of prevention.

- With support from figures like Michelle Rigozzi* in the Cabinet Office, there is hope for increased focus and energy on this area of work.



*Michelle Rigozzi is part of the newly established Mission Delivery Unit in the Cabinet Office, focused on prevention and public health – and includes PA.

# Four Ways Forward

**1**

**Empowering Healthcare Professionals**

Enabling HCPs to have skills & confidence to discuss importance of PA building on Active 10, Couch to 5k etc.

**2**

**Integrating Physical Activity into Clinical Pathways**

Aligned to NICE Guidance. Reducing risk.

**3**

**Supporting the NHS Workforce to increase their physical activity**

How to support NHS staff to be physically active in and out of work.

**4**

**Supporting innovation and evaluation with partners**

Working with systems collaboratively with partners, regions, making sure that disparities in activity can be progressed.

SPORT ENGLAND

**Improving the journey between health and organised activity by removing barriers associated with risk.**

**A vision for removing friction and barriers and developing empowering, supportive, proportionate and trusted pathways between health and organised physical activity**

- Supporting people to access a PA pathway
- Understanding what matters to people and what they need
- Providing the right level of support to enhance their experience
- Offering choice and empowering people to engage how they can

MOVE consulting · Active Partnerships · Coventry University · SPORT ENGLAND

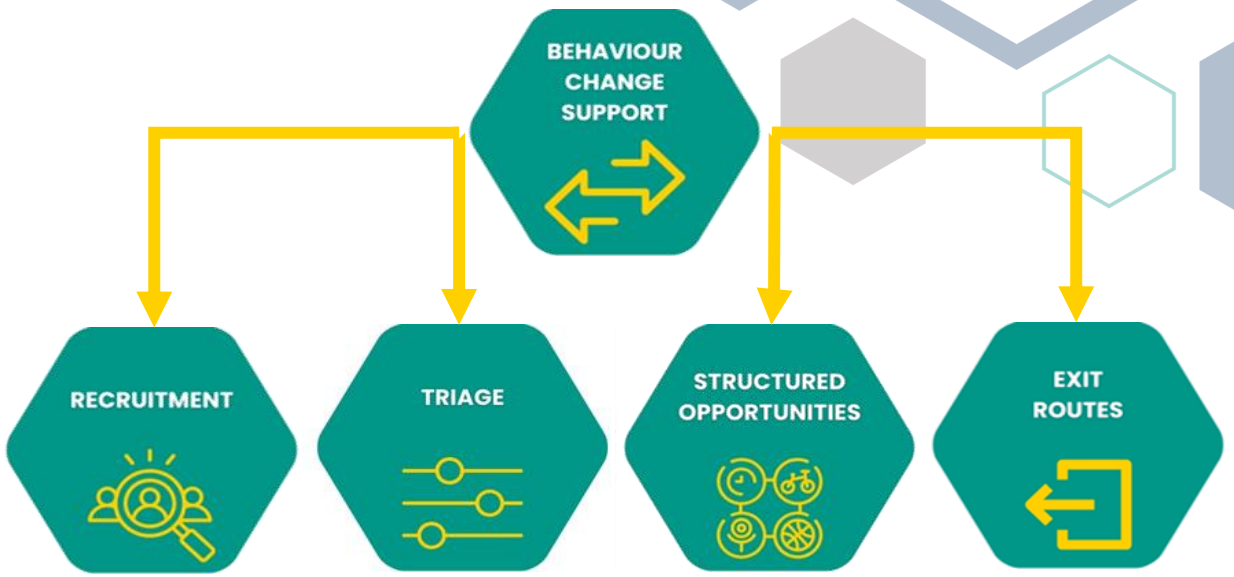

## Overview

- Funded through Sport England, working in partnership with Active Partnership National Organisation to address a key component of this work, to integrate physical activity into health and care systems.
- Engaged with over 150 cross-sector national to local stakeholders, formulated four focused community of practice groups (39 members).
- Explored the conditions for success, highlighting the evidence base, examples of common practice and feedback on new concepts.
- Developing information and guidance to support the creation of physical activity for health pathways at place.

MOVE consulting · Active Partnerships · Coventry University · SPORT ENGLAND

# Key Insights


Development considerations




Core design features

# Key messages

The consensus statements are based on a rapid review of the evidence and have been developed through an academically rigorous consensus process by Healthcare Professionals, for Healthcare Professionals.

The key message is that the risk of adverse events when getting active is low, and that physical activity is safe, even for people living with symptoms of multiple health conditions. Regular physical activity, in combination with standard medical care, has an important role to play the treatment and prevention of many conditions. Well informed, person centred conversations with healthcare professionals can reassure people and further reduce this risk.

Benefits outweigh the risks: a consensus statement

Active Partnerships
Engaging Communities, Transforming Lives

SPORT ENGLAND

Faculty of Sport and Exercise Medicine UK

Moving Medicine

# PROACTIVE: A Person-centred ROadmap addressing risk, empowering ACTIVity for Everyone

## A Cross-Sector Health Improvement Programme

# Key conclusions from the report

- Addressing **perception of risk** of physical activity for people living with LTHCs is important.
- There is a **cross-sector appreciation** of the importance of this journey and a unanimous **willingness** to engage in it. The journey to meaningful change is **complex**.
- Gaining clarity and understanding of both **medicolegal and activity provider liability** will be vital to engagement and reassurance for all stakeholders in the implementation phase.
- Following this, there should be a **cross-sector toolkit** developed focussing on Policy, Standards, Resources and Data.
- Any roadmap must be supported through **strong patient/person involvement** and a coherent communications strategy using all available channels.

# Working with the Faculty of Sport and Exercise Medicine


## Why is it important to change policy and narrative around risk and benefit?

Moving Medicine

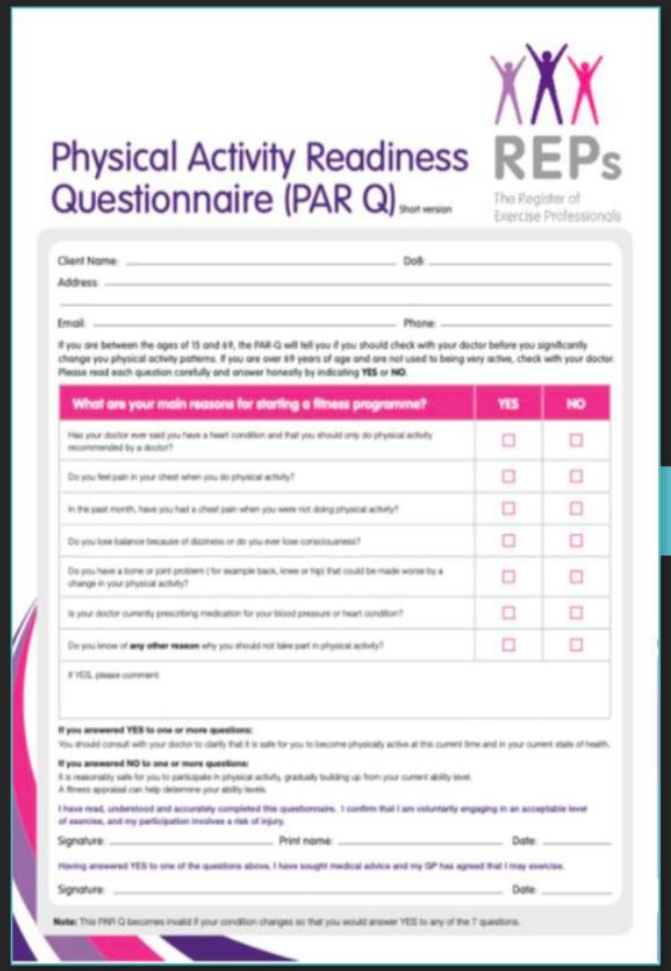
# Why is it important to change policy and narrative around risk and benefit?

Moving Medicine

- Because behavioral change science tells us it is
- Because UK and world policy tells us it is
- Because UK and world policy and literature tells us its safe
- Because available evidence suggests a need for a different delivery approach

# Moving from Clearance to Guidance

Moving Medicine



Physical Activity Readiness Questionnaire (PAR Q) Short version

REPs The Register of Exercise Professionals

Client Name: DoB:

Address:

Email: Phone:

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change you physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating **YES** or **NO**.

| What are your main reasons for starting a fitness programme? | YES | NO |
|---|---|---|
| Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? | ☐ | ☐ |
| Do you feel pain in your chest when you do physical activity? | ☐ | ☐ |
| In the past month, have you had a chest pain when you were not doing physical activity? | ☐ | ☐ |
| Do you lose balance because of dizziness or do you ever lose consciousness? | ☐ | ☐ |
| Do you have a bone or joint problem ( for example back, knee or hip) that could be made worse by a change in your physical activity? | ☐ | ☐ |
| Is your doctor currently prescribing medication for your blood pressure or heart condition? | ☐ | ☐ |
| Do you know of **any other reason** why you should not take part in physical activity? | ☐ | ☐ |

If YES, please comment

**If you answered YES to one or more questions:**

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

**If you answered NO to one or more questions:**

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.
A fitness appraisal can help determine your ability levels.

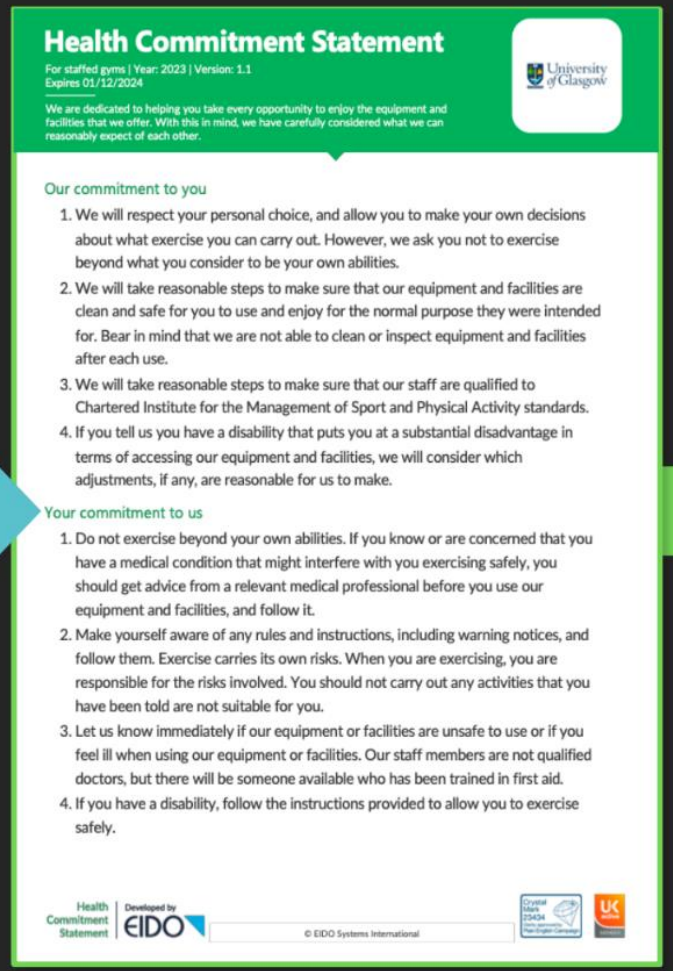
I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: Print name: Date:

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: Date:

**Note:** This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.



## Health Commitment Statement

For staffed gyms | Year: 2023 | Version: 1.1
Expires 01/12/2024

University of Glasgow

We are dedicated to helping you take every opportunity to enjoy the equipment and facilities that we offer. With this in mind, we have carefully considered what we can reasonably expect of each other.

### Our commitment to you

1. We will respect your personal choice, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.
2. We will take reasonable steps to make sure that our equipment and facilities are clean and safe for you to use and enjoy for the normal purpose they were intended for. Bear in mind that we are not able to clean or inspect equipment and facilities after each use.
3. We will take reasonable steps to make sure that our staff are qualified to Chartered Institute for the Management of Sport and Physical Activity standards.
4. If you tell us you have a disability that puts you at a substantial disadvantage in terms of accessing our equipment and facilities, we will consider which adjustments, if any, are reasonable for us to make.

### Your commitment to us

1. Do not exercise beyond your own abilities. If you know or are concerned that you have a medical condition that might interfere with you exercising safely, you should get advice from a relevant medical professional before you use our equipment and facilities, and follow it.
2. Make yourself aware of any rules and instructions, including warning notices, and follow them. Exercise carries its own risks. When you are exercising, you are responsible for the risks involved. You should not carry out any activities that you have been told are not suitable for you.
3. Let us know immediately if our equipment or facilities are unsafe to use or if you feel ill when using our equipment or facilities. Our staff members are not qualified doctors, but there will be someone available who has been trained in first aid.
4. If you have a disability, follow the instructions provided to allow you to exercise safely.

Health Commitment Statement | Developed by EIDO



## Person centered commitment resources(PCCR)

Patient empowerment WITH **Informed** consent:

- Disclosure of information
- Understanding
- Voluntariness
- Competence
- Documentation

**Proportionate**
Tailored & inclusive pathways based on need & choice

**Empowering**
Person centred, accessible guidance for all audiences

**Demedicalised**
And yet delivering appropriate support & trusted by HCPs

**Myth Busting**
Shared understanding of risk & liability across all parties

**Handrails**
Framework of Place resources to support consistent high-quality experiences

**Respond to Need**
Pathways give equal weight to behavioural support

# Thank you

activepartnerships.org


Brought to you by

NHS
South Yorkshire
Integrated Care Board

# Health & Physical Activity - Regional Event

Dr David Crichton

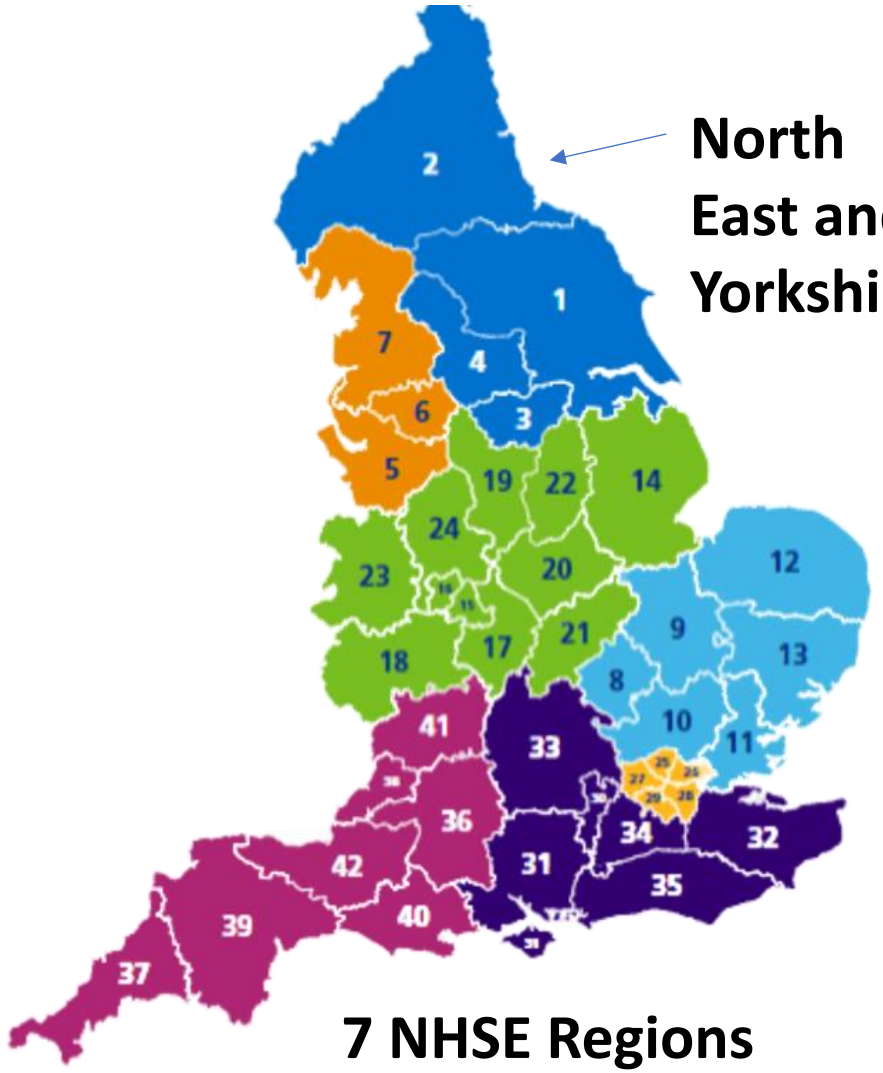
# Integrated Care – ‘Collaboration and Integration’

NHS South Yorkshire Integrated Care Board

42 Integrated Care Boards were established in England with the introduction of the new Health and Care Act 2022.

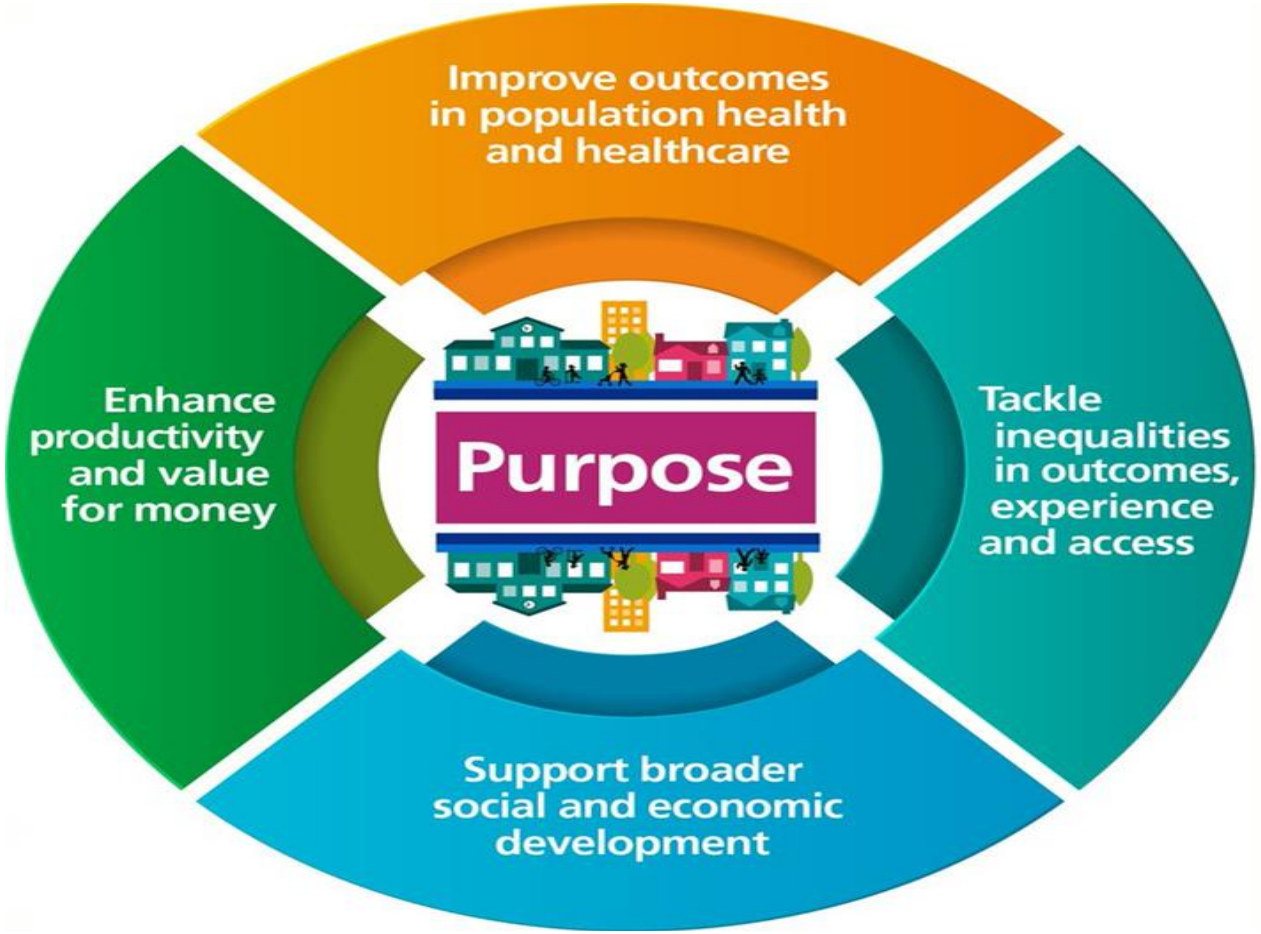
Statutory Bodies have two defining features:

- An **Integrated Care Board (ICB)** – a unitary NHS Body bringing together the NHS and the functions of Clinical Commissioning Groups and some from NHS England
- An **Integrated Care Partnership (ICP)** – committee convened by Local Authorities and the ICB within the area with a wide membership of partners
- **Integrated Care Systems (ICS)** is the entirety of all of the organisations and partners, including VSCE (voluntary, community and social enterprise).



# The core purposes of ICS are to:

NHS
South Yorkshire
Integrated Care Board



# Integrated Care Partnership

NHS
South Yorkshire
Integrated Care Board

[South Yorkshire Integrated Care Strategy]

| | |
|---|---|
| **Working Vision** | Everyone in our diverse communities lives a happy, healthier life for longer |

| | | | | |
|---|---|---|---|---|
| **Bold Ambitions** | Focus on development in early years so that every child in South Yorkshire is school ready | Act differently together to strengthen & accelerate our focus on prevention and early identification | Work together to increase economic participation and support a fair, inclusive and sustainable economy | Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities |

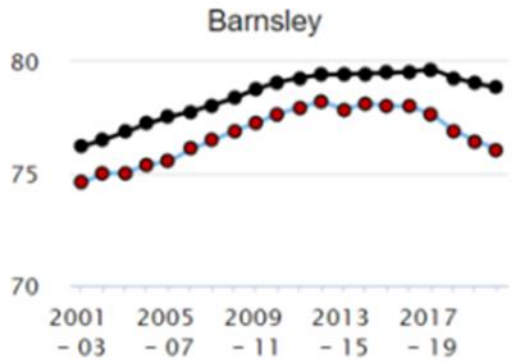
# A review of the health of South Yorkshire

NHS South Yorkshire Integrated Care Board

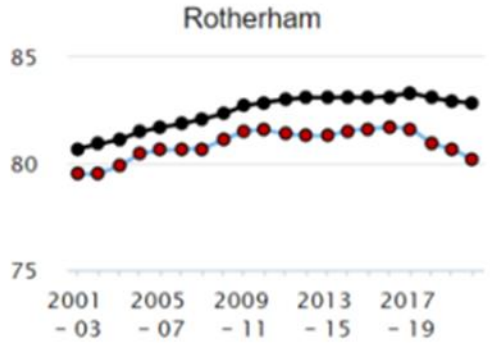
## Many people living in SY are dying years earlier than they should

Data from before the pandemic suggests that following more than a century of increasing life expectancy, **life expectancy in SY has plateaued and beginning to fall**

**Male Life Expectancy at Birth**




**Female Life Expectancy at Birth**

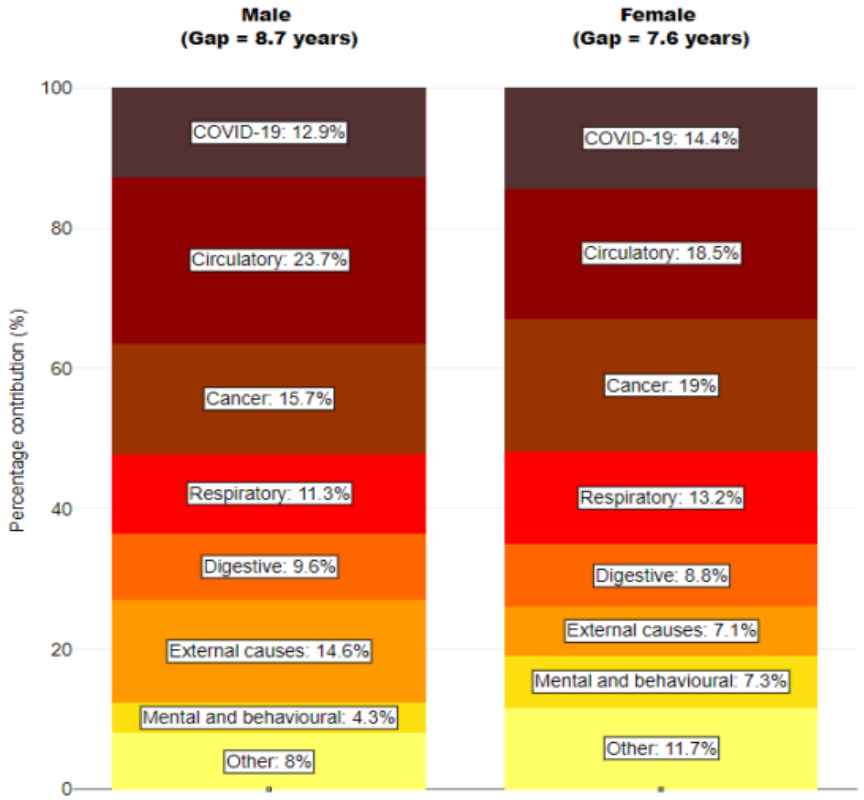



**People die 10 years earlier in the most deprived areas of SY compared to the least deprived**

# Main Causes of Early Death in South Yorkshire

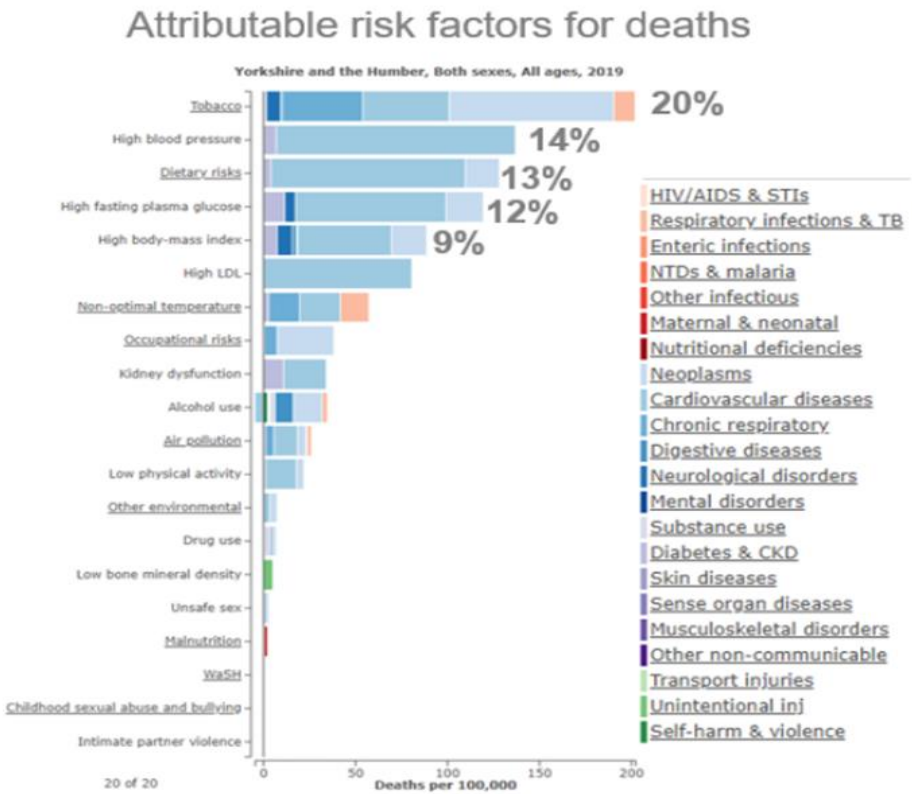
NHS South Yorkshire Integrated Care Board

Figure 7 Percentage breakdown of the life expectancy gap between the most and least deprived areas in South Yorkshire by cause of death, (2020 to 2021 data)




Source: Segment tool, OHID, 2023

**Chart A5 Attributable risk factors for deaths in Yorkshire and Humber**
Source: Global Burden of Disease




Our areas of greatest loss of life expectancy are also the areas that have the greatest opportunities for decreasing unwarranted variations in care.

# Shorter Lives, Lived in Ill Health

NHS South Yorkshire Integrated Care Board

Up to **20 years** difference in healthy life expectancy between least and most deprived communities in SY

People living in the most deprived areas experience onset of **multi-morbidity 10 – 15 years earlier** that those in the most affluent areas.

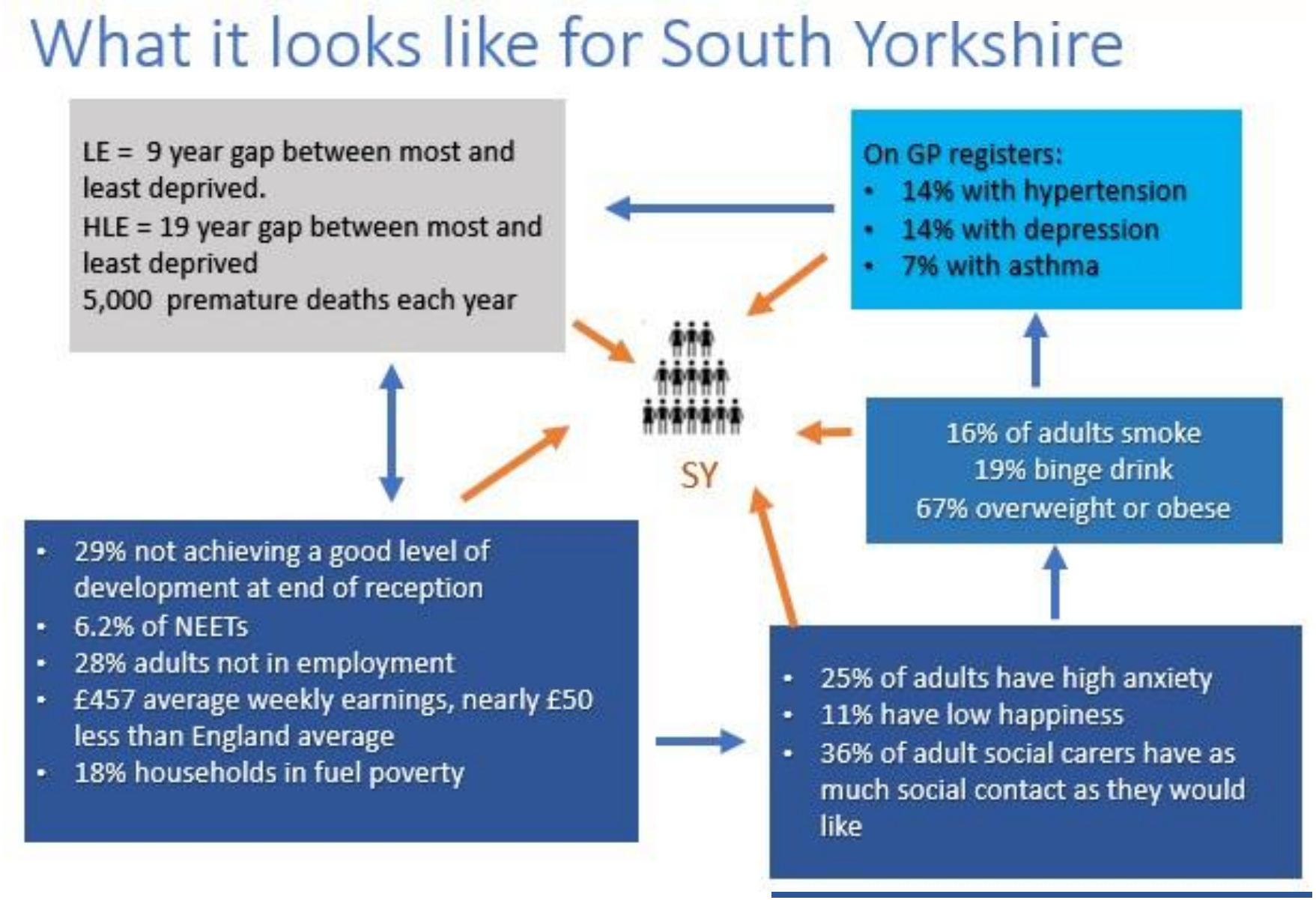

Smoking, Poor Diet, Physical Inactivity, Harmful Alcohol use and uncontrolled Hypertension are leading risk factors driving the high burden of preventable ill health and premature mortality

# What drives our health and wellbeing?

NHS South Yorkshire Integrated Care Board

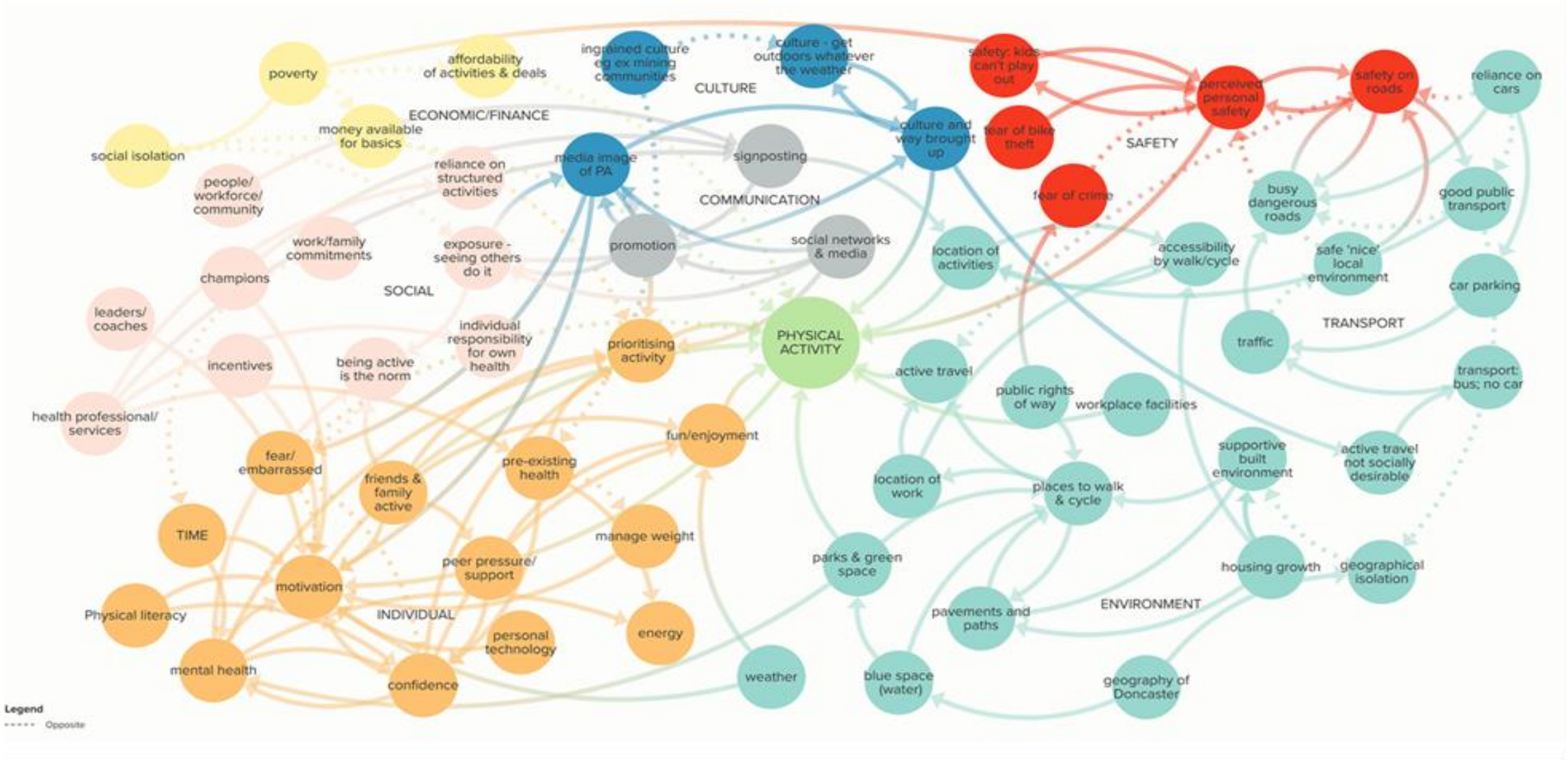
Factors associated with poorer health outcomes are **complex, overlapping**, and interact with one another.

This graphic shows the complex interplay between the determinants of health (for example, income and housing), psycho-social factors (for example, isolation and social support), health behaviours (for example, smoking and drinking) and physiological impacts (for example, high blood pressure and anxiety and depression)



# Solutions are multifactorial

NHS
South Yorkshire
Integrated Care Board



# Examples of working in partnership

NHS
South Yorkshire
Integrated Care Board

## Fit Rovers - Club Doncaster Foundation

- Started on 2017, partnership with NHS.
- 8-week Health and Wellbeing courses.
- Physical and mental wellbeing.
- https://youtu.be/IHD3EW3BG5A

Expanded

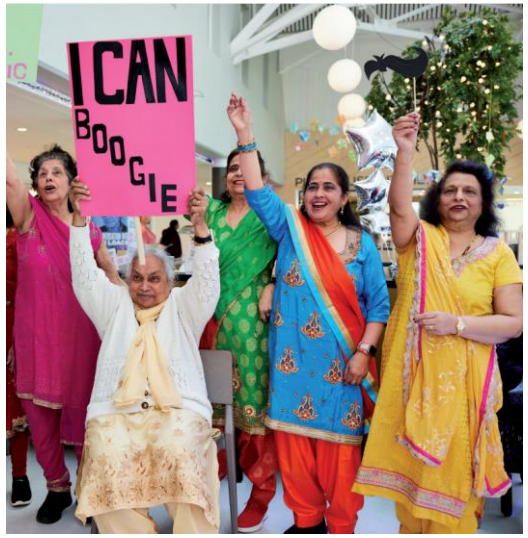
- Fit Ladies
- Fit Families
- Fit Veterans
- Pre and post-natal well-being classes. Won EFL community award.

# Examples of working in partnership

NHS
South Yorkshire
Integrated Care Board

[darts - Doncaster's participatory arts charity. We create art with people in Doncaster to improve life, learning & health]

- Dance on – 'Feel Good, Keep moving'




Singing for Memory - Friendly singing group for adults living with dementia and their family carers

Breathe & Connect is a programme for referred patients using singing, breathing, relaxation and gentle movement. Originally developed for people living with Long Covid, the programme is now commissioned by Doncaster and Bassetlaw Teaching Hospitals Trust for patients with Respiratory conditions.

# Darzi Investigation of the NHS in England

The investigation explores the challenges facing the NHS and sets the major themes for the forthcoming 10-year health plan

## Context for the Independent Investigation of the National Health Service in England

- **The National Health Service is in serious trouble:** The NHS is a much-treasured public institution embedded into the national psyche but is now in critical condition and experiencing falling public confidence
- **The health of the nation is worse:** increasing long-term conditions and worsening mental health, leading to a spike in 2.8m long-term sick from 2m, while the public health grant reduced by 25% and the public health body has been split into two
- **This is not a reason to question the principles of the NHS or to blame management:** managers have been "keeping the show on the road" and there is a virtuous circle where the NHS can help people back to work and act as an engine for national prosperity

## The challenges facing the NHS are interlinked…

**Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low**

**People struggle to see a GP** despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction

**Community waiting lists have soared** to 1million including 50,00+ people who had been waiting >1 year - 80% being children and young people. 345k people are waiting more than a year for **Mental Health** services

**A&E is in an awful state** and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1 year

**People receive high quality care if they access the right service at the right time, without health deteriorating**

- **Cardiovascular** mortality has rolled back as rapid access has deteriorated
- **Cancer** mortality is higher in part due to minimal improvement in detecting cancer at stage I and II
- **Dementia** has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

**Funding has been misaligned to strategy, with increased expenditure in acute driven by poor productivity**

**Too great a share of funding is on hospitals,** increasing from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could be discharged

**The number of hospital staff has increased sharply,** equal to a 17% since 2019, with 35% more working with adults and 75% more working with children

**Patients no longer flow through hospitals properly** leading to 7% fewer OP appts. per consultant, and 18% less activity for each clinician working in emergency

## Four main drivers are identified…

**It has been the most austere period in NHS history with revenue prioritised over capital**

- 2010-2018 funding grew at 1% compared to long term average of 3.4%
- £4.3bn has been raided from capital budgets between 2014 and 2019
- £37bn shortfall of capital investment has deprived the system of funds for new hospitals, primary care, diagnostics or digital

**The pandemic's legacy has been long-lasting on the health of the NHS and population**

- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems
- NHS volume dropped more sharply than any other comparable health system, e.g. 69% UK drop vs OECD 20% in knee replacements

**The voice of staff and patients is not loud enough as a vehicle to drive change**

- Patients feel less empowered or secure and compensation claims stand at £3bn per year
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to one-month a year for each nurse or midwife
- Discretionary effort has fallen up to 15% for nursing staff since 2019

**Management structures and systems have been subject to turbulence and are confused**

- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- Framework of standards and financial incentives is no longer effective

NHS
South Yorkshire
Integrated Care Board

## NHS 10-year plan – due to be published in May 25

Change NHS

3 shifts:

- Hospital to home - Change so that more people get care in the community closer to home
- Analogue to digital - Change so that we have the workforce we need with technology to deliver best care
- Treatment to prevention – so we are more proactive in providing care

# English Devolution White Paper - GOV.UK

**A new tier of government called 'Strategic Authorities' with remit defined in statute around a defined list of areas of competence:**

South Yorkshire Mayoral Combined Authority

## Devolution Framework Summary

| | |
|---|---|
| Transport and local infrastructure | 1. Power of Direction over Key Route Network<br>2. Statutory role in governing planning of rail network with ability to request further control over stations etc. |
| Skills and employment support | 1. Devolution of funding for supported employment provision and greater role in future design of contracted employment support<br>2. MCAs as joint owners of LSIPs (alongside business) and strategic working with DfE on career pathways |
| Housing and strategic planning | 1. Requirement to produce a Spatial Development Strategy & development powers similar to London e.g. ability to call in strategically important schemes and charge developers a Mayoral levy<br>2. Steer and monitoring ability over Homes England – who are also moving to a regionalised model more responsive to places |
| Economic development and regeneration | 1. Closer working with ALBs e.g. UKRI and Office for Investment – who will be more place centric and respond to regional needs<br>2. Devolution of Growth Hub funding within Integrated Settlement |
| Environment and climate change | 1. Retrofit funds to be included in integrated settlement at least by 2028<br>2. Expanded role in leading Local Nature Recovery Strategies and wider environment delivery |
| Health, wellbeing and public service reform | 1. New bespoke duty in relation to health improvement and health inequalities |
| Public safety | 1. Expectation that where coterminous MCAs will take on fire & rescue functions |

Legislative process: Expected to commence this Spring. Expected to become law in Summer 2026.
Much rests on the 2025 Spending Review: delivering on much of the White Paper's expectations will require a significant uplift in capacity funding to support the proposed growth in functions and responsibilities.

NHS
South Yorkshire
Integrated Care Board

# Any Questions?


Brought to you by

ACTIVE BRADFORD

ACTIVE CALDERDALE

ACTIVE LEEDS

ACTIVE WITHERNSEA

GET DONCASTER MOVING

JOIN US. MOVE. PLAY.

ACTIVE HUMBER

North Yorkshire Sport

Yorkshire Sport Foundation

SPORT ENGLAND

# Understanding a local ‘Place’ context – what are the opportunities and threats?

# Will Cover

- **What are ICSs, ICBs, and ICPs**
- **Kirklees Perspective: What does this feel like**
- **Physical Activity: Opportunities and challenges**
- **Some approaches that work for us**

# Integrated Care Systems

**Integrated care systems (ICSs)** are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

ICSs were established as legal entities, with statutory powers and responsibilities made up of 2 key elements:

- **integrated care boards (ICBs):** statutory bodies that are responsible for planning and funding most NHS services in the area
- **integrated care partnerships (ICPs):** statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area

Development of ICSs has been locally led within a broad national framework. This has led to differences in size and range of arrangements that have been put in place.

The arrangements are complex, and emergent which means they can be difficult to understand. However, systems of health and care are complex in themselves and don't lend themselves easily to standardisation and simplicity.

This dual structure was designed to support ICSs to act both as bodies responsible for NHS money and performance at the same time as acting as a wider system partnership.

# Integrated Care Systems

Working through their ICB and ICP, ICSs have **four key aims**:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

# Integrated Care Systems

**Integrated Care Boards:**

- Allocate NHS budget and commission for the population [functions previously done by CCGs, and some direct NHSE commissioning]
- Directly accountable to NHSE for performance and spend
- Can delegate functions to place based committees, but retain accountability
- Develop a 5-year system plan to meet population health needs – informed by Heath and Well Being Strategy
- ICB membership to include a chair, chief executive officer, and at least three other members drawn from **NHS trusts and foundation trusts, general practice and local authorities in the area.** At least one member to have expertise in MH.
- Ensure patients and communities are involved in planning and commissioning

# Integrated Care Systems

**Integrated Care Partnerships:**

- The ICP is a statutory joint committee of the ICB and local authoritie[s] in the area
- Brings together a broad set of system partners, support system working and develop an integrated care strategy to address health care, public health, and social care needs of population
- Build on joint strategic needs assessment and H&WB Strategy
- Developed with involvement of Healthwatch and local communities
- Significant local flexibility in arrangements.
- **Membership must include one member appointed by the ICB, one member appointed by each of the relevant local authorities, and others to be determined locally. This may include social care providers, public health, Healthwatch, VCSE organisations and others such as local housing or education providers.**

# Integrated Care Systems Kirklees Perspective

# What Does this Feel  Like?

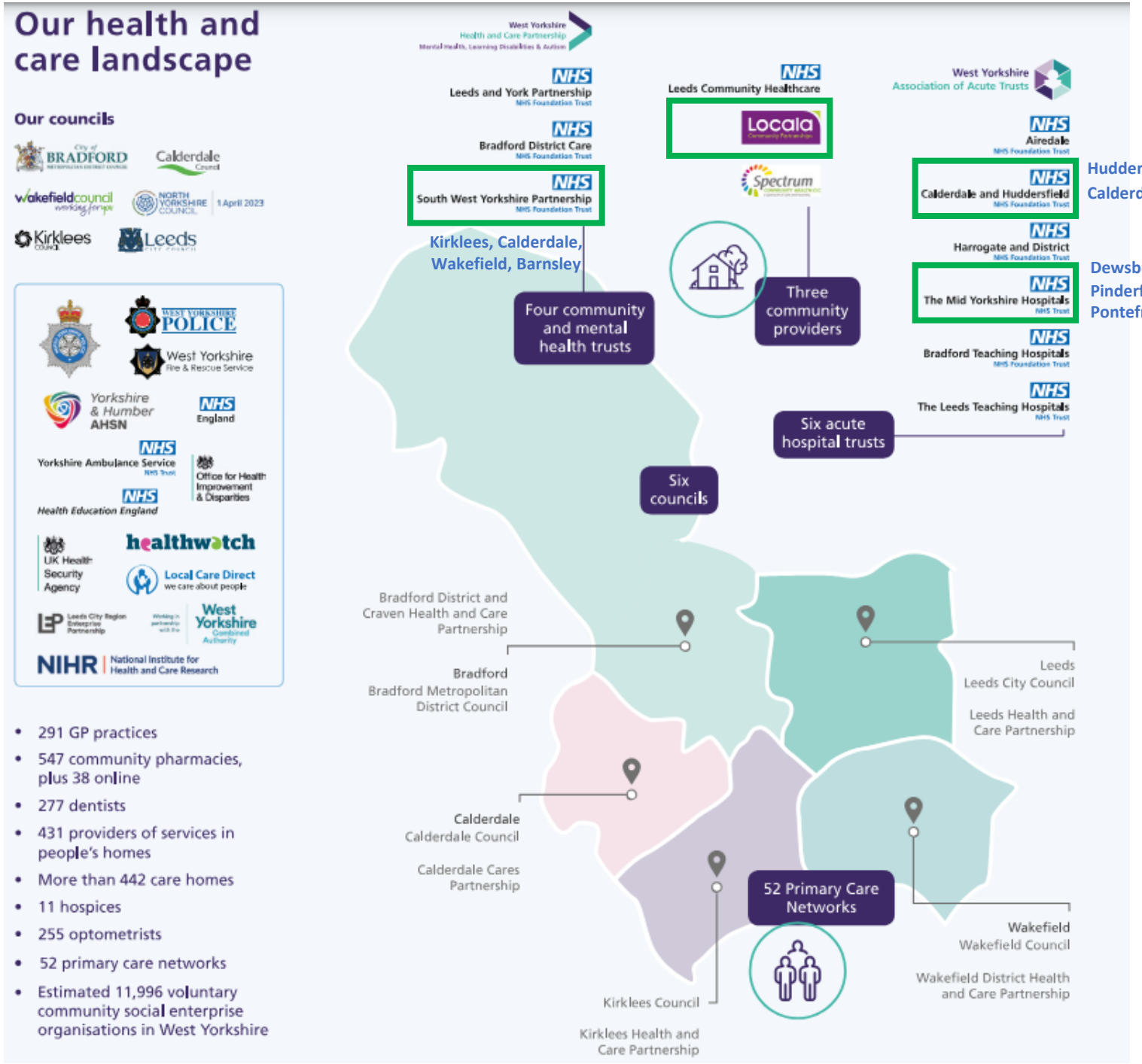
# Our health and care landscape

## Our councils

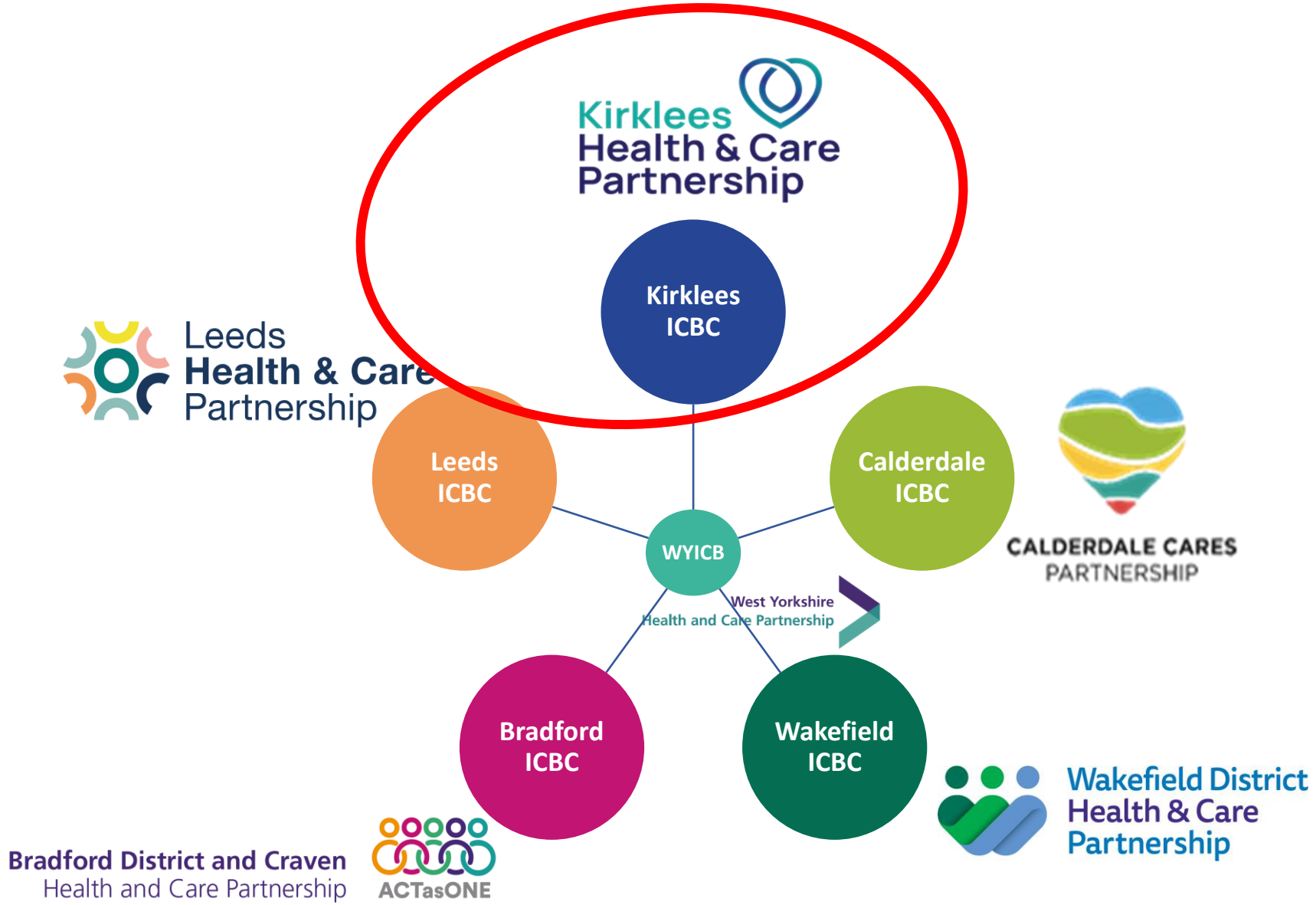
- City of Bradford Metropolitan District Council
- Calderdale Council
- Wakefield Council
- North Yorkshire Council (1 April 2023)
- Kirklees Council
- Leeds City Council

- West Yorkshire Police
- West Yorkshire Fire & Rescue Service
- Yorkshire & Humber AHSN
- NHS England
- Yorkshire Ambulance Service NHS Trust
- Office for Health Improvement & Disparities
- Health Education England
- healthwatch
- UK Health Security Agency
- Local Care Direct – we care about people
- Leeds City Region Enterprise Partnership
- West Yorkshire Combined Authority
- NIHR | National Institute for Health and Care Research

- 291 GP practices
- 547 community pharmacies, plus 38 online
- 277 dentists
- 431 providers of services in people's homes
- More than 442 care homes
- 11 hospices
- 255 optometrists
- 52 primary care networks
- Estimated 11,996 voluntary community social enterprise organisations in West Yorkshire



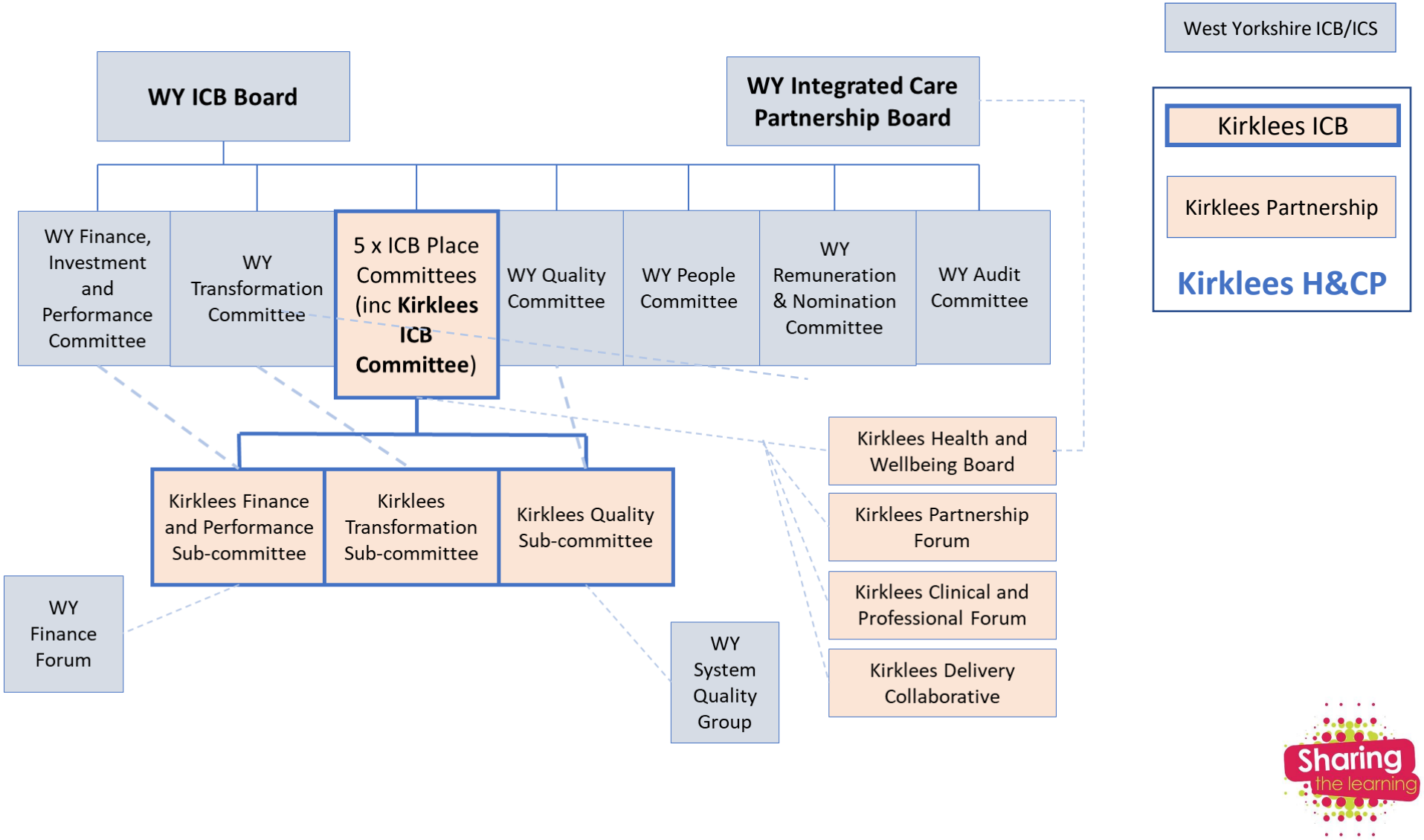

Sharing the learning



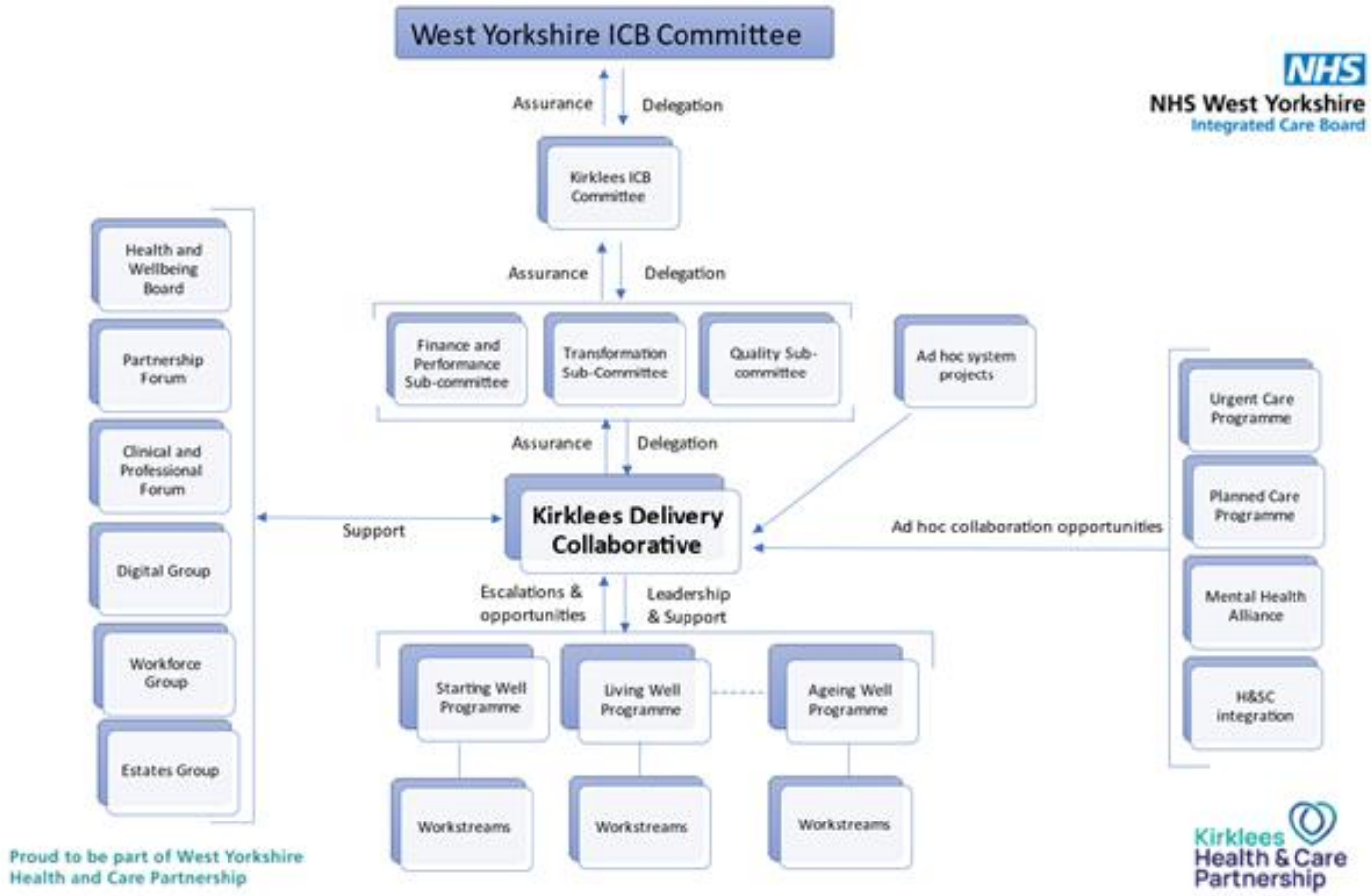

Sharing the learning

| Sector | Kirklees Workforce |
|---|---|
| Adult Social Care *[1] | 8,850 |
| Acute | 5,800 |
| Third Sector | 5,400 |
| Community | 1,150 |
| General Practice | 1,000 |
| Childrens Social Care | 1,100 |
| Mental Health | 900 |
| Community Pharmacy | 650 |
| Primary Care Dentistry *[2] | 300 |
| ICB | 100 |
| **Total Paid Workforce** | **25,250** |
| | |
| **Volunteers *[2]** | **23,100** |

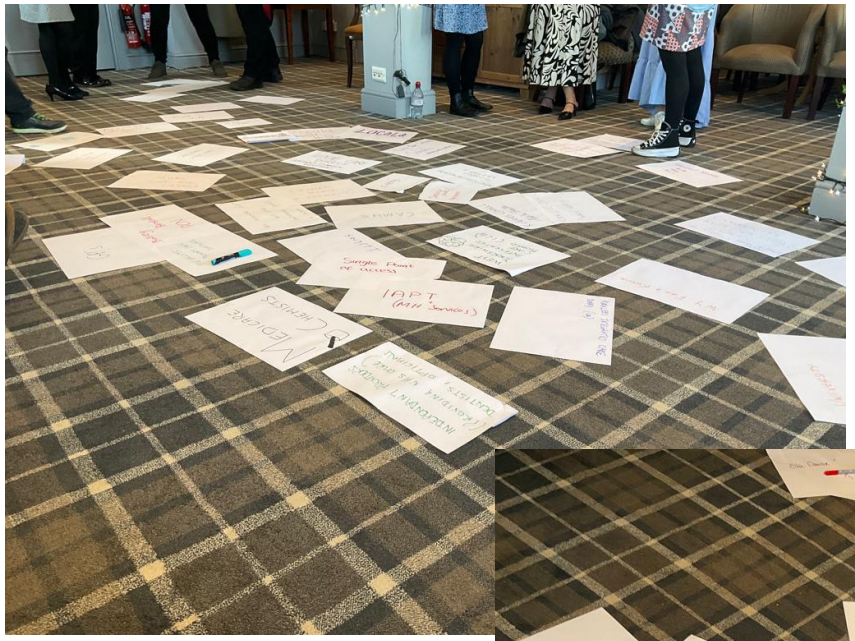
# Kirklees Place ICB and H&CP

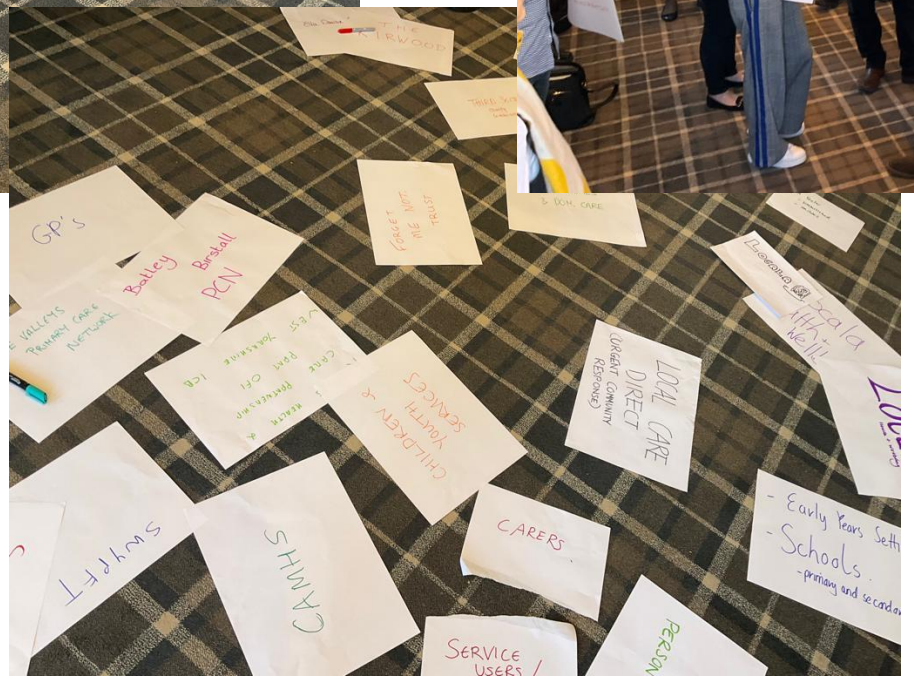


# Kirklees Place ICB and H&CP



# Kirklees Partnership Strategies & Role of Kirklees Health and Care Partnership





# It’s About Systems Leadership…..

“…leadership across organisational and geopolitical boundaries, beyond individual professional disciplines, within a range of organisational and stakeholder cultures, often without direct managerial control.”

*Systems Leadership: Exceptional leadership for exceptional times. Synthesis Paper October 2013*

# Which in Kirklees means….

Working beyond the boundaries of my own organisation to deliver the best health and wellbeing outcomes with and for local people.  This requires:

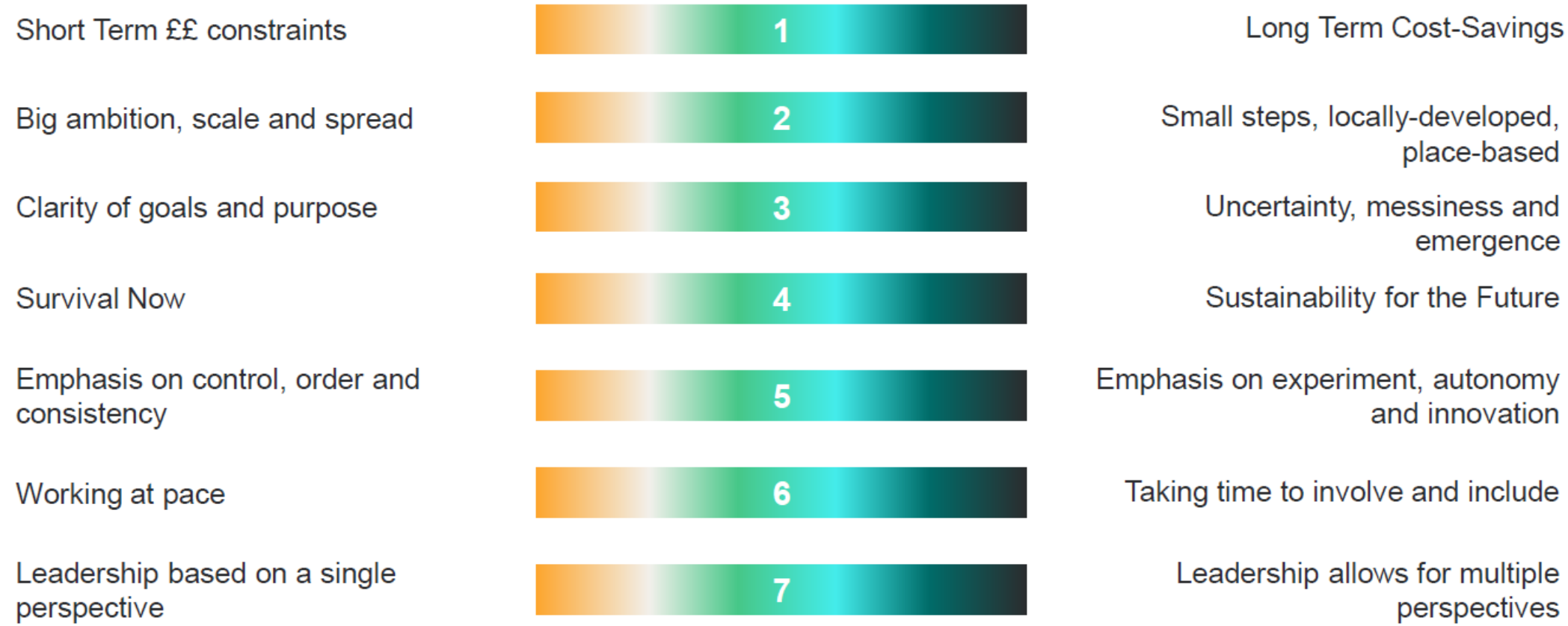
- An awareness of how systems work (they are not machines)
- Courage to step into the unknown, take responsibility and work in ambiguity
- A focus on relationships
- Preparedness to work for the whole system, maybe even at the expense of my own organisation or personal interests.

- And the system we talk about is the Kirklees Health and Care System

# And It feels like this…..

## Seven dilemmas of System Leadership

*by Jeanne Hardacre & Belinda Weir*




Sharing the learning

# Opportunities and Challenges for Physical Activity

# Opportunities arising from ICSs and our systems leadership approach…

- Use existing partnership relationships to help with the PPE and in turn the PPE further strengthens the partnership
- Make better links eg PPE and Health and Work Accelerator
- Have a partnership focus eg Director of Public Health Report
- Senior Leadership from different organisations
- Not focused on individual organisational priorities
- Focus on addressing inequalities
- Build into other partnership work eg compassionate cultures conference
- Use partnership arrangements to support eg staff training and our Workforce Programme

# Challenges

- Organisation pressures:
  - Financial
  - Operational
  - Capacity
  - Competing priorities
  - Shifting priorities
- World of health is complex and ICB isn’t a shorthand for the health system
- Healthcare only accounts for 10%-30% of a person’s health and wellbeing
- Navigating the governance systems, ‘None Decisions’, Art v Science
- You need to put the effort into the relationships
- It takes time

# Some Approaches that work

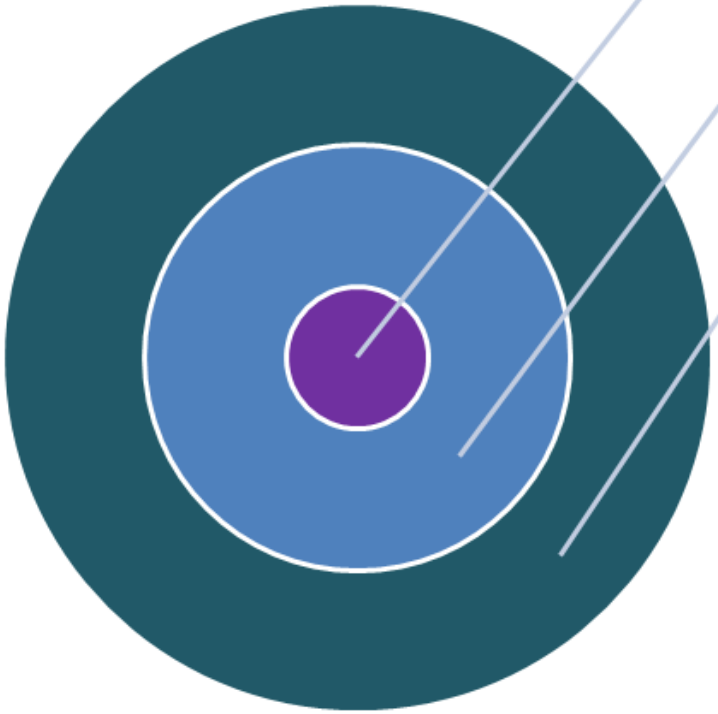
# Myron’s Maxims

- People own what they help create
- Real change happens in real work
- Those who do the work, do the change
- Connect the system to more of itself
- Start anywhere, follow everywhere
- The process you use to get to the future is the future you get

Myron E Rogers

# Covey's Circles of Influence

Outside my sphere of influence



Things you can crack on and do yourself

Things you can do if you involve others

Things you will influence others to do: Who and What?

# In Summary

**"I used to go and ask What's wrong and how can I fix it?**

**Now I realise a better questions is What's possible and who cares?"**

*Marvyn Weisbord*

**Relationships**

Sharing the learning

# Panel Discussion

Active Bradford

Active Calderdale

Active Leeds

Active Withernsea

Get Doncaster Moving

Join us. Move. Play.

Active Humber

North Yorkshire Sport

Yorkshire Sport Foundation

Sport England


Brought to you by

ACTIVE BRADFORD

ACTIVE CALDERDALE

ACTIVE LEEDS

ACTIVE WITHERNSEA

GET DONCASTER MOVING

JOIN US. MOVE. PLAY.

ACTIVE HUMBER

North Yorkshire Sport

Yorkshire Sport Foundation

SPORT ENGLAND