



Recruitment to The Integrated Care System (ICS) Chief Executive



September 2021

West Yorkshire and Harrogate Integrated Care System
Recruitment for Chief Executive

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West Yorkshire and Harrogate Health and Care Partnership Applicant Pack

Thank you for expressing an interest in an exceptional opportunity to become chief executive officer (CEO) of the [West Yorkshire and Harrogate Health and Care Partnership](#).

Further to the publication of the [Government's White Paper \(Integration and Innovation\)](#) on 11 February 2021 and subject to the final Parliamentary Bill, integrated care systems (ICS) are expected to become statutory organisations on 1 April 2022.

We are proud of what we have achieved as a large Partnership since 2016 and are now looking to appoint a CEO who is partnership focused and insightful. Above all they must be a value-based leader, a collaborator of systems and able to put people's views and experiences, including staff, at the heart of all we do.

With the support of an exceptional CEO our aim is to build on the work we have achieved over the past five years, to deliver on our [five-year plan ambitions](#) and provide the best health and care possible for everyone living across the area.

This will require a balancing of priorities and significant engagement with a range of partners. As well as people who use services and communities, this will include groups of senior executives, non-executive and elected leaders in the NHS, local authorities, voluntary community, and social enterprise sector (VCSE), hospices, businesses, regulators, universities, and further education colleges. The successful candidate must be able to work with all organisations within our ICS, and effectively and respectfully alongside our Chair of the NHS Integrated Care Board. Being able to demonstrate the highest level of professional integrity and probity is also essential.

Your role will also include leading a core team of colleagues on behalf of the ICS, plus management and financial responsibilities.

Working with the Chair of the NHS ICS Board, you will be responsible for ensuring that the new ICS governs an organisation that is built on diversity, partnership, collaboration and improving outcomes for local people. This will require the right approach to leadership, influence and collaborative relationships based on mutual accountability, together with innovative thinking. This includes our provider collaboratives, such as [West Yorkshire Association of Acute Trusts](#) (hospitals working together) and the [Mental Health, Learning Disabilities and Autism Collaborative](#), as part of both our local and system-wide work.

You will ensure that the ICS is consistently and strongly supportive of service delivery for people, carers, and families, whilst being able to deliver on national, regional, and local priorities.

Our ICS was established from a principle that place has primacy and the creation of the leadership arrangements for the partnership was built from this premise. Place based leaders take responsibility for the ICS wide programmes of work to ensure that all we do is grounded in place and has the benefits afforded to the whole West Yorkshire population. Within each of our places, our local placed-based partnerships mirror the way we work - where primary care, social care, hospices, VCSE and community services come together to serve local communities. Collaboration at all levels and a focus on asset-based community development is therefore a key ingredient of this role – where community needs (not demands) and strengths are recognised and respected as fundamental to the way we work.

As we begin our journey to recover from the pandemic, we will be challenged with addressing extreme inequalities exacerbated by COVID-19 and a resurgence in long waiting times for treatments in all sectors. Our CEO will be to work with all partners to help rise to the challenge, doing everything they can to meet the needs of our colleagues and communities. This includes our role as an employer and anchor institution.

We fully understand our challenges - and are open, honest, and transparent with one another. This enables us to deliver on plans that are ambitious and realistic. As a system that delivers world class research and innovation, and one which has much to offer – we recognise we have much to learn from other integrated care systems across the country and internationally and learning from others is an important element of what we do.

Your values and behaviours will be fundamental, and you will be a respected, compassionate, and inclusive leader with the ability to work with all colleagues and build and sustain successful partnerships.

You will bring credible knowledge and understanding to support the delivery of complex integrated working and transformational change. Emphasising and articulating our ICS vision, you will contribute to the principles of our Partnership which has stood us in good stead over the past five years. You will clearly champion the vision across and beyond the ICS, including across government departments, and with communities that make up our diverse area, and with our local enterprise partnerships and the [West Yorkshire Mayor](#).

This is a high-profile position, and the successful candidate will need to be the best ambassador possible for our system so that together we can create a better future for everyone across our area.

Your drive, focus, motivation, and enthusiasm are needed to inspire others. This includes supporting our Partnerships across all our local places - so that together we can influence and respond to emerging priorities.

Most of all we are looking for someone who is passionate about addressing inequalities and achieving the best possible health and care for all people. You will be well supported by our leadership executive group, sector leads, Partnership Board, and its Chair, who together consider the health and care strategy as well as the wider determinants of health.

We are committed to improving the diversity of our leadership as demonstrated in our West Yorkshire and Harrogate review [report](#) to tackle health inequalities for Black, Asian and minority ethnic communities and colleagues: Understanding impact, reducing inequalities, supporting recovery so that it is more representative of the people we serve.

We encourage applications from people of all backgrounds.

If you share our values and ambitions for the people living in West Yorkshire and Harrogate and have the skills and experience to drive our ICS forward, then we would be delighted to receive your application.

The closing date is 26th September and you can apply online at [ICS-CEO-Recruitment.com](https://www.ics-ceo-recruitment.com)

Contacts for further conversation

You can find out more about the role at [ICS-CEO-Recruitment.com](https://www.ics-ceo-recruitment.com)

If you would like a confidential discussion regarding the role, please contact:

- Richard Barker, NHS England, North East and Yorkshire Regional Director, via email: richard_barker@nhs.net
- Ian Holmes, West Yorkshire and Harrogate Health and Care Partnership Director, via email: ian.holmes1@nhs.net
- Suzie Tilburn, West Yorkshire and Harrogate Health and Care Partnership, Associate Director for HR, and Organisational Development, via email suzie.tilburn@nhs.net

You can read more about the work of our Partnership on our website at www.wyhpартnership.co.uk.

You can also follow us on twitter @wyhpартnership

A message to applicants from our Chair of the Partnership Board

[West Yorkshire and Harrogate Health and Care Partnership](#) (WY&H HCP) is a large [integrated care system](#) (ICS) that supports 2.7million people, including 315,000 unpaid carers, living in urban and rural areas. 570,000 are children and young people. 500,000 people live in areas ranked in the most deprived 10% of England. 20% of people are from minority ethnic communities. Together we employ over 100,000 staff and work alongside thousands of volunteers.

We take a place-based approach that highlights the strengths, capacity, and knowledge of all those involved. This way of working is supported by system-wide [priority programmes](#) and agreed [memorandum of understanding](#).

Our strength provides greater opportunities to deliver our [Five Year Plan ambitions](#), ensuring that **all** people are given the best start in life, are able to remain healthy and age well. You can see examples of the positive difference made together [here](#).

Working arrangements are co-produced by partner organisations, including NHS providers, commissioners, local authorities, the voluntary community social enterprise (VCSE) sector, Healthwatch and communities.

Our politically led [Partnership Board](#) brings partners together and is supported by the [West Yorkshire Combined Authority](#), and [Local Resilience Forum](#). This approach is supported by strong provider organisations, including [West Yorkshire Association of Acute Trusts](#), the [Mental Health, Learning Disabilities and Autism Collaborative](#) (MHLDA), and [Joint Committee of Clinical Commissioning Groups](#).

Work is tested through good governance arrangements - sector lead forums, 'peer to peer' local place reviews, [programme](#) 'check and confirm' sessions, system assurance oversight and public involvement. We [engage](#) people via our local places and Healthwatch around priorities that would improve people's wellbeing and we have lay members on [programmes](#).

We have a [Joint Committee](#) Public, Patient, Involvement Group; co-opted public members on the [Partnership Board](#); a [community cancer patient panel](#) and [stroke panel](#). A [patient panel](#) for planned care recovery, an [advisory panel of people with learning disabilities](#), [race equality network](#) and a young people collective voice group – all guide programmes by challenging the way we work.

This collaborative approach has been central to handling the three waves of the pandemic in maintaining personal protective equipment supply, coordinating testing, helping over [100,000 people shielding](#), rolling out the vaccine programme with volunteer support. An example can be seen in the establishment of the ICS health inequalities subgroup, and equality impact assessments carried out locally. This identified a further 53,000 unpaid carers. Another example is delivering [recommendations](#) from our review and the impact of COVID-19 on colleagues and groups from minority ethnic communities, as well as addressing the inequalities for people with learning disabilities. 75% of people with learning disabilities are now being offered an annual health check.



Trusts, councils, VCSE, communities, and volunteers have worked collectively and led COVID response groups for PPE, test and trace, critical care, and the West Yorkshire Vaccine Programme. They are working together towards equitable reset considering inequalities and ethnicity alongside clinical need.

What we hope you will see when reading through this supporting information is a demonstration of the success, we are making together to give everyone the best start in life, with every opportunity to live a long and happy healthy one.

We are delivering on our [Five-Year Plan](#) ambitions and some of the examples are highlighted below.

If applying for the role of CEO, you will have all the support you need from a dedicated team acting as one. You can be assured of a valued based leadership culture where behaviours matter and colleagues health, care and wellbeing come first – because without our people, we can deliver nothing.



It's helpful to note that you will have the full support of our existing [Partnership Board](#), which is made up health and care leaders, including health and wellbeing board chairs and council leaders and NHS chairs of trust. We anticipate the process for our new chair of the NHS ICS Board to conclude in October 2021.

We look forward to receiving your application.

A handwritten signature in black ink that reads 'Tim Swift'.

**Cllr Tim Swift (MBE)
Chair of West Yorkshire and Harrogate
Health and Care Partnership Board**



Our vision

We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All proposals, both as partner organisations and at an ICS level should be supportive of the delivery of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social, and mental health needs. This will involve you, your family and carers, the NHS, social care, and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer and stroke
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example, community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.



You can read 'Better health and wellbeing for everyone: Our coproduced Five-Year Plan' and more about our ten big ambitions [here](#).

Our values and culture

We have worked hard to build a way of working founded on the following values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

Our organisational development and system strategy are based on Myron's maxims. Using these guiding principles of 'people own what they create', and the 'process you use to get to the future is the future you get' has enabled leadership activity to be distributed enabling a culture of collaboration to develop and enact across the breadth of partnership forums, networks and programmes. As we progress with our transition and transformational ambition over the next 12 months and beyond, the development of a leadership and behavioural framework as part of local integrated partnerships will enable us to embed these philosophies deeper within our organisations and teams that make up our ICS.

Involvement

We are committed to meaningful conversations with people and value highly the feedback that people share with us. Effective public involvement, particularly with those with lived experience and who are seldom heard, ensures that we make the right decisions together about our health and care services.

People are involved in our plans from the start. Our approach builds on local insight and described in our [communications and engagement plan](#), which enables us to involve people across the whole area from the start. Before developing our [Five Year Plan – Better Health and Wellbeing for Everyone in 2019](#) we worked with Healthwatch organisations to engage over 1800 people about what matters to them – [What would you do?](#) These supported our [priority programmes](#) and [engagement timelines](#). Each programme has bespoke mechanisms for engaging the diverse group of people we need to listen to transform services, for example we spoke to over 2000 people about stroke services. We are not complacent, our independent review into public involvement will help us build on gaps and identify opportunities ahead of new legislation. Cancer Champions are shaping the [Alliance](#) through a co-production approach. VCSE good practice is shared via [resilience events](#) and engagement [reports](#).



Our greatest strengths as a Partnership is equal involvement of all. We are committed to ensuring equitable opportunities for people living across our area, to create a culture of true system working.

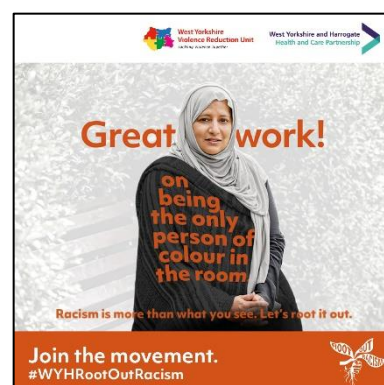
Race equality (more than words)

Our goal is to put people at the heart of everything we do so that together, we meet the diverse needs of all communities. People from Black, Asian and minority ethnic (BAME) communities continue to face health inequalities, discrimination in the workplace and are more likely to develop and die because of serious diseases, most recently COVID-19.



We commissioned a [review](#) in 2020 into the impact of COVID-19 on minority ethnic communities and colleagues. Recommendations were published in a [report](#), the delivery of which is overseen by our [Partnership Board](#).

The review includes our award winning [Fellowship leadership programme](#), which has 40 colleagues enrolled. Read the impact this programme had on Sayma Mirza in this [case study](#). Voices of ethnic minority colleague inform our work. Members have blogged about the training [here](#). We have also coproduced an anti-racism movement, [Root Out Racism](#), which launched on the 23 August.



Some examples of the difference we are making together

Over the past five years, our system working has led to positive change in [hyper acute stroke units](#), [vascular services](#), and [assessment and treatment units](#) for people with learning disabilities; [specialised child and adolescent mental health services](#), and [adult eating disorder care](#).

Good practice scaled up includes the [Healthy Hearts Project](#) which aims to prevent 1,200 heart attacks and strokes in the next ten years. 6,900 additional patients have joined hypertension registers and 22,000 additional patients with blood pressure controlled (22 Mar 2021).

Our [local maternity system](#) has the lowest number of stillbirths since 2015 and has increased the use of magnesium sulphate to prevent cerebral palsy in babies. The Placental Growth Factor (PIGF) blood test, first implemented at Calderdale and Huddersfield Foundation Trust (CHFT), allows improved diagnosis if pre-eclampsia is suspected. To date 75% of those who attended the maternity assessment centre with hypertension have had tests and 91 were treated, helping CHFT avoid 1,756 bed days and £606k of associated costs. We are spreading its adoption to more sites.

Referrals for diabetes are back at pre-COVID levels with 819 for March 2021 (13 113 up to March 2021) - the highest number in the North of England.

£5m funding (on top of local grants) has been invested in the [work](#) of the VCSE, £553,000 health inequalities grants and £90 000 from the National Lottery. A £100,000 targeted prevention fund aims to help people disproportionately affected by COVID-19.

VCSE partners support our mental health, learning disability and / or autism (MHLDA) work, co-producing [projects](#) which help men's mental health as part of our [suicide prevention strategy](#), [Grief and Loss Support Service](#) and staff [mental health and wellbeing hub](#).

Primary, community and social care is the cornerstone of our ICS, integral to the future of health and care and often people's first port of call when they need early help and care. These services have been available throughout the pandemic for all people who need care or treatment, and all have worked extremely hard to do what is right for local people in the toughest of circumstances.

Since March 2020, we have continued to provide routine and urgent care for people, doing so in a safe way, in line with the government's guidelines, whilst protecting staff from the virus through new ways of working. West Yorkshire GP referrals increased by nearly 20,000 in January and February 2021 with an increase of 23% in appointments being made with GPs in March, compared to February 2020.

Our focus must remain on giving people 'good, timely access to the support they need. This includes face to face conversations, telephone, and digital support. At an ICS level, we will continue to support primary and community care colleagues.

Relationships with [West Yorkshire Combined Authority](#) Health Education England, [Academic Health Science Network](#), [Leeds Academic Health Partnership](#), med-tech and skills sector, including universities, are supporting people into better jobs. A Health and Care Workforce Observatory will help change how we deliver workforce development, unlocking the power of anchor institutions in our area, enabling the leveraging of economic assets to support prosperous communities, and reducing health inequalities.

We aim to support 934 people with severe mental illness into employment in 2021/22, and are working with organisations losing employees, to promote mental health advocacy, peer support careers.

Working with the Prince's Trust we are developing bespoke programmes for mental health careers. Mental health trusts are hosting recruitment fairs to increase diversity of those seeking apprenticeships. We are refreshing our People Plan and aim to have it published by the end of 2021.

Our [West Yorkshire Association of Acute Trusts](#) and commissioners have reconfigured hyper-acute stroke services for a consistent approach to managing atrial fibrillation (AF), and we have worked with the AHSN to detect and treat people at risk of stroke.

An estimated 12,268 of patients had undiagnosed AF, of whom 6,707 patients were at risk of stroke and not protected by anticoagulation, equating to 268 preventable strokes. 128 general practices are part of the initiative, identifying 3,125 extra people, providing anticoagulation to an additional 3,539 patients, preventing an estimated 142 AF strokes, and reducing the use of aspirin by half. Between January 2019 and April 2021, hypertension has been identified in approximately 7000 local people as part of our [Health Hearts project](#).

In 2018, following public consultation, and excellent clinical and care professional leadership, West Yorkshire Association of Acute Trusts brought all vascular services in West Yorkshire together into a 'single shared regional service' under one management team. The aim is to create one of the largest vascular services in the country with almost forty specialist vascular surgery and radiology consultants providing the best possible standards of care for a population of over two million people.

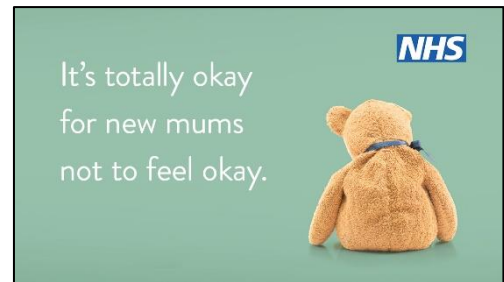
We are spreading the adoption of TytoCare, a wireless, handheld device that allows clinicians to perform medical examinations anywhere, for the ear, throat, lungs, heart, temperature, skin, and abdomen. So far 14 healthcare providers have adopted TytoCare.

We are improving direct care in learning disabilities settings e.g. [assessment and treatment unit centre of excellence](#); we are the first ICS to join the mental health concordat, we are delivering the Cancer SMART programme and introducing new technology to improve diagnostic pathways.

We use real-time surveillance to track instances of suicide, with plans to include attempted suicides. Led by the MHLDA collaborative we have a system wide [staff suicide prevention](#) campaign; [mental health and wellbeing hub service](#), [bereavement support service](#) and [grief and loss support service](#) with a 2yr contract supporting Gypsy and Traveller communities. Recently we launched a [perinatal mental health campaign](#) to encourage women to seek early help and we are also implementing our [Learning Disability Challenge](#) programme of work.

99% of practices are using GP online consultations offering 24/7 access to advice. From 1 April 2020 to 31 March 2021, patients submitted 490,627 GP forms with 47,156 of people accessing self-help information. 84% of patients surveyed (2020) said they were satisfied overall and 87% said they would recommend GP online. Together we referred 13,113 people to the National Diabetes Prevention Programme. Those attending reported it is 'life changing'.

74 people attended digital inclusion workshops and 80 colleagues joined digital maturity workshops to develop local plans. Our [Great Minds](#) project engaged 123 men at risk of serious self-harm and suicide and placed 73 of them into a programme of workshops. We carried out [peer to peer engagement](#) with people and their carers in complex rehabilitation settings. A survey of 200 autistic people about their experiences of accessing urgent, emergency and crisis care is informing pathway approaches.



[Local maternity system](#) (LMS) roadshows attended by over 350 colleagues is helping our transformation work including delivering the continuity of care pathway. A focus has been to target Black and Asian women and those living in deprivation. 35% of continuity figures were women from these communities.

We do hope you found this summary of our work useful and feel inspired to apply.