



Report to:	Place, Regeneration and Housing Committee
Date:	29 February 2024
Subject:	Introduction to West Yorkshire Integrated Care Board and links to health
Director:	Sarah Eaton, Director of Strategy, Communications and Intelligence
Author:	Jen Connolly, Associate Director Improving Population Health

Is this a key decision?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information or appendices?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If relevant, state paragraph number of Schedule 12A, Local Government Act 1972, Part 1:	
Are there implications for equality and diversity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1. Purpose of this Report

- 1.1 To provide the committee with an overview of the work of the West Yorkshire Integrated Care Board and Integrated Care Partnership, where relevant to the work of the committee.
- 1.2 To introduce the areas of close partnership working where the committee will be involved in future decision making.

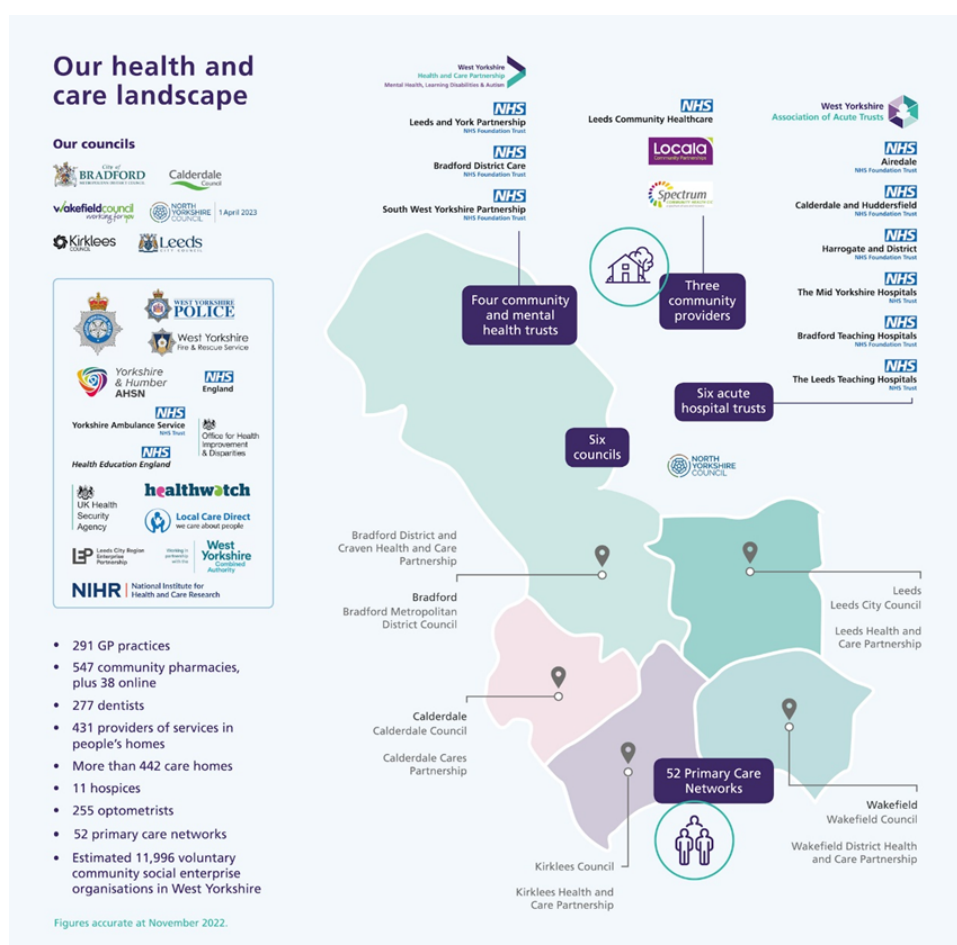
2. Information

Context

West Yorkshire Health and Care Partnership

- 2.1 West Yorkshire Health and Care Partnership is an 'Integrated Care System'. This is a partnership of NHS organisations, councils, Healthwatch, hospices, charities and the community voluntary and social enterprise sector to improve the health and wellbeing of local people living in our five local places: Bradford District and Craven; Calderdale; Kirklees; Leeds; Wakefield District.

2.2 Since West Yorkshire Health and Care Partnership began in 2016, it has worked hard to build the relationships needed to deliver better health and care locally and across West Yorkshire to support people to improve their lives with them. The Partnership has been nationally recognised for its collaborative work over many years, including winning the Health Service Journal national Integrated System of the Year award in 2021 and in 2022.



2.3 West Yorkshire's integrated care system is governed by a Partnership Board and incorporates a new organisation within it – the integrated care board (ICB). The NHS West Yorkshire Integrated Care Board (WYICB) became a statutory organisation on the 1 July 2022 as part of the Government's new Health and Care Act, when 42 ICBs were created as NHS statutory bodies across England, mapping fully or partially to local government footprints, including the ICB for West Yorkshire. The WYICB delegates the majority of its £5bn+ annual NHS budget for primary and secondary care to five distinct Places via Place Committees of NHS leaders, working with their local Health and Wellbeing Board and voluntary sector leaders in Bradford District and Craven; Calderdale; Kirklees; Leeds; Wakefield District.

2.4 WYICB has four strategic objectives which set out the core purpose of an integrated care system:

- **Reduce health inequalities:** for example, if you are a child or young person living in West Yorkshire, you are more than twice as likely to live in a poorer area than the average England resident.
- **Manage unwarranted variations in care:** for example, timely identification of deterioration in the health of people with learning disabilities can reduce unnecessary hospital admissions, promote health positively and reduce premature mortality.
- **Secure the wider benefits of investing in health and care:** for example, NHS investment in supporting local independent social care includes £12 million for councils to pay the national living wage to help retain staff.
- **Use collective resources wisely:** With around £5bn to invest in people and communities and as the largest group of employers across the area, they are ideally placed to develop good jobs for good health.

2.5 West Yorkshire Health and Care Partnership has developed and agreed in 2022/23 a strategy with 10 big ambitions for the population, building on the first strategy for the Partnership in 2019/20:

1	We will increase the years of life that people live in good health in West Yorkshire	
2	We will increase our early diagnosis rates for cancer	
3	We will reduce suicide rates	
4	We will reduce antimicrobial resistant infections	
5	We will reduce stillbirths, neonatal deaths, brain injuries and maternal mortality	
6	We will reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population	
7	We will address the health inequality gap for children living in households with the lowest incomes	
8	We will have a more diverse leadership	
9	We will tackle climate change	
10	We will strengthen the local economy	

This strategy aligns with the work of the WYCA, supported by a Partnership Agreement between West Yorkshire Combined Authority and West Yorkshire Integrated Care Board.

- 2.6 In September 2023, the Partnership Agreement was signed between WYCA and WYICB, as partners committed to improving the physical, mental, economic and social wellbeing of people in West Yorkshire. The Agreement sets out how we will approach our shared commitment to working on the factors that affect our population's health: including fair economic growth, responding to the climate emergency and equality, diversity and inclusion. As well as leveraging the maximum economic and social benefits of improved health to increase regional productivity, and the strengths of the health and care sector to increase opportunity and prosperity for the people of West Yorkshire.
- 2.7 The West Yorkshire Combined Authority and WYICB Partnership Agreement sets out a set of shared commitments to working together on the factors that affect population health as follows:
- **Fair economic growth:** ensure the maximum benefits of health and wealth for our population.
 - **Climate emergency:** mitigate the health impacts of the climate emergency and maximise our region's contributions to tackling climate change.
 - **Tackling inequality:** tackling discrimination and removing structural inequality in our joint work.
 - **Determinants of health:** using the principles of this agreement, we will ensure that every joint endeavour meets subsidiarity, is value for money and adds value to our respective work.
- 2.8 As the responsibilities of this committee are core determinants of health, Cathy Elliott as Board Chair of WYICB has invited to join the committee as an advisory member to ensure that we effectively deliver on this partnership agreement. Appendix 1 sets out some of the examples of how **place, regeneration and housing can impact health outcomes.**
- 2.9 It can be concluded that housing, the built and natural environment are significant contributors to the determinants of health and wellbeing. We need therefore to consider what can be done to improve health and reduce the inequalities in place and in particular housing related ill-health across the region. There are several areas which can be tackled at a West Yorkshire level, although the very different housing mix and housing needs across the five areas need careful consideration. There are several themes however which cross boundaries, which are identified in the Housing Strategy (item 8 on the agenda):
- Fuel poverty

- Poor energy efficiency
 - Hazards
 - Suitability of housing (adaptations, dementia-friendly)
 - Surrounding built environment and green space
 - Local amenities
- 2.10 Most of these issues are considered through local authorities at a place based level, but by working together, sharing best practice and considering how our resources can be maximised, we can be more efficient and hopefully effective.
- 2.11 Additionally, tackling these issues is not cheap, and cost-effectiveness is usually measured in a fairly one-dimensional way e.g. the energy efficiency of a home once it is retrofitted i.e. double glazed and/or insulated. However, greater cost-effectiveness may be evidenced if the long-term health consequences are taken into account. For example, by evaluating respiratory illnesses after retrofitting, or obesity and physical activity after improving green space and local amenities, at a local population level, over several years, we build up a knowledge bank of how our local communities react to interventions and we can measure health effects and costs from primary and secondary care data.

Existing areas of joint work and priorities

- 2.12 Collaborative working is already established in the region. The West Yorkshire Housing and Health Network brings together relevant stakeholders and colleagues to work together on agreed priorities. Priorities to date have been:
1. Healthy housing options for people with mental ill health
 2. Healthy housing options for people with learning disabilities and autism
 3. Prevention of homelessness and rough sleeping
 4. Healthy options supporting older people to live well and independent at home
 5. Improved housing conditions
- 2.13 The Housing and Health Network have also been engaged during the development of the Housing Strategy (item 8 on the agenda) with particular links made to the connections between good quality housing and health throughout the strategy. The strategy sets out the commitment to build upon the partnership agreement between the West Yorkshire Combined Authority and West Yorkshire Integrated Care Board to strengthen the collaborative working between housing and health professionals in the region, to contribute towards improving population health.
- 2.14 In addition, to support priorities 1 and 2, healthy housing options for people with mental ill health and people with learning disabilities and autism, the Mental Health, Learning Disability and Autism team at the ICB have worked with Campbell Tickell to prepare a Needs Assessment that assesses the need for, supported living accommodation for

people with learning disabilities, autism and people with severe mental health issues. Adversity, trauma and resilience training has also been carried out with housing officers.

- 2.15 In respect of homelessness and rough sleeping, research has commissioned and carried out by Groundswell in Calderdale, Kirklees and Wakefield [The research](#) aimed to get a better understanding of how people experiencing homelessness engage with health services in the districts. This will be used to inform the programme of work for the year ahead.
- 2.16 Between June and October 2023 the West Yorkshire Housing Partnership (WYHP) ran your home, your choice, a campaign to encourage people to think about 'rightsizing' and finding a home that's right for them as they age. WYHP comprises 13 housing associations and two local authorities with homes in the region. Evaluation showed that the campaign generated great engagement across West Yorkshire. People feel more confident to have conversations about rightsizing and know more about where to find support. The materials have longevity and findings are influencing housing policies and strategies across West Yorkshire. An evaluation of the campaign has also been published.
- 2.17 As detailed in agenda item 10, the dementia-ready housing taskforce works to highlight the need for dementia-ready housing and services across West Yorkshire, increase awareness and understanding of dementia, challenge stigma, and work with partners to embed dementia-friendly criteria when adapting existing housing, and building new homes.
- 2.18 The West Yorkshire Health and Care Partnership invested £1million to help keep people warm in winter, so they can live a long, healthy life. The funding supported affordable warmth by increasing low-income households' energy efficiency rating, giving advice on reducing their energy bills, and helping people access additional support they are entitled to.
- 2.19 The Health and Housing Network also contributed to the West Yorkshire Healthier Together website and provided information on indoor air quality and asthma triggers, damp and mould, and housing to support families and healthcare professionals know what advice to give and what services are available locally.
- 2.20 As we look ahead to 2024/25, the WY Health and Housing Network are reviewing their priorities with stakeholders, and will be informed by the West Yorkshire Housing Strategy and the evidence gathered under the existing work activities outlined above.

3. Tackling the Climate Emergency Implications

- 3.1 There are no climate emergency implications directly arising from this report, however there are many areas where the mutual benefit of climate and public health can be addressed through changes to housing and urban environments.

4. Inclusive Growth Implications

- 4.1 There are no inclusive growth implications directly arising from this report, but we acknowledge that the distribution of quality, accessible, affordable housing and urban space is not equal in our communities. This should be considered and addressed in decision making, as this has implications for inclusive economic growth.

5. Equality and Diversity Implications

- 5.1 The distribution of quality, accessible, affordable housing and urban space is not equal in our communities. Equality and diversity impact assessments will be completed and used to inform programmes of work that relate to matters covered in this report.

6. Financial Implications

- 6.1 There are no financial implications directly arising from this report.

7. Legal Implications

- 7.1 There are no legal implications directly arising from this report.

8. Staffing Implications

- 8.1 There are no staffing implications directly arising from this report.

9. External Consultees

- 9.1 No external consultations have been undertaken.

10. Recommendations

- 10.1 That the Committee notes the key links between the work of this committee and the West Yorkshire integrated care system.
- 10.2 That the Committee notes the joint work to date and priorities for further activity.

11. Background Documents

There are no background documents referenced in this report.

12. Appendices

Appendix 1: Impacts of place, regeneration and housing on health.