Leeds Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Leeds Committee of the
West Yorkshire Integrated Care Board

Thursday 14 July 2022, 14:00 – 16:45
Meeting held via Microsoft Teams

AGENDA

No.	Item	Lead	Page	Time
01/22	**Welcome, Introductions** - To open the meeting with introductions and a short video about the ICB. The Governance Handbook can be viewed here.	**Rebecca Charlwood** Independent Chair	-	14:00
02/22	**Apologies and Declarations of Interest** - To note and record any apologies. - Those in attendance are asked to declare any interests presenting an actual/potential conflict of interest arising from matters under discussion.	**Rebecca Charlwood** Independent Chair	-	
03/22	**Action Tracker** - To receive the action tracker for review	**Rebecca Charlwood** Independent Chair	3	
04/22	**People's Voice** - To share a lived experience of health and care services.		-	14:10
05/22	**Questions from Members of the Public** - To receive questions from members of the public in relation to items on the agenda	**Rebecca Charlwood** Independent Chair	-	14:25
06/22	**Approach to 'We Start with People'** - To review and approve the ambitions set out in the 'Embedding Involvement in the Leeds Committee'	**Hannah Davies** Chief Executive, Healthwatch **Kirsten Wilson** Head of Communications & Involvement Leeds Office of the WY ICB	4-14	14:35
07/22	**Leeds Committee of the ICB Terms of Reference** - The committee's terms of reference are attached for information. These were approved by the ICB Board on 1 July 2022.	**Rebecca Charlwood** Independent Chair ***Supported by Sam Ramsey*** *Head of Corporate Governance & Risk*	15-25	14:55
ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES				
08/22	**Sub-Committee Terms of Reference** - To approve the terms of reference of the following sub-committees of the Leeds ICB Committee: - - Finance and Best Value Sub-Committee - Quality & People's Experience Sub-Committee - Delivery Sub-Committee	**Rebecca Charlwood** Independent Chair ***Supported by Sam Ramsey*** *Head of Corporate Governance & Risk*	26-62	15:00

No.	Item	Lead	Page	Time
09/22	**Place Lead Update** - To receive a verbal update from the Place Lead	**Tim Ryley** Place Lead Leeds Office of the WY ICB	-	15:05
10/22	**Healthcare Inequalities Funding 2022/23** - To ratify the allocation of funding	**Tim Ryley** Place Lead	63-90	15:20
BREAK 15:30 – 15:40				
11/22	**Financial Plan Submission 2022/23** - To ratify the financial plan resubmission	**Visseh Pejhan-Sykes** Place Finance Lead	91-100	15:40
12/22	**Financial Business Case** - To receive a verbal update in relation to the business case and offer a letter of support from the Committee	**Visseh Pejhan-Sykes** Place Finance Lead	To follow	15:50
13/22	**Items for the Attention of the ICB Board** - To identify items to which the ICB Board needs to be alerted, on which it needs to be assured, which it needs to action and positive items to note.	**Rebecca Charlwood** Independent Chair	-	16:05
14/22	**Forward Work Plan** - To consider the forward work plan	**Rebecca Charlwood** Independent Chair	101-102	16:15
15/22	**Summary and Reflections** - To summarise our agreed actions, reflect on how the meeting has felt and added value gained and consider how the Leeds Committee could be even better	**Rebecca Charlwood** Independent Chair	-	16:25
16/22	**Any Other Business** - To discuss any other business raised and not on the agenda.	**Rebecca Charlwood** Independent Chair	-	16:35
ITEMS FOR INFORMATION				
17/22	**Memorandum of Understanding** - To receive the final Memorandum of Understanding for information	**Rebecca Charlwood** Independent Chair ***Supported by Sam Ramsey*** *Head of Corporate Governance & Risk*	103-136	16:40
18/22	**Date and Time of Next Meeting** The next meeting of the Leeds Committee of the WY ICB will be held at 1.00 pm on Thursday 22 September, at a venue to be confirmed.		-	-

Meeting Closes

Shadow Leeds Health & Care Committee of the West Yorkshire Integrated Care Board: Action Tracker

Action No.	Committee Date	Item	Actions agreed	Lead(s)	Accountable body / board / committee	Status	Update
3	17 Mar 2022	**Exploring how we want the Leeds Committee to model our approach to 'We start with people'**	Hannah Davies, Kirsten Wilson, Chris Bridle and Arfan Hussain to develop an options appraisal for agreement at a future Leeds Committee using the initial proposals and feedback provided on how the Leeds Health and Care Partnership can go further in modelling its partnership principle 'We start with People'	**Hannah Davies / Kirsten Wilson**	**Shadow Leeds Committee**		**Scheduled discussion at Leeds Committee on 14 July 2022**
5	17 Mar 2022	**Transition and Governance Update for the Leeds Committee of the WY ICB**	Tim Ryley to progress strengthening diversity in representation, thought and experience within the Leeds Committee structure.	**Tim Ryley**	**Leeds ICB Committee**		**Ongoing:** Being explored further through the Race Equality Network at Leeds and WY ICB level.
4	10 Dec 2021	**Place Based Partnership Development Projects**	TS, TR and GD to reflect on how this could be communicated as a methodology process.	**Gina Davy**	**Leeds ICB Committee**		**Ongoing:** Work occurring with the health and care system to develop.

Updated: 29 April 2022

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	22/06 Approach to 'We Start with People'
Meeting date:	14th July 2022
Report title:	*Embedding Involvement in the Leeds Committee*: How the Leeds Committee of the Integrated Care Board is modelling an approach that puts people at the heart of decision making (We start with people).
Report presented by:	Hannah Davies (Chief Executive, Healthwatch Leeds) Kirsten Wilson (Head of Communications & Involvement, Leeds Office of the NHS WY ICB)
Report approved by:	Kirsten Wilson (Head of Communications & Involvement, Leeds Office of the NHS WY ICB)
Report prepared by:	Hannah Davies (Chief Executive, Healthwatch Leeds), Anna Chippindale (project worker, Healthwatch Leeds), Kirsten Wilson (Head of Communications & Involvement, Leeds Office of the NHS WY ICB) & Chris Bridle (Senior Communications and Involvement Manager, Leeds Office of the NHS WY ICB)

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

This item has been considered and discussed at the Shadow Leeds Committee of the WY ICB.

Executive summary and points for discussion:

This paper provides further context for the '*Embedding Involvement in the Leeds Committee*' document (attached at Appendix 1).

Following workshops with Leeds Committee members, the document sets out the involvement ambitions identified by the Shadow Leeds Committee of the WY ICB in March 2022. It outlines;

- how the involvement teams across the Leeds Health and Care Partnership are already supporting these ambitions;
- what additional work is planned to support public involvement in the work of the committee; and
- how the People's Voices Partnership (PVP) would like Leeds Committee members to support our involvement work across the city.

The paper has been developed by partners at the People's Voices Partnership (PVP) and is aligned to the involvement principles agreed across the West Yorkshire ICB. The PVP is made up of involvement leads from public and third sector organisations across Leeds.

The Leeds ICB Committee is asked to review the ambitions and discuss how it can support these plans and make sure involving people is embedded in every aspect of its work.
Which purpose(s) of an Integrated Care System does this report align with?
☒ Improve healthcare outcomes for residents in their system ☒ Tackle inequalities in access, experience and outcomes ☐ Enhance productivity and value for money ☐ Support broader social and economic development
Recommendation(s)
The Leeds Committee of the WY ICB is asked to: a) **Review** and **approve** the ambitions set out in the '*Embedding Involvement in the Leeds Committee'* document; b) **Support** and **commit** to the actions outlined in the report; and c) **Receive** the costed workplan in September 2022 which outlines the resources necessary to further embed people's voice in decision-making.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
There are no specific risks associated with this report.
Appendices
Appendix 1 – *Embedding Involvement in the Leeds Committee of the WY ICB*
Acronyms and Abbreviations explained

What are the implications for?

Residents and Communities	It is proposed that residents and communities become more closely involved in decisions made about their health and care, so that what matters most to them drives forward our agenda as a city.
Quality and Safety	The quality and safety of health and care are further supported by mechanisms which enable residents to voice their needs.
Equality, Diversity and Inclusion	Equality, diversity and inclusion are embedded in mechanisms for listening to people's voices. Plans are in place to make sure the city listens to the widest possible range of people, including those least often heard.
Finances and Use of Resources	Resourcing of the People's Voices Partnership (PVP) and other networks and organisations dedicated to listening to communities will enable us to further embed people's voices in all levels of decision-making.

Regulation and Legal Requirements	**Integrating care (White Paper)** **Next steps to building strong and effective integrated care systems across England** 2.36. Many systems have shown great ways to involve and take account of the views and priorities of local residents and those who use services, as a 'golden thread' running through everything they do. During 21/22, every ICS should work to develop systematic arrangements to involve lay and resident voices and the voluntary sector in its governance structures, building on the collective expertise of partners and making use of pre-existing assets and forums such as Healthwatch and citizens' panels. 2.37. In particular, governance in ICSs should involve all system partners in the development of service change proposals, and in consulting and engaging with local people and relevant parts of local government (such as with overview and scrutiny committees and wider elected members) on these. It should appropriately involve elected councillors, and other local politicians such as metro mayors where relevant, and reflect transparency in wider decision-making. 2.38. Each system should also be able to show how it uses public involvement and insight to inform decision-making, using tools such as citizens' panels, local health champions, and co-production with people with lived experience. Systems should make particular efforts to understand and talk to people who have historically been excluded. Note - New legislation is expected in July 2022, subject to parliament approval
Conflicts of Interest	None identified
Data Protection	None identified
Transformation and Innovation	None identified
Environmental and Climate Change	None identified
Future Decisions and Policy Making	Plans to embed people's voices in all levels of health and care decision-making.
Citizen and Stakeholder Engagement	Plans to embed people's voices in all levels of health and care decision-making will increase citizen and stakeholder engagement.

1. Approach to 'We Start with People'

1.1 At the last meeting, members were asked to consider:

i) How do we model "We start with people" as a Leeds Committee?

ii) How do we model "We start with people" as members?

iii) How do we model "We start with people" as a wider health and care structure?

1.2 This paper accompanies the document entitled *Leeds Committee of the West Yorkshire Integrated Care Board: Embedding Involvement in the Leeds Committee*, which sets out:

i) The Shadow Leeds Committee's ambitions in terms of how it responds to the questions listed above

ii) What the city is already doing to support the ambitions

iii) What the city is planning to do that will support the ambitions

iv) How board members can support this work

1.3 The "Ambitions" in the Involving People document were developed from the Shadow Leeds Committee's ideas about how it can respond to the questions listed in item 1.1.They are also informed by the principles and workplan of the People's Voices Partnership.

1.4 This paper's purpose is therefore to provide further context for the *Embedding Involvement in the Leeds Committee* document, including the People's Voices Partnership, Leeds' well-established partnership approach to listening to people.

Background: the PVP's partnership approach

1.5 Under the leadership of the Health & Wellbeing Board, the People's Voice Partnership (PVP) was established to bring together listening teams across the Leeds health and care partnership, so they could better collaborate on improving the engagement 'experience' of local people, work together to improve insight, to champion the voices of local people in decision making, and to ensure that the voices of those living with inequalities are better heard. As a city we now have significant insight around what matters to people in terms of wider health and wellbeing and what people feel keeps them well. This insight has come through significant work around listening to people's experiences of health and care services (including the Big Leeds Chat). The ask from citizens is to not keep coming to people with the same questions, but to act together and with them on what has been consistently shared.

1.6 We start with people… but more than that, we have people at the centre of everything we do. Together we promote a model that says that people, patients and service users should be involved and seen as integral co-partners at all stages of the health and care decision-making process. It is exemplified in our five core principles that shape the way we work together listed in the diagram below.

People's Voices Partnership

1.7 The People's Voices Partnership's involvement principles align with those developed by the West Yorkshire ICB. They will support the Leeds Committees' work to model a "We start with people" approach.

What Leeds is already doing to support its ambitions around involving people

1.8 The *Embedding Involvement in the Leeds Committee* document refers to a number of pieces of work already underway to ensure people's voices are central to the Leeds Committee and the wider health and care system. All are, in many cases, led by PVP partners and take a one-system approach to involvement. They include the following:

a) **How Does It Feel for Me?**
HDIFFM seeks to better understand people's experiences of joined-up health and care in Leeds. Among other initiatives, it closely follows the experiences of people in Leeds who have more than one health condition and need to access multiple health and care services. More information is available here: https://healthwatchleeds.co.uk/our-work/how-does-it-feel-for-me/

b) **Involving You**
The report 'Involving You' provides an annual overview of the involvement activities that have taken place across Leeds' health,

care and third sector organisations. It includes a summary of what people told us and what we did in response to hearing those views. More information is available here: https://www.healthandcareleeds.org/publications/involving-you-2021-2022/

c) **The Big Leeds Chat**
The Big Leeds Chat brings senior leaders from across the health and care system together with the public as one #TeamLeeds. It provides an opportunity to for senior leaders to listen directly to people's experiences of health and wellbeing and find out what matters most to them. More information is available here: https://www.healthandcareleeds.org/about/working-with-our-partners/big-leeds-chat/

d) **Communities of Interest Network**
The Communities of Interest network enables two-way communication between the public sector and third sector organisations that represent communities facing health inequalities.

e) **Healthy Communities Together**
Healthy Communities Together invites communities to lead discussions and develop our relationships across healthcare systems and leaders, commissioners and providers. It looks at how people at the margins can be at the centre of commissioning and it is funded by and partnered with the King's Fund.

f) **Citywide Public Network**
A shared virtual network of patients, carers and members of the public is being set up so that PVP members have access to a wider pool of people to consult and communicate with. This represents a move away from previous models in which each organisation had its own network of people.

g) **Involvement Library**
The proposed Involvement Library will serve as an online central hub/repository that brings together all the people's voices intelligence gathered across Leeds. It is envisaged that the library will enable partners across the system to access existing insight and support them to start with what we already know.

1.9 **Other work underway to ensure people's voices are embedded in boards across Leeds**

As Leeds' new health and care governance landscape takes shape, work is underway to make sure people's voices are embedded at every level. The ICB in Leeds is working with the PVP and population health boards to embed involvement in their governance. This work will include the following for each board:

- Identifying key third sector and public representatives
- Working with partners to write an insight report outlining what we already know about people's experience
- Holding a workshop with key third sector and public representatives to introduce the board and coproduce an involvement approach.
- Ongoing involvement support including meeting our delegated statutory duty to involve.

2. Next Steps

2.1 The Leeds Committee will receive a costed workplan in September for its consideration.

3. Recommendations

The Leeds Committee of the WY ICB is asked to:

a) **Review** and **approve** the ambitions set out in the '*Embedding Involvement in the Leeds Committee'* document;
b) **Support** and **commit** to the actions outlined in the report; and
c) **Receive** the costed workplan in September 2022 which outlines the resources necessary to further embed people's voice in decision-making.

4. Appendices

Appendix 1 – *Embedding Involvement in the Leeds Committee of the WY ICB*

Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB)

Embedding involvement in the Leeds Committee V3 2022.07.04

This paper sets out the involvement ambitions identified by the Shadow Leeds Committee of the WY ICB in March 2022. It outlines how the involvement teams across the Leeds Health and Care Partnership are already supporting these ambitions and explains what additional work is planned to support public involvement in the work of the board. The final column outlines how the PVP would like Leeds Committee board members to support our involvement work across the city. The paper has been developed by partners at the People's Voices Partnership which is made up of public and third sector organisations across Leeds.

The rows in red outline additional ambitions as suggested by the PVP.

	Ambitions	What are involvement teams in Leeds already doing to support this ambition	What are involvement teams in Leeds planning to do that will support this ambition	Our ask of the Leeds Committee
How do we model 'We start with People' as a Leeds Committee:	We will go beyond 'starting with people' and embed people in all stages of decision-making	• The People's Voices Partnership and its workplan embodies this approach as outlined on the HCP website: https://www.healthandcareleeds.org/about/working-with-our-partners/ • Involvement of people throughout the commissioning cycle is demonstrated in the Health and Care Partnership annual involvement reports: https://www.healthandcareleeds.org/publications/involving-you-2021-2022/	• Include section in committee submission papers that asks for planner to outline how people will be involved throughout commissioning cycle • Continue our work to produce a citywide annual report on involvement for the Leeds HPC.	• Ensure that papers submitted to the Committee have outlined how people will be involved throughout the commissioning cycle • Support our citywide approach to annual reporting on involvement and receive our citywide Involving You document each year
	Every item at the committee will explicitly show how it has/will put people at the heart of decision-making		• Include section in committee submission papers that asks for planner to outline how people will be involved throughout commissioning cycle	• Ensure that papers submitted to the Committee have outlined how people will be involved throughout the commissioning cycle
	We will proactively show local people and community groups how feedback has influenced the decisions we make	• 'You said, we did' is demonstrated in the Leeds HCP annual involvement reports: https://www.healthandcareleeds.org/publications/involving-you-2021-2022/	• Consider a communications element to the Leeds Committee that will feed back on every meeting (such as, for example, a blog post from the Chair) • Will include a 'you said, we did' section on the new website • Will further develop the Involving You annual report on involvement as a means of feeding back to the people of Leeds • Will consider how existing mechanisms such as the Big Leeds Chat can be used to feedback how people's views have influenced health and care decision-making. • Work to develop the population health boards will include a coproduced approach to involving communities. This will include opportunities for community groups to hear how the Leeds Committee has listened to and acted on people's feedback.	• Support our citywide approach to annual reporting on involvement and receive our citywide Involving You document each year • Take part in communications work to share with the public how we have listened to their views and acted on their feedback as a Leeds Committee • Take part in Big Leeds Chat activities which demonstrate how the Leeds Committee has used BLC feedback to shape local services.
	We will proactively seek the views of people from different communities and locations.	• There are a variety of citywide project groups and organisations that proactively engage with different communities and	• The PVP in Leeds is working with population health and care delivery boards to embed involvement. This will include proactively engaging with communities and	• Take part in Big Leeds Chat activities to proactively hear from people from different locations and communities • Take part in the Leeds Allyship programme

		locations. These groups are linked into the People's Voices Partnership. • When changes are proposed to services in Leeds we have a statutory duty to involve local people, especially communities and areas where people experience the greatest health inequalities. The ICB in Leeds will develop involvement plans which seek the views of people from across Leeds in respect of these proposed changes • The PVP Big Leeds Chat proactively seeks the views of people different communities and locations. Feedback from the BLC is fed into various strategic groups including the Leeds Committee.	areas where we have gaps in our knowledge. • Each population health board will proactively use existing feedback from local people to develop insight reports. These reports will identify key themes and highlight gaps in our knowledge. • Where gaps are identified in our knowledge we will proactively engage to understand the needs and preferences of specific communities and people living in specific locations.	
	We will be clear about the difference between 'meeting in public' (being transparent and accountability) and 'meeting with people' (involvement and being open to challenge)	tba	tba	tba
	We will start all meetings with lived experience	• How does it feel for me? Is the agreed citywide balanced scorecard approach to understand people's experiences of joined up health and care in Leeds. It brings together four intelligence sources, citywide health and care complaints, case note reviews, metrics and real-time video diaries where we follow a number of people in Leeds and their journeys over a period of time. One of these case studies (or similar) will be shared at each Leeds Committee. https://healthwatchleeds.co.uk/our-work/how-does-it-feel-for-me/	• The How does it feel for me? Approach will be tailored to Committee agenda items, building on PVP partners' current insight.	• Invite the PVP to present patient stories at the start of each meeting
How do we model 'We start with People' as members:	We will share insight across organisations so that we understand people's journey through the Leeds system	• The how does it feel for me? Approach will be used at Leeds Committee meeting to support the sharing of insight across organisations.	• The People's Voices Partnership are developing a citywide involvement library / data hub that will support sharing of insight across the system.	• Invite the PVP to present patient stories at the start of each meeting • Support the development and promotion of a citywide involvement library
	We will see people as individuals and will avoid making assumptions about people's experience, especially those within the same community		• The PVP is supporting the development of public representation on the boards. This approach will be coproduced with local community organisations. Integral to the approach will be the principle of intersectionality.	• Take part in Big Leeds Chat activities to proactively hear from individuals within local communities
	We will commit to spending time in the communities that we serve; meeting the people who live there, especially those from seldom-heard groups	• Senior leaders across the system are supported to take part in the Leeds Big Leeds Chat which gives people an opportunity to spend time in local communities	• The PVP will build on the existing Allyship Programme and support Leeds Committee and Population Health Board members to take part in the programme.	• Take part in Big Leeds Chat activities to proactively hear from people from different locations and communities • Take part in the Leeds Allyship programme

		• https://www.healthandcareleeds.org/about/working-with-our-partners/big-leeds-chat/ • The Health and Wellbeing Board Allyship Programme gives senior leaders an opportunity to spend time in local communities		
	We will be active members in the People's Voices Partnership by ensuring that people's voices run through the work of our own organisations (including design, evaluation and decision-making).		• *The PVP will provide regular updates on involvement work to the Leeds Committee* • *The PVP and the ICB in Leeds will provide involvement support to the Leeds Committee and the population health boards*	• *Board members to champion people's involvement in their own organisation, aligned with PVP principles* • *Support the various elements of the PVP workplan* • *Promote PVP initiatives (such as How Does It Feel for Me) in all work* • *Support the PVP to demonstrate how people's feedback has shaped decision-making*
How do we model 'We start with People' as a wider structure:	We will actively seek opportunities to coproduce services and approaches with local people	• NHS Leeds CCG supported the frailty care delivery board coproduced outcomes with local people https://www.leedsccg.nhs.uk/get-involved/your-views/frailty-what-matters/	• Work to develop the population health boards will include a coproduced approach to involving communities. The approach will consider how we work as a system to coproduce services with local people. • Outcomes for each population segment will be coproduced with local community organisations and representatives using existing insight and community engagement.	• Support and promote opportunities to coproduce services and approaches • Ensure population health outcomes reflect the needs and preferences of local communities.
	We will recognise the value of involving people and proactively seek and remove barriers to participation, making health inequalities central to our work	• The involvement teams have worked hard over the last few years to remove barriers to participation. This includes producing involvement documents in alternative formats, using plain English and going out to communities rather than expecting them to come to us.	• The PVP will continue to champion an include approach to involvement and regularly review the approaches we use.	• Support and promote citywide work to remove barriers to participation • Use and promote the use of plain English • Where possible avoid or explain jargon • Use and promote the use of alternative formats where appropriate
	We will celebrate and reward people who share their views and time to support the development of local services		• The PVP is working with partners across West Yorkshire to develop a coordinated and consistent approach to renumeration.	• Get involved in further discussions about how we celebrate and reward people for sharing their views • Support communications work to celebrate involvement work such as the development of the Involving You annual report on involvement.
	We will involve people in the development of population health outcomes so that these reflect what matters to local communities	• Frailty care delivery board coproduced outcomes with local people https://www.leedsccg.nhs.uk/get-involved/your-views/frailty-what-matters/	• Outcomes for each population segment will be coproduced with local community organisations and representatives using existing insight and community engagement.	• Ensure population health outcomes reflect the needs and preferences of local communities.
	We will clearly show how and where people can get involved in the wider structure	• The PVP have developed of a citywide public network to provide a more coordinated approach to involving people in the wider structure	• The PVP continues to work with partners to sign up to a single solution for public networks.	• Promote the Leeds Health and care partnership as a way to get involve in health and care in Leeds

		• The new Health and Care Partnership website outlines the different ways people can get involved in health and care in Leeds, including where to make compliments and complaints • The annual report on involvement outlines how people can get involve in the wider health and care partnership		
	We will start with what people have already told us and avoid duplicating engagement	• *The PVP and its workplan embody this partnership approach as outlined in our principles*	• *The PVP will provide insight reports for each population health board which will outline key themes and identify areas where additional involvement might be useful.* • *The PVP is working to develop an involvement library which will pull together existing insight into people's needs and preferences*	• *Support the work of the PVP and consider additional resource for areas of development (such as the involvement library)*
	We will feed back to people about how their voices have made an difference	• *'You said, we did' is demonstrated in the Leeds HCP annual involvement reports: https://www.healthandcareleeds.org/publications/involving-you-2021-2022/*	• *Consider a communications element to the Leeds Committee that will feed back on every meeting (such as, for example, a blog post from the Chair)* • *Will include a 'you said, we did' section on the new website* • *Will further develop the Involving You annual report on involvement as a means of feeding back to the people of Leeds* • *Will consider how existing mechanisms such as the Big Leeds Chat can be used to feedback how people's views have influenced health and care decision-making.* • *Work to develop the population health boards will include a coproduced approach to involving communities. This will include opportunities for community groups to hear how the Leeds Committee has listened to and acted on people's feedback.*	• *Support our citywide approach to annual reporting on involvement and receive our citywide Involving You document each year* • *Take part in communications work to share with the public how we have listened to their views and acted on their feedback as a Leeds Committee* • *Take part in Big Leeds Chat activities which demonstrate how the Leeds Committee has used BLC feedback to shape local services.*

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	07/22
Meeting date:	14th July 2022
Report title:	Leeds Committee of the ICB Terms of Reference
Report presented by:	Sam Ramsey, Head of Corporate Governance & Risk
Report approved by:	Rebecca Charlwood, Independent Chair, Leeds Committee of the WY ICB
Report prepared by:	Sam Ramsey, Head of Corporate Governance & Risk

Purpose and Action			
Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

- The Shadow Leeds Committee of the ICB received the draft terms of reference for review and comment.
- The WY ICB approved the terms of reference on 1 July 2022

Executive summary and points for discussion:

The ICB constitution sets out the high level arrangements for the ICB and is underpinned by the ICB governance handbook. The ICB's principles of subsidiarity mean that the ICB will primarily discharge its duties through delegation to ICB place committees, alongside work that is delivered at West Yorkshire level.

Most decisions will be made at place level, in support of local Health and Wellbeing Board priorities. In accordance with section 4.6 of the constitution, the ICB has appointed committees and arranged for its functions to be exercised by those committees. In line with the ICB's principles of subsidiarity, the ICB has established committees in each of its places, including Leeds. These committees have delegated authority from the board to make decisions about ICB functions and resources at place level as set out in the Scheme of Reservation and Delegation.

On 1 July 2022, the ICB Board met and approved the Leeds ICB Committee terms of reference. The final approved version is shared at Appendix 1 for information and assurance.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire ICB is asked to:

a) **Note** the Committee's Terms of Reference and be **assured** that the Terms of Reference were approved by the West Yorkshire ICB Board on 1 July 2022.
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
There are no risks associated with this report.
Appendices
1. Leeds Committee of the ICB Terms of Reference
Acronyms and Abbreviations explained
ICB – Integrated Care Board

What are the implications for?

Residents and Communities	Delegation arrangements support our commitment to meet the health needs of our residents and communities.
Quality and Safety	Quality & People's Experience Sub-Committee provides assurance.
Equality, Diversity and Inclusion	The Board and committees are required to consider the equality and diversity implications of all decisions
Finances and Use of Resources	Finance & Best Value Sub-Committee provides assurance.
Regulation and Legal Requirements	Terms of reference designed to comply with local requirements.
Conflicts of Interest	Outlined within terms of reference to comply with WY ICB Conflicts of Interest Policy.
Data Protection	None directly arising from this report.
Transformation and Innovation	None directly arising from this report.
Environmental and Climate Change	None directly arising from this report.
Future Decisions and Policy Making	Terms of reference designed to assure Leeds Committee of the ICB and support decision making.
Citizen and Stakeholder Engagement	None directly arising from this report.

Leeds Committee of the West Yorkshire Integrated Care Board (ICB) Terms of Reference

Version control

Version:	1.0
Approved by:	West Yorkshire Integrated Care Board
Date Approved:	1 July 2022
Responsible Officer:	Accountable Officer (Leeds)
Date Issued:	1 July 2022
Date to be reviewed:	Initially 6 months, thereafter annual

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	Laura Ellis	21.09.21
0.2	Review	Stephen Gregg	29.09.21
0.3	Review	Leeds Governance Network – Place amends	02.11.21
0.4	Review	Sam Ramsey	27.04.22
0.5	Admission from press and public amends	Sam Ramsey	16.06.22

1. Introduction

1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.

- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- 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; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
    - Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
    - 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
    - Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so

- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
    - Make decisions based on the outcomes that matter most to people
    - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
    - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well
- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
    - Unify diverse services through a common culture
    - Be system leaders and work across boundaries to simplify what we do
    - Individuals and teams will share good practice and do things once

2. Membership

2.1 This part of the terms of reference describes the membership of the Leeds Health and Care (Place Based) Partnership ICB Committee. Further information about the criteria for the roles and how they are appointed is documented separately.

2.2 Core membership

2.2.1 The membership of the Committee will be as follows:

- Independent Chair
- Independent Lay Member – Finance and Governance
- Independent Lay Member – Health Inequalities and Delivery
- Healthwatch Representative
- Executive Members (Leeds Office of the WY ICS)
    - ICB Leeds Place Lead
    - ICB Leeds Finance Lead
    - ICB Leeds Nurse Lead
    - ICB Leeds Medical Officer
- Partner Members
    - 1 x Leeds Teaching Hospitals Trust
    - 1 x Leeds & York Partnership Foundation Trust
    - 1 x Leeds Community Healthcare Trust

- 1 x Leeds City Council
- 1 x Primary Care
- 1 x Third Sector
- 1 x Director of Public Health

2.3 Required attendees

- Non-voting members to be in attendance (TBC)

2.4 ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

2.5 Any member of the ICB Board can be in attendance subject to agreement with the Chair.

3. Arrangements for the conduct of business

3.1 Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the remaining members of the committee should appoint a chair for the meeting.

3.2 Quoracy

No business shall be transacted unless at least 50% of the membership is present. The quorum is 8 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- At least one independent lay member
- ICB Place Director or ICB Place Finance Lead
- ICB Place Nurse Lead or ICB Place Medical Officer
- At least two partner members

For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.
b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior

agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the Committee may nominate a deputy to attend a meeting of the Committee that they are unable to attend. The deputy may speak and vote on their behalf. The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

3.3 Voting

In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:

a. All members of the committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 2.2.1; attendees and observers do not have voting rights.)
b. Absent members may not vote by proxy. Absence is defined as being absent at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
c. A resolution will be passed if more votes are cast for the resolution than against it.
d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Conflict resolution

The Committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific matter.

3.4 Frequency of meetings

The Committee will meet no less than four times in a 12 month period in public. Development sessions may also be held throughout the year.

The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.

In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

3.5 Urgent decisions

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Committee to meet virtually. Where this is not possible the following will apply:

a) The powers which are delegated to the Committee, may for an urgent decision be exercised by the Chair of the Committee and the ICB Lead Place Lead. If the Chair of the Committee is not an independent non-executive member, then such an individual must also be consulted.
b) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.

3.6 Admission of the press and public

Meetings of the Committee will be open to the public.

The Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings.

The chair of the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.

The public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.

A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least seven calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

3.7 Declarations of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

3.8 Support to the Committee

Administrative support will be provided to the Committee by the ICB. This will include:

- Agreement of the agenda with the Chair in consultation with the ICB Place Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- Drafting minutes for approval by the Chair and ICB Place Lead within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained on a monthly basis.

4. Remit and responsibilities of the committee

The Leeds Health and Care (Place Based) Partnership ICB Committee has been provided with delegated authority to make decisions about the use of NHS resources in Leeds, including the agreement of contracts for relevant services. The decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation.

The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Sub-Committee.

5. Authority

5.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Committee.

5.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

5.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

5.4 The Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

6. Reporting

6.1 The Committee shall submit its minutes to each formal ICB Board meeting.

6.2 The Leeds ICB Place Lead shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.

6.3 The Committee's minutes will be published on the ICB website once ratified.

6.4 The Committee shall submit an annual report to the ICB Audit Committee and the ICB.

6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees.

7. Conduct of the committee

7.1 All members will have due regard to and operate within the Constitution of the ICB, Standing Orders, standing financial instructions and Scheme of Delegation.

7.2 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

7.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

7.4 The Committee shall agree an Annual Work Plan with the ICB Board.

7.5 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.

7.6 Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

7.7 **Behaviours and practice all members will demonstrate (TBC)**

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

8. Equality

8.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	08/22
Meeting date:	14th July 2022
Report title:	Approval of Sub-Committee Terms of Reference
Report presented by:	Sam Ramsey, Head of Corporate Governance & Risk
Report approved by:	Rebecca Charlwood, Independent Chair, Leeds Committee of the WY ICB
Report prepared by:	Sam Ramsey, Head of Corporate Governance & Risk

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

- The Shadow Leeds Committee of the ICB reviewed the draft terms of reference for review and comment.

Executive summary and points for discussion:

The ICB's principles of subsidiarity mean that the ICB will primarily discharge its duties through delegation to ICB place committees, including the Leeds ICB Committee. These committees have delegated authority from the board to make decisions about ICB functions and resources at place level as set out in the Scheme of Reservation and Delegation.

During the development of the governance arrangements for the Leeds Place Based Partnership, it was identified that a number of supporting sub-committees would be helpful. The terms of reference for the Delivery Sub-Committee, Finance & Best Value Sub-Committee and Quality & People's Experience Sub-Committee have been developed over the last 6 months. The draft terms of reference have been reviewed and discussed through several different groups with key partners and were presented to the Shadow Leeds Committee on 17 May 2022. Minor amendments have been made since the previous iteration.

The Leeds Committee of the ICB terms of reference will be included as part of the ICB Governance Handbook and were formally signed off by the West Yorkshire ICB on 1 July 2022. These have been included for information under agenda item 22/07.

The terms of reference for the sub-committees are attached at Appendix 1 for formal sign off by the Leeds ICB Committee.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)
The Leeds Committee of the West Yorkshire ICB is asked to: a) **Approve** the terms of reference for the following sub-committees: - Leeds Delivery Sub-Committee - Leeds Finance & Best Value Sub-Committee - Leeds Quality & People's Experience Sub-Committee
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
There are no risks associated with this report. The sub-committees will regularly review risk and provide assurance to the Leeds ICB Committee.
Appendices
1. Leeds Delivery Sub-Committee Terms of Reference 2. Leeds Finance & Best Value Sub-Committee Terms of Reference 3. Leeds Quality & People's Experience Sub-Committee Terms of Reference
Acronyms and Abbreviations explained
ICB – Integrated Care Board

What are the implications for?

Residents and Communities	Delegation arrangements support our commitment to meet the health needs of our residents and communities.
Quality and Safety	Quality & People's Experience Sub-Committee provides assurance.
Equality, Diversity and Inclusion	The Board and committees are required to consider the equality and diversity implications of all decisions
Finances and Use of Resources	Finance & Best Value Sub-Committee provides assurance.
Regulation and Legal Requirements	Terms of reference designed to comply with local requirements.
Conflicts of Interest	Outlined within terms of reference to comply with WY ICB Conflicts of Interest Policy.
Data Protection	None directly arising from this report.
Transformation and Innovation	None directly arising from this report.
Environmental and Climate Change	None directly arising from this report.

Future Decisions and Policy Making	Terms of reference designed to assure Leeds Committee of the ICB and support decision making.
Citizen and Stakeholder Engagement	None directly arising from this report.

Terms of Reference

Leeds Committee
of the West Yorkshire Integrated Care Board

Delivery sub-committee

Version:	Draft v0.3, 08/02/2022
Date approved:	xxxx
Approved by:	Leeds Committee of the West Yorkshire Integrated Care Board
Review date:	xxxx

Version control: Draft v3 | 01/12/21 | Contact point: xxxxxx

Change history

Version number	Changes	Editor	Date
0.3	Updated in line with governance requirements	Sam Ramsey	08/02/2022

Glossary of terms

Acronym / term	Definition

1. Introduction

1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB (WY ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference are for the Delivery sub-committee of the Leeds Health and Care Committee of the WY ICB. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- 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; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
    - Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
    - 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
    - Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
    - Make decisions based on the outcomes that matter most to people
    - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
    - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well
- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
    - Unify diverse services through a common culture
    - Be system leaders and work across boundaries to simplify what we do
    - Individuals and teams will share good practice and do things once

2. Role of this Sub-committee

2.1 The Delivery subcommittee will support the Leeds Committee of the WY ICB in the providing assurance to the committee with respect to progress we are making with our plans to improve outcomes, tackle health inequalities and improve the effectiveness and efficiency of services.

2.2 In fulfilling its role the subcommittee will seek reasonable assurance relating to the performance and improvement in health outcomes being achieved by service transformation.

2.3 The subcommittee will also receive assurance on progress being made by Population and Care Boards on to improve outcomes and reduce health inequalities

2.4 Reasonable assurance is defined as the committee being provided with evidence that performance is in line with agreed targets or trajectories, and where it is not, evidence of reasonable mitigation and an action plan to rectify any issues.

2.5 Where the Committee receives insufficient assurance, it will challenge, assess risks and escalate to the Leeds Committee of the ICS when necessary.

2.6 The committee will oversee the continuous development of the scope, format, presentation and mechanisms of the system of performance reporting

2.7 The committee will have a focus on seeking assurance on the following areas of the Leeds Health & Care Partnership business:

2.8 Systems Resilience and Emergency Planning

- Assurance that Leeds has robust process for dealing with emergencies including critical incidents, disease outbreaks and pandemics
- Assurance that Leeds has a robust winter plan

2.9 Operational Performance:

- NHS constitutional standards and other national planning priorities
- Local operational priorities set out in the LHCP operational plan.

2.10 Improving Outcomes:

- Improvements in the health outcomes of the population as set out in Healthy Leeds: Our Plan for Health and Care in Leeds
- Reducing health inequalities
- Benchmarking against NHS Outcomes Framework
- Progress on Service Transformation (Healthy Leeds Plan)

2.11 West Yorkshire and NHS England

- Monitoring progress against the West Yorkshire 10 Priorities
- Coordination of the LHCP input to the NHS England Quarterly Assurance processes

2.12 Climate Change

- Progress on delivery of net zero carbon targets across Leeds NHS Providers

2.13 Risk Management

- Reviewing risks assigned to the committee by the Leeds Committee of the ICS and ensure that appropriate and effective mitigating actions are in place

2.14 Through its operation the Delivery subcommittee will:

- promote integration of health and social care
- promote innovation; and
- promote research, and education and training.

3. Membership

3.1 This part of the terms of reference describes the membership of the sub-committee.

3.2 Core membership

The membership of the Committee will be as follows:

- Chair - Independent Member – Health Inequalities and Delivery
- Independent Member – Finance and Probity
- Non-Executive representation from partner organisations
- Executive Members (Leeds Office of the WY ICS)
  - Director of Population Health Planning
  - Director of Pathway Integration
- Partner Members, representatives from the following:
  - Leeds Teaching Hospitals Trust
  - Leeds & York Partnership Foundation Trust
  - Leeds Community Healthcare Trust
  - Leeds City Council
  - Primary Care
  - Third Sector
  - Director of Public Health

2.3 Required attendees

- Officers from across the Health and Care Partnership may be invited to attend where required.

2.4 Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

2.5 Any member of the Leeds Committee of the WY ICB can be in attendance subject to agreement with the Chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

4.2 The meetings will be run by the chair. In the event of the chair of the sub-committee being unable to attend all or part of the meeting, the remaining members of the sub-committee should appoint a chair for the meeting.

4.3 Quoracy

4.4 No business shall be transacted unless at least 50% of the membership is present. The quorum is x individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- At least one independent member
- Executive member of the Leeds Office of the WY ICB
- At least two partner members

4.5 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.6 Members of the sub-committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

4.7 Members are normally expected to attend at least 75% of meetings during the year.

4.8 With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the sub-committee may nominate a deputy to attend a meeting of the sub-committee that they are unable to attend. The deputy may speak and vote on their behalf.

4.9 Conflict resolution / arbitration

4.10 The sub-committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

4.11 If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific

matter. Under exceptional circumstances any substantive difference of views among members will be reported to the Leeds Committee of the WY ICB.

4.12 Frequency of meetings

4.13 The sub-committee will meet bi-monthly with six meetings scheduled each calendar year. Development sessions may also be held throughout the year.

4.14 Declarations of interest

4.15 All sub-committee members will comply with the ICB policy on conflicts of interest. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. All declarations of interest will be declared at the beginning of each meeting.

4.16 The nature of the role and scope of the Quality and People's experience committee means that conflicts of interest will be inherent within the business. Conflicts of interest cannot be avoided but should be recognised and mitigated where possible.

4.17 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

4.18 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

4.19 Support to the Committee

4.20 Administrative support will be provided to the sub-committee by the Corporate Governance team within the Leeds Office of the WY ICS. This will include:

- Agreement of the agenda with the Chair in consultation with the Executive Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.

- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- An annual work plan to be updated and maintained on a monthly basis.

5. Remit and responsibilities of the committee

5.1 The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Sub-Committee.

6. Authority

6.1 The sub-committee will have oversight of quality of commissioned health and social care services in Leeds. It will receive information and intelligence from NHS and social care providers across the city and seek assurance on improvement. Where any concerns are raised that require further investigation or assurance the committee will have the commission more detailed reports on specific areas for assurance and learning.

6.2 The sub-committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the sub-committee.

6.3 The sub-committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

6.4 The sub-committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

6.5 The sub-Committee is authorised to create working groups as are necessary to fulfil its responsibilities within its terms of reference.

7. Reporting

7.1 The sub-Committee will report directly into the Leeds Committee of the WY ICB and will present a Chairs Summary to each meeting. The Chair shall draw to the attention of the Leeds Committee of the WY ICB any significant issues or risks relevant.

7.2 The sub-Committee will also report into the West Yorkshire System Quality group.

8. Conduct of the committee

8.1 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

8.2 Members of the sub-committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

8.3 Information obtained during the business of the sub-committee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions.

8.4 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the sub-committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9. Behaviours and practice all members will demonstrate

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

10. Equality

10.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

11. Review of the Subcommittee

11.1 The sub-committee will produce an annual work plan in consultation with the Leeds Committee of the WY ICB.

11.2 The sub-committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed changes to the terms of reference will be submitted for approval by the Leeds Committee of the WY ICB.

11.3 These terms of reference and membership will be reviewed initially after six months, and thereafter at least annually following their approval.

Terms of Reference

Leeds Committee
of the West Yorkshire Integrated Care Board

Finance & Best Value sub-committee

Version:	Draft v0.2 08/02/2022
Date approved:	xxxx
Approved by:	Leeds Committee of the West Yorkshire Integrated Care Board
Review date:	xxxx

Change history

Version number	Changes	Editor	Date
0.2	Updated in line with governance requirements	Sam Ramsey	08/02/2022
0.3	Further amends following discussion with Chair	Sam Ramsey	10/06/2022

Glossary of terms

Acronym / term	Definition

1. Introduction

1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB (WY ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference are for the Delivery sub-committee of the Leeds Health and Care Committee of the WY ICB. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- 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; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
    - Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
    - 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
    - Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
    - Make decisions based on the outcomes that matter most to people
    - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
    - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well
- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
    - Unify diverse services through a common culture
    - Be system leaders and work across boundaries to simplify what we do
    - Individuals and teams will share good practice and do things once

2. Role of this Sub-committee

2.1 The Finance and Best Value sub-committee is accountable to the Leeds Committee of the WY ICB for providing assurance on its work.

2.2 The remit, responsibilities, membership and reporting arrangements of the sub-committee are set out in these terms of reference. The sub-committee has no executive powers, other than those specifically delegated in these

terms of reference. The sub-committee is not a decision-making committee, but is advisory and to provide assurance to the Leeds Committee of the WY ICB.

2.3 The role of the sub-committee is to advise and support the Leeds Committee of the WY ICB through performance oversight of key financial and performance plans, indicators and/or targets, including good stewardship of resources, as specified in the Leeds Health and Care Partnership's strategic and operational plans, in order to ensure best value and clinical outcomes.

2.4 The sub-committee is responsible for advising and supporting the Leeds Committee of the WY ICB in:

- scrutinising and tracking the delivery of key financial and service priorities, outcomes and targets as specified in the Leeds Health and Care Partnership's strategic and operational plans
- ensuring that the Leeds Committee of the WY ICB develops and adopts appropriate policies and procedures to support effective governance of financial matters.

2.5 Responsibilities

2.6 Ensure financial management achieves value for money, efficiency and effectiveness in the use of resources, allowing the partnership to achieve best value and outcomes for its investments, with a continuing focus on cost reduction and achievement of efficiency targets.

2.7 Identify and manage mechanisms put in place by the partnership to drive cost improvements.

2.8 Review the partnerships medium-term financial planning and annual budgets and provide assurance to the Leeds Committee of the WY ICB on appropriateness of investment and efficiency priorities within the plans.

2.9 To ensure appropriate information is available to manage financial issues, risks and opportunities across the place

2.10 Monitor and review population health management and resource allocation.

2.11 Monitor and review the achievement of the financial plan, including good stewardship of resources and identify risks to achievement of these.

2.12 Provide a forum to evaluate requirements and advise the Leeds Committee of the WY ICB on committing resources to respond to performance issues and potential investments.

2.13 To work with place partners to identify and agree common approaches across the system such as financial reporting, estimates and judgements

2.14 Ensure that processes for financial management (including reporting) are robust and advise the Leeds Committee of the WY ICB appropriately on the content of the Finance Report.

2.15 Review contractual arrangements and payment mechanisms, ensuring fitness for purpose, best value and clinical outcomes.

2.16 Develop the understanding of 'place-based' financial decision-making to inform the development of the Leeds Health and Care partnership and the West Yorkshire Integrated Care System.

3. Membership

3.1 This part of the terms of reference describes the membership of the sub-committee.

3.2 Core membership

The membership of the Committee will be as follows:

- Chair – Independent Member – Finance and Governance
- Independent Member – Health Inequalities and Delivery
- Further Non-Executive representation from partner organisations
- Executive Members (Leeds Office of the WY ICB)
  - ICB Place Lead
  - ICB Place Finance Lead
  - Director of Population Health – when relevant
  - Director of Pathway Integration – when required
  - Director of Primary Care and Same Day Response – when required
  - Medical Director
- Partner Members, representatives from the following:
  - Leeds Teaching Hospitals Trust
  - Leeds & York Partnership Foundation Trust
  - Leeds Community Healthcare Trust
  - Leeds City Council

3.3 Required attendees

- Officers from across the Health and Care Partnership may be invited to attend where required.

3.4 Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

3.5 Any member of the Leeds Committee of the WY ICB can be in attendance subject to agreement with the Chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

4.2 The meetings will be run by the chair. In the event of the chair of the sub-committee being unable to attend all or part of the meeting, the remaining members of the sub-committee should appoint a chair for the meeting.

4.3 Quoracy

4.4 No business shall be transacted unless at least 50% of the membership is present. The quorum is x individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- At least one independent non-executive member
- Executive member of the Leeds Office of the WY ICB
- At least two partner members

4.5 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.6 Members of the sub-committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

4.7 Members are normally expected to attend at least 75% of meetings during the year.

4.8 With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the sub-committee may nominate a deputy to attend a meeting of the sub-committee that they are unable to attend. The deputy may speak and vote on their behalf.

4.9 Conflict resolution / arbitration

4.10 The sub-committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

4.11 If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific

matter. Under exceptional circumstances any substantive difference of views among members will be reported to the Leeds Committee of the WY ICB.

4.12 Frequency of meetings

4.13 The sub-committee will meet bi-monthly with six meetings scheduled each calendar year. Development sessions may also be held throughout the year

4.14 Declarations of interest

4.15 All sub-committee members will comply with the ICB policy on conflicts of interest. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. All declarations of interest will be declared at the beginning of each meeting.

4.16 The nature of the role and scope of the Finance sub-committee means that conflicts of interest will be inherent within the business. Conflicts of interest cannot be avoided but should be recognised and mitigated where possible.

4.17 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

4.18 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

4.19 Support to the Committee

4.20 Administrative support will be provided to the sub-committee by the Corporate Governance team within the Leeds Office of the WY ICS. This will include:

- Agreement of the agenda with the Chair in consultation with the Executive Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.

- Sending out agendas and supporting papers to members five working days before the meeting.
- An annual work plan to be updated and maintained on a monthly basis.

5. Remit and responsibilities of the committee

5.1 The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Sub-Committee.

6. Authority

6.1 The sub-committee will have oversight of quality of commissioned health and social care services in Leeds. It will receive information and intelligence from NHS and social care providers across the city and seek assurance on improvement. Where any concerns are raised that require further investigation or assurance the committee will have the commission more detailed reports on specific areas for assurance and learning.

6.2 The sub-committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the sub-committee.

6.3 The sub-committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

6.4 The sub-committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

6.5 The sub-Committee is authorised to create working groups as are necessary to fulfil its responsibilities within its terms of reference.

7. Reporting

7.1 The sub-Committee will report directly into the Leeds Committee of the WY ICB and will present a Chairs Summary to each meeting. The Chair shall draw to the attention of the Leeds Committee of the WY ICB any significant issues or risks relevant.

7.2 The sub-Committee will also be supported and advised by the Director of Finance Group.

8. Conduct of the committee

8.1 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

8.2 Members of the sub-committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

8.3 Information obtained during the business of the sub-committee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions.

8.4 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the sub-committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9. Behaviours and practice all members will demonstrate

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
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- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

10. Equality

10.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

11. Review of the Subcommittee

11.1 The sub-committee will produce an annual work plan in consultation with the Leeds Committee of the WY ICB.

11.2 The sub-committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed changes to the terms of reference will be submitted for approval by the Leeds Committee of the WY ICB.

11.3 These terms of reference and membership will be reviewed initially after six months, and thereafter at least annually following their approval

Terms of Reference

Leeds Committee
of the West Yorkshire Integrated Care Board

Quality and People's Experience sub-committee

Version:	Draft v0.6 31.05.2022
Date approved:	To be approved 14 July 2022
Approved by:	Leeds Committee of the West Yorkshire Integrated Care Board
Review date:	TBC

Change history

Version number	Changes	Editor	Date
0.3	Updated in line with governance requirements	Sam Ramsey	08/02/2022
0.6	Updated by Director of Nursing & Quality & Head of Governance	Sam Ramsey	31/05/2022

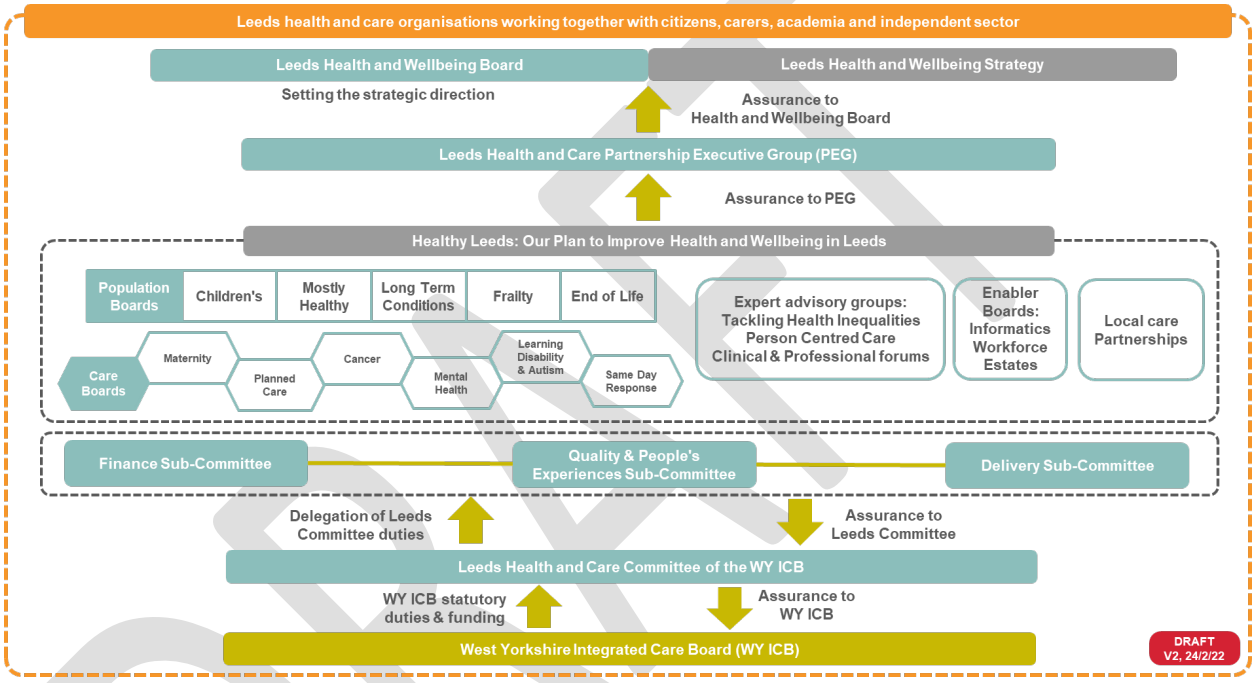
Glossary of terms

Acronym / term	Definition

1. Introduction

1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB (WY ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference are for the Quality and People's subcommittee of the Leeds Health and Care Committee of the WY ICB. The Committee has no executive powers, other than those specifically delegated in these terms of reference.



1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.

- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- 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; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
- Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
- 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
- Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
- Make decisions based on the outcomes that matter most to people
- Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well

- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
- Unify diverse services through a common culture
- Be system leaders and work across boundaries to simplify what we do
- Individuals and teams will share good practice and do things once

2. Role of this Sub-committee

2.1 The role of the Quality and People's Experience sub-committee is to ensure that we have quality at the heart of the place-based partnership in Leeds. The main role of the sub-committee will be to seek assurance that quality outcomes are achieved for the population of Leeds, that services are safe, and they provide a good experience for our populations.

2.2 The sub-committee will bring a Leeds wide lens to quality assurance and improvement, bringing together system partners from health and social care and third sector to who will be mutually accountable. A key role for the sub-committee will be assurance that quality standards are being met, but also where is not being delivered, we understand how services are applying improvement approaches to address them. The sub-committee will also seek assurance that where quality challenges span different services and providers of care, we have a collaborative approach to improvement.

2.3 It will be the responsibility of the sub-committee to oversee and assure itself of the quality of commissioned health and social care services in Leeds. The sub-committee will need to understand measurements of quality within the system, using metrics and outcome data to assess the situation, along with narrative and assurance from city partners, and feedback from people using the services.

2.4 One of the ways the Quality and People's voices sub-committee will have a focus on quality is through the lens of Population Health and will seek to understand how quality outcomes are measured for each population group, how value is delivered, and how the service user experience is being captured and improved. Regular updates from the Population and Care Delivery Boards will feed into the Quality and People's Experience sub-committee throughout the year.

2.5 The Quality and People's voices committee will be required to understand any emerging quality risks in the system and actions being taken to support improvement. This will be through a regular quality reporting mechanism to the committee from the Leeds office of the ICS (LOICS) quality team. The committee will also receive the LOICS risk register as part of its forward plan.

2.6 The committee will receive updates on Patient Safety from the Leeds place, the implementation of the new patient safety framework, and the safety improvement plans that are part of the framework.

2.7 It is envisaged that there will be expert and advisory groups that support the work of the Quality and People's Experience sub-committee. These groups may already exist within the system. Examples of these groups may be Tackling Health inequalities, Person Centred Care, or 'How does it feel for me' around people's experience

2.8 The sub-committee will report directly into the Leeds Committee of the WY ICB. It will also feed into the West Yorkshire System Quality Group, with the chair of the quality and people's voices group providing an update to this meeting. The Director of Nursing and Quality is a member of the system quality group and feeds into this partnership group.

2.9 Commitments

2.10 The sub-committee through some preparatory workshops have agreed a number of commitments to help guide its work. These are:

2.11 We will ensure that the fundamental standards of quality are delivered across the Leeds Health and Care system

2.12 We will continually improve the quality of the services we deliver, and apply QI principles to system quality challenges

2.13 We will listen to people who receive care about their experience and commit to continuously improving this experience

2.14 We will engage our clinical leaders in quality improvement work that spans across organisational boundaries

2.15 We will agree our shared priorities for quality improvement, holding each other mutually accountable for delivery of those improvements.

2.16 We will work on the triple aim of delivering high-quality care, improved outcomes and value for money for money in everything we do

2.17 We are leaders of our organisation but also in our place and we will support each other in partnership around a shared approach to quality

2.18 We act with honesty and integrity, and trust each other to do the same;

2.19 We challenge constructively when we need to, but always demonstrating respectful behaviours

2.20 We assume good intentions and work collaboratively around this work

3. Membership

3.1 This part of the terms of reference describes the membership of the sub-committee.

3.2 Core membership

The membership of the Committee will be as follows:

- Chair – Independent Chair
- Independent Member – Health Inequalities and Delivery
- Executive Members (Leeds Office of the WY ICS)
  - Director of Nursing and Quality
  - Director of Population Health
  - Medical Director
- Director level representative with responsibility quality assurance and improvement
  - Leeds Teaching Hospitals Trust
  - Leeds Community Healthcare Trust
  - Leeds & York Partnership Foundation Trust
  - Leeds City Council Adults Services
  - Leeds City Council Children and Young Peoples Services
- Director of Leeds Strategic Workforce & Health and Care Academy
- Independent Chair of Leeds Safeguarding Adults Board (LSAB)
- Independent Chair of Leeds Children and Young Peoples Partnership (LSCP)
- Chair of the Safer Leeds Partnership
- Public Health/ Public Health consultant
- Office of Data Analytics representative
- Third Sector representative
- Healthwatch Leeds

2.3 Required attendees

- Deputy Director of Quality and Nursing (Leeds Office of the ICS)
- Head of Quality (Leeds Office of the ICS)
- Head of Quality Improvement and Patient Safety (Leeds Office of the ICS)
- Head of Safeguarding/Designated professional for Safeguarding (Leeds Office of the ICS)

2.4 Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

2.5 Any member of the Leeds Committee of the WY ICB can be in attendance subject to agreement with the Chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

4.2 The meetings will be run by the chair. In the event of the chair of the sub-committee being unable to attend all or part of the meeting, the remaining members of the sub-committee should appoint a chair for the meeting.

4.3 Quoracy

4.4 No business shall be transacted unless at least 50% of the membership is present. The quorum is 8 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- Executive member of the Leeds Office of the WY ICS
- At least three other members from the core membership

4.5 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.6 Members of the sub-committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

4.7 Members are normally expected to attend at least 75% of meetings during the year.

4.8 With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the sub-committee may nominate a deputy to attend a meeting of the sub-committee that they are unable to attend. The deputy may speak and vote on their behalf.

4.9 Conflict resolution / arbitration

4.10 The sub-committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

4.11 If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific

matter. Under exceptional circumstances any substantive difference of views among members will be reported to the Leeds Committee of the WY ICB.

4.12 Frequency of meetings

4.13 The sub-committee will meet bi-monthly with six meetings scheduled each calendar year. Development sessions may also be held throughout the year.

4.14 Declarations of interest

4.15 All sub-committee members will comply with the ICB policy on conflicts of interest. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. All declarations of interest will be declared at the beginning of each meeting.

4.16 The nature of the role and scope of the Quality and People's Experience committee means that conflicts of interest will be inherent within the business. Conflicts of interest cannot be avoided but should be recognised and mitigated where possible.

4.17 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

4.18 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

4.19 Support to the Committee

4.20 Administrative support will be provided to the sub-committee by the Corporate Governance team within the Leeds Office of the WY ICS. This will include:

- Agreement of the agenda with the Chair in consultation with the Executive Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.

- An annual work plan to be updated and maintained on a monthly basis.

5. Remit and responsibilities of the committee

5.1 The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Sub-Committee.

6. Authority

6.1 The sub-committee will have oversight of quality of commissioned health and social care services in Leeds. It will receive information and intelligence from NHS and social care providers across the city and seek assurance on improvement. Where any concerns are raised that require further investigation or assurance the committee will have the commission more detailed reports on specific areas for assurance and learning.

6.2 The sub-committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the sub-committee.

6.3 The sub-committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

6.4 The sub-committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

6.5 The sub-Committee is authorised to create working groups as are necessary to fulfil its responsibilities within its terms of reference.

7. Reporting

7.1 The sub-Committee will report directly into the Leeds Committee of the WY ICB and will present a Chairs Summary to each meeting. The Chair shall draw to the attention of the Leeds Committee of the WY ICB any significant issues or risks relevant.

7.2 The sub-Committee will also report into the West Yorkshire System Quality group.

8. Conduct of the committee

8.1 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

8.2 Members of the sub-committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

8.3 Information obtained during the business of the sub-committee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions.

8.4 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the sub-committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9. Behaviours and practice all members will demonstrate

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

10. Equality

10.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

11. Review of the Subcommittee

11.1 The sub-committee will produce an annual work plan in consultation with the Leeds Committee of the WY ICB.

11.2 The sub-committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed

changes to the terms of reference will be submitted for approval by the Leeds Committee of the WY ICB.

11.3 These terms of reference and membership will be reviewed initially after six months, and thereafter at least annually following their approval.

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	10/22
Meeting date:	14th July 2022
Report title:	Healthcare Inequalities Funding 2022/23
Report presented by:	Tim Ryley, Place Lead, Leeds Office of the WY ICB
Report approved by:	Tim Ryley, Place Lead, Leeds Office of the WY ICB
Report prepared by:	Catherine Sunter, Head of Population Health Planning, Leeds Office of the WY ICB Emily Griffiths, Associate Director of Pathway Integration, Leeds Office of the WY ICB Jenny Cooke, Director of Population Health Planning, Leeds Office of the WY ICB

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

- The Shadow Leeds Committee of the ICB received a report in May 2022 setting out the proposed approach to allocating the £3.1m in Health Inequalities funding in Leeds for 2022/23
- A report outlining an update of the process and proposed areas of spend was circulated to the Shadow Leeds Committee in June 2022 for comment prior to approval by Tim Ryley, Accountable Office of Leeds CCG

Executive summary and points for discussion:

Nationally £200 million has been made available through 22/23 system allocations, targeted towards areas with the greatest health inequalities. The Leeds allocation of this funding is £3.1m.

The aim of the funding is to support targeted reductions in Health Inequalities for specific population groups linked to the CORE20Plus5 approach, alongside inclusive recovery from the pandemic, and supported by five priority actions for addressing health inequalities as outlined in the NHS Planning Guidance for 22/23.

A process was established within the Leeds Health and Care Partnership to allocate the health inequalities funding, based on the following principles:

- Be informed and guided by content of the Health Inequalities Toolkit
- Use data, insight, and evidence to prioritise the resource
- Be delivered in partnership rather than through competition

- Be focussed on pre-identified areas of need and plans, for rapid mobilisation

The process was a useful test of the partnership's new operating model and our ability to make rapid allocative financial decisions, in an inclusive and collaborative manner.

The Tackling Health Inequalities Group (THIG) has taken a leadership role in allocation of the funding collaborating closely with the Population Boards, LCPs and Forum Central. Through this collaboration there is now a clear proposal for how the £3.1 should be spent to drive maximum value for the citizens of Leeds.

The proposal involves funding 46 individual projects across Leeds, including a £400k community development pot which will be deployed in-year. Some of these projects are the continuation of existing schemes whose funding was at risk, and some are brand new projects which have sought funding for some time. Over one third of the funding will go to third sector led initiatives.

Which purpose(s) of an Integrated Care System does this report align with?

☐ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire ICB is asked to:

a) **Ratify** the decision take by Accountable Officer of Leeds CCG in June 2022 to approve the use of the Leeds Health Inequalities Funding for 2022/23;
b) **Note** the suggestion that a further report, summarising the early evaluation of schemes funded through this pot is brought to the Leeds Committee of the WY ICB in December 2022;
c) **Note** the approach taken to allocation of the £3.1m of allocation of Health Inequalities funding to Leeds; and
d) **Note** the reflections, learning and recommendations for future years.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

The risk cycle is currently being reviewed and all reports will consider the Corporate Risk Register from September 2022. There are no known risks identified with this report.

Appendices

Appendix 1 – *Schemes recommended for funding through the Health Inequalities Fund*

Acronyms and Abbreviations explained

ICB – Integrated Care Board

What are the implications for?

Residents and Communities	The health inequalities funding will benefit residents and communities across Leeds through targeted intervention in a number of schemes and projects that seek to work with the assets in our communities and continue to build capacity.
Quality and Safety	Not directly
Equality, Diversity and Inclusion	All the schemes funded are intended to reduce health inequalities in Leeds. Each scheme has individual measures and will be monitored and evaluated over the next 9 months.
Finances and Use of Resources	The £3.1m has been additionally allocated to Leeds and has been distributed on a non-recurrent basis, for spend in 2022-23.
Regulation and Legal Requirements	Not directly
Conflicts of Interest	The £3.1m has been distributed across the Leeds Health and Care Partnership, therefore NHS and Third Sector members of the committee do have a material conflict interest. These conflicts have been highlighted and managed throughout the process.
Data Protection	Nil
Transformation and Innovation	The use of the funding will accelerate innovative and transformation interventions designed to address health inequalities in Leeds.
Environmental and Climate Change	Not directly
Future Decisions and Policy Making	Learning from the both the allocative process, and the content of the schemes can and should inform the way in which the Leeds Health and Care Partnership funds and allocates resource to address health inequalities in future.
Citizen and Stakeholder Engagement	Whilst there was not time for specific and dedicated engagement on the use of this funding, there has been a huge amount of engagement across the partnership and through LCPs, that informed both individual schemes and the overarching approach.

1 Purpose of this report

1.1 The report to the Shadow Leeds Committee of the WY Integrated Care Board in May 2022 outlined the background to the Health Inequalities funding that is being made available to the Leeds Health and Care Partnership in 22/23. It also set out the approach the Leeds Health and Care Partnership were taking to develop a proposal that would maximise best value for the £3.1m.

1.2 The purpose of this report is to provide further detail of the approach that has been taken to allocate the funding and to ratify the decision taken by the Accountable Officer of Leeds CCG in June 2022 to approve the use of the Leeds Health Inequalities Funding for 2022/23

1.3 Context and Background

1.4 Nationally £200 million has been made available through 22/23 system allocations, targeted towards areas with the greatest health inequalities. The funding is intended to help systems to ensure that health inequalities are not exacerbated when they are seeking cost savings or efficiencies. It is also intended to support the implementation of the Core20PLUS5 approach outlined in the Priorities and Operational Planning Guidance and inclusive elective waiting list recovery.

1.5 West Yorkshire Health and Care Partnership (WYH&CP) has been allocated £10,724,000 as additional resource as part of this funding in 2022/23. Twenty percent of this funding will be retained at West Yorkshire, for the following:

- Targeted interventions for health inclusion groups ‘at scale’ – e.g., Gypsy, Roma and Traveller Populations and Refugees and Asylum Seekers
- Overarching system capability – such as training, evaluation, leadership etc.

1.6 The remainder of the West Yorkshire funding was allocated on a needs and population basis, the outcome being Leeds has been allocated £3.1m.

1.7 The aim of the funding is to support targeted reductions in Health Inequalities for specific population groups linked to the CORE20Plus5 approach, alongside inclusive recovery from the pandemic, and supported by five priority actions for addressing health inequalities. These actions are:

- Restoring NHS services inclusively
- Mitigating against ‘digital exclusion’
- Ensuring datasets are complete and timely
- Accelerating preventative programmes – aligned to the clinical domains of CORE20Plus5.
- Strengthening leadership and accountability

1.8 Whilst there has been communication nationally that the funding may be made available recurrently, it will not be as a standalone or ring-fenced pot and will instead form part of the overall baseline allocation of the West Yorkshire ICB. Given our in-year financial risk, and expected risk going in 23/24, recurrent commitments have therefore not been made until more detailed work has been undertaken around our medium-term financial plan and efficacy of the schemes put forward.

2 Key Points

Overview

2.1 The approach to allocation of the Health Inequalities funding has allowed the system to test elements of our new operating model. The Tackling Health Inequalities Group (THIG) has taken an overarching approach to the financial stewardship of the monies supported by the Population Boards, LCPs and Forum Central. The process had to strike a balance between the need to make rapid decisions so schemes could commence quickly and have greater impact in-year, alongside with the requirement to engage widely and allocate funding using a clear evidence base.

2.2 The process that has been taken to allocate the funding is outlined below. This was developed through a task and finish group which was pulled together by Jenny Cooke, Director of Population Health Planning and Lucy Jackson, Public Health Consultant and Chair of the Tackling Health Inequalities Group (THIG).

Step	Action	Outcome
1. Call to action – April - May	A 'call to action' was sent to Chairs of Population and Care Boards, Provider Health Inequality Leads, LCPs, PCNs, and THIG members asking partners to identify areas of work that could be supported through this funding.	Over 90 schemes were put forward for the funding using a standard pre-value proposition template. The total quantum of funding requested came to over £5m.
2. Categorisation of schemes	Each scheme was allocated a 'theme' in line with the guidance. These were: 1 – Focus on the 5 clinical themes - (maternity, SMI, cancer, hypertension, chronic respiratory disease) 2 – Focus on plus groups at place – (groups that are known to be particularly impacted by Health Inequalities) 3 – Risk factors – those areas such as alcohol, diet and smoking that we know increase the risk of ill health) 4 – Infrastructure schemes – (data, leadership and accountability)	The aim of the exercise was to provide a basis for a prioritisation discussion with THIG.

3. Prioritisation of themes by THIG	THIG members were sent some high-level data focused on disease prevalence in the city. Based on the data they were asked to prioritise the themes as defined above and elements within the themes. Following completion of a questionnaire the order of priority from THIG from highest to lowest was: 1. 5 clinical themes in the order of :SMI, maternity, chronic respiratory, cancer and hypertension 2. Plus groups – the top three being identified as autism and learning disabilities, homelessness and SMI 3. Risk factors – the top three being identified as experience of trauma, social isolation and emotional wellbeing 4. Infrastructure projects	Funding was 'apportioned' to each theme based on the THIG priority order. Schemes under each theme were then prioritised within the financial envelope according to the level of priority indicated by THIG. It should be noted that schemes focused on restoring NHS services inclusively were automatically given a high priority.
4. Sense checking of prioritisation by THIG	The initial prioritisation of schemes was presented to THIG and some small amendments made based on feedback. Each THIG member was then sent the 90 value proposition templates for each of the proposed schemes (those that were prioritised and those that were nor prioritised) and were asked for each scheme put forward for funding: • Do you agree with this prioritisation – if no why not? • If you do not which scheme would you replace it with and why?	Over 20 THIG members undertook the prioritisation exercise. This enabled further scrutiny of all schemes, not only of those that were proposed to be funded but of those that had fallen below the line. A number of changes to the prioritisation of themes took place following this feedback.
5. Confirmation of the proposed schemes for prioritisation	The final list of prioritised schemes was presented to THIG members which was amended following their feedback.	Signed off proposed list of prioritised schemes agreed by THIG for consideration by the Shadow Committee of the ICB

2.3 In recognition of the tight timescales for submission of schemes THIG also proposed to allocate £400k of funding to a Community Development Fund, to be allocated in year throughout 22-23. The proposal is that this pot would be allocated to LCPs based on the number of people who live there and fall into the most deprived 10% of areas nationally. It is anticipated that LCPs and PCNs would collaborate to allocate this fund based on local priorities.

Funding Proposal

2.4 Further detail of schemes prioritised for funding can be found in Appendix One.

2.5 A total of 46 schemes have been prioritised, (including the community development pot). Please note that the number of schemes has reduced by 2 since the previous report in June following the period of financial due diligence (2 schemes merged and 1 scheme found funding from elsewhere). The overall level of funding allocated remains similar (£3,092 in the previous paper vs £3,091 now) due to changes made to the value of schemes following some more detailed financial planning with schemes. Funding by 'theme' breaks down in the following way:

Theme	Number of Schemes	Value
Clinical	17	£ 1,244
Community Grants	1	£ 400
Plus Groups	17	£ 687
Risk Factors	6	£ 560
Infrastructure	5	£ 200
Total	**46**	**£ 3,091**

2.6 Further work is being undertaken to understand the funding breakdown by provider. This is particularly challenging given the number of joint bids that have been submitted. However, a total of at least 18 of the schemes (37%) will be delivered by the third sector coming to a total of £890k.

2.7 The number and value of schemes by Population Board breaks down in the following way. As may be expected given the nature of the funding the most significant proportion has been allocated to the Children and Young People and Healthy Adults boards:

Population / Care Delivery Board	Number of Schemes	Value of Schemes
Children and Young People	4	£512
Healthy Adults	10	£630
Long Term Conditions	6	£485
Frailty	0	£0
End of Life	2	£104
Maternity	6	£290
Mental Health	3	£208
Learning Disabilities and Neurodiversity	4	£73
Cancer	6	£123
Planned Care	2	£98
Same Day Response	1	£118
Quality	1	£50
Community Grants	1	400
Total	**46**	**£3,091**

2.8 A number of schemes that have been prioritised were also 'at risk' due them approaching the end of their non-recurrent funding period. These are outlined in the table below. Through taking this approach some impending financial pressures have been addressed until the end of this financial year:

Scheme	Related Board	Value
Voice - Healthwatch	Quality	£50k
Citywide homeless service for patients at the end of their life	End of Life	£90k
Culturally Diverse Vaccination Lead	Healthy Adults	£60k
Restore2mini Training for Carers of People with Learning Disabilities	Learning Disabilities and Neurodiversity	£9k
Increasing Same Day Response Access to Primary Care in Identified LCPs	Same Day Response	£100k
	Total	**£309k**

2.9 Throughout the process it has been stressed that this funding pot does not represent the only opportunity for undertaking activities focused on reducing health inequalities across the system. Our greatest opportunity is in ensuring that a focus on health inequalities is inherent in everything that we do. With this in mind, schemes that have not been chosen to be funded through this pot have

been put into a ‘pipeline’. It is recommended that these schemes continue to be considered for funding wither through:

- Slippage from the health inequalities fund; or
- Consideration by the relevant population and care boards.

Evaluation

2.10 Whilst the proposed approach for allocating this Health Inequalities funding pot contains a significant number of individual projects our commitment is to undertake significant in-year evaluation to deepen our understanding as a system of those things that really work and those things that don’t work as well. Through developing this understanding, the plan is to deepen the evidence base around the impact that the focus on Health Inequalities has on outcomes, experience and spend for the system. We will do this through:

- **Outcomes:** Ensuring each scheme has a clear set of metrics that indicate success and also align with system wide outcomes connected to Populations and the Healthy Leeds Plan. These will be monitored against on a quarterly basis to create a shared understanding of impact.
- **Experience:** Support will be provided through the evaluation team for schemes to establish the qualitative impact that their scheme has had in addition to the quantitative impact.
- **Value:** Each scheme will be asked to demonstrate evidence of the financial impact it has on the wider system and to monitor this on a quarterly basis. There will also be quarterly ‘spend’ monitoring so any underspend can be re-allocated either to existing schemes or schemes within the pipeline.

2.11 The aspiration is that once there is further clarity on the medium-term financial position for the system, investment in a number of these schemes can be made on a more sustainable basis. The evidence gathered in the first 6 months of the scheme implementation will be instrumental to informing this.

2.12 The following is an exemplar of how the schemes are intended to be measured and evaluated. Each scheme has detailed monitoring and evaluation metrics associated with it which will be monitored through the associated Population or Care Delivery Board.

A Same Day Response scheme aims to provide increased availability of same day appointments, based in local communities, to specific populations within the city. This service is targeted to the most deprived areas and based within existing GP and Same Day facilities. The purpose of the scheme is to provide additional same day response service availability within communities. The aim is to reduce utilisation of A&E from these populations where appropriate and intervene earlier due to ease of access, with an ultimate aim of improved clinical outcomes for this population.
The short-term process measures which the scheme will be evaluated on in the first six months are:

- Attendances at the service – utilisation of more than 90%
- Attendances at the service – did not attend rate of less than 5%

The medium-term Healthy Leeds Plan System Activity metrics which the scheme supports are:

- Increasing the proportion of people being cared for in primary care services
- Improving the experience of primary care services
- Reduce rate of growth in non-elective bed days and A&E attendances

The long-term Healthy Leeds Plan Outcomes which the scheme supports are:

- Increase healthy life expectancy and narrow the gap
- Reduce Potential Years of Life Lost and rates of early deaths and narrow the gap

3 Reflections and Learning

3.1 The rapid process to determine the best use of the resource generated much useful learning for the partnership. Reflective sessions were held with both THIG and the Task and Finish Group to determine both what went well, what we could have done differently, and what actions the system must take over the coming year to be better prepared in the future.

3.2 The positive feedback reflected on the inclusivity of the process, and that in particular there was a genuine and successful attempt at engaging with the third sector and LCPs.

3.3 The process was also reported as fair, transparent, and clear, despite the hurried timeline.

3.4 In terms of where the process could have been stronger, there was broad agreement on the need for Population and Care Boards to mature in their prioritisation process and to develop a clear pipeline of priority projects that could be drawn from in the event of a similar future situation.

3.5 For THIG, the process highlighted the need for group, and the system at large, to have a clear understanding of the health inequalities data, particularly some of the new measures related to CORE20, at our fingertips.

3.6 The ongoing confusion regarding the recurrent nature of the funding highlighted the urgent need for a shared medium-term financial plan, and a clear process for managing financial risk across the partnership. The inability to commit financial risk at this stage has inevitably reduced the overall effectiveness of the resource.

4 Next steps

4.7 Processes have been put in place to ensure a rapid approach to contracting to enable a swift move into implementation from the 1st July.

4.8 THIG are continuing to consider their role in support of the Population Boards as an Expert Reference Group and how they can influence gaining best value from mainstream funding in addition to the short-term funding pots.

4.9 As a system, partners that have been involved in this process are reflecting on and evaluating the process that has been taken to allocation so we can learn from our experience and amend the process for future similar pots of monies that are made available to the system. In this way we will continue to develop and improve our approach to system wide financial stewardship.

4.10 It is recommended that a further report, summarising the early evaluation of schemes, is brought to the Leeds Committee of the WY ICB in December 2022.

5 Recommendations

The Leeds Committee of the WY ICB is asked to:

a) **Ratify** the decision take by Accountable Officer of Leeds CCG in June 2022 to approve the use of the Leeds Health Inequalities Funding for 2022/23;
b) **Note** the suggestion that a further report, summarising the early evaluation of schemes funded through this pot is brought to the Leeds Committee of the WY ICB in December 2022;
c) **Note** the approach taken to allocation of the £3.1m of allocation of Health Inequalities funding to Leeds; and
d) **Note** the reflections, learning and recommendations for future years.

Appendix 1 – Schemes recommended for funding through the Health Inequalities fund

Schemes focused on the clinical areas

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Inner city community family hubs	150	Primary Care	Children and Young People	Build on the successful population health management models in the city by reviewing and improving the existing schemes, and adding a further, third, pilot site in Middleton. The model adopts a proactive and reactive population health management approach, using data to identify children in need of support based on risk factors and provide an outreach worker model to provide this.
Waiting well - focus to reduce A&E attendances for those waiting for surgery	33	LTHT	Planned Care	The scheme will target the most deprived people on elective surgical waiting lists. It will adopt a patient navigator model pro-active approach to contact patients to carry out support on a 1-1 basis. It aims to reduce the number of acute attendances with expected benefits / longer term impact also.
Care coordination for cardiac/pulmonary rehab expansion, aligned with physical activity and weight management	47	LCH, Active Leeds	Long Term Conditions	To increase uptake of rehabilitation services in Leeds by providing more accessible services by offering a menu of options including digital, virtual and face to face rehabilitation and targeting people from deprived communities with an aim of addressing health inequalities in line with NHSE Core 20 plus 5 approach.

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Support workers for homeless Diabetic patients at risk of amputations / other complex LTC patients	25	LCH or LTHT	Long Term Conditions	Implementation of the integrated diabetes care model to expand and develop the integrated diabetes care service and improve the rate and optimisation of disease modifying treatments for diabetes. To provide a clinical support worker to provide enhanced case management and put in place reasonable adjustments for small number of patients (max of 10 for this project) who are homeless/sofa surfing, etc and or English is not first language.
Improving lives of people with SMI in Seacroft and surrounding areas through connections and increased access to healthcare	89	PCN: Seacroft	Mental Health	To work alongside the community to understand potential barriers and co-produce solutions that increase uptake of proactive care such as cervical screening, bowel screening, pulmonary rehabilitation and hypertension monitoring in the SMI population of Seacroft and surrounding areas. We will access currently underutilised capacity that exists in primary care, and where it doesn't, create additional capacity for example by use of home monitoring for blood pressure

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Expansion of infant feeding team	109	LTHT	Maternity	An expansion to the LTHT infant feeding team and voluntary sector-based peer support service. Provision of a more robust service; rapid access to frenulotomy, increased support to the wider workforce in enabling families to breastfeed, extra targeted clinics in Bramley and Chapeltown and an expansion of the breast pump hire scheme (an extra 10 pumps).
Volunteer Manager and creation of enhanced doula project	59	Home Start Leeds	Maternity	To fund coordinator roles to recruit, train, and manage an expanded volunteer doula service of 30 doula volunteers a year. Doula volunteers will provide practical and emotional support including with attending appointments, active birth, breastfeeding and smoking/alcohol/drug dependency. The service will target BAME and isolated populations, improve outcomes through continuity of carer, based on successful model in Bradford.
Maternity support workers for the diabetes midwifery team	£ 45	LTHT	Maternity	Employment of 3FTE Band 3 Maternity Support Workers (MSW) to be aligned and embedded within the diabetes midwifery team. MSWs would provide targeted healthy eating and physical activity interventions, infant feeding support, future pregnancy planning

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
				education, and deliver community-based group peer support sessions to manage diabetes and unhealthy maternal weight. Delivered via 1:1 home visits, existing antenatal clinic provision in hospitals and group sessions within community settings.
Respiratory service expansion/development	138	LCH	Long Term Conditions	To develop and enhance existing Respiratory Services with 4 interlinked schemes for the development of an integrated respiratory system-wide offer. This includes 1) reintroducing diagnostic spirometry back into primary care 2) expanding ambulatory oxygen assessment for ILD patients 3) using a digital solution to review patient records to ensure treatment optimisation and 4) funding for 6 PCN champions to review patients
Long Covid Health Inequalities	38	LCH	Long Term Conditions	To track the success of working groups under the Leeds Long Covid Community Rehabilitation Service looking at improving Health Inequalities for various plus groups to ensure they are in not disadvantaged. To explore how health literacy impacts on access to the service and are keen to undertake a health literacy awareness training, to understand how to improve people's understanding

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
				and use of health information and support people to make more informed decisions about their healthcare. The service plans to use this learning to review the current 'easy read' leaflet and to develop easy read resources. To appoint a B6 physiotherapist and/or occupational therapist to take on some of the clinical work of these AHPs, thus freeing up more time to dedicate to progressing the inequalities work.
Increasing uptake of bowel, cervical and breast cancer screening amongst people with LD	25	Primary Care across Leeds	Learning Disabilities and Neurodiversity	To support practices to sign up to the bowel cancer screening pack, to pump prime this work and the subsequent work for breast and cervical screening programmes. The pump priming funds will ensure practices can identify and back fill a member of staff to undertake the work to increase uptake of bowel screening in people with a learning disability. I.e. share registers with organisations like the BCSP Hub, deliver the support to patients via phone calls, compete RA Alerts, signpost to support offers, referral to other teams like social prescribers, and take time to identify and follow up non attenders.

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Heart Failure Integrated Pathway	156	TBC	Long Term Conditions	Expediting the heart failure integrated pathway roll out in PCNs with greatest inequalities. The integrated pathway provides PCN healthcare practitioners and pharmacists with bespoke specialist support through regular MDTs and virtual clinics, as well as frequent educational events, to help foster a high-quality service.
Integrated IT solution for hypertension case finding / increasing CVD prevention	81	GP Confederation	Long Term Conditions	The hypertension case finding service is an advanced service provided by community pharmacy. Members of the public over 40 years can have their BP checked by the community pharmacy team. For those with high blood pressure, they will be offered ambulatory blood pressure monitor and then referred to the GP where appropriate. GP can also refer patients to participating community pharmacies for ABPM upon locally agreed protocol. The scheme will focus on identifying patients with hypertension who are not currently recorded as having hypertension.
Advocacy service to support the most vulnerable women in making pregnancy choices	56	Women's Health Matters	Maternity	Added to the list following the de-prioritisation of scheme 59. The creation of an advocacy service to support the most vulnerable women in making pregnancy choices. A woman's short and long-term

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
				needs will be considered as part of this advocacy group. It will be acknowledged that she needs to be supported before, during and after her termination. Advocates would consider issues faced by the women and girls, and how they might be impacted by continuing with the pregnancy and by ending it.
Severe Mental Illness (SMI) health coaches	75	LYPFT	Mental Health	Commissioning and recruiting an SMI physical health coordination/facilitation team to be piloted in Leeds. The scheme will initially recruit a team of 3-4 health care assistants/health coaches who will work collaboratively with local PCN's to support people on the SMI primary care register to access health checks and follow-up interventions. This will include proactive outreach to people on the SMI register, as well as conducting health checks with people and using motivational interviewing/health coaching approach to address holistic health care needs.

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Increasing Same Day Response Access to Primary Care in identified LCPs	118	Leeds GP Confederation	Same Day Response	Support the continuation of extended hours GP and ANP clinic in areas of identified need. It would provide increased clinicians and offer virtual and face to face appointments for patients. This will improve the overall ability to access appointments to specific populations, and prevent the need for seeking alternative treatment from other urgent care services such as ED.

Schemes focused on plus groups

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Targeted work to raise awareness of prostate cancer amongst black men	12	Unique Health Improvements	Cancer	Leeds Cancer Awareness Service (delivered by Unique Improvements) delivered a one off targeted programme to increase awareness around prostate cancer among black men enabling key messages about prostate cancer to be shared and allowing for questions to be asked by the people in attendance. Due to the successes of this programme we would like to propose re-running it which would enable the reach to be expanded even further. This would be a 6 month project.
Migrant Community Networker approach	16	Leeds City Council	Cancer	Four Migrant Community Networkers (MCNs) will be recruited by the Migrant Access Programme to undertake targeted engagement work with newer migrant communities, in particular African, Caribbean and Eastern European communities

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
				(especially Roma). The aim of this engagement will be to raise awareness and to increase the uptake of the national cancer screening programmes amongst these communities.
Culturally diverse Vaccination lead	60	LCH	Healthy Adults	Clinical Cultural Diversity Lead to provide key clinical leadership and strategic direction for improving COVID-19 vaccination uptake amongst culturally diverse groups and communities across Leeds.
Citywide homeless service for patients at the end of life	91	St Gemma's Hospice	End of Life	To embed a model of palliative and end of life care for homeless people within Leeds. Working collaboratively, we have developed a service for homeless patients with palliative care needs. This will be delivered by a full time Advanced Nurse Practitioner (ANP) service lead who provides specialist palliative care expertise, maximises communication between agencies and co-ordination of service providers as well as support for patients as they transition between services.
Homelessness and Health Navigators	27	Barca Leeds	Healthy Adults	Homeless and Health Navigators is a pilot scheme currently being delivered in partnership by Barca-Leeds and Simon on the Streets. Supporting with general health support but also specialist services including for those who need treatment for cancer. We adopt an intensive way of working with people. We work at their pace, allowing time to build trust and encourage them to engage with us and other services. We work with them, we listen and get to understand the barriers they are facing. We

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
				recognise that the trauma they have lived through impacts on them and how they present. We offer support to overcome their entrenched issues and move to a more secure, safe and fulfilling life.
Young Black Lives Peer Support	103	Leeds Mind	Children and Young People	The YBM project was originally funded by National Mind. The scope of the project aimed to work directly with young black males aged 16-30 to engage in Peer Support. Leeds Mind wish to continue and expand the YBM project to continue engaging young black people (regardless of gender identity) in mental health conversations and anti-stigma messaging. To employ additional capacity within the Young Black Minds project to focus on outreach and 1:1 to help ethnic minority groups access services.
Improved Access for Prisoners receiving Cancer Care	4	LTHT	Cancer	0.2 wte band 7 nurses- Non specific symptom team extended to allow outreach service to Armley prison once a month to assess symptoms and recommend if further diagnostic investigations are required
Improving Sexuality and Gender identity monitoring in palliative care	13	Wheatfirlds Hospice	End of Life	In palliative care this has specific difficulties given the intersectionality of cultural fears around death and dying, minority stress which leads to higher anticipated discrimination and increased existential distress that stems from having a life limiting illness. Unless we have the data of how many people from these communities we are serving it makes it difficult to further tailor our service to meet

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
				their specific needs in a personalised holistic way that means anyone who needs to utilise our service feels able to do so. Propose IT and data analyst support – to ensure our systems are capable of capturing and analysing this information in a meaningful way. Education of staff to help them understand why this is important and needed so that it is actually captured
LD Café BAME Commuities	10	Leeds Learning Disability Health Facilitation Team, LYPFT, Halo atHamara	Learning Disabilities and Neurodiversity	Leeds proposes to deliver regular “Living Well Cafés” in religious centres and community centres in Leeds to provide information, support and signposting in a relaxed environment which encourages participation and breaks down barriers. It is hoped this will become part of the local offer in the longer term to improve the health and wellbeing of the whole LD population in Leeds.
RESTORE2mini Training for Carers of People with Learning Disability	6	Leeds Learning Disability Health Facilitation Team, LYPFT	Learning Disabilities and Neurodiversity	Following a successful 18 month pilot scheme, we propose to continue with our original aim to deliver pulse oximeter training to all carers of people with learning disability in Leeds in all settings, including unpaid family carers, making this a permanent offer.
Training for primary care staff in treating patients with LD and how to communicate effectively with this group of patients	26	LYPFT	Cancer	The scheme would employ an NHS band 6 post over a 12-month period to develop appropriate training packages and to co-ordinate the implementation and evaluation of training across frontline staff. Frontline staff could then take an increased role in supporting people with learning disabilities to understand cancer screening, the 2 week wait referral process, adjustments and support and how to communicate effectively with

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
				people with learning disabilities and their families.
ND training and information service	71	LCH	Children and Young People	Development of a small team to be an autism and ADHD training and information service available to CYP pre and post diagnosis. The team will be responsible for development of a digital pathway to include a web-based suite of resources about a range of relevant topics
Health, well-being and safe relationships for learning disabled and neurodiverse communities	32	People Matters Leeds	Learning Disabilities and Neurodiversity	A network of 8 health wellbeing and safer relationships groups for people with leanring diabilities and neurodiversity, which meet weekly are established. These should in the end be offered on a long term basis with access to membership being on demand. Able to hold short courses, visit other groups or deliver themed activities such as on more difficult topics such as sexual health and relationships, gradually building its profile in the relevant communities.
Work Well	44	Barca Leeds	Mental Health	Work Well is an existing programme delivered by Barca-Leeds which supports 435, 15–24-year-olds in Leeds over two years who are stuck in the 'not in education, employment or training' trap. All have mental health problems which are a barrier to them moving on to work or further learning. This grant will directly help 82 young people and enable the whole service to support 217 young people during year 2.

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Cultural Hub	125	Hamara	Healthy Adults	Hamara Healthy Living Centre will work with around 30 Grass-root organisations across the most deprived areas of Leeds giving them intensive 1-2-1 support which will allow them to support their service users. This is done through supporting and building infrastructures, offering a wraparound holistic service to the organisations, sign-posting and referring them to other relevant organisations if needed. Hamara will also provide training to these Grass-root organisations to increase knowledge and be a bridge between patient and clinician.
Mens suicide prevention	27	Space 2	Healthy Adults	To bring together two organisations Space2 and The Conservation Volunteers (TCV) experienced in delivering men's suicide prevention work, with a grassroots volunteer-led organisation Friends of Gledhow Valley Woods. This partnership approach brings with it extra skills, experience, links and resources.
Green activity network development	19	The Conservation Volunteers	Healthy Adults	To create a set of Green social prescribing interventions, block courses (8-12 weeks), support for long term groups, provision for those in work etc and provide a more accessible and understandable service to Linkworkers and patients. Understanding more the need for single sex groups.

Schemes focused on risk factors

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Digital health hub network	209	Leeds City Council	Healthy Adults	Digital Health Hubs (DHHs) have been developed in Beeston and Middleton and are currently being rolled out to York Road LCP. From October we will adopt a 'Wave' approach to roll out the model to LCPs across the city. Wave 1 will consist of HATCH, Central, Woodsley & Holt Park LCPs. We will use learning from PHM frailty rollout and Beeston and Middleton and York Road DHH networks to deliver a programme approach which mixes workshops with individual LCP activity. 100% Digital Leeds will offer direct support to organisations to establish themselves as DHHs and to train and support the wider workforce around digital inclusion within the health sphere.
Social prescribing in A&E	32	Linking Leeds	Healthy Adults	To test an approach to embed a new social prescribing pathway within the emergency and urgent care provision in the city. These areas continually face the difficult task in trying to deal with increased demand and this scheme will aim to understand impact while ensuring people get the right care at the right time in the right place.
Caring for Community (Little London, York Rd) - was titled: Enhancement of health check offer through communities	10	Barca-Leeds	Healthy Adults	A weekly drop-in located in the Little London Community Centre in York Road utilising a range of community venues as pop ups. To be run for four hours every week in each LCP where local residents could access Free Health Check monitoring blood pressure, advice and support on mental and emotional health issues, advice and support if experiencing fuel poverty and impact of rising cost of living. Financial aid links and practical support.

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Space2Sustain	31	Space 2	Healthy Adults	Space2Sustain enables us to build on the successful foundations laid with volunteers delivering re purposed clothes; sessions to promote healthy lifestyles with local people and growing skills learnt at our community gardens. It is in response to local people wanting to further develop provision that they can run and will help other residents, building community capacity and trialling new ways to create a more circular economy that benefits local people, the environment and provides affordable basic necessities for local people
Social prescribing for young people	188	Barca-Leeds	Children and Young People	To deliver a social prescribing service for children and young people across all PCNs in Leeds, with a focus on the 7 PCNs highlighted in the Health Inequalities Report.
Activity in People (LEAP)	90	Active Leads	Healthy Adults	Active Leeds will provide Clinical Exercise Facilitator (CEF) to support people within the Middleton Park and Armley areas to become physically active. The CEF will hold activity clinics within medical centres and community venues supporting people that suffer from hypertension referred by healthcare professionals. Each clinic will provide consultation appointments where health outcome measures are taken. The CEF will discuss with the referral personalised goals, what matters to them and use a range of behavioural change techniques. There will be a menu of local low cost and no cost activity options for the referral to choose from and each referral will go away with an individual plans and agreed goals.

Schemes focused on infrastructure

Scheme name	Value (000s)	Lead Provider	Associated Board	What will the scheme do?
Provider Population Health Management Delivery	65	LTHT	Planned Care	Establish sustainable self-service business intelligence platforms focused on population health. Directly support provider clinical service units, quality improvement efforts, and senior decision makers with population health intelligence. Support the ODA to safely reduce information governance barriers between providers, commissioners and local authorities as appropriate to improve population health.
Voice - Healthwatch	50	Healthwatch	Quality	Within Leeds, the leads for Involvement work together as one team under the name of People's Voices Partnership (recent name change from People's Voices Group (PVG) and report directly to the HWBB and PEG. As well as leading joint integrated people voice initiatives such as the Big Leeds Chat and How does it feel for me programme which understands people's experiences of joined up health and care in Leeds. This funding is to support this ongoing work to drive improvements in health inequalities across the city.
Targeted support working with LTHT to improve the quality and depth of staging data	31	LTHT	Cancer	Band 5 senior admin to support LTHT in improving and cleansing staging data. We require some intensive short term support to cleanse the data we already have in the system and improve methods for collection whilst we develop a more long term sustainable plan

Data analyst for perinatal services	21	LTHT	Maternity	LTHT have access to electronic data sources on a variety of platforms which we could use to better target interventions locally within our maternity population. We need a dedicated data analyst, with capacity to work specifically on maternity, to maximise the benefit of this. This would allow us to use the data more effectively to plan and implement service provision that can tackle health inequalities and poor outcomes in maternity care in Leeds.
Interventions to decrease 2ww DNA rates amongst deprived populations and culturally diverse communities.	33	Primary Care	Cancer	Funding for practices in IMD 1-2 to identify an individual who will contact patients referred on a 2ww pathway, ensure that they are aware of any appointments, ensure contact details are up-to-date, and provide information and advice about attending the appointment. This person will also link in with pathway navigators at LTHT to ensure co-ordination of patient centred appointments and ensure that reasonable adjustments are made to enable attendance. The total proposed funding is equivalent to the full pot for the Primary Care Screening Champions scheme and amounts to an average of just under £3000 per practice (there are 34 practices in IMD 1-2).

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	11/22
Meeting date:	14 July 2022
Report title:	Financial Plan Submission 2022/23
Report presented by:	Visseh Pejhan-Sykes, Place Finance Lead
Report approved by:	Visseh Pejhan-Sykes, Place Finance Lead
Report prepared by:	Judith Williams, Head of Corporate Reporting & Strategic Financial Planning, Leeds Office of the WY ICB

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

Previous papers on 2022/23 planning to NHS Leeds CCG Governing Body on 25 May & 23 March 2022.
The Leeds Shadow Committee received a paper for information on 17 May 2022.

Executive summary and points for discussion:

This report provides an update on financial operational planning for 2022/23 and associated high level budgets.

A further financial plan submission was made on 20 June 2022, based on revised allocations and national conditions.

The plan of Leeds CCG/Leeds Office of the WY ICB moved from the previously submitted breakeven position on a £1.51bn revenue allocation with a £17.2m efficiency requirement, to a planned surplus of £6.4m on a £1.55bn revenue allocation, with £18.5m efficiency ask.

The West Yorkshire Integrated Care System (WY ICS) overall submission moved from a £73m deficit on a £4.8bn revenue allocation, to a balanced position in totality across all NHS organisations in the region.

Risks continue to be significant both at Leeds CCG and across Leeds providers, and are also reflected across the wider system. Some elements of funding, such as Elective Services Recovery Funding, are dependent on achievement by all organisations within the WY ICS.

Which purpose(s) of an Integrated Care System does this report align with?

☐ Improve healthcare outcomes for residents in their system
☐ Tackle inequalities in access, experience and outcomes
☒ Enhance productivity and value for money
☒ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire ICB is asked to:

a) **NOTE** the changes to the financial plan since 28 April 2022 submission;
b) **NOTE** and **DISCUSS** the level of financial risk within these plans, and the context of overall place and wider West Yorkshire ICS positions;
c) **RATIFY** the 2022/23 financial plan submission of 20 June 2022 for Leeds CCG/Leeds Office of the West Yorkshire ICB, approved by AO/CFO under delegated authority (Leeds CCG column in Appendix 1);
d) **APPROVE** the associated high level budgets for Quarter 1 for Leeds CCG (Appendix 3); and
e) **CLARIFY** the assurance process they would like to see operating in terms of financial reporting.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

The risk cycle is currently being reviewed and all reports will consider the Corporate Risk Register from September 2022. Financial risk is highlighted within the report in relation to statutory financial duties.

Appendices

Appendix 1 2022/23 WY ICB plan submission 20 June 2022

Appendix 2 2022/23 Leeds Full Year allocations as at 30 June 2022

Appendix 3 Quarter 1 2022/23 High level budgets for Leeds CCG

Acronyms and Abbreviations explained

1. CCG Clinical Commissioning Group
2. WY ICB West Yorkshire Integrated Care Board – the new statutory commissioning organisation replacing the 5 CCGs; West Yorkshire Integrated Care System is the wider partnership including providers
3. AO Accountable Officer
4. CFO Chief Finance Officer

What are the implications for?

Residents and Communities	Not directly
Quality and Safety	Not directly
Equality, Diversity and Inclusion	Not directly
Finances and Use of Resources	Identifies available resources for 2022/23 and proposed application
Regulation and Legal Requirements	Financial statutory duties
Conflicts of Interest	Not directly
Data Protection	Not directly

Transformation and Innovation	Limited resources and significant efficiency requirement already, so transformation requiring funding would need to be found from further efficiencies or repurposing of funds
Environmental and Climate Change	Not directly
Future Decisions and Policy Making	Limited resources and significant efficiency requirement already, so transformation requiring funding would need to be found from further efficiencies or repurposing of funds
Citizen and Stakeholder Engagement	Not directly

1. Purpose of this report

1.1. This report provides an update on financial operational planning for 2022/23 and associated high level budgets.

2. Background

1.2. The report builds on the previous papers to Leeds CCG Governing Body of 25 May 2022 (based on the plan submission from the WY ICB to NHSEI on 28 April 2022) and 23 March 2022 (based on draft system level plan submission of 17 March 2022).

1.3. These plans demonstrated a breakeven position on a £1.51bn revenue allocation. With an efficiency requirement of £17.2m and significant risks identified for both the CCG and partner organisations.

1.4. The Leeds CCG plan formed part of the West Yorkshire Integrated Care System (WY ICS) submission which overall showed a £73m deficit (spanning 6 organisations) on a £4.8bn revenue allocation. The consolidated return was signed off through governance arrangements at the ICS/shadow ICB.

1.5. Leeds CCG Governing Body ratified the Leeds plan submission of 28 April (which had been approved under delegated authority by AO/CFO) and approved the associated high level budgets. Detailed budgets were subsequently issued to budget holders, and three months of budget uploaded into the ledger for the period April to June until the demise of the CCG.

1.6. It was noted that the plan submissions were considered a work in progress by NHSE and that there remained an ambition to achieve a balanced financial position for the national system in 2022/23.

3. 2022/23 Financial Plan Submission 20 June 2022

3.1 Given the scale of planning deficits submitted across the country on 28 April and the common theme of inflationary pressures being raised by all systems, additional funding was made available by NHSEI to address pressures identified in plans, split into 4 categories

- Excess inflation
- Other commissioning pressures
- Ambulance funding
- Non recurrent system support

3.2 These allocations were made subject to a number of different conditions, one of which was that they must result in systems being able to deliver a balanced financial plan by 20 June 2022. There were a series of other conditions

including full participation in a range of measures to deliver financial efficiencies and caps in non-pay expenditure (specifically bank/agency, consultancy, and a number of national procurement frameworks), and a commitment to commission internal audit reviews of the systems, processes and controls in place in all organisations to ensure that all financial sustainability measures are being taken.

3.3 This paper is based on the final WY ICB plan submission of 20 June 2022, which reflects the additional national allocations and conditions. An extract of the plan submission is in Appendix 1. The Leeds element was approved by AO/CFO under delegated authority from Leeds CCG Governing Body.

3.4 The amendments to allocations within the Leeds plan are a mixture of previously identified allocations now released to place level, and new funding, some of which is recurrent and some non recurrent. Total of £36m full year effect, with associated ask of improvements in position. Summary in Appendix 2. Note that health inequalities funding is held centrally at WY ICB for later distribution, plans are being worked up against this.

3.5 The revised plan for Leeds CCG/Office shows a full year effect surplus position of £6.4m on a revenue allocation of £1.55bn, and an increase in the efficiency requirement to £18.5m. West Yorkshire submitted a plan that was balanced in totality across all NHS organisations within the region.

3.6 A further uplift of 0.7% has been applied across providers as per updated NHSE guidance. And the Elective Services Recovery Funding (ESRF) has been issued on an indicative basis to providers.

3.7 Plans and budgets are set on an annual basis but will cover two organisational formats and ledgers. April to June will be Leeds CCG. The remainder of the year is the Leeds element of the ICB.

3.8 The derived high level budgets for Leeds CCG for Quarter 1 are in Appendix 3. Profiling is not even across the year. The efficiencies are backloaded, with £1.3m of the £18.5m assumed in Quarter 1, and the planned surplus is anticipated to be made later in the year.

3.9 Risks continue to be significant and include:

- 3.9.1 High levels of efficiency reduction at Leeds place, both at CCG and across providers
- 3.9.2 Operational pressures around discharge process and system flow issues which are prohibiting recovery
- 3.9.3 Potential of clawback of ESRF if whole of West Yorkshire system cannot deliver the required activity

3.9.4 Funding for services which cross over between health and social care

3.9.5 Reliance on non recurrent financial measures

2022/23 Financial Reporting

3.10 Leeds CCG will demise on 30 June 2022

3.10.1 Month 2 financial report was circulated to EMT.

3.10.2 Draft Month 3 accounts will be prepared on a final accounts basis and compared to allocations/budget for Quarter 1. NHSE will review these and make an allocation adjustment to provide a balanced position for each CCG.

3.10.3 This will either mean bringing forward allocation into the Quarter 1 period, if the CCG has overspent the current funding, or transferring funding into later periods if the CCG has an underspend. This will impact on the funding available to the ICB for the remaining nine months of the year. The totality of the funding remains the same, it is just how it is spread across the year.

3.10.4 A set of final accounts for Quarter 1 will be submitted to NHSE on 21 July 2022 and audited at a later date.

4. Next Steps

4.1 Updates on any further changes to 2022/23 operational planning will be presented to Leeds Committee of the WY ICB as information becomes available

4.2 The monthly financial position for Leeds in WY ICB will be reported to Leeds Finance and Best Value Committee who will provide assurance to the Leeds Committee of the WY ICB.

4.3 This will also form part of the WY ICB position reported to the Finance, Performance and Investment committee of the WY ICB.

4.4 If the Committees do not plan to meet monthly, given that the financial information is issued and reported monthly, the Committee is requested to clarify how they wish to be assured and updated on the financial position on alternate months.

5. Recommendations

<u>The Leeds Committee of the West Yorkshire ICB is asked to:</u>

a) **NOTE** the changes to the financial plan since 28 April 2022 submission;
b) **NOTE** and **DISCUSS** the level of financial risk within these plans, and the context of overall place and wider West Yorkshire ICS positions;

c) **RATIFY** the 2022/23 financial plan submission of 20 June 2022 for Leeds CCG/Leeds Office of the West Yorkshire ICB, approved by AO/CFO under delegated authority (Leeds CCG column in Appendix 1);
d) **APPROVE** the associated high level budgets for Quarter 1 for Leeds CCG (Appendix 3); and
e) **CLARIFY** the assurance process they would like to see operating in terms of financial reporting.

6. Appendices

Appendix 1 2022/23 WY ICB plan submission 20 June 2022
Appendix 2 2022/23 Leeds Full Year allocations as at 30 June 2022
Appendix 3 Quarter 1 2022/23 High level budgets for Leeds CCG

APPENDIX 1

2022/23 WY ICB Plan Submission 20th June 2022

CCG Level Key Financial Data Points	Total annual plan : ICB 31/03/2023 Year Ending £'000	NHS CALDERDALE CCG Plan 31/03/2023 Year Ending £'000	NHS KIRKLEES CCG Plan 31/03/2023 Year Ending £'000	NHS WAKEFIELD CCG Plan 31/03/2023 Year Ending £'000	NHS LEEDS CCG Plan 31/03/2023 Year Ending £'000	NHS BRADFORD DISTRICT AND CRAVEN CCG Plan 31/03/2023 Year Ending £'000
Allocations (agreed only):						
CCG Recurrent Allocation (confirmed)						
ICB Programme Allocation	4,002,943	354,197	676,820	635,041	1,340,207	996,678
Ockenden funding	4,269			4,269		
Primary Medical Care Services	423,663	35,949	71,125	67,777	139,810	109,002
Delegated Other Primary Care						
Service Development Fund (SDF)	0					
Running costs	46,298	4,146	8,376	6,759	15,494	11,523
ICB Programme Allocation – Additional Funding	44,161	3,223	6,384	12,356	12,874	9,324
Total CCG recurrent Allocation (confirmed)	**4,521,334**	**397,515**	**762,705**	**726,202**	**1,508,385**	**1,126,527**
CCG Non-Recurrent Allocation (confirmed)						
Health Inequalities Funding	10,724			10,724		
Elective Services Recovery Funding	79,614	6,787	13,445	12,629	27,114	19,639
COVID funding	98,423	1,169	2,273	86,275	4,483	4,223
Service Development Fund (SDF)	65,594	3,709	7,726	31,044	10,437	12,678
ICB Programme Allocation – Additional Funding	9,280	369	738	5,588	1,477	1,108
Total CCG Non-Recurrent Allocation (confirmed	**263,635**	**12,034**	**24,182**	**146,260**	**43,511**	**37,648**
Total CCG allocation (confirmed)	**4,784,969**	**409,549**	**786,887**	**872,462**	**1,551,896**	**1,164,175**
Expenditure:						
CCG Expenditure	(4,780,528)	(409,712)	(788,631)	(875,377)	(1,545,483)	(1,161,325)
Total CCG expenditure	**(4,780,528)**	**(409,712)**	**(788,631)**	**(875,377)**	**(1,545,483)**	**(1,161,325)**
Surplus/(deficit) for the period/year	**4,441**	**(163)**	**(1,744)**	**(2,915)**	**6,413**	**2,850**
Total CCG Efficiencies	44,963	4,250	6,928	4,697	18,533	10,555

Q1 CCG Level Key Financial Data Points	Total Q1 plan : Combined CCGs 30/06/2022 Q1 £'000	Plan 30/06/2022 Q1 £'000	Plan 30/06/2022 Q1 £'000	Plan 30/06/2022 Q1 £'000	Plan 30/06/2022 Q1 £'000	Plan 30/06/2022 Q1 £'000
Q1 Allocations:						
Q1 CCG Recurrent Allocation (confirmed)						
ICB Programme Allocation	1,001,636	88,549	169,205	158,760	335,952	249,170
Ockenden funding	1,067	0	0	1,067	0	0
Primary Medical Care Services	106,761	8,987	17,781	16,944	35,798	27,251
Delegated Other Primary Care	0					
Service Development Fund (SDF)	0					
Running costs	11,576	1,037	2,094	1,690	3,874	2,881
ICB Programme Allocation – Additional Funding	11,040	806	1,596	3,089	3,218	2,331
Total Q1 CCG recurrent Allocation (confirmed)	**1,132,080**	**99,379**	**190,676**	**181,550**	**378,842**	**281,633**
Q1 CCG Non-Recurrent Allocation (confirmed)						
Health Inequalities Funding	2,681	0	0	2,681	0	0
Elective Services Recovery Funding	19,904	1,697	3,361	3,157	6,779	4,910
COVID funding	24,606	292	568	21,569	1,121	1,056
Service Development Fund (SDF)	16,399	927	1,932	7,761	2,609	3,170
ICB Programme Allocation – Additional Funding	2,320	92	185	1,397	369	277
Total Q1 CCG Non-Recurrent Allocation (confirr	**65,910**	**3,008**	**6,046**	**36,565**	**10,878**	**9,413**
Total Q1 CCG allocation (confirmed)	**1,197,990**	**102,387**	**196,722**	**218,115**	**389,720**	**291,046**
Q1 Expenditure:						
CCG Expenditure	(1,198,481)	(102,428)	(197,158)	(218,844)	(389,720)	(290,331)
Total Q1 CCG expenditure	**(1,198,481)**	**(102,428)**	**(197,158)**	**(218,844)**	**(389,720)**	**(290,331)**
Q1 Surplus/(deficit) for the period/year	**(491)**	**(41)**	**(436)**	**(729)**	**0**	**715**
Q1 CCG Efficiencies	7,889	1,061	1,731	1,174	1,284	2,639

APPENDIX 2

2022/23 Full Year Allocations for Leeds as at 30th June 2022

NHS Leeds CCG/Leeds office of WY ICB	Programme £'000	Primary Care Co-commissioning £'000	Running costs £'000	TOTAL £'000
2022/23 Full Year Allocations				
Baselines	1,340,207	139,805	15,494	**1,495,506**
Share of system covid funding	4,483			**4,483**
System Development Funding (confirmed) (SDF)	15,536			**15,536**
2022/23 Initial Confirmed Funding	**1,360,226**	**139,805**	**15,494**	**1,515,525**
ICB adjustment to SDF	- 5,099			**-5,099**
Share of ICB programme additional funding - recurrent	12,874			**12,874**
Share of ICB programme additional funding - non recurrent	1,477			**1,477**
Elective Recovery Services Funding	27,114			**27,114**
Other		5		**5**
2022/23 Funding as per 20 June plan	**1,396,592**	**139,810**	**15,494**	**1,551,896**
Other post plan NHSE adjustment			195	**195**
2022/23 Funding as at 30 June 2022	**1,396,592**	**139,810**	**15,689**	**1,552,091**

APPENDIX 3

Quarter 1 2022/23 High Level Budgets for NHS Leeds CCG

NHS Leeds CCG/Leeds office of WY ICB	*As previously sent to Gov Body*							
	FULL YEAR Indicative (per 28 April plan) £'000	Quarter 1 Indicative (per 28 April plan) £'000	Internal changes as part of budget setting £'000	Quarter 1 budgets for signing & upload £'000	Changes in Quarter 1 as per 20 June plan £'000	Quarter 1 position as per 20 June plan £'000	M3 NHSE adj post plan re pensions £'000	Revised Quarter 1 £'000
2022/23 Allocations								
Programme baseline including growth	1,340,207	335,052		335,052	4,488	**339,540**		**339,540**
PCCC baseline	139,805	34,951		34,951	847	**35,798**		**35,798**
Running costs baseline	15,494	3,874		3,874		**3,874**	195	**4,069**
Baseline	**1,495,506**	**373,877**	**-**	**373,877**	**5,335**	**379,212**	**195**	**379,407**
Share of system covid funding	4,483	1,121		1,121		**1,121**		**1,121**
System Development Funding (confirmed)	15,536	3,884		3,884	-1,275	**2,609**		**2,609**
Elective Recovery Services Funding					6,779	**6,779**		**6,779**
Funding	**1,515,525**	**378,882**	**-**	**378,882**	**10,839**	**389,721**	**195**	**389,916**

MEMO - anticipated additional funding	
ERF - providers	27,114
SDF - Indicative Allocations	3,900
Anticipated Additional funding	**31,014**
Confirmed and anticipated funding	**1,546,539**

2022/23 High Level Expenditure Budgets								
Programme Services								
Acute	753,800	187,305	-118	187,187	9,147	**196,334**		**196,334**
Mental Health Services	194,567	48,644	0	48,644	-926	**47,718**		**47,718**
Community Health Services including Childrens Services	196,510	49,130	1	49,131	335	**49,466**		**49,466**
Continuing Care Services	62,783	15,695	6	15,701	333	**16,034**		**16,034**
Prescribing	133,038	33,261	50	33,311	-48	**33,263**		**33,263**
Primary Care Services	29,173	7,294	-43	7,251	1,337	**8,588**		**8,588**
Primary Care Co-Commissioning	143,021	34,420	0	34,420	0	**34,420**		**34,420**
Other	4,288	800	-40	760	549	**1,309**		**1,309**
Efficiencies	- 17,150	-1,541	144	-1,397	113	**-1,284**		**-1,284**
Total Programme Services	**1,500,031**	**375,008**	**0**	**375,008**	**10,839**	**385,847**	**0**	**385,847**
Running Costs	**15,494**	**3,874**	**0**	**3,874**		**3,874**	**195**	**4,069**
Expenditure Budgets	**1,515,525**	**378,882**	**0**	**378,882**	**10,839**	**389,721**	**195**	**389,916**
Position	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Forward Work Plan

Leeds Committee of the West Yorkshire Integrated Care Board

Standing items

Start of Meeting

- **Welcome, Introductions & Apologies** (Independent Chair, Leeds Committee of the WY ICB)
- **Declarations of Interest** (Independent Chair, Leeds Committee of the WY ICB)
- **Action tracker** (Independent Chair, Leeds Committee of the WY ICB)
- **Questions from Members of the Public** (Independent Chair, Leeds Committee of the WY ICB)
- **Place Lead Update** (Place Lead, Leeds Office of the WY ICB)

Routine Reports

- **Quality & People's Experience Sub-Committee Update** (Independent Chair, Leeds Committee of the WY ICB)
- **Delivery Sub-Committee Update** (Independent Member, Leeds Committee of the WY ICB)
- **Finance & Best Value Sub-Committee Update** (Independent Member, Leeds Committee of the WY ICB)
- **Risk Management** (Risk Manager, Leeds Office of the WY ICB)

Close of Meeting

- **Approval of Forward Work Plan** (Independent Chair, Leeds Committee of the WY ICB)
- **Summary and reflections** (Independent Chair, Leeds Committee of the WY ICB)
- **Any Other Business** (Independent Chair, Leeds Committee of the WY ICB)

Updated: 22 June 2022

Public Meeting – Thursday 22 September 2022, 1-4pm (Report Submission Date: 05 Sept)
Clinical Leadership • *Item Lead(s):* Sarah Forbes, Kirsty Turner, Phil Wood / Ruth Burnett • *Purpose:* To agree proposals for clinical leadership arrangements
Leeds City Digital Strategy • *Item Lead(s):* Leonardo Tantari • *Purpose:* To agree proposals for developing business intelligence capacity to support the ambitions of the Healthy Leeds Plan and strengthen our approach to Population Health Management.
Medium Term Financial Plan • *Item Lead(s):* Visseh Pejhan-Sykes • *Purpose:* To consider and agree draft proposals for the Leeds medium term financial plan for submission in October.

Public Meeting – Tuesday 13 December 2022, 1:30-4:30pm (Report Submission Date: 25 Nov)
West Yorkshire Health and Care Partnership Strategy • *Item Lead(s):* Rob Webster and Tim Ryley • *Purpose:* Receive an overview of and inform the next iteration of the WY HCP Strategy

Public Meeting – Tuesday 14 March 2023, 1-4pm (Report Submission Date: 24 Feb)
Annual Report Submission • *Item Lead(s):* Tim Ryley • *Purpose:* To consider and agree the Annual Report submission

LEEDS HEALTH AND CARE PARTNERSHIP

MEMORANDUM OF UNDERSTANDING

No	Date	Version Number	Author
1	21.05.21	1	Hill Dickinson
2	08.10.21	2	Hill Dickinson
3	02.11.21	3	Amends and Comments from Governance Network
4	05.05.22	4	Amends for 1 July Establishment Date
5	16.05.22	5	Hill Dickinson

BACKGROUND

(A) Leeds has a long history of successful partnership working with people at the heart and with a breadth of assets to enable genuine whole system change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Leeds. Building on this success, we want to proactively continue to create the conditions that enable and support our health and care staff who come from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population. Whereas Leeds has predominantly led with a values and behaviours culture, working together on a shared ambition of the Health and Wellbeing Strategy and developing strong relationships, and mutual accountability, partners have agreed that Leeds would benefit from having an agreement which captures and formalises health and care partnership arrangements in Leeds.

(B) This Memorandum of Understanding ("**MoU**") sets out the vision, objectives and shared principles of the signatories to this MoU ("**Partners**") in establishing a place-based partnership for Leeds (the "**Partnership**") and further developing place-based health and care provision for the people of Leeds using a population health management approach, building on the progress achieved by the Partners to date. The MoU also sets out how the Partners will work together as participants in the Partnership, including the governance arrangements.

(C) The Partners will focus on the Priority Areas within the 'Healthy Leeds – Our Plan to Improve Health and Wellbeing in Leeds', Healthy Leeds Plan ("**HLP**") set out in this MoU to work towards specific outcomes over the term. Further Priority Areas, or changes to existing Priority Areas, may be agreed by the Partners during the term of this MoU as required to further the collaborative work of the Partners for the benefit of the population of Leeds.

(D) In light of the passing of the Health and Care Act 2022, the Partners recognise that from the Commencement Date they will need to continue with a programme of work through the Partnership governance arrangements set out in this MoU to further develop the Partnership to become a thriving place-based partnership and discharge delegated functions from the NHS West Yorkshire Integrated Care Board ("**ICB**") and allocate resources for the benefit of the Leeds population.

(E) The Partners acknowledge that the success of the Partnership will rely on the Partners working collaboratively rather than separately to plan financially sustainable methods of delivering integrated, population-focused services in furtherance of the Priority Areas and the Partnership Development Plan which is being developed and will be approved by the Leeds Committee in the summer 2022.

(F) This MoU is intended to supplement and work alongside the Partners' respective governance arrangements and, in the case of provider Partners, their existing and future services contracts with the ICB, NHS England and the Council, whilst respecting their individual sovereignty. It is also intended to work alongside the section 75 agreement in relation to the Better Care Fund between the ICB and the Council.

1. DEFINITIONS AND INTERPRETATION

1.1 In this MoU, capitalised words and expressions shall have the meanings given to them in Schedule 1.

1.2 In this MoU, unless the context requires otherwise, the following rules of construction shall apply:

1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);

1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;

1.2.3 a reference to a Partner includes its personal representatives, successors or permitted assigns;

1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;

1.2.5 any phrase introduced by the terms "**including**", "**include**", "**in particular**" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms; and

1.2.6 a reference to writing or written includes emails.

2. STATUS AND PURPOSE

2.1 The Partners have agreed to work together on behalf of the people of Leeds to establish the Partnership through which to identify and respond to the health and care needs of the Leeds population, and deliver integrated health, support and community care to develop and ultimately deliver improved health and care outcomes for the people of Leeds.

2.2 This MoU sets out the key terms that the Partners have agreed, including:

2.2.1 the vision of the Partners, and key objectives for the development and delivery of integrated services in Leeds and the Priority Areas;

2.2.2 the key principles that the Partners will comply with in working together through the Partnership;

2.2.3 the governance structures underpinning the Partnership as at the Commencement Date.

2.3 Notwithstanding the good faith consideration that each Partner has afforded the terms set out in this MoU, the Partners agree that, save as provided in Clause 2.4 below, this MoU shall not be legally binding. The Partners each enter into this MoU intending to honour all of their respective obligations.

2.4 Each of the Partners agrees to work together in a collaborative and integrated way on a Best for Leeds basis. This MoU is not intended to conflict with or take precedence over the terms of the Services Contracts or the Section 75 Agreement unless expressly agreed by the Partners.

3. APPROVALS

Each Partner acknowledges and confirms that as at the date of this MoU, it has obtained all necessary authorisations to enter into this MoU and that its own organisational leadership body has approved the terms of this MoU.

4. DURATION AND REVIEW

4.1 This MoU will take effect on the Commencement Date and will expire on [DATE] (the "**Initial Term**"), unless and until terminated in accordance with the terms of this MoU.

4.2 At the expiry of the Initial Term this MoU will expire automatically without notice unless, no later than 3 months before the end of the Initial Term, the Partners agree in writing that the term of the MoU shall be extended for a further term to be agreed between the Partners.

4.3 The Partners will review progress made against the Partnership Development Plan and the terms of this MoU by March 2023 and at such intervals thereafter as the Partners may agree. The Partners may agree to vary the MoU to reflect developments as appropriate in accordance with Clause 18 (*Variations*).

SECTION A: VISION, OBJECTIVES AND PRINCIPLES

5. THE VISION

5.1 The Partners have agreed to work towards a common vision for the Partnership as follows:

Leeds, a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

6. THE OBJECTIVES

6.1 The Partners have agreed to work together and to perform their duties under this MoU in order to achieve the following Objectives:

6.1.1 Living our Partnership Principles: we start with people; we deliver; we are Team Leeds;

6.1.2 Working with people and staff and hearing all of their voices;

6.1.3 Rethinking how we deliver better person-centred outcomes, drive a seamless experience of care and reduce inequalities;

6.1.4 A relentless focus on our shared three key city ambitions combined to make Leeds a healthy, compassionate, climate conscious city with a strong economy, where people who are the poorest improve their health the fastest;

6.1.5 Creating a culture that encourages system leadership – 'Leeds £', 'city first, organisational second', 'working as if we are one organisation';

6.1.6 Collectively owning and unblocking performance, intelligence, efficiency, quality and financial issues facing health and care;

6.1.7 Unblocking intra-organisational system issues, maximising opportunities, eliminating duplication;

6.1.8 A shared transformation plan which creates meaningful change, ensuring the short-term is managed in the context of the long-term;

6.1.9 'One city voice' – shared understanding and ownership of unified positions and messages; and

6.1.10 Maximise the leverage from our collective influence regionally and nationally.

6.2 Through the Objectives, the Partners will aim to achieve the following Outcomes identified in the Leeds Health & Wellbeing Strategy:

6.2.1 People will live longer and have healthier lives;

6.2.2 People will live full, active and independent lives;

6.2.3 People's quality of life will be improved by access to quality services;

6.2.4 People will be actively involved in their health and their care; and

6.2.5 People will live in healthy, safe and sustainable communities.

6.3 The Partners acknowledge that they will have to make decisions together in order for the Partnership arrangements to work effectively. The Partners agree that they will work together and make decisions on a Best for Leeds basis in order to achieve the Objectives, subject to Clause 9.

7. THE PRINCIPLES

7.1 The Principles set out below underpin the delivery of the Partners' obligations under this MoU and set out key factors for a successful relationship between the Partners for the delivery of the Partnership.

7.2 The Partners agree that the successful delivery of the Partnership operating model will depend on their ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the planning, provision and use of community assets and services across the Partners.

7.3 The Partners will work together in good faith and, unless the provisions in this MoU state otherwise, the Partners will ensure:

7.3.1 We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce:

- Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people;
- 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family;
- Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so;

7.3.2 We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £:

- Make decisions based on the outcomes that matter most to people;
- Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care;
- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well;

7.3.3 We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude:

- Unify diverse services through a common culture;
- Be system leaders and work across boundaries to simplify what we do;
- Individuals and teams will share good practice and do things once;

7.3.4 Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership;

7.3.5 Act in the best interests of the population of Leeds;

7.3.6 Resolve differences between members and present a united front in the best interests of the people of Leeds;

7.3.7 Openness and transparency in discussions;

7.3.8 Actively work to remove barriers that prevent Team Leeds working;

7.3.9 Hold each other to account;

7.3.10 Be clear in language used to reduce any confusion between Partners;

7.3.11 Seek clarity from other Partners if unsure of terminology/language used;

7.3.12 Offer constructive challenge to improve service delivery and ensure financial balance;

7.3.13 Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision;

7.3.14 Stick to decisions that are made;

7.3.15 Follow through on actions agreed,

and together with the principles set out in Clause 7.2 these are the “Principles”.

8. PROBLEM RESOLUTION AND ESCALATION

8.1 The Partners agree to adopt a systematic approach to problem resolution which recognises the Objectives and the Principles set out in Clauses 6 and 7 above and which:

8.1.1 seeks solutions without apportioning blame;

8.1.2 is based on mutually beneficial outcomes;

8.1.3 treats each Partner as an equal party in the dispute resolution process; and

8.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.

8.2 If a problem, issue, concern or complaint comes to the attention of a Partner in relation to the Priority Areas, Objectives, Principles or any matter in this MoU such Partner shall notify the other Partners. The Partners shall then try to resolve the issue in a proportionate manner by a process of discussion within 20 Operational Days of notification. If they are not able to do this, the matter will be resolved in accordance with Schedule 5 (*Dispute Resolution Procedure*).

8.3 If any Partner receives any formal enquiry, complaint, claim or threat of action from a third party relating to this MoU (including, but not limited to, claims made by a supplier or requests for information made under the FOIA relating to this MoU) the receiving Partner will liaise with the Leeds Health and Care Partnership Executive Group as to the contents of any response before a response is issued.

SECTION B: OPERATION OF AND ROLES IN THE PARTNERSHIP

9. RESERVED MATTERS

9.1 The Partners agree and acknowledge that nothing in this MoU shall operate as to require them to make any decision or act in anyway which shall place any Partner in breach of:

9.1.1 Law;

9.1.2 any Services Contract or the Section 75 Agreement;

9.1.3 any specific Department of Health and Social Care or NHS England policies;

9.1.4 if applicable its Constitution (including for the ICB and the Council), any terms of its provider licence from NHS Improvement or its registration with the CQC;

9.1.5 the terms of reference for the Leeds Health and Care Partnership ICB Committee;

9.1.6 any legislative requirements including the NHS Act 2006 (as amended); or

9.1.7 any term of a non-NHS party's legal constitution or other legally binding agreement or governance document of which specific written notice has been given to the Partners,

and the Leeds Health and Care Partnership Executive Group will not make a final recommendation which requires any Partner to act as such.

10. TRANSPARENCY

10.1 Subject to compliance with the Law and contractual obligations of confidentiality, the Partners will provide to each other all information that is reasonably required in order to deliver the Priority Areas and implement the Partnership Development Plan in line with the Objectives.

10.2 The Partners have responsibilities to comply with the Law (including where applicable Competition Law). The Partners will make sure that they share information, and particular Competition Sensitive Information, in such a way that is compliant with Competition Law. The ICB will ensure that the Leeds Committee of the West Yorkshire ICB and corresponding sub Leeds place Committees establish appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Objectives and for no other purpose whatsoever so that the Partners do not breach Competition Law.

10.3 It is accepted by the Partners that the involvement of the Providers in the governance arrangements for the Partnership is likely to give rise to situations where information will be generated and made available to the Providers which could give the Providers an unfair advantage in competitive procurements or which may be capable of distorting such procurements (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate Provider).

10.4 Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the ICB and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in the Partnership, other than as a result of a breach of this MoU, does not preclude the ICB and/or the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.

10.5 Notwithstanding Clause 10.4 above, the ICB and the Council may take such measures as they consider necessary in relation to competitive procurements in order to comply with their obligations under Law which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

SECTION C: GOVERNANCE ARRANGEMENTS

11. LEEDS HEALTH AND CARE (PLACE-BASED) PARTNERSHIP GOVERNANCE

11.1 The governance structure for the Place Partnership is set out in the diagram in Schedule 3 (*Governance*) and includes the following:

11.1.1 the Leeds Health and Wellbeing Board;

11.1.2 the Leeds Health and Care Partnership ICB Committee;

11.1.3 the Leeds Health and Care Partnership Executive Group; and

11.1.4 three Leeds Sub-Committees.

Leeds Health and Wellbeing Board

11.2 The Leeds Health and Wellbeing Board is a committee of the Council, charged with promoting greater health and social care integration in Leeds. The Health and Wellbeing Board will receive reports from the Leeds Health and Care Partnership Executive Group as to the development of the Partnership arrangements under this MoU and progress against the Health & Wellbeing Strategy and the Partnership Development Plan.

*Leeds Health and Care Partnership ICB Committee (the "Leeds ICB **Committee**")*

11.3 The Leeds ICB Committee is established as a formal committee of the West Yorkshire ICB Board, in accordance with the ICB's constitution. The Leeds ICB Committee has delegated authority from the ICB Board to make decisions about the use of ICB resources in Leeds in line with its remit, and otherwise support the ICB as set out in its terms of reference at Schedule 3 Part 1 (current as at the Commencement Date). The decisions reached by the Leeds ICB Committee are decisions of the ICB, in line with the ICB's Scheme of Reservation and Delegation. Members of the Leeds ICB Committee must comply with ICB policies and procedures.

11.4 The Leeds ICB Committee reports to the ICB Board and will:

11.4.1 together with Partner organisations, oversee the Partnership arrangements under this MoU;

11.4.2 act in accordance with its terms of reference at Schedule 3 Part 1;

11.4.3 provide updates to the Health and Wellbeing Board on progress against the Joint Health and Wellbeing Strategy (JHWS) for Leeds;

11.4.4 report to Partner organisations on progress against the Objectives;

11.4.5 liaise where appropriate with:

(a) national stakeholders (including NHS England and NHS Improvement); and

(b) the West Yorkshire Integrated Care Partnership,

to communicate the views of the Partnership on matters relating to integrated care in Leeds.

11.5 The Partners acknowledge that their employees may be appointed as members of the Leeds ICB Committee. The Partners agree to support their employees in doing so in line with the aims and objectives of the Leeds ICB Committee. The Partners acknowledge that any individual who is nominated as a member of the Leeds ICB Committee or sub-committee of the Leeds ICB Committee understands and agrees to bring knowledge and perspective from their sector but not be a delegate or carry agreed mandates from that sector or from their Partner organisation.

11.6 Each Partner must ensure that its appointed members or attendees of the Leeds ICB Committee (or their appointed deputies/alternatives) attend all of the meetings of the relevant group and participate fully and exercise their rights on a Best for Leeds basis and in accordance with Clause 5 (*Objectives*) and Clause 7 (*Principles*).

Leeds Health and Care Partnership Executive Group (PEG)

11.7 PEG is a consultative and collaborative group to inform and support the work of the Leeds ICB Committee and the Health and Wellbeing Board. PEG is not a committee of any Partner or any combination of Partners and will operate as a collaborative forum.

11.8 PEG will support system development by establishing a shared culture where Partner staff adopt common sets of values and behaviours. It will help to oversee and support the development of shared partnership infrastructure that may be required to support the work of the Partnership. PEG will act in accordance with its terms of reference.

Leeds System Committees

11.9 The Leeds System Committees are Quality and People's Experience, Finance, and Delivery. The System Committees are established by, and will each report and provide assurance to, the Leeds ICB Committee [as formal sub-committees of the Leeds ICB Committee]. Their terms of reference are set out in [to be included].

11.10 The Partners will review and develop the governance arrangements for the Partnership during 2022/23 to strengthen joint decision-making between the Partners, such review to include consideration of developing a joint committee structure between the Partners in line with the relevant provisions of the Health and Care Act 2022.

Place Lead role

11.11 Following a nomination from the Partnership, the ICB has appointed a 'Place Lead' who has responsibility for strategic leadership of the Partnership. The Place Lead is the 'convenor' of the Partnership, bringing Partners together and leading collaborative work and integration

across the Partnership. The Place Lead is a member of the WY Integrated Care Board, the Leeds ICB Committee, the Leeds Health and Wellbeing Board and the PEG.

12. CONFLICTS OF INTEREST

12.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality, the Partners agree to share all information relevant to the achievement of the Objectives in an honest, open and timely manner.

12.2 The Partners will:

12.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this MoU or the operation of the Partnership governance immediately upon becoming aware of the conflict of interest whether that conflict concerns the Partner or any person employed or retained by them for or in connection with the performance of this MoU;

12.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this MoU (without the prior consent of the other Partners) before they participate in any decision in respect of that matter; and

12.2.3 use best endeavours to ensure that their representatives on the Leeds ICB Committee also comply with the requirements of this Clause 12 when acting in connection with this MoU.

12.3 If there is:

12.3.1 any uncertainty or a lack of consensus between the Partners regarding the existence of a conflict of interest under Clause 12.2.1 or 12.2.2; or

12.3.2 any query or Dispute as to whether any Partner is put in a position (or will be) of conflict under Clause 12.2.2,

any Partner may refer the matter for resolution under Clause 8 (Problem Resolution and Escalation).

12.4 The Partners will each comply with the ICB conflicts of interest policy when participating in the Leeds ICB Committee or any other Governance Group undertaking ICB Business, otherwise the conflicts of interest policy and procedures of its Partner organisation will apply.

12.5 The ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by committees or sub-committees of the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes. These arrangements apply to the Leeds ICB Committee and any sub-committees of the Leeds ICB Committee.

12.6 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the ICB website.

12.7 The Partners shall ensure that all Leeds ICB Committee and sub-committee members nominated by them comply with the ICB policy on conflicts of interest in line with their terms of office. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

12.8 The Partners shall ensure that all Leeds ICB Committee and sub-committee members comply with the ICB Standards of Business Conduct policy.

SECTION D: FINANCIAL PLANNING

13. FINANCIAL PRINCIPLES

13.1 The Partners will continue to be paid in accordance with the mechanism set out in their respective Services Contracts.

13.2 The Partners commit to developing and agreeing system financial principles during the initial term for the allocation of resources within Leeds.

13.3 Any future introduction of a risk / reward sharing mechanism would require additional provisions to be agreed between the Partners and incorporated into this MoU in accordance with Clause 18 (Variations).

SECTION E: FUTURE DEVELOPMENT OF THE PARTNERSHIP

14. PARTNERSHIP DEVELOPMENT PLAN

14.1 The Partners have agreed to work together to implement a Partnership Development Plan which is being developed and approved by the Leeds Committee in the summer 2022. The areas for development set out in the Partnership Development Plan have been identified by the Partners as priorities for 2022/23 in order to ensure that the Partnership continues to develop and implement the new model of health and care planning and delivery in Leeds from the Commencement Date. The Partners will keep the Partnership Development Plan under review through the governance structures set out in this MoU and may agree to amend the Partnership Development Plan as required during the Initial Term in accordance with Clause 18 (*Variations*), in line with policy direction and legislative developments.

SECTION F: GENERAL PROVISIONS

15. EXCLUSION AND TERMINATION

15.1 A Partner may be excluded from this MoU on notice from the other Partners (acting in consensus) in the event of:

15.1.1 the termination of their Services Contract; or

15.1.2 an event of Insolvency affecting them.

15.2 A Partner may withdraw from this MoU by giving not less than 6 months' written notice to each of the other Partners' representatives.

15.3 A Partner may be excluded from this MoU on written notice from all of the remaining Partners in the event of a material or a persistent breach of the terms of this MoU by the relevant Partner which has not been rectified within 30 days of notification issued by the remaining Partners (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this MoU shall be partially terminated in respect of the excluded Partner.

15.4 The PPB may resolve to terminate this MoU in whole where:

15.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or

15.4.2 where the Partners agree for this MoU to be replaced by a formal legally binding agreement between them.

15.5 Where a Partner is excluded from this MoU, or withdraws from it, the excluded or withdrawing (as relevant) Partner shall procure that all data and other material belonging to any other Partner shall be delivered back to the relevant Partner or deleted or destroyed (as instructed by the relevant Partner) as soon as reasonably practicable.

16. INTRODUCING NEW PROVIDERS

16.1 Additional parties may become parties to this MoU on such terms as the Partners shall jointly agree in writing, acting at all times on a Best for Leeds basis. Any new Partner will be required to agree in writing to the terms of this MoU before admission.

17. LIABILITY

17.1 The Partners' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and not this MoU.

18. VARIATIONS

18.1 Save as set out in Clause 19, any amendment, waiver or variation of this SPA will not be binding unless set out in writing, expressed to amend, waiver or vary this SPA and signed by or on behalf of each of the Partners.

19. ASSIGNMENT AND NOVATION

19.1 Unless the Partners agree otherwise in writing, none of the Partners will novate, assign, delegate, sub-contract, transfer, charge or otherwise dispose of all or any of their rights and responsibilities under this MoU.

20. CONFIDENTIALITY AND FOIA

20.1 Each Partner shall keep confidential all Confidential Information that it receives from the other Partners except to extent such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner to this MoU.

20.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

20.3 The Partners agree to procure, as far as is reasonably practicable, that the terms of this Clause 20 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this MoU.

20.4 Nothing in this Clause 20 (*Confidentiality and FOIA*) will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.

20.5 The Partners acknowledge that some of them are subject to the requirements of the FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that any Partner which is subject to FOIA is able to comply with their statutory obligations.

21. GENERAL

21.1 Any notice or other communication given to a Partner under or in connection with this MoU shall be in writing, addressed to that Partner at its principal place of business or such other address as that Partner may have specified to the other Partner in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier or email.

21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1 above; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed; or if sent by email, one (1) Operational Day after transmission.

21.3 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership between any of the Partners, constitute any Partner the agent of another Partner, nor authorise any

Partner to make or enter into any commitments for or on behalf of any other Partner except as expressly provided in this MoU.

21.4 This MoU may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this MoU, but all the counterparts shall together constitute the same agreement. The expression “counterpart” shall include any executed copy of this MoU scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.

21.5 This MoU, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Partners irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.

21.6 A person who is not a Partner to this MoU shall not have any rights under or in connection with it.

This MoU has been entered into on the date stated at the beginning of it.

Signed by [insert] .....

for and on behalf of **NHS WEST YORKSHIRE INTEGRATED CARE BOARD** [ ]

Signed by [insert] .....

for and on behalf of **LEEDS CITY COUNCIL** [ ]

Signed by [insert] .....

for and on behalf of **LEEDS COMMUNITY HEALTHCARE NHS TRUST** [ ]

Signed by [insert] .....

for and on behalf of **LEEDS TEACHING HOSPITAL NHS TRUST** [ ]

Signed by [insert]

for and on behalf of **LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST** .....

[ ]

Signed by [insert] .....

for and on behalf of **GENERAL PRACTICE** [ ]

Signed by [insert]

for and on behalf of **THIRD SECTOR**

.....

[ ]

FORUM CENTRAL LEAD -
VOLITION

.....

[ ]

FORUM CENTRAL PARTNER -
LEEDS OLDER PEOPLES
FORUM

SCHEDULE 1

Definitions and Interpretation

1. The following words and phrases have the following meanings:

Best for Leeds	best for the achievement of the Vision, Objectives and Outcomes for the Leeds population on the basis of the Principles.
Commencement Date	the date entered on page one (1) of this MoU.
Commercially Sensitive Information	Confidential Information which is of a commercially sensitive nature relating to a Partner, its intellectual property rights or its business or which a Partner has indicated would cause that Partner significant commercial disadvantage or material financial loss.
Commissioner	a Partner who is also a commissioner of Services, being the ICB and the Council as at the Commencement Date.
Competition Law	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013.
Competition Sensitive Information	Confidential information which is owned, produced and marked as Competition Sensitive Information by one of the Partners and which that Partner properly considers is of such a nature that it cannot be exchanged with the other Partners without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Partner, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
Confidential Information	the provisions of this MoU and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all

	cases whether disclosed orally or in writing before or after the date of this MoU, including Commercially Sensitive Information and Competition Sensitive Information.
Dispute	any dispute arising between two or more of the Partners in connection with this MoU or their respective rights and obligations under it.
Dispute Resolution Procedure	the procedure set out in Schedule 5 for the resolution of disputes which are not capable of resolution under Clause 8 (*Problem Resolution and Escalation*).
FOIA	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act.
Good Practice	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Services Contracts), as appropriate.
Governance Group	any group referred to in this MoU or set up pursuant to the various terms of reference referred to in this MoU to further the work of the Partnership.
ICB	NHS West Yorkshire Integrated Care Board.
Initial Term	the initial term of this MoU as set out in Clause 4.1.
Insolvency	(as may be applicable to each Partner) a Partner taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business.
Law	a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; b) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales; c) Guidance (as defined in the NHS Standard Contract); d) National Standards (as defined in the NHS Standard Contract); and e) any applicable code.

Leeds Health and Care Partnership Executive Group	has the meaning set out in Clause 11.7.
Leeds Health and Care Partnership ICB Committee	the Leeds Place-based Partnership Committee of the ICB, the terms of reference for which are set out in Part 1 of Schedule 4 (Governance).
Leeds ICB Committee	the Leeds Health and Care Partnership ICB Committee.
MoU	this memorandum of understanding incorporating the Schedules.
NHS Standard Contract	the NHS Standard Contract for NHS healthcare services as published by NHS England from time to time.
Objectives	the objectives for the Partnership set out in Clause 6.1.
Operational Days	a day other than a Saturday, Sunday or bank holiday in England.
Outcomes	the outcomes for the Partnership set out in Clause 6.2.
Partnership Development Plan	the initial Partnership Development Plan set out in Schedule 3 (*Partnership Development Plan*).
PEG	the Leeds Health and Care Partnership Executive Group has the meaning set out in Clause 11.7.
Population	the population of Leeds, who reside in Leeds or are registered with a Leeds GP.
Principles	the principles for the Partnership set out in Clause 7.
Priority Areas	the priority areas identified by the Partners as set out in Schedule 2 (*Priority Areas*).
Provider	a Partner who is also a provider of Services under a Services Contract.
Section 75 Agreement	the agreement entered into by the Commissioners under section 75 of the National Health Service Act 2006 to commission the services listed in the Schedules to that agreement.
Service Users	people within the Leeds population, who reside in Leeds or are registered with a Leeds GP.
Services	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Services Contract.

Services Contract	a contract entered into by one of the ICB or the Council and a Provider for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires.
Vision	the vision of the Partnership, as set out in Clause 5.

SCHEDULE 2

Priority Areas

The Partners have identified the Priority Areas during the Initial Term (as may be agreed and amended from time to time) as:

'Healthy Leeds – Our Plan to Improve Health and Wellbeing in Leeds (HLP)'

SCHEDULE 3

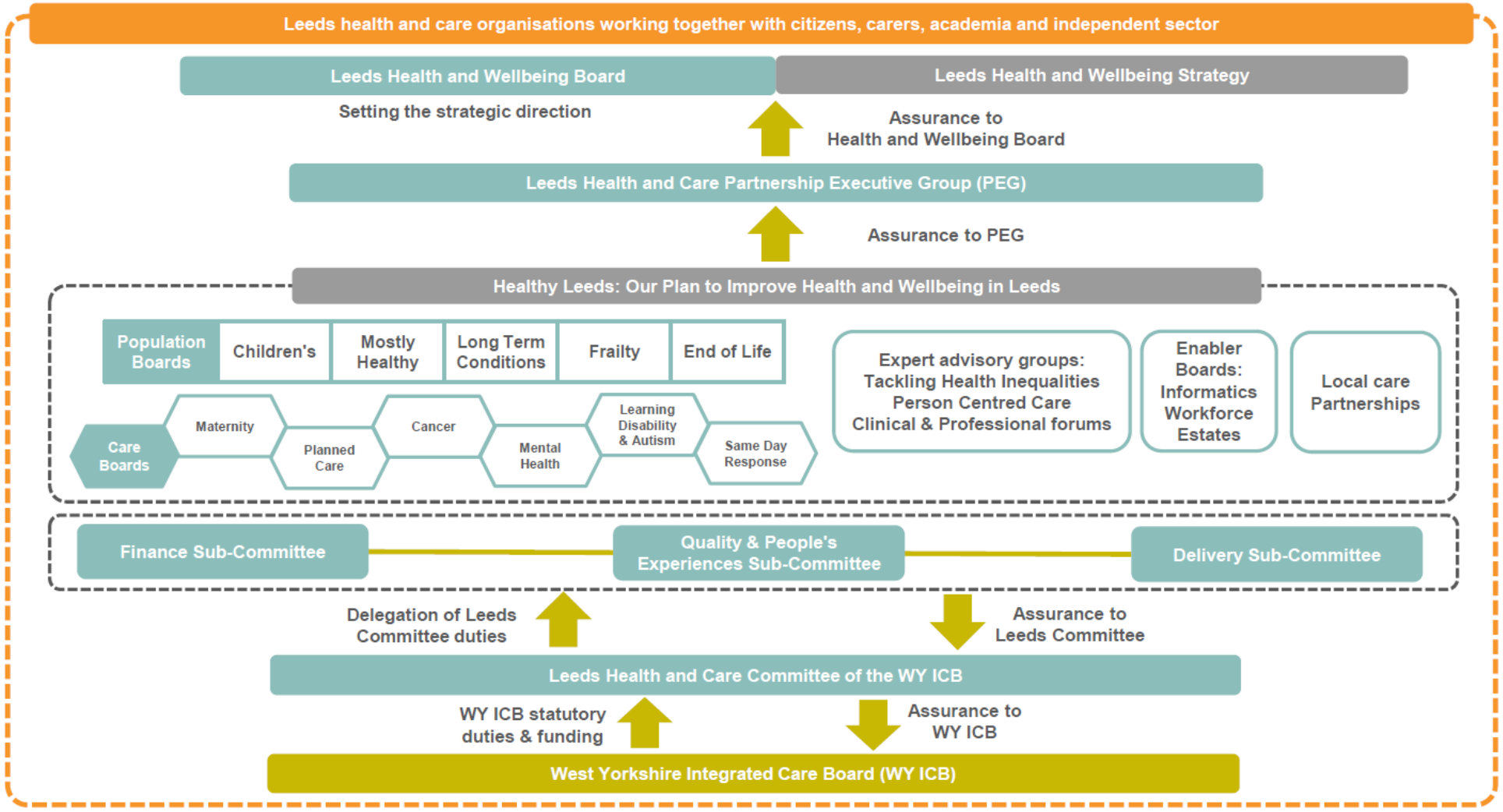
Governance

This Schedule 4 sets out the governance arrangements for the Partnership under this MoU.

The diagram below summarises the governance structure which the Partners have agreed to establish and operate from the Commencement Date, to provide oversight of the development and implementation of the Partnership approach and the arrangements under this MoU.

This Schedule also contains the terms of reference for the Leeds Health and Care Partnership ICB Committee.

Overview of the Leeds Partnership governance model



Part 1 – Leeds Health and Care Partnership ICB Committee - Terms of Reference

Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee Terms of Reference

Version control

Version: 0.4 (final approved version to be 1.0)

Approved by: ICB Board

Date Approved:

Responsible Officer:

Date Issued:

Date to be reviewed: Initially 6 months, thereafter annual

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	Laura Ellis	21.09.21
0.2	Review	Stephen Gregg	29.09.21
0.3	Review	Leeds Governance Network – Place amends	02.11.21
0.4	Review	Sam Ramsey	27.04.22

1. Introduction

1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with

communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:
- We are leaders of our organisation, our place and of West Yorkshire.
- 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; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:
- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
    - Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
    - 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
    - Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
    - Make decisions based on the outcomes that matter most to people
    - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care

    - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well
- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
    - Unify diverse services through a common culture
    - Be system leaders and work across boundaries to simplify what we do
    - Individuals and teams will share good practice and do things once

2. Membership

2.1 This part of the terms of reference describes the membership of the Leeds Health and Care (Place Based) Partnership ICB Committee. Further information about the criteria for the roles and how they are appointed is documented separately.

2.2 Core membership

2.2.1 The membership of the Committee will be as follows:

- Independent Chair
- Independent Lay Member – Finance and Governance
- Independent Lay Member – Health Inequalities and Delivery
- Healthwatch Representative
- Executive Members (Leeds Office of the WY ICS)
    - ICB Leeds Place Lead
    - ICB Leeds Finance Lead
    - ICB Leeds Nurse Lead
    - ICB Leeds Medical Officer
- Partner Members
    - 1 x Leeds Teaching Hospitals Trust
    - 1 x Leeds & York Partnership Foundation Trust
    - 1 x Leeds Community Healthcare Trust
    - 1 x Leeds City Council
    - 1 x Primary Care
    - 1 x Third Sector
    - 1 x Director of Public Health

2.3 Required attendees

- Non-voting members to be in attendance (TBC)

2.4 ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

2.5 Any member of the ICB Board can be in attendance subject to agreement with the

Chair.

3. Arrangements for the conduct of business

3.1 Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the remaining members of the committee should appoint a chair for the meeting.

3.2 Quoracy

No business shall be transacted unless at least 50% of the membership is present. The quorum is 8 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- At least one independent lay member
- ICB Place Director or ICB Place Finance Lead
- ICB Place Nurse Lead or ICB Place Medical Officer
- At least two partner members

For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.
b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the Committee may nominate a deputy to attend a meeting of the Committee that they are unable to attend. The deputy may speak and vote on their behalf. The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

3.3 Voting

In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:

a. All members of the committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 2.2.1; attendees and observers do not have voting rights.)
b. Absent members may not vote by proxy. Absence is defined as being absent at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
c. A resolution will be passed if more votes are cast for the resolution than against it.

d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Conflict resolution

The Committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific matter.

3.4 Frequency of meetings

The Committee will meet no less than four times in a 12 month period in public. Development sessions may also be held throughout the year.

The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.

In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

3.5 Urgent decisions

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Committee to meet virtually. Where this is not possible the following will apply:

a) The powers which are delegated to the Committee, may for an urgent decision be exercised by the Chair of the Committee and the ICB Lead Place Lead. If the Chair of the Committee is not an independent non-executive member, then such an individual must also be consulted.
b) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.

3.6 Admission of the press and public

In accordance with Public Bodies (Admission to Meetings) Act 1960 All meetings of the ICB at which public functions are exercised will be open to the public. This includes the Committee.

The Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of

the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

The chair of the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.

As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.
Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.

A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least 7 calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

The agenda and papers for meetings will be published electronically 5 working days in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

3.7 Declarations of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

3.8 Support to the Committee

Administrative support will be provided to the Committee by the ICB. This will include:

- Agreement of the agenda with the Chair in consultation with the ICB Place Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- Drafting minutes for approval by the Chair and ICB Place Lead within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained on a monthly basis.

4. Remit and responsibilities of the committee

The Leeds Health and Care (Place Based) Partnership ICB Committee has been provided with delegated authority to make decisions about the use of NHS resources in Leeds, including the agreement of contracts for relevant services. The decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation.

The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Sub-Committee.

5. Authority

5.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Committee.

5.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

5.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

5.4 The Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

6. Reporting

6.1 The Committee shall submit its minutes to each formal ICB Board meeting.

6.2 The Leeds ICB Place Lead shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.

6.3 The Committee's minutes will be published on the ICB website once ratified.

6.4 The Committee shall submit an annual report to the ICB Audit Committee and the ICB.

6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees.

7. Conduct of the committee

7.1 All members will have due regard to and operate within the Constitution of the ICB, Standing Orders, standing financial instructions and Scheme of Delegation.

7.2 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

7.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

7.4 The Committee shall agree an Annual Work Plan with the ICB Board.

7.5 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.

7.6 Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

7.7 **Behaviours and practice all members will demonstrate (TBC)**

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

8. Equality

8.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

SCHEDULE 4

Dispute Resolution Procedure

1. Avoiding and Solving Disputes

1.1 The Partners commit to working cooperatively to identify and resolve issues to the Partners' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this MoU. Accordingly the Partners will look to collaborate and resolve differences under Clause 8 (*Problem Resolution and Escalation)* of this MoU prior to commencing this procedure.

1.2 The Partners believe that by focusing on their agreed Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with the Partnership arrangements set out in this MoU.

1.3 The Partners shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this MoU or the operation of the Partnership (each a '**Dispute**') when it arises.

1.4 In the first instance the relevant Partners' representatives shall meet with the aim of resolving the Dispute to the mutual satisfaction of the relevant Partners. If the Dispute cannot be resolved by the relevant Partners' representatives within 10 Operational Days of the Dispute being referred to them, the Dispute shall be referred to senior officers of the relevant Partners, such senior officers not to have had direct day-to-day involvement in the matter and having the authority to settle the Dispute. The senior officers shall deal proactively with any Dispute on a Best for Leeds basis in accordance with this MoU so as to seek to reach a unanimous decision.

1.5 The Partners agree that the senior officers may, on a Best for Leeds basis, determine whatever action it believes is necessary including the following:

1.5.1 If the senior officers cannot resolve a Dispute, they may agree by consensus to select an independent facilitator to assist with resolving the Dispute; and

1.5.2 The independent facilitator shall:

(i) be provided with any information he or she requests about the Dispute;

(ii) assist the senior officers to work towards a consensus decision in respect of the Dispute;

(iii) regulate his or her own procedure;

(iv) determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and

(v) have its costs and disbursements met by the Partners in Dispute equally.

1.5.3 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 5 and only after such further consideration again fails to resolve the Dispute, the Partners may agree to:

(i) terminate this MoU in accordance with Clause 16.1.1; or

(ii) agree that the Dispute need not be resolved.