

# Final Minutes

Leeds Committee of the West Yorkshire Integrated Care Board

Thursday 22 September 2022, 1.00pm – 4.00pm

New Wortley Community Centre, 40 Tong Road, Leeds, LS12 1LZ

Members	Initials	Role	Present	Apologies
Rebecca Charwood	<b>RC</b>	Independent Chair, Leeds Committee of the WY ICB	✓	
Tim Ryley	<b>TR</b>	Place Leeds, ICB in Leeds	✓	
Visseh Pejhan-Sykes	<b>VPS</b>	Place Finance Lead, ICB in Leeds	✓	
Cheryl Hobson	<b>CH</b>	Independent Member – Finance and Governance	✓	
Yasmin Khan	<b>YK</b>	Independent Member – Health Inequalities	✓	
Thea Stein	<b>TS</b>	Chief Executive, Leeds Community Healthcare NHS Trust (LCH)	✓	
Sara Munro	<b>SMu</b>	Chief Executive, Leeds & York Partnership Foundation NHS Trust (LYPFT)	✓	
Julian Hartley	<b>JuH</b>	Chief Executive, Leeds Teaching Hospital NHS Trust (LTHT)	✓	
Dr Chris Mills	<b>CM</b>	Chair, Leeds GP Confederation	✓	
Cath Roff	<b>CR</b>	Director of Adults & Health, Leeds City Council		✓
Shona McFarlane	<b>SMc</b>	Deputy Director of Adults & Health, Leeds City Council	✓	
Victoria Eaton	<b>VE</b>	Director of Public Health, Leeds City Council	✓	
Shanaz Gul	<b>SG</b>	Third Sector Representative		✓
Francesca Wood	<b>FW</b>	Third Sector Development Lead	✓	
Dr John Beal	<b>JBe</b>	Chair, Healthwatch Leeds	✓	
Dr Jason Broch	<b>JBr</b>	Chief Strategic Clinical Information & Innovation Officer, ICB in Leeds	✓	
Jo Harding	<b>JoH</b>	Director of Nursing and Quality, ICB in Leeds	✓	
<b>Additional Attendees</b>				
Sam Ramsey	<b>SR</b>	Head of Corporate Governance & Risk, ICB in Leeds	✓	
Manraj Khela	<b>MK</b>	Head of Health Partnerships	✓	
Harriet Speight	<b>HS</b>	Corporate Governance Manager, ICB in Leeds	✓	
Karen Lambe	<b>KL</b>	Corporate Governance Senior Support Officer, ICB in Leeds	✓	
Gaynor Connor (Item 30)	<b>GC</b>	Director of Primary Care and Same Day Response, ICB in Leeds	✓	
Stuart Morrison (Item 23)	<b>SM</b>	Team Leader, Healthwatch Leeds	✓	

**Members of public/staff observing – 2**

No.	Agenda Item	Action
19/22	<p><b>Welcome and Introductions</b></p> <p>The Chair opened the meeting of the Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB) and invited all members to introduce themselves. It was noted that the Committee meeting was being live streamed to the Leeds Health and Care Partnership YouTube channel.</p> <p>The Chair thanked the venue, New Wortley Community Centre, for hosting the meeting and for the fantastic work that they do to support the local community, including skill-building classes, youth groups, ex-offender support, food and hygiene banks, and counselling services.</p>	
20/22	<p><b>Apologies and Declarations of Interest</b></p> <p>Apologies had been received from Cath Roff and Shanaz Gul. Shona McFarlane was deputising for Cath Roff and Francesca Wood was deputising for Shanaz Gul.</p> <p>Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion. It was noted that future meetings would include a full register of interests circulated with papers in advance of the meeting. There were no specific interests raised at this stage in the meeting, however specific interests were declared at the outset of Item 30/22 (please refer to Minute 30/22).</p>	
21/22	<p><b>Minutes of the Previous Meeting – 14 July 2022</b></p> <p>It was noted that Jo Harding attended the meeting and that this will be reflected in the final published version of the minutes.</p> <p>The minutes were otherwise approved as an accurate record.</p>	
22/22	<p><b>Action tracker</b></p> <p>The Committee noted the completed actions set out in the action tracker.</p>	
23/22	<p><b>People's Voice</b></p> <p>The Chair introduced Stuart Morrison from Healthwatch Leeds, who provided a summary of the key themes from the recently published Healthwatch Insight Report '<i>What people across West Yorkshire are telling us about their experience of health and care services</i>'. SM highlighted that a significant amount of contributors to the report were from Leeds.</p> <p>GP access was noted as a central theme to overall patient experience in the region in the last 12 to 18 months, following significant changes made to the way people can access GP appointments as a result of the covid 19 pandemic. Patients</p>	

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	<p>reported difficulties with booking appointments, lack of opportunities for face-to-face appointments and variation in approach between different practices. NHS dentistry was also identified as a key theme, with patients reporting that they cannot find NHS dentists that have capacity to take on new patients, as well as significant issues around a lack of support for young people with their mental health. SM highlighted that many of the issues raised were exacerbated by the cost of living crisis and created additional challenges to those with the greatest health inequalities, those with additional communication needs and people living in poverty. The report included several recommendations to the West Yorkshire Health and Care Partnership, centred around communication, compassion and coordination.</p> <p>JuH reiterated the capacity issues across the system and recognised the detrimental impact that this was having on patient experiences, along with assurance that there is substantial work taking place to address flow of patients through from hospital and into the community. JuH also commented that it was surprising that patient wait times did not come through as a key theme in the report, as a significant national issue and a particular challenge for LTHT currently. However, JuH also reflected that Leeds waiting times are lower than other core cities in the UK.</p> <p>Some members reflected on their own experiences of variations between GP practices as well as long processes of referral and diagnosis.</p> <p>The Place Lead highlighted several schemes and opportunities to tackle the key themes raised in the report in addition to the system flow programme JuH referred to, including the ongoing reform of community mental health services. It was also suggested that an item be added to the forward work plan of the either the Delivery Sub-Committee or Quality and People's Experiences Sub-Committee to conduct a 'deep dive' into the variation across primary care services.</p> <p><b>ACTION – To determine appropriate sub-committee for variation across primary care services to be considered and add to the relevant forward work plan.</b></p> <p><b>ACTION – To add an item to the forward work plan to understand how the Better Care Fund is currently utilised to support system flow.</b></p> <p>GC gave assurance that the Primary Care Board and its working groups work closely with Healthwatch Leeds. GC also confirmed that a quality improvement module specifically focused on access and experience is being undertaken at all 92 GP practices in Leeds, which will provide a greater understanding of the level of variation across the system.</p>	<p>SR/HS</p> <p>SR/HS</p>
24/22	<p><b>Questions from Members of the Public</b></p> <p>The Chair advised that the Leeds Office of the ICB were unable to widely publicise the opportunity to submit questions on this occasion, due to the sad passing of Her Majesty Queen Elizabeth II and the period of national mourning.</p>	

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	<p>There were no questions received from members of the public either prior to the meeting or from members of the public present.</p>	
25/22	<p><b>Place Lead Update</b></p> <p>The Place Lead provided an overview of the report, highlighting the period of change at national level, with the appointment of the new Prime Minister and Secretary of State for Health and Social Care, as well as ongoing challenges associated with the cost-of-living crisis and winter planning. Members were also provided with updates in regard to three plans / programmes that the Partnership Executive Group (PEG) are focusing on currently - System Flow and Intermediate Care Improvements, the Integrated Winter Plan, and Plan C - in Extremis (Emergency Planning). The Place Lead also sought members views on information that should be included in future Place Lead Update reports.</p> <p>TS welcomed the report, however noted that some pressures experienced across the system in Leeds were not reflected, such as child and adolescent mental health services (CAMHS) and digital / data sharing. It was suggested that all partners collectively feed into the report through the Partnership Executive Group (PEG) to ensure that the content represents the experiences across the entire Leeds health and care system. Members were supportive of a more integrated approach to reporting.</p> <p><b>ACTION – Future Place Lead Update reports to include input from PEG.</b></p> <p>Members noted that the agenda setting process for the Leeds Committee is in the early stages of development and discussed potential future items. The Chair suggested that a regular item be added to the agenda which focuses on a specific system pressure and the work each partner is undertaking to alleviate. JuH suggested that a combined report on workforce issues be added to the future work plan.</p> <p>YK queried whether the shared mandate / common narrative work to articulate the assets of the partnership, priorities and key building blocks to progress delivering the Health &amp; Wellbeing Strategy and Vision with a small group of Chief Officers, as detailed in the report, adequately reflects the diversity of the health and care system in Leeds. TR assured members that although the work had been led by the Chief Officer group, it had been considered widely with a range of groups and forums, continually involved in the process.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <ul style="list-style-type: none"> <li>a) <b>Considered</b> and <b>noted</b> the contents of the report; and</li> <li>b) <b>Advised</b> on the content of future Place Lead Updates.</li> </ul>	TR/MK
26/22	<p><b>Quality and People’s Experience Sub-Committee Update</b></p>	

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	<p>The Chair provided a brief overview of the assurance report included in the agenda pack and highlighted the following item to 'alert' the Committee to:</p> <ul style="list-style-type: none"> <li>- The sub-committee expressed overarching concerns regarding system pressures and workforce challenges. It was noted that a place-based programme of work was in progress.</li> </ul> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <p>a) <b>Received</b> the update.</p>	
27/22	<p><b>Delivery Sub-Committee Update</b></p> <p>The Chair of the Sub-Committee, Yasmin Khan, provided a brief overview of the assurance report included in the agenda pack and highlighted the following items to 'alert' the Committee to:</p> <ul style="list-style-type: none"> <li>- Although cancer performance is improving overall, there are specific areas where cancer improvement is not to the level we would want it to be.</li> <li>- The demand and pressures on colleagues in mental health services were acknowledged despite the indicators displaying the right direction.</li> <li>- In terms of appointments for GP access, it was demonstrated that they were growing, however it was important to note that people's experience had fallen.</li> <li>- The biggest challenge and major area of concern was in relation to acute and emergency pressures and the consequences in discharge.</li> <li>- A Programme Director and programme office has been put in place to oversee a complex set of changes and improvements.</li> </ul> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <p>a) <b>Received</b> the update.</p>	
28/22	<p><b>Finance and Best Value Sub-Committee Update</b></p> <p>The Chair of the Sub-Committee, Cheryl Hobson, provided a brief overview of the assurance report included in the agenda pack and highlighted the following items to 'alert' the Committee to:</p> <ul style="list-style-type: none"> <li>- The sub-committee received a presentation outlining the draft submission of the 22/23 business case for Community Diagnostics Centres (CDC) at three Leeds sites, plus an overview of 23/24 &amp; 24/25 business case requirements and timescales.</li> <li>- Members were advised that a short form business case (SFBC) was submitted in July 2022 for £4.48m capital/ £642,000 revenue funding for 22/23 implementation of CDC model. It was advised that the 23/24 and 24/25 submissions had been requested to be postponed until December 2022 to align with place base governance processes and to reflect the 8-week feedback process following submission of 22/23 business case.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Members agreed that the Leeds community diagnostic centre model will support improved access to community based diagnostic services and reduce numbers of people coming into an acute setting and were supportive of proceeding with implementation for 22/23. A discussion took place regarding the potential for proceeding with the scheme prior to formal approval of the bid in order to ensure that resources allocated for 22/23 can be spent within the required timeframe.</li> <li>- The finalised combined 23/24 &amp; 24/25 business case will be submitted to the Leeds Committee meeting scheduled for 13th December 2022 for approval prior to final submission.</li> </ul> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <p>a) Received the update.</p> <p><i>The meeting adjourned for a comfort break at 2:20 p.m. until 2:30 p.m.</i></p>	
29/22	<p><b>Risk Management Report</b></p> <p>The Place Lead provided an overview of the report, highlighting that all previous Leeds CCG risks were reviewed and aligned to relevant sub-committees at Leeds Place, however, are all categorised as ‘new’ risks due to the change of organisation. As mentioned in the previous items, all risks had also been considered by the sub-committees at the most recent meetings. TR also noted the importance of ensuring that risks assigned at partnership level do not duplicate the risks managed by individual partners. TR highlighted the importance of ensuring that discussions around risk are focused on action taken to mitigate the risk, not simply identifying the issue.</p> <p>TS queried whether the risk relating to mental health (risk no. 2018) represented children as well as adults and this was confirmed by TR.</p> <p>JB queried the impact of risk 2006 and the potential impact of risk of harm to patients associated with reduced numbers of hospital beds. It was confirmed that the partnership work closely with all providers, to ensure safe capacity in the system.</p> <p>Members agreed that an additional risk should be added to the risk register around workforce issues, as a substantial risk experienced across partner organisations. SM emphasised that the addition of a workforce risk must not blur the first line of accountability, which remains with each partner organisation and the substantial work undertaken through the One Workforce Board.</p> <p><b>ACTION – To add a system-wide workforce risk to the risk register.</b></p> <p>CM highlighted that sharing of data must be a priority across all organisations to alleviate risk. TR noted that the Leeds Digital Strategy will be considered at the next meeting in December, which will provide an opportunity to discuss any barriers and actions for partners to take.</p>	SR

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	<p>Members highlighted the need to articulate the process for adding risks to the risk register, and the role of partner organisations in the process. It was also requested that the presentation of the risk register at Appendix 1 be considered for future reports.</p> <p><b>ACTION – To include the process for adding to / amending the risk register in future reports.</b></p> <p><b>ACTION – To amend formatting of future risk reports for clarity / ease of reading.</b></p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <p><b>a) Received and noted</b> the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Leeds, following any recommendations from the relevant committees; and</p> <p><b>b) Agreed assurance</b> in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.</p> <p><i>SM left the meeting at 2:55 p.m. during discussion of this item.</i></p>	<p>SR/HS</p> <p>SR</p>
30/22	<p><b>Primary Care Network – Enhanced Access Service</b></p> <p><i>At the outset of the item, JBr and CM both declared a financial professional interest as practicing GPs, with CM additionally noting his role as Chair of the Leeds GP Confederation. It was agreed that both members would not take part in a vote but could contribute to the discussion.</i></p> <p>Gaynor Connor, Director of Primary Care and Same Day Response, provided an overview of the current arrangements for enhanced access, along with the proposals for the new service following national policy changes. GC assured the Committee that the current level of activity will be maintained, if not improved with more local services available.</p> <p>JB commented that urgent care across the system is not a uniformed approach in terms of location of services and requires communication. GC recognised the confusion and highlighted that care navigation at the first point of contact for patients is crucial. GC confirmed that plans are in development for public communications alongside the new enhanced access service. FW requested that the third sector be engaged with any future communications plans, so that they can help disseminate messages to communities through trusted channels.</p> <p>YK commented that it is key to ensure that marginalised groups are consulted to ensure that their needs are reflected in plans for the new services. TR added that addressing health inequalities must key play a key role in schemes that enable additional services and capacity.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p>	

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	<p>a) <b>Approved</b> the Enhanced Access plans for Leeds place; and b) <b>Noted</b> the minimal impact on the wider health and care service</p>	
31/22	<p><b>Medium Term Financial Plan</b></p> <p>Visseh Pejhan-Sykes, Place Finance Lead, delivered a PowerPoint presentation that set out the medium-term financial plan and timescales for implementation. As part of the presentation, VPS set out the underlying positions of each NHS trust in Leeds and Leeds City Council, and the efficiencies required. VPS highlighted the need for a collaborative approach across populations and the review of impact and value throughout financial planning in this challenging period. VPS also advised the Committee of the emerging role of Population Boards, which have become increasingly responsible for assessing value of services, pathways and interventions, and therefore have a crucial advisory role in financial planning.</p> <p>TS reiterated that the primary role of the Leeds Committee is the effective allocation of resources, and therefore consideration and approval of the plan is key.</p> <p>FW commented that the behavioural change required through the work of the Population Boards should not be underestimated. TR noted that the advisory and strategic role of Population Boards will become more distinguished with time, but that it is important to note that they currently do not have any decision-making power as a Board. Decision making functions sits with the Leeds Committee. VPS added that the five year plan is really important for setting the strategic direction of the health and care partnership in Leeds, and supporting all of the forums that feed into decision-making to ensure that there is a shared aspiration around embedding preventative approaches.</p> <p>It was noted that the finalised plan would be submitted to the Committee in advance of the final deadline, although not confirmed, likely to be March 2023.</p> <p><i>TS left the meeting at 3:35 p.m. during discussion of this item.</i></p>	
32/22	<p><b>Items for the Attention of the ICB Board</b></p> <p>The Chair outlined that the Committee would submit a report to the West Yorkshire ICB on items that they needed to be alerted on, assured on, action to be taken and any positive items to note.</p> <p>The Committee noted three areas to bring to the attention of the ICB Board:</p> <ul style="list-style-type: none"> <li>• System flow and variation between primary care services – a common theme which will inform forward work plan</li> <li>• Workforce challenges identified as a key system-wide issue, to be added to the risk register</li> <li>• Positive discussion in relation to the draft Medium Term Financial Plan, to return for formal approval before the end of the financial year</li> </ul>	



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	<p>In terms of reflections, it was acknowledged that the People's Voice item set the tone for the remainder of the meeting and will be a valuable regular item to begin each meeting with.</p>	
<b>33/22</b>	<p><b>Forward Work Plan</b></p> <p>The forward work plan was presented for review and comment, noting that it was in development and would be an iterative document. Members of the Committee were invited to consider and add agenda items. Proposed items would be discussed with the Governance team to ensure the Committee was the most appropriate forum.</p> <p>The Chair reflected on several discussions throughout the meeting relating to the work plan and the various actions detailed in previous minute items (23/22 and 25/22 refer).</p>	
<b>34/22</b>	<p><b>Any Other Business</b></p> <p>There were no matters raised on this occasion.</p>	
<b>35/22</b>	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting of the Leeds Committee of the WY ICB will be held at 1.30 pm on Tuesday 13 December 2022, at a venue to be confirmed.</p>	