

Final Minutes

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

Tuesday 13 December 2022, 1.15pm – 4.30pm

Thackray Museum of Medicine, Beckett Street, Leeds LS9 7LN

Members	Initials	Role	Present	Apologies
Rebecca Charlwood	RC	Independent Chair, Leeds Committee of the WY ICB	✓	
Tim Ryley	TR	Place Leeds, ICB in Leeds	✓	
Visseh Pejhan-Sykes	VPS	Place Finance Lead, ICB in Leeds	✓	
Cheryl Hobson (joined remotely)	CH	Independent Member – Finance and Governance	✓	
Yasmin Khan	YK	Independent Member – Health Inequalities	✓	
Thea Stein	TS	Chief Executive, Leeds Community Healthcare NHS Trust (LCH)	✓	
Sara Munro (joined remotely)	SMu	Chief Executive, Leeds & York Partnership Foundation NHS Trust (LYPFT)	✓	
Julian Hartley	JuH	Chief Executive, Leeds Teaching Hospital NHS Trust (LTHT)		✓
James Goodyear (deputising for Julian Hartley)	JG	Director of Strategy at LTHT	✓	
Dr Chris Mills	CM	Chair, Leeds GP Confederation	✓	
Cath Roff	CR	Director of Adults & Health, Leeds City Council (LCC)		✓
Caroline Baria (deputising for Cath Roff)	CB	Deputy Director, Integrated Commissioning, Adults & Health, LCC	✓	
Victoria Eaton	VE	Director of Public Health, LCC	✓	
Shanaz Gul	SG	Third Sector Representative		✓
Francesca Wood (deputising for Shanaz Gul)	FW	Third Sector Development Lead	✓	
Dr John Beal	JBe	Chair, Healthwatch Leeds	✓	
Dr Jason Broch	JBr	Chief Strategic Clinical Information & Innovation Officer, ICB in Leeds	✓	
Jo Harding	JoH	Director of Nursing and Quality, ICB in Leeds	✓	

Members	Initials	Role	Present	Apologies
Additional Attendees				
Sam Ramsey	SR	Head of Corporate Governance & Risk, ICB in Leeds	✓	
Manraj Khela	MK	Head of Health Partnerships	✓	
Harriet Speight (minutes)	HS	Corporate Governance Manager, ICB in Leeds	✓	
Kirsty Turner (Item 55)	KT	Associate Director of Primary Care, ICB in Leeds	✓	
Esther Ashman (Item 52) (joined remotely)	EA	Associate Director Strategy, WY ICB	✓	
Hannah Davies (Item 43)	HD	Chief Executive, Healthwatch Leeds	✓	
Anna Chippindale (Item 43)	AC	Community Project Worker, Healthwatch Leeds	✓	
Helen Lewis (Items 51,57 and 61)	HL	Director of Pathway Integration, ICB in Leeds	✓	
Stephen Blackburn (Item 53) (joined remotely)	SB	Innovation Relationship Manager, Integrated Digital Service in Leeds	✓	

Members of public/staff observing – 0

No.	Agenda Item	Action
38/22	Welcome and Introductions The Chair opened the meeting of the Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB) and brief introductions were made.	
39/22	Apologies and Declarations of Interest Apologies had been received from Cath Roff, Julian Hartley and Shanaz Gul. Caroline Baria was deputising for Cath Roff, James Goodyear was deputising for Julian Hartley and Francesca Wood was deputising for Shanaz Gul. Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion. The register of interests had been included with the full paper pack and the Chair noted that all partners had an inherent professional financial conflict in relation to Item 61.	
40/22	Minutes of the Previous Meeting – 22 September 2022	

No.	Agenda Item	Action
	<p>The minutes were approved as an accurate record.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>a) Approved the minutes of the previous meeting held on 22 September 2022.</p>	
41/22	<p>Matters Arising</p> <p>There were no matters raised on this occasion.</p>	
42/22	<p>Action tracker</p> <p>The Committee noted the completed actions set out in the action tracker and that in reference to action 7, the Partnership Executive Group would continue to inform the Place Lead Updates.</p>	
43/22	<p>People's Voice</p> <p>The Chair introduced Hannah Davies and Anna Chippindale from Healthwatch Leeds who provided a summary of recent work undertaken by the People's Voice Partnership relating to digital access to health services, including two Healthwatch reports – 'Digitising Leeds: Risks and Opportunities for Reducing Health Inequalities in Leeds' and 'Digital Inclusion in Leeds: How Does It Feel for Me?'</p> <p>The key messages included:</p> <ul style="list-style-type: none"> - Digital can offer fantastic advantages to people, however such provisions should aim to enhance rather than replace traditional forms of access in recognition that not all services would be suited to entirely digital access - As a city and wider, there is a good understanding of digital exclusion parameters and how social factors impact these, but there is a gap in terms of analysis of which services work best for people - There is a clear link between the digital agenda and personalised care, people need to be involved in development of services and be provided with choices around how they access and receive support to ensure that certain groups are not excluded by the shift to digital services <p>Members were also advised of two specific examples of limitations of using digitalised systems in Leeds. The first, a patient who had tried to call the enquiry line to access sexual health services but was not able to connect and advised to use online services but was unable to navigate the system on the website. The second example related to the recently launched Leeds Teaching Hospitals Trust (LTHT) Patient Hub App, for which it was reported that there is no demographic data collected for users and patient experience analysis undertaken received the views of 51 people despite 100,000 appointments having been booked using the Patient Hub App.</p>	

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	<p>James Goodyear (JG) advised that LTHT routinely collect user data for all patients and would seek clarification following the meeting regarding the data specifically related to the Patient Hub app. It was confirmed that all traditional booking routes remain available alongside the app. JG agreed with the need to engage with the public to develop services.</p> <p>John Beal (JBe) highlighted the varying availability of online booking systems between GP practices and sought clarity on whether there is a standardised offer that should be available across all. Dr Jason Broch (JBr) advised that all GP practices work in a similar way and aim to provide a system offer, however the biggest challenge is finding a mechanism that matches capacity and demand at individual practices, because if all appointments were made available online, people who are digitally literate would be likely to be able to book quickly, excluding those who are not.</p> <p>Jo Harding (JoH) also informed the Committee that West Yorkshire has been successful in its bid to take part in the National Experience of Care Pilot, which allow the Leeds system to be engaged in the methodologies and will provide dedicated resource for understanding people's experiences of digital services.</p> <p>Tim Ryley (TR) welcomed the report and highlighted that people's experiences of digital are key, however must be considered alongside the other factors, particularly finance and delivering overall improvement across healthcare.</p> <p>JBr highlighted that a significant part of the digital agenda is broader digital infrastructure, which could set the foundations for improved accessibility in the future, as technology advances, to a more diverse group of people. This could include, for example, voice lead access through artificial intelligence technology that also provides translation for those with English as an additional language.</p> <p>The Chair welcomed the report and the link to the Digital Strategy (refer. Item 54), recognising the exciting opportunities that new technologies bring to healthcare, but also that in difficult and emotional times for patients and their families, human interaction is crucial for true understanding of needs and identifying the appropriate route of support and care.</p> <p>ACTION – That the two Healthwatch reports – ‘Digitising Leeds: Risks and Opportunities for Reducing Health Inequalities in Leeds’ and ‘Digital Inclusion in Leeds: How Does It Feel for Me?’ – be circulated to Members following the meeting.</p> <p><i>Chris Mills (CM) joined the meeting at 13:35 during discussion of this item.</i></p>	<p>HS</p>
<p>44/22</p>	<p>Questions from Members of the Public</p> <p>There were no questions received from members of the public.</p>	

No.	Agenda Item	Action
45/22	<p>Place Lead Update</p> <p>TR provided an overview of the report, highlighting that the national picture continues to change, however NHS England remain focused on narrowing the route of targets and pressures, which in time, supported by the Independent Review of Integrated Care Systems to be led by Rt Hon Patricia Hewitt, will provide more freedom to accelerate key ambitions in Leeds, particularly around tackling health inequalities.</p> <p>TR highlighted that Winter Plans were in place, however the winter period remains hugely challenging for the system. This would be discussed further through agenda item 51/22 Winter Plan 2022/23. It was also noted that the £500m Winter Discharge Fund had been announced, equating to £8m for Leeds. TR highlighted that the funding will be essential to support improvement around system flow.</p> <p>TR also referenced other significant system challenges within the report including children and mental health, which he noted should remain prominent in discussions alongside the current winter pressures, as well as an update on work that had taken place between the Chief Officers in the Leeds system over the last six months to further develop the common narrative that underpins the partnership in Leeds.</p> <p>JBe noted that out-of-area placements for children with mental health needs were reducing and queried whether this was the same for adults. Sara Munro (SM) advised that Red Kite View, a new Children and Young People's Mental Health Inpatient Unit in Leeds, had provided additional beds and as a result the number had dropped from 30 out-of-area placements at the beginning of 2022 to just three. SM advised that the numbers were fluctuating for adults and remain challenging to reduce through the winter period.</p> <p>The Chair sought assurance from the NHS Trust representatives around plans in place to manage the expected strike action due to take place in coming weeks. JG advised that LTHT were working closely with staff to agree the derogations for which services will be deemed essential and will therefore continue to run. Members were also advised that an incident management command structure had been set-up to ensure the delivery of essential services during the period of action. TS advised that similar activity to that described by JG would take place at Leeds Community Healthcare Trust (LCH), and added that the three NHS Trusts in Leeds and others regionally were working closely together to build resilience across the system.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <ul style="list-style-type: none"> a) Considered and noted the contents of the report; and b) Advised on the content of future Place Lead Updates 	
46/22	<p>Quality and People's Experience Sub-Committee Update</p>	

No.	Agenda Item	Action
	<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"> - System flow: Following Care Quality Commission (CQC) concerns around the time people spent in Leeds Teaching Hospitals NHS Trust (LTHT) Emergency Department (ED), leaders were working collectively to provide a system response, recognising this represented a system risk. Leaders had met with CQC representatives to assure them of actions being taken to mitigate risk to ED. - Summary Hospital Level Mortality Indicator (SHMI): An increase and return to ‘higher than expected’ banding in LTHT’s SHMI data between June 2021 and May 2022 was highlighted in the QPEC Quality Report. LTHT’s role as a tertiary centre in treating the most complex cases in the region was noted and the work ongoing in LTHT to understand the reasons for the increase continue. Analysis by diagnostic category continues to show that no single diagnostic group lies significantly outside the range and neither of the two main acute sites at LTHT has a SHMI that exceeds expected. - Emerging risks: Members highlighted emerging risks caused by the cost-of-living crisis and its impact on increasing health inequalities. Concern was expressed that by focussing on individual services, risks to groups such as carers could be overlooked. <p>In reference to the mortality indicators, JG advised that a mortality review group at LTHT routinely monitors the data and learning from deaths reviews are completed and submitted where appropriate. Victoria Eaton (VE) also highlighted the need for analysis as a Leeds system of the excess deaths within the population, as well as deaths recorded at hospitals, recognising that nationally there is growing concern around excess deaths. It was highlighted that there had been more than 22,000 excess deaths in the last six-month period and varying debate around the causal factors of the increase. The Chair noted that a future discussion around mortality rates following analysis would be welcomed.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>a) Received the update.</p>	
47/22	<p>Delivery Sub-Committee Update</p> <p>The Chair of the Sub-Committee, Yasmin Khan (YK), provided a brief overview of the assurance report included in the agenda pack and highlighted the following items to ‘alert’ the Committee to:</p> <p>The Sub-Committee received the Delivery Performance Report, within which the following key areas were flagged:</p> <ul style="list-style-type: none"> - The challenges of the winter period and upcoming industrial action are expected to significantly impact service delivery and potentially widened 	

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	<p>inequalities – several actions taking place to address pressures were highlighted in the report.</p> <ul style="list-style-type: none"> - Cancer waiting times remains a significant challenge, with limited understanding of the level of underlying demand, however referral numbers are higher than pre-pandemic levels, which is encouraging in terms of identifying cancer that may have been missed during the periods of lockdown. - Waiting times for planned care are improving in some areas in line with pre-pandemic levels, however the challenges associated with the Winter period is expected to significantly impact the rate of referrals to treatment. - Children’s mental health continues to report high demand and urgency, although performance for urgent demand to eating disorder services is above target. - Significant demand on adult mental health services, particularly challenging around out of area placements. <p>In reference to cancer performance data, JG acknowledged that cancer waiting times remain a challenge, with particular issues around skin, lung and urological cancers, however improvements have recently focused on the diagnostic part of the pathway for patients to reduce the need for treatment. JG also noted that the total waiting list for LTHT had reduced, which had been a significant challenge following backlogs from the pressure’s experiences throughout the Covid-19 pandemic.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>a) Received the update.</p>	
48/22	<p>Finance and Best Value Sub-Committee Update</p> <p>The Chair of the Sub-Committee, Cheryl Hobson (CH), provided a brief overview of the assurance report included in the agenda pack and highlighted the following items to ‘alert’ the Committee to:</p> <p>The Sub-Committee received the finance update, and the following key areas were flagged:</p> <ul style="list-style-type: none"> - Leeds Place was asked to deliver a £16.1m surplus to West Yorkshire by the end of the financial year and signalled at the end of Month 6 that LTHT and the Leeds Office of the ICB would not be able to deliver the levels of services required whilst making that level of surplus, leaving a £13.2m gap. However, following improvements in other parts of WY, that reduce commissioning commitments for the ICB, and clarification on the ability for ICBs to be able to retain National Insurance refunds from Providers as a benefit, the ICB in Leeds position has improved as we approach Month 8 and Leeds is now planning to be less than £1.5m off the plan position. This position can improve further if system flow commitments made at risk by the ICB in Leeds can be badged against the social care and system flow monies being 	

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	<p>allocated by NHSE in December and January this financial year. The Provider trusts in Leeds have agreed to distribute their share of Depreciation funding from the ICB to LTHT improving their reported by £1.5m in Month 8. The Leeds Place is now circa £5m off plan and this gap is likely to close to around £3- £3.5m. It would appear that across WY there is enough flexibility to cover this residual gap from plan.</p> <ul style="list-style-type: none"> - There are still significant further cost pressure risks associated with prescriptions, energy costs, inflation, and supply chain disruption across the system, which have impacted the financial position at Leeds Place and may continue to impact adversely on our projected outturn position if they crystallise. - Members were assured by the next steps highlighted within the report to mitigate the risk of not delivering the surplus required. <p>Thea Stein (TS) reflected that all ‘alert’ points within each of the Sub-Committee assurance reports and the Place Lead Update (Refer. Item 45) were heavily focused on hospital activity in Leeds, and noted that future reports should also reflect community, general practice. and mental health pressures. TR welcomed the feedback and noted that the other sections of the assurance reports include detail around other pressures, however recognised that the reporting process and membership for each of the Sub-Committees requires reflection as part of the 12-month governance review to ensure that discussions in meetings are representative of the entire partnership, and that ‘alert’ sections within reports reflect positive messages, as well as pressures to be escalated.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>a) Received the update.</p>	
49/22	<p>Risk Management Report</p> <p>The Place Lead provided an overview of the report, highlighting that the risks rated as ‘high’ should be the most prevalent topics of discussion throughout meetings of the Leeds Committee. TR noted that although most of the ‘high’ rated risks had formed part of discussion in earlier items, children and adults’ mental health had not which required reflection within the forward plan.</p> <p>Sam Ramsey (SR) also provided an update regarding the request from members to introduce a risk around workforce for Leeds. SR advised that the workforce risk sits with organisational boards, and the Leeds One Workforce Strategic Board (LOWSB) have oversight of the Leeds workforce risk profile. Members recognised that the line of responsibility is clear, however agreed that the risk should also be monitored separately within Leeds.</p> <p>ACTION – To add a system risk around workforce to the risk register. TR to draft wording to ensure it is included appropriately.</p>	SR/TR

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	<p>In reference to the common risk across WY regarding mental health capacity, TS and SM reflected that the risk scoring may be too low considering current pressures and requested that this be reviewed.</p> <p>ACTION – To seek further detail from the mental health capacity risk scoring from the risk owner and provide update in a future report</p> <p>Cheryl Hobson (CH) queried the consistency of approach to risk rating across West Yorkshire, noting that risks are rating higher in Leeds than all other Places. Members were advised that the Risk Management Operational Group with representation from across WY consider the ratings across place and ensure that the levels are appropriate, however also noted that the Leeds represents one third of WY, and therefore the impact is inevitably higher, which is therefore reflected in the risk rating.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <ul style="list-style-type: none"> a) Received and noted the High-Scoring Risk Report (scoring 15+) as a true reflection of the ICB's risk position in Leeds, following any recommendations from the relevant committees; b) Received and noted the risks directly aligned to the Leeds Committee of the ICB scoring 12 and above; and c) Noted in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place. 	SR
50/22	<p>Finance Update at Month 7 (October) 2022-23</p> <p>Visseh Pejhan-Sykes (VPS) provided an overview of the report, advising that there had been significant dialog across WY around the remaining gap in funds in Leeds, however additional social care resources had recently been made available across the Leeds partnership (refer. Item 45), along with underspend from other Places across WY, and had therefore improved the position in Leeds, expected to result in a balanced position for Leeds. It was emphasised, however, that many allocations are non-recurrent, which therefore will not impact the underlying position for 2023/24, which highlights a key challenge for planning in the medium-term.</p> <p>CH advised that a similar discussion had taken place at the Finance and Best Value Committee on 1st December 2022 and members were clear that the medium-term financial plan will be key in supporting the underlying position in Leeds, as well as considerations of workforce, and that this work should commence as soon as possible.</p> <p>Chris Mills (CM) noted that the Leeds partnership had invested significantly in support from Newton Europe to develop a significant cultural shift in assumptions about investments in the future. CM queried whether there is level of capacity in the system to sustain significant behavioural and systematic change required. TR advised that ongoing work with Staten Island, New York, has shown a different</p>	

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	<p>approach of understanding how finances and workforce move around a system, alongside systematic behavioural change, and colleagues are working to understand how a similar model could work in Leeds.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>d) Noted the month 7 year to date and forecast financial position; e) Noted the additional key risks that may crystallise later in the year; and f) Discussed the next steps as we close the 2022-23 financial year and prepare for the 2023-24 planning round in the new calendar year.</p> <p><i>The meeting adjourned for a comfort break at 2:50 p.m. until 3:00 p.m.</i></p>	
51/22	<p>Winter Plan 2022/23</p> <p>Helen Lewis (HL) introduced the report, providing an overview of the three key elements to winter planning - expanding capacity, improving productivity, and preventative healthcare. HL also added that industrial action expected to take place in coming weeks was also a key consideration in planning, with daily dialog between partners to ensure resilience.</p> <p>Caroline Baria (CB) advised the Committee that the care sector, particularly nursing care homes, were experiencing significant financial challenges and workforce issues, and whilst LCC were working to support, this should be flagged as a risk for the winter period.</p> <p>In reference to workforce pressures, TS informed the Committee of a recent analogue hyper local recruitment drive for LCH that had been very successful, reaching people who want to live and work within their community and support local people.</p> <p>Members recognised the whole-system approach required to accelerate preventative work, a key component of the plan, and the value of public health campaigns around vaccinations and proactive activity around the impact of cold weather throughout the challenging winter period.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>a) Noted the ongoing work, the risks, and the governance arrangements in place to try to mitigate the impact of these demands on the health of our population.</p>	
52/22	<p>Refresh of the West Yorkshire Partnership's Five-Year Strategy - Working Draft</p> <p>Esther Ashman (EA) provided an overview of the report and draft strategy, advising that the strategy had been developed by the Strategy Design Group, which includes representation from all Places in WY, and represents the complexity of the system.</p>	

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	<p>EA noted that the final version of the strategy will be published in March 2023, following feedback and approvals.</p> <p>JBe commented that the strategy inaccurately describes patients being able to register with NHS dentist practice, as NHS patients are not tied to a specific practice in the same way as GP practices. EA confirmed that the strategy would be updated to reflect this.</p> <p>TR commented that the draft strategy provides a helpful framework, however, does not provide clarity on responsibilities at Place to deliver. TR requested that the strategy be updated to reflect subsidiarity and identify areas of responsibility.</p> <p>CM queried whether the strategy will include a commitment to timeframe for sharing data across NHS organisations and was advised that this element was in development and will be reflected in the forward plan.</p> <p>EA welcomed the feedback from members and committed to continuing to engage with places through the Strategy Design Group and the Health and Wellbeing Board.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <ul style="list-style-type: none"> a) Noted the work that has been undertaken across the Partnership as part of the refresh of the strategy; b) Supported the proposition to further build the ‘integrated care experience’ into the way in which we work to deliver the strategy; and c) Commented on the current draft of the strategy, noting the further work to be undertaken as part of its development. 	
53/22	<p>Leeds City Digital Strategy</p> <p>Stephen Blackburn (SB) provided an overview of the report and strategy, advising that the strategy had been written from a ‘whole city’ view rather than from any specific organisation's perspective to encourage participation in its delivery. The strategy outlined priority areas that would be taken forward by the Integrated Digital Service with a focus on improving service delivery and realising efficiencies.</p> <p>The Chair sought the Committee’s views as to whether they felt they had been sufficiently involved in the development of the strategy and if they felt ownership of the ambitions and priorities set out. TS commented that LCH had not been involved to the extent they would have liked to have been, however recognised the barriers to this, but otherwise considered the strategy to be elegant and interesting. TS noted that the consensus from the LCH team was to further consider the basics prior to focusing on innovation projects.</p> <p>Referring to the earlier discussion during the People’s Voice item (Item. 43), JBe noted that the Healthwatch insight reports have indicated that various groups are excluded from digital, and therefore it is crucial that the strategy considers the</p>	

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	<p>impact of digital exclusion on health inequalities, as well as the benefits of digital inclusion. Francesca Wood (FW) also noted that the third sector are key partners in delivering services for some of the most vulnerable groups and should be prioritised along with other front-line services for this work.</p> <p>CM commented that the strategy lacked key capabilities around sharing of data across systems, and suggested the strategy be amended to reflect the inter-organisational communication.</p> <p>JoH advised that the recently published National Nursing Strategy includes several recommendations around digital that have clear expectations for local delivery, which are not currently reflected and should therefore be incorporated into the strategy.</p> <p>SM noted that the strategy should be clear around the cost of fully realising the digital ambitions set out. Members welcomed the strategy, however agreed that the strategy required supportive action plans, developed in consultation with partners, to realise some of the broader ambitions set out and provide information on how work will be funded.</p> <p>SB agreed to take comments away and build on the strategy further prior to final publication.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <ul style="list-style-type: none"> a) Supported the approach being outlined in the digital strategy, the digital transformation approach, and the innovation programme. b) Approved the strategy and agreed that it can be published, subject to amendments suggested during discussions. 	
54/22	<p>Clinical & Professional Leadership (CPL) in the Leeds Health & Care Partnership</p> <p>JBr provided a brief overview of the report and proposals, highlighting that the arrangements had been developed to mirror clinical leadership structures at WY ICB level. JBr advised that since CPL is still developing, the paper should be seen as a position statement with an opportunity to influence the developing structures and functions.</p> <p>Members were supportive of the developments to date, however requested that as part of the next steps, consultation takes place with each of the partner organisations to ensure clinician and other professional voices are reflected across the system.</p> <p><u>The Leeds Committee of the WY ICB:</u></p>	

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	<p>a) Reviewed the information in this paper in the understanding that the Leeds H&CP is still developing and as part of that so are the structures and governance for CPL</p> <p>b) Agreed to consider further with partner organisations to answer in detail the remaining recommendations within the report.</p>	
55/22	<p>Practice Proposal: The Merger of Sunfield and Hillfoot Practices and subsequent closure of Sunfield Medical Centre</p> <p>Kirsty Turner (KT) introduced the report, advising that the Primary Care Board had considered the proposals in detail and recommended to the Committee to support the merger and subsequent closure as set out in the report.</p> <p>The Committee were assured by the report and the detail that had been considered by the Primary Care Board and agreed to approve the recommendation.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>a) Approved the proposal for Sunfield Medical Centre and Hillfoot Surgery to merge the two practices ahead of the closure of Sunfield Medical Centre in April 2023 as recommended by the Primary Care Board.</p>	
56/22	<p>Leeds Joint Working Agreement (JWA) with Astra Zeneca for Improving Asthma Outcomes</p> <p>Helen Lewis introduced the report, advising members that previously, NHS Leeds CCG followed the policy in relation to joint working and it had been proposed that whilst harmonisation of commissioning policies is undertaken across WY (which will include the review and update of the Joint Working Policy / approaches collaboratively across WY), the Leeds 2020 policy is utilised in the interim. The reviewed West Yorkshire Joint Working Policy is due to be presented to the West Yorkshire Integrated Care Board in January 2023 for approval. Future arrangements will follow the governance outlined within the updated policy.</p> <p>The report outlined the proposed Joint Working Agreement between the West Yorkshire ICB (Leeds Office) and Astra Zeneca which aims to transform asthma management in adults with poorly controlled asthma.</p> <p><u>The Leeds Committee of the WY ICB:</u></p> <p>a) Approved the recommendation that the Leeds place enters into a Joint Working Agreement (JWA) with AstraZeneca for the Improving Asthma Outcomes project as described within the paper.</p>	
57/22	<p>Items for the Attention of the ICB Board</p>	

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	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.	
58/22	<p>Forward Work Plan</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>	
59/22	<p>Any Other Business</p> <p>The Chair thanked Julian Hartley and Cath Roff on behalf of the Committee for all their work to support the Leeds Health and Care Partnership and wished them well in their future endeavours. The Chair also thanked Dr Sue Proctor for her time as the Chair of LYPFT and welcomed the new Chair of LYPFT, Merran McRae to the role.</p>	
60/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Leeds Committee of the WY ICB will be held at 1.30 pm on Tuesday 14 March 2023, at HEART Headingley.</p>	
	The Leeds Committee of the WY ICB resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted as set out in the criteria published on the ICB's website (Freedom of Information Act 2000, Section 43.2) and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information.	