Leeds Health & Care Partnership

NHS West Yorkshire Integrated Care Board

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

Wednesday 4th October 2023, 13:15 – 16:30
(Private pre-meet for members 13:00, public meeting 13:15)
HEART: Headingley Enterprise & Arts Centre, Bennett Rd, Leeds LS6 3HN

AGENDA

No.	Item	Lead	Page	Time
LC 22/23	**Welcome, Introductions**	**Rebecca Charlwood** Independent Chair	-	13:15
LC 23/23	**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	4	
LC 24/23	**Minutes of the Previous Meeting** - To approve the minutes of the meeting held 5th July 2023	**Rebecca Charlwood** Independent Chair	7	
LC 25/23	**Matters Arising** - To consider any outstanding matter arising from the minutes that is not covered elsewhere on the agenda	**Rebecca Charlwood** Independent Chair	-	
LC 26/23	**Action Tracker** - To receive the action tracker for review	**Rebecca Charlwood** Independent Chair	18	
LC 27/23	**People's Voice** - To share a lived experience of health and care services	**Hannah Davies** Healthwatch Leeds	-	13:20
LC 28/23	**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	-	13:35
LC 29/23	**Place Lead Update** - To receive a report from the Place Lead	**Tim Ryley** Place Lead	19	13:45
LC 30/23	**Population and Care Delivery Board Update** - To receive a highlight update from the Learning Disability and Neurodiversity Population Board	**Victoria Treddenick** Senior Pathway Integration Manager	-	14:00
ROUTINE REPORTS				
LC 31/23	**Quality & People's Experience Sub-Committee Update** - To receive an assurance report from the Chair of the sub-committee	**Rebecca Charlwood** Independent Chair & Chair of the Quality and People's Experience Sub-Committee	31	14:15
LC 32/23	**Delivery Sub-Committee Update** - To receive an assurance report from the Chair of the sub-committee	**Yasmin Khan** Independent Member & Chair of Delivery Sub-Committee	34	

No.	Item	Lead	Page	Time
LC 33/23	**Finance & Best Value Sub-Committee Update** - To receive an assurance report from the Chair of the sub-committee	**Cheryl Hobson** Independent Member & Chair of Finance & Best Value Sub-Committee	37	
LC 34/23	**Risk Management Report** - To receive and consider the risk management information provided	**Tim Ryley** Place Lead	39	14:30
BREAK 14:45 – 14:55				
FINANCE				
LC 35/23	**Finance Update at Month 5 (August) 2023-24** - To receive the financial position update	**Visseh Pejhan-Sykes** Place Finance Lead	67	14:55
ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES				
LC 36/23	**Leeds Joint Working Agreement (JWA) with Astra Zeneca for Improving Cardio-renal Outcomes** - To consider and approve the joint working agreement	**Helen Lewis** Director of Pathway Integration	76	15:10
LC 37/23	**Proposal to Merge Shadwell, Rutland and Oakwood Practices** - To consider and approve the proposal	**Gaynor Connor** Director of Primary Care and Same Day Response	85	15:20
LC 38/23	**In Our Shoes: The Director of Public Health Annual Report 2022** - To receive for information	**Kathryn Ingold** Chief Officer, Public Health, Leeds City Council	93	15:30
FORWARD PLANNING				
LC 39/23	**Items for the Attention of the ICB Board** - To identify items to which the ICB Board needs to be alerted, which it needs to be assured, which it needs to action and positive items to note	**Rebecca Charlwood** Independent Chair	-	16:00
LC 40/23	**Forward Work Plan** - To consider the forward work plan	**Rebecca Charlwood** Independent Chair	103	
LC 41/23	**Any Other Business** - To discuss any other business raised and not on the agenda	**Rebecca Charlwood** Independent Chair	-	
LC 42/23	**Date and Time of Next Meeting** The next meeting of the Leeds Committee of the WY ICB will be held at 1.15 pm (1:00 pm private pre-meeting for Committee Members) on Wednesday 13th December 2023	**Rebecca Charlwood** Independent Chair	-	-

The Leeds Committee of the ICB is recommended to make the following resolution:

"That the press and public be excluded from the meeting during the consideration of the remaining items of business as they contain confidential information 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."

No.	Item	Lead	Page	Time
43/23	**Proposal for GP Procurement** - To consider and approve the proposal	**Gaynor Connor** Director of Primary Care and Same Day Response	-	16:10
44/23	**Private Minutes of the Previous Meeting** - To approve the private minutes of the meeting held 5th July 2023	**Rebecca Charlwood** Independent Chair	-	16:25

Leeds Committee of the West Yorkshire Integrated Care Board - Register of Interests, August 2023

Title	Name	Job Title (where applicable)	Declared Interest- (Name of the organisation and nature of business)	Type of Interest	Is the interest direct or indirect?	Interest From	Interest Until
	Caroline Baria	Interim Director, Adults and Health, LCC	Trustee of Association of Directors of Social Services (ADASS)	Non-Financial Professional Interests	Direct	01/03/2022	Ongoing
	Cheryl Hobson	Independent member of the Leeds Committee of the WY ICB	Member of Joint Independent Audit Committee of South Yorkshire Police and Crime Commissioners Office	Financial Interests	Direct	01/12/2019	Ongoing
			Nursing and Midwifery Council contracted as Lay Panel Member for Investigation Committee	Financial Interests	Direct	01/08/2021	Ongoing
			Wellspring Multi-Academy Trust Voluntary Trustee / Director	Non-Financial Professional Interests	Direct	01/09/2015	Ongoing
			Wellspring Multi-Academy Trust Chair	Non-Financial Professional Interests	Direct	02/11/2022	Ongoing
			Family member employed by PCN in Rotherham, south Yorkshire	Indirect Interests	Indirect	01/01/2019	Ongoing
			Family member employed by Bradford Teaching Hospitals NHS FT	Indirect Interests	Indirect	01/01/2020	Ongoing
Dr	George Winder	Chair of Leeds GP Confederation.	GP Partner Oakwood Lane Medical Practice	Financial Interests	Direct	01/01/2013	Ongoing
			Clinical Director, Seacroft PCN	Financial Interests	Direct	01/07/2019	Ongoing
			Chair of Leeds GP Confederation	Financial Interests	Direct	01/01/2023	Ongoing
Dr	Jason Broch	Chief Strategic Clinical Information & Innovation Officer, Leeds Office of the WYICB	Partner at Oakwood Lane Medical Practice	Financial Interests	Direct	01/01/2006	Ongoing
			Director Jemjo Healthcare Ltd	Financial Interests	Direct	01/05/2022	Ongoing
			Spouse business - Airtight International Ltd, Nails 17 Ltd	Indirect Interests	Indirect	10/05/2012	Ongoing
			Director Governor, Leeds Jewish Free School	Non-Financial Personal Interests	Direct	16/01/2014	Ongoing
			Chair of Governor's Brodetsky Primary School	Non-Financial Personal Interests	Direct	01/09/2012	Ongoing
			Director, trustee Brodetsky Foundation Trust	Non-Financial Personal Interests	Direct	17/06/2014	Ongoing
			Founding Fellow of the Faculty of Clinical Informatics	Non-Financial Professional Interests	Direct	01/05/2018	Ongoing
			Calibre Care Partners Ltd OLMP is a member of this GP federation, which is part of Leeds GP Confederation	Financial Interests	Direct	01/06/2018	Ongoing
			Leeds Acupuncture Clinic - father's and brother's business	Indirect Interests	Indirect	10/05/2012	Ongoing
			Clinical Lead - Yorkshire & Humber Local Health & Care record Exemplar, inc membership of NHSE Clinical Advisory Group	Financial Interests	Direct	01/11/2018	Ongoing

	Joanne Harding	Director of Nursing and Quality, Leeds Office of the WYICB	My cousin's wife is a financial accountant with LTHT	Indirect Interests	Indirect	10/08/2022	Ongoing	
			My husband is employed by a company currently contracted by the ICB in Leeds to provide PAT Testing of ICB equipment. My husband is conducting these tests on site at WIRA House for a time limited period over Summer / Autumn 2023	Indirect Interests	Indirect	03/08/2023	Ongoing	
Dr	John Beal	Chair, Healthwatch Leeds	Board member (currently Chair) of Healthwatch Leeds	Non-Financial Professional Interests	Direct	01/01/2013	Ongoing	
			Member of Yorkshire Branch Council and West Yorkshire Committee of British Dental Association	Non-Financial Professional Interests	Direct	01/01/1990	Ongoing	
			Vice Chair of British Fluoridation Society	Non-Financial Professional Interests	Direct	01/01/1983	Ongoing	
			Family Member is a clinician in Leeds Community Health NHS Trust	Indirect Interests	Indirect	01/01/2008	Ongoing	
Professor	Phil Wood	Chief Executive - LTHT	Chair of Northeast and Yorkshire Genomic Medicine Service Partnership Board	Non-Financial Professional Interests	Direct	01/02/2023	Ongoing	
Professor	Phil Wood	Chief Executive - LTHT	Honorary Professor in Healthcare Leadership, University of Leeds	Non-Financial Professional Interests	Direct	01/02/2023	Ongoing	
	Rebecca Charlwood	Independent Chair, Leeds Committee of the WY ICB	Spouse is a Professor of HRM in the management department of the Leeds University Business School	Indirect Interests	Indirect	01/09/2019	Ongoing	
Dr	Sara Munro	CEO Leeds and York Partnership NHS Foundation Trust	CEO of LYPFT who will be impacted by decisions made by the Leeds Committee both financial and non financial	Financial Interests	Direct	01/07/2022	Ongoing	
			Sector representative for MHLDA on the ICB Board	Financial Interests	Direct	01/07/2022	Ongoing	
			Trustee on the board of the workforce development trust	Indirect Interests	Indirect	01/07/2022	Ongoing	
Dr	Sarah Forbes	Medical Director, Leeds Office of the WYICB	Calibre Care Partners Ltd OLMP is a member of this GP federation, which is part of Leeds GP Confederation	Financial Interests	Direct	01/06/2018	Ongoing	
			Honorary contract with LTHT NHS Trust	Non-Financial Professional Interests	Direct	01/01/2021	Ongoing	
			GP Partner, Oakwood Lane Medical Practice	Financial Interests	Direct	01/01/2014	Ongoing	
			Husband – Director, Craggs Shoe Repairs – has some contracts with fire and ambulance services	Indirect Interests	Indirect	01/01/2003	Ongoing	
			Aunt – financial interest in SPARC which is an autism assessment service in Birmingham. Autism West Midlands – Trustee. Autism Education Trust – Board Member	Indirect Interests	Indirect	01/01/2014	Ongoing	
			Director, Craggs Wetherby Limited – this is a shoe repair shop in Wetherby	Financial Interests	Direct	01/11/2018	Ongoing	
	Shanaz Gul	Third Sector Representative	Director of Hamara, seeks to do business re Health and Social Care	Financial Interests	Direct	01/01/2019	05/07/2023	*remove interest 05/02/2024
			Voluntary Rep for Forum Central and Third Sector Leeds Leadership group	Non-Financial Professional Interests	Direct	01/11/2021	Ongoing	
			Director of The Heritage Cooking Company CIC	Financial Interests	Direct	06/07/2023	Ongoing	

	Tim Ryley	Accountable Officer - Leeds	Nil Declaration				
	Victoria Eaton	Director of Public Health	Nil Declaration				
	Visseh Pejhan-Sykes	Chief Finance Lead, Leeds Office of the WY ICB	Parent Governor – Penistone Grammar School	Non-Financial Personal Interests	Direct	04/04/2022	03/04/2026
			Related to Officer working in the CCG's Digital Communications Officer – Niece by marriage	Indirect Interests	Indirect	11/12/2017	Ongoing
	Yasmin Khan	Independent member of the Leeds Committee of the WY ICB	Nil Declaration				

Deputies in attendance

Title	Name	Job Title (where applicable)	Declared Interest- (Name of the organisation and nature of business)	Type of Interest	Is the interest direct or indirect?	Interest From	Interest Until

Draft Minutes

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

Wednesday 5 July 2023, 1.15pm – 4.30pm

St George's Centre, 60 Great George Street, LS1 3DL

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	**CH**	Independent Member – Finance and Governance	✓	
Yasmin Khan	**YK**	Independent Member – Health Inequalities	✓	
Thea Stein	**TS**	Chief Executive, Leeds Community Healthcare NHS Trust (LCH)		✓
Dr Sara Munro	**SM**	Chief Executive, Leeds & York Partnership Foundation NHS Trust (LYPFT)	✓	
Professor Phil Wood	**PW**	Chief Executive, Leeds Teaching Hospital NHS Trust (LTHT)	✓	
Dr George Winder	**GW**	Chair, Leeds GP Confederation	✓	
Caroline Baria	**CB**	Interim Director of Adults & Health, Leeds City Council (LCC)	✓	
Victoria Eaton	**VE**	Director of Public Health, LCC	✓	
Shanaz Gul	**SG**	Third Sector Representative		✓
Francesca Wood (Deputising for SG)	**FW**	Consultant, Forum Central	✓	
Dr John Beal	**JBe**	Chair, Healthwatch Leeds		✓
Hannah Davies (Deputising for JBe)	**HD**	Chief Executive, Healthwatch Leeds	✓	
Dr Sarah Forbes	**SF**	Medical Director, ICB in Leeds		✓
Dr Jason Broch (Deputising for SF)	**JBr**	Chief Strategic Clinical Information & Innovation Officer, ICB in Leeds	✓	
Jo Harding	**JH**	Director of Nursing and Quality, ICB in Leeds	✓	
Additional Attendees				
Sam Ramsey	**SR**	Head of Corporate Governance & Risk, ICB in Leeds	✓	

Members	Initials	Role	Present	Apologies
Harriet Speight	**HS**	Corporate Governance Manager, ICB in Leeds	✓	
Catherine Sunter (Item 15/23)	**CS**	Head of Population Health Planning, ICB in Leeds	✓	
Julie Duodu (Item 09/23)	**JD**	GP Clinical Lead for Maternity within the Children and Families Integrated Pathway Team, ICB in Leeds	✓	
Nikki Stanton (Item 09/23)	**NS**	Senior Pathway Integration Manager, ICB in Leeds	✓	
Kim Adams (Item 16/23)	**KA**	Programme Director, Local Care Partnerships Development Programme	✓	

Members of public/staff observing – 2

No.	Agenda Item	Action
01/23	**Welcome and Introductions** The Chair opened the meeting of the Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB), noting that it had been 75 years since the NHS was first established and thanked all across the Leeds Health and Care Partnership for their continued efforts. The Chair noted that Thea Stein, Chief Executive of Leeds Community Healthcare (LCH), would be moving on to a new role shortly at the Nuffield Trust. The Chair thanked Thea for her work over the years in Leeds and wished her all the best in her new role.	
02/23	**Apologies and Declarations of Interest** Apologies had been received from Thea Stein, Dr Sarah Forbes, Dr John Beal and Shanaz Gul. Hannah Davies was in attendance as deputy for Dr John Beal, Francesca Wood for Shanaz Gul, and Dr Jason Broch for Dr Sarah Forbes. Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion.	
03/23	**Minutes of the Previous Meeting – 14 March 2023** The public minutes were approved as an accurate record. **<u>The Leeds Committee of the WY ICB:</u>** a) **Approved** the minutes of the previous meeting held on 14 March 2023.	

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04/23	**Matters Arising** There were no matters raised on this occasion.	
05/23	**Action tracker** The committee noted the completed actions set out in the action tracker.	
06/23	**People's Voice** Hannah Davies (HD) presented Sophia's story, from the Healthwatch series of 'How does it feel for me?' reports, which followed her experiences of services between April 2022 and April 2023 to support her complex physical and mental health conditions. HD advised that a full report with recommendations was due to be completed shortly and would be circulated to members once available. A short audio video of an interview with Sophia was played at the meeting. Before the video was played, HD advised that the video contained references to suicide which some members may find distressing. Members recognised the issues highlighted by Sophia in relation to coordination of care and particularly, a single point of contact. Sara Munro (SM) advised members that significant work had taken place to embed the EMERGE Leeds service, a Complex Emotional Needs Service, which was previously known as the Leeds Personality Disorder Managed Clinical Network. SM advised that the service currently only includes a pathway for patients up to the age of 25 and is already at maximum capacity due to the high demand, requiring further transformation and investment. The Chair noted that Sophia's story demonstrated the value of compassion and human contact in crisis from a non-clinical perspective and queried whether any work had been undertaken to examine the financial benefit of such work. Tim Ryley (TR) highlighted the ongoing work of the Population and Care Delivery Boards to identify potential savings and rearrangement of services for the next financial year. TR also noted that practices and culture, and the compassion element of the 'three C's', is not the responsibility of the Population and Care Delivery Boards and must be addressed within all partner organisations. SM highlighted that a system approach is required to address the conditions staff work in, to provide more capacity for compassion.	
07/23	**Questions from Members of the Public** There were no questions received from members of the public on this occasion.	
08/23	**Place Lead Update** TR provided an overview of the report, highlighting positive news that Leeds had declared itself a Marmot City and under the leadership of Public Health in Leeds City Council, would be working together to look at how to best address collectively	

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	the wider determinants of health and address the inequalities in health outcome. Members heard that this builds on the commitment Leeds has and supports the whole system and rising demand of services. Michael Marmot and his team joined Leeds for the launch event of this programme of work on June 12th. Two initial priorities would be taken forward in Leeds, Early Start and Housing and Health. The Committee requested that a more detailed update on the Marmot work be added as an item be added to the forward work programme. **ACTION** – To add Marmot City Update to the forward workplan, to include updates from partners and to be coordinated by the Director of Public Health. Further positive news was received that Leeds Teaching Hospitals Trust (LTHT) has been given the green light by the national New Hospitals Programme. Members noted that this was an exciting programme for the people of Leeds and the surrounding region who use the hospital's services. It was also highlighted that investments into reducing health inequalities had been temporarily halted to reduce cost pressures, and Yasmin Khan (YK) queried the impact of this if continued into the next financial year. TR advised that the commitment to inequality must be well integrated into existing schemes, and should not be reliant on separate funding, however recognised that specifically funded roles had been impacted and therefore the requirement for further work to determine a tangible way of manoeuvring posts within the system to ensure that targeted work continues. **The Leeds Committee of the WY ICB:** a) **Considered** and **noted** the contents of the report	**HS**
09/23	**Population and Care Delivery Board Update** Julie Duodu (JD) and Nikki Stanton (NS) attended the meeting on behalf of the Maternity Population Board and delivered a PowerPoint presentation, advising members that there are significant health inequalities that begin before birth and can last for generations in terms of access, experience and outcomes. The work of the Maternity Population Board brings together local organisations and partners to tackle issues experienced by this cohort. JD and NS presented several current initiatives and pilots undertaken by the board, including: - The introduction of wellbeing pods inside local libraries across Leeds to enable accessible care closer to home from a range of services - Pregnancy Choices Advisory Service (PCAS), a pilot scheme to set up a pregnancy advocacy service via Women's Health Matters - Doulas, a service with aims to target ethnically diverse pregnant women and people from deprived communities and those from isolated populations, to	

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	improve outcomes through continuity of carer, based on successful model in Bradford - Breast-feeding initiatives, including 10 hospital grade breast pumps for use in the community setting and expansion to the infant feeding team at LTHT - Expansion of the Gestation Diabetic Obstetric team at LTHT, with two full time Maternity Support Workers Members were also advised of several schemes planned for the next year including collaboration with the planned community Hub in Burmantofts, work to improve coding and management in primary care, and building on the Maternal Mental Health West Yorkshire model. The committee welcomed the comprehensive update and thanked the board for the excellent work undertaken and planned in the challenging context of current financial pressures. **The Leeds Committee of the WY ICB:** a) **Received** the update.	
10/23	**Quality and People's Experience Sub-Committee Update** The Chair provided a brief overview of the assurance report included in the agenda pack and highlighted the following key points: - The sub-committee received the first LeDeR annual report for the WY ICB for 2021/22; noting that previous LeDeR annual reports had been produced by individual Clinical Commissioning Groups (CCGs). Members were informed that 85% of deaths involved do not attempt cardiopulmonary resuscitation (DNACPR) decisions. Members requested additional assurance that the high rate of DNACPR decisions was being addressed. Members noted that Leeds Teaching Hospital NHS Trust (LTHT) had developed a process for surgical prioritisation for people with a learning disability or autism based upon need. The process considered individual factors and included the Getting Ready for Surgery programme to reduce the possibility of deterioration prior to surgery. - The sub-committee received the Quality Highlight report which provided a healthcare system overview of key highlights of quality across the Leeds place, including providers' regulatory status, as identified up to 23 May 2023. Following the Care Quality Commission (CQC) reinspection of Shadwell Medical Centre and its rating of 'good overall', assurance was given that no General Practices in Leeds were rated 'inadequate'. - Members were updated on the Patient Safety Incidence Review Framework (PSIRF) which would replace the Serious Incidence (SI) framework and was	

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	targeted at systems as opposed to services. With regards to governance around the framework, patient safety progress would be reported via the West Yorkshire Quality Committee and the West Yorkshire System Quality Group. Further discussions would be undertaken in relation to the governance associated with the oversight and sign off of PSIRPs. **<u>The Leeds Committee of the WY ICB:</u>** **a) Received** the update.	
11/23	**Delivery Sub-Committee Update** 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 key points: - The sub-committee received its first deep dive report into mental health risks, following request at the last meeting. Members were advised that the risk was currently scored at 16 (high) with a target risk score of 12 (moderate), and despite some improvements in recruitment and planned remodelling of operational plans, ongoing challenges had delayed progress at the rate required. Members recognised the clear health inequalities in prevalence of mental health conditions, noting that poverty and deprivation inequality intersects with other disadvantages such as those caused by structural racism. The Chair also highlighted the consistent theme around ongoing staffing and recruitment challenges throughout reports received at the meeting and raised this as an alert to the Leeds Committee. - The sub-committee received a performance report that provided an overview of reported performance in Leeds against national and local measures and metrics. The sub-committee noted reasonable assurance that performance had been improving and that there were plans in place to address gaps, in the context of continuously stretched resources. - The sub-committee received the updated risk register and noted assurance that the steady reduction in risk levels appeared to be in line with the narrative from the Delivery Performance report. The sub-committee wished to highlight to the Leeds Committee that future risks setting and management approaches would align across West Yorkshire ICB five places, to ensure consistency. - It was also noted that the sub-committee received an update on the development of the Healthy Leeds Plan and were supportive of endorsing the plan (Minute 15/23 refers). **<u>The Leeds Committee of the WY ICB:</u>** a) **Received** the update.	

No.	Agenda Item	Action
12/23	**Finance and Best Value Sub-Committee Update** 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 key points: - The sub-committee received the finance update. Members were advised that at Month 2, Leeds Place was carrying risks to balancing to plan for 23/24, with a best-case scenario of a £8.5m gap, and a more likely position of a £15.7m gap, required to be corrected by October 2023. - The sub-committee received an update on the Community Diagnostics Centres (CDC) programme, following an earlier presentation in September 2022. Members were advised that since then, the Phase 1 scheme had been approved and funds received from NHS England to proceed. Members were advised, however, that it had been recommended that one of the three sites, Armley Health Centre, would no longer be used due to unforeseen costs. Members highlighted the potential health inequalities impact associated with this and the need for the availability of services in the area to be well communicated to communities, whilst recognising that the services in Armley had not yet been established and therefore there would not be a reduction of service in the area. Members were also provided with an update regarding Phase 2 of the programme, noting that a bid had been submitted for further funding. Since the meeting took place, it was announced that the second funding bid had been unsuccessful and teams were working through the implications of this decision and potential options with regards to implementation of Phase 1 funding with system partners and national colleagues. - The sub-committee received a report detailing the current financial plans for 2023/24, focused on the high-level income and expenditure assumptions across organisations and systems – and the derived gap. **<u>The Leeds Committee of the WY ICB:</u>** a) **Received** the update.	
13/23	**Risk Management Report** TR provided an overview of the report. TR drew attention to Appendix 3 to the report, which had been produced across system partners of their highest scoring risks that they wanted the membership of the Leeds Committee to be sighted on. Francesca Wood (FW) noted that the third sector risks (not included in the report) had been identified as increased demand and complexity, financial pressures, and recruitment and retention. The top risks identified across all partners supported triangulation of risks and provided visibility of the risk profile across the Leeds Health and Care Partnership. The committee noted the risk and potential implications of the reductions relating to the West Yorkshire Operating Model, to be added as a risk to the risk register.	

No.	Agenda Item	Action
	ACTION – To add a risk to the risk register relating to the implications of the 30% reduction in funding allocation associated with the West Yorkshire Operating Model. It was outlined that the risks rated as 'high' should be the most prevalent topics of discussion throughout the meeting and this would be considered when setting the agenda for each meeting. The committee noted reasonable assurance in respect of the effective management of the risks and the controls and assurances in place. **<u>The Leeds Committee of the WY ICB:</u>** 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 /TR**
14/23	**Finance Update at Month 10 (January) 2022-23** Visseh Pejhan-Sykes (VPS) provided an update in relation to the Leeds Place financial position for Month 2 (May). Members were advised that at Month 2, Leeds Place was carrying risks to balancing to plan for 23/24, with a best-case scenario of a £8.5m gap, required to be corrected by October 2023, and a more likely outturn position of a £15.7m gap. Members were advised that several emerging risks had been identified and were presenting cause for concern, particularly given the underlying deficit position and lack of technical flexibilities to mitigate. VPS advised that a number of QIPP schemes for 2023-24 had been identified and agreed by Executive Management Team (EMT) and the Senior Team via the EMT and QIPP Steering Group meetings in April and May, to allow the ICB in Leeds to submit plans in early May. As mentioned earlier in the meeting, for 2024-25, the Population and Care Delivery Boards had been tasked with identifying QIPP schemes and any other areas where potential savings could be made early in the year. It was noted that the Finance and Best Value Sub-committee had requested oversight of the process and would be cited on the totality of the savings identified at an appropriate stage in the process, rather than a single decision in isolation. **<u>The Leeds Committee of the WY ICB:</u>** a) **Noted** the month 10 year to date and forecast financial position; b) **Noted** the additional key risks that may crystallise later in the year; and c) **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.	

No.	Agenda Item	Action
	The meeting adjourned for a comfort break at 2:50 p.m. until 3:00 p.m.	
15/23	**Refresh of the Healthy Leeds Plan / Joint Forward Plan** Catherine Sunter (CS) introduced the report and provided an overview of the work undertaken to date to develop the Healthy Leeds Plan, which would also form the Leeds contribution to the West Yorkshire Joint Forward Plan (JFP), which is a statutory requirement as set out in NHS Planning Guidance 2023/24. In response to a query, it was confirmed that a single page summary for the Healthy Leeds Plan would be developed as part of the communications plan that was intended to follow final approvals of the plan. The committee commended the document, highlighting it was very well presented and were supportive of the shared goals. Members endorsed the Healthy Leeds Plan. **<u>The Leeds Committee of the WY ICB:</u>** a) **Noted** the revised and reduced number of system goals as described in the refreshed Healthy Leeds Plan document b) **Considered** and **endorsed** the Healthy Leeds Plan document	
16/23	**Local Care Partnerships (LCP) Update** Kim Adams (KA) introduced the report, highlighting that whilst LCPs have been established across the whole of Leeds since March 2020, they remain far from embedded within the structure and governance of health and care within the city. KA illustrated some examples of thriving partnerships, particularly in the areas of Leeds that experience greatest health inequity but advised members that there are also some partnerships that have not reached their potential. Members recognised the need to clarify the ambition and purpose of LCPs to ensure consistency, specifically around the consideration of broader determinants vs local issues and the LCPs relationships with Population and Care Delivery Boards, as well as to embed principles of equity for all partners. Victoria Eaton (VE) advised members that a recent peer review of LCC had identified a key action to formalise support at local community level, and also highlighted the support and encouragement of LCC elected members for the LCP model. FW added that the third sector is also very supportive of the model, and noted that LCPs have the potential to bring together ambitions of the Marmot City work and the refreshed Healthy Leeds Plan. The Committee discussed the ten actions outlined within the report and noted that although they supported the actions, further work would be required to develop the actions into a plan to embed LCPs into the Leeds architecture.	

No.	Agenda Item	Action
	<u>The Leeds Committee of the WY ICB:</u> a) **Supported** the ten actions outlined in section 2 next steps, to embed LCPs within the Leeds 'architecture' and maximise their potential. b) **Noted** that further work is needed to develop the actions into a plan and determine how this work will be monitored within current governance structures. ***JBr left the meeting between 3:45 p.m. and 3:55 p.m. during discussion of this item. TR left the meeting at 4:00 p.m. at the close of this item.***	
17/23	**Items for the Attention of the ICB Board** The Chair outlined that the Committee would submit a report to the West Yorkshire ICB on items to be alerted on, assured on, action to be taken and any positive items to note. Sam Ramsey (SR) set out that the following items be added to the report: - The rich discussion that took place around the People's Voice item and Sophia's story - The Marmot City launch and opportunities this present for Leeds - The challenged financial position and role of the Population and Care Delivery Boards in identifying potential savings - The endorsement of the Healthy Leeds Plan / Joint Forward Plan	
18/23	**Forward Work Plan** 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. The Chair noted that proposed items would be discussed with the Governance team to ensure the Committee was the most appropriate forum.	
19/23	**Any Other Business** The Chair sought members views on whether the Director of Children and Families at Leeds City Council should be invited to attend and observe future meetings, to represent all-ages on the committee. Members agreed. **ACTION –** To invite the Director of Children and Families at Leeds City Council to attend future committee meetings.	**HS**
20/23	**Date and Time of Next Meeting** The next meeting of the Leeds Committee of the WY ICB to be held at 1.15 pm on Wednesday 4th October 2023, at a venue to be confirmed.	

No.	Agenda Item	Action
	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.	

Action Tracker

Leeds Committee of the WY ICB

Action No.	Meeting Date	Item Title	Actions agreed	Lead(s)	Accountable body / board / committee	Status	Update
1	**05/07/2023**	**Place Lead Update**	To add Marmot City Update to the forward workplan, to include updates from partners and to be coordinated by the Director of Public Health.	**Harriet Speight**	**LCICB**		**Complete** Added to the forward work plan for December 2023
2	**05/07/2023**	**Risk Management Report**	To add a risk to the risk register relating to the implications of the 30% reduction in funding allocation associated with the West Yorkshire Operating Model	**Tim Ryley / Sam Ramsey**	**LCICB**		**Complete** A corporate risk has been added as the Operating Model work sits organisationally across West Yorkshire
3	**05/07/2023**	**Any Other Business**	To invite the Director of Children and Families at Leeds City Council to attend future committee meetings.	**Harriet Speight**	**LCICB**		**Complete** Invites sent to Director of Children Services
Completed Actions							

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no:	LC 29/23
Meeting date:	4 October 2023
Report title:	Place Lead Update
Report presented by:	Tim Ryley, Place Lead, ICB in Leeds
Report approved by:	N/A
Report prepared by:	Tim Ryley, Place Lead, ICB in Leeds

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

Previous considerations:

This is a regular item, considered at each meeting of the Leeds Committee of the West Yorkshire ICB.

Executive summary and points for discussion:

The report provides members of the Leeds Committee with national context and details on Winter planning, which all members of the Leeds Health and Care Partnership have been involved with.

The report then provides an update on the current financial challenges and major issues and risks which the Leeds system currently faces.

The report then provides an update to the development of the Leeds Health and Care Partnership and how the Partnership Executive Group has identified a set of areas to focus on over the next few months.

Finally, the report provides a performance update and a good news story for all of our Leeds partners, in that a significant number of our Leeds colleagues have been shortlisted for HSJ awards.

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 Integrated Care Board is asked to:

1. **NOTE** and **CONSIDER** the report; and
2. **ADVISE** on future content

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:

N/A

Appendices

Appendix 1 - Health Service Journal Annual Awards

Acronyms and Abbreviations explained

1. ICB – Integrated Care Board
2. LTHT – Leeds Teaching Hospitals NHS Trust
3. LCH - Leeds Community Healthcare
4. LTCs – Long Term Conditions

What are the implications for?

Residents and Communities	The report highlights the impact of specific issues on the residents and communities of Leeds throughout.
Quality and Safety	The report highlights several workstreams that aim to drive the improvement of quality and safety across the Leeds system.
Equality, Diversity and Inclusion	The report highlights implications for equality, diversity, and inclusion throughout.
Finances and Use of Resources	The report highlights several workstreams that aim to improve system flow and make best use of resources.
Regulation and Legal Requirements	None identified.
Conflicts of Interest	None identified.
Data Protection	None identified.
Transformation and Innovation	Challenges and opportunities for transformation and innovation are highlighted throughout the report.
Environmental and Climate Change	None identified.
Future Decisions and Policy Making	The national and regional developments detailed are likely to have future implications for decision and policy making.
Citizen and Stakeholder Engagement	The report highlights where stakeholder engagement has taken place.

1. Introduction and National Context

1.1. The ICB Committee in Leeds and the Leeds Health & Care Partnership operate in a challenging environment. The continued cost of living crisis impacting most on those who are the poorest in our society (26% of our population in Leeds is in the poorest decile in the UK), the political uncertainty with an election due in the next 12 months or so, the concerns about the viability of services essential to good health (third sector, local authority, NHS) and ongoing disputes between doctors and the government. We are also still working hard to recover from the implications of the pandemic.

1.2. In this update I will describe some of the challenges that this presents to us here and now, and how we are seeking to work together to address them. I will also draw-out some of the successes we have had, as the danger is we focus only on the issues we face and fail to learn from success. As ever we face an important balancing act to be both empathetic in our support to our partners and colleagues whilst continually looking for the highest standards. We are a strong partnership, but we recognise we can and will need to work even better if we are to deliver our ambitions for the people in Leeds.

1.3. Industrial action by both consultants and junior doctors continues with co-ordinated action taking place in early Autumn. Whilst partner organisations are managing this well and ensuring patient safety the impacts are significant on addressing waiting lists, on the resilience of all those in the system, and on financial pressures in the NHS.

1.4. The case of the murderer Lucy Letby, and the appalling crimes she committed has once again raised issues of the culture within NHS organisations. All the partners across West Yorkshire and in Leeds have committed to review their whistleblowing arrangements and Rob Webster, the Accountable Officer of West Yorkshire ICB, has written to all ICB staff and partners to make clear that we will act on concerns being raised. All organisations have similarly responded locally. There is a recognition by boards and senior teams, managerial and clinical, that we have a specific responsibility to address concerns that are raised by patients, families and staff, and to create a culture that is open, transparent, and committed to improvement.

2. Winter Planning

2.1. Leeds partners have undertaken winter planning along with colleagues across the ICB. These plans have been reviewed in numerous settings including the Delivery Sub-Committee of the Leeds ICB, the Health & Wellbeing Board to Board and by the West Yorkshire ICB and NHS England performance teams. The plans include all partners in the Leeds Health &

Care Partnership and include a focus on prevention including vaccination as well as the necessary increases in capacity to meet likely demand.

2.2. We go into the winter with a stronger underlying position, in no small part due to the Home First programme, and also work undertaken by the Same-Day response board and in LTHT itself. Bed occupancy is lower and system flow has improved. The forecasts for this winter indicate that it is unlikely in terms of covid and flu that it will be as difficult as last year.

2.3. However, whilst we have seen improvements, bed occupancy remains high, system financial constraints are limiting our ability to retain all the capacity, and strike action and the general pressure on staff in all roles across the system should not be under-estimated. Therefore, as partners we will continue to need to maintain a close overview during the next few months and we have escalation plans in place.

3. Financial Challenges

3.1. The Finance Report will set out the financial challenge in detail, in both this year and as we plan for the next few years. There will be a number of occasions that this and other reports reference the consequence of these issues.

3.2. All parts of our system are feeling the implications. Leeds City Council after many years of austerity are facing very significant in-year and recurrent pressures which have already and will further impact on people and the system as a whole.

3.3. The third sector is bearing the brunt of cost-of-living pressures, both directly in terms of their own costs, and also indirectly as external funding reduces. In addition, the pressures on the NHS and Local Authority are having considerable implications. We will continue to work with colleagues to look at how strategically we can mitigate the worst consequences of the current retraction.

3.4. General Practice is facing demand that far outstrips supply and as a result practice incomes are falling and there remain challenges in access. We are seeing a number of practices hand back contracts.

3.5. The NHS statutory partners, particularly LTHT and the ICB are facing extremely large cost improvement requirements to meet their individual and partnership statutory duties.

3.6. The Leeds Health & Care Partners through the auspices of the Partnership Executive Group (PEG) are working together to identify the best approach to planning for the next financial year that ensures safety and quality of services

whilst not losing the important upstream work that reduces demand. We have initiated a process to complete this work ahead of next year. There will be some difficult decisions required by all Leeds Health & Care partners and their Boards.

4. Major Issues and Risks

4.1. In addition to the financial issues, strikes and winter there are a number of other significant issues and risks within our system that it is important to draw the committee's attention to.

4.2. Tier 3 Weight Management services are currently closed to referrals. This is due to a combination of factors including reductions and loss of Tier 1 and Tier 2 services due to the unprecedented pressures on local authority budgets, increased demand coming out of the pandemic and the financial and staffing challenges facing the NHS which have restricted our ability to expand Tier 3 services.

4.3. The Tier 3 services are still running and providing a service to those already on the waiting list. There has been no reduction in the service capacity. We continue to work with the service to ensure maximum efficiency. We believed as a partnership that it was better to look at other ways to support people requiring help rather than leave them on a waiting list getting no support. We keep the position under review and are putting in place mitigations where we can.

4.4. The medium and long-term implications and the pressure on health services more widely from obesity are well understood. We will need to look again at prioritising this area for expansion and additional investment in the planning for the next financial year. The committee are asked to note the priority of this for next year's financial planning.

4.5. We continue to keep the Adults and Health Scrutiny committee appraised of the position.

4.6. The committee will also be aware of the lengths of wait for children and young people waiting for a diagnosis of Autism and ADHD. This is a national challenge and a challenge recognised across West Yorkshire by the ICB and its partners. The demand for diagnosis far outstrips the specialist capacity and even private providers are having to close their waiting lists.

4.7. Children, young people, and families have told us that the current pathway for Autism and ADHD does not help them to get the support they need soon enough. Increased need has led to longer waiting lists, and often services across health and social care are not integrated or responsive enough which can lead families to seek a diagnosis to get support which in turn creates huge financial pressure across the system.

4.8. Across West Yorkshire we have recognised that a radical and thoughtful approach to the challenge is required involving people themselves, health and social care professionals including general practitioners, carers, and education and work has commenced.

4.9. Using some slippage in the Health Partnerships budget we have put a team together in Leeds to link in with the West Yorkshire work and help shape the response. The Children's team within ICB Pathway Integration are working together with colleagues from across health, education, social care and the third sector, so support can be accessed earlier and reflects what families tell us would help them.

4.10 A citywide time out session was held in July with health and education colleagues, focussing on identification of key challenges, hearing about potential opportunities and development of support for 'needs led' approach. The outputs have been collected and shared for feedback and sign up to a number of proposed workstreams. A further time out with wider representation (education / early years, early help) is planned for October 23.

4.11 The team are also working with partners across the city to pilot some innovative schemes and develop projects to tackle the increasing demand, these include:

- Neurodevelopment Cluster support pilot in Seacroft Manston. An assistant Educational Psychologist has been appointed to lead on this work. Working closely with schools in the cluster, parent/carers and children and young people the pilot aims to improve provision and outcomes for neurodiverse children and young people through building on existing good practice, supporting development of neurodiversity champions, developing training and development packages and will emphasize a whole school approach focussing on needs rather than diagnosis.
- An evaluation and outcomes framework has been developed and we are beginning to explore the use of a profiling tool for implementation within this pilot.
- West Yorkshire funding has enabled the employment of an assessment navigator through Barnardos for a 1 year pilot. The navigator is in post and CAMHS are planning how the post will be embedded as part of school age ND pathway.
- Another recent development includes the MindMate Neurodiversity Information Hub – led by Leeds Community Healthcare the hub provides a "one-stop shop" for neurodivergence information and support for all children, young people and families in Leeds, with or without a diagnosis.

4.12. Intermediate Tier Services and Flow have been major areas of weakness in the city for a number of years. Last summer we initiated a major multi-year change programme and diagnostic, earlier in the year this was branded as Home First and is one of our city-wide priority programmes.

4.13. We have made positive progress across the system and made some important gains already, which set us up well for winter:

- A 20% improvement in the LoS for people with NR2R
- A reduction in the average number of people in hospital with NR2R from 320-240
- As a result of the programme, Leeds has reduced its reliance on temporary residentials beds reducing the overall number of Pathway 2 beds by over a third from 280 beds to 180 beds.
- Alongside this there has been a reduction in the pathway 2 queue where it currently stands at less than 20 patients, who are now consistently placed in 2 days or less.

4.14. However, there is still more work to be done, this includes:

- Increase capacity and improve outcomes from active recovery at home, maximising benefit this year whilst testing a future integrated offer
- Further develop our offer to avoid hospital attendance and admission through Enhanced Care at Home
- Further reduce reliance on community beds by improving length of stay, but drive improved outcomes with more people going home
- Continue the redesign of transfers of care, enabling smooth and timely discharges, reducing NR2R, improving experience for patients. We have a good baseline study on experience undertaken last year by Healthwatch on which to build.

4.15. We continue with the major transformation of community mental health services, with work being undertaken by a strong partnership of health, social care, primary care and third sector partners along with people with lived experience. This has a particular impact for our ambitions to address health inequalities as we know the connection between mental health and poverty is strong.

4.16. There are considerable challenges and changes required to realise the potential benefits to the people of Leeds. The committee are asked to note that this work is progressing but that there are significant changes required in existing service models to realise our ambitions. We will bring back a fuller report to the next ICB committee on progress.

5. Partnership Development

5.1. The Leeds Health & Care Partnership brings together all the NHS providers, the ICB in Leeds, GP practices including the GP confederation, Leeds City Council (Adults, Children and Public Health) and our Third sector partners. We work together to ensure that the Health & Care system collectively meets its responsibilities and delivers its part of the Leeds Health and Wellbeing Strategy.

5.2. The national changes in how the NHS is configured with the creation of ICB's, the move away from a provider/commissioner divide in health and the emphasis on a duty of collaboration present both challenges and opportunities.

5.3. West Yorkshire ICB has been undertaking a review of its Operating Model and has re-affirmed in that process its commitment to delegation to place based partnerships. There is work being undertaken to explore how we might collectively progress that further across West Yorkshire over the next two years.

5.4. The ICB team in Leeds has been impacted by the national requirement to reduce running costs by 30% by 2025. However, in line with the overall strategy and approach in West Yorkshire, each place team has been asked to prepare for a model where it works within provider partnerships at place to support four core activities: population health planning including data, transformation catalyst including digital, co-ordination of tactical work and development of the partnerships in each place.

5.5. In this context the Partnership Executive Group (PEG) have reviewed the progress of the partnership to date and identified a set of areas to focus on over the next few months, so that we are in better position to seize the opportunities that are emerging and work collectively to resolve the challenges described elsewhere in the paper. The four areas are:

- Clarity of our partnership priorities and key areas of focus
- Sharpening our partnership executive arrangements
- Being clear how we take decisions in partnership related to investment/disinvestment and resource allocation.
- Being clear how we follow through on actions and decisions made in partnership and which are supported and delivered within organisations/sectors.

5.6. To support and challenge our thinking, we have established a "learning collaborative" with Staten Island Performing Provider (PPS) system in New York who have specific responsibilities for the Medicare and Medicaid budgets for about 500,000 people. The arrangements between New York and

its PPS are not dissimilar to the approach West Yorkshire is exploring. A small team are visiting Leeds this week and we have had a number of on-line briefings with them. This learning feels a great opportunity to learn from those a little ahead of us on a journey of integrated working.

6. Performance Improvements and HSJ Awards

6.1. Despite the many challenges set out in this report, there are many important successes and good progress in many areas.

6.2. The performance report on the whole shows a picture of continual recovery post pandemic towards performance standards in key areas such as Cancer, Elective Waiting Times, Mental Health indicators, and in Urgent Care, and good progress towards improving access more generally. The level of work required to achieve this against the challenges set out elsewhere should not be missed, and we should acknowledge the incredible dedication and commitment of colleagues across all our partners to the people we collectively service.

6.3. Our CQC ratings are still good across almost all areas. It was particularly good given the national focus and challenges in maternity services that LTHT were recently awarded a good rating for Maternity services in Leeds.

6.4. We were advised at the end of June 2023 that Leeds had not been successful in securing additional Phase 2 funding through the national Community Diagnostic Centre (CDC) programme to expand the range of diagnostics to be delivered through the 3 CDC sites in Leeds at Seacroft Hospital, Armley Moor Health Centre and Beeston Village Health Centre.

6.5. However, Phase 1 funding through the national programme during 2022 has enabled the Leeds CDC model to become operational with the following diagnostics at the larger Seacroft site including phlebotomy/ plain film x-ray/ ultrasound and we are hoping to bring MRI and CT activity on stream by the end of 2023. We have experienced some delays with both Armley and Beeston from an estates point of view and have been working with NHSE and the two lease companies to address some of the delays. We have been able to increase ultrasound capacity within Armley from September 2023 due to an existing arrangement at Armley Moor Health Centre with a Community Provider but all other build works are planned to be completed by the latest end of 23/24 enabling go live with phlebotomy/ ultrasound and a range of Point of Care tests within the next few months.

6.6. We have been made aware that there may be further opportunities to access potential capital and revenue underspend within the national programme however the primary aim for the Leeds CDC project team is to ensure that all

diagnostics within the current scope of the programme are on track to start delivery by the end of 2023/24 across all 3 sites. In addition, we will be seeking to identify opportunities for patients to access multiple diagnostic tests in one visit to a CDC site and working with partners across the Leeds Health and Care Partnership to improve patient experience and referral pathways.

6.7. In addition to the improving position in many areas a large number of our organisations and teams have been shortlisted for prestigious HSJ awards. There is a list attached at Appendix 1. As a committee it is important to note the success of all our partners and the expertise and professionally this list represents.

7. Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

1. **NOTE** and **CONSIDER** the report; and
2. **ADVISE** on future content

Appendix 1 - Health Service Journal Annual Awards

We have been absolutely delighted as a Leeds Health and Care Partnership by the breadth of recognition for Leeds partners in the shortlisting for the prestigious Health Service Journal Annual awards.

Partners have been nominated in a wide range of categories, which are aligned to our ambitions as a City to improve the health of the poorest the fastest, to make use of technology to support patient care and self-management, and to create access to employment for our citizens. A focus on inequalities and on our city ambition around tackling Climate Change are also key themes in these submissions. There are great examples across the system, and they are underpinned by strong clinical leadership and a focus on the needs of people and their families.

We are particularly delighted by the individual nomination of Dr Alex Simms who has worked tirelessly with our Long Term Conditions team and Primary Care leaders to improve the management of heart failure within Leeds over many years, and who has been an inspirational system wide colleague. It's also great to see the work of the GP Confederation in supporting children with respiratory conditions to help families avoid Emergency Department attendances and route them into primary care support in a way that's accessible.

The full list of nominees can be found here, and here is the full list of Leeds nominations:

Clinical Leader of the Year

- Dr Alex Simms, Consultant Cardiologist - The Leeds Teaching Hospitals Trust

Digitising Patient Care

- University of Leeds, University of East Anglia, NHS England, Diabetes Technology Network-UK, Diabetes UK and Local Maternity Systems - CONCEPTT-2-Care: Improving Pregnancy outcomes for women with Type 1 diabetes through nationwide implementation of digital continuous glucose monitoring technology
- The Leeds Teaching Hospitals Trust - Virtual Fracture Clinic
- Leeds Children's Hospital, NHS Diabetes Programme and DigiBete CIC - The DigiBete App - 24/7 Digital Diabetes Self Management Solution for Children and Families

Driving Efficiency through technology

- University of Leeds, University of East Anglia, NHS England, DiabetesTechnologyNetwork-UK, Diabetes UK and Local Maternity Systems -

CONCEPTT-2-Care: Improving Pregnancy outcomes for women with Type 1 diabetes through nationwide implementation of continuous glucose monitoring technology

Innovation and Improvement in reducing healthcare inequalities

- Improvement Academy - Yorkshire Community Health Checks

Mental Health Innovation of the Year

- Synergi Leeds Partnership - Reducing ethnic inequalities in mental health in Leeds

NHS Race Equality Award

- Leeds and York Partnership FT, Leeds City Council, Public Health and Forum Central - Synergi Leeds Partnership

Reducing healthcare inequalities for Children and Young People

- Leeds GP Confederation - Leeds Community Ambulatory Paediatric Service (CAPS)

Towards Net Zero Award

- The Leeds Teaching Hospitals Trust - Decarbonising the Trust Estate

Workforce Initiative of the Year Award

- Leeds Community Healthcare - Hyper local recruitment

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Quality & People's Experience Subcommittee (QPEC)

Date of meeting: 6 September 2023

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

Date of meeting reported to: 4 October 2023

Report completed by: Karen Lambe, Corporate Governance Senior Support Officer, on behalf of Rebecca Charlwood, Independent Chair, Leeds Quality & People's Experience Subcommittee

Key escalation and discussion points from the meeting
Alert:
The subcommittee noted that a thematic review of alternative provision for children and young people with Special Educational Needs and Disabilities (SEND) had been announced on 4 September 2023. The three-week review by OFSTED and the Care Quality Commission (CQC) would use the Area framework and would involve engagement with carers, children and young people, teachers and strategic leadership. The review would culminate in a report, in November 2023, which would feed into the national picture. Members noted that no judgements would result from the review due to its purpose as a research exercise.
Advise:
<u>Quality Highlight Report</u> The subcommittee discussed the rate of do not attempt cardiopulmonary resuscitation (DNACPR) decisions in Leeds and the need to seek further assurance. A deep dive would be scoped with a focus on the learning disabilities (LD) population that are living. It was agreed that the deep dive would need to be system-wide and would require the support of providers' leadership.
Assure:
<u>Leeds ICB Safeguarding Team Annual Report 2022-23 and LSCP and LSAB Annual Reports 2022-23</u> Full assurance was provided to the subcommittee through the Leeds ICB Safeguarding Team Annual report, the Leeds Safeguarding Children Partnership (LSCP) annual report and the Leeds Safeguarding Adults Board (LSAB) annual report. The reports highlighted key achievements and challenges facing safeguarding services in Leeds. **<u>People's Voice</u>**

The subcommittee was presented with a video of Laura, James and Abigail as part of the How Does It Feel For Me? series. In the video, Laura described her experiences as a full-time carer for her son, James, who has complex medical conditions, and how she navigated the health and care system. Laura reflected on what worked well: communication between teams regarding James' seizures; personalised care during jaw surgery; and community dental services. In terms of what could be improved, communication was a key area for further improvements.

Population and Care Delivery Board Biannual Reports

The subcommittee received biannual reports from the Long Term Conditions (LTC) and Cancer Population Boards; and Planned Care Delivery Board.

With regards to the Planned Care Delivery Board, members noted improvements in diagnostic performance and challenges within the Referral to Treatment targets, as well as the impact of recent industrial action. Assurance was given that clinical reviews were being undertaken by Leeds Teaching Hospitals NHS Trust (LTHT) in order to avoid harm to people waiting for surgery. A review of incidences resulting from industrial action had been conducted by the Trust to assess harm. Members noted the increase in presentations in A&E of people who were already on waiting lists.

In terms of the LTC Population Board, members were informed of a successful bid with Leeds University to secure £200k seed funding from the National Institute of Health Research (NIHR) for Systems Engineering Innovation hubs for Multiple Long Term Conditions (SEISMIC) to progress the Board's ambitions around multi-morbidity.

As part of the work of the Cancer Population Board, members were informed of the Migrant Access project which aimed to raise awareness of cancer signs, symptoms and screening programmes and engaged those communities in bidding for funds. The subcommittee was assured of strong patient experience representation on the Cancer Population Board.

The financial constraints on services and the boards were noted. Members commended the work of the boards in engaging with communities in seeking funding opportunities.

Quality Highlight Report

Members were presented with the Quality Highlight report which indicated there had been no changes to Trusts' CQC ratings and no practices had been rated as inadequate.

Members were informed that, following the CQC maternity inspection on 31 May and 1 June 2023, the service had been rated as *good* for safe and *good* for well-led. The report cited considerable improvement work that had been demonstrated during the inspection and the substantial evidence that had been provided to the inspectors. The subcommittee commended staff in the maternity service on their work in achieving its good rating.

Risk Report

Members received the risk register for risk cycles 2 and 3. Ten risks were aligned to the subcommittee with eight of these being shared with the Leeds Delivery Subcommittee. Members noted a new risk added to the register: risk 2354-Adults' Neurodiversity (ND) waiting times. This had been added as a new risk, separate from risk 2301- Children and Young People's ND waiting times. The Subcommittee noted the reduction in risk 2019-Risk of Harm: System Flow and recognised the success of the Home for Assessment pathway developed to support the city's Home First ambition.

Quality Measures for Students and Apprenticeships in Work-based Learning

The subcommittee received an overview of the Quality Assurance processes for core health and care qualifications. Members were informed that while assurance was varied in different pathways, it was very regulated and extensive. However, no formalised structure was in place in the Leeds Health and Care Partnership to look at the quality of students' training. The subcommittee noted reasonable assurance around risks in the system, while recognising the need for more exploratory conversations around WY to avoid losing trainee staff due to a lack of high quality placements.

West Yorkshire Quality Committee (WYQC) Update

The subcommittee was informed of improved work and assurances around issues arising between Harrogate and District NHS Foundation Trust (HDFT) and Leeds Teaching Hospital (LTHT) regarding the acute stroke pathway. The matter will continue to be addressed through the trusts and the Stroke Network and an update will be provided to a future Quality Committee.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Delivery Sub-Committee

Date of meeting: 13 September 2023

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

Date of meeting reported to: 04 October 2023

Report completed by: Harriet Speight, Corporate Governance Manager, ICB in Leeds on behalf of Yasmin Khan, Independent Member and Chair of Delivery Sub-Committee

Key escalation and discussion points from the meeting
Alert:
<u>Population and Care Delivery Board Bi-annual Reports</u> The sub-committee received reports submitted by the following three Population and Care Delivery Boards: - Long Term Conditions (LTC) Population Board - Cancer Population Board - Planned Care Delivery Board The sub-committee welcomed the more succinct format of the reports and noted assurance of the work undertaken to date. Discussions specifically highlighted the considerable challenge of the Boards in terms of capacity to tackle health inequalities, given the current financial pressures and reduction of funding in some areas, as well as the reactive nature of their work as a result of periods of industrial action and medication shortages. The sub-committee also identified some areas of concern or risk for the Leeds Committee to be alerted to, specifically, gaps in community provision for smoking cessation and the decommissioning of the Community Cancer Support Service.
Advise:
<u>People's Voice</u> The sub-committee began its meeting with a video from the 'How does it feel for me?' series depicting the experiences of Laura, and her children, Abigail (10) and James (6), who live on the border between Leeds and Wakefield. In the video, Laura describes the family's experiences of accessing health services across Yorkshire due to the complexity of James' health conditions.

The sub-committee, as always, valued the opportunity to hear lived experiences of patients at the beginning of the meeting, focusing members minds on the importance of the 'three C's' – Communication, Compassion and Coordination. The sub-committee discussed also noted the positive feedback regarding the Leeds Dental Hospital Dentistry and Orthodontics – which has received an outstanding CQC rating - and wished to highlight this to the Leeds Committee. The sub-committee discussed several issues raised in the video, such as cross-border coordination of services and appointments.

Assure:

Population and Care Delivery Board Bi-annual Reports

The sub-committee acknowledged that given the challenges and constraints currently experienced, there were a number of successes to note across the three boards, including the Migrant Access Project which raises awareness of cancer signs, symptoms and screening programmes within new migrant communities and the Leeds Health Awareness Service exceeding target numbers of contacts in underserved communities.

Preparation for Winter

The sub-committee received an update report on system winter plans to deliver access to services over the winter period. Members were advised that this work had also been shared with Partnership Executive Group (PEG), Adults, Health and Active Lifestyles Scrutiny Board, and Health and Wellbeing Board, and would be subject to detailed oversight and peer review by WY ICS colleagues.

Partners reported confidence in the management of the plans, particularly given the financial pressures experienced by NHS partners and Leeds City Council and the 'cost of living' pressures that continue to impact the communities of Leeds. Members welcomed the proactive and data driven approach taken, as well as the improved communication and presentation of the plans, and therefore noted assurance of the work undertaken.

Risk Management

The sub-committee received the updated risk register and noted assurance that the steady reduction in risk levels appeared to be in line with the narrative from the Delivery Performance report. Members were assured that all high scoring risks had been addressed throughout discussions at the meeting and by the mitigations in place to address. It was also highlighted that the risk associated with system flow had reduced from a score of 20 to 16, and members were advised that this was expected to fall further in coming months as the HomeFirst programme continues to progress and deliver positive results. The Chair expressed her thanks on behalf of the sub-committee to teams for the encouraging progress made to date.

Delivery Performance Report

The sub-committee received a performance report that provided an overview of reported performance in Leeds against national and local measures and metrics. The sub-committee noted reasonable assurance that performance had been improving and that there were plans in place to address gaps, in the context of continuously stretched resources.

Leeds Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Finance and Best Value Sub-Committee

Date of meeting: 20 September 2023

Report to: Leeds Committee of the West Yorkshire Integrated Care Board

Date of meeting reported to: 04 October 2023

Report completed by: Harriet Speight, Corporate Governance Manager, ICB in Leeds on behalf of Cheryl Hobson, Independent Member and Chair of Finance and Best Value Sub-Committee

Key escalation and discussion points from the meeting
Alert:
<u>Finance Update at Month 4 & 5 2023-24 and Financial Plan for 2023/24</u> The sub-committee received the finance update. Members were advised that at Month 5, Leeds Place was carrying risks to balancing to plan for 23/24, with a projected gap of £23m. Members were advised that the Leeds system is currently spending 3% more than allocated, however recognised that the percentage of funding to reduce to present a balanced plan would be considerably higher if calculated along with organisational pressures currently experienced and efficiency expectations for the 24-25 planning round. Members were advised that pressures contributing to the projected deficit were associated with prescribing cost policies and primary care, and a significant issue that had emerged around the support to people with learning disabilities to move out of inpatient placements and into communities, following recent national policy changes. Members were advised that teams were working closely with NHS England colleagues to provide further detail on the situation to determine if any further support can be requested. The sub-committee recognised the financial position remains a significant challenge, with a deficit projected in year as well as for 2024/25. The sub-committee was updated on the process and progress in relation to planning for 2024/25 and was assured that work continues to take place to address and manage the risk, however, was not able to be fully assured that Leeds Place will be able to present a balanced budget for either financial year at this stage.
Advise:
<u>Risk Management Report</u>

The sub-committee received a report providing an update on the Risk Register and the risks aligned to the Finance and Best Value Sub-Committee. There was some discussion around whether a new risk should be added to the Leeds Place risk register associated with the capital regime, in recognition of the impact on the Leeds system's ability to reduce spend without adversely affecting patient outcomes. It was agreed that this would be developed and added to the risk register, in line with similar risks across other places across West Yorkshire.

Assure:

Population and Care Delivery Board Bi-annual Reports

The sub-committee received reports submitted by the following three Population and Care Delivery Boards:

- Long Term Conditions (LTC) Population Board
- Cancer Population Board
- Planned Care Delivery Board

The sub-committee welcomed the more succinct format of the reports and the presentation of information through a financial lens. The Chair highlighted the progress made in supporting maturity of the Boards and development taking place to empower the Boards to make informed financial decisions, specifically noting the shift to using core resources innovatively to target health inequalities, as opposed to relying on specific funding streams.

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	LC 34/23
Meeting date:	04 October 2023
Report title:	Risk Management Report
Report presented by:	Tim Ryley, Place Lead, ICB in Leeds
Report approved by:	Sabrina Armstrong, Director of Organisational Effectiveness, ICB in Leeds
Report prepared by:	Harriet Speight, Corporate Governance Manager, ICB in Leeds

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

Previous considerations:

ICB in Leeds Executive Management Team (EMT) – 04 August 2023 (email)

Quality and People's Experience Sub-Committee – 06 September 2023

Delivery Sub-Committee – 13 September 2023

Finance and Best Value Sub-Committee – 20 September 2023

Executive summary and points for discussion:

This paper presents the ICB in Leeds High-Scoring Risk Report (risks scoring 15+) for the current risk review cycle (Cycle 3 2023/24). All risks have been reviewed by the Risk Owner, the allocated Senior Manager and by the EMT of the ICB in Leeds.

In addition to the high-scoring risks (15+), risks scoring 12 and above that are directly aligned to the Leeds Committee (rather than to the sub-committees) are highlighted in the report.

The total number of risks during the current cycle and the numbers of Critical and Serious Risks are set out in the report.

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)

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

1. **RECEIVE** and **NOTE** 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.

2. **CONSIDER** whether it is assured in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.

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:
This report provides details of all high-scoring risks and risks aligned to the Leeds Committee on the Risk Register. The Risk Register supports and underpins the ICB Board Assurance Framework and relevant links are drawn between risks on each.
Appendices
Appendix 1: Risk Register extract (High Scoring risks and risks aligned to the Leeds Committee) Appendix 2: West Yorkshire ICB Risk Report Extract 19 September 2023 Appendix 3: Leeds Health and Care Partnership Partner Top Risks Appendix 4: Risk on a Page Report
Acronyms and Abbreviations explained
2. ICB – Integrated Care Board

What are the implications for?

Residents and Communities	Any implications relating to individual risks are outlined in the Risk Register.
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	None identified
Data Protection	Any implications relating to individual risks are outlined in the Risk Register.
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

1 Introduction

1.1 The report sets out the process for review of the Leeds Place risks during the current review cycle (Cycle 3 of 2023/24) which commenced on 19 July and ended after the West Yorkshire ICB Board meeting on 19 September.

1.2 The report shows all high-scoring risks (scoring 15 and above) recorded on the Leeds Place risk register. In addition to the high-scoring risks, risks scoring 12 and above that are directly aligned to the Leeds Committee (rather than to the sub-committees) are highlighted in the report. Details of the risks are provided in Appendix 1.

2 Leeds Place Risk Register

2.1 The West Yorkshire Integrated Care Board (ICB) risk management arrangements categorise risks as follows:

- Place – a risk that affects and is managed at place
- Common – common to more than one place but not a corporate risk
- Corporate – a risk that cannot be managed at place and is managed centrally

This report includes the high-scoring ICB in Leeds Place risks and also indicates where these risks are common to more than one place.

2.2 All high-scoring place risks, corporate risks, and all risks common to more than one place are reported to the WY ICB Board. Please see pages 101 to 105 of the West Yorkshire ICB Risk Report 19 September 2023 for the Corporate Risk Register. An extract of this report is attached at Appendix 2 to provide visibility of the common risks.

As part of the risk cycle process the WY ICB Director of Corporate Affairs meets with the Risk Management Operational Group to review the risks on each place risk register. This supports the identification of place risks scoring 15+ and common risks on the registers. The detailed review and mapping of the risks also enables the flagging of potential anomalies in scoring or wording between different places, supporting the discussions that ensure the continued evolution of the risk register.

2.3 Risks scoring 15 and above and common risks have been presented to the relevant WY ICB committee on the following dates:

- West Yorkshire ICB Quality Committee – 29 August 2023 (PM)
- West Yorkshire ICB Finance, Investment & Performance Committee – 29 August 2023 (AM)

2.4 The Place Risk Register reflects both risks relevant to the ICB in Leeds (risks associated with delivery of the ICB's statutory duties delegated to Place) and risks associated with the delivery of system objectives/priorities (risks associated with the delivery of transformation programmes, for example).

2.5 The Place Risk Register will not capture risks which are owned by ICS System Partners, that they are accountable for via their individual statutory organisations. However, in order to support triangulation of risks and provide visibility of the risk profile across the Leeds Health and Care Partnership, partners have been requested to provide their highest scoring risks that they want the membership of the Leeds Committee to be sighted on. The approach taken by system partners to identify risks for inclusion has included consideration of risks that require partnership working and a system-based solution and has also involved the senior management / leadership teams within the partners. Common risk areas across the partnership include; financial position and pressures, increased demand and workforce and neurodiversity waiting times. The top risks identified by system partners are provided at Appendix 3.

2.6 Partners are also consulted when populating and managing the Population and Care Board risk register.

2.7 Work has continued completing the risk register for the Population and Care Boards and processes are being developed for review and reporting of risks to the boards. The corporate governance team will act as a link between the place and the population and care board risk registers to ensure risks are included on the place risk register where appropriate, for example where a common risk has been included on other place risk registers or where a risk impacts more than one population and care board.

2.8 There are currently 21 risks on the Leeds Place Risk Register, with one additional risk since the last reporting cycle.

2.9 An overview of the Leeds Place risks exposure during the current risk cycle (risk cycle 3) is provided at Appendix 4, the Risk on a Page Report. Information that can be found includes:

- An overview of the risk profile, with details of the number of risks.
- A graph showing the changing number of risks on the register – over time, this can help to highlight the management of the ICB's risks.
- A graph showing the average score – again, this helps to

demonstrate the risk profile, and help to alert if the overall risk score is increasing over time.

- Static risks – the graph will demonstrate over time how long risks have remained static for. A risk that remains static over a number of cycles, may be an indication that further work is needed to control the risk.

Following an update of the Risk Register by Risk Owners and review of individual risks by the allocated Senior Manager, all risks are reviewed by the EMT of the ICB in Leeds.

Due to the WY ICB reporting cycle being bi-monthly and the ICB in Leeds reporting cycle being quarterly, risk cycle 2 of 2023/24 was reported to each of the sub-committees alongside risk cycle 3 at the meetings as follows:

a) All aligned quality risks were reviewed by the Quality and People's Experience Sub-Committee on 6 September 2023.

b) All aligned delivery risks were reviewed by the Delivery Sub-Committee on 13 September 2023

c) All aligned finance risks were reviewed by the Finance and Best Value Sub-Committee on 20 September 2023.

Feedback from the sub-committee risk discussions may be provided through the Alert, Assure and Advise report or verbally at the Leeds Committee of the WY ICB.

3 High Scoring Risks

The last report to the Leeds Committee of the WY ICB provided an update on the risk position during risk cycles 1 and 2 (2023/24). The following changes have taken place during 2023/24 risk cycle 3:

Risk	Cycle 1	Cycle 2	Cycle 3	Movement since Cycle 4
2014 – Leeds System Financial Position	20	20	20	Risk Static - The financial plans for 2023-24 for the ICB in Leeds reflect a significant deficit position of C £25m with a similar gap reported at LTHT. There will be a series of reviews and interventions by local ICB and regional colleagues to test the basis of the plans and the level of risk, QIPP, efficiencies etc in the Leeds system. This has now been added as a common risk across the ICB (please see Appendix 2).

Risk	Cycle 1	Cycle 2	Cycle 3	Movement since Cycle 4
2019 – Risk of Harm – System Flow	20	20	16	Reduced Risk – Reduced likelihood of risk to reflect the current 93% occupancy in LTHT. It has also been suggested that the risk likelihood target reduces further to 3. Home for Assessment pathway developed in the interim to support the city's Home First ambition, while the Active Recovery service eligibility criteria is expanded. Improvements in the waiting times for pathway 2 have been made by process changes. However, 12-hour waits are still significantly higher than average.
2018 – Risk of Harm - Mental Health Access	16	16	16	Static Risk - The risk remains as high, the rationale for this is that whilst there has been progress on mitigation actions, key assurance metrics indicate ongoing pressures and challenges, some of the mitigation actions progressed are too early to evidence sustained impact, and LYPFT core services continue to report operating under significant pressures with increasing trend of out of area placements.
2017 – Risk of Harm – Long Term Conditions / Frailty / Mental Health Conditions	15	15	15	Static Risk – No changes to risk. There was agreement that there has been some improvement in overall key performance for LTCs for example annual health check numbers, annual reviews and referrals into NDPP, etc. There is however concern with regards to whether this is sustainable given pressures on Primary Care and the current financial pressures that the system finds itself operating within.
2301 – Children and Young People Neurodiversity Waiting Times	12	15	15	Static Risk – The likelihood increased to 5 during the previous cycle resulting in a score of 15, in line with other places across West Yorkshire. The risk description was updated following the addition of risk 2354, to highlight the difference in mitigations between the two age groups.

Risk	Cycle 1	Cycle 2	Cycle 3	Movement since Cycle 4
2354 – Adults Neurodiversity Waiting Times	N/A	N/A	15 (New)	New Risk - It was agreed by EMT that a separate risk should be added to the risk register specifically for Adults Neurodiversity Waiting Times.

Of these risks, 5 are marked as common risks, common to more than one place but not a corporate risk. Appendix 2 details the common risks across the places to provide further context to the Committee.

4 Risks Aligned to the Leeds Committee

There are four risks aligned to the Leeds Committee, which comprise 19% of total risks currently on the ICB Risk Register. Of these risks:

a) One risk is scored at 12;
b) and there are no other open risks scoring 12 or above.

Risk Number and Risk Title	Cycle 1	Cycle 2	Cycle 3	Movement
2024 – Deprivation of liberty legislation	9	12	12	The risk has remained static due to hard work to ensure all the information required by the Courts is kept up to date and relevant, this has prevented an increase in the likelihood of the risk occurring. There is still little availability of advocacy services and a meeting is planned for Q3 to look at this.

5 Next Steps

Subsequent to the Leeds Committee meeting, the risks will be carried forward to the next risk review cycle which commenced after the WY ICB Board meeting on 19 September 2023.

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

1. **RECEIVE** and **NOTE** 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.

2. **CONSIDER** whether it is assured in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.

Appendices

Appendix 1: Risk Register extract (High Scoring risks and risks aligned to the Leeds Committee)

Appendix 2: West Yorkshire ICB Risk Report Extract 19 September 2023

Appendix 3: Leeds Health and Care Partnership Partner Top Risks

Appendix 4: Risk on a Page Report

Appendix 1: Risk Register extract (High-scoring risks and risks aligned to the Leeds Committee

Risk ID	Date Created	Risk Type	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
High-scoring risks (15+)															
2014	29/06/2022	Finance and Best Value Committee	20	(I4xL5)	6	(I3xL2)	Gareth Winter	Visseh Pejhan-Sykes	There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and new cost pressures in 2023 – 24. This could result in the system as a whole not meeting the statutory duties.	Budgetary reporting and control stepped up to weekly EMT meetings as part of a turnaround approach across the Leeds ICB and the wider WY ICB. There are established fortnightly forums covering senior tier management across the ICB. A list of opportunities has been developed for wider system decision making and progress. CEOS/AOs and FDs are meeting fortnightly to develop the Leeds based recovery plan. A more stringent spend control process for all discretionary spend over £50k to be introduced from August 2023 for EMT to control in the same way as for ECFs (Vacancy Controls)	Active turnaround approach adopted across the ICB in Leeds and the wider WY ICB since October means that all parts of the WY system are actively looking at opportunities to ensure that the ICB finance balance by the end of 22-23. However, these are pitched against new cost pressures emerging and many measures are only non-recurrent whereas the cost pressures are recurrent. This means that our exit position from 22-23 to 23-24 is developing a growing financial gap all the time. There needs to be a deeper commitments across the organisation and ownership of returning to financial balance beyond the finance and too leadership level.	Policies and Procedures Audit of Procedures fortnightly AO/CEO and FDs meetings Weekly assessment and reporting to EMT Bi-Weekly meetings with senior leads Leeds NHS DoFs liaising every two weeks re Leeds position	The majority of efficiencies will not be realised recurrently this year but the ICB in Leeds has had sufficient reserves to mitigate - albeit only non-recurrently. This will not be the case in 23-24. We are starting the financial year with a £30 -£35m deficit posted which is disproportionately the largest across the ICB.	The ICB in Leeds is still a little off plan for 22-23, having needed to rely on c £20m of non-recurrent resources to balance up for the year. Entering 23-24, this underlying gap is now significant. The ICB / CCG in Leeds has repeatedly failed to achieve its target QIPP programme for the past several years. 2022-23 had the largest QIPP programme of £18m of which a significant proportion relied on pathway changes that have not taken place. unless this can happen in 23-24, QIPP schemes need to primarily focus and rely on the cessation of discretionary spend in 23-24	Static - 2 cycles
2019	30/06/2022	Both Delivery and Quality and People's Experience	16	(I4xL4)	12	(I3xL4)	Nicola Nicholson	Helen Lewis	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	Additional wards open at LTHT and strong surge plan in place Transfer of Care hub completely staffed and working 7 days Home First Programme refreshed and overseen by LTHT Chief Exec as System SRO Detailed seasonal surge plans developed and overseen by PEG through System Resilience Operational Group (SROG) & System Coordination Group informed by LTHT short-term COVID modelling System Escalation Actions and Processes revised continuously OPEL & System Pressures Reporting Regime Communications work with Public to suggest alternatives to ED Home First programme well underway Investment in Home First services and in assessment capacity through Adult Social Care Discharge Fund Improvements have been seen over June & July and the current LTHT occupancy is 93% and 2 wards have	Key controls in place responding to high levels of demand. Current controls are still not sufficient to reduce the risks when there is exceptionally high demand on the system or where outflow is constrained through Industrial Action or other absence While occupancy has improved, this isnt always correlated with a reduction in people spending a long time in ED - this needs further analysis	Health & Social Care Command & Control Groups: System Resilience Operational Group (Bronze), System Coordination Group (Silver) and System Resilience and Reset Assurance Board (Gold) Integrated Commissioning Executive Partnership Executive Group Quality and Performance Committee New System Visibility Dashboard is in place to support assurance and decision making	Weekly meeting in place for services to report on capacity /demand Reviewed Silver Action cards System Visibility dashboard in place and driving change strong programme of Home First work in place Home for Assessment pathway developed in the interim to support the city's Home First ambition, while the Active Recovery service eligibility criteria is expanded. Improvements in the waiting times for pathway 3 have been made by process changes Current Occupancy in LTHT is 93% and we have seen a reduction in the 12h breaches over July.	OPEL reporting system under development for ASC but not yet finalised or shared. Recruitment and retention remain significantly challenging and limit the ability to create additional capacity, particularly in the Reablement service. Still people over 6 and over 12 hours in ED which we know is linked to risk of harm	Decreasing
2018	29/06/2022	Both Delivery and Quality and People's Experience	16	(I4xL4)	12	(I3xL4)	Eddie Devine	Helen Lewis	There is a risk of increased rates of avoidable deteriorations in mental health, due to increased mental health demand, alongside insufficient capacity to provide access to proactive community mental health intervention and support , exacerbated further by sustained workforce recruitment and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent adverse impact on mental health presentations to ED and YAS, increased lengths of stay and reduced system flow in mental health beds, and increased numbers of out of area acute mental health and PICU bed days.	Workforce : Work to stabilise CMHTs due to high vacancy factor: including redeployment, Integrated VCSE workforce/recruitment plan progressing within the MH Trust, and additional options for stabilisation being worked through. Systematic review of MH pathways/contracts to optimize value of Mental Health Investment Standard spend through Mental Health Population Board in Leeds being progressed Community Transformation: -Phased mobilisation of new model of integrated community mental health provision March23-March24 supported by integrated workforce expansion plan -Launch of grants funding scheme to target bespoke intervention and support for population cohorts at increased risk of health inequalities, led through Leeds Community Foundation Crisis Transformation Investment into range of crisis alternatives provision including helpline, Oasis crisis house, crisis cafes, crisis flats. Redesign of Crisis Service model addressing timely access to network of multiagency crisis support/intervention .Acute flow improvement including, MH Trust Acute Care Excellence quality improvement plan, . Discharge fund-Additional MH social worker resource funded Development of further plans informed by MH Trust self-assessment against Discharge Challenge criteria, including mental health multiagency discharge event.	Review of MH crisis pathways to optimise value of investment- planned workshop with MH Population Board September 2023 Full Mobilisation of new model of integrated community mental health initially within 3 early implementer local care partnership/PCN sites	Waiting and access times to services monitored through performance metrics, Healthy Leeds Plan, and Mental Health Board Outcomes Framework	LYPFT MADE event took place on 2nd June - steering group established to oversee development and delivery of action plans informed by this Oasis evaluation completed, plans in development for rapid improvement work to further strengthen an integrated delivery model with LYPFT crisis services to maximise effectiveness and positive outcomes evidenced through evaluation Community Mental Health Transformation-mobilisation/phased roll out of the new model of care within integrated community mental health hubs progressing- short delayed of 4 weeks- phase one within early implementer Local Care Partnerships to now go-live on 02 October 2023 Access to Early Intervention in psychosis services in Leeds maintains performance above access target. LYPFT community mental health teams no longer in business continuity; re-deployment of staff to stabilise capacity has taken place, and ongoing recovery mobilisation plan in place. Expansion of capacity through CMH transformation funding recruitment to new clinical roles, including advanced practice, psychological therapy practitioners, and specialist MH pharmacy- proportion of these have been recruit to train roles to "grow" workforce internally- full impact of these roles wont be seen until completion of training Crisis team has maintained improvement against the 4 hour urgent crisis assessment target- although vacancies and short-term sickness continue to impact slower improvement to achieving the target.	Mental health pressures remain significant, with LYPFT reporting sustained OPEL 3E,-21 Acute Mental Health out of area placements as of 26.07.23: 15 adult acute, 6 PICU, I dementia Delayed transfers of care impacting acute MH capacity- 14.7% DTOC for Adult MH acute reported by LYPFT as of 26.07.23 IAPT: 2.4k people on the waiting list and average step 3 /CBT waiting times at 14 months	Static - 2 cycles
2354	14/08/2023	Both Delivery and Quality and People's Experience	15	(I3xL5)	9	(I3xL3)	Philip Chan	Helen Lewis	There is a risk of unsustainable Neurodevelopmental assessment and treatment pathways (autism and ADHD) due to demand for services surpassing the capacity resulting in unmet need of patients, long waiting list and increased right to choose requests which will cause impact to patient outcomes and significant financial impact.	Established ND programme steering group to provide oversight of service development and transformation projects. Reporting to place Learning disability and NC population board Leeds Autism Diagnostic Service and Leeds ADHD service pathway service development Number of improvement pilots in development-supported through non-recurrent funding - ADHD primary care prescribing pathway pilot - Pre-diagnostic support - LYPFT Diagnostic Service Process improvement pilots, annual reviews, testing app for proactive information gathering from service users to improve capacity	Lack of access to targeted funding to support service development and transformation projects. No explicit ADHD Strategy Gap in accessibility to information, resources and and personalised pre-diagnostic needs-led support through VCSE/social prescribing for Adults with ADHD	Autism and ADHD diagnostic waiting list times ADHD treatment waiting list times ADHD annual review waiting list times. ND service annual quality report. Oversight of Right to Choose ND diagnostic pathway referrals and spend Neurodiversity priorities agreed though Learning Disability and Neurodiversity Population Board Leeds Autism Strategy	Bi annual Population board report July 2023 Service annual quality board Draft pre valued proposition ND programme plan outlining key workstreams and work progressing	- Clear project and reporting structure for tracking progress against pilot/improvement in development through Adult ND steering group in development - Lack of targeted/identified recurrent funding streams provide ongoing challenge for sustainable improvement through non-recurrent mechanisms.	New - Open

2301	16/05/2023	Both Delivery and Quality and People's Experience	15	(I3xL5)	6	(I3xL2)	Jayne Bathgate-Roche	Helen Lewis	There is a risk of CYP being unable to access a timely diagnostic service for neurodevelopmental conditions (Autism and ADHD) due to rising demand for assessments and capacity of service to deliver this (ICAN for under 5, CAMHS for school age). Delays in access to timely diagnosis may impact upon children's outcomes, access to other support services across health, education and social care, and also compliance with NICE standards for assessment within 3 months from referral. last reviewed 24/7/23 (JBR)	Development of "ND - thinking differently case" presented to PEG in March and outlining the need to think about a needs based approach to providing support to CYP who are neurodivergent Priority workstream for year 1 within SEND Inclusion plan Development of pre assessment support (MindMate ND hub, pilot delivering ND support with a cluster for 23/24) Links made to West Yorkshire ND programme of work particularly looking at how we as a WY ICB address the rising demand around the right to choose agenda and ensure a consistent method of delivery across the ICB. ND citywide development workshop undertaken on 19th July. Representatives from across health came together (including Education and parent/carer representation) to understand the current position and challenges facing us both locally, regionally and nationally. Forwards plan for working groups following this and a further eduction focussed time out in October. Links made to the West Yorkshire programme of work particularly in relation to responding to the ND choice financial pressure. Funding has been identified in year to support LCH to outsource assessments for our most vulnerable cohorts. Aim for outsourcing to commence in September. Sam Prince and Stephanie Lawrence identified as	Development of ND governance under development to include working group to develop and set out strategy for plans over next year A similar ND citywide workshop (as detailed above) will be held in September with Education colleagues. No provider has yet been sourced to use the funding that has been identified to support outsourcing alongside LCH to provide assessments to identified vulnerable cohorts currenting awaiting assessment. A shared communication is being developed alongside LCH colleagues to share with all across the system (including general public). Continued shortfall in capacity for about 2600 assessments this financial year, at a cost of about £5m. Escalating increase in choice referrals due to this, costs projected for this year so far £1m (£700k greater than last year). No funding attached to transformation team and so dedicated resource not yet identified Available funding and workforce will make rapid improvements difficult.	Data from LCH on waiting times Once working group established this will report regularly to SEND Partnership board and CYP population board Meeting in place with ICB, LCH and LCC to determine development plan and shared position statement	None at this stage. To confirm outsourcing position for high risk cases post September.	Mechanism for reporting on project progress not yet established (planned development for May-June) Due to CAMHS cyber incident no regular data flowing on waiting times Increasing public focus with request from Scrutiny to update Cllrs in September and increasing letters from MPs to service provider (LCH).	Static - 1 cycle
2017	29/06/2022	Both Delivery and Quality and People's Experience	15	(I3xL5)	9	(I3xL3)	Lindsay Mcfarlane	Helen Lewis	There is a risk of harm to patients with long term conditions (LTC)/frailty/mental health conditions due to the inability to proactively manage patients with LTC/frailty/mental health and optimise their treatments due to the impact of covid and other pressures on capacity and access resulting in increased morbidity, mortality and widening of health inequalities and increased need for specialist services.	Risk of harm / impacts of Covid assessed by each LTC Steering Group with individual projects agreed as required Health Check working group in place to agree recovery approach into 23/4. Future model for health checks is currently being designed and consulted on Projects underway to promote rehabilitation/self-management offers available to primary care and that new interventions including digital offers are evaluating well to encourage increases in referrals Self-management strategies being developed; for example digital equipment to support patients with LTCs/@Home monitoring Digital technology to support access to mainstream general practice being evaluated due to its rapid expansion of online and video consultations Risk Stratification prioritisation continues to be supported in primary care through the refreshed Quality Improvement Scheme and by all services, Long-Covid Pathway established - good rate of referrals Quality and Outcomes Framework restarted on 1st April 2022 and the local QIS has been refreshed to continue to support recovery, prioritising those at greatest risk and priority areas such as Heart Failure, Mental Health etc into 23/4	Work programme 22/23 implementation focusing on enhancing improved integrated care Recovery to pre-pandemic levels of performance; i.e. Collaborative Care and Support Plan (CCSP) reviews in primary care and key waiting time trajectories Lack of funding to continue the 6 x LTC Health Inequalities projects Uncertainty regarding 23/24 primary care contract / Quality Improvement Scheme (QIS) / Quality and Outcomes Framework (QOF), etc and implications on this risk	Continue to use Primary Care Quality Improvement (PQI) dashboard to monitor progress. Primary care quality visits underway reviewing outcomes in PQI. Alignment of some contract measures to support a focus in key areas i.e. QoF Continued engagement of clinical directors (CDs), Practice Managers (PMs) and the Leeds Medical Committee (LMC) to respond to feedback and address any concerns. Discussion and review at LTC Board and relevant pathway steering groups. Tracking of PCN Additional Roles Reimbursement workforce plan and aligned funding Quality and Outcomes framework has re-commenced with effect from 1 April 2022. Alignment of Investment and Impact Fund (IIF) indicators to population boards to ensure consistency of approach	IQPR Performance demonstrating improvement; i.e. number of CCSPs review undertaken	Ability to address the pressures on the health and wellbeing of all staff across teams and recruitment plans at individual GP Practice level . Future model for health checks is currently being designed and consulted on Uncertainty regarding 23/24 primary care contract and implications on this risk if it only focuses on reactive and on day services Funding for obesity services and other preventive service remains a challenge	Static - 6 Cycles
Risk Aligned to the Leeds Committee (12+)														
2024	30/06/2022	Leeds Committee of the WY ICB	12	(I4xL3)	1	(I1xL1)	Andrea Dobson	Penny Mcsorley	There is a risk of not meeting legislative responsibilities in relation to community deprivation of liberty for fully funded CHC cases; due to assessor capacity and availability of court of protection time; resulting in deprivation of liberty in breach of legislation. There is a significant additional risk that patients will not have the advocacy they need to go through the process due to a lack of commissioned resource. Family members can act as the RPR if they are objective, however in the majority of cases that is difficult.	Monthly meetings held with Health Case Managemen managers to monitor current position, plan LPS and maintain numbers. Prioritise cases based on complexity and risk of challenge Assessments are completed in line with the availability of court time to ensure they do not go out of date. However, delays to court proceedings have meant that a large number of cases have had to be redone as they became 'out of date' whilst awaiting a hearing. This has increased the workload of the HCM team. MCA Lead is working in collaboration with the health case management team and appointed solicitors to minimise delays and maximise performance. More case managers have received relevant training and experience to complete the assessments. Fast track reviewing moved to Continuing Care Service to free up HCM capacity	Liberty Protection Safeguards LPS has been delayed in its implementation indefinitely. There is insufficient budget and resource at place to undertake preparatory work for all potential cases of DoL or to engage legal representation in order to progress all cases to the court of protection. The court has raised concerns on a number of occasions about the use of family members as appropriate rule 1.2 representatives, this requires additional legal support and HCM work.	LCH provide performance reports, highlighting the current position. The ICB Mental Capacity Act Lead meets with LCH quality Leads and Beachcroft solicitors quarterly to track progress and unpick any delays or performance issues	We are looking to commission advocacy to ensure continued availability to patients when it is required. The lack of financial resources has been acknowledged and a small increase to the legal budget has been approved for 24/25.	A review is ongoing regarding how Leeds place can work more closely with Bradford and Craven to administer these in a different and more effective way.	Static - 1 cycle

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Mapping of risks – 3rd risk cycle of 2023/24 (as at 9 September)

COMMON RISKS

System Flow / Capacity and Demand Risks

Place	Risk	I	L	Score	Common Risk
Kirklees (2195)	There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care, safety and experience to be compromised.	4	3	12 ↑	Common risk re: impact across the system / OPEL 4
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	2	6	
Leeds (2019)	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	4	4	16 ↓	
Wakefield (2135)	There is a risk of delays for children and young people requiring access to CAMHS, including admission for Tier 4 beds due to increased referrals and CYP presenting in crisis, resulting in more children and young people being admitted inappropriately to acute wards or adult mental health beds and additional demands on ED.	3	3	9	Common risk re: CAMHS
Leeds (2243)	There is a risk of delay in accessing MH treatment due to the significant increase in referrals over the past years and a lack of capacity within MindMate SPA to deal with referral numbers, resulting in young peoples mental health deteriorating whilst they are waiting to be triaged by MindMate SPA.	3	4	12	
Calderdale (1977)	There is a risk that Children and Young People's (CYP) will be unable to access timely therapy due to:- a) increase in demand, b) existing high waiting times and c) inability for provider to recruit to vacant posts	3	3	9	

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	In particular the risk relates to the waiting times for speech and language (SLT) and occupational health therapies, where we have received a significant increase in the number of referrals in 21/22 compared to previous year. For example SLT new appointments in September 2019 compared to September 21 was an increase of 245%. The same comparison period for follow up shows an increase of 98%. In September 21 there were 1314 CYP waiting for a new appointment, 296 waiting for a follow-up with an average wait of 157 days (however, this picture has increased). During Covid-19 lockdown, therapy staff at CHFT were redeployed (as this was a f2f service). Once services reopened, staff returned and virtual/telehealth appointments were offered Workforce remains a risk with vacancies across therapies which Provider are unable to recruit to (national picture)				
Kirklees (2196)	There is a risk that the Kirklees' Children & Young peoples (CYP) mental health service are unable to deliver timely, comprehensive care to those being referred or self referring when in crisis. Due to a significant increase in demand from pre pandemic levels & increased acuity. Resulting in patient care and safety to be compromised.	3	3	9 ↓	
Calderdale (1864)	There is a risk that people with complex mental health needs will not receive the right level of support that they require to meet their needs This is due to current capacity within community mental health services both health and social care resulting in escalating crisis situations for people in the community and requests for out of area locked rehabilitation hospital placements; and delays in discharge for people who are ready to leave out of area locked rehabilitation hospital placements . This leads to an increased pressure upon CCP Specialist Care/CHC team and to potentially increased costs for CCP.	3	2	6	Common risk re: mental health services capacity and demand
Leeds (2018)	There is a risk of increased rates of avoidable deteriorations in mental health, due to increased mental health demand, alongside insufficient capacity to provide access to proactive community mental health intervention and support , exacerbated further by sustained workforce recruitment and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent adverse impact on mental health presentations to ED and YAS, increased lengths of stay and reduced system flow in mental health beds, and increased numbers of out of area acute mental health and PICU bed days.	4	4	16	
Calderdale (1493)	Risk that patients being discharged from hospital are subject to delays in their transfer of care due to health and social care systems and processes are not currently optimised, resulting in poor patient experiences, harm to patients, risk of hospital acquired infection, additional pressure on the acute bed base and pressure on elective recovery plans.	4	4	16	Common risk re: delayed transfers of care
Kirklees (2071)	There is a risk that we will not be able to meet the 2022/23 national Transforming Care trajectories due to 1. to lack of funding in the system to develop new models of care	2	2	4	

	2. lack of workforce capacity and capabilities 3. inadequate accommodation provision 4. potential risk of hospital closures impacting on additional discharges This will result in the delayed discharge of people currently in an inpatient bed due to there not being the right provision and the right support to put in place within a community setting.				

Covid Backlog / Risk of Harm / Performance/ Statutory Duties Risks

Place	Risk	I	L	Score	Proposed Action
Wakefield (2132)	There is a risk to the overall sustainability of the urgent care services within Wakefield due to the impending end of the lease for the King Street Walk In Centre. This service plays a vital role in the delivery of services at a place level	4	3	12 ↓	Common risk re: emergency departments demand
Kirklees (2331)	There is a risk that the system will continue to see an unprecedented volume of patients attending A&E and therefore will not deliver the NHS Constitution 4-hour A&E target of 76% due to pressures associated with unavoidable demand, patient choice, capacity and flow out – resulting in long waits, overcrowded ED, harm to patients and patient experience being compromised.	3	4	12	
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	2	6	
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2019)	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers and acuity of inpatients and the numbers in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	4	4	16 ↓	
Wakefield (2182)	There is a risk that the WDHCP will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to a significant number of the cases having no previous	4	3	12	Common risk re: gram negative blood

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	health or social care interventions, resulting in failure to meet the requirements of the single oversight framework (should this measure be included).				infections reduction target
Kirklees (2058)	There is a risk that the WY ICB Kirklees Place will not achieve the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to the gaps identified in the key controls; resulting in a risk to population health and experience.	3	3	9	Risk Operational Group flagged query on different impact scores.
Kirklees (2327)	There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT and MYHT will result in: long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution.	3	3	9 ↓	Common risk re: failure to meet Constitutional standards
Calderdale (2162)	There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT will result in; long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution	3	4	12	
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2016)	As a result of the longer waits being faced by patients and limited capacity for treatments, there is a risk of harm, due to failure to successfully target patients at greatest risk of deterioration and irreversible harm, resulting in potentially increased morbidity, mortality and widening of health inequalities.	4	3	12	
Wakefield (2129)	There is a risk of delays in people accessing planned acute care due to higher demand and the legacy impact of COVID, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.	4	3	12	
Kirklees (2330)	There is a risk that Kirklees Health and Care Partnership will fail to achieve national performance standards (set out in the NHS constitution), and in line with the Operational Recovery Plan for 2023/24 resulting in poor provider performance, poor organisational reputation and non-compliance with the constitutional standards for waiting times across the Kirklees system.	3	3	9	
Kirklees (2049)	There is a risk that Kirklees and Wakefield place will fail to meet the required cancer standards for 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww at Mid Yorkshire Hospitals NHS Trust (MYHT), resulting in an adverse impact on the quality of care and patient experience, and a failure to meet key national targets potentially resulting in reputational damage to the system and having a negative reputational impact on Kirklees and Wakefield places.	3	4	12	
BDC	SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS	3	5	15	

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(2168)	There is a risk that poor performance against national requirements (key constitutional standards, operational planning targets and recovery) will impact upon our place based contribution to the annual ICB performance assessment. This may lead to both financial and reputational impact alongside reduced patient care.				
Wakefield (2146)	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.	3	2	6 ↓	Common risk re: adult ADHD assessment
Leeds (2354)	There is a risk of unsustainable Neurodevelopmental assessment and treatment pathways (autism and ADHD) due to demand for services surpassing the capacity resulting in unmet need of patients, long waiting list and increased right to choose requests which will cause impact to patient outcomes and significant financial impact	3	5	15 NEW	
BDC (2227)	There is a risk of further deterioration for adults with ADHD waiting for assessment, diagnosis and immediate post-diagnostic support due to staffing levels, quality of referrals, excessive waiting times and a growing gap between capacity and demand for this service resulting in complaints from patients and referrers and scrutiny from council elected members. Inequitable access to services for those who do not exercise Right to Choose and request a referral to an independent sector provider.	3	5	15	
BDC (2266)	There is an increase across adult and children of an increase of Right to Choose requests for both ADHD and Autism assessments. This will lead to a significant unbudgeted cost to the ICB (GP's can refer to any provider that is on a NHS framework and the ICB get the invoice in retrospect. In children's the annual cost projected this year is over £200,000	4	4	16	
Kirklees (2180)	There is a risk of non-compliance with the Children & Families Act 2014 and the Health and Care Act 2022 relating to ICB responsibilities with regard to Children with Special Educational Needs and Disabilities (SEND). This is due to Education, Health and Care Plans not being completed within statutory timescales. A key factor is that Health information is not always provided by clinicians in a timely manner. Resulting in delayed assessment of needs and Health provision not being in place to support access to education. This can lead to complaints, appeals and tribunals.	3	4	12	Common risk re: SEND and Children & Families Act statutory duties
Leeds (2253)	There is a risk of not fulfilling the statutory duties to provide timely health advice into EHCPs for CYP with SEND within legislative timescales due to increasing pressures on the system, resulting in delayed support for CYP with SEND and that the EHP Plans do not accurately reflect the needs of CYP and could impact on outcomes and aspirations of CYP. *The consequence is that the contribution of health advice to the ECH Assessment process does not meet with the statutory duties.	3	4	12	
Calderdale (2219)	There is a risk that the Posture and Mobility service will not achieve key performance indicators due to funding issues as a result of increasing equipment costs and increasing complexity of cases	3	4	12	

	resulting in the high likelihood that the 18-week Referral to treatment pathway will not be met for new referrals and a potential increase in complaints.				Common risk re: posture and mobility service Query raised re different likelihood score.
Kirklees (2218)	There is a risk that the Posture and Mobility service will not achieve key performance indicators due to funding issues as a result of increasing equipment costs and increasing complexity of cases resulting in the high likelihood that the 18-week Referral to treatment pathway will not be met for new referrals and a potential increase in complaints.	3	5	15 ↑	

ICB Workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2078)	There is an ongoing risk of a continual increase in overdue CHC/joint funding/FNC reviews due initially to business continuity arrangements during Q4 21/22 (when "low risk" reviewing activity was paused), but since, vacancies, recruitment challenges and sickness absence in the CHC clinical team, resulting in a poorer patient experience and a negative impact on the CHC activity and delivery. The number of overdue reviews continues to increase.	3	4	12	Common risk re: continuing healthcare workforce challenges
Kirklees (2074)	There is the risk of delays to Continuing Care administration processes and workflows due to a staff shortage in the business support team, resulting in an impact to clinical workflows, the wellbeing of the team, patient experience and a potential impact to organisational reputation. It also has an impact on the financial position of the CHC team, with delays to invoices being paid and potential impact to NHSE mandated activity.	3	3	9	
Wakefield (2181)	There is a risk of delayed response to changes in healthcare needs or discharge from hospital for children requiring Continuing Healthcare packages due to MYHT not having capacity to provide Children's Continuing Healthcare packages under the Block Contract resulting in the additional costs to the ICB associated with commissioning of external providers.	3	1	3	
Wakefield (2297)	Capacity and workforce pressures within the CHC contracting team could result in delays in commissioning patient care, dealing with provider issues and processing payments.	3	3	9	

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Calderdale (2092)	The Continuing Healthcare team is currently significantly short staffed with eight (8) live vacancies. This is at a time where the team is experiencing high volumes of complex case management and increased scrutiny and requests for information coming from NHSE. There is a risk with regard to the organisational effectiveness in the delivery and quality of the service provided, patient/carer dissatisfaction and increase in complaints leading to reputation damage to the organisation, non-compliance in meeting national assurance targets set by NHSE, and with regard to financial efficacy. Due to the reallocation of work over fewer staffing numbers, there is a risk of staff burnout, leading to increased sickness levels and difficulty in staff retention resulting in high staff turnover within the team. Staff have alerted Over the past 12 months five staff within the learning and disability and mental health fraction of the team only, have left the team citing excessive caseload as the reasons for leaving. Recruitment to these positions in particular and within Children's Continuing Care has proven to be challenging despite going out to recruitment for these positions on multiple occasions. There are also several projects relating to service improvement occurring across the Calderdale footprint that various staff within the team are contributing to. All these projects aim to provide a more joined up approach and economical delivery model for the people of Calderdale. The current level of staffing shortage within the team risks a delay to the progress of these projects as staff focus on ensuring statutory functions are prioritised.	3	3	9	

Infrastructure – digital / estates / non ICB workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2154)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	Common risk re: maternity services Also see corporate risk.
Calderdale (2156)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	
Leeds (2272)	There is a risk to pregnant people of not achieving the preferred elements of care identified in individual personalised care plans, due to midwifery staffing issues (both recruitment and retention), resulting in a potential for poorer outcomes and experience of care	2	3	6	
Leeds (2269)	There is a risk of poor quality care to pregnant people and their families due to workforce short and long-term challenges (eg: industrial strike action across the maternity sector, recruitment challenges, sickness and absences, etc), resulting in poor patient experience, safety, and clinical effectiveness.	2	3	6	

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Wakefield (2128)	Children and young people aged 0-19 years will be waiting for over 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals. The time taken for a full diagnostic assessment for ASD for children and young people is continuing to increase due to the exceptionally and unpredicted number of referrals. The number of referrals remain much higher and above the capacity planning which was part of the business case for investment. Because of the increased waiting times and pressure/publicity in neighbouring areas the numbers of Patient Choice referrals for assessment has risen in the last 3 months which increases financial pressure on the organisation.	3	5	15	Common risk re: waits for CYP neurodiversity Also seek corporate risk.
Calderdale (1338)	There is a risk that children and young people (CYP) will be unable to access timely mental health services (in particular complex 'at risk' cases and Autism Spectrum Disorder/Attention Deficit Hypertension Disorder (ASD/DHD)). This is due to a) waiting times for ASD (approx. 14 months) b) lack of workforce locally and nationally to recruit into this service and c) appropriate services not being available for CYP as identified in SEND. Resulting in potential harm to patients and their families.	4	3	12	
Kirklees (2240)	There is a risk of children being unable to access a timely diagnostic service for neurodevelopmental conditions. This is due to increased demand for the service and the impact of the Covid 19 pandemic on provision of the service. At the end of Jan 23 the average waiting time for assessment was 68 weeks, with 1282 children waiting for assessment. resulting in delays to timely diagnosis, may also impact upon access to other support services across Health, Education and Social Care and reputational damage.	3	4	12	
Leeds (2301)	There is a risk of CYP being unable to access a timely diagnostic service for neurodevelopmental conditions (Autism and ADHD) due to rising demand for assessments and capacity of service to deliver this (ICAN for under 5, CAMHS for school age). Delays in access to timely diagnosis may impact upon access to other support services across health, education and social care but also no compliance with NICE standards for assessment within 3 months from referral.	3	5	15	
BDC (2039)	CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS There is a risk of further deterioration in the statutory duty service offer for children waiting for assessment, diagnosis and immediate post diagnostic support. This results in non-compliance with the NICS (non-mandatory) standard for first appointment by three months from referral which was highlighted as an area for a remedial Written Statement of Action in the Ofsted/CQC local area SEND inspection held in March 2022.	4	4	16	
Kirklees (2147)	There is a risk to the ability of care homes to be able to provide safe, high quality and person centred care due to staffing levels, high cost agency usage, increased costs of living and increased intensity of need of residents. This results on an increased requirement on the systems to provide intense responsive support to care homes, and risks care homes de-registering or closing due to financial unsustainability.	3	3	9	Common risk re: care homes staffing

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Calderdale (2149)	There is a risk to the ability of care homes to be able to provide a safe, high quality, person centered quality lifestyle due to staffing capacity and gaps in knowledge resulting in poor quality care and experience.	2	3	6	
Wakefield (2138)	There is a risk to quality, safety and experience in the independent care sector due to the requirement to manage people with increased complexity, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	3	3	9	
Leeds (2008)	There is a risk of an inability to attract, develop and retain people to work in general practice roles due to local and national workforce shortages resulting in the quality of and access to general practice services in Leeds is compromised.	2	3	6	
Calderdale (1434)	There is a risk that the quality of and access to commissioned primary medical services in Calderdale is compromised due to local and national workforce shortages, resulting in the inability to attract, develop and retain people to work in general practice roles.	4	2	8	

Quality and Safety Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2179)	There is a risk of Looked After Children (LAC) not receiving an Initial Health Assessment (IHA) or Review Health Assessment (RHA) within statutory timescales. This is due to an increase in the complexity of individual cases and increasing numbers of LAC from outside the area living in private children's homes Kirklees. This includes an increase in Unaccompanied Asylum Seeking Children (USAC), resulting non achivement of mandatory timescales Resulting in performance targets not being met and assessments being carried out late. Health needs may not be identified early enough to ensure that support is put in place promptly.	3	4	12	Common risk re: Looked After Children health assessments
Leeds (2257)	There is a risk of not meeting target for Initial Health Needs Assessment completion for CLA, lack of capacity within service responsible for delivering IHNAs, resulting in health plans not being available for the first multidisciplinary Child Care Review meeting, delay in identification of health issues and subsequent support. There is also a risk of potential breach of statutory duty.	3	4	12	

Finance and Contracting Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2204)	Capital Availability - There is a risk that capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments	4	2	8	Common risk re: capital spending limits
BDC	CAPITAL AVAILABILITY	5	4	20	

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(2170)	There is a risk that NHS capital spending limits will be set at a level that restricts our ability to progress our strategic capital developments.				
Wakefield (2142)	There is a risk that the national capital regime and arrangements for the allocation of funding will mean there is insufficient resource within Wakefield place to support necessary service transformations.	4	4	16	
Kirklees (2116)	There is a risk that the transformational changes required to address the approved case for change programme (CHFT) will not be achieved within the required timescales, due to delays in allocating Business Case funding for Huddersfield Royal Infirmary (HRI) due to current political changes. Resulting in failure to deliver improved patient experience, better clinical outcomes and overall system sustainability.	3	3	9	Common risk re: CHFT business case funding Query raised re difference in scoring
Kirklees (2064)	There is a risk that the allocated Full Business Case funding for Huddersfield Royal Infirmary (HRI) is not released by the secretary of state (Her Majesty's Treasury), due to current political changes, within the required timescales, resulting in an inability to fully implement the estate changes required to address the case for change and failure to deliver overall system financial sustainability.	3	2	6 ↓	
Calderdale (821)	There is a risk that the allocated funding is not secured due to the Full Business Case (FBC) not being approved by Her Majesty's Treasury, resulting in an inability to implement the transformational changes required to address the Financial and Quality and Safety case for change and failure to deliver improved patient experience, better clinical outcomes and overall system financial sustainability	4	2	8	
BDC (2220)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	4	16	Common risk re: prescribing costs
Leeds (2158)	There is a risk of increased prescribing costs due to inflation and supply disruption resulting in financial strain on the primary care prescribing budget.	4	3	12	
Wakefield (2329)	There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited.	4	4	16	Common risk re financial plan and financial control target
Leeds (2014)	There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and new cost pressures in 2023 – 24. This could result in the system as a whole not meeting the statutory duties.	5	4	20	
Kirklees (2306)	There is a risk that the Kirklees place as part of West Yorkshire will not achieve its financial control target due to financial pressures within the system of Kirklees and wider West Yorkshire system pressures, alongside having a large QIPP target to achieve financial balance. This risk is due to, in part, a number of elements - increased costs in all business areas - pressures due to inflation and pay	4	4	16	

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	- high QIPP target - under delivery of efficiency programmes The result of failure to deliver will be a risk to the achievement of the overall West Yorkshire ICS financial plan which could result in failure to deliver statutory duties, reputational damage and additional scrutiny from NHS England			
Kirklees (2328)	The risk is that Kirklees Place will fail to deliver our 2023/24 planned Recovery trajectory for the 23/24. This is due to the significant financial challenge & the inability to identify enough schemes that will deliver the required recurrent & non recurrent value for 2023/24 or plan for 2024/25. Failure to deliver the plan will result in a risk to the overall achievement of Kirklees place financial plan and financial statutory duties& have an impact on the overall west yorkshire recovery plan.	4	4	16 ↑
Calderdale (2300)	The risk is that WYICB-Calderdale Place will fail to deliver the 2023/24 financial plan. This is due to 23/24 financial plan submitted to the WYICB including a number of pressures/risks which have been articulated in the plan development process.. These risks include activity pressures on independent sector acute contracts, prescribing and under-delivery of QIPP. The QIPP challenge for 23/24 is significant at around £5m as a minimum. This includes a £2.3m share of WYICB additional savings requirement. The result of failure to deliver the plan in Calderdale will be a risk to the overall WYICB achievement of its financial plan and financial statutory duties.	4	3	12
Calderdale (2299)	There is a risk that the Calderdale Cares Partnership part of the WYICS will not as a system deliver its planned financial position. This is due to in part to several key elements including : - the level of inflation, the scale of efficiency challenge, uncertainty around ERF income, pay award uplift, under delivery of efficiency programs, higher than planned agency costs and use of non recurrent resources. Strike related cost pressures continuing to add risk. The result of failure to deliver will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties, reputational damage and potential additional scrutiny from NHS England and a requirement to make good deficits in future years.	4	3	12
BDC (2338)	IN-YEAR FINANCIAL PERFORMANCE There is a risk that we do not achieve the financial plan surplus target for 2023/24 due to shortfalls against savings plans, additional cost pressures and financial penalties relating to the Elective Recovery Fund scheme. Following the completion of the planning round for 2023/24, there is an additional savings requirement of £6.1m that needs to be met if financial plan targets are to be achieved.	5	4	20
BDC (2337)	UNDERLYING FINANCIAL DEFICIT	5	4	20

Appendix 2 : Extract from the West Yorkshire ICB Board Risk Report 19 September 2023
Corporate Risk Register (as at 9 September 2023) and Common Risk Mapping

	There is a risk that we do not address the underlying financial deficit and establish a financially sustainable position over the medium term. Following the completion of the planning round for 2023/24, the underlying financial deficit has increased further and therefore this remains a critical risk.			[redacted]	

Leeds Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Appendix 3

Leeds Health and Care Partners - Top Risks – as at September 2023						
The ICB in Leeds	20	**Financial Position** There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and cost pressures in 2023 – 24. This could result in the system not meeting the statutory duties.	16	**Risk of Harm – Emergency Department Waiting Times** There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity, and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	15	**Neurodiversity Waiting Times** There is a risk of unsustainable Neurodevelopmental assessment and treatment pathways (autism and ADHD) due to demand for services surpassing the capacity resulting in unmet need of patients, long waiting list and increased right to choose requests which will cause impact to patient outcomes and significant financial impact. Separate risks have been identified for Adults and Children / Young People.
Leeds Teaching Hospital Trust	16	**High occupancy levels and insufficient capacity and flow across the health and social care system causing impact on patient safety, outcomes, and experience** There is a risk to maintaining sufficient capacity to meet the needs of patients attending hospital and being admitted for planned/elective care and	20	**Delivery of the financial plan and operational capital plan for 2023/24** There is a risk that the Trust does not achieve its planned control total and deliver the operational capital plan in 2023/24 due to a reduction in the capital allocation to address strategic capital risks across the ICB. This would have the following impact:	16	**Workforce risk** There is a risk in filling staff vacancies across all professional groups and support workers, caused by local and national shortages of qualified and unqualified staff, exacerbated by the coronavirus (COVID-19) pandemic, and internal financial controls impacting on

Key: ⇔ = risk score static; ↑ - risk score increasing; ↓ = risk score decreasing; New = new risk this cycle

		unplanned (acute) care caused by demand being greater than the available hospital capacity. Efficiency of patient flow and placement due to high occupancy across the health and care system impacts on patient safety, outcomes, and experience. There is also a risk to the delivery of constitutional standards, impacting on the Trust's delivery and efficiency ratings and reputation.		Reducing the internal funding for the Trust's ambitious Five-Year Capital programme, including Building the Leeds Way. Cash shortfall and risk to supplier payment. Potential non-compliance with regulatory requirements, including new medical devices regulation (Regulation EU 2017/45). Limiting the capital programme / not replacing equipment. Increased clinical risk due to inability to replace capital assets within agreed replacement schedules. Greater reliance on external sources of funding. Potential to contribute to the Integrated Care System not meeting its overall control total. Reputational damage, as the Trust fails to deliver on a key statutory duty (financial plan) and the Trust fails to invest in equipment, estate, and digital infrastructure to support service development.		decisions to recruit to vacant posts; resulting in a potential failure to provide safe care and treatment, protect staff from psychological and physical harm (burn-out), loss of stakeholder confidence and/or material breach of regulatory conditions of registration.
Leeds Community Healthcare Trust		**Workforce – Hard to Recruit to Roles** Ability to recruit / retain staff in		**Imbalance of Capacity and Demand** Increasing demand for services		**CAMHS Waiting Lists** There is a risk of harm to service users in Leeds due to

		certain roles impact on the delivery of services and quality of care. Resulting in reduced quality of patient care, delay in treatment, deterioration in health and wellbeing of patients, and additional pressure on staff. Roles affected include; ○ Mental Health Nurses ○ Occupational Therapists ○ Consultants (Paediatrics / Safeguarding / CAMHS) ○ Speech and Language Therapists		(specific risks on the risk register relate to; Looked after children, Neighbourhood Teams, CAMHS, Speech and Language Therapy, ICAN) coupled/reflected with increased complexity of the services required, resulting in reduced quality of patient care, delay in treatment, deterioration in health and wellbeing of patients, and additional pressure on staff.		the length of the waiting list for CAMHS Services impacted by the lack of sufficient funding to meet the increasing demand for these services. Resulting in reduced quality of patient care, delay in treatment, deterioration in health and wellbeing of patients.
Leeds and York Partnership Foundation Trust		**System flow and Out of Area Placements** There is a risk to the quality of care of our service users as a result of ineffective patient flow within the system with an increasing use of Out of Area Placements, compounded by a lack of recurrent funding and a resulting financial cost to the system.		**Community Mental Health Services redesign** The Community Mental Health redesign and recovery plan will result in the need to do things differently across the city, and impact on the way partners provide their services. If this is not sufficiently addressed there is a risk to the overall quality of patient care and experience.		**Neurodiversity Waiting lists** There is a risk of harm to service users in Leeds due to the length of the waiting list for Neurodiverse Services impacted by the lack of sufficient funding to meet the increasing demand for these services.
Leeds GP Confederation	12	**Strategic**: There is a risk that both main aspects of the Confederation's purpose are compromised due to strategic decisions that are out with of our control. Voice & representation; if	12	**Financial**: Currently forecasting a deficit for 2024/25. Aiming to increase income through winning tenders but there is a risk that these contracts do not yield the level of income required. Thus, a		

		the funding for this is reduced or lost. Combined with PCNs taking Enhanced Access 'in-house' the combined affect will be a much-compromised Confederation infrastructure with limited ability to deliver purpose.		requirement to review expenditure which in turn may compromise purpose.		
Voluntary, Community and Social Enterprise		Increased demand and complexity		Financial pressures		Recruitment and retention of staff and volunteers
Leeds City Council	New	**Increased demand and complexity** Increasing demand for services (health, care, children's, welfare and street support) coupled/reflected with increased complexity of the services required, resulting in significant, additional resource pressures (both in the short and longer terms). Example: school attendance levels being below pre-pandemic reflects a range of needs that will impact on service demand short term to address and potentially longer term if engagement in learning is lost. Pressure on families, on parents and on carers (both in Children and Families and Adults and Health Directorates) with wider pressure on family and community resilience.	⇔	**Financial pressures** Ongoing impact of financial pressures on the local authority services leading to problems satisfying competing priorities and/or reduced levels of service delivery. The same amount of money buys fewer services now. Sources: Inflation and significant increases in the prices that local authorities pay for health and social care services. Ongoing impact of over a decade of public sector austerity measures.	⇔	**Recruitment and retention, workforce pressures and market sustainability** Worsening workforce pressures and market sustainability position. Problems in both Adults and Health and Children and Families directorates in recruiting and retaining care staff (in particular: social workers, professionals, educational psychologists, schools) leading to increased resource pressures and adverse impact on our ability to deliver a wider range of services. Risk that the workforce capacity gap could worsen. Sources: High vacancy factors that

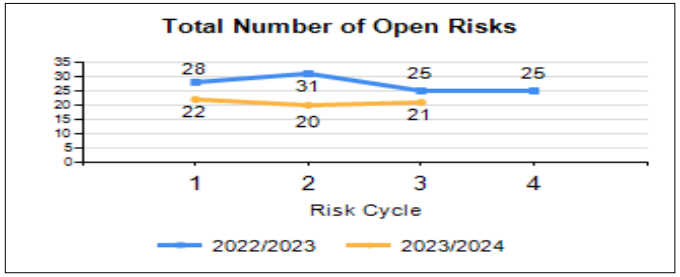
		Sources: Increasing demand/requests for services. Slower progress in recovering to pre-pandemic performance levels.				are proving difficult to fill. Market sustainability and competition in the labour market (internal and external to the sector). Underinvestment in the labour market. Staff leaving the sector(s) for better paid and less stressful jobs in other industries. Long term problems from the pandemic and Brexit.

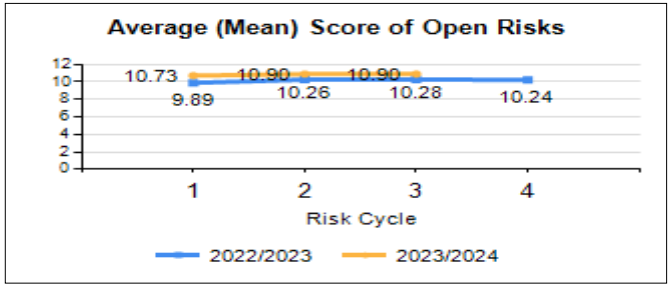
Appendix 4: Risk on a Page Report for the Leeds Committee of the West Yorkshire Integrated Care Board
Risk Cycle 3: July – Sept 2023

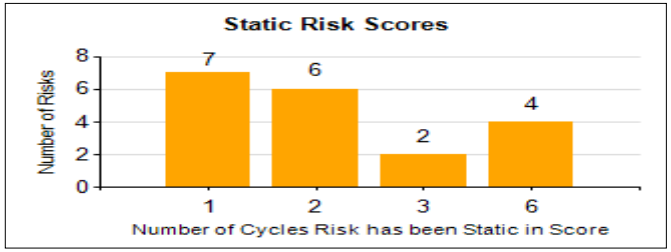
NHS West Yorkshire Integrated Care Board

Total Risks	21
Delivery	1
QPEC	2
Delivery and QPEC	8
Finance & Best Value	3
Leeds Committee	4
EMT	3

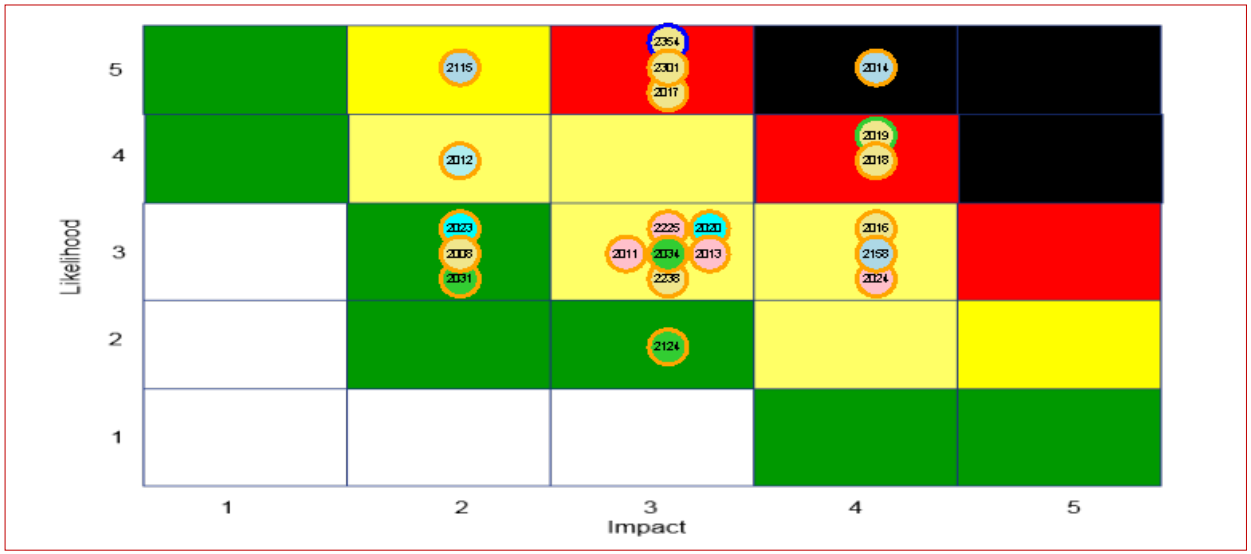
Movement of Risks	
New	1
Marked for Closure	0
Risk score increasing	0
Risk score static (1 cycle)	7
Risk score static (2+ cycles)	12
Risk score decreasing	1







Risk Overview



Key

- Quality and People's Experience Subcommittee
- Finance and Best Value Subcommittee
- Delivery Subcommittee
- Leeds Committee of the WY ICB
- EMT
- Both Delivery and Quality and People's Experience

- New Risk
- Closed Risk
- Risk Score Increasing
- Risk Score Decreasing
- Risk Score Static

Score	Risk Level
1-3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15-16	Serious Risk
20-25	Critical Risk

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	LC 35/23
Meeting date:	Wednesday 4th October 2023
Report title:	Finance Update at Month 5 (August) 2023-24
Report presented by:	Visseh Pejhan-Sykes, Place Finance Lead
Report approved by:	Visseh Pejhan-Sykes, Place Finance Lead
Report prepared by:	Matthew Turner, Associate Director of Financial Resource Integration & Visseh Pejhan-Sykes, Place Finance Lead

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

Previous considerations:

The system finances and maintaining total commissioned spend within allocated resources are a statutory requirement of the West Yorkshire (WY) Integrated Care Board (ICB) and of the Leeds Place of that ICB in relation to the share of the WY budget delegated to it. Furthermore, the 4 NHS organisations in Leeds must also collectively remain financially sustainable as part of the wider WY system's financial duties.

This report provides an update on the financial position of the Leeds Place of the West Yorkshire ICB and in context of the wider Leeds and West Yorkshire NHS systems.

Executive summary and points for discussion:

This is the Month 5 update on the Leeds Place of the ICB financial position and likely forecast for the year. The WY Integrated Care System is under NHS England financial intervention measures since the submission of its monthly positions from May 2023. The year-to-date adverse variance on month 5 across the ICS was £30.1 which when extrapolated, suggests that we are on track to a (post mitigation applied) most likely forecast deficit of £103.7m against an expected forecast deficit of £25.1m in the ICB books only. The bigger share of the variation above the initial deficit of £25.1m was driven by Provider Trusts, but Leeds and other Places of the ICB are also now experiencing continued pressure from increasing costs of Independent Sector spend, prescribing costs and in Leeds, our LD Pool activity jointly Commissioned with Leeds City Council is also a source of cost pressures.

With the West Yorkshire system now being in recovery mode EMT in the Leeds Place of the ICB agreed to introduce added expenditure controls to our system from 14th August whereby all "discretionary" healthcare spend over £50k and all non-pay spend of £10k and above are reviewed weekly at EMT before being committed. There are a number of exceptions around CHC, S117, LD packages and prescribing as they are reviewed and managed through other

processes but need to be committed quickly – and then reviewed retrospectively – due to the nature of the spend.

Leeds Place of the ICB has elected EMT to be the governance mechanism for reviewing spend in this way.

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 Integrated Care Board is asked to:

1. **REVIEW** and **COMMENT** on the month 5 position.
2. **REVIEW** and **COMMENT** on the QIPP delivery for 23-24 and to discuss what further actions it will be pursuing to improve the position.
3. **NOTE** progress to date on the 24-25 QIPP programme.

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:

Achieving financial balance and being financially sustainable in Leeds.

Appendices

1. 23-24 QIPP Programme

Acronyms and Abbreviations explained

1. WY ICB – West Yorkshire Integrated Care Board
2. QIPP – Quality, Innovation, Productivity and Prevention (Commissioner terminology for efficiencies)
3. CIP – Cost Improvement Programme (Provider terminology for efficiencies)
4. NHSE – NHS England
5. LTHT – Leeds Teaching Hospitals NHS Trust
6. LCH – Leeds Community Healthcare NHS Trust
7. LYPFT – Leeds and York Partnership Foundation NHS Trust
8. EMT – Executive Management Team (Leeds Place of the ICB)

What are the implications for?

Residents and Communities	Restricted developments
Quality and Safety	None identified

Equality, Diversity and Inclusion	None identified
Finances and Use of Resources	Strict Financial Recovery Measures
Regulation and Legal Requirements	None identified
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	Continued scrutiny on value for money
Citizen and Stakeholder Engagement	None identified

1 Purpose of this report

1.1 The purpose of this report is to inform, advise and assure the committee of our continued focus on the financial stewardship of our NHS resources. The paper provides details of current and future actions to ensure the city has a sustainable financial position.

2 Context and Background information

2.2 This paper provides the Leeds Place of the West Yorkshire Integrated Care Board with an update of the ICB in Leeds's financial position as at the end of Month 5 of the 2023-24 financial year, in context of the overall plan for 23-24.

2.3 For the WY system to meet its financial duties all Providers across WY as well as all Places across the WY ICB must collectively meet their planned financial position. There is room for offsets across the whole system, but each Place consisting of the Providers in that Place and the WY ICB budgets devolved to Place is performance managed against its planned position.

2.4 The WY ICB submitted a balanced plan but with the expectation that it would be posting a deficit outturn of £25m for the first 6 months of the year, by which point additional income or savings will need to have been identified if the ICB is to achieve a balanced position at the end of the 23-24 financial year.

2.5 The position reported at month 5 for the ICB in Leeds reflects a best-case scenario in terms of outturn for the current financial year. Given the emerging position under the most likely scenario in Leeds and across West Yorkshire, the Board of the WY ICB met with NHSE Regional Colleagues, in July and August, to signal a potential outturn position of a deficit of £89m. Although it is still early in the year to draw any concrete conclusions on the likely forecast position, the scale of the emerging gap and emerging and risks warranted an earlier than usual conversation with NHSE.

2.6 Since early August, all NHS Organisations have now adopted NHSE required expenditure control processes which comprise vacancy controls, review of all non-pay spend over £10k and all healthcare spend over £50k by EMT. There are a few exceptions around care packages and prescribing, but all other discretionary spend and slippage is now routinely reviewed by EMT at the Leeds Place of the ICB. Similar processes are in place across all WY NHS organisations including those still forecasting to remain in course to achieve their planned positions. We have submitted evidence of this to NHSE as part of our assurance processes.

2.7 Given our underlying deficit position and our lack of technical flexibilities both in Leeds and across the ICB to mitigate, our system is very exposed to risks as they emerge with no headroom for mitigation.

3 Key Points

3.2 The Leeds wide position at month 5

	Final 23-24 Plan	QIPP	Month 5 Variance	Reported Forecast outturn
2023-24 Plans	£m	£m	£m	£m
LTHT	0.0	119.3	(9.7)	0.0
LCH	0.0	8.2	0.0	0.0
LYPFT (excludes further risks for out of area patient activity)	0.0	8.5	0.1	0.1
Leeds Place of the ICB	1.6	£15.4m ICB plus £8.6m System	(5.6)	(8.6)
Leeds Place TOTALS	1.6	160	(15.2)	(8.5)

3.3 From the perspective of the Leeds ICB, we are already seeing pressures emerging and challenges around ensuring that QIPP scheme delivery stays on track.

3.4 The ICB continues to forecast a deficit of £25.1m in formal reports but are already signalling that the most likely scenario outturn position is significantly more challenging (£103.7m). Supportive measures introduced by NHS England have now been implemented since August to pull back all discretionary spend and maximise any slippage in development expenditure. All decisions will include (patient) impact assessment considerations where relevant.

3.5 At month 5 the year to date and forecast outturn positions are as follows:

Leeds ICB 2023-24 - Month 5	YTD Plan Budget £'000	YTD Spend £'000	YTD Variance (Under)/ Overspend £'000	Annual Plan Budget £'000	Forecast Spend £'000	Annual Variance (best Case) £'000	Likely Case Variance	Worst Case Variance	Best Case Variance
Programme Services									
Acute Services	345,460	345,382	-77	830,788	830,601	-187	-187	5,313	-187
Mental Health Services	90,598	94,635	4,037	217,434	225,605	8,171	8,171	8,171	8,171
Community Health Services	90,685	91,226	541	217,644	217,127	-517	-517	1,483	-517
Continuing Care Services	28,977	31,424	2,447	69,545	72,527	2,982	2,982	2,982	2,982
Prescribing and Primary Care Services	68,455	69,925	1,470	163,966	168,464	4,498	4,498	11,398	4,498
Primary Care Co-Commissioning	66,561	66,579	18	156,191	156,191	0	0	600	0
Other Services	4,262	4,346	84	10,229	10,529	300	300	300	300
Reserves	-6,528	-9,032	-2,504	-21,529	-27,422	-5,893	8,498	10,398	-5,893
Total Programme Services	**688,469**	**694,484**	**6,015**	**1,644,267**	**1,653,622**	**9,355**	**23,746**	**40,646**	**9,355**
Running costs	**5,307**	**4,857**	**-450**	**12,737**	**11,938**	**-799**	**-799**	**0**	**-799**
Leeds Place Net Expenditure	693,776	699,341	5,565	1,657,004	1,665,560	8,556	22,947	40,646	8,556
In Year - Surplus/Deficit Plan & Suspense	673	0	-673	1,615	0	-1,615			

3.6 The formal reported position for the Leeds Place of the ICB corresponds to the best case scenarios across the system. Given the emerging risks currently experienced in the first 5 months of the year, the more likely position is a deficit forecast of £22.9m - after assuming that our QIPP of £16m will be delivered in 23-24. Should all anticipated risks crystallise in year, the worst case scenario – despite a partial achievement £16m QIPP for 23-24 would be a deficit of over £31m. This will be the

opening QIPP position for our 24-25 QIPP target before we adjust for any non-recurrent QIPP in 23-24 and any aspirations for any further headroom in our system from 24-25 if we are to return to a financially sustainable position that can support Transformation.

3.7 The main driver of our current deterioration is the emerging numbers of very expensive LD Pool Mental Health packages – shown in the Mental Health line in the table above. Prescribing cost pressures and Independent Sector activity to clear activity backlogs are also adding to the deficit position.

3.8 A population health board apportioned view of the Best and Most Likely case scenarios for forecast outturn positions are as follows:

	Population Board Split (likely)							
	Maternity	**Children & Young People**	**End of Life**	**Serious Mental Illness**	**LD & Autism**	**Adult Cancer**	**Frailty**	**Long Term Conditions**
	£000							
Expenditure								
Acute	-7	-6	-2	-2	0	-30	-43	-73
Mental Health	0	0	0	2,061	6,110	0	0	0
Community	0	0	0	0	0	0	-259	-259
Continuing Care Services	0	0	0	0	0	0	1,491	1,491
Prescribing and Primary Care	44	315	135	270	90	495	1,169	1,664
Primary Care Co-Commissioning	0	0	0	0	0	0	0	0
Other	16	21	11	38	11	21	70	86
Programme Reserves	443	611	272	1,019	370	639	1,988	2,363
	496	**941**	**416**	**3,386**	**6,581**	**1,125**	**4,417**	**5,273**

	Population Board Split (best)							
	Maternity	**Children & Young People**	**End of Life**	**Serious Mental Illness**	**LD & Autism**	**Adult Cancer**	**Frailty**	**Long Term Conditions**
	£000							
Expenditure								
Acute	-	-	-	-	-	-	-	-
Mental Health	-	-	-	1,500	4,446	-	-	-
Community	-	-	-	-	-	-	- 417	- 417
Continuing Care Services	-	-	-	-	-	-	- 7	- 7
Prescribing and Primary Care	0	3	1	3	1	5	11	16
Primary Care Co-Commissioning	-	-	-	-	-	-	-	-
Other	3	4	2	7	2	4	13	16
Programme Reserves	175	241	107	402	146	252	785	933
	178	**248**	**111**	**1,912**	**4,595**	**261**	**385**	**540**

3.9 Despite the good progress on 2023-24 schemes, the financial challenges we are currently facing mean that we are still a long way off a financially balanced forecast for 2023-24 and the introduction of NHS England intervention regime across West Yorkshire will significantly impact on our ability to undertake discretionary spending decisions as a Place and as a wider system – particularly around recruitment and workforce resourcing. EMT has introduced tighter controls cross healthcare and non-pay spend from 14th August in addition to the vacancy control processes already in Place.

3.10 A milestone stock take of the QIPP position took place at the end of Q1. A significant number of 24-25 schemes long lists were presented and have been stratified by level of progress and depth of engagement needed to progress. The list was shared with Partnership executive Group (PEG) on 14 July 2023 as a step toward transparent system working and to gauge the level of support and ownership for these initial schemes. There are a handful of schemes that require a robust engagement and consultation process and the QIPP Steering Group has developed and engagement plan to support this.

3.11 It is already clear that these schemes alone will not deliver the full level of savings needed for the Leeds ICB to be in financial balance by 1 April 2024 given the longer lead times for engagement and partnership working. Even where schemes are deliverable the lack of clarity around cashable and cash releasable financial flows means that we need to adopt a parallel contract envelope reduction approach for the 2024/25 contracting round. Therefore 2 further PEG sessions are scheduled for early and late September to discuss options to reduce overall commissioned spend

across all sectors by around 3% and the potential review of the services we provide across Leeds in the context of a reduced envelope for the system.

3.12 Appendix 1 refers with respect to the 23-24 QIPP schemes progressing in year. Most schemes apart from the LD and Out of area schemes with LYPFT are on track. Prescribing savings may straddle the financial year as some schemes have a longer lead time to delivery. However overall due to slippage in other areas the original QIPP target will be achieved. Nevertheless, given how the position has deteriorated in year, this still leaves us £22.9m off plan (deficit) at the end of month 5.

3.13 A formal structured programme approach has now been introduced with the assignment of a highly experienced programme Manager to this programme. We are now relaunching governance, tracking, reporting and overall delivery arrangements as we enter the second half of the year and start the planning process for 24-25 and beyond.

3.14 EMT will continue to apply strict control measures in place under the NHSE rules.

3.15 Appendix 2 covers the Running Costs position which is on track to underspend marginally in 22-23. The envelopes from 24-25 onwards are being agreed across WY in light of the national requirement to reduce spend and through the New Operating Model

4 Next Steps

- Final agreement to be reached at PEG by late September
- Contract notice letters – end of September
- October 2023 – March 2024 -finalisation of schemes, contract envelopes and approach to 2024/25 financial planning
- Development of a longer term financial plan across WY Integrated Care System and in Leeds as part of the Wider during 2024/25

5 Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

1. **REVIEW** and **COMMENT** on the month 5 position.
2. **REVIEW** and **COMMENT** on the QIPP delivery for 23-24 and to discuss what further actions it will be pursuing to improve the position.
3. **NOTE** progress to date on the 24-25 QIPP programme.

APPENDIX 1 – 23-24 QIPP Programme

No	Proposal Name	Scheme Lead	23/24 Target £000	Rec/NR	Related Contract (s)
1	ERF in Original Plan as Target	Visseh Pejhan-Sykes	£4,000	NR	Various Acute IS
2	Prescribing	David Wardman	£3,000	R	n/a
3	Continuing Healthcare	Andrea Dobson	£1,800	R	Various CHC Budget
4	Cessation of all Spot purchase beds (25) from 1 June.	Nicola Nicholson	£1,195	R	Offset vs Budgets these Beds are charged to
5	Uncommitted Discharge Funds	Helen Lewis	£500	NR	**n/a**
6	Virtual Ward	Helen Lewis	£900	R	LCH
7	Leeds Community Equipment Store	Caroline Baria	£150	R	LCC
8	Health Inequalities Schemes	Jenny Cooke	£3,100	NR	Various
9	Transfer of Care - Hub Review	Nicola Nicholson	£200	R	
10	Community Cancer Review	Helen Lewis	£200	R	LCH
11	Home Oxygen VAT Review	Charlotte Coles	£540	NR	Baywater
12	GP Confederation Support Post	Visseh Pejhan-Sykes	£55	R	GP Confed
13	Running Costs flexibility target	Tim Ryley	£500	NR	Various
14	Out of Areas Reduction 50% of savings on complex rehab patients as cash releasing	Eddie Devine	£1,500	R	LYPFT
15	Reduction in high cost s117 and people no longer eligible for s117 (LCC reviewing team leading)	Eddie Devine	£200	R	Various LD / S117 Budget lines
16	Hospices uplift not in line with 'full offer'	Helen Smith	£100	R	Various – Hospices lines
17	LCD Rotational Paramedics	Gaynor Connor	£80	R	LCD
18	Newton Europe Commitment	Jenny Cooke	-£2,600	NR	
			£15,420		
	Running Costs Savings Excluded from Programme List		£280		

R1	RAIDR		220		
R2	Review on call rota at Leeds Place of the ICB	Sabrina Armstrong	15		

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board (ICB)
Agenda item no.	LC 36/23
Meeting date:	4th October 2023
Report title:	Leeds Joint Working Agreement (JWA) with Astra Zeneca for Improving Cardio-renal Outcomes
Report presented by:	Helen Lewis, Director of Pathway Integration, West Yorkshire ICB - ICB in Leeds
Report approved by:	Lindsay McFarlane, Head of Pathway Integration, Long Term Conditions, NHS West Yorkshire Integrated Care Board, West Yorkshire ICB – ICB in Leeds
Report prepared by:	Nina Davies, Clinical System Pathway Development Lead, Leeds Community Healthcare Hannah Beba, Consultant Diabetes Pharmacist, NHS West Yorkshire ICB – ICB in Leeds Lindsay McFarlane, Head of Pathway Integration, Long Term Conditions, NHS West Yorkshire ICB – ICB in Leeds

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

Previous considerations:

This proposal has been worked up and is supported by members of the Leeds Diabetes Steering Group (31st May 2023 and 30th August 2023) and CaReMe Steering group (1st June 2023 and 5th September 2023). Both groups include membership from Leeds Teaching Hospital, Leeds Community Healthcare, Leeds and York Partnership NHS Foundation Trust and Primary Care. The proposal was also reviewed and approved by the Leeds Long Term Conditions Population Board on the 12th June 2023 and 4th September 2023 and the Leeds Executive Management Team (EMT) on the 13th September 2023.

Executive summary and points for discussion:

This paper outlines the proposed Joint Working Agreement (JWA) between the West Yorkshire ICB (Leeds Office) and Astra Zeneca which aims to optimise cardio-renal management for people living with chronic kidney disease (CKD) with a focus on stages 3-4 in adults using Sodium-Glucose Co-transporeter-2 (SGLT2i) as an add on to standard care with Angiotensin-converting enzyme inhibitors (ACEi) and Angiotensin receptor blockers (ARBs), as evidenced in the NICE TA 775.

It is anticipated that the Joint Working Agreement will run from January 2024 if agreed, through to December 2024. We will work with four Primary Care Networks (PCNs) to promote SGLT2i in populations who have optimised standard care with ACEi and ARBs. This will follow the NICE

TA 775 recommendations. This proof-of-concept pilot will focus on adults with CKD 3-4. In line with evidence, there will also be a health equity lens which focuses on populations with SMI, males, people of Black and Asian background and people living in IMD 1.

The expected outcomes of the project in the short term are to improve cardio renal care (which focuses on delaying disease progression) and improve self-management. In the long term, the expected outcomes are a reduction in system costs, the personal and social burden of advanced chronic kidney disease and, the upskilling of primary care in the use of SGLT2i regimes within NICE treatment guidelines.

The estimated financial value of the Joint Working Agreement totals £126,171.50. 40% from health and 60% from AstraZeneca when the workforce commitments/resources are considered as a monetary value.

The project is a must do, due NICE TA775. In the long-term, independently this initiative is cost effective, not cost saving (section 1.11). Leeds will benefit from improved cardiac and renal outcomes and reduced system costs (QALY) which will be measured and evaluated as this joint working agreement progresses in its implementation/delivery.

In line with the Leeds ICB, Pharmaceutical and Related Industries Joint Working Policy (2020), proposals for joint working must be reviewed by the organisations Quality and Finance teams, and if supported (which this proposal is) taken to a Committee meeting for formal meeting approval. Whilst the review and update of the West Yorkshire Joint Working Policy is finalised, it has been agreed that we would continue to utilise the Leeds, 2020 policy. This report is therefore seeking approval from the Leeds Committee of the ICB.

Joint working arrangements should be of mutual benefit, with the principal beneficiary being the patient. The principles for joint working arrangements as outlined within the policy have been considered and followed.

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 Integrated Care Board is asked to:

1. **APPROVE** the recommendation that the Leeds place enters into a Joint Working Agreement (JWA) with AstraZeneca for the Improving Cardio-renal Outcomes project as described within this paper.

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:

N/A

Appendices

N/A

Acronyms and Abbreviations explained
1. ACEi - Angiotensin converting enzyme inhibitors. 2. ARB – Angiotensin Renin Blocker (also known as angiotensin II receptor antagonists) 3. AZ - AstraZeneca 4. DPIA – Data Privacy Impact Assessment 5. EQIA - Equality and Quality Impact Assessment 6. GFR – Glomeruler Filtration Rate 7. ICB – Integrated Care Board 8. IMD – Index of Multiple Deprivation (a measure of poverty) 9. JWA – Joint Working Agreement 10. NICE – The National Institute for Health and Care Excellence 11. PCN – Primary Care Network 12. SGLT2i – Sodium Glucose Cotransporter 2 Inhibitors 13. SMI – Serious Mental Illness 14. TA – Technology Assessment

What are the implications for?

Residents and Communities	This initiative will improve outcomes for adult chronic kidney disease patients living in Leeds.
Quality and Safety	An Equality and Quality Impact Assessment has been completed with no quality and safety concerns identified. The project will improve patient outcomes.
Equality, Diversity and Inclusion	An Equality and Quality Impact Assessment has been completed with no implications identified.
Finances and Use of Resources	The estimated financial resource is outlined within this paper. Financials have been reviewed, checked and challenged by the ICBs finance team.
Regulation and Legal Requirements	This development and Joint Working Agreement complies with the Leeds ICB, Pharmaceutical and Related Industries Joint Working Policy (2020).
Conflicts of Interest	The Joint Working Agreement has been developed in line with the Leeds ICB, Pharmaceutical and Related Industries Joint Working Policy (2020) which addresses conflicts of interest. No conflicts of interest have been identified. Whilst prescribing recommendations are made to the GP practice, the clinician agreed by the GP Practice will be responsible for approving and making all prescribing decisions in line with local prescribing formula/guidelines.
Data Protection	A Data Protection Impact Assessment is currently being undertaken with all aspects complete prior to entering this agreement if agreed by the ICB Committee.

Transformation and Innovation	This agreement allows us to innovate and improve patient outcomes through the provision of holistic care; whilst driving forward our multi-morbidity and Cardio-Renal-Metabolic priorities.
Environmental and Climate Change	Positive Impact – initiative aims to delay and or reduce progression of chronic kidney disease, where clinically appropriate by increasing prevalence identification and treatment where appropriate. This project estimate that 1 person would avoid dialysis, this equates to 7.1 tonnes of carbon per year.
Future Decisions and Policy Making	The learnings and evaluation from this work will inform future commissioning intentions within the West Yorkshire ICB (Leeds Place)
Citizen and Stakeholder Engagement	Patient materials will be developed in collaboration with the ICBs communications and engagement team.

1. Proposal

1.1 This paper outlines the proposed Joint Working Agreement (JWA) between the West Yorkshire ICB (ICB in Leeds) and Astra Zeneca which aims to optimise cardio-renal management for people living with chronic kidney disease (CKD) with a focus on stages 3-4 in adults using SGLT2i as an add on to standard care with ACEi and ARBs, as evidenced in the NICE TA 775.

1.2 People with CKD have a gradual loss of kidney function over time. The kidneys become less effective at filtering waste products from blood; water, waste and toxic substances therefore accumulate in the body. A minority of people with CKD suffer complete kidney failure and require renal replacement therapy (RRT): dialysis or transplant. People with CKD are also at increased risk of stroke, heart attack, bone disease and other conditions. A large proportion of deaths in people with CKD are due to cardiovascular events such as strokes and heart attacks.

1.3 CKD is classified in five stages, according to the level of kidney damage and function. The focus in this project is on stages 3 - 4, which cover moderate to severe kidney disease. People with CKD are at greater risk of death than people of the same age and sex with healthy kidneys. The risk increases as the disease progresses and is far greater than the risk of progression to RRT. It is estimated that there are 40,000 – 45,000 premature deaths each year in the UK in people with CKD.

1.4 Leeds is committed to providing equitable support to improve care and reduce variation across the city in renal care. SGLT2 inhibitors have emerged as a key disease-modifying therapy to prevent the progression of cardiac and renal disease in people with and without diabetes. Clinical trial evidence suggests that dapagliflozin (an SGLT-2 inhibitor) plus standard care is more effective than standard care alone (NICE, TA 775). Dapagliflozin is being used in preference to the gliflozins (empagliflozin, canagliflozin, erugliflozin) as it is the only one currently licensed for kidney disease in people with or without diabetes. There is only one manufacturer of Dapagliflozin, AstraZeneca (AZ). Dapagliflozin (SGLT2i) has been through Leeds and West Yorkshire formulary approval process and is classified as green for initiation in primary care.

1.5 In line with NICE TA 775, this joint working project sets out to proactively identify and optimise kidney and cardiovascular care. Optimisation of care will include the introduction of a Sodium Glucose Cotransporter 2 Inhibitors (SGLT-2i) of which 18.8% of people with chronic kidney disease are eligible. Most people will be living with diabetes.

1.6 It is anticipated that the Joint Working Agreement will run between the Leeds office of the West Yorkshire ICB and AZ from January 2024 through to December 2024. A target of 1250 initiations of SGLT-2i have been agreed through the review and initiation of SGLT2i in populations who have optimised standard care with ACEi and ARBs. This will follow the NICE TA 775 recommendations.

1.7 This joint working project will be piloted in four Primary Care Networks (PCNs) January 2024 – June 2024 using a risk stratification tool. At six months, the project will be evaluated and, if cases have been exhausted, further PCNs will be invited based on CKD prevalence. The initial four PCNs are likely to be West Leeds PCN, Seacroft PCN, Burmantofts, Harehills and Richmond Hill (BHR) PCN and Morley PCN. All are supportive of joint working and have agreement at board level/are seeking board approval.

1.8 The risk stratification approach will focus on adults with CKD 3-4. In line with evidence, there will also be a health equity lens which focuses on populations with SMI, males, people of Black and Asian background and people living in IMD 1. With a focus on inequity, people living in areas of lower indices of multiple deprivation and higher rates of chronic kidney disease (CKD) will be targeted. The approaches aim to identify all people eligible and provide care to the predicted 18.8% of the CKD population, thus closing the inequality gap.

1.9 The estimated financial value of the Joint Working Agreement totals £126,171.50. 40% from health and 60% from AstraZeneca when the workforce commitments/resources are considered as a monetary value. Health contributions are supported by the Executive Management Team of the Leeds Office of the West Yorkshire ICB (agreed 13th September 2023).

The commitments from each partner in participating in the JWA is:

1.9.1 AstraZeneca

- AstraZeneca's financial allocation will fund 1 wte Band 8A pharmacist for one year, employed by Leeds Community Healthcare, working across all four PCNs. The pharmacist will work 60% clinical and 40% non-clinical. The pharmacist will risk stratify and identify appropriate patients working with GP practice workforce within the identified PCNs.
- The process of SGLT-2 initiation will require three contacts:
    - 15 minutes work up (1 contact)
    - 15 minutes initiation (1 contact)
    - 15 minutes review (1 contact)

- This support from AstraZeneca is offered as a non-promotional activity in line with the ABPI code of practice.

1.9.2 West Yorkshire ICB (Leeds Office)

- The West Yorkshire ICB allocation will fund 0.3 wte Band 8a diabetes pharmacist, pathology testing and service development, meeting the 42% allocation.
- The diabetes pharmacist will support complex diabetes care and training for participating PCNs, ensuring the upskilling of our Leeds Primary Care workforce.
- Evaluation will be undertaken by the project team and overseen by the Leeds' Health and Care Evaluation Service.
- Long term (6, and/or 12 month) outcome evaluation to assess the impact of the project will be performed by the ICB project team.

The above combined workforce will work over 46 weeks, annually.

1.10 The expected outcomes of the project in the short term are to improve cardio renal care (which focuses on delaying disease progression) and improve self-management. In the long term, the expected outcomes are a reduction in system costs, the personal and social burden of advanced chronic kidney disease and, the upskilling of primary care in the use of SGLT2i regimes within NICE treatment guidelines. The clinical benefits are outlined within the publication; Kidney disease: A UK public health emergency (2023) and NICE TA755. Within NICE TA755,the benefits of Dapagliflozin have been deemed cost effective via the Dapa-CKD study that showed that over a median of 2.4 years a primary outcome event (a composite of a sustained decline in the estimated Glomeruler Filtration Rate (GFR) of at least 50%, end-stage kidney disease, or death from renal or cardiovascular causes) occurred in 197 of 2152 participants (9.2%) in the dapagliflozin group and 312 of 2152 participants (14.5%) in the placebo group (hazard ratio, 0.61; 95% confidence interval [CI], 0.51 to 0.72; P<0.001; number needed to treat to prevent one primary outcome event, 19 [95% CI, 15 to 27]). The hazard ratio for the composite of a sustained decline in the estimated GFR of at least 50%, end-stage kidney disease, or death from renal causes was 0.56 (95% CI, 0.45 to 0.68; P<0.001), and the hazard ratio for the composite of death from cardiovascular causes or hospitalization for heart failure was 0.71 (95% CI, 0.55 to 0.92; P=0.009). Death occurred in 101 participants (4.7%) in the dapagliflozin group and 146 participants (6.8%) in the placebo group (hazard ratio, 0.69; 95% CI, 0.53 to 0.88; P=0.004).

1.11 As a Technology Appraisal (TA) there is a legal obligation to fund. NICE have produced cost predictions which can be applied at local level and have

been tested and challenged via the Leeds Long Term Conditions Board to demonstrate system costs in relation to implementation of this project in table 1.

Table 1: Total system costs

	Project Years				
	Year 1 £'000	**Year 2 £'000**	**Year 3 £'000**	**Year 4 £'000**	**Year 5 £'000**
System Cost (drugs)	£639	£617	£617	£617	£617
System Saving – Resources released*	£81	£108	£375	£375	£375
Minus assumptions included to date in 23/24 medicines optimisation planning	£244	£244	£244	£244	£244
Total system cost	£314	£265	-£2	-£2	-£2

1.12 The cost of the drug will reduce from year 5 onwards (by 90-95%) as the drug comes off patent. There is a recurrent financial cost to the Leeds system in terms of drug costs. These have been understood and agreed by the West Yorkshire ICBs, ICB in Leeds finance team and the Long Term Conditions Population Board, Executive Management Team and Commissioning of Medicines Group (COMG).

1.13 In summary, the work completed in the year of the project will aim to lower the risk of mortality and avoid costly unplanned suboptimal care and improve the quality of life for people living with chronic kidney disease (CKD) over the next 10 years. As a pilot project, there will also be a requirement to understand the scalability of the project.

2. Next Steps

2.1 Subject to agreement by the Leeds Committee, the following next steps will be followed:

- Final checks to be undertaken in relation to Information Governance.
- Recruitment to commence October 2023.
- Evaluation developed during October and November 2023.
- Joint Working Agreement signed by all parties by December 2023.
- First reviews commence in January 2024.
- The project will be evaluated throughout the year with a final project summary report being published 6 months post project completion; June 2025

3. Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

1. **APPROVE** the recommendation that the Leeds place enters into a Joint Working Agreement (JWA) with AstraZeneca for the Improving Cardio-renal Outcomes project as described within this paper.

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	LC 37/23
Meeting date:	4 October 2023
Report title:	Proposal to Merge Shadwell, Rutland and Oakwood Practices
Report presented by:	Gaynor Connor, Director of Primary Care and Same Day Response
Report approved by:	Gaynor Connor, Director of Primary Care and Same Day Response
Report prepared by:	Victoria Annakin, Senior Manager Primary Care Integration

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

Previous considerations:

In June 2023 the Primary Care Programme Board provided approval for Shadwell Medical Centre, Rutland Lodge Medical Practice and Oakwood Surgery to commence a period of engagement to inform patients and staff of their proposal to merge the practices in November 2023.

A period of engagement was undertaken between June and July the outcome of the engagement and subsequent business was presented to the Primary Care Board on 7 September 2023.

At the meeting on 7 September 2023, Primary Care Board reviewed the business case, engagement feedback and provided approval for the partners of Shadwell Medical Centre, Rutland Lodge Medical Practice, and Oakwood Surgery to merge the three practices in November 2023

Executive summary and points for discussion:

The ICB in Leeds has received an application from the partners of Shadwell Medical Centre, Rutland Lodge Medical Practice, and Oakwood Surgery (all located in Central PCN) setting out a proposal to merge the three practices under a single contract from 1 November 2023.

It is anticipated that the merger will provide stability, resilience, and continuity of care across all three practices following the retirement of key partners to future proof the provision of sustainable primary care for the registered practice populations. It would also provide economies of scale with the opportunity to invest in developing services, increase patient choice and improve patient experience whilst operating over a larger footprint to provide an attractive opportunity for prospective future partners to create a sustainable partnership.

The practices work well together, and the proposal is a natural progression given their close working relationship that will support the future sustainability of all the practices.

The engagement identified several key themes, including:

- The importance of getting an appointment with the requested GP at the chosen surgery; continuity of care
- The impact on getting through on the phone lines at 8am.

- The number of patients across the three surgeries may reduce the personal feel of the smaller surgeries.
- Risk that admin and support staff not being supported and losing their motivation and empathy for patients.
- Importance of access for disabled patients at the surgery closest to them.
- Having to travel further to see a healthcare professional.
- Increase in other services and more choice of who to see.
- Mitigates risk of being unable to recruit to small organisations.
- Good idea to share resources and expertise
- PPGs still having a voice to be heard regarding their individual practices as well as a collective practice population

The Primary Care Board reviewed the attached proposal and agreed that in the interest of supporting sustainable and resilient primary care services for patients the proposal should be supported and is recommended for approval by the Leeds Committee of the ICB in line with delegation of decisions to the 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 Integrated Care Board is asked to:

1. **NOTE** the feedback from patients and local stakeholders around the impact of the proposed changes at Shadwell Medical Centre, Oakwood Surgery and Rutland Lodge Medical Practice
2. **APPROVE** the proposal for the merger of Shadwell Medical Centre, Rutland Lodge Medical Practice, and Oakwood Surgery in November 2023

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 proposal aims to support overall resilience in general practice thereby supporting increasing patient experience and outcomes

Appendices

Included via the 'paperclip' function:

Appendix 1 - Business Case
Appendix 2 - Engagement Report
Appendix 3 - Practice Distances
Appendix 4 - Practice Boundary

Acronyms and Abbreviations explained

1. APMS – Alternative Provider Medical Services (Contract for General Practice Service)

2.	GMS – General Medical Services (Contract for General Practice Service)
3.	PMS – Personal Medical Services (Contract for General Practice Service)
4.	GP – General Practitioner
5.	PCN – Primary Care Network
6.	ICB – Integrated Care Board
7.	PGM – Policy Guidance Manual (for consideration of matters relating to General Practice services)

What are the implications for?

Residents and Communities	Potentially this will result in increased choice for patients in the area by patients being able to access care across multiple sites. The aim is for improved overall accessibility and range of services on offer for patients. There will be no detrimental impact to patient care through the merger
Quality and Safety	The aim is for improved overall accessibility and range of services on offer for patients
Equality, Diversity and Inclusion	None identified
Finances and Use of Resources	None identified
Regulation and Legal Requirements	None identified
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	None identified
Citizen and Stakeholder Engagement	Patient and stakeholder engagement report is attached outlining several themes and mitigating actions

Proposal for the merger of Shadwell Medical Centre, Oakwood Surgery and Rutland Lodge Medical Practice

1. SUMMARY OF PROPOSAL

1.1 In April 2023 the Partners of Shadwell Medical Centre (B86056) Oakwood Surgery (B86654) and Rutland Lodge Medical Practice (B86019) submitted a business case (Appendix 1) setting out a proposal to merge the three practices together under a single contract. The decision to engage on the proposed merger was approved by Primary Care Programme Board on 1 June 2023.

1.2 The reason for the merger proposal is to provide stability, resilience, and continuity of care across all three practices following the retirement of key partners to future proof the provision of sustainable primary care for the registered practice populations.

1.3 The merger will increase the resilience of all practices and offer opportunities to further develop the services available for patients. The practices will merge under the Rutland Lodge Medical Practice contract (B86019) and be issued with a new GMS contract.

1.4 The proposal is for all services to continue to operate from the four sites across the three practices (including Carleton Gardens, the branch surgery of Rutland Lodge).

1.5 The proposed date for the merger is 1 November 2023.

1.6 The proposal to merge should be considered in line with NHS England's Policy and Guidance Manual (PGM) (Part B, section 7.11). This sets out what commissioners should consider when deciding on contractual mergers, this includes;

- how patients would access a single service.
- what would the practice boundary be (inner and outer);
- assurances that all patients will access a single service with consistency across provision, i.e., home visits, booking appointments, essential and additional services, opening hours, extended hours, and so on, single IT and phone system;
- premises arrangements and accessibility of those premises to patients
- proposed arrangements for involving the patients about the proposed changes, communicating the change to patients, and ensuring patient choice throughout.
- the impact on patient choice; and
- how the proposed merger is intended to benefit patients.

2 PRACTICE INFORMATION

2.1 Shadwell Medical Centre, Oakwood Surgery and Rutland Lodge Medical Practice are practices within the Central North Leeds PCN and the average distance between any of the three practices is 2.8 miles. Public transport is available between all sites including Rutland's branch surgery at Carleton Gardens.

2.2 Shadwell Medical Centre has a list size of 4262, Oakwood Surgery has a list size of 5259 and Rutland Lodge Medical Practice has a list size of 9532 which, if merged, would total a combined registered list size of over 19,000 patients

2.3 Rutland Lodge Medical Practice is the only practice that has a branch surgery meaning the merger be inclusive of four sites in total.

2.4 Shadwell Medical Centre has an APMS contract in place until 31 March 2024 which is currently held by Central Leeds PCN. Oakwood Surgery holds a PMS contract and Rutland Lodge Medical Practice hold a GMS contract.

2.5 All practices use SystmOne as their clinical system and all use Red Centric as their telephony provider. All practices estate is currently leased.

2.6 Oakwood Surgery, Rutland Lodge Medical Practice and Shadwell Medical Centre all have a CQC rating of 'good'.

3. KEY BENEFITS

3.1 Key benefits of the merger, as outlined in the business case, include:

- **Sustainability**– a larger footprint makes the merged practice an attractive employer and will maximise workforce flexibility and sustainability whilst presenting greater opportunities for creating bespoke/specialised clinics.
- **Choice** – Multiple sites to consider in times of pressure in the system. Opportunities to move staff to areas of pressure in the system. Recent experience demonstrates patients in the Central PCN will travel through the delivery of COVID clinics but also with established weekend/holiday hub at Rutland Lodge.
- **Premises** – maintaining current premises over 4 sites in the existing areas.
- **Access** - patients will have access to a wider range of services and improved quality by developing training practices on all sites.
- **Economies of scale -** opportunity to invest in developing services, all three Practices have previously provided back-office support together and continue to do so, the merger will allow further processes to be streamlined.
- **Continuity of care –** with opportunity for peer support and audit, clinical case discussions and professional reflection. These are the cornerstones of good practice.
- **Experience -** combined nursing teams are qualified to diploma level in Respiratory, Diabetes and Women's health, thus providing expert care for patients.

- **Resilience** – the merger will present the opportunity to spread responsibility amongst the GP partners.
- **Training & Development** – staff will benefit from training and development opportunities.

4. PATIENT AND STAKEHOLDER ENGAGEMENT

4.1 The patient and stakeholder engagement process started on 5 June and ran until the 15 July 2023 (5 weeks)

4.2 The practices led on the engagement and a variety of activities and methods were used to seek the views of as many of the registered patients across all three practices.

4.3 All practices held an initial meeting with their respective PPGs to seek their views on how they should communicate the proposals and ensured this feedback was fed into the agreed engagement process

4.4 The proposed changes were outlined on all practice websites with a link to an online survey.

4.5 Practices printed copies of the survey and made these available at all surgeries to ensure those unable to access the survey online were still able to provide feedback.

4.6 A letter outlining the proposed changes was posted to all registered patients (1 per household) which included details of the survey, how to submit any questions and details of the three planned public events.

4.7 The practices organised and held three public events held at each of the practice sites; Rutland Lodge Medical Practice, Shadwell Medical Centre and Oakwood surgery for people to attend to find out more about the proposed changes, providing opportunity for patients to ask questions.

4.8 Additional text message reminders were sent out to all patients registered with a mobile phone halfway through the engagement period to encourage people to fill out the survey and provide feedback

4.9 A total of 177 people actively engaged in the engagement process through either attending a meeting or submitting a survey. Most responses via the survey were from patients at Oakwood Surgery however all public events were well attended with approximately 90 attendees across all three events.

4.10 The engagement identified several key themes, including:

- The importance of getting an appointment with the requested GP at the chosen surgery; continuity of care
- The impact on getting through on the phone lines at 8am.

- The number of patients across the three surgeries reducing the personal feel of the smaller surgeries.
- Admin and support staff not being supported and losing their motivation and empathy for patients.
- Access for disabled patients at the surgery closest to them.
- Having to travel further to see a healthcare professional.
- Increase in other services and more choice of who to see.
- Mitigates risk of being unable to recruit to small organisations.
- Good idea to share resources and expertise
- PPGs still having a voice to be heard regarding their individual practices as well as a collective practice population

4.11 An FAQ document was created and updated with responses to patients queries and concerns throughout the process. This was updated in response to responses to the survey and questions raised at the public events. A full breakdown of the responses and assurances given to the concerns raised can be found in the full engagement report (Appendix 2).

4.12 Although there were some concerns and queries raised throughout the engagement process, overall, the response to the proposal was accepted by patients and in the main was positive. This was further validated by the assurances given by the practices regarding workforce, availability of appointments, transition of online services and patient records and the plans regarding phonelines to ensure people can still get through and be seen at their current practice location.

4.13 In addition a stakeholder letter was sent out to wider partners including all local councillors. MPs and providers (including LTHT and LCH) informing them of the proposal, the engagement process and timeline as well as detailing the associated governance process.

4.14 The engagement report details the engagement process and outcomes and includes a key themes table which outlines the practice response to some of the patient concerns (Appendix 2)

5. FINANCIAL IMPLICATIONS AND RISK

5.1 It is anticipated that there are no significant financial implications of the merger as this is based on the existing financial envelope.

5.2 Finance colleagues will continue to be involved to provide future financial planning and analysis and to pick up any issues throughout the process

6.0 NEXT STEPS

6.1 Following approval, the Primary Care Team will ensure the merger is enacted in line with NHS England's Policy and Guidance Manual (PGM) (Part B, section 7.11).

6.2 The Primary Care team will use the standard checklist for practice mergers to ensure all aspects of the merger are addressed. This covers formal patient and stakeholder communication, IT actions, and all other operational elements for consideration

6.4 The Primary Care Team will work with the practices to develop and implement their mobilisation plan for the merger on the 1 November 2023

7. RECOMMENDATIONS

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

1. **NOTE** the feedback from patients and local stakeholders around the impact of the proposed changes at Shadwell Medical Centre, Oakwood Surgery and Rutland Lodge Medical Practice
2. **APPROVE** the proposal for Shadwell Medical Centre, Oakwood Surgery and Rutland Lodge Medical Practice to merge the three practices in November 2023

8. APPENDICES

All attached via the paperclip function as supplementary information:

Appendix 1 - Business Case
Appendix 2 - Engagement Report
Appendix 3 - Practice Distances
Appendix 4 - Practice Boundary

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	LC 38/23
Meeting date:	4 October 2023
Report title:	In Our Shoes: The Director of Public Health Annual Report 2022
Report presented by:	Kathryn Ingold, Consultant in Public Health, Leeds City Council
Report approved by:	Victoria Eaton, Director of Public Health, Leeds City Council
Report prepared by:	Kathryn Ingold, Consultant in Public Health, Leeds City Council

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

Previous considerations:

This is the first annual report of the Director of Public Health since 2018 following the COVID-19 pandemic.

Executive summary and points for discussion:

The Director of Public Health has a mandatory duty to publish a report annually describing the health of the population and make recommendations to improve health. This year, the report is called “In Our Shoes” and focuses on the current state of children and young people’s health in Leeds. This includes exploring the impact of the COVID-19 pandemic on their lives. The report spans from when the first COVID-19 cases were identified in Leeds, to the ongoing impact as we learn to live with COVID-19 and respond to new threats and opportunities relating to children’s health.

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 Integrated Care Board is asked to:

1. **NOTE** the content of the Director of Public Health annual report and accompanying film (link on page 8 in the report).
2. **SUPPORT** and **COMMIT** to delivering the recommendations of the report with a particular focus on recommendations 4 and 9.

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:
N/A
Appendices
1. In Our Shoes: The Leeds Director of Public Health Annual report 2022 (link) 2. The Children's Summary of In Our Shoes: The Leeds Director of Public Health Annual report 2022
Acronyms and Abbreviations explained
N/A

What are the implications for?

Residents and Communities	As set out within the appendices.
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

1. Main Report Detail

How “In Our Shoes” was produced.

The Director of Public Health has a mandatory duty to publish a report annually describing the health of the population and make recommendations to improve health. This year, the report is called “In Our Shoes” and focuses on the current state of children and young people’s health in Leeds. The first stage in creating this report was to conduct a comprehensive review of the available literature about the impact of living through the COVID-19 pandemic on children and young people. Over 100 papers and reports were reviewed to identify key themes and statistics that would inform the report’s development. An online survey was then conducted aimed at professionals working with children and young people in Leeds, titled: ‘The Impact of the COVID-19 Pandemic on Children in Leeds’. This survey was promoted via various methods, including social media and directly with partners. The responses were analysed to identify recurring themes, which have been explored within this report. An online ‘Call for Creative Submissions’ was run. This was promoted within Leeds attractions including the Thackray Museum and Kirkgate Market, and through social media and outreach to partners. Children and young people were invited to create something that explained how the pandemic impacted them and to share it via an online form. These submissions were also analysed for key themes which are presented throughout this report. Focus groups were conducted with children and young people across Leeds.

1.2 Headline findings

The literature review, statistics on health outcomes and what children and partners who work with children shared were analysed. Key impacts of the pandemic and areas to focus on to improve children and young people’s health in Leeds were identified.

- Children living in more deprived areas experienced higher levels of air pollution, worse housing and less access to gardens compared to children living in more affluent areas of the city. This had a big impact on how they experienced the pandemic and had a consequent negative impact on their physical and mental health.
- Some children were less safe during lockdown. There were reduced opportunities to identify neglect and abuse. Some children experienced an increase in arguing at home, parents using alcohol and witnessing domestic violence.
- Although some children and young people reported improvements to their mental health during lockdown, overall there remains a significant deterioration in the mental health of children and young people in Leeds.

Parental mental health also deteriorated during the pandemic. Families living in deprived areas were at greater risk of poorer mental health.

- Children's physical health was impacted in terms of sleep, food, play, screen time, and activity levels. This impact was not equally experienced. It resulted in a significant increase in children living with obesity, especially in areas of the city which are deprived. This rise has dropped back to slightly below pre-pandemic levels for reception-class children but remains higher than pre-pandemic levels for children in year 6. In addition, levels of children living with obesity in both reception and year 6 remain higher for children living in deprived areas of Leeds compared to the Leeds average.
- Children's communication, language and general development was impacted by the lockdown. It had the greatest impact in poorer communities, with many partners reporting children are now behind in their social, emotional and communication development.
- Children's educational attainment was impacted disproportionately. Schools with a higher proportion of children from disadvantaged backgrounds lost most learning.
- Health care services were not accessible to all and there remain significant delays to some services, specifically: dentistry; speech and language therapy; mental health services.
- Rates for childhood vaccinations have also dropped. This may lead to increased childhood infections.
- Some children had positive experiences during lockdown. This included more time with family members, particularly dads, more flexible services and less road traffic. However, these were not experienced equally.

1.3 Recommendations

1. All partners in Leeds to ensure the voices of children and young people are central to all work planned, taking into account the Child Friendly Leeds twelve wishes.

2. Leeds City Council and partners to work to ensure children are kept safe with a focus on:
   - Prevention of harm;
   - Parenting support;
   - Early help;
   - Reducing domestic violence.

3. Leeds City Council, the Leeds Office of the West Yorkshire NHS Integrated Care Board, and partners to continue to prioritise work to improve and protect children's mental health. This will be delivered through the:
   - Leeds Children and Young People's Plan;
   - Prevention workstream of the Future in Mind strategy.

4. Leeds City Council to build on the success of existing support to parental mental health and wellbeing, with a focus on the development of family hubs.

5. Leeds City Council to work with partners to continue to deliver a programme of work to protect and improve children's physical health. This will focus on:
   - Implementing the recommendations from the play sufficiency research;
   - Increasing physical activity opportunities;
   - Increasing access to healthy food;
   - Implementing the child healthy weight plan.

6. Leeds City Council to ensure that children are central to the delivery of work to become a Marmot city, with a focus on:
   - Improving housing;
   - Planning;
   - Mitigating the impacts of poverty;
   - Children getting a fair start in life;
   - Ensuring the Thriving Strategy is implemented.

7. The Best Start partnership to aim for all children in Leeds to receive the best start in life, with a focus on children from more deprived backgrounds. This includes redressing the gap in speech language and communication development.

8. Leeds City Council to maintain work underway to ensure equitable catch up in terms of educational attainment. This will be achieved through delivering the five main priorities of the 3As Plan:
   - Reading;
   - Attendance;
   - Special Educational Needs;
   - Wellbeing;
   - Transition.

9. The Leeds Office of the West Yorkshire NHS Integrated Care Board to ensure health care services are accessible to all children and young people. This will focus on:
   - Dental services;
   - Mental health services;
   - Speech, language and communication.

10. NHS England and The Leeds Health Protection Board to increase coverage rates of childhood immunisations.

1.4 National recognition

"In Our Shoes" was submitted to the Association of Directors of Public Health (ADPH) as part of the annual report competition and celebration. At the ADPH annual workshop and AGM on 24th May, the Chief Executive, announced the shortlist of reports submitted for the Annual Report Celebration. These reports demonstrated excellence or innovation. A total of 49 reports were submitted from all over the UK. The topics covered included health inequalities, cost of living, ageing, the influence of the pandemic and more. The top four reports that stood out as overall good examples included Leeds. The panel said: "This year, we had great pleasure in recommending the Leeds report, which gave a powerful snapshot of the inequity of outcomes for children and young people in the city. We particularly enjoyed the film embedded into the report, and the presentation was fresh and inviting on every page. The report is also peppered with statistics and quotes which makes it relatable and interesting throughout. One thing that really stood out was the section on positive impacts of the pandemic. This isn't something you hear much about but serves as a timely reminder that there is good to be found in every situation, and by exploring what that good is, we can learn valuable lessons for the future."

2. Next Steps

2.1 The report is being shared widely with the request to note and take action to implement the recommendations.

2.2 It is hoped the Director of Public Health Annual Report 2022 will have a wide-ranging impact if partners take note of the recommendations, which have been written in response to intelligence created by a review of evidence, epidemiological data and a wide consultation of children, young people, their families and partners who work with children and young people in Leeds.

3. Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

a) **Note** the content of the Director of Public Health annual report and accompanying film (link on page 8 in the report).

b) **Support** and **commit** to delivering the recommendations of the report with a particular focus on recommendations 4 and 9.

4. Appendices

1. In Our Shoes: The Leeds Director of Public Health Annual report 2022 (link)
2. The Children's Summary of In Our Shoes: The Leeds Director of Public Health Annual report 2022

IN OUR SHOES

Director of Public Health Annual Report 2022

A summary for children and young people

Why we made this report

The COVID-19 pandemic affected all our lives. For a long time, it was the main item on the news.

But people mainly talked about how the pandemic affected adults.

Children were less likely to become ill with COVID-19 than adults. They weren't the focus of lockdown measures. But their lives were still deeply affected – and for some, the effects are still carrying on.

Some children:

- **Are still catching up on learning they missed out on.**
- **Have struggled to get the support they need.**
- **Have missed out on developing basic skills.**

Victoria Eaton is our Director of Public Health in Leeds. She thinks it's unfair that some children were affected more than others. She wants this to change.

How we made this report

The team who made In Our Shoes:

- **Read lots of studies.**
- **Shared a survey with people who work with families in Leeds.**
- **Talked to children, young people, and families to hear how things had been for them.**
- **Asked for artwork or poetry about children's experiences.**
- **Worked with families to make a film, also called In Our Shoes.**

Why we made this report

We found the COVID-19 pandemic affected the lives of children in Leeds in many ways:

Children's mental health has worsened.

Referrals to children's mental health services went up between 2020 and 2022.

Children's happiness levels have been falling for 10 years. During the pandemic, happiness levels went down even more.

Better mental health links to better academic outcomes, relationships, and physical health.

Parental mental health was affected.

Many parents found the pandemic stressful. Parents needed to support their children with less help from family, friends, schools, and services.

If parents' mental health is not well supported, their children's mental health and development can be affected.

Disrupted routines affected children's health.

Lockdown disrupted children's lives. Things like sleep, eating habits, activities and play were affected. Families without a garden, or money for healthy food, faced more challenges. Screen-time went up by 50%. Returning to normal was hard for many families.

It became even harder for children to stay a healthy weight - more so when families had less money. Lots of screen time can also affect children's health.

The impact was unequal and unfair.

The pandemic impacted families differently. Families with less money were more likely to:

- Live in damp, cold, overcrowded, or unstable housing.
- Breathe polluted air.
- Feel stressed or anxious.
- Lose a loved one to COVID-19.

The COVID-19 lockdown was tougher for these families, and led to more long term impacts. People from some ethnic groups were also more affected. This is unfair.

Many families were made poorer during the pandemic. This is getting worse because basic things like food and energy cost more money than ever. One-third of families in Leeds now live in poverty.

Living in poverty affects children's life expectancy, academic prospects, and health.

Life behind closed doors made some children less safe.

It was harder to access safe spaces outside home in lockdown. Some children were more unsafe at home. This might be because someone hurt them, or they weren't well looked after. Services weren't running as normal, so chances to help might have been missed. Some children also saw upsetting or harmful content online.

If help isn't there when needed and children feel unsafe, this can cause trauma. Trauma impacts children's life outcomes.

Young children's development was affected.

When children are young, their brain develops a lot. This is helped by playing actively and interacting with people. But the pandemic meant we didn't mix with many people.

Teachers, nursery workers and children's centre staff said many young children came out of the pandemic:

- Unsure of adults and children they didn't know.
- Less able to share and with fewer basic skills.
- Struggling to communicate.
- Experiencing behaviour problems.

These issues may affect children as they grow older. This could mean more children need help from services or do less well at school.

Lost learning was experienced unequally

Lots of children lost learning from not being in school during the pandemic. Some families found it more difficult to home-school well:

- When parents had conflicting work demands.
- Where families were facing illness, safeguarding issues, or poverty.
- Where children had additional needs.
- Where access to laptops or WiFi was a problem.

Catching up on this lost learning will be hard. More children are absent from school than before the pandemic, which makes it harder still to catch up. But teachers are working to address the problem. Leeds' GCSE results were better in 2022 than 2019.

Education is one of the most important routes to health and wealth in adulthood. So the impact of this could be lifelong. There was already a difference in learning between richer and poorer parts of Leeds. This could get bigger.

It is still difficult to access some services.

Families found it hard to access services (like dentists) during the pandemic.

So, some children developed problems which are now more difficult to put right. There are long waiting lists for lots of services. These include dentists, mental health support and speech & language therapy.

This might mean children are absent from school more. Some children might need emergency care, which is more expensive.

Action is needed to tackle childhood infections.

More children had common illnesses in winter 2022/23 than before the pandemic. This was because children could mix again. Children had spent a lot of time not seeing other people in lockdown. Illnesses might have spread that children weren't used to or immune to. Vaccinations for more serious diseases have gone down since the pandemic. This could mean that more children get seriously ill.

Reduced vaccinations could lead to outbreaks of serious illnesses like measles.

Some things did change for the better.

Many children got to spend more time with their families. Children got to see their dads more. Services and work meetings moved online.

More flexible working for parents and more online access to healthcare are long-term changes that make life easier for some families.

What happens next?

> **I used to be on my computer for 12 hours a day for school and basic socialising**
>
> - Bruce, 15, Whinmoor

The Director of Public Health made lots of suggestions for change in the report. She thinks that children and young people should be at the heart of all the work that affects them.

Leeds City Council and its partners should continue to:

- Focus on how to keep children safe;
- Prioritise work to improve and protect children's mental health;
- Build on existing work to support parental mental health and wellbeing;
- Focus on supporting children's health. This can be done through:
  - increasing access to healthy food;
  - creating more chances to be active and play;
  - making sure that as many people as possible can access green space;
  - continuing a plan to support children's healthy weight.
- Focus on how to make life fairer for families in poverty in Leeds;
- Work in partnership to help all children catch up on lost education.

> **I felt sad during lockdown because I couldn't go outside and play.**
>
> - Child, 8, Leeds

The Leeds Office of the West Yorkshire Integrated Care Board makes decisions about health services in Leeds. It should make sure all children's healthcare is accessible, especially:

- Dentistry;
- Mental health services;
- Speech and language therapy.

NHS England and the Leeds Health Protection Board should increase the coverage of childhood immunisations.

Next year, the Director of Public Health will report back on progress.

The report and short film are on our website. Visit:
www.leeds.gov.uk/PublicHealthAnnualReport22

Thank you to all the children and families who helped to make this report happen.

Leeds CITY COUNCIL

we are child friendly Leeds

LEEDS COMMITTEE OF THE WEST YORKSHIRE INTEGRATED CARE BOARD WORK PROGRAMME 2023-24

ITEM	Jul 23	Oct 23	Dec 23	Mar 24	Lead
STANDING ITEMS					
Welcome & Introductions	X	X	X	X	Chair
Apologies & Declarations of Interest	X	X	X	X	Chair
Minutes of previous meeting	X	X	X	X	Chair
Matters Arising	X	X	X	X	Chair
Action Tracker	X	X	X	X	Chair
Questions from Members of the Public	X	X	X	X	Chair
Summary & Reflections	X	X	X	X	Chair
People's Voice	X	X	X	X	-
Place Lead Update	X	X	X	X	TR
Forward Work Plan	X	X	X	X	Chair
Items for the Attention of the ICB	X	X	X	X	Chair
Population and Care Delivery Board Update	X	X	X	X	Various
GOVERNANCE & FINANCE ITEMS					
Sub-Committee Assurance Reports	X	X	X	X	Relevant Chairs
Risk Management Report	X	X	X	X	TR
Board Assurance Framework (BAF)	X	X	X	X	TR
Financial Position Update	X	X	X	X	VPS
ITEMS FOR DECISION					
Leeds Joint Working Agreement (JWA)		X			LM
GP Procurement / Merger of practices		X			KT
Healthy Leeds Plan / Joint Forward Plan	X				JC
STRATEGY & ASSURANCE					
Local Care Partnership (LCP) Update	X				TS
Operational Planning Round for 2024/25				X	TR/VPS
Marmot City Update			X		VE/ALL
The Director of Public Health Annual Report 2022		X			VE