**Final Minutes**

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

**Tuesday 14 March 2023, 1.15pm – 4.30pm**

**HEART: Headingley Enterprise & Arts Centre, Bennett Rd, Leeds LS6 3HN**

| **Members** | **Initials** | **Role** | **Present** | **Apologies** |
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| 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 |  | **🗸** |
| Dr Ruth Burnett (Deputising for GW) | **RB** | Executive Medical Director, Leeds GP Confederation | **🗸** |  |
| Caroline Baria | **CB** | Director of Adults & Health, Leeds City Council (LCC) | **🗸** |  |
| Victoria Eaton | **VE** | Director of Public Health, LCC | **🗸** |  |
| Shanaz Gul | **SG** | Third Sector Representative | **🗸** |  |
| Dr John Beal | **JB** | Chair, Healthwatch Leeds | **🗸** |  |
| Dr Sarah Forbes | **SF** | Medical Director, ICB in Leeds |  | **🗸** |
| Dr Keith Miller (Deputising for SF) | **KM** | Associate Medical Director, 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 | **🗸** |  |
| Harriet Speight  | **HS** | Corporate Governance Manager, ICB in Leeds | **🗸** |  |
| Jenny Cooke (Item 83) | **JC** | Director of Population Health Planning, ICB in Leeds | **🗸** |  |
| Harriet Wright (Item 67)  | **HW** | Community Project Worker, HealthWatch Leeds | **🗸** |  |
| Tony Cooke (Item 76) | **TC** | Chief Officer, Leeds Health Partnerships | **🗸** |  |
| Wasim Feroze (Item 76) | **WF** | Strategy Partnership Development Manager, Leeds Health Partnerships | **🗸** |  |

**Members of public/staff observing – 4**

| No. | Agenda Item | **Action** |
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| **62/22** | **Welcome and Introductions**The Chair opened the meeting of the Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB) and brief introductions were made.  |  |
| **63/22** | **Apologies and Declarations of Interest**Apologies had been received from Yasmin Khan, Dr George Winder and Dr Sarah Forbes. Dr Ruth Burnett was in attendance as deputy for Dr George Winder and Dr Keith Miller was in attendance as deputy for Dr Sarah Forbes.Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion.  |  |
| **64/22** | **Minutes of the Previous Meeting – 13 December 2022**The public minutes were approved as an accurate record.**The Leeds Committee of the WY ICB:**1. **Approved** the minutes of the previous meeting held on 13 December 2022.
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| **65/22** | **Matters Arising**There were no matters raised on this occasion. |  |
| **66/22** | **Action tracker**The committee noted the completed actions set out in the action tracker. |  |
| **67/22** | **People’s Voice**The Chair introduced Harriet Wright (HW) from Healthwatch Leeds, who provided a summary of recent work undertaken by HealthWatch between March and May 2022 to understand people’s experiences of discharge care from hospitals and services in Leeds. Members also watched a short video of interviews with patients and their families around their experiences. HW highlighted that 38% of patients were dissatisfied with discharge care, showing the clear need for improvement, however also noted that the research found some examples of good practice around coordination and after care to be built upon throughout the system. HW advised that the recommendations to improve discharge care were centred around involving people and their family members in conversations at all stages, and appropriate follow up following discharge. The Chair thanked HealthWatch Leeds for all their work to ensure that the voices of the people of Leeds are heard.Tim Ryley (TR) advised that the HealthWatch report and recommendations were shared at the Leeds System Assurance Board (SRAB), and several actions had taken place since to improve the discharge process, including an increase in the number of discharge coordinators at LTHT and a broader piece of work around system flow, with patient and family involvement at the centre of the process. John Beal (JB) added that the third sector also play a significant role in providing support to patients throughout the discharge process, in hospital and in the community. Thea Stein (TS) reflected that the most crucial element to improving discharge care is communication, and the Chair noted that the ‘three C’s’– communication, coordination, and compassion – continues to be a consistently strong theme shown through patient stories and support for embedding this approach into work streams across the partnership.  |  |
| **68/22** | **Questions from Members of the Public**There were no questions received from members of the public on this occasion. |  |
| **69/22** | **Place Lead Update**TR provided an overview of the report, highlighting significant challenges relating to access to mental health, neuro-diversity diagnosis, waiting times for the emergency department, and system flow pressures. TR advised that despite challenges, there had been good progress in several areas, which is testament to hard work of colleagues across the system. TS advised that one in eight children in Leeds at some point during their school life will seek a diagnosis for neurodiversity, as opposed to any one time as implied within the report. TS highlighted the importance of the distinction as a high number of those seeking diagnosis do not convert into a diagnosis. Members discussed the multi-factorial challenges surrounding waiting times for neuro-diversity diagnosis in Leeds, including increased demand as a result of cultural shift and increased awareness, as well as national disinvestment in early intervention. Shanaz Gul (SG) also advised of recent research that had shown Black and Minority Ethnic (BAME) parents experience particular challenges in seeking diagnosis and support, noting the prevalence of fear around labelling symptoms as misbehaviour and the cultural sensitivities surrounding this. The committee was advised that work is ongoing at WY level to further understand and address the challenges around neuro-diversity diagnosis and noted its support for this critical work. In response to a query around system flow challenges, TR advised there had been some improvement however was not completely sustainable at this stage. Partners also reported pressures around recruitment and industrial action that continue to challenge system flow. Phil Wood (PW) reiterated the importance of ensuring that the system does not accept consequences of challenging circumstances that have become more common – such as long waits without beds.**The Leeds Committee of the WY ICB:**1. **Considered** and **noted** the contents of the report
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| **70/22** | **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 updated risk register and the risks relating to risk of harm and mental health were discussed at length. Members emphasised the importance of prioritising the increasing risk of harm, particularly relating to access to mental health services. The subcommittee agreed to escalate to the Leeds Committee of the WY ICB to raise the profile of the risk, and to consider what can be done collectively as a system to further mitigate the risk and increase the priority and focus of reducing risk of harm, utilising other parts of the system, such as the Mental Health Transformation Programme.
* The sub-committee received a ‘How does it feel for me?’ report and video from Healthwatch Leeds depicting Emma and Adam’s experience of accessing healthcare services in the period between June 2021 and June 2022 and discussed the findings. The ‘3 Cs’ - communication, compassion, and co-ordination were seen as integral to apply when working across the health and care system.
* It was suggested that a deep dive be brought back to a future meeting relating to patient experiences, with further discussion required to determine the most appropriate way of ensuring all partners and services are involved.
* The sub-committee received the first round of Population and Care Delivery Board reports and welcomed the comprehensive and assuring content. The Chair thanked the Boards for their work.

In reference to the suggestion for a deep dive into patient experiences, TR supported the approach to a system wide approach and advised that the Care Quality Commission (CQC) had set out plans to undertake system level reviews to understand people’s experiences, recognising that people do not experience a single NHS trust, rather they experience a service which may be delivered across several organisations, including the third sector. Jo Harding (JH) added that, along with whole system sign-up, deep dives conducted in this way would also require a degree of independence given the number of partners involved. **The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **71/22** | **Delivery Sub-Committee Update**The Chair of the Sub-Committee, Yasmin Khan (YK), was not in attendance. Cheryl Hobson (CH) provided a brief overview of the assurance report included in the agenda pack on behalf of YK, as follows:* The sub-committee received an update on progress made in the operational planning round 23/24, including a self-assessment against the 31 National NHS objectives, in advance of consideration by the Leeds Committee meeting on 14th March 2023 (Item 75 refers). The sub-committee was supportive of the work undertaken to date and referred to the Leeds Committee for consideration.
* The sub-committee received a ‘How does it feel for me?’ report and video from Healthwatch Leeds depicting Emma and Adam’s experience of accessing healthcare services in the period between June 2021 and June 2022. Members welcomed the report and video as a powerful way to begin the meeting and, similarly to QPEC, recognised the ‘3 Cs’ as essential building blocks for good person-centred care.
* There was some discussion around the sustainability of the third sector and potential impact to delivery of services in Leeds, and it was agreed that the third sector role in service delivery should be integrated in the existing risks held by the Population and Care Delivery Boards.
* The sub-committee received the first round of Population and Care Delivery Board reports and welcomed the comprehensive and assuring content.

**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **72/22** | **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, and were advised that the baseline position as we enter 2023-24 financial year is still projecting a significant and recurrent shortfall across NHS organisations in Leeds alone. The planning process is ongoing as part of the overall WY system.
* The sub-committee received a presentation detailing the first iteration of financial plans for 2023/24 submitted to NHS England at the end of February 2023, focused on the high-level income and expenditure assumptions across organisations and systems – and the derived gap. Members recognised that fast-moving nature of financial planning at this stage in the process, however wished to alert the Leeds Committee to the significant projected funding gap and therefore risk to achieving a balanced position for 2023/24 and consequent impact on capacity, quality and outcomes for service users in Leeds. The sub-committee also recognised the impact of cost pressures on the sustainability of the third sector in Leeds.
* The sub-committee received the first round of Population and Care Delivery Board reports and welcomed the comprehensive and assuring content.

**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **73/22** | **Risk Management Report**TR provided an overview of the report. In reference to the initial financial plans for 2023/24 as discussed by the Finance and Best Value Sub-Committee, TR advised that an additional risk would be added to the risk register setting out the risk to achieving a balanced position for 2023/24, to be shared with risk colleagues across WY to ensure consistency. TR also noted that risks associated with prescribing costs had been mitigated to some extent since the report was written due to additional NHS England funding allocated to support.Dr John Beal (JB) noted the high scoring risk relating to emergency department waiting times and high performance in Leeds for ambulance transfers and queried the relationship between the two. PW advised that the waiting times for emergency care could be improved by keeping people in ambulances however the LTHT clinical opinion is that this is not the most safe and efficient option, however recognised that there is variability across the country in this view. The committee noted the increasing risk to the sustainability of third sector support in delivery of services in the context of system pressures and financial challenge, particularly in terms of reducing unplanned care. SG advised that between 2020 and 2022, Leeds lost 34% of its paid workforce and 25% of its registered volunteers, reducing capacity to support health and social care services to meet demand and preventative work to reduce unplanned care. PW noted that all unplanned care should not be perceived as a failure to deliver, because often emergency care is the most appropriate intervention, and therefore urged colleagues to be cautious with language and narrative. TR highlighted that the current work with Staten Island had evidenced the positive outcomes associated with utilising the third sector in a targeted way to prevent unnecessary unplanned care, which will support outcomes-based transformational work in Leeds moving forward. TS also advised the committee of the Enhance project to support older people leaving hospital in Leeds, which had been similarly successful in preventing readmissions. It was also noted that further work is taking place to reflect the risk to third sector support in delivery of services in existing risks aligned to Population and Care Delivery Boards, and members were advised of the high scoring corporate risk on the West Yorkshire ICB risk register relating to sustainability of Voluntary, Community and Social Enterprise (VCSE) services.**The Leeds Committee of the WY ICB:**1. **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;
2. **Received** and **noted** the risks directly aligned to the Leeds Committee of the ICB scoring 12 and above; and
3. **Noted** in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.
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| **74/22** | **Finance Update at Month 10 (January) 2022-23**TR provided an overview of the report, advising that Leeds Place continues to carry risks to balancing to plan for 22/23, with a potential gap of £3.7m that is likely to be covered across the ICB as a statutory organisation as the financial year closes. However, mitigations to even reach this position are based upon technical flexibilities and non-recurrent measures, which presents a greater challenge for the 2023/2024 financial year in terms of how far away we are from resource and the need to develop recurrent proposals to stabilise the position in Leeds. TR advised that the forecast for the next financial year is constantly evolving, with current predictions indicating a deficit of approximately £90m across the Leeds system. TR noted that currently there remains a £6bn gap against initial plans nationally, which shows the challenge faced across the NHS, not just locally.PW commented that the financial pressures present a challenge to achieve transformation work required and supported by the committee and reiterated the importance of continuing to drive change throughout periods of uncertainty. **The Leeds Committee of the WY ICB:**1. **Noted** the month 10 year to date and forecast financial position;
2. **Noted** the additional key risks that may crystallise later in the year; and
3. **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.

***The meeting adjourned for a comfort break at 2:50 p.m. until 3:00 p.m. TS left the meeting at 2:50 p.m. following discussion of this item.*** |  |
| **75/22** | **NHS Operational Planning 2023/24**TR introduced the report, providing an overview of the provided an update on progress made in the operational planning round 23/24 and self-assessment against the 31 National NHS objectives. TR advised that all local objectives/trajectories had been linked to the relevant Population and Care Delivery Board to look in further detail at each requirement.In reference to the bed occupancy objective, PW advised that 92% occupancy must be considered in relative terms to the five Covid-19 wards currently open in Leeds hospitals.In reference to the dentistry objective, JB expressed concern regarding the financial viability of dentists moving back to NHS with the current offered conditions. TR shared concerns, noting the small group of staff allocated to manage the dentistry contract and that ICBs must ensure that early engagement with practices takes place to avoid losing funding.The Chair queried how realistic and achievable the objective to reduce GP appointments is in the current climate and was advised that work is ongoing to widen access by non-traditional routes and standardise pathways of referrals to ease pressure on GPs. It was recognised, however, that challenges are presented by methods of data analysis determined by NHS England, for example, currently only face-to-face appointments can be counted against the objective. **The Leeds Committee of the WY ICB:**1. **Noted** and **commented** on the current position in terms of the operational planning round
2. **Noted** that the leads place position will be shared to inform the WY NHS ICB system submission
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| **76/22** | **Leeds Health and Wellbeing Strategy Refresh - a strategy to 2030**Tony Cooke (TC) introduced the report and draft strategy, advising members that significant engagement had taken place to date with different organisations across Leeds which had supported health inequalities remaining central to the strategy, building on evidenced based approaches, and aligning more closely with Healthy Leeds Plan and other local strategies. TC also noted that carers had been added to the strategy in recognition of the crucial role they play in supporting the system. JH sought assurance that the safeguarding boards and health protection boards in the city had been involved in the development of the strategy, noting that evidence indicates that many Leeds citizens do not feel safe and free from harm, which is a clear wellbeing concern. TC advised that Safer Leeds and both safeguarding boards had been engaged.Members welcomed the addition of carers to the strategy, and the approach taken to build on the strong partnerships in the city, aligning closely to key strategic ambitions and plans including the Best City Ambition, Healthy Leeds Plan and the West Yorkshire Partnership Strategy.**The Leeds Committee of the WY ICB:**1. **Noted** the updates on the refresh of the Leeds Health and Wellbeing Strategy;
2. **Noted** the work that had been undertaken across the Partnership as part of the refresh of the Leeds Health and Wellbeing Strategy; and
3. **Commented** on the attached working draft of the refresh Leeds Health and Wellbeing Strategy.
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| **77/22** | **Urgent Decision: Practice Proposal - The merger of Fountain Medical****Centre and Morley Health Centre**Sam Ramsey (SR) introduced the report and advised that due to timescales, a decision was taken on 8th February 2023 by the Chair and Place Lead, in line with the urgent decisions section of the terms of reference, on behalf of the Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB) to approve the merger of Fountain Medical Centre and Morley Health Centre (Dr Saddiq) ahead of the closure of the site within Morley Health Centre in April 2023. Leeds Committee members were consulted on the proposal via email in advance of the decision and were provided with the report and recommendation to approve the proposal by the Primary Care Board.JH noted the intention for wound care to move to Morley Health Centre as part of the merger and urged colleagues to ensure the move is as seamless as possible, as the wound care service had historically been well used and therefore delays and disruption would have significant impact. **The Leeds Committee of the WY ICB:**1. **Ratified** the decision taken on 8 February 2023 to approve the merger of Fountain Medical Centre and Morley Health Centre (Dr Saddiq) ahead of the closure of the site within Morley Health Centre in April 2023.
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| **78/22** | **Sub-Committee Annual Reports and Terms of Reference**SR introduced the report, providing an overview of the process undertaken for each of the sub-committees as set out within the report. SR also advised that the self-assessment for the Leeds Committee had been developed and coordinated at WY level and the process would begin next week.CH commented that the annual reports presented at each of the sub-committees had been well received and prompted good discussion, noting that themes were similar across each of the sub-committees, which is reassuring at this stage in their development. **The Leeds Committee of the WY ICB:**1. **Received** the annual reports;
2. **Considered** any further actions to be taken to improve the effectiveness of the sub-committees; and
3. **Approved** the amends to the terms of reference.
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| **79/22** | **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. TR set out that the following items be added to the report:* The financial challenge for 2023/24 and work ongoing to consider the continued system pressures;
* The need for a broader piece of work to consider some of the wider issues around neurodiversity demand;
* The Leeds Health and Wellbeing Strategy refresh and Healthy Leeds Plan – a good example of genuine partnership in Leeds;
* Third sector challenges, consequences and links into the overall work and pressures.
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| **80/22** | **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. Proposed items would be discussed with the Governance team to ensure the Committee was the most appropriate forum. It was suggested that a Population and Care Delivery Board verbal update be added as an additional standing item to the forward work plan – with a single Board attending to present on a specific workstream, on a rotational basis.**ACTION** – To add Population and Care Delivery Board Update as a standing item to the forward work plan. | **HS** |
| **81/22** | **Any Other Business**No matters were raised on this occasion. |  |
|  | **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 5th July 2023, at a venue to be confirmed. |  |
|  | 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.  |  |