**Final 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** |
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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 | **🗸** |  |
| 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 | **🗸** |  |
| 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.**The Leeds Committee of the WY ICB:**1. **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 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:**1. **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 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:**1. **Received** the update.
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| **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 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.

**The Leeds Committee of the WY ICB:****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).

**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **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.

**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **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.**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.**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.
 | **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. **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.*** |  |
| **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.**The Leeds Committee of the WY ICB:**1. **Noted** the revised and reduced number of system goals as described in the refreshed Healthy Leeds Plan document
2. **Considered** and **endorsed** the Healthy Leeds Plan document
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| **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. **The Leeds Committee of the WY ICB:**1. **Supported** the ten actions outlined in section 2 next steps, to embed LCPs within the Leeds ‘architecture’ and maximise their potential.
2. **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
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| **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. |  |
|  | 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.  |  |