**Final Minutes**

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

**Wednesday 4 October 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 |  | **🗸** |
| Sam Prince | **SP** | Interim 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) |  | **🗸** |
| Clare Smith (deputising for PW) | **CS** | Chief Operating Officer, 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) |  | **🗸** |
| Tony Meadows (deputising for CB) | **TM** | Interim Deputy Director, Integrated Commissioning, LCC | **🗸** |  |
| Victoria Eaton | **VE** | Director of Public Health, LCC |  | **🗸** |
| Tim Fielding (deputising for VE) | **TF** | Deputy Director of Public Health, LCC | **🗸** |  |
| Shanaz Gul | **SG** | Third Sector Representative |  | **🗸** |
| Pip Goff(Deputising for SG) | **PG** | Chief Executive, Forum Central | **🗸** |  |
| Dr John Beal | **JB** | Chair, Healthwatch Leeds | **🗸** |  |
| Dr Sarah Forbes | **SF** | 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 | **🗸** |  |
| Hannah Davies (Item 27/23) | **HD** | Chief Executive, Healthwatch Leeds | **🗸** |  |
| Anna Ross (Item 38/23) | **AR** | Head of Public Health, LCC | **🗸** |  |
| Victoria Treddenick (Item 30/23) | **VT** | Senior Pathway Integration Manager, LCC | **🗸** |  |
| Julie Longworth | **JL** | Director of Children and Families, LCC | **🗸** |  |
| Gaynor Connor | **GC** | Director of Primary Care and Same Day Response, ICB in Leeds | **🗸** |  |

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

| No. | Agenda Item | **Action** |
| --- | --- | --- |
| **22/23** | **Welcome and Introductions**The Chair opened the meeting of the Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB) and welcomed all attendees to the meeting. The Chair noted that Sam Prince, Interim Chief Executive of Leeds Community Healthcare, had joined the meeting as a new member of the Committee and thanked her for her attendance.  |  |
| **23/23** | **Apologies and Declarations of Interest**Apologies had been received from Yasmin Khan, Professor Phil Wood, Caroline Baria, Victoria Eaton and Shanaz Gul. Clare Smith, Tony Meadows, and Tim Fielding were in attendance as deputies. Pip Goff (PG) advised that she was in attendance as deputy on behalf of Forum Central as Shanaz Gul (SG) had stepped down from her role as third sector representative.Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion. In reference to the items on the agenda relating to Social Emotional Needs and Disability (SEND) provision in schools and communities, Cheryl Hobson (CH) noted that she currently holds the position of the Chair of Governors for Wellspring Multi‐Academy Trust, which includes specialist SEND provision across Leeds. For clarity, Dr Sarah Forbes (SF) noted that herself and Dr George Winder (GW) work as practicing GPs at Oakwood Lane Medical Practice, not to be confused with Oakwood Surgery, the practice included in the proposed merger report at Item 37. |  |
| **24/23** | **Minutes of the Previous Meeting – 5 July 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 5 July 2023.
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| **25/23** | **Matters Arising**There were no matters raised on this occasion. |  |
| **26/23** | **Action tracker**The committee noted the completed actions set out in the action tracker. Tim Fielding (TF) welcomed the addition of an item added to the forward workplan to provide an update on the Marmot City work taking place in Leeds (action 1), however suggested that March 2024 would be a more suitable date.**ACTION –** To postpone the Marmot City Update to March 2023. | **HS** |
| **27/23** | **People’s Voice**Hannah Davies (HD) introduced 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. Members were advised that a different video from the series had been played at each of the sub-committee meetings. Throughout the series of videos, Laura described the family’s experiences of accessing health services across Yorkshire due to the complexity of James’ health conditions. The video shown at the meeting was focused on educational support, including the process for obtaining an Education Health and Care Plan (EHCP) for James and how the Specialist Inclusive Learning Centre (SILC) had responded to his needs to date. The Chair highlighted that throughout the series of videos, the need for digital transformation had arisen as a consistent theme, particularly in terms of sharing of information between organisations to ensure that scheduling of appointments is synchronised and the patient is kept well informed. Julie Longworth (JL) provided the Committee with an update on recent changes to the EHCP application and assessment process, advising that in Leeds, the Special Educational Needs Statutory Assessment and Provision (SENSAP) team is responsible for overseeing all EHCPs and assessments. JL advised members that the service had seen an increase in demand in recent years and alongside issues with recruitment and retention of educational psychologists to support the assessment process. In response to this, members were advised that LCC had increased the number of SENSAP case workers, improved accessibility of the telephone system, and more recently explored potential for virtual assessments with school leaders across the city.***SM joined the meeting at 13:30 p.m. during discussion of this item.***  |  |
| **28/23** | **Questions from Members of the Public**There were no questions received from members of the public on this occasion. |  |
| **29/23** | **Place Lead Update**Tim Ryley (TR) provided an overview of the report, highlighting that financial pressures remain a significant challenge and that health and care partners in Leeds continue to work 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. TR emphasised that there will be some difficult decisions required by all partners and their decision-making bodies as the year progresses. In addition to financial pressures, TR alerted the committee to other significant areas of concern within the system, including the Tier 3 Weight Management service, within which the list had been closed to new referrals, and the lengths of wait for children and young people waiting for a diagnosis of Autism and ADHD. TR reflected on the ongoing 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. It was requested that this be added as a full update item to the agenda of the next meeting.**ACTION** – To add Community Mental Health Update to the forward workplan for December 2023. In reference to the new ‘right to choose’ legislation, which allows patients to choose their mental healthcare provider and team, Dr John Beal (JB) highlighted that this may drive further health inequalities by enabling more affluent families to switch to private providers and gain earlier access to assessment for a neurodiversity diagnosis. Dr Sarah Forbes (SF) noted that private providers had also reportedly shut their waiting lists due to being overwhelmed by the demand for assessments. The Chair highlighted the importance of challenging national policy where it has potential to exacerbate health inequalities. There was some discussion around the impact of a diagnosis of ADHD or autism on the support received. Sam Prince (SP) highlighted that 96% of children referred for an assessment receive a diagnosis, which challenges the value of an assessment. Sara Munro (SM) advised that parents had reported that diagnosis does make a difference and unlocks expanded response from schools, however, a WY wide summit had been scheduled for December 2023 to identify reasonable adjustments that can be taken by all parts of the system to support people with AHAD and autism. SM noted the success of a national scheme - Autism in Schools’ – which had focused on making all learning settings sensory friendly and has been shown to benefit all children as well as ensuring that children with ADHD and autism can remain in mainstream schooling.**The Leeds Committee of the WY ICB:**1. **Considered** and **noted** the contents of the report
 | **HS** |
| **30/23** | **Population and Care Delivery Board Update**Victoria Treddenick (VT) attended the meeting on behalf of the Learning Disability and Neurodiversity Population Board and delivered a PowerPoint presentation, highlighting that the defined population does not include neurodiversity beyond autism due to the availability of current data. VT also advised that 83% of the population are classed as having a Long Term Condition (LTC) and therefore joined up work with the LTC Population Board is key. VT highlighted that 3,459 children with learning disabilities and/or neurodiversity are not included In the population, however recognised the importance of working closely with the Children’s Population Board as those children move into adulthood. VT highlighted the following areas of focus for the Board: * Identification and assessment – focus on thereafter responding to the need rather than relying on a diagnosis
* Staying well – reducing the chance of developing a LTC and early detection of LTCs
* Transforming Care Programme – improving people's access to mental health provision
* Health inequalities – WY ambition to reduce the gap in life expectancy by 10%

TR thanked VT for the update and the Board for the work undertaken to date. TR highlighted that respiratory conditions continue to be the most common cause of death (47%) amongst people with a learning disability and / or autism and the importance of the Board working with the LTC Population Board to share data and reduce the risk of respiratory disease. **The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **31/23** | **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 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.
* Full assurance was provided to the sub-committee 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.
* In terms of the update received from the Long-Term Conditions (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 multimorbidity.
* 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 sub-committee was assured of strong patient experience representation on the Cancer Population Board.

Jo Harding (JH) updated members following recent developments regarding the recent OFSTED inspection referenced, advising that a draft version had been received, to provide teams with opportunity to review and comment prior to publication.**The Leeds Committee of the WY ICB:****a) Received** the update. |  |
| **32/23** | **Delivery Sub-Committee Update**In the absence of the Chair of the Sub-Committee, Yasmin Khan (YK), Cheryl Hobson (CH) provided a brief overview of the assurance report included in the agenda pack and highlighted the following key points:* In regard to the Population and Delivery Board reports, 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.
* The sub-committee noted the positive feedback from Laura in the ‘How does it feel for me?’ video 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.
* The sub-committee received an update report on system winter plans to deliver access to services over the winter period. 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.

**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **33/23** | **Finance and Best Value Sub-Committee Update**The Chair of the Sub-Committee, CH, provided a brief overview of the assurance report included in the agenda pack and highlighted the following key points:* 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.
* 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.

**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **34/23** | **Finance Update at Month 5 (August) 2023-24**Visseh Pejhan-Sykes (VPS) introduced the report, advising that WY 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).VPS advised members that given the emerging risks currently experienced in the first 5 months of the year, the likely position for Leeds Place is a deficit forecast of £22.9m.Members were advised that pressures contributing to the projected deficit were associated with prescribing cost policies, primary care, junior doctor and consultant strikes, agency costs and waiting times. Members were also alerted to 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.Given the significance of the financial challenged experienced, George Winder (GW) queried to what extent communication with the people of Leeds had taken place. TR noted the value of a collective voice, with all partners across West Yorkshire, in terms of public messaging around finance, as well as ultimately the key role of the government in funding NHS organisations and supporting them through financial hardship. VPS advised that the WYICB had lobbied central government via the regional office of NHS England and colleagues had recently developed a process for patient engagement to take place in the coming months regarding the financial strain on services.**The Leeds Committee of the WY ICB:**1. **Reviewed** and **commented** on the month 5 position.
2. **Reviewed** and **commented** on the QIPP delivery for 23-24 and to discuss what further actions it will be pursuing to improve the position.
3. **Noted** progress to date on the 24-25 QIPP programme.

***VPS and TM left the meeting at 3:05 p.m. at the close of this item. TF left the meeting at 3.05 p.m. and returned during the break.*** ***The meeting adjourned for a comfort break at 3.05 p.m. until 3:15 p.m.*** |  |
| **35/23** | **Risk Management Report**TR provided an overview of the report, noting that all high rated risks should be represented by items and discussions at each meeting. TR highlighted that the financial pressures associated with out of area placements had not been covered on the agenda to date and suggested that a dedicated deep dive on this be added to the forward workplan. TR also reflected that the Tier 3 Weight Management list closure to new referrals was not featured on the risk register and suggested that an update be provided in March 2024. **ACTION –** To add a ‘deep dive’ into the prevalence of high cost out of area placements to the forward workplan. **ACTION –** To add an update regarding the Tier 3 Weight Management service to the forward workplan.**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.
 | **HS****HS** |
| **36/23** | **Leeds Joint Working Agreement (JWA) with Astra Zeneca for Improving Cardio-renal Outcomes**Gaynor Connor (GC) introduced the report, advising members that several partners had been involved in developing the proposal presented to optimise clinical management of people with kidney disease. GC noted that the WYICB Joint Working Policy framework requires approval from the Leeds Committee due to working with pharmaceuticals company. Sam Ramsey (SR) confirmed that the joint working agreement had been developed in line with the principles outlined within the policy. For transparency, GW and SF noted their association with the Seacroft Primary Care Network (PCN), included in the report as one of the pilot PCNs for additional support during roll-out.In response to a query, TR advised that the four practices set out in the report for the pilot scheme had been selected to quicken the process, with a clear focus on health inequalities, with potential to expand the pilot scheme to further practices later in the year. TR noted that the policy had been developed in response to national guidance which must be adopted by all GP practices, and that the pilot scheme had been developed in Leeds to offer additional support. GW added that the GP Confederation also have a key role in support to adhere to the policy at individual practice level. **The Leeds Committee of the WY ICB:**1. **Approved** 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.
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| **37/23** | **Proposal to Merge Shadwell, Rutland and Oakwood Practices**Gaynor Connor (GC) introduced the report, highlighting that the Primary Care Board had 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.The Chair queried whether a clear strategy had been developed to steer the market in relation to merges of practices, or whether a more ‘bottom up’ approach was preferable. GC advised that the informal strategy for primary care provision was focused on the balance of maintaining local provision whilst stimulating the local market. TR added that the recent work with Staten Island had shown the impact of incentives and payments to drive specific pieces of work, which will be critical for responding to market pressures.**The Leeds Committee of the WY ICB:**1. **Noted** 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. **Approved** the proposal for the merger of Shadwell Medical Centre, Rutland Lodge Medical Practice, and Oakwood Surgery in November 2023
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| **38/23** | **In Our Shoes: The Director of Public Health Annual Report 2022**Anna Ross, Head of Public Health (LCC), introduced the report and delivered a PowerPoint presentation, focused on the current state of children and young people’s health in Leeds, this included exploring the impact of the COVID-19 pandemic on their lives.Members welcomed the report and the helpful insight into the impact of the pandemic on children’s lives, particularly noting the increased health inequalities evidenced and increased demand for mental health services. There was some discussion regarding the access delays to dentistry as set out in the report, in recognition that responsibility for dentistry had been transferred to the WYICB, however, not yet delegated to Place Committees. TR noted that the demand and capacity for dentistry remains a significant national issue and there is still work to be done at West Yorkshire level to determine arrangements. It was agreed that recommendations 3 and 9 as set out in the report be delegated to the Children and Young People Population Board to progress, with a particular focus on protecting these areas of work in most deprived communities.**ACTION –** To delegate recommendations 3 and 9, as set out in the In Our Shoes: Director of Public Health Annual Report 2019, to the Children and Young People Population Board.**The Leeds Committee of the WY ICB:**1. **Noted** the content of the Director of Public Health annual report and accompanying film
2. **Supported** and **committed** to delivering the recommendations of the report with a particular focus on recommendations 3 and 9 by the Children’s Population Board.
 | **HS** |
| **39/23** | **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. The key areas to highlight were set out as follows:* Opportunities to improve access and support for the EHCP application and assessment process
* Increasingly challenging financial position, including cost pressures associated with moving people with learning disabilities out of inpatient care into community care setting
* Assurance of winter plans in place
* The key messages from the Director of Public Health Annual Report 2022
* Notification of decisions approved - Joint Working Agreement with Astra Zeneca for Improving Cardio-renal Outcomes and Proposal to Merge Shadwell, Rutland and Oakwood Practices
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| **40/23** | **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. The Chair noted that there had been several earlier actions relating to additions or amendments to the forward workplan, which had been reflected in the relevant minute items.  |  |
| **41/23** | **Any Other Business**There were no items raised for discussion. |  |
| **42/23** | **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 13th December 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.  |  |