**Final Minutes**

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

**Wednesday 13 December 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) |  | **🗸** |
| Andrea North (deputising for SP) | **AN** | Interim Executive Director of Operations, 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) |  | **🗸** |
| James Goodyear (deputising for PW) | **JG** | Director of Strategy, 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 | **🗸** |  |
| Pip Goff | **PG** | Chief Executive, Forum Central | **🗸** |  |
| Dr John Beal | **JB** | Chair, Healthwatch Leeds |  | **🗸** |
| Jonathan Phillips (deputising JB) | **JP** | Deputy 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 | **🗸** |  |
| Lindsay McFarlane (Item 53/23) | **LM** | Head of Pathway Integration (Long Term Conditions), ICB in Leeds | **🗸** |  |
| David Wardman (Item 53/23) | **DW** | Clinical Lead for Long Term Conditions, ICB in Leeds | **🗸** |  |
| Eddie Devine (Item 58/23) | **ED** | Head of Pathway Integration (Mental Health and Learning Disabilities) | **🗸** |  |

**Members of public/staff observing – 3**

| No. | Agenda Item | **Action** |
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| **45/23** | **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. Jonathan Phillips (JP) advised that he would be the co-chair of Healthwatch Leeds from January 2024. The Chair welcomed Jonathan to the Committee.  |  |
| **46/23** | **Apologies and Declarations of Interest**Apologies had been received from Dr John Beal, Dr Phil Wood, Sam Prince Caroline Baria, and Dr Sarah Forbes. Jonathan Phillips, James Goodyear and Andrea North were in attendance as deputies.Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion. The Chair noted that she had recently started a new role at the Clinical Quality Commission supporting local authority assessments, which had been added to the register of interests. |  |
| **47/23** | **Minutes of the Previous Meeting – 4 October 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 4 October 2023.
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| **48/23** | **Matters Arising**There were no matters raised on this occasion. |  |
| **49/23** | **Action tracker**The committee noted the completed actions set out in the action tracker.  |  |
| **50/23** | **People’s Voice**Jonathan Phillips (JP) introduced Sophia’s report from the ‘How does it feel for me?’ series, which included recommendations for partners around service improvement, recognising that some of Sophia’s experiences throughout the system worsened her mental health and therefore required more support, clearly showing the link between effectiveness and best value. JP also highlighted the clear need for integrated service planning for mental health, as pressure on acute services intensifies if other parts of the system fail. Pip Goff (PG) noted the link between health and employment highlighted by Sophia’s experiences and the focus on wider determinants of health - including employment, housing, and education - within the recently revised Leeds Health and Wellbeing Strategy (2023 – 2030).Yasmin Khan (YK) highlighted the importance of embedding the three c’s (coordination, compassion, and communication) into mental health services, noting some good examples of where that worked well but also where services could be improved. JP suggested that a fourth ‘c’ – control – was also particularly relevant in Sophia’s story, with some experiences where she felt empowered and others where she felt she had no control and the impact of this was significant. The Chair noted that the Committee had listened to the powerful audio video from Sophia’s series at a previous meeting and welcomed the final report and recommendations. The Chair thanked Healthwatch for the continued work to help people’s voices be heard across the city.***SM joined the meeting at 13:25 p.m. during discussion of this item.***  |  |
| **51/23** | **Questions from Members of the Public**Dr John Puntis (Leeds Keep Our NHS Public) submitted the following question:‘The forecast deficit for the Leeds Place at the start of 2024/5 is above £40m. The minutes of the last meeting note that Dr Winder asked to what extent communication with the people of Leeds took place about the implications of running out of money. He was told that a process for patient engagement regarding the financial strain on services had recently been developed. Could I ask what form this engagement takes, and what progress has been made since then in this area - and suggest that to exclude the public from the part of this meeting where financial planning is discussed represents a regrettable and increasing trend towards secrecy among ICS Boards and committees across the country that is conducive neither to public trust nor mobilising public pressure on government to increase NHS funding.’Tim Ryley (TR) thanked Dr Puntis for his question and for recognising scale of the financial challenge faced by the NHS. In reference to the £40m deficit, TR advised that this figure related to the underlying position for 2023/24 and did not currently reflect a myriad of additional pressures, meaning that the actual figure was likely to be much higher. TR advised that through the Covid-19 pandemic, the previous CCG received additional funding from NHS England to manage the response which had since ceased, forcing the statutory NHS bodies in Leeds to return to the pre-Covid position, presenting considerable challenges. TR advised that a workshop had been arranged for late December to test communication avenues, which would continue to be revised through January, however noted that a joined-up approach across West Yorkshire would be key. TR confirmed that the confidential finance report to be considered in the meeting did not include any form of proposals to be agreed, but rather a set of principles and intended process for the Committee to provide a steer on. Once the proposals had been finalised, the communication and engagement process would be undertaken in advance of the final decision to be taken by the Committee in public at the meeting on 13 March 2024. Dr Puntis noted that other ICBs across the country had been reported as using management consultants to support financial planning and expressed his concern about this occurring in Leeds. TR confirmed that management consultants had not been used in Leeds or West Yorkshire, and financial planning arrangements had been developed to date by NHS partners only. **ACTION –** To provide a written response to the question submitted by Dr John Puntis. | **TR** |
| **52/23** | **Place Lead Update**TR provided an overview of the report, firstly noting the upcoming retirement of Dr John Beal and thanked him for his leadership of Healthwatch Leeds over the years. TR also highlighted that the Care Quality Commission (CQC) had published its latest State of Care Report, and stated that issues identified last year, such as staffing levels, had continued to escalate, in conjunction with newer issues such as the cost-of-living crisis, highlighting the widening inequalities gap. TR also advised members that the recent bid for funding for an Elective Care Hub in Chapel Allerton had unfortunately been rejected and would undoubtedly impact ability to deliver some elective backlog improvements.The Chair requested a verbal update on the progress of the HomeFirst programme ahead of the challenging winter period. TR, James Goodyear (JG) and Andrea North (AN) provided feedback from their respective experiences of the programme to date. Members were advised that there had been continued reduction in the number of days people stay in rehab and recovery beds, discharge beds at the hospital and in active recovery. This had a positive impact on system flow and reduced the number of ‘no reason to reside’ patients, which in turn has had positive implications for individuals in terms of maximising the independence and reducing potential harm, and to date the financial benefits accruing from better care had shown to be ahead of trajectory. Members noted that replication of lessons learned from the success of the HomeFirst programme should be prioritised, particularly for service areas without the parity of investment, such as mental health. In reference to the recent CQC report findings on worsening inequality nationally, Victoria Eaton (VE) added that 1 in 4 people and 1 in 3 children in Leeds live in the 10% most deprived areas across the country. VE advised that public health colleagues track a number of health indicators that monitor health inequalities and this approach would inform the Marmot City work. VE advised that an update would be provided to the Leeds Committee in the summer. TR noted that the ICB in Leeds would have a key role to play in the Marmot City outcomes in terms of primary and secondary prevention work to address inequalities. Related to this, Dr George Winder (GW) reported that widening health inequalities may be perpetuated by some national incentive schemes for GP practices as they are not awarded on a targeted basis using deprivation data. GW assured members that this tends not to be an issue in Leeds, however felt it pertinent to raise regionally and nationally. The Chair agreed that the matter would be escalated to the WY ICB via the AAA report. **The Leeds Committee of the WY ICB:**1. **Considered** and **noted** the contents of the report
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| **53/23** | **Population and Care Delivery Board Update**Lindsay McFarlane (LM) and David Wardman (DW) delivered a PowerPoint presentation, providing an overview of key areas of focus and some of the challenges experienced by the Long-Term Conditions (LTC) Population Board, including:* Multi-morbidity is a growing priority in Leeds. 36,000 people live with 3 + Long Term Conditions and a mental health diagnosis in Leeds – this has been agreed as citywide priority linked to the Healthy Leeds Plan.
* Leeds is one of eight places in England to receive seed funding (£200,000) with Leeds University to co-produce a business case for a Systems Engineering Innovations Hub for Multiple Long-Term Conditions (SEISMIC) - provides opportunity to explore how we design interventions for people living with multi-morbidity in Leeds.
* Several successful schemes focused on early identification and intervention for diabetes, hypertension, adult asthma and cardiovascular disease, including targeted schemes to reduce health inequalities.
* Progress on Quality, Innovation, Productivity and Prevention (QIPP) projects, including savings identified through VAT removal and service reviews and redesigns.

James Goodyear (JG) thanked colleagues for the work undertaken, particularly around the SEISMIC project, however queried whether the scale of the work was sufficient and would be sustainable in supporting the large cohort in Leeds. VE also noted her support of the approach to multi-morbidity, advising members that the national Major Conditions Strategy would be published in March 2024 including a major challenge to the NHS in terms of preventing hospital admissions, requiring significant work to ensure that programmes are sustainable on a large scale. TR advised members that as part of the new operating model, a new team had been established to focus on data and insights for prevention work, to support prevention work across the city.**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **54/23** | **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 People’s Experience report, which provided detail of current experiences of people living with complex mental health conditions – including an update on Sophia’s story also presented as the People’s Voice item (50/23)
* Following the addition of a new risk to the WY ICB corporate risk register, the West Yorkshire Quality Committee had requested information from places regarding numbers of people arriving seeking asylum, anticipated numbers and approaches to their safeguarding. The subcommittee were informed that approximately eighty unaccompanied children had arrived in Leeds; this number was expected to increase.
* The Quality Highlight report was presented for assurance purposes. No GP practices were rated as inadequate. Two care homes were rated as inadequate, resulting in a system-wide review of the provider. Overall, 70% of care homes had been rated ‘good’ and above, and discussions were focused on the approach to improve the number of high ratings.

**The Leeds Committee of the WY ICB:****a) Received** the update. |  |
| **55/23** | **Delivery Sub-Committee Update**Chair of the Sub-Committee, YK, provided a brief overview of the assurance report included in the agenda pack and highlighted the following key points:* The sub-committee was advised of pressures faced by the third sector to temporarily fund some targeted maternity support services, following the end of nonrecurrent funding from the WYICB. Members were advised that the Maternity Population Board were in the process of determining potential options to fund schemes moving forward as part of a ‘business as usual’ approach. Members were supportive of the innovative approach taken by the board to address the issue, however wished to alert the Leeds Committee to the increased level of risk to continuing with targeted schemes that aim to reduce health inequalities, in the current financial climate.
* Related to the above, there was some discussion around how the risks faced by the third sector, in relation to health and care service delivery, could be reflected as part of the service delivery risks held and overseen by the Leeds Committee of the ICB, including the Population and Care Delivery Board risk registers and it was agreed that a discussion should take place outside of the meeting to how best to mitigate the risks as a partnership.
* 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. Members were advised that there were some key areas of progress since the last report, including reductions in the number of patients in acute hospital beds that no longer meet the criteria to reside and reductions in the waits for Cognitive Behavioural Therapy. However, it was also recognised by members that the recent periods of industrial action had impacted performance locally and seasonal winter demand pressures continued to be challenging, particularly for urgent and emergency care services.

**The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **56/23** | **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 was assured that the QIPP ask of £160m had been forecast to be met within 2023/24, however recognised the financial position remains a significant challenge, with a deficit projected in year as well as for 2024/25. The sub-committee also recognised the work undertaken at pace by the newly established NHS Leeds Strategic Finance Executive Group to consider underpinning assumptions for 2023/24 and were assured by the planned approach, including undertaking equality impact assessments, refining the role of the Population and Care Delivery Boards in terms of supporting the QIPP process, and engagement with clinicians and the public.
* Following referral from the Leeds Committee at its meeting on 4th October 2023, the sub-committee received a comprehensive report detailing the financial position regarding contributions into the Learning Disability (LD) Pooled Budget in 2023/24. The sub-committee agreed that planning and forecasting would be key moving forward, including continued careful case management and regular review of packages. The sub-committee also noted the likelihood in the future for difficult financial decisions to be considered in relation to slowing the pace of repatriation to support the ongoing financial challenges.
* The Chair noted that since the meeting and publication of the AAA report, there had been some further work to consolidate financial risks, with a directive that the financial risks currently held at place to become corporate risks, including capital funding risks.

PG wished for it to be noted for clarity that the SFEG membership includes statutory NHS partners only. In reference to the deep dive into the Learning Disability Pooled Budget, Sara Munro (SM) advised that high-cost individuals would remain in the system, if not increase, and therefore assessment on future population of housing need based on current trajectories would be key to managing the budget in coming years. JP added that early intervention during childhood would also be crucial to future delivery of services. **The Leeds Committee of the WY ICB:**1. **Received** the update.
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| **57/23** | **Finance Update at Month 7 (October) 2023-24**Visseh Pejhan-Sykes (VPS) introduced the report and advised that at Month 7 and early analysis at Month 8, 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 6 months of the year, the more likely position had been reported as a deficit forecast of £28.7m in Leeds. Members were advised that pressures contributing to the projected deficit were associated with prescribing cost policies, the LD pooled budget, industrial action and subsequent agency costs (with an associated cost of £17-20m in Leeds), out of area placements, and waiting times – with several unknown factors likely to present before the end of the financial year. GW queried whether structures exist within the system to allow ownership of the supply chain to alleviate cost pressures associated with prescribing and was advised of opportunities to tackle prescribing costs at a West Yorkshire level, along with the Anchor Institution commitment to the Leeds pound (£), however there were challenges with procurement collaboratives to consider, particularly around laws of competition.**The Leeds Committee of the WY ICB:**1. **Reviewed** and **commented** on the month 7 position.
2. **Reviewed** and **commented** on the QIPP delivery for 23-24 and beyond.

***The meeting adjourned for a comfort break at 3.00 p.m. until 3:15 p.m.*** |  |
| **58/23** | **Transforming Community Mental Health in Leeds**Eddie Devine (ED) delivered a PowerPoint presentation, providing an overview of the new model of joined-up primary and community mental health to respond to local populations’ needs and remove barriers to access. Members were advised of the timeline for implementation and were advised that the service had progressed from co-design to mobilisation phases, with early trials of joint-triaging underway. Members were also presented with the proportion of investment to date, including a significant proportion allocated to the third sector for community support, and the majority of funds allocated to LYPFT for workforce expansion across psychological therapy, advanced clinical practitioners, occupational therapy and pharmacy, plus programme resource. Members were advised of a key challenge as the programme moves towards implementation and delivery from April when the NHS Service Development Funding (SDF) Programme ends. Therefore, ED noted that the programme resourcing must be maintained and built into financial plans to fully embed the new model to improve outcomes through cultural change, in addition to structural change.The Chair welcomed the work undertaken to date as a vision for future services, noting the clear need for a joined-up response to mental health as shown by Sophia’s story (Item 50/23), and queried whether a performance measure could be added to track the impact on acute bed days. JP also suggested a more explicit performance measure for quality of life to strengthen the focus on patient experience. ED advised that the performance measures and outcomes had been codesigned with people with lived experience.Members recognised that the incremental approach taken to transformation would ensure the stability of current model, noting that rushing to transform models can increase risks. **The Leeds Committee of the WY ICB:** 1. **Noted** and **considered** the report.
2. **Advised** on any further mitigations relating to risks and issues, as set out above.
3. **Noted support** for engagement and resourcing of this important and complex transformation.
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| **59/23** | **Risk Management Report**TR provided an overview of the report and advised that the WY Risk Management Operational Group had been asked by the WY ICB Audit Committee to undertake a review of all static risks and report back to the meeting taking place 29 January 2024. The team would be undertaking focused discussions with all risk owners with static risk scores, asking them to consider the articulation of risks, their mitigations, gaps and assurances, and the anticipated timeline for mitigation. TR also advised that a separate review of financial risks had been undertaken by finance colleagues across West Yorkshire, looking at where to consolidate common risks as corporate risks, including an action to remove the current prescribing costs risk (Risk no. 2158), as this would become a corporate risk. There was also some discussion regarding the management of financial risks at place and the role of the Leeds Committee in scrutinising financial risks moving forwards. It was agreed that further discussions would take place outside of the meeting to further determine how financial risks would be managed at 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.
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| **60/23** | **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:* The significant financial pressures faced in Leeds in year and for 2024.25, and challenge around the approach taken to manage financial risk given place accountability.
* Concern around widening health inequalities in Leeds, including National incentive schemes for GP practices potential to widen health inequalities and ask around lobbying nationally.
* The anticipated directive from the national Major Conditions Strategy, to be published in March 2024, in terms of preventing hospital admissions, requiring significant work to ensure that multi-morbidity programmes are sustainable on a large scale.
* The progress of the new integrated model for Community Mental Health Services in Leeds, with focus on upstream preventative support model, and links to Sophia’s ‘how does it feel for me?’ report discussed at the People’s Voice item
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| **61/23** | **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.  |  |
| **62/23** | **Any Other Business**There were no items raised for discussion. |  |
| **63/23** | **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 March 2024. |  |
|  | 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.  |  |