Final Minutes

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

Wednesday 26 February 2025, 1.15pm – 4.00pm

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

Members	Initials	Role
Kashif Ahmed (deputising for CB)	KA	Deputy Director, Integrated Commissioning, Leeds City Council
Rebecca Charlwood	RC	Independent Chair, Leeds Committee of the WY ICB
Alex Crickmar	AC	Director of Operational Finance, ICB in Leeds
Victoria Eaton	VE	Director of Public Health, Leeds City Council
Phil Evans (deputising for JL)	PE	Chief Officer - Resources, Transformation and Partnerships, Leeds City Council
Dr Sarah Forbes	SF	Medical Director, ICB in Leeds
Pip Goff	PG	Volition Director, Forum Central
Cheryl Hobson	CH	Independent Member – Finance and Governance
Yasmin Khan	YK	Independent Member – Health Inequalities
Jane Mischenko	JM	Co-Chair, Healthwatch Leeds
Dr Sara Munro	SM	Chief Executive, Leeds and York Partnership Foundation Trust
Tim Ryley	TR	Place Lead, ICB in Leeds
Dr George Winder	GW	Chair, Leeds GP Confederation
In attendance		
Sue Baxter	SB	Head of Partnership Governance, WYICB
Helen Lewis (From Item 76 onwards)	HL	Director of Pathway and System Integration
Asma Sacha (Item 78 only)	AS	Risk Manager, WYICB
Harriet Speight	HS	Corporate Governance Manager, WYICB
Apologies		
Caroline Baria	CB	Director of Adults and Health, Leeds City Council
Selina Douglas	SD	Chief Executive, Leeds Community Healthcare NHS Trust
Jo Harding	JH	Director of Nursing and Quality, ICB in Leeds
Julie Longworth	JL	Director of Children and Families, Leeds City Council
Prof. Phil Wood	PW	Chief Executive, Leeds Teaching Hospitals NHS Trust

Members of public staff observing – 1

65 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.

66 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies were noted as above. It was confirmed that the meeting was quorate.

The Chair asked members to declare any interests that might conflict with the business on the meeting agenda. None were raised.

67 MINUTES OF THE PREVIOUS MEETING

The public minutes of the meeting held 27th November 2024 were approved as an accurate record, subject to a minor amendment relating to the conflict of interest of PG, since rectified and submitted to the WYICB Board.

The Leeds Committee of the WY ICB:

- Approved the minutes of the previous meeting held on 27 November 2024.

68 MATTERS ARISING

No matters were raised.

69 ACTION TRACKER

All actions had been completed.

70 PEOPLE'S VOICE

JM introduced a video from the 'how does it feel for me?' series from Healthwatch Leeds with Abdul from Harehills, where Abdul spoke positively about his experience of healthcare services in Leeds following a stroke and how his cultural needs had been addressed by staff, particularly at North Leeds Medical Practice.

Abdul did however also describe some challenges he had experienced, particularly with making ends meet and the need for more financial support, despite he and his wife receiving workplace pensions. Members highlighted the need for signposting to available services, such as carer support services and other commissioned services, and it was confirmed that Healthwatch had referred Abdul and his family to carer support services. It was noted that building neighbourhood health must be a crucial part of the role of the NHS moving forward in addressing the impact of poverty, using population health management approaches to prioritise those with needs for specific financial support following major health issues, such as strokes.

Additionally, Abdul described challenges with repeat prescriptions and delivery of his prescriptions. Members noted the significant financial pressure experienced by Community

Pharmacies, impacting their ability to provide additional services. This was flagged as an issue for attention at West Yorkshire level, including potential for regional communications to patients to raise awareness.

71 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions submitted on this occasion.

72 PLACE LEAD UPDATE

TR provided an overview of the report, noting several changes to leaders across the Leeds and West Yorkshire footprint, including Ed Whitting as the new Chief Executive of Leeds City Council, and the resignations of Selina Douglas as Chief Executive of Leeds Community Healthcare NHS Trust (LCH) and Cathy Elliot as the Chair of the WYICB, who were both moving on to health leadership roles outside of the region.

TR also highlighted the significant winter pressures, particularly within acute hospitals, GP settings and mental health provision, however noted the positive impact of the HomeFirst programme in mitigating impacts of pressures across the system and that LTHT had continued to minimise ambulance turnaround delays enabling a relatively good ambulance performance in West Yorkshire for category 2 response times.

From a national perspective, TR advised that there had been strong indication of more direct leadership and control from the Department of Health and Social Care, with more progress with provider partnerships at local level.TR noted that ongoing working to develop neighbourhood working in Leeds was aligned well to national thinking.

TR also introduced the Leeds Place Annual Equality Report section, as appended to the report for information. YK noted that it would be helpful to understand the work undertaken collectively as a partnership in the future.

There was some discussion around the changes to the Better Care Fund (BCF) allocation and sign-off as set out in the report, and members were advised that the funding formula covers a range of activity that takes place in Leeds to deliver transformation and value for money, which is continuously reviewed.

The Leeds Committee of the WYICB:

- **NOTED** the contents of the report.

73 QUALITY AND PEOPLE'S EXPERIENCE SUB-COMMITTEE ASSURANCE REPORT

The Committee received the AAA report on behalf of the Chair. The Chair highlighted the alerts in relation to pathology services and neonatal and maternity services, as set out in the report. TR confirmed that LTHT had led on communications and lessons learned for both issues, with NHS England support.

The Leeds Committee of the WYICB:

- **NOTED** the report.

74 DELIVERY SUB-COMMITTEE ASSURANCE REPORT

The Committee received the AAA report on behalf of the Chair. It was highlighted that the sub-committee considered the proposed changes to the sub-committee structure and recommended to the Leeds Committee that the changes be implemented from 1st April 2025 (Minute 79 refers).

The Leeds Committee of the WYICB:

- **NOTED** the report.

75 FINANCE AND BEST VALUE SUB-COMMITTEE ASSURANCE REPORT

The Committee received the AAA report on behalf of the Chair. The Chair noted that the sub-committee had also reviewed the financial position at Month 9 and alerted the Committee to remaining risk in the system, despite the positive turnaround from earlier months. It was also highlighted that the sub-committee considered the proposed changes to the sub-committee structure and recommended to the Leeds Committee that the changes be implemented from 1st April 2025. (Minute 79 refers).

The Leeds Committee of the WYICB:

- **NOTED** the report.

76 FINANCE UPDATE AT MONTH 9

AC provided a verbal update on Month 10, noting that Leeds Place reported a position of a £600k deficit with a likely year end position of 1.6m favourable to plan. It was noted that some financial risk remained in the system, largely associated with winter pressures, demand for neurodiversity services, high-cost complex care packages, primary care pressures, and the volatile prescribing position.

In response to a query around the right to choose provision impact on financial risk, HL advised that guidance had not been provided for thresholds for referrals, however ensuring considered choice of patients would be a key ambition for the WYICB in the coming year.

On behalf of the Committee, the Chair recognised and thanked teams in Leeds for their work to achieve the forecast delivery against plan along with the efficiency target, despite the challenging figures presented throughout the year.

The Leeds Committee of the WYICB:

- **NOTED** the Month 9 and 10 positions, specifically the emerging risks and mitigating actions.

SM left the meeting at 2.00 p.m. during discussion of this item.

77a NHS PLANNING GUIDANCE UPDATE

TR introduced the report, which included an update on the NHS Planning Guidance received and asked members to note the timescales set out for submission, recognising that the timescales mandated did not align with the Committee cycle and a further update would be provided at the Committee Development Session in April 2025. TR noted that the financial allocation continued to be very challenging.

GW noted the intention for the ONS Health Insights survey to inform access to primary care, as set out in the planning guidance, however noted that the response rate to the survey had historically been very low and disproportionate to societal groups, therefore not a representative sample, and expressed concern at this being used as a single metric. Members agreed that further communication would need to be developed to encourage patients to complete the survey and be clear on its intended use.

Members queried the opportunities to build on transformation given the tight financial allocation and were advised that the approach would be to work differently to achieve efficiencies, such as utilising the digital change agenda.

The Leeds Committee of the WYICB:

- **NOTED** and **CONSIDERED** the content, expectations and constraints of the planning guidance and associate timescales.
- **PROVIDED** strategic direction on key issues and priorities, as set out above.
- **NOTED** submission timescales and Accountable Officer (Leeds) responsibilities.

77b FINANCIAL PLANNING PROCESS

AC delivered a PowerPoint presentation on the principles of the approach to financial planning for the core allocation of £1,647m for Leeds, with a focus on delivery within the resources available as opposed to cost to deliver all current services as well as minimising the impact on the most disadvantaged parts of our community. Members were advised that the plan for 2025/26 must deliver in-year financial, quality & performance expectations and long-term health improvement aligned to supporting the ambitions of value-based healthcare and a move from sickness to prevention; acute to community; and analogue to digital. AC noted that the final submission, following peer review, would be by the end of March 2025.

AC presented the areas of focus for West Yorkshire and Leeds specific transformation schemes, including weight management, high-cost packages, ADHD policy, primary care and voluntary sector resilience, prescribing policies, HomeFirst 2, community mental health transformation, children with complex needs and prevention work for cardiovascular and hypertension. AC also set out several areas for focus in terms of efficiencies for 2025/26, including, reducing high-cost package spend further, capping activity levels and alternative pathway changes for some services following measures introduced by NHS England, working with partners to agree approach to procedures of limited clinical value, enforcement of commissioning policies, and review of current services which are not aligned to Healthy Leeds Plan priorities for potential decommission. TR added that potential

capping measures introduced by NHS England for specific services such as neurodiversity would allow teams to ensure that the most 'at risk' groups are given the highest priority.

In response to a query, Members were advised that the plans had been peer reviewed at Leeds and West Yorkshire levels by colleagues from a range of disciplines, not just finance.

Members encouraged further the alignment between priorities set out and the longer-term ambitions of the Leeds Health and Care Partnership, specifically the approach taken through the Marmot City work and the Healthy Leeds Plan priorities, in terms of the commitment to prevention and early intervention to reduce health inequalities, and in recognition that this agenda requires cross-organisational work and focus on prioritising those most at risk. It was also noted that that health inequalities would be a direct responsibility of the Leeds Committee, following the implementation of the proposed sub-committee structure changes (minute 79 refers), which would be positive moving forward for this work.

The Leeds Committee of the WYICB:

- **NOTED** the contents of the verbal update and **SUPPORTED** the principles and approach set out.

77c DRAFT MEDIUM TERM FINANCIAL PLAN

AC introduced the report and advised that the Finance and Best Value Sub-Committee had discussed the plan in detail and were supportive of the approach. It was noted that the plan would be updated in light of the final 2025/26 plan submission and iterated each year thereafter and linked to place based strategies and interventions. The report set out that modelling had shown a £435m deficit before efficiencies at the end of the 5-year period, with a £169m gap for 25/26, demonstrating significant financial challenge.

Reflecting on the previous item (minute 77b refers), CH commented that the plan presented provided starting position to work from and revisit, enabling alignment of transformation priorities discussed as the years progress.

The Leeds Committee of the WYICB:

- **REVIEWED** the Medium-Term Financial Plan
- **NOTED** the next steps as detailed in the report

78 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

TR introduced the report, highlighting that all of the high scoring risks had been discussed or included in reports submitted to the meeting, therefore providing assurance that the risks are monitored and actioned.

TR introduced AS as the new Risk Manager for West Yorkshire. AS noted two new risks for Leeds Place relating to Tier 3 Weight Management services and the current financial risk for adults hospices in Leeds. Members noted disparity in funding for hospices across the region and that it had been agreed that a fair funding formula would be implemented for hospices across West Yorkshire over a 3-to-5-year period.

An emerging risk was also highlighted in relation to supporting young people through crisis and ensuring joined up care, which would be discussed further outside of the meeting and updates provided in the subsequent report.

In reference to the BAF risk 2.5 - 'There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities' - VE noted that local Health Protection Boards lead on this work and queried why updates were not required from each Place, as referenced in Appendix 2. AS agreed to feedback and provide an update in the next report.

ACTION – To feedback and reflect on the Place contributions to BAF risk 2.5 – 'There is a risk of an inability to deliver routine health and care services due to the emergence of a future pandemic leading to substantial loss of life and failure to deliver key functions and responsibilities.'

The Leeds Committee of the WYICB:

- **RECEIVED** and **NOTED** the High-Level Risk Report, Risk Log and Risk on a Page Report as an accurate representation of the Leeds place risk position, following any recommendations from the relevant sub-committees.

79 PROPOSED CHANGES TO THE LEEDS PLACE SUB-COMMITTEE STRUCTURE FROM 1 APRIL 2025

TR introduced the report, setting out the proposal to move from three to two assurance sub-committees from 1st April 2025, to bring together finance, performance and outcomes under the remit of one sub-committee to enable greater integration of all three aspects and reduce duplication.

Members were supportive of the proposal, noting the recommendation from both sub-committees to proceed, and that this work was in line with the recent review of Place Partnerships, which encouraged the rationalisation of governance within the system to ensure effective assurance mechanisms and support agile decision making.

The Leeds Committee of the WYICB:

- **APPROVED** the proposal to dissolve the Delivery Sub-Committee from 1st April 2025 and realign responsibilities as set out in the report.

80 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:

- People's Voices – Community Pharmacy Provision and Neighbourhood Support Services

- The agreed changes to the Leeds Place sub-committee structure
- The updates and assurances provided on financial and performance planning for 2025/26
- Assurance regarding the ambulance turnaround effectiveness in Leeds
- Assurance that the high scoring risks featured throughout the meeting, demonstrating effective monitoring and action taken

62 ANY OTHER BUSINESS

The Chair noted that the committee effectiveness annual survey would be circulated shortly and asked members to please complete, as the results would help to inform discussions around planning for next year and any changes required to the terms of reference. The Chair confirmed that the annual report and draft terms of reference will be submitted to the next meeting in May 2025 for discussion in advance of the WYICB meeting in June 2025.

63 DATE AND TIME OF NEXT MEETING

The next meeting of the Leeds Committee of the WY ICB was confirmed as 1.15 pm on Wednesday 21st May 2025.

The meeting closed at 4.00 p.m.