Final Minutes

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

1.15 pm, Wednesday 21 May 2025

HEART: Headingley Enterprise and Arts Centre, Bennett Road, Headingley, Leeds, LS6 3HN

Members	Initials	Role
Rebecca Charlwood	RC	Independent Chair, Leeds Committee of the WY ICB
Kashif Ahmed (deputising for CB)	KA	Deputy Director, Integrated Commissioning, Leeds City Council
Jason Broch (deputising for SF)	JB	Medical Director, ICB in Leeds
Alex Crickmar	AC	Director of Operational Finance, ICB in Leeds
Tim Fielding (deputising for VE)	VE	Public Health, Leeds City Council
Pip Goff	PG	Volition Director, Forum Central
Jo Harding	JH	Director of Nursing and Quality, ICB in Leeds
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 and Chief Executive Designate, Leeds Community Healthcare NHS Trust
Tim Ryley	TR	Place Lead, ICB in Leeds
In attendance		
Sue Baxter	SB	Head of Partnership Governance, WY ICB
Helen Lewis (minute 14)	HL	Director of Pathway and System Integration, WY ICB
Nick Lamper	NL	Governance Manager, WY ICB
Nicola Nicholson (minute 12)	NN	Associate Director for Strategy and Programmes, WY ICB
Sam Ramsay (minute 15)	SR	Senior Partnership Development Lead, WY ICB
Asma Sacha (minute 17)	AS	Risk Manager, WYICB
Kirsty Turner (minute 13)	KT	
Apologies		
Caroline Baria	CB	Director of Adults and Health, Leeds City Council
Selina Douglas	SD	Chief Executive, Leeds Community Healthcare NHS Trust
Victoria Eaton	VE	Director of Public Health, Leeds City Council

Dr Sarah Forbes	SF	Medical Director, ICB in Leeds
Julie Longworth	JL	Director of Children and Families, Leeds City Council
Dr George Winder	GW	Chair, Leeds GP Confederation
Prof. Phil Wood	PW	Chief Executive, Leeds Teaching Hospitals NHS Trust

Members of public and/or staff observing – 2

1 WELCOME AND INTRODUCTIONS

The Chair opened the meeting and welcomed all members and attendees.

2 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.

It was acknowledged that a number of partners were involved in the Neighbourhood Working Guidance (and potentially other items on the agenda) but the report provided information and sought general support, so no specific need to manage interests was foreseen. Members were advised that, if anyone felt that their involvement in the consideration of any item conflicted them so as to affect their objectivity or impartiality, they should declare this and withdraw to the public gallery.

In respect of the item on Consolidating VCSE Mental Health Contracts (minute 14 below refers), PG declared a direct financial interest as a potential provider of the services and would withdraw to the public gallery for the duration of the consideration of the item.

3 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 26 February 2025 were approved as an accurate record.

The Leeds Committee of the WY ICB:

- **APPROVED** the minutes of the previous meeting held on 26 February 2025.

4 MATTERS ARISING

No matters were raised.

5 ACTION TRACKER

An update on action 78/24 (BAF risk 2.5) would be provided in the Risk Management item later in the meeting (minute 17 below refers). The action was therefore **CLOSED**.

All other actions had been completed.

6 PEOPLE'S VOICE

JM introduced a video from the 'how does it feel for me?' series from Healthwatch Leeds recounting the continuation of Abdul's Story. Abdul had received a prostate cancer diagnosis and had suffered a stroke. Due to technical difficulties, it was not possible to screen the video in its entirety so a link to it would be circulated following the meeting.

JM noted that the key themes of the story were communication, compassion and co-ordination, known collectively as the three 'C's, and the importance of including carers.

TR commented that, even in the delivery of services costing billions of pounds, getting the small things right in the context of the individual was important; some of the routine aspects of care could still be inconsistent. SM added that there had been discussions at the Leeds Poverty Truth Commission about not overcomplicating letters and missing or obscuring the main point. PG observed that there were still instances of not adhering to accessibility standards in communications.

Members related examples of sending messages via texts and/or apps, and of accessible information being a number of clicks away from the point of access. If not carefully designed, digital channels could lead to exclusion and inequalities.

JM explained that Healthwatch had undertaken some work with Primary Care Networks (PCNs) around accessibility of their websites, including sensory needs and learning disabilities, and YK added that there was a need to change the approach to the three 'C's within the system. TR commented that it was hard to measure the success of what was done, and the elements of co-production and continuous improvement were important but were more challenging at the current time of pressure on the system and a lack of people, as there was a need for teams on the ground to have space and capacity to address these issues.

The Leeds Committee of the WY ICB:

- **RECEIVED** and **NOTED** the content of the People Story.

7 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been submitted.

8 PLACE LEAD UPDATE

TR presented a verbal update.

He noted that the 10 Year Health Plan was imminent, which would reflect the three "big shifts" of hospital to community, analogue to digital, and sickness to prevention.

The merger of the Department of Health and Social Care and NHS England would lead to the regions having significant authority, but would be undertaken on a different timescale from the changes to the ICB. Providers were required to reduce their post-COVID growth

by 50% in the current year. More of the performance management would be undertaken by NHS England and the regions, and provider alliances would need to be established.

ICBs were required to reduce their workforce costs by 50% by the end of December, and the ICB Blueprint had been shared at the beginning of May. ICBs would be different organisations going forward, with many functions moving elsewhere in time. The ICB was required to submit a detailed explanation of how it would reduce costs (including narrative and figures) to the region by 30 May.

There was not currently clarity around the timetable for any redundancy scheme. Formal consultation with staff was planned to take place in July and August, with the reordering of the organisation taking place in September to November. There were huge risks associated with the pace of change.

The integrator teams would hold some of the functions which would transfer in time; parts of the organisation would be significantly smaller and would do a very different job. There were ongoing conversations around governance and financial flows. Work was also ongoing with providers to determine how they would work together differently going forward. The Value Circle had been commissioned to provide independent support and challenge in Leeds and that would be launched on 30 May.

Sara Monro would be fulfilling the role of Interim Chief Executive of Leeds Community Healthcare NHS Trust (in addition to her role at Leeds and York Partnership Foundation Trust), following the departure of Selina Douglas.

Leeds had not been successful in its bid in relation to co-morbidities work.

The 2025/26 Planning Submission had now been submitted (including a Leeds balanced Financial Plan for this year), but there was still much risk in the system, including to the performance trajectories.

TF asked about the likelihood of there being a “place” level in the new structure, and how relationships would be maintained with place partners, and TR responded that this was part of an ongoing conversation and there was a piece of “place” work happening at a national level. Where things were being “transferred out”, there would be an alignment of providers, partners and local authorities. In parts of London (which was covered by five ICBs), there was an expectation that a provider or local authority would step forward to be the integrator of certain functions.

JH commented that there would be a need to work closely with local authorities pending the changes in the law, and guidance was expected in relation to topics such as the need for a multi-agency child protection scheme, which would be at odds with the revised ICB responsibilities.

Referencing the Home First and Mental Health Transformation, PG commented that the third sector must take the learning, and local nuance must not be missed in the pursuance of a “broad brush” direction.

JB added that some of the support and functionality that the collaboratives were going to need had previously been in the ICB. He shared TR's concerns over the uncertainty and challenge.

JM described the pace of the changes as "incredible", noting the dissonance between the concept of "to be transferred" and the immediacy of the cuts. This would clearly have an impact on delivery and the population.

TR advised that work was being undertaken around the impact and risk assessments; risk would sit wherever change was necessary.

RC also saw a risk of elements becoming ancillary to providers' "main jobs", along with the loss of organisational memory. For years the organisation had been working towards more autonomy at place level, so she saw Leeds as being relatively well-placed to deal with this.

YK was concerned, moving forward, about the level of assurance around the impact on the people served by the ICB and its staff. Work had been undertaken on a good will basis for some time and there was no spare capacity left. The impact of losing valuable skills could not be underestimated, the scale was "terrifying", and the changes were going at pace, leaving no time to think. There was a risk that it would not be possible to maintain the quality of what was being delivered.

KA suggested that there were opportunities for the Local Government Association and other local government networks to feed back on this from a risk perspective, and how best to mitigate the risks.

The Leeds Committee of the WY ICB:

- **RECEIVED** and **NOTED** the content of the Place Lead Update.

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

The committee received the AAA report on behalf of the Chair of the above sub-committee.

JH advised that the reports from the maternity and neonatal services CQC inspections at LTHT in December 2024 and January 2025 were still awaited, along with that from the perinatal services Rapid Quality Review (RQR) meeting.

The Leeds Committee of the WY ICB:

- **RECEIVED** and **NOTED** the content of the AAA report.

10 FINANCE, VALUE AND PERFORMANCE SUB-COMMITTEE ASSURANCE REPORT

The committee received the AAA report on behalf of the Chair of the above sub-committee.

TR thanked the Chairs of both sub-committees and the sub-committees themselves, and noted the importance of acknowledging that these conversations were taking place.

The Leeds Committee of the WY ICB:

- **RECEIVED** and **NOTED** the content of the AAA report.

11 END OF YEAR FINANCE UPDATE FOR 2024/25 AND PROGRESS ON PLANS FOR 2025/26

AC presented a report, firstly providing an update on the Month 12 financial position (subject to audit) of the ICB in Leeds, the wider Leeds Place and West Yorkshire Integrated Care System (ICS) Position. The key points to note were:

- The Leeds Health and Care Partnership (LHCP) was reporting a year end position of £11.4m surplus which is £13.8m ahead of plan;
- The financial position had improved due to additional Elective Recovery Fund (ERF) of £30m (£11.9m for LTHT) being received into WY at the end of the financial year from NHS England (NHSE); the other improvement was due to redistribution of £20m surplus within the WY ICB position (not ICB in Leeds) to Providers, of which £5.8m had been for Leeds Teaching Hospitals NHS Trust (LTHT); and
- The month 12 position for the ICS had been a £0.1m surplus against a planned balanced position: a positive variance against plan of £0.1m.

Secondly, the report presented the financial plan for 2025/26. The key points to note were:

- The WY ICS, Leeds and Health Care Partnership and the ICB in Leeds had submitted a balanced financial plan for 2025/26;
- However, the West Yorkshire position included system risk held against WY ICB of £33.2m which was yet to be allocated out to organisations/places (planned to be allocated in Q1); and
- There were significant efficiency assumptions within plans including:
    - £426.1m across WY ICS;
    - £152.2m across the Leeds and Health Care Partnership; and
    - £30.7m for the ICB in Leeds.

(AS joined the meeting).

SM observed that it was important to note the optics and messaging around the stretch target; there would be an impact on staff and services, and providers would need to deliver a surplus in the interests of the system.

RC asked whether there was another way of achieving the required outcomes, and SM saw the position as complicated because it went back to a fair-shares allocation of resources for weighted population needs. She saw an imbalance in where the deficit sat across the footprint.

AC advised that the £33m stretch was allocated to places across a range of metrics. If the plan were not delivered, a significant amount of revenue and capital would be at risk.

RC remarked that it was impressive to see a balanced submission, and asked whether assumptions had been made about the staff pay award. AC confirmed that the assumption made had been 2.8%, but the award may turn out to be 3% or more.

The Leeds Committee of the WY ICB:

(1) **NOTED** the draft Month 12 financial position; and
(2) **SUPPORTED** the 25/26 financial plan submission.

(NN and KT joined the meeting.)

(The meeting was adjourned for a break at 2.40 pm and reconvened at 2.50 pm.)

12 NEIGHBOURHOOD HEALTH GUIDANCE AND LEEDS APPROACH 2025/26

NN presented a report and undertook a presentation outlining how the government had issued initial guidelines on developing and implementing neighbourhood health services in response to the Darzi Report (The State of the NHS in England), with further detail expected as part of the 10 Year Health Plan. The report provided a summary of that approach and how neighbourhood health was being implemented in Leeds, aligned to the agreed partnership transformation programmes.

RC noted that this approach was building upon what was already in place, and TR concurred that the initiative was starting from a good position, but this would still be a challenge.

PG welcomed the developing conversation and observed that the third sector brought intrinsic value to this.

TR commented that it would be important to build provider partnerships in to the specification, and there would be an expectation that this would help deliver this tangibly better.

KA suggested that it would be helpful to have some useful principles for defining neighbourhoods going into the next tranche of commissioning to support this work. TR added that undertaking the work would help inform the best way of doing it.

The Leeds Committee of the WY ICB:

(1) **NOTED** the national guidelines on developing and implementing neighbourhood health and the alignment to the approach in Leeds; and
(2) **NOTED** the self-assessment for the Leeds Health and Care Partnership against the six core components of neighbourhood health and the high-level delivery plan aligned to the partnership transformation programmes.

(HL joined the meeting.)

13 OULTON MEDICAL CENTRE: APPLICATION TO TRANSFER SERVICES FROM SWILLINGTON HEALTH PRACTICE

KT presented a report outlining the application received from Oulton Medical Centre in October 2024 to transfer all services from their branch surgery at Swillington Health Practice with a view to closing the premises from 31 August 2025.

The report set out the circumstances and rationale of the application and details of the engagement exercise which had taken place.

RC asked whether the furore initially caused by the proposal had now settled down, and KT confirmed that this was the case.

YK commented that she understood the rationale for the proposal, but asked whether there was an alternative way of providing neighbourhood health in the area. KT responded that neighbourhood health would continue and home visiting would apply. GP services had not been in place at this site for some time; people were therefore used to travelling and there were other parts of the city where they had to travel further.

PG asked whether some outreach could be provided and added that it was important not to ask people what they thought but then do what had been planned anyway.

TR acknowledged that there was a tension between what would ideally be done and what was a viable approach; while this may not be ideal, the alternative would be worse. A piece of wider estate work was taking place across Leeds, under the One City Estate initiative.

RC referred to the Pharmacy Needs Assessment and suggested that something similar for GPs would be helpful.

KT advised that the practice was aware that it still needed to take some health interventions out into the area. JB added that there were also other practices in the area.

The Leeds Committee of the WY ICB:

(1) **NOTED** the feedback from patients and local stakeholders on the impact of the branch closure;
(2) **NOTED** the recommendations and additional actions implemented by the Primary Care Operational Group; and
(3) **APPROVED** the application from Oulton Medical Centre to transfer services from Swillington Health Practice and close the branch site by the end of August 2025.

14 CONSOLIDATING VCSE MENTAL HEALTH CONTRACTS – LEEDS HEALTH AND CARE PARTNERSHIP:
(a) COMMUNITY SUPPORT AND SOCIAL RECOVERY
(b) EMPLOYMENT AND PEER SUPPORT

(PG declared a direct financial interest in this item as a potential provider of the services and withdrew to the public gallery for the duration of the consideration of the item.)

HL presented reports to provide assurance in respect of the robust procurement and evaluation undertaken and the recommendations for the appointment of the respective providers in respect of each of the above services. The reports detailed the next steps in terms of contract award and mobilisation of each service.

RC commented that provider collaborative bids from the voluntary sector were not often seen elsewhere. TR concurred that this was quite innovative for Leeds and thought should be given to more opportunities of this type.

HL advised that transformation funding had been utilised to support providers to work differently.

The Leeds Committee of the WY ICB:

(1) **NOTED** the process undertaken and **CONFIRMED** its acceptance that a fair and robust procurement process had been followed for selecting a provider for VCSE Mental Health – Community Support and Social Recovery service;
(2) **CONFIRMED** that a contract may be awarded for this service under the Most Suitable Provider Process; and
(3) **APPROVED** the award of a contract for this service to the identified bidder.
(4) **NOTED** the process undertaken and **CONFIRMED** its acceptance that a fair and robust procurement process had been followed for selecting a provider for VCSE Mental Health – Employment and Peer Support service;
(5) **CONFIRMED** that a contract may be awarded for this service under the Most Suitable Provider Process; and
(6) **APPROVED** the award of a contract for this service to the identified bidder.

15 LEEDS HEALTH AND CARE PARTNERSHIP MEMORANDUM OF UNDERSTANDING (MoU) REVIEW

SB presented a report setting out how each of the five places that made up West Yorkshire, as well as the West Yorkshire Integrated Care System, had a form of MoU or partnership agreement in place. A recent review of the partnership agreements had found that review dates had passed for four of the places including the one covering the Leeds Health and Care Partnership. Given that significant changes to place governance arrangements and the workings of the partnership were due to take place over the coming year, it did not seem a good use of capacity to review the document strategically at this stage. The Leeds Place Accountable Officer had agreed to review the MoU and make necessary minor changes to it to ensure it reflected current arrangements.

The report set out the minor changes made to the document. Any future changes would take account of the updated NHS England guidance arrangements for delegation and joint exercise of statutory functions (19 February 2024, updated 24 March 2024). This guidance for ICBs, NHS Trusts and Foundation Trusts provided an overview of new collaborative working arrangements that the Health and Care Act 2022 had introduced to the NHS Act 2006. Building on this guidance and in line with the future direction of greater autonomy for places, changes to the ICB's constitution had been made, and had been approved by the ICB Board on 17 December 2024. These changes, which were subject to an NHS England application for approval before becoming live, were set out in the report.

Through 2025/26 material changes were expected to the MoU and these would give due consideration to the recent findings and recommendations of the review of place partnership arrangements led by Antony Kealy, as well as the work towards strengthening the Provider Collaborative approach within the Leeds Health and Care Partnership. Review cycles beyond 2025/26 were recommended at three-yearly intervals.

The committee was requested to approve the minor amendments on behalf of the partner organisations and, once approved, an updated version would be posted on the West Yorkshire ICB website.

The Leeds Committee of the WY ICB:

(1) **NOTED** and **APPROVED** the changes to the Leeds Health and Care Partnership MoU, on behalf of the partners represented;
(2) **NOTED** the material changes to the Leeds Health and Care Partnership MoU that were expected during 2025/26, and the subsequent move to a three-yearly cycle of review;
(3) **AGREED** to ensure that partner organisations receive and are made aware of the changes to the MoU; and
(4) **NOTED** the proposal to change the signatory of the Partnership MoU on behalf of the ICB from the ICB Chief Executive to the Place Accountable Officer, in-line with the delegation set out in the ICB Scheme of Reservation and Delegation (subject to NHS England approval of NHS West Yorkshire ICB's constitution changes agreed by the ICB Board on 17 December 2024).

16 ANNUAL GOVERNANCE REVIEW

SB presented a report advising that the sub-committees of the Leeds Committee of the West Yorkshire Integrated Care Board were reviewed on an annual basis, in line with their terms of reference, to provide assurance that they were fulfilling their duties and remained effective.

The report presented a review of the two sub-committees, Finance and Best Value and Quality and People's Experience, during the period 1 April 2024 to 31 March 2025. From 1 April 2025, the Finance and Best Value Sub-Committee had been superseded by the Finance, Value and Performance Sub-Committee and the subsequent annual report would therefore reflect the new remit and body of work undertaken in its first year.

The committee was requested to receive the annual reports as assurance that the sub-committees had fulfilled their function.

The amended Finance, Value and Performance Sub-Committee and Quality and People's Experience Sub-Committee terms of reference (ToR) were also submitted for approval.

The Leeds Committee Annual Report and amended ToR were submitted for review and comment, ahead of formal approval at the West Yorkshire Integrated Care Board meeting on 24 June 2025.

The Leeds Committee of the WY ICB:

(1) **RECEIVED** and **REVIEWED** the sub-committee annual reports;
(2) **APPROVED** the amendments to the sub-committee terms of reference; and
(3) **REVIEWED** the Leeds Committee Annual Report and terms of reference ahead of formal consideration by the WYICB Board on 24 June 2025.

17 HIGH LEVEL RISK REPORT: CYCLE 1 2025/26 (MARCH – JUNE 2025)

AS presented the Leeds Place High Level Risk Reports, Risk Log and Risk on a Page Report as at the end of the current risk review cycle (Cycle 1, 2025/26).

Following review of individual risks by the Risk Owner and the allocated Senior Manager, all risks on the Leeds Place Risk Register had been reviewed by the Leeds Senior Managers and then by the Quality and People's Experience Sub-Committee and the Finance, Value and Performance Sub-Committee.

The total number of risks during the current cycle and the numbers of Critical and Serious Risks were set out in the report.

The report included a summary of the Board Assurance Framework (BAF), which had been reviewed by the Executive Directors of the West Yorkshire Integrated Care Board in the current cycle and would be presented to the ICB Board meeting on 24 June 2025. The BAF provided the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB could be confident that the systems, policies, and people in place were operating in a way that was effective in delivering objectives and minimising risks.

In presenting the report, AS also provided an update in respect of action 78/24 (BAF risk 2.5) as referred to in minute 5 above.

CH noted that corporate risks were not reviewed in Leeds as part of this process. TR explained that risks were categorised as corporate risks (those affecting the ICB as a whole and managed centrally by the ICB, or in one place on behalf of the ICB), place risks (those affecting a place and managed in that place), and common risks (those affecting more than one place and managed individually in places or in one place on behalf of a number of places).

Noting that Risk 2016 (the risk of harm as a result of the longer waits being faced by patients and limited capacity for treatments) was marked for closure, TF expressed concern over the possibility of longer waits becoming the new norm; HL advised that this risk was being closed on the register as it would be managed by providers in the future.

The Leeds Committee of the WY ICB:

- **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.

18 ITEMS FOR THE ATTENTION OF THE ICB BOARD

SB summarised the content to be included in the committee's report to the West Yorkshire ICB on items to which it would alert the board, those upon which it would offer assurance, and those of which it wished to advise the board. These included:-

- Neighbourhood Health
- CQC inspection of maternity services
- People Story and themes
- Decisions in respect of the VCSE Contracts, the MoU, the terms of reference of the sub-committees and the committee
- The operational and financial planning submission for 2025/26 (including the stretch targets)

- The risk to the Leeds position under transformational change

19 FORWARD WORK PLAN 2025/26

The Leeds Committee of the WY ICB:

- **REVIEWED** the work plan and **NOTED** that further updates on the implications of changes to the ICB and the 10 Year Health Plan would be provided at its September meeting.

20 ANY OTHER BUSINESS

No items were raised.

21 DATE AND TIME OF NEXT MEETING

The next meeting of the Leeds Committee of the WY ICB would be held at 1.15 pm on Wednesday 3 September 2025 at HEART: Headingley Enterprise and Arts Centre, Bennett Road, Headingley, Leeds, LS6 3HN.

The meeting concluded at 4.00 pm.