

Final Minutes

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

2.00 pm, Wednesday 3 September 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
Dan Barton (deputising for JL)	DB	Deputy Director for Learning, Leeds City Council
Alex Crickmar	AC	Director of Operational Finance, ICB in Leeds
Tim Fielding (deputising for VE)	VE	Public Health, Leeds City Council, Leeds Teaching Hospitals NHS Trust
Dr Sarah Forbes	SF	Medical Director, ICB in Leeds
Pip Goff	PG	Volition Director, Forum Central
Jo Harding	JH	Director of Nursing and Quality, ICB in Leeds
Mike Harvey (deputising for PW)	MH	Director of Transformation, Leeds Teaching Hospitals NHS Trust
Cheryl Hobson	CH	Independent Member – Finance and Governance
Yasmin Khan	YK	Independent Member – Health Inequalities
Jane Mischenko	JM	Co-Chair, Healthwatch Leeds
Andrea Osborne (deputising for SM)	AO	Executive Director of Finance and Resources, Leeds Community Healthcare NHS Trust
Tim Ryley	TR	Place Lead, ICB in Leeds
Dr George Winder	GW	Chair, Leeds GP Confederation
In attendance		
Dawn Bailey (minute 34)	DBa	Chief Officer/Consultant in Public Health (Health Protection and Sexual Health), Leeds City Council
Sue Baxter	SB	Head of Partnership Governance, WY ICB
Nick Earl (minutes 35 and 36)	NE	Associate Director of Population Health, ICB in Leeds
Nick Lamper	NL	Governance Manager, WY ICB
Asma Sacha (minute 37)	AS	Risk Manager, WYICB
Apologies		
Caroline Baria	CB	Director of Adults and Health, Leeds City Council
Victoria Eaton	VE	Director of Public Health, Leeds City Council
Julie Longworth	JL	Director of Children and Families, Leeds City Council

Dr Sara Munro	SM	Chief Executive, Leeds and York Partnership Foundation Trust and Chief Executive Designate, Leeds Community Healthcare NHS Trust
Prof. Phil Wood	PW	Chief Executive, Leeds Teaching Hospitals NHS Trust

Members of public and/or staff observing – 0

22 WELCOME AND INTRODUCTIONS

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

23 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.

In respect of the item on Procurement of Short-Term Community Beds (minute 33 below), a number of partners were potential providers of the service. In addition to seeking the approval of the procurement process, the report recommended reinvestment of the current spend on beds into an integrated model. As prospective providers, AO and GW declared direct financial interests and would withdraw to the public gallery during the consideration of the item.

It was acknowledged that a number of partners were potentially involved in other items on the agenda but 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.

24 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 21 May 2025 were approved as an accurate record, subject to the amendment of “the ICB footprint” to “revised ICB responsibilities” at the end of the eleventh paragraph of the preamble to minute 8.

The Leeds Committee of the WY ICB:

- **APPROVED** the minutes of the previous meeting held on 21 May 2025, subject to the above amendment.

25 MATTERS ARISING

No matters were raised.

26 ACTION TRACKER

There were no current open actions.

27 PEOPLE'S VOICE

JM presented the Healthwatch report: "[What trans and non-binary people told us about GP care](#)". The report had been published in July 2025, prior to the issue of any guidance following the Supreme Court judgment on the meaning of "sex" in the Equality Act 2010.

The committee's discussions were very much focussed upon the importance of the provision of compassionate care to all.

The Chair believed this to be an interesting national report and GW welcomed it, noting that the local response was already in place. He congratulated the ICB on commissioning an incentive scheme to provide training towards the "Pride in Practice" award, which many Leeds practices had taken up.

The Chair observed that a possible digital solution to some of the issues around sex and gender could be both sex and gender markers.

DB commented that all children attending school who may be on a trans pathway would one day become adults; it may therefore be helpful to see how this applied to schools.

PG welcomed the report and TR noted that the recent changes had affected people in what could be a hostile environment for them.

AO asked whether the training offered to GPs could be expanded beyond Primary Care and MH concurred that there may be opportunities, for example, at LTHT. YK added that, irrespective of the court ruling and subsequent ongoing appeal process, it was important to educate people to have compassion, and thereby provide assurance.

TF agreed with the need for consistent, integrated training, with compassion and understanding at its forefront, to underpin the report's first recommendation, and noted the need for sex-specific healthcare issues to be taken into account in matters such as invitations for screening, in line with its second. JF added that there was a need to await national guidance in relation to a number of issues, such as the treatment of markers for under-18s.

Referring to intersectionality and the many minority groups, DB noted the importance of looking to aggregate the learning, not only across staff but also society.

JM would check whether Healthwatch England had received a response from the government, and acknowledged the suggestion of a need for cultural competency training across healthcare leaders. She added that the focus of the report had been on Primary Care because it was seen as a gateway to healthcare, and noted that most negative experiences had been encountered by those who were also neurodivergent.

The Leeds Committee of the WY ICB:

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

28 QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been submitted.

29 PLACE LEAD UPDATE

TR presented a report providing an overview of the NHS ten-year plan and a summary of some of the work being undertaken in response to this, in terms of neighbourhoods and provider partnerships. These changes had also been reflected in the revised NHS planning guidance and new performance assurance framework.

The report also set out leadership changes across the NHS in Leeds and the implications for the committee's work and the city's health and care agenda, as well as providing an update on winter planning, neurodiversity and weight management.

TF referred to the new NHS performance framework and noted its comparability to the Local Government Outcome Framework. There was a need for a conversation about the relationship between the two and to talk about the One City Ambitions and draw connections as a partnership. The Chair suggested this could be brought together at a future development session.

DB saw an opportunity for Leeds to shape national policy and suggested that, when determining what was meant by neighbourhoods, consideration should be given to co-terminosity.

The Leeds Committee of the WY ICB:

- **RECEIVED** and **NOTED** the content of the Place Lead Update and its implications for the committee and the Leeds Health and Care Partnership.

30 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.

The Leeds Committee of the WY ICB:

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

31 FINANCE, VALUE AND PERFORMANCE SUB-COMMITTEE ASSURANCE REPORT

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

JM referred to the Adult Neurodivergence Services: Deep Dive, and asked whether a similar exercise had been undertaken in respect of children and young people. CH responded that another report may be coming in respect of this.

The Leeds Committee of the WY ICB:

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

32 FINANCIAL POSITION UPDATE

AC presented a report providing an update on the month 4 financial position of the ICB in Leeds, the wider Leeds Place, and West Yorkshire Integrated Care System (ICS).

At month 4 the ICB in Leeds was reporting a year to date (YTD) breakeven financial position. However, this was circa £1.8m behind plan at month 4, mainly due to the stretch target now being included within plans.

The ICB in Leeds was still forecasting a balanced full-year forecast position to deliver the stretched plan of a £5.2m surplus (including £2.5m stretch for the ICB in Leeds; and £2.7m stretch across LTHT, LYPFT and LCH). However, there were significant risks to delivery given the YTD position in the ICB and Providers.

The main overspending areas within the ICB were within Mental Health and Acute Services offset by underspends in Primary Care and running costs.

The Leeds Health and Care Partnership was reporting a month 4 position of £18.3m deficit, which was circa £7m adverse to plan. This was driven by the positions in the ICB in Leeds (£1.8m) and LTHT (£5.6m).

The month 4 year-to-date position for the WY ICS was a £36.8m deficit against a planned £24.9m deficit – an adverse variance against plan of £11.9m. The month 4 adverse variance of £11.9m had deteriorated from the adverse variance at month 3 of £4.0m. The deterioration in-month had been driven predominantly by £3.7m cost of industrial action which would not be covered by national funding, and £3.2m of pay overspends.

TR noted that the way of working with West Yorkshire delegating money and responsibility to places was good, but sometimes made places reliant upon West Yorkshire decisions and policies for which the timelines did not align (such as, for example, with the weight management and neurodiversity services). This would be noted in the Alert section of the committee's AAA Report.

PG asked whether commissioning of the third sector had been considered as part of deconstructing the block of contracts. AC responded that there was a move away from activity-based towards outcome-focussed contracts.

DB noted the CHC efficiencies and suggested that early intervention would give future savings. TR commented that Home First Phase 2 looked into the prevention space, supporting people to be healthier for longer, with the consequence of reducing need for CHC.

The Chair commented that, nationally, there were areas of inequity for CHC provision. She asked how the efficiencies would affect that inequity in Leeds, and how decisions were made in respect of who did and did not receive the provision.

TR responded that there was a clear national framework for assessment, but wide variation in expenditure from place to place, with West Yorkshire being slightly above the average. There was also a dependency upon the relationship with the care sector due to the need to work closely with adult social care in setting rates. There was also a lot of demand for two-

to-one care, with a need to consider whether this was required 24 hours a day or for smaller time slots. There was therefore a whole set of factors and work was being undertaken to ensure that differential decisions were not being made.

The Leeds Committee of the WY ICB:

- **RECEIVED** and **REVIEWED** the ICB in Leeds month 4 position including key risks and mitigations, the Leeds Place month 4 position, and the West Yorkshire ICS Financial Position.

(The meeting was adjourned for a break at 3.00 pm and reconvened at 3.10 pm.)

(DBa and NE joined the meeting.)

33 **PROCUREMENT OF NEW CONTRACT FOR INTERIM PROVIDER OF SHORT-TERM COMMUNITY BEDS**

(A number of partners were potential providers of this service. In addition to seeking the approval of the procurement process, the report recommended reinvestment of the current spend on beds into an integrated model. As prospective providers, AO and GW declared direct financial interests and withdrew to the public gallery during the consideration of the item.)

TR presented a report, on behalf of Helen Lewis, outlining the recommended procurement route for the Short-term Community Beds. The committee was asked to approve the choice of the selected Provider Selection Regime (PSR) process, in line with the WY ICB financial scheme of delegation as the contract value exceeded £5m. The scheme of delegation required that appropriate PSR process and principles must be followed as laid out in the ICB Standing Financial Instructions and Procurement Policy.

The recommended procurement route was competitive process through the Provider Selection Regime, which would allow the ICB to assess the capability of all interested providers.

The spend related to the contract was classified as current spend, rather than new or repurposed spend, as there were several existing service providers and the service was a key element of the journey of care for Leeds, to ensure improved outcomes both on discharge and admission avoidance. The community bed service was a core element of intermediate care in line with national guidance. Considerable improvement work had taken place over the previous two years, with further efficiencies having been embedded, which had led to a lower spend and better outcomes. Having previously been judged as having too much dependency on bed-based rehabilitation, the system had greatly improved its focus on 'Home First' and improved flow through its rehabilitation beds, with more focus on people returning to their usual place of residence at the earliest opportunity.

The proposed future annual contract value would be £17,600,000 (at 2025/26 prices). This embedded the recurrent QIPP achieved in 2024-26 but had also been adjusted to allow for a higher dependency of patients through some of the beds. This contract value consolidated additional staffing, so reducing the dependency on ad hoc agency costs, which should improve efficiency and quality. An integrated model should be more cost

effective, with less duplication of management costs and a more streamlined model of clinical support. It was proposed that the service should be commissioned for 10 years (8 plus 2) with the ability to resize in response to demand and model changes during the length of the contract. This was in recognition that the service was an essential element of intermediate care provision and part of a complex set of service interactions which could and should change over time.

YK welcomed the move to a 10-year contract cycle but wondered whether the initial eight-year period should be shorter; she asked about measures to address delivery, performance and accountability, as well as alignment with equality of access and outcomes.

Addressing the point on alignment with equality of access and outcomes, TR advised that the purpose element could be strengthened; in respect of the eight-plus-two contract period, he gave assurance that there were sufficient levers around the contract to address poor performance.

The Chair asked whether the opportunity for financial renegotiation would be included, and TR responded that this would be for both parties, but was usually based upon mutual agreement.

The Leeds Committee of the WY ICB:

- (1) **APPROVED** the Provider Selection Regime (PSR) route for the Short-term Community Bed service;
- (2) **NOTED** that the recommended route for procurement was Provider Selection Regime: Competitive Process;
- (3) **APPROVED** the reinvestment of the current spend on beds into an integrated model; and
- (4) **DELEGATED** the approval of the selected provider to the Accountable Officer and Director of Operational Finance in consultation with the Chair, as this stage of the process would be due around 17 December and could not wait until the next formal meeting of the committee for approval as this would delay award and mobilisation.

34 DIRECTOR OF PUBLIC HEALTH REPORTS

Marmot City Update

TF provided a verbal update on this work. The Institute of Health Equity (IHE) was very engaged in the work and keen to continue working closely with partners in Leeds. Further information on the forthcoming event would be available soon. Work was ongoing around the indicator set, healthy housing, place and regeneration, and the Best Start initiative (for 0–5-year-olds). There was a lot of alignment with other health inequalities work and the Health and Care Inequalities Oversight Group was heavily involved.

The Leeds Committee of the WY ICB:

- **RECEIVED** and **NOTED** the update.

Director of Public Health Annual Report – “Heat In The City: Our Health in a Warming Leeds”

DBa presented a report providing an overview of the lived experiences of Leeds residents, frontline workers, academic partners and subject matter experts alongside a review of national and local data and evidence relating to the impacts of heat on health.

The report gave an outline of opportunities for citywide, system collaboration to achieve the recommendations within the 2025 Director of Public Health Annual Report. It also set out key findings and recommendations contained within the Director of Public Health Annual Report 2025, focussing on actions to address the health impact of rising temperatures through a holistic approach.

Also provided was a progress update on the priorities as outlined in the Director of Public Health Annual Report 2023 (contained within the full version of the DPHAR 2023 report).

YK asked about implementation of the recommendations and noted the existence of similar issues in hospitals. The impacts were on the wider system rather than just communities. She also asked how the system could hold itself accountable.

DB observed that the same social gradient tended to be constant across all things. He noted that trees on streets could mitigate the effect of heat, and that the cycle of refreshing school buildings was a slow one. Community spaces (including churches) had a role to play and there was a need for other strategic alignment.

MH was attempting to understand where these responsibilities rested in terms of governance within Leeds and acknowledged that partners could not solve these issues individually. DB suggested that progress could only be made strategically in steps, and asked whether data was available to indicate who was most at risk.

DBa advised that there was a lot of data available and attempts were being made to be as specific as possible about the impact of heat and who was most vulnerable. She drew the committee’s attention to the annual report’s first recommendation – that Leeds City Council, Leeds Health and Care Partnership, anchor organisations and the third sector work collaboratively to promote and implement the advice and actions in the UK Health Security Agency Adverse Weather and Health Plan. The report had been presented to the Health and Wellbeing Board, which was responsible for the overall governance.

TF added that the annual report included feedback on the recommendations from that of the previous year’s. TR suggested that each partner be required to feed back to the Health and Wellbeing Board to advise what actions it was taking to address the annual report’s first recommendation.

The Leeds Committee of the WY ICB:

- (1) **NOTED** the key findings and recommendations of the 2025 Director of Public Health Annual Report, Executive Summary Report, and film ‘Heat In The City: Our Health in a Warming Leeds’; and

- (2) **COMMITTED** to exploring opportunities for city-wide, system collaboration to achieve the recommendations within the 2025 Director of Public Health Annual Report.

(DBa left the meeting.)

35 HEALTH INEQUALITIES CORE20PLUS5 UPDATE

NE presented a report providing an overview of work to address health inequalities by the ICB in Leeds. It included an update on priority programmes and Core20+5 measures where available, an overview of wider work to address health inequalities and an update of partnership activity in this space (with a specific focus on the Health Equity Index).

The report sought to provide assurance that the ICB in Leeds was exercising its functions in respect of the need to reduce health inequalities and to highlight the evolution of the Core20+5 approach within Leeds. The committee was also invited to reflect on potential learning opportunities from this work on health inequalities that might inform the future operating model of the ICB as a strategic commissioner and the implications for providers and provider partnership responsibilities.

The Chair observed that ICBs were changing but health inequalities would remain. YK asked how the twice-yearly reporting would be undertaken in the future. NE responded that it would be ensured that corporate performance metrics had a lens which cut across inequalities. YK suggested it was useful to have a starting point as well as a trajectory. TF concurred with this and believed that the work of the Healthcare Inequalities Oversight Group had been really important and it was essential to recognise this. This would be noted in the Assure section of the committee's AAA Report. PG added that the group had undertaken a good piece of work around the provider collaborative.

JM was pleased to see that this would be a part of core business; the dashboard would flag areas where there was a need to dive deeper.

The Leeds Committee of the WY ICB:

- (1) **RECEIVED** the assurance that the ICB in Leeds was, in the exercise of its functions, having regard to the need to reduce health inequalities; and
- (2) **NOTED** the evolution of the Core20+5 approach – with a focus on deprivation across strategies and programmes, and use of a Health Equity Index across partners.

36 WORK, SKILLS AND HEALTH PROGRAMME UPDATE – HEALTHY WORKING LIFE

NE presented a report providing an awareness and update on the Leeds Healthy Working Life Programme (previously known as Health and Growth). The report aimed to provide an update on progress to date and the key learning.

NE advised that a further report would be brought to the committee in February if funding were received for the coming year.

AO observed that it was important to obtain buy-in to the programme from the outset.

NE explained that evaluation took place at the level of the national programme, the West Yorkshire component, and the Leeds element. The target metrics were really clear.

DB spoke of the importance of marrying up the symptom and prevention work, and PG observed that it was different for some organisations because they did not have the money or certainty of funding.

TR asked how much of the money was being held up by ICB governance mechanisms. NE advised that this was not known specifically in relation to the money, but on speed of decisions West Yorkshire was moving very quickly.

The Leeds Committee of the WY ICB:

- (1) **RECEIVED** the update on the Work, Skills and Health Programme with a focus on the Leeds Healthy Working Life Programme;
- (2) **ACKNOWLEDGED** the very positive work and implementation that had been completed in a relatively short timescale by all providers; and
- (3) **AGREED** that, if recurrent monies be confirmed for 2026/27, a recommendation be brought by the ICB matrix team to the ICB committee in February 2026 regarding the schemes that might be continued, stood down, or modified.

(The Chair stepped out of the meeting briefly and CH took the Chair.)

37 RISK REGISTER (CYCLE 2 2025/26)

TR and AS presented a report providing details of all risks on the Leeds Place Risk Register at the end of the current risk review cycle (Cycle 2, 2025/26). The total number of place risks for consideration, the numbers of risks which were marked for closure, new, increasing or decreasing in score were set out in the report, along with the numbers of Critical and Serious Risks.

The report included the Cycle 2 review of the Board Assurance Framework (BAF) for all five places; 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.

TR remarked that most of the high-level risks set out in the report had been picked up in other reports at the meeting.

Referring to Risk 2550 (the risk that initial health assessments for children in care would not be completed within the statutory time frames), AS advised that this had been added to all place risks registers, although there was some variation in score between places. TR added that the longer length of contracts would take into account health inequalities, social values and quality impact assessments. PG suggested that the reduction in third sector provision would lead to a need constantly to check and challenge. JM asked specifically about the delays in initial health assessments for looked after children, and JH advised that there was a potential delay between the identification of need and capacity being allocated.

The Leeds Committee of the WY ICB:

- (1) **RECEIVED** and **NOTED** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Leeds;
- (2) Was **ASSURED** in respect of the effective management of the risks and the controls and assurances in place; and
- (3) **RECEIVED** and **NOTED** the Board Assurance Framework for Cycle 2 2025/26.

38 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 Wheatfields Hospice, Maternity Service at Leeds Teaching Hospitals NHS Trust, Month 4 Financial Position, delivery of West Yorkshire priorities in place, and partnership working on health inequalities.

(The Chair returned to the meeting but CH remained in the Chair for its remainder.)

39 FORWARD WORK PLAN 2025/26

TR advised that planning submissions would be considered at the forthcoming meetings, with the planning guidance being brought in November and the final version of the plan coming in February. The development session scheduled for 24 September would be postponed.

The Leeds Committee of the WY ICB:

- **REVIEWED** the work plan and **NOTED** the changes outlined above.

40 ANY OTHER BUSINESS

PG advised that she would be circulating to members details of an event celebrating the work of the Leeds Poverty Truth Commission, to be held from 4.00 to 6.00 pm on Monday 3 November 2025 at Leeds Civic Hall.

41 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 19 November 2025 at HEART: Headingley Enterprise and Arts Centre, Bennett Road, Headingley, Leeds, LS6 3HN.

The meeting concluded at 4.30 pm.