

# Final Minutes

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

Wednesday 27 November 2024, 1.15pm – 4.30pm

Headingley Enterprise & Arts Centre (HEART), Bennett Rd, Headingley, Leeds LS6 3HN.

Members	Initials	Role
Kashif Ahmed (deputising for CB)	KA	Deputy Director, Integrated Commissioning, Leeds City Council
Dr Ruth Burnett (deputising for SD)	RB	Executive Medical Director, Leeds Community Healthcare NHS Trust
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
Pip Goff	PG	Volition Director, Forum Central
Yasmin Khan	YK	Independent Member – Health Inequalities
Penny McSorley (deputising for JH)	PM	Deputy Director of Nursing, ICB in Leeds
Jonathan Phillips	JP	Co-Chair, Healthwatch Leeds
Tim Ryley	TR	Place Lead, ICB in Leeds
Dr George Winder	GW	Chair, Leeds GP Confederation
Prof. Phil Wood	PW	Chief Executive, Leeds Teaching Hospitals NHS Trust
<b>In attendance</b>		
Sue Baxter	SB	Head of Partnership Governance, WYICB
Eddie Devine (Item 57 only)	ED	Head of Pathway Integration. ICB in Leeds
Nick Earl (Item 51 only)	NE	Interim Director of Strategy, Planning and Programmes, ICB in Leeds
Harriet Speight	HS	Corporate Governance Manager, WYICB
<b>Apologies</b>		
Caroline Baria	CB	Director of Adults and Health, Leeds City Council
Selina Douglas	SD	Chief Executive, Leeds Community Healthcare NHS Trust
Dr Sarah Forbes	SF	Medical Director, ICB in Leeds
Jo Harding	JH	Director of Nursing and Quality, ICB in Leeds
Cheryl Hobson	CH	Independent Member – Finance and Governance
Julie Longworth	JL	Director of Children and Families, Leeds City Council
Dr Sara Munro	SM	Chief Executive, Leeds and York Partnership Foundation Trust

## **Members of public staff observing – 5**

### **44 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.

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

### **45 APOLOGIES AND DECLARATIONS OF INTEREST**

The Chair asked members to declare any interests that might conflict with the business on the meeting agenda. The following interests were declared:

- Item 57 - Consolidating VCSE Mental Health Contracts – PG declared an interest as a representative of a provider of services and confirmed that she would leave the room for consideration of the item.
- Item 59 - Urgent Decision: Direct award of new contract for Short-term Community Beds in Leeds – RB, KA, GW and VE declared interests as representatives of providers of services considered and confirmed that they would leave the room for consideration of the item.

### **45 MINUTES OF THE PREVIOUS MEETING**

The public minutes of the meeting held 11<sup>th</sup> September 2024 were approved as an accurate record.

#### **The Leeds Committee of the WY ICB:**

- Approved the minutes of the previous meeting held on 11 September 2024.

### **47 MATTERS ARISING**

No matters were raised.

### **48 ACTION TRACKER**

All actions had been completed.

### **49 PEOPLE'S VOICE**

JP introduced the report by Healthwatch Leeds titled 'Communicating Changes - September 2024 Briefing Paper', setting out three significant service changes in Leeds and how they had been communicated to service users. The three service changes related to children's orthodontics providers, audiology providers and the removal of public access to the adult mental health crisis Single Point of Access (SPA) phoneline. JP informed members that in all three cases, Healthwatch had been made aware of the changes after being contacted by members of the public who had reported confusion and worry about the

changes. JP advised that mitigating actions had been put in place since, however the learning gathered informed the development of the recommendations for partners included in the report. JP reflected on items elsewhere on the agenda, including the Place Lead Update reference to the NHS 10 Year Plan consultation, and the opportunity to apply the recommendations to ensure meaningful engagement and communication with members of the public.

Members welcomed the report and recommendations, noting the importance of tangible examples to learn from and recognising that consistency of approach would be key moving forward. It was highlighted that there are defined parameters set by NHS England that limit the ICB's control over communications. It was also noted that some issues experienced had been as a result of private providers breaching contracts, leading to legal issues.

The Committee reflected on how to further embed co-production and early engagement into processes across the partnership. It was agreed that further work would be undertaken to focus on coproduction of responses to smaller scale service changes and reported back to the Committee in due course. Related to this, it was also suggested that partners work together to facilitate public engagement events to seek views to feed into the consultation on the new NHS 10 Year Plan.

**ACTION** – To add a communications and engagement update to the forward work plan, focusing on plans for coproduction in relation to changes to services.

PW arrived at 13:40 during discussion of this item.

## **50 QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions submitted on this occasion.

## **51 POPULATION AND DELIVERY BOARD UPDATE**

NE introduced the report setting out the future role and responsibilities of Population Boards to support the reallocation of resources to higher value interventions for their populations. Members were advised that the Population Boards will have a tighter focus on a set of agreed partnership transformation programmes and priorities for their specific population.

It was noted that the work required to transition the Population Boards to the future arrangements will have concluded to enable the Boards to be operating in the new capacity from April 2025.

Members were supportive of the approach taken to date, recognising the importance of simplifying the role of the boards to achieve coordinated change across the system. It was suggested that to support this, and to ensure reduced duplication of work, the Population Boards interconnect other boards and forums across the system as well as with other Population Boards. It was also noted that the transformation resource to facilitate the opportunities identified by the Population Boards would need to be clear from the outset to support the prioritisation process.

In terms of providing further assurance to the Committee, members noted that future reports should be owned by the Boards themselves, building the Boards into the drafting process prior to submission.

### **The Leeds Committee of the WYICB:**

- **NOTED** the shift in focus for Population Boards and implications for the role the partnership in Leeds plays in supporting them.
- **CONSIDERED** how the Committee might be assured of the work of the Population Boards with regards to specific population segments (for example, by considering the format of the assurance reports).

## **52 PLACE LEAD UPDATE**

GW noted for transparency that he worked as a GP in one of the Primary Care Networks (PCNs) included in the chronic kidney disease (CKD) programme detailed in the report.

TR provided an overview of the report, advising members of the emerging changes to priorities nationally, noting that NHS England have written to all ICBs setting out greater clarity on the role of NHSE and ICBs moving forward, advising that ICBs will be responsible for planning services for their population, with an increased focus on integrated neighbourhood health, prevention and addressing inequalities. TR advised that the NHS 10 Year Plan consultation had recently launched and that the Leeds system response to the consultation would be circulated to members in due course.

**ACTION** – To circulate the Leeds system response submitted to the NHS 10 Year Plan consultation.

TR also provided an update on the Joint Working Agreement (JWA) concentrating on CKD and getting people (a target of 1250) with CKD reviewed and initiated on the NICE recommended TA drugs; SGLT2s, which was approved by the January 2024 Leeds Committee meeting, due to the related prescribing costs. TR advised that it had been proposed that the existing JWA be extended for a further 6 months (from March 2025 – August 2025) to allow further collation of data/coding, as PCNs complete final reviews that may run into the 6 months post current agreement (March 2024-February 2025). It was confirmed that no additional resources would be required, however TR sought the Committee's support in proceeding with the extension.

Members were advised that the demand for diagnosis in both adult and children's ADHD and Autism remained very challenging. The Leeds and York Partnership NHS Foundation Trust ADHD service for adults had closed for new referrals, and in children's services, families had been made aware of the length of waiting times. It was confirmed that plans to address this were in development and that a further update would be provided to the Committee in due course as part of planning for next year.

There was some discussion on the neighbourhood health focus at a national level and the Leeds response to this. Members were advised that work continues in West Yorkshire to develop an Integrated Neighbourhood Framework, and in Leeds to further develop the neighbourhood model building on the work already undertaken through the Marmot City

programme and Local Care Partnerships. Members agreed that a whole-system approach is required moving forward to build on the successful existing partnerships in the city, built on strong multi-agency relationships and geographical alignment with Primary Care Networks and electoral wards.

**The Leeds Committee of the WYICB:**

- **NOTED** the contents of the report, giving specific attention to the emerging national context and priorities.
- **SUPPORTED** the extension of the CKD Joint Working Agreement.

**53 QUALITY AND PEOPLE'S EXPERIENCE SUB-COMMITTEE ASSURANCE REPORT**

The Committee received the AAA report on behalf of the Chair. RC highlighted that there had been many changes in the membership in the last year due to changed job roles, and highlighted the importance of consistency to ensure that the sub-committee remains focused and effective.

**The Leeds Committee of the WYICB:**

- **NOTED** the report.

**54 DELIVERY SUB-COMMITTEE ASSURANCE REPORT**

The Committee received the AAA report on behalf of the Chair.

**The Leeds Committee of the WYICB:**

- **NOTED** the report.

**55 FINANCE AND BEST VALUE SUB-COMMITTEE ASSURANCE REPORT**

The Committee received the AAA report on behalf of the Chair. It was highlighted that the sub-committee reported positive assurance on the Medium-Term Plan update. It was also highlighted that the sub-committee noted only partial assurance on the effective management of the risks included on the Leeds Place risk register aligned to the sub-committee, due to the volatility of current circumstances as opposed to the quality of mitigations. It was noted that this would be included in the alert section of the AAA report to the WYICB.

**The Leeds Committee of the WYICB:**

- **NOTED** the report.

**56 FINANCE UPDATE AT MONTH 6**

AC provided a verbal update on Month 7, which became available after the publication of papers. At Month 7, Leeds Place reported £6.4m behind plan year to date with a likely

mitigated case by year end of £26.2m adverse to plan. There is therefore an increased likelihood of NHS England intervention, and members were advised that finance teams across the WY Places continue to address actions identified by the recent independent review commissioned by the ICB from PwC to mitigate the position. It was noted that work is being undertaken on the medium-term financial plan and planning for next year, which would form part of the upcoming development session for the Leeds Committee on 11 December 2024.

In addition to the partner positions set out within the report, members were advised that that the national insurance cost to third sector had been estimated at £5m in Leeds with additional pressures around accommodating the living wage.

In response to a query regarding the NHS England oversight framework, AC advised that there were not any defined criteria for moving from segment 3 to 4, however that if the organisation continued on the current path, intervention was likely.

#### **The Leeds Committee of the WYICB:**

- **NOTED** the Month 6 and 7 positions, specifically the emerging risks and mitigating actions.

### **57 CONSOLIDATING VCSE MENTAL HEALTH CONTRACTS**

PG left the room for discussion of this item (Minute 45 refers.)

ED introduced the report, advising of the intention to consolidate nine current separate ICB held contracts/grant awards with Voluntary, Community and Social Enterprise (VCSE) provider partners, into two lead provider led contract lots, and the recommendation with rationale for progressing a Most Suitable Provider (MSP) award process under the Provider Selection Regime (PSR) regulations. TR added that the work outlined in the report supported the Third Sector Position Statement attached to the agenda pack as an additional paper for information. In response to a query, ED advised that all current providers had been made aware of the changes proposed.

There was some discussion around the potential for legal challenge. Members were advised that the options had been market tested to reduce the risk of challenge and that the contract team were sufficiently separate as they had been moved to West Yorkshire level as part of the new operating model, allowing for appropriate check and balance.

Opportunities for learning between partners were highlighted, including several similar contracts within the council that would benefit from a similar approach. Partners agreed to discuss further outside of the meeting.

#### **The Leeds Committee of the WYICB:**

- **AGREED** to proceed with the Provider Selection Regime Most Suitable Provider process for consolidation of contracts as set out in the paper, to improve outcomes and reduce administrative burdens on providers and the ICB.



- **NOTED** the next steps within the MSP procurement timeline set out on Tab 2 of the appendix excel table, and in particularly the route for approval of a decision to award process through Leeds Committee on 26th February 2025.

## 58 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

TR introduced the report, advising that risks are held at different levels of the organisation, with some risks managed across West Yorkshire and then some managed specifically at Leeds place, depending on the population they reflect. TR advised that healthcare providers in Leeds hold their own risk registers and the top three risks from each partner had been included as an appendix to the report for visibility. In addition, TR advised that work is ongoing to review the strategic risks held on the Board Assurance Framework (BAF). TR reflected on whether the risk register reflected the position at Leeds Place suggested that the risk associated with the suspension of Tier 3 Weight Management Services should be added to the risk register.

**ACTION –** To add the risk associated with the suspension of Tier 3 Weight Management services to the Leeds Place risk register.

### The Leeds Committee of the WYICB:

- **RECEIVED** and **NOTED** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Leeds, following any recommendations from the relevant sub-committees.
- **RECEIVED** and **NOTED** the WY ICB Board Assurance Framework (BAF) Summary and Heat Map.
- **NOTED ASSURANCE** in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.

## 59 URGENT DECISION: DIRECT AWARD OF NEW CONTRACT FOR SHORT-TERM COMMUNITY BEDS IN LEEDS

RB, KA, GW and VE left the room for discussion of this item (Minute 45 refers.)

The Chair advised that the report provided detail on the recent decision taken by herself and the Place Lead on 7 November 2024 due to timescales, in line with the terms of reference, in respect of the new contract for the Short-term Community Beds in Leeds.

### The Leeds Committee of the WYICB:

- **RATIFIED** the decision taken on 7 November 2024 to approve the Provider Selection Regime (PSR) route for the Short-term Community Beds: Direct Award C.

## 60 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:

- An alert to the worsening financial position and risk of intervention from NHS England
- A summary of the outputs of the discussion around engaging with communities and communicating service changes
- An update on the national focus on neighbourhood health and the approach taken in Leeds
- An update on the neurodiversity risk position
- An update on the work undertaken to refresh the role and remit of the Population Boards

## **61 FORWARD WORKPLAN**

The forward work plan was presented for review and comment, noting that it continued to develop and would be an iterative document. Members of the Committee were invited to consider and add agenda items.

## **62 ANY OTHER BUSINESS**

No other matters were submitted for consideration.

## **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 26th February 2025.

The meeting closed at 3.55 p.m.