

# Final Minutes

Leeds Committee of the West Yorkshire Integrated Care Board

Thursday 14 July 2022, 2.00pm – 4.45pm (Held via MS Teams)

Members	Initials	Role	Present	Apologies
Rebecca Charwood	<b>RC</b>	Independent Chair, Leeds Committee of the WY ICB	✓	
Tim Ryley	<b>TR</b>	Place Leeds, ICB in Leeds	✓	
Cheryl Hobson	<b>CH</b>	Independent Member – Finance and Governance	✓	
Yasmin Khan	<b>YK</b>	Independent Member – Health Inequalities	✓	
Thea Stein	<b>TS</b>	Chief Executive, Leeds Community Healthcare		✓
Bryan Machin (on behalf of Thea Stein)	<b>BM</b>	Deputy Chief Executive, Leeds Community Healthcare	✓	
Sara Munro	<b>SM</b>	Chief Executive, Leeds & York Partnership Foundation Trust	✓	
Julian Hartley	<b>JH</b>	Chief Executive, Leeds Teaching Hospital Trust	✓	
Dr Chris Mills	<b>CM</b>	Chair, GP Confederation	✓	
Cath Roff	<b>CR</b>	Director of Adults & Health, Leeds City Council	✓	
Victoria Eaton	<b>VE</b>	Director of Public Health, Leeds City Council	✓	
Shanaz Gul	<b>SG</b>	Third Sector Representative		✓
Francesca Wood (on behalf of Shanaz Gul)	<b>FW</b>	Third Sector Representative	✓	
John Beal	<b>JBe</b>	Chair, Healthwatch	✓	
Dr Jason Broch	<b>JBr</b>	Chief Strategic Clinical Information & Innovation Officer, ICB in Leeds	✓	
Jo Harding	<b>JoH</b>	Director of Nursing and Quality, ICB in Leeds	✓	
<b>Additional Attendees</b>				
Sam Ramsey	<b>SR</b>	Head of Corporate Governance & Risk, ICB in Leeds	✓	
Manraj Khela	<b>MK</b>	Head of Health Partnerships	✓	
Anne Ellis	<b>AE</b>	Risk Manager, ICB in Leeds	✓	
Robert Hakin	<b>RH</b>	Associate Director of Corporate Planning, Leeds Teaching Hospital Trust	✓	
Richard Noble	<b>RN</b>	Associate Director for Estates Strategy, Leeds Teaching Hospital Trust	✓	
Clare Gaunt	<b>CG</b>	Assistant Director of Finance, Leeds Teaching Hospital Trust	✓	
Hannah Davies	<b>HD</b>	Chief Executive of Healthwatch Leeds	✓	
Kirsten Wilson	<b>KW</b>	Head of Insights, Communications & Involvement, ICB in Leeds	✓	

## Members of public/staff observing – 2

No.	Agenda Item	Action
01/22	<p><b>Welcome and Introductions</b></p> <p>Rebecca Charlwood opened the inaugural Leeds Committee of the West Yorkshire Integrated Care Board (ICB) and invited all members to introduce themselves. It was noted that the Committee meeting would be recorded and available online following the meeting.</p> <p>A short video was shown, outlining the partnership journey taken so far across West Yorkshire and the role of the West Yorkshire ICB and the five places that make up West Yorkshire.</p>	
02/22	<p><b>Apologies and Declarations of Interest</b></p> <p>Apologies had been received from Thea Stein and Shanaz Gul. Bryan Machin was deputising for Thea and Francesca Wood was deputising for Shanaz Gul. Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion. It was noted that future meetings would include a full register of interests circulated with papers in advance of the meeting. There were no specific interests raised.</p>	
03/22	<p><b>Action tracker</b></p> <p>The Committee was asked to note the updates provided in the action tracker. It was highlighted that a formal action log would be put in place now the Committee was formally established.</p>	
04/22	<p><b>Questions from Members of the Public</b></p> <p>There were no questions received from members of the public in advance of the meeting.</p>	
05/22	<p><b>People's Voice</b></p> <p>The Chair outlined the importance of starting the Committee meeting with an example of a lived experience of health and care services, starting with people in everything that we do. Members were informed that the work was part of the 'How does it feel for me?' Programme which many of the members of the Committee would have seen through the Partnership Executive Group (PEG) and the Health and Wellbeing Board.</p> <p>Hannah Davies, Chief Executive at Healthwatch outlined that the programme had identified several key themes that people in Leeds have highlighted are consistently not working in terms of their experience and outcomes, named the three C's - communication, co-ordination and compassion. The programme was a system wide piece of work, represented by partners across the system. The story shared gave an insight from two residents in Leeds. The video was presented, and members were invited to share reflections.</p> <p>Tim Ryley shared that the experiences reported in the video were positive, however it was important to recognise the previous videos and consistency in the care</p>	

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	<p>received. Committee members then reflected on the three C's and how the system could strengthen coordination given the difficulties in navigating the system. It was noted that the Quality and People's Experience Sub-Committee will have a key role in ensuring delivery of a person-centred care model.</p> <p>Sara Munro highlighted that care coordination was a well-defined role within mental health and there would be a change in the new model with the aim of simplifying and ensuring it is easier to access services. Independent members welcomed further details in relation to the changes to mental health services.</p> <p>Cath Roff highlighted the difficulties that can occur with cross border collaboration and a suggestion was made for insight to be undertaken for those people living on the borders. It was flagged by Healthwatch that this could be considered from a West Yorkshire perspective across five local places, starting with the insight that already exists.</p>	
06/22	<p><b>Approach to We Start with People</b></p> <p>The Chair introduced the item by outlining that a discussion had taken place at the Leeds Shadow Committee of the ICB on 17 March and work had been underway to consider how we ensure people's voices are embedded at every level.</p> <p>Hannah Davies and Kirsten Wilson were in attendance to present the report. Background information was provided to members, outlining the commitment to putting people's voices at the centre of decision making which has been championed by the Health &amp; Wellbeing Board and through the Health &amp; Wellbeing Strategy. Under the leadership of the Health and Wellbeing Board, the Peoples Voices Partnership (PVP) group was established to bring together involvement leads from across the partnership to work together as one health and care listening team ensuring that the ambition is integrated within organisations and across the partnership. Members recognised that a huge amount of work had been undertaken over the last few years including the Big Leeds Chat and the 'How does it feel for me?' workstream. It was iterated that as a partnership the involvement principles align with those developed by the West Yorkshire ICB and they will support the Leeds Committees' work to model a 'We start with people' approach.</p> <p>Members were reminded of the discussions taken at the Shadow Leeds Committee meeting in March 2022 and the high level of ambition and commitment to this from the Committee and that as a PVP work had been ongoing to describe the work taking place with different partners across the system.</p> <p>Kirsten Wilson presented an overview of the involvement ambitions identified, the work already ongoing and the additional work planned to support public involvement in the work of the Committee. A summary was provided as to how the Committee can help and take forward the involvement ambitions. The Committee was asked to review and approve the ambitions as set out and support and commit to the actions outlined within the report.</p> <p>The Chair expressed her thanks and highlighted that in ensuring involvement and influence, it gives empowerment to the citizens of Leeds. It was also expressed that</p>	

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	<p>we should use this as an innovation tool to make services more efficient and improve integration.</p> <p>YK commented that the report had been informative and useful and shared the view that it would also be helpful to hear the diversity of voice coming through the Delivery Sub-Committee. In relation to the insight reports, a query was made in relation to those groups that may not be heard. An observation was made in relation to the webpage and the 'You Said, We Did' reference, that this could be presented in a more powerful way. KW agreed and advised that the team would take forward this suggestion.</p> <p>In relation to the comment on the insights work and ensuring we are hearing from various groups; it was shared that a gap analysis would be undertaken to consider what other areas of information should be sought and from which groups. HD expressed that the priority across the partnership was to hear the voice of inequalities and adapting the approaches to do so. The importance of insight reports was highlighted and how it is not just about listening, it is about acting on what people have said.</p> <p>VE commented that it felt positive in relation to under-represented groups and meaningful engagement in terms of the approach and welcomed the discussion. A challenge was raised in relation to maximise opportunities across other systems, for example community housing, and how do we continue to build so it is a city process and not only a health and care process.</p> <p>The value of better understanding lived experience was recognised but also the opportunity to explore the more difficult areas and ensuring we remain connected with how people feel, with a particular focus raised in relation to safeguarding within the system.</p> <p>The Place Lead praised the document and emphasised three areas. The ambition to be systematic about the involvement ambitions, recognising that there are pockets of excellence but that as a partnership we should strive for excellence everywhere. Furthermore, to consider coproduction and the importance of lived experience and relational matters and the challenge of the voice as it is happening. It was also challenged as to how we test that it has made a real difference and demonstrably making things better, particularly in relation to communication and coordination.</p> <p>The comments were welcomed, and thanks expressed to members for their commitment. The importance of working closely with the Population Health Boards was also noted and listening to all community groups as a continual conversation which the PVP was committed to.</p> <p>The Chair summarised the importance of the piece of work and asked the Committee to approve the recommendations outlined within the report.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p>	

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	<p>a) <b>Reviewed</b> and <b>approved</b> the ambitions set out in the '<i>Embedding Involvement in the Leeds Committee</i>' document;</p> <p>b) <b>Supported</b> and <b>committed</b> to the actions outlined in the report; and</p> <p>c) <b>Agreed to receive</b> the costed workplan in September 2022 outlining the resources necessary to further embed people's voice in decision-making.</p>	
07/22	<p><b>Leeds Committee of the ICB Terms of Reference</b></p> <p>The Leeds Committee of the ICB terms of reference were presented for information. The Chair informed members that these had been reviewed previously by the Leeds Shadow Committee of the WY ICB and that they had been formally approved by the WY ICB Board on 1 July 2022.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <p>a) <b>Noted</b> the Committee's Terms of Reference and were <b>assured</b> that the Terms of Reference were approved by the West Yorkshire ICB Board on 1 July 2022.</p>	
08/22	<p><b>Sub-Committee Terms of Reference</b></p> <p>The Chair presented the report and highlighted to members that the terms of reference for each of the three sub-committees had been developed over the last 6 months. These had been included within the papers for approval by the Leeds Committee of the ICB.</p> <p>Members were asked to note that there had been minor amendments since the previous iteration that was presented to the Leeds Shadow Committee.</p> <p>The terms of reference would continue to be reviewed as the sub-committees developed and any major changes would return to the Leeds Committee for approval.</p> <p>A query was raised in relation to membership and clarification of those who were members and those who would act in attendance as this would affect the quoracy. It was agreed that this would be reviewed and amended where required.</p> <p>There was a further suggestion that people's voice could be strengthened in the terms of reference in relation to the sub-committees and it was agreed that these would be reviewed as the sub-committees develop.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <p>a) <b>Approved</b> the terms of reference for the following sub-committees:</p> <ul style="list-style-type: none"> <li>- Leeds Delivery Sub-Committee</li> <li>- Leeds Finance &amp; Best Value Sub-Committee</li> <li>- Leeds Quality &amp; People's Experience Sub-Committee</li> </ul>	
09/22	<p><b>Place Lead Update</b></p> <p>The Place Lead provided members with a verbal update, focussing on four key points.</p>	

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	<p>The West Yorkshire Integrated Care Board was formally inaugurated on 1 July and held the first Integrated Care Board meeting on 1 July. It was noted that the agenda was mainly governance items, approving necessary appointments, policies, terms of reference and the scheme of delegation. The Place Committee terms of reference had been approved and therefore the necessary delegation of powers had been approved to the Leeds Committee of the ICB, along with the four other places across West Yorkshire.</p> <p>Members were informed that Majid Hussain, former Chair of Oldham CCG, and Professor Arunangsu Chatterjee, Professor of Digital Health and Education, School of Medicine, had been appointed as non-executive members to the WY ICB.</p> <p>An update was provided on system pressures and the situation in Leeds, outlining that Covid rates are high with considerable pressure on the system. Due to other pressures, including the heat warning, this had resulted in the Leeds system declaring Opal Level 4, the highest level. It was acknowledged that this had been stepped back down on 14 July, however members recognised the very difficult and challenging position the system was in. TR outlined that there were 212 people in hospital beds and as an immediate action, City Silver and City Gold had been stood up as needed. TR drew attention to the importance of understanding the transformation programme in place; Phase 1, doing all that can be done in the first 90 days to improve the position ahead of Autumn and Winter; Phase 2 building additional community capacity and Phase 3, a fundamental programme of work to make changes to both process and capacity and culture in terms of the system. All members acknowledged that the situation in Leeds was very challenging.</p> <p>Members were provided with an update in relation to the Leeds Prospectus that was currently being developed to draft a written document that would pull together the enormous amount of work across the city in order to communicate our ambitions as a health and care partnership. It was noted that this document would be shared widely and with members of the Committee and would return to the Leeds Committee in September to share in public.</p> <p>The Committee heard that Leeds would be a place pilot following an ask from NHS England (NHSE) to a number of Integrated Care Systems across England. Leeds would be one of the places working with colleagues from NHSE to consider and develop what a good place looks like in an ICS. It was noted that there was hard work and input across the system. It was suggested that this was discussed at the next Committee meeting to be informed how this has developed and be informed of the exciting work being undertaken. An example provided was the Long-Term Conditions Board working with the Mental Health Board, linking strongly to our desire and ambition to improve the lives of people with mental health.</p>	
	<p><b>ACTION – SR to add items to the forward plan for the September Committee meeting</b></p>	<p><b>SR</b></p>
	<p>John Beal highlighted the approval of the Scheme of Delegation at the WY ICB and requested that this was circulated to members as an individual paper. <b>ACTION</b></p>	<p><b>SR</b></p>

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	<p>JH reiterated the pressures and the challenging operational position, which was evident through the escalation to Opel Level 4. It was noted that a system we are working together to tackle these issues, however it is important not to lose sight of the challenges and what it means for patients and citizens of Leeds. The pressures were significant in relation to the knock-on effect of Covid on workforce and the number of patients in hospital with no reason to reside. It was recognised that as a Place Committee, the challenges that are being faced cannot be underestimated, but recognise the huge amount of work to tackle those issues and working as a system.</p> <p>A positive issue was raised, that we continue to work well on in Leeds, in relation to ambulance handover and an example where we demonstrate that we are putting the safety of patients first.</p> <p>TR reflected that an agenda item would return in September in relation to current system pressures, including a robust review of where we are at, the actions underway and what escalation might need to be put in place.</p> <p>A query was raised on the importance of the resource aimed at tackling the issue in relation to system pressures and whether the resources are directed to the right place. TR assured members that as a system we are constantly reviewing the amount of resource, considering both the urgent system pressures but also the long-term perspective in order to manage both. It was suggested that the agenda for September should reflect the balance of this in considering both the immediate and urgent issues, alongside what we are doing longer term.</p>	
<b>10/22</b>	<p><b>Healthcare Inequalities Funding 2022/23</b></p> <p>The Chair outlined that due to the timescales and given the CCG was still a statutory organisation when the decision on funding needed to be made, the CCG Governing Body delegated authority to Tim Ryley as the Accountable Officer and the funding was signed off in June.</p> <p>The Leeds Committee were sent the report and invited to feed in any comments prior to the final sign off. The paper is being brought to the Committee for ratification of the allocation of funding.</p> <p>TR provided an overview of the report and highlighted it was important to note that the money came through with an NHSE focus and a short time frame to allocate and approve. Within the report it outlined the engagement that had taken place in a short space of time and there was a focus on ensuring that schemes already in existence were considered. It was acknowledged that there was learning to take from the process and a future funding allocation would have a stronger sense of what should be taken forward. It had been a positive process highlighting integrated identified work rather than bids competing against each other.</p> <p>The Chair reflected how positive it was to see collaboration rather than competition and that the proposed projects included small pots of community-based funding.</p>	

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	<p>It was suggested that for a future cycle it would be useful to consider the top three or four priorities and also for the Committee to be made aware how the impact of spend will be measured.</p> <p>FW highlighted that it had been a fantastic opportunity to collaborate, and the third sector had been involved accelerating some of the work that was being considered through the Population Health Boards. Thanks were expressed to all colleagues involved in a positive process.</p> <p>It was agreed that the points would be reflected on and would feed back into future projects, and it was noted that an evaluation would return to the December Leeds Committee to update members on progress.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <ul style="list-style-type: none"> <li>a) <b>Ratified</b> the decision take by Accountable Officer of Leeds CCG in June 2022 to approve the use of the Leeds Health Inequalities Funding for 2022/23;</li> <li>b) <b>Noted</b> the suggestion that a further report, summarising the early evaluation of schemes funded through this pot is brought to the Leeds Committee of the WY ICB in December 2022;</li> <li>c) <b>Noted</b> the approach taken to allocation of the £3.1m of allocation of Health Inequalities funding to Leeds; and</li> <li>d) <b>Noted</b> the reflections, learning and recommendations for future years.</li> </ul> <p><i>The Committee was adjourned for a break at 3.40pm and reconvened at 3.50pm</i></p>	
11/22	<p><b>Leeds Financial Plan Submission 22/23</b></p> <p>The Chair outlined that due to timescales and given the CCG was still the statutory organisation when the plan submission was made, the plan was being brought to the Committee for ratification.</p> <p>Visseh Pejhan-Sykes provided an overview of the financial plan, informing members that there had been one submission at the end of April and then a further financial plan submission was made on 20 June 2022 based on revised allocations and national conditions. The overall submission moved to a balanced position in totality across all NHS organisations in the region. Members were informed that the revised plan for the Leeds CCG, now ICB in Leeds, shows an increase in the efficiency requirement to £18.5m.</p> <p>It was noted that the risks continue to be significant and include high levels of efficiency reduction at Leeds place, including across providers; operational pressures around discharge process and system flow issues and costs associated with Covid.</p> <p>The Committee were asked to consider the assurance process in terms of financial reporting moving forward.</p> <p>Cheryl Hobson recognised that the position had improved slightly and highlighted the important role of the Finance &amp; Best Value sub-committee from an assurance</p>	



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	<p>perspective to the Leeds Committee of the ICB. The sub-committee will look into the financial plan and resources in more detail, constructively challenge and provide assurance to the Leeds Committee of the ICB.</p> <p>Clarification was sought on the risk of ESR funding potential loss and the figure that related to that. It was clarified that LTHT would incur the costs but they would not earn the money for the backlog if they did not meet the target. It was noted that it was a progressive target, but the risk was up to £45million with an increased risk given the latest position in terms of the increased Covid cases. It was recommended that this would be considered further at the Finance &amp; Best-Value Sub-Committee.</p> <p>Members were informed that there were currently approximately 7 wards dedicated to Covid patients which limits what can be done in terms of elective activity. This was impacting on not being able to deliver the expected level of 104%, currently at 89% and it was acknowledged that the metric applied from NHSE was challenging and there was a significant amount of work ongoing.</p> <p>A concern was raised in relation to both pressing and immediate concerns financially and in the long term, and that financial difficulties could put third sector organisations at risk. It was suggested that the arrangements with the Population Boards would support this in considering third sector organisations.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p> <ul style="list-style-type: none"> <li>a) <b>Noted</b> the changes to the financial plan since 28 April 2022 submission;</li> <li>b) <b>Noted</b> and <b>discussed</b> the level of financial risk within these plans, and the context of overall place and wider West Yorkshire ICS positions;</li> <li>c) <b>Ratified</b> the 2022/23 financial plan submission of 20 June 2022 for Leeds CCG/Leeds Office of the West Yorkshire ICB, approved by AO/CFO under delegated authority (Leeds CCG column in Appendix 1);</li> <li>d) <b>Approved</b> the associated high-level budgets for Quarter 1 for Leeds CCG (Appendix 3); and</li> <li>e) <b>Clarified</b> the assurance process the Committee would like to see operating in terms of financial reporting.</li> </ul>	
12/22	<p><b>Financial Business Case</b></p> <p>The Chair introduced the item and welcomed Robert Hakin, Associate Director of Corporate Planning, LTHT, to the meeting. The Committee were asked to provide a letter of support following the presentation of the latest version of the Business case for the expansion of Chapel Allerton Hospital capacity.</p> <p>Background information was provided in relation to the Chapel Allerton Hospital Elective Care Hub expansion for spinal surgery and that the main focus had come from the NHS priorities in relation to increasing elective operating capacity away from acute sites. The Committee heard that as an organisation, LTHT were trying to build capacity away from the main acute site.</p> <p>Members were informed that the Chapel Allerton scheme was to develop two additional operating theatres and an additional inpatient ward opposite the existing</p>	

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	<p>ward. It was noted that the planned units would be joined to existing theatres and wards and outlined that additional car parking facilities would also be provided.</p> <p>The timetable was outlined highlighting approvals were being worked through over the next six months and then a focus on the design of new buildings and a two-phase construction.</p> <p>An overview of the strategic case was provided; given the current pressures in spinal surgery, this would provide a sustainable position for that service with increased protected operating capacity at Chapel Allerton which will have a significant impact on patient experience.</p> <p>The economic case was outlined, which identifies and evaluates the benefits for the organisation and the economy.</p> <p>Richard Noble, Associate Director for Estates Strategy, LTHT then presented the commercial case, highlighting that there were three main phases of the work, and that the procurement would be undertaken in two elements. It was highlighted that positive discussions had taken place to date with the planning department.</p> <p>Clare Gaunt, Assistant Director of Finance, LTHT proceeded to present the financial case outlining the financial highlights. It was noted there was a capital investment required of £26.7m which would be fully funded by the Targeted Investment Fund (TIF). In terms of revenue, there would be a staged approach and in total the anticipated revenue costs overall would be £10.6m. Members were informed that the staffing costs had been fully validated as the most efficient model.</p> <p>Key points in relation to the management case were provided to Committee members. NHSE guidance had been followed in the production of the business case and the project would be procured, managed, and executed in accordance with the Trust ways of working and internal governance arrangements. The workforce model was outlined with the view that the two-year timeline would provide the opportunity to explore different recruitment options to deliver the increased capacity. The ask of the Committee was a letter of support to go alongside the outline business case. Further information was available on request from the Committee.</p> <p>JH highlighted the rationale for the business case, particularly given what the Committee had discussion in relation to longer term pressures. It was acknowledged that there were skills, expertise and innovation in Leeds and the ambition was to develop that for the Leeds and the wider ICS and beyond. Members were reminded that this was a part of a national push on elective recovery.</p> <p>A query was raised in relation to recruitment of staff and the current vacancies and whether there was a realistic probably to recruit the staff to deliver the service. Members were assured that it was expected to recruit as the challenge had been theatre capacity rather than recruitment of consultants. There was a view that given</p>	

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	<p>the good reputation of Leeds, it was an attractive proposition for people coming in to work in Leeds and there would not be a problem in the workforce model.</p> <p>VPS raised a query in relation to the revenue and whether this was currently in the system or whether there was an expectation from more money from the system. Members were informed that there had been modelling complete in relation to anticipated growth and therefore the numbers assume a normal level of growth.</p> <p>BM emphasised the need for the Committee to consider the resources of the place and what the Committee was committed to as a system. In terms of growth, it was flagged that if that was taken into account for this development, it would then not be available elsewhere in the system. RH stated that it was clear that there was an immediate need to increase spinal surgery activity and it would take a period of time to deliver and that also aware that the pressures may be different along that timescale. Therefore, it had been taken into consideration that the development itself was required to be agile to respond to the system.</p> <p>TR expressed support for the business case given the immediate pressures but acknowledged there was further work to be done in relation to future revenue and could be built into medium term financial planning.</p> <p>A question was asked around whether any of the business case fell into the category of specialised commissioning. RH stated that there was approximately 50% in relation to specialised commissioning and therefore were engaging with specialised commissioning commissioners also around the activity.</p> <p>The assumptions around the balance of income assumptions for LTHT in the business case were debated by the Committee and it was agreed that the letter of support would include a caveat to highlight that. The Committee were of the view that how the Leeds system allocates its growth funding henceforth is a decision for the Committee to make collectively, and in the context of our priorities as a Place around our focus for (dis)investment, to address pressing issues like system flow and health inequalities. Therefore, LTHT would need to reflect this in their financial case more explicitly.</p> <p>YK expressed that the presentation had been useful and helpful information and recognised the importance and urgency of this. There was an ask to consider the infrastructure and whether there could potentially be an impact elsewhere and whether the infrastructure would be fit for purpose. Members were assured that as part of the planning application there would be a travel and transport plan in relation to accessing the site.</p> <p>The Chair summarised that the Committee had been asked to offer a letter of support. It was agreed that a letter would be drafted, and members delegated this to Visseh Pejhan-Sykes to draft with the suggested caveats discussed. With these caveats noted, the Committee agreed to support the business case submission.</p> <p><b><u>The Leeds Committee of the WY ICB:</u></b></p>	

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	<p>a) <b>Agreed</b> to provide a letter of support the Chapel Allerton Hospital Business Case, subject to the inclusion of the caveats discussed.</p>	
<p><b>13/22</b></p>	<p><b>Items for the Attention of the ICB Board</b></p> <p>The Chair outlined that the Committee would submit a report to the West Yorkshire ICB on items that they needed to be alerted on, assured on, action to be taken and any positive items to note.</p> <p>The Committee noted three areas to bring to the attention of the ICB Board:</p> <ul style="list-style-type: none"> <li>• System pressures and the challenging situation, both health and social care</li> <li>• Letter of Support to the Chapel Allerton Business Case</li> <li>• Positive discussion in relation to the approach to ‘We Start with People’</li> </ul> <p>In terms of reflections, it was acknowledged that there was development work in relation to the NHS finance allocations and reports from members of the Committee, specifically those who sit outside the NHS.</p> <p>The Director of Public Health reflected on the new arrangements and how they will work with the join up to the local public health system and felt an opportunity. Members were informed that there was an expectation for a White Paper on Health Disparity, however this had been postponed due to parliamentary changes. It was noted that there would be themes within the White Paper for discussion at the Committee.</p>	
<p><b>14/22</b></p>	<p><b>Forward Work Plan</b></p> <p>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. These would be discussion with the Governance team to ensure the Committee was the most appropriate forum.</p> <p>A suggestion was made to include overall system pressures on the forward plan for September to provide assurance on overall plans to the Committee.</p>	
<p><b>15/22</b></p>	<p><b>Summary and reflections</b></p> <p>This agenda item was covered under 13/22. It was agreed that members could reflect following the meeting and feedback to Sam Ramsey.</p>	
<p><b>16/22</b></p>	<p><b>Any Other Business</b></p> <p>Sam Ramsey raised that in relation to agenda item 17/22, Memorandum of Understanding, this was currently being presented across partner organisations for approval and sign up. An omission had been made within the document for Healthwatch approval, but this had now been added and would be taken to the Healthwatch Board on 21 July 2022.</p> <p>VPS brought to the Committees attention, that in relation to system flow and pressures at LTHT, a system wide piece of work had been undertaken to gain consultancy support. The first phase had taken place and did not cost over the threshold, however in order to implement the three phases, the consultancy work required NHSE approval. A business case would be submitted to NHSE and given</p>	

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	the cost was between £50k and £250k, the Committee was required to approve. It was noted that support had been provided from the Chief Executives of the NHS organisations in advance of the business case being submitted to NHSE. It was agreed that the business case would be shared following the meeting and the Committee supported this important system wide piece of work.	
<b>ITEMS FOR INFORMATION</b>		
17/22	<b>Memorandum of Understanding</b> The Memorandum of Understanding for the Leeds Health and Care Partnership was included within the paper pack for information.	
18/22	<b>Date and Time of Next Meeting</b> The next meeting of the Leeds Committee of the WY ICB will be held at 1.00 pm on Thursday 22 September, at a venue to be confirmed.	