Leeds Health & Care Partnership

NHS West Yorkshire Integrated Care Board

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

Wednesday 22nd May 2024, 13:15 – 16:30
(Private pre-meet for members 13:00, public meeting 13:15)
HEART, Headingley Enterprise & Arts Centre, Bennett Rd, Headingley, Leeds LS6 3HN

AGENDA

No.	Item	Lead	Page	Time
LC 01/24	**Welcome, Introductions**	**Rebecca Charlwood** Independent Chair	-	13:15
LC 02/24	**Apologies and Declarations of Interest** - To note and record any apologies - A register of interests of members can be found at mydeclarations.co.uk - Those in attendance are asked to declare any specific interests presenting an actual/potential conflict of interest arising from matters under discussion	**Rebecca Charlwood** Independent Chair	-	
LC 03/24	**Minutes of the Previous Meeting** - To approve the minutes of the meeting held 13th December 2023	**Rebecca Charlwood** Independent Chair	3	
LC 04/24	**Matters Arising** - To consider any outstanding matter arising from the minutes that is not covered elsewhere on the agenda	**Rebecca Charlwood** Independent Chair	-	
LC 05/24	**Action Tracker** - To note there are no open actions on the action tracker	**Rebecca Charlwood** Independent Chair	-	
LC 06/24	**People's Voice** - To receive a 'lived experience' of health and care services in Leeds	**Co-Chair** Healthwatch Leeds	-	13:20
LC 07/24	**Questions from Members of the Public** - To receive questions from members of the public in relation to items on the agenda	**Rebecca Charlwood** Independent Chair	-	13:35
LC 08/24	**Population and Care Delivery Board Update** - To receive a highlight update from the Cancer Population Board	**Tom Daniels** Senior Pathway Lead - Cancer **Steve Bradley** Chair of the Cancer Population Board	-	13:45
LC 09/24	**Place Lead Update** - To receive a report from the Place Lead	**Tim Ryley** Place Lead	15	14:00
ROUTINE REPORTS				
LC 10/24	**Quality & People's Experience Sub-Committee Update** - To receive an assurance report from the Chair of the sub-committee	**Rebecca Charlwood** Independent Chair & Chair of the Quality and People's Experience Sub-Committee	24	14:15

No.	Item	Lead	Page	Time
LC 11/24	**Delivery Sub-Committee Update** - To receive an assurance report from the Chair of the sub-committee	**Yasmin Khan** Independent Member & Chair of Delivery Sub-Committee	26	
LC 12/24	**Finance & Best Value Sub-Committee Update** - To receive an assurance report from the Chair of the sub-committee	**Cheryl Hobson** Independent Member & Chair of Finance & Best Value Sub-Committee	28	
BREAK 14:30 – 14:40				
FINANCE				
LC 13/24	**2024-25 Financial Plan Update and Month 1 Progress on Efficiency Plan** - To receive an update on the final plan submission and an update on the financial position	**Visseh Pejhan-Sykes** Place Finance Lead	31	14:40
LC 14/24	**Procurement of new contract for integrated provider of Short-Term Community Beds** - To consider the recommendation to proceed with procurement	**Helen Lewis** Director of Pathway and System Integration	38	15:00
ITEMS FOR DECISION / ASSURANCE / STRATEGIC UPDATES				
LC 15/24	**Shakespeare Medical Practice - Alternative Provider Medical Services Contract** - To receive the update for assurance and note and the change of control	**Helen Lewis** Director of Pathway and System Integration	49	15:20
GOVERNANCE / RISK MANAGEMENT				
LC 16/24	**Sub-Committee Annual Reports and Terms of Reference** - To review the annual reports and amended terms of reference for each of the sub-committees	**Sam Ramsey** Head of Corporate Governance and Risk	55	15:30
LC 17/24	**Risk Management Report** - To receive and consider the risk management information provided	**Tim Ryley** Place Lead	99	15:45
FORWARD PLANNING				
LC 18/24	**Items for the Attention of the ICB Board** - To identify items to which the ICB Board needs to be alerted, which it needs to be assured, which it needs to action and positive items to note	**Rebecca Charlwood** Independent Chair	-	16:00
LC 19/24	**Forward Work Plan** - To consider the forward work plan	**Rebecca Charlwood** Independent Chair	131	
LC 20/24	**Any Other Business** - To discuss any other business	**Rebecca Charlwood** Independent Chair	-	
LC 21/24	**Date and Time of Next Meeting** The next meeting of the Leeds Committee of the WY ICB will be held on 11th September 2024 13:15 – 16:30 (private pre-meet for members 13:00, public meeting 13:15)	**Rebecca Charlwood** Independent Chair	-	-

Draft Minutes

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

Wednesday 13 March 2024, 1.15pm – 4.30pm

New Wortley Community Centre, 40 Tong Road, Leeds LS12 1LZ

Members	Initials	Role	Present	Apologies
Rebecca Charlwood	**RC**	Independent Chair, Leeds Committee of the WY ICB	✓	
Caroline Baria	**CB**	Director of Adults & Health, Leeds City Council (LCC)		✓
Dr Jim Barwick (deputising for GW)	**JB**	Chief Executive, Leeds GP Confederation	✓	
Victoria Eaton	**VE**	Director of Public Health, LCC	✓	
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	✓	
Cheryl Hobson	**CH**	Independent Member – Finance and Governance	✓	
Yasmin Khan	**YK**	Independent Member – Health Inequalities	✓	
Shona McFarlane	**SMu**	Deputy Director of Adults & Health, Leeds City Council (LCC)	✓	
Dr Sara Munro	**SMu**	Chief Executive, Leeds and York Partnership Foundation Trust (LYPFT)	✓	
Visseh Pejhan-Sykes	**VPS**	Place Finance Lead, ICB in Leeds	✓	
Jonathan Phillips	**JP**	Co- Chair, Healthwatch Leeds	✓	
Sam Prince	**SP**	Interim Chief Executive, Leeds Community Healthcare NHS Trust (LCH)	✓	
Tim Ryley	**TR**	Place Lead, ICB in Leeds	✓	
Clare Smith (deputising for PW)	**CS**	Chief Operating Officer, Leeds Teaching Hospital NHS Trust (LTHT)	✓	
Dr George Winder	**GW**	Chair, Leeds GP Confederation		✓
Prof. Phil Wood	**PW**	Chief Executive, Leeds Teaching Hospital NHS Trust (LTHT)		✓
Additional Attendees				
Sam Ramsey	**SR**	Head of Corporate Governance & Risk, ICB in Leeds		✓
Manraj Khela	**MK**	Head of Health Partnerships	✓	

Members	Initials	Role	Present	Apologies
Harriet Speight	**HSp**	Corporate Governance Manager, ICB in Leeds	✓	
Helen Smith (Item 73/23)	**HSm**	Head of Pathway Integration, ICB in Leeds	✓	
Kirsty Turner (Item 80/23)	**KT**	Associate Director of Primary Care, ICB in Leeds	✓	

Members of public/staff observing – 5

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66/23	**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. The Chair reflected that the first in-person meeting of the Leeds Committee of the WYICB was held at the New Wortley Community Centre in September 2022 and that it was great to be back 18 months later.	
67/23	**Apologies and Declarations of Interest** Apologies had been received from Dr Phil Wood, Dr George Winder, and Caroline Baria. Clare Smith, Dr Jim Barwick and Shona McFarlane were in attendance as deputies. Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion. No interests were raised.	
68/23	**Minutes of the Previous Meeting – 13 December 2023** The public minutes were approved as an accurate record. **<u>The Leeds Committee of the WY ICB:</u>** a) **Approved** the minutes of the previous meeting held on 13 December 2023.	
69/23	**Matters Arising** There were no matters raised on this occasion.	
70/23	**Action tracker** The committee noted the completed actions set out in the action tracker.	
71/23	**People's Voice**	

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	Jonathan Phillips (JP) delivered a presentation of the key findings in Leeds of the Healthwatch report 'People's experiences of end-of-life care in West Yorkshire'. Members were advised that the engagement project focused on face-to-face conversations with bereaved families and carers, and particularly aimed to reach seldom heard groups. The findings highlighted that in Leeds, 80% of respondents reported that care was well co-ordinated and staff were caring, compassionate and kind, and that 85% of respondents felt that they could ask for help. However, the findings also highlighted some areas for improvement, with the lowest rated statement 'being seen as individual' in Leeds, as well as across West Yorkshire. JP advised that several recommendations were included in the report, to improve lines of communication with families, for services to feel personalised, and to support carers' wellbeing. Yasmin Khan (YK) asked whether there were any disparities in findings for minority groups and was advised that further work was required for services to develop their understanding of the needs of different communities, which highlighted the strong role of community organisations in supporting end of life care. Pip Goff (PG) highlighted that people's experiences of end-of-life care for family members are critical to their longer-term mental health. PG also advised members that Leeds Bereavement Forum be closing at the end of March 2024 – a significant loss to the city in terms of the wealth of knowledge and information they provide. Tim Ryley (TR) commended the excellent work and dedication of staff in Leeds as highlighted in the report. ***Sara Munro (SM) joined the meeting at 1.20 p.m. during discussion of this item.***	
72/23	**Questions from Members of the Public** Dr John Puntis (Leeds Keep Our NHS Public) submitted the following question: *'My question relates to a discussion in the minutes of the last meeting on health inequalities. Capital investment in the NHS is thin on the ground in Leeds with no approval for the Children's and Adult hospitals forthcoming from the New Hospitals Programme after five years of promises, the plug being pulled on the £27m Chapel Allerton Surgical Hub, and, according to data on the BBC website, LTHT now having a £189m maintenance backlog. Is it reasonable that LTHT is considering building a new private health care facility, probably aimed at desperate cancer patients with enough money to avoid adding to the record high missed targets for NHS cancer care, or will this only increase health inequality and take staff away from NHS services for those who can't afford to pay?'* Clare Smith (CS) responded to Dr Puntis, noting that she shared his disappointment about the Chapel Allerton Surgical Hub and that alternative options to fund the work were being explored. CS advised that the LTHT maintenance backlog position was not dissimilar to other organisations within the NHS, and	

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	whilst the overall number had increased due to inflation in recent years, LTHT continue with a well-managed approach to address highest risk areas as a priority with continued investment. CS confirmed that the proposal for a new hospital facility would not require any NHS or public capital to be used and that any investment would be provided by a private partner organisation. CS assured Dr Puntis that the equality impact assessment process would be followed and reviewed by the LTHT board to identify and mitigate against any potential impacts on health inequalities. In reference to Dr Puntis' point raised around cancer care specifically, as Chief Operating Officer, CS confirmed her commitment to a clear trajectory for recovery, recognising that LTHT serves the whole of West Yorkshire as a tertiary care centre and that it was not her intention for any recovery trajectories to be negatively impacted. CS offered to have further conversations with Dr Puntis following the meeting if required.	
73/23	**Population and Care Delivery Board Update** Helen Smith (HSm) delivered a PowerPoint presentation, providing an overview of key areas of focus and some of the challenges experienced by the End-of-Life Population Board, including: - The board had identified its key aims to recognise those approaching the end of their life in a timely way, to ensure their wishes are known and documented, and to ensure their care is responsive and coordinated in a way that will minimise urgent or unplanned utilisation; - National data shows Leeds to be one of the best performing localities with regards to minimising disruptive hospital admissions, with less than 5% of adults experiencing 3 or more unplanned admissions in the last 90 days of life, and that 80% of adults who specify their preferred place of death are cared for in their chosen setting; - The present increase in activity in the community remains unsupported by resources due to financial pressures; - Concerns about a joined-up view of bereavement services across the city with the loss of Leeds Bereavement Forum. PG clarified that the inability to provide funding from the ICB in Leeds to the Leeds Bereavement Forum meant it was no longer financially viable. Sam Prince (SP) advised members that there had been 57% increase in end-of-life care since the pandemic for LCH, approximately 2 to 4 additional visits per day, and therefore reiterated concerns around resource support highlighted by the board. Jo Harding (JH) queried the involvement of the care home sector in the work of the board and data around advance care plans, in recognition of the significant amount of end-of-life care that takes place in care home settings. HSm advised that the board considered appointing a care home representative to the board however	

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	recognised issues with representation for the whole sector, and therefore agreed to invite representatives to relevant meetings on an ad-hoc basis, however the membership does include LCC Adult Social Care representatives to bring in the broader care home perspective and data does reflect care home populations. PG added that the board may wish to explore links to the Care Home Alliance Network for permanent representation. **<u>The Leeds Committee of the WY ICB:</u>** a) **Received** the update. ***Jim Barwick (JB) left the meeting at 2.00 p.m. during discussion of this item, and returned at 2.30 p.m.***	
74/23	**Place Lead Update** TR delivered a verbal update, highlighting several areas for the attention of the committee. TR noted that several key people had left or would soon be leaving their roles within the Leeds Health and Care Partnership and thanked them for their work over the years (Leonardo Tantari, Gaynor Connor and Simon Worthington), as well as Visseh Pejhan-Sykes, who would be joining the West Yorkshire Finance Team, and thanks to Sam Prince during her time as Interim Chief Executive at LCH. TR also congratulated and welcomed Caroline Baria as Director of Adults & Health at LCC (previously interim) and Selina Douglas as Chief Executive of LCH (from April 2024). TR advised members that it would be important to not lose sight of the current political environment with the upcoming election, which generates more scrutiny for the NHS. TR advised that NHS England had been extremely focused on performance improvement around GP access, A&E wait targets, elective recovery, cancer targets, financial balance and ambulance category 2 targets. However, alongside these targets, TR assured members that focus remained in Leeds on other key performance metrics as set out in local plans and strategies. TR provided an update on winter challenges, with one of most difficult periods experienced for mental health services, particularly related to significant out of area placements and admissions to the acute hospital. However, strength in planning this year has proven to be effective in many areas and colleagues will review and take learning from challenges to support forward planning. TR advised that the list for Tier 3 Weight Management Services remained suspended however efforts were ongoing to source investments to reopen and colleagues at LCH had been looking at cost effective ways to roll-out Wygovy prescriptions to aid weight loss. TR advised that the new operating model for the WY ICB would be implemented 1st April 2024 and a period of transition would begin to support organisational development and new ways of working in many areas.	

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	The Leeds Committee of the WY ICB: **a) Received** the update.	
75/23	**Quality and People's Experience Sub-Committee Update** The Chair provided a brief overview of the assurance report included in the agenda pack and highlighted the following key points: - A Joint Targeted Area Inspection (JTAI) had been carried out with a focus on serious youth violence and multi-agency working in Leeds. Inspectors had carried out site visits to a number of services and community teams. While the JTAI would not result in a rating, written feedback would be received on 8 March 2024 and shared with QPEC members. - The sub-committee received assurance that Leeds Teaching Hospitals NHS Trust and Leeds place were compliant with all ten safety actions in the national Maternity Incentive Scheme. Members welcomed the robust processes in place to provide assurance via bimonthly perinatal quality surveillance meetings, which included ICB leads and Local Maternity and Neonatal Systems (LMNS) leads; the Quality Assurance Committee; and the Leeds Perinatal Quality Surveillance Group. The recent CQC inspection had also rated the maternity service as 'good'. - Following discussion relating to collaborative work between Leeds ICB staff and the local authority, it was agreed that a report would be brought back to a future QPEC meeting to provide further detail and assurance regarding care homes. - Members were assured that LTHT, LCH and LYPFT would sign off their Patient Safety Incident Response Plans (PSIRPs) at their respective Trust boards in March 2024. It was noted that there had been strong collaboration between the providers and the Quality Team in the ICB in Leeds to develop the plans. In reference to the JTAI, JH confirmed that the early feedback received had been very positive, with some areas of recommendation that would be taken forward. **The Leeds Committee of the WY ICB:** **a) Received** the update.	
76/23	**Delivery Sub-Committee Update** Chair of the Sub-Committee, YK, provided a brief overview of the assurance report included in the agenda pack and highlighted the following key points: - The sub-committee noted reasonable assurance that performance had improved in several key areas, including A&E wait times, urgent community	

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	response, cancer patient treatment lists and annual health check performance for people with mental health conditions and learning disabilities. The sub-committee also noted assurance of the clear continued focus on addressing health inequalities and delivering on the Core20PLUS5 approach, however recognised that increasingly challenging circumstances pose a clear risk to this important work. Therefore, the sub-committee wished to alert the Leeds Committee to the impact of significant financial challenges, alongside seasonal pressure demand and anticipated industrial action, on the delivery of services and performance against national and local metrics. - The sub-committee received reports submitted by the Same Day Response, Frailty, and End-of-Life Population and Care Delivery Boards. The sub-committee noted assurance of clear progress aligned with each boards set priorities, and particularly noted the useful insight provided within the Chair's summaries of each report around the challenges experienced as a result of financial pressures, including the impact of the closure of third sector provision on services, such as the Leeds Bereavement Forum (closing 31st March 2024). - Members welcomed the Healthwatch report 'People's experiences of end-of-life care in West Yorkshire' and recommendations for partners. Members were encouraged to hear that 80% of respondents reported that care was well co-ordinated and staff were caring, compassionate and kind. However, members also discussed the importance of going further to capture the experiences of seldom heard groups in engagement work around end-of-life, particularly people with learning disabilities, dementia and BME communities, along with the experiences of staff working in those settings to provide insight into the challenges and enablers to providing the best possible care. It was also noted that the date on the AAA report included in the papers stated the wrong date, and that the date of the meeting held was in fact 28th February 2024. **<u>The Leeds Committee of the WY ICB:</u>** a) **Received** the update.	
77/23	**Finance and Best Value Sub-Committee Update** The Chair of the Sub-Committee, Cheryl Hobson (CH), provided a brief overview of the assurance report included in the agenda pack and highlighted the following key points: - The sub-committee received the finance update and the latest iteration of the financial plans for 2024/25, to provide comment and recommendations ahead of formal consideration by the Leeds Committee on 13th March 2024. The Chair thanked colleagues for all of the work undertaken and noted that in a position where the alternative would be that 'turnaround directors' from NHS England would intervene and take out all discretionary budgets, the	

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	current position appeared to be a proportionate response and the sub-committee was assured by the thorough process undertaken to date. However, the sustainability of the third sector, specifically the unintended consequences of funding reductions on NHS services and the impact on health inequalities, was flagged as a key risk and it was requested that this be highlighted as such within the submission. The role of Leeds in supporting other places across West Yorkshire to achieve a balanced position was also discussed, and the sub-committee encouraged sharing of mechanisms used, particularly the approach taken to risk and focusing on interactions between schemes to ensure that potential impacts elsewhere within the system are mitigated. - **<u>The Leeds Committee of the WY ICB:</u>** a) **Received** the update. ***The meeting adjourned for a comfort break at 2.40 p.m. until 2.50 p.m.***	
78/23	**Finance Update at Month 10 (January) 2023-24** Visseh Pejhan-Sykes (VPS) introduced the report and advised that at Month 10, Leeds Place had forecasted a deficit variance to plan of £31.4m mainly due to pressures in LD pool, prescribing and increased independent sector activity, which was now the only variance across the Leeds system as the 3 NHS provider positions had forecast to balance for 2023/24. TR reiterated the significant work that had been undertaken to reach this stage and therefore should not be underestimated. **<u>The Leeds Committee of the WY ICB:</u>** **a)** **Reviewed** and **commented** on the month 10 position. **b)** **Reviewed** and **commented** on the QIPP delivery for 23-24.	
80/23	**NHS Leeds Financial Plan 2024-2025** TR introduced the report, setting out the sections of the report and associated recommendations to be agreed prior to consideration by the WY ICB. TR noted that there were two small inaccuracies within the report, the first at paragraph 8.8 (Linking Leeds) which referred to 'the first contract' however the contract had been renewed once before, and paragraph 8.6 stated that the Community Ambulatory Paediatric Service (CAPS) only serves children with asthma, however the service supports a wider range of respiratory conditions. TR advised that the financial plan for 2024-25 started with a £207m gap, which had since been reduced to £25m across the Leeds Place, with additional work ongoing to reduce this further as well as plans to manage the gap recurrently in the medium term. TR assured members that planning undertaken had focused on the balance between preventative ambitions, health inequality, quality, and safety, whilst	

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	maintaining adequate resource to respond to increases in complexity and demand across services. TR also assured members that the potential areas for disinvestment and proposed infrastructure changes referenced were not significant changes in the scale of the plan, however recognised that the changes would feel significant to those who they impact. TR expressed his thanks to provider colleagues for their support and collective challenge, noting that the ongoing partnership development work had been crucial alongside this to support partners in understanding each other's positions. The Chair joined TR in thanking all partners for their work to date. CS highlighted the risk that some of the assumptions are based on certain provision continuing as previous, and therefore such interdependency has consequential impacts which may be realised in the medium term. TR reiterated the importance of further development as a partnership to ensure that all partners are well informed and do not take decisions in isolation. SM reflected positively on the united approach to developing the plan, with improved transparency between organisations and a shared commitment to 'doing the right thing for the city of Leeds'. Other partners indicated that they shared SM's view on the improved partnership approach. Members also discussed the importance of early prevention work, however recognised that the benefits are most likely not realised for 10 to 15 years, and therefore the financial position currently reflects the repercussions of minimal early prevention in the past. Victoria Eaton (VE) advised that the responsibility of primary prevention sits with local and national government, with contribution from the NHS, but no expectation to lead on the work, and therefore discourse must be clear on what is meant by the term 'prevention'. JP queried whether the recently announced budget would have any implications on assumptions presented and was advised that additional revenue funds to those indicated informally by planning guidance from NHS England were not expected, and that additional capital funds announced would not be received for another 3 to 5 years. It was also noted that a 2.1% pay uplift had been announced for all GPs, practice staff and practice expenses, however additional funding had not been announced to support this and therefore further pressures were expected associated with this. JP also noted that Quality and Equality Impacts Assessments (QEIAs) were still to be undertaken in some areas and raised concern about the further potential impacts unaccounted for. TR clarified that the report seeks agreement to review further areas with QEIAs, which would then be presented to the committee or to the appropriate sub-committee for consideration. PG highlighted the risk around third sector finance and visibility and noted that medium term financial planning would be crucial to mitigating the impact in the future.	

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	The committee recognised the challenging process that had been undertaken to reach the position presented, and the clear risks identified to the plan, including the sustainability of the third sector, the unintended consequences of funding reductions elsewhere in the health and care system, and the impact on health inequalities. The committee recommended approval of the proposals to date subject to wider West Yorkshire processes. It was also agreed that a Medium-Term Financial Plan would be crucial to realising the benefits of the plan and ensuring mitigations were in place, and therefore welcomed an update report on the approach and progress made to date which would be submitted to the next meeting. **<u>The Leeds Committee of the WY ICB:</u>** **a) Supported**, in line with its delegated responsibilities, the overall approach taken to date to ensure the NHS in Leeds meets its individual and collective statutory duties to provide services within the available allocation. **b) Approved** the areas where there has been some increase in funding to meet statutory duties (Section 4), the allocation of the Mental Health Investment Standard and Continued Investment in Community Mental Health Transformation (Section 5), the allocation of the Better Care and Discharge Funds (Section 5), the approach to General Practice funding and Core20Plus5 (Section 6), the small number of reviews proposed to date with a view to potentially disinvest, subject to public involvement and impact mitigation (Section 8) and the timetable for public communication and involvement (Section 10). **c) Noted** and **considered** the following: - What further areas to address the remaining deficit (Section 9) - The risks and approve the level of risk appetite (Section 11). - The proposal to bring back our approach to medium-term planning to the next meeting (Section 12).	
80/23	**Proposed merger of Wetherby Surgery and Bramham Medical Centre and the Closure of the Harewood Branch Site** Kirsty Turner (KT) presented the report, advising that the report had been submitted following recommendation from the Primary Care Board on 2nd February 2024 to approve the proposal to merge Bramham Medical Practice and Wetherby Surgery together under a single contract, with services to be delivered entirely at the Bramham Medical Practice site. KT advised members that in July 2023, the partners from Bramham Medical Centre took over the partnership of Wetherby Surgery. The reason for the proposed merger of the contracts is to provide stability, resilience, and continuity of care across both practices due the smaller list size and financial viability of the practices in the current climate. KT also confirmed that the Harewood site had not been fit for purpose for some time.	

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	SM noted that a small amount of money for taxi services for patients that may find the travel difficult had been identified as a mitigation to impact following the QEIA carried out, and queried whether this additional support would be means tested. KT advised that the service would not be means tested but rather offered by the practice on a discretionary basis. The committee agreed that there was a need for a clear strategy to shape and drive the local market to support our ambitions across West Yorkshire and noted that this was being led at a West Yorkshire level. **<u>The Leeds Committee of the WY ICB:</u>** a) **Approved** the merger of Wetherby Surgery and Bramham Medical Centre from 1 April 2024. b) **Approved** the permanent closure of the branch site of Harewood.	
81/23	**Risk Management Report** TR provided an overview of the report and advised that the report included an update on the recent static risk review undertaken, focused on re-examining the articulation of risks, their mitigations, gaps and assurances, and the anticipated timelines for mitigation, and where appropriate, the scoring of the risk. TR added that for many of the high scoring lists held at place, a score remaining static likely indicates assurance and control has been maintained in the current challenging context. TR also advised that two new risks would be added to the risk register, relating to the local authority financial position and impact on NHS partners, following instruction from the WY finance team, and the sustainability of the third sector in Leeds and the impact on health inequalities and NHS services and resources. **<u>The Leeds Committee of the WY ICB:</u>** a) **Received** and **noted** the High-Scoring Risk Report (scoring 15+) as a true reflection of the ICB's risk position in Leeds, following any recommendations from the relevant committees; b) **Received** and **noted** the risks directly aligned to the Leeds Committee of the ICB scoring 12 and above; and **c) Noted** in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.	
82/23	**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: - The recommended approval of the proposals to date subject to wider West Yorkshire processes – highlighting the risks discussed, the progress made in	

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	developing the approach to financial planning as a partnership, and the development of a medium-term financial plan to support the assumptions set out. - The recent CQC inspection into maternity service rating as 'good' and compliance with all ten safety actions in the national Maternity Incentive Scheme. Thanks to be relayed to maternity staff in Leeds for their continued hard work and dedication, with particular recognition given the challenging national picture for maternity services. - The need for a clear Primary Care Strategy to shape and drive the local market to support our ambitions across West Yorkshire. - The great work taking place to support people at the end-of-life, as highlighted by the Healthwatch Leeds report and the Population Board update received at the meeting.	
83/23	**Forward Work Plan** 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. VE advised that the Director of Public Health Annual Report focused on healthy ageing would be published in July and therefore requested that this be added to the forward work plan for September 2024. **ACTION –** To add Director of Public Health Annual Report to the forward workplan for September 2024.	**HS**
84/23	**Any Other Business** There were no items raised for discussion.	
85/23	**Date and Time of Next Meeting** The next meeting of the Leeds Committee of the WY ICB to be held at 1.15 pm on Wednesday 22nd May 2024.	
	The Leeds Committee of the WY ICB resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted as set out in the criteria published on the ICB's website (Freedom of Information Act 2000, Section 43.2) and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information.	

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board (ICB)
Agenda item no.	LC 09/24
Meeting date:	22 May 2024
Report title:	Place Lead Update
Report presented by:	Tim Ryley, Place Lead, ICB in Leeds
Report approved by:	N/A
Report prepared by:	Tim Ryley, Place Lead, ICB in Leeds

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

This is a regular item, considered at each meeting of the Leeds Committee of the West Yorkshire ICB.

Executive summary and points for discussion:

This report provides an overview of key developments across the health and care system nationally, regionally, and locally.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

1. **Consider** and **note** the contents of the report
2. **Advise** on the content of future Place Lead Updates

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

N/A
Acronyms and Abbreviations explained
1. ICB – Integrated Care Board 2. LTHT – Leeds Teaching Hospitals NHS Trust 3. LCH - Leeds Community Healthcare 4. LTCs – Long Term Conditions 5. BMA – British Medical Association

What are the implications for?

Residents and Communities	
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

1. Introduction

1.1 Across England the NHS and health & care systems more broadly are facing a challenging environment. The continued high levels of demand in all sectors and stringent financial constraints are having to be managed under considerable additional scrutiny that comes in an election year. The focus nationally for the NHS remains in the core areas of service provision such as Elective Care and Cancer (Waiting times), A&E and Ambulance performance, Dental services and Mental Health including meeting the mental health investment standard. This means capacity and resources to make more fundamental and long-term transformative change is more limited than is ideal.

1.2 This report sets out detail on the West Yorkshire and Leeds operational planning submissions, the priorities of Leeds and West Yorkshire and how as a place we continue to develop the partnership. Despite all the challenges, we have opportunities based on the wider recognition of our collective efforts in contributing as a health and care system to broader economic and innovation, good performance generally, submitting a balanced financial plan and improvement through pieces of work such as Home First.

1.3 It remains essential that we deliver our plans to secure such opportunities and continue to influence the national agenda. It will also be important that when we have to take difficult decisions, which are to a degree inevitable, we are mindful of the political and partnership implications and therefore essential we continue to build on the way we operate as a Leeds Health & Care Partnership. The NHS, and health & care systems more broadly, across the UK are facing a challenging environment with both continued high levels of demand in all sectors, and stringent financial constraints. The political landscape in the year of an election presents considerable additional scrutiny. The focus nationally for the NHS remains in core areas such as Elective Care and Cancer (Waiting times), A&E and Ambulance performance, Dental services and Mental Health including meeting the mental health investment standard. This means capacity and resources to make more fundamental and long-term transformative change is more limited than is ideal.

2. Operational Planning

2.1 The final submission of Operational Plans by ICS/ICB's was completed on the 2nd of May. These covered Performance, Workforce and Finance.

2.2 Performance

2.2.1 The West Yorkshire ICS has submitted a set of trajectories that are in line with national expectations across key areas of performance including: Elective Recovery, zero people waiting over 65 weeks, A&E 4 hour waiting times 78%, Cancer standards being met, virtual ward utilisation, and a wide range of mental health standards.

2.2.2 There are a few areas where we have submitted improvement trajectories that do not completely meet the planning expectations. Key areas to note in Leeds include hospital bed occupancy rates, diagnostic access, elimination of out-of-area placements, talking therapies completion rates and numbers accessing peri-natal mental health support.

2.3 Workforce

2.3.1 Nationally there has been an expectation that workforce numbers decrease following significant increases in staffing numbers through the pandemic. It is also seen as important that there is a shift to more permanent employees and continuing reductions in bank and agency use. Across West Yorkshire there is an overall reduction (excluding Yorkshire Ambulance Service (YAS)) of c460. Further work is being done with YAS to understand their proposed increase given a 7% increase last year. In Leeds the reduction planned is 350 with continuing movement away from a reliance on agency.

2.4 Finance

2.4.1 At a West Yorkshire level, the ICB submitted a balanced plan as did all the Leeds providers (excluding a technical PFI issue). However, the ICS as a whole submitted a plan with an £85m deficit and have been asked by NHS England to reduce this further. The main deficits sit within Mid Yorkshire, Calderdale and Huddersfield, Airedale, and Bradford Acute Trusts. Further work is underway to improve this position.

2.4.2 In Leeds the overall place planning position is a deficit of c£8m; a £12m deficit in the ICB and small surpluses in each provider due to last minute adjustments from NHS England. The £12m deficit in the ICB in Leeds includes an element of historical support to two of the West Yorkshire Acute Trusts and Harrogate, and reflects that Leeds still remains £20m below its target allocation. There is also significant delivery risk in the ambitious plans of our NHS providers in Leeds. This position and recognitions of the provider ambition means that no further reductions are being asked of Leeds currently. In this respect we are no longer in a turnaround position.

2.4.3 This recognition, so long as we deliver the plan, which has seen us move from an opening £50m underlying deficit in the ICB with an additional £31m of pressures to in effect being in balance, puts us in a much stronger position going forward. I want to thank colleagues for the mature and collaborative way this challenge has been addressed.

3. Impact Assessment

3.1. However, in order to get ourselves to this position has been incredibly challenging and there are still a considerable delivery risks for all partners. There have also been a number of reductions proposed in spend and areas where further investment is sorely needed which have had to be put on hold.

3.2. Each NHS provider has quality and inequality impact assessment processes in place in line with their statutory requirements and through joint arrangements such as QPEC (Quality Committee) and SFEG (Strategic Finance Executive) implications are shared.

3.3. However, the ICB also has statutory requirements and the Leeds Committee of the ICB will consider the impact assessment of the planning undertaken at an extra meeting on the 26th of June following a detailed internal process and engagement, which also has oversight at West Yorkshire along with all other places.

4. Medium Term Plan

4.1. To maximise the benefits of the work done across 2023-4 and 2024-5 which has us out of a turnaround position and to ensure ongoing sustainability in what will be a difficult climate for the foreseeable future it is important that we work together on a medium-term plan. Now that we have submitted final operational plans this work is commencing at both West Yorkshire and Leeds levels.

4.2. SFEG (Strategic Finance Executive Group) is commencing this work; understanding what the underlying assumptions and do-nothing position would be in terms of value (outcomes, money, quality) and then looking at how the work that is already in progress and our transformational priorities as set out in the Healthy Leeds Plan will enable us to secure ongoing improvements in the health of the population in a sustainable manner.

4.3. We will work with partners across the Leeds Health & Care Partnership during the next three months and come to the Leeds Committee of the ICB at its September 2024 meeting ahead of moving into detailed planning for 2025-6. It will be essential that our planning addresses improving the health of the population and reducing health risks that otherwise will drive demand beyond the ability of services to manage.

5. West Yorkshire Prioritisation

5.1. The Board of West Yorkshire ICB has set out 7 priority areas for the partnership over the next year. These are listed in the table below with reference to work already underway in Leeds.

ICB Priority	Leeds Response
Continuing Health Care Efficiency and Policy	The ICB team in Leeds has this in its plans and is leading the work in a number of areas across West Yorkshire including the programme SRO being the Accountable Officer (Leeds)

Medicines Management Policy Driven Cost Reduction	Leeds has the lowest spend per head of population in West Yorkshire and an ambitious £9m cost improvement plan this year. It is leading on a number of areas at a West Yorkshire level.
Compliance with Evidence Based Interventions Policies	We will review these again but due to long-established close working in Leeds between the ICB, General Practice and Leeds Teaching Hospital there is much lower opportunity.
Neighbourhood Teams building on Fuller Report	We have made a commitment to Local Care Partnerships and all LCPs in the city have some development in progress. However, there is recognition in the city in both LCC and the NHS that a greater focus on neighbourhood integration and offer will be critical to success. This is on the agenda for the partnership in Leeds. It is reflected in our approach to prioritising Healthy Leeds Plan priorities in a smaller number of localities to address inequality.
Secondary Prevention	This is closely aligned to the priority programme looking at multi-co-morbidities under Healthy Leeds Plan Goal 1, and more significantly work under Goal 2. We will also want to consider how we work with communities to reach people who are at risk but not yet identified and ensure the focus on health inequalities is paramount. This will need to shape third sector market development. The revised GP Improvement scheme is strongly focused on secondary prevention with an inequality dimension.
Mental Health	We have significant pieces of joint work underway in Community Mental Health transformation, out of area placements (adults and children's) and improvements in the support to children and young people with complex care needs.
Outpatient Transformation	This is predominantly a WYATT (West Yorkshire Association of Acute Trusts) led piece of work, but the work on interface issues

	through the Interface Meetings will pick-up the wider implications and opportunities for general practice.

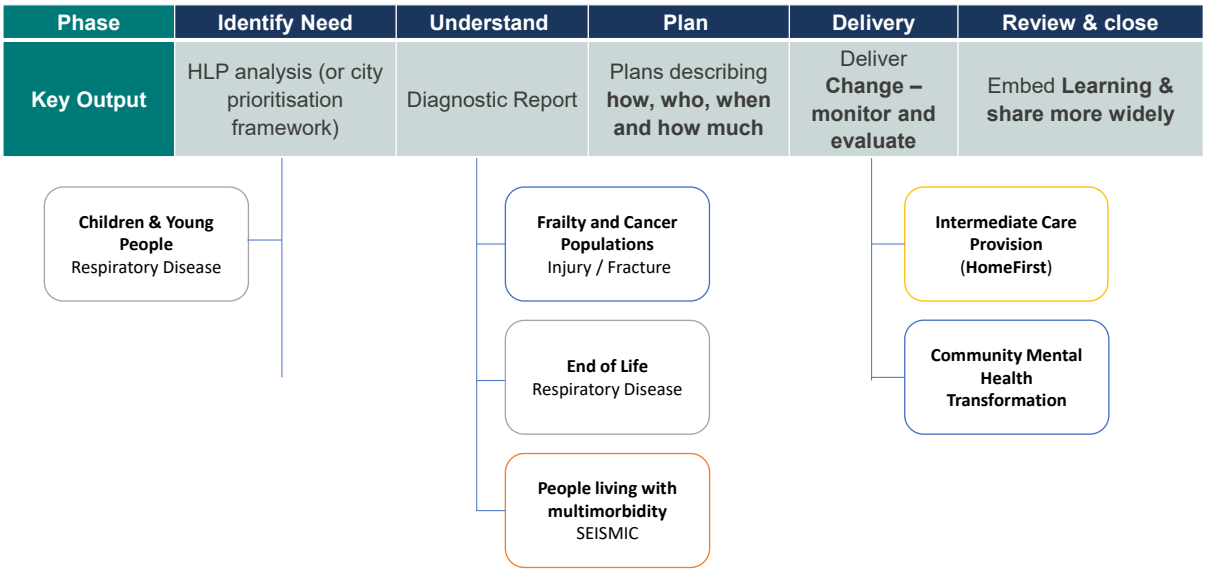
6. Place Priorities and Healthy Leeds Plan

6.1. In Leeds as well as successfully delivering our operational plan commitments we have identified a number of more transformational priorities for the years ahead. Work is continuing on all these areas and will be an essential component of our medium-term plan to improve outcomes and reduce inequality in a sustainable way.

6.2. The Healthy Leeds Plan identified two shared goals. To first to reduce the need for unplanned care (in all sectors) which is often driven by inequality. The second, to identify disease and risk factors earlier to enable better secondary prevention and bring the broader partnership impact through addressing wider determinants and primary prevention together.

6.3. The six transformational priorities under Goal one, are: Respiratory Disease in Children and at End of Life, Home First (Intermediate Tier), Frailty and Cancer Injury and Fracture, Community Mental Health Transformation, and people living with multi co-morbidities.

6.4. We have set out a staging approach to how we work through these and assessed where each one is against these. This is set out in the diagram below and through PEG (Partnership Executive Group) we will now pick-up pace and focus on these areas.



6.5. However, there are couple of other areas driven in part by financial pressures and also sharp increases in need and demand, where we are also needing to put some significant attention this year.

6.5.1. The ICB is working closely with Leeds City Council to develop a joint programme of work with children and young people requiring complex packages of care, which as well as addressing immediate pressures will have a strong element looking at the opportunities for earlier intervention and support to families.

6.5.2. An area which undoubtedly is linked is children's neurodiversity pathways (especially ADHD and Autism) where there are significant capacity gaps in diagnosis. There is work being done nationally and regionally at West Yorkshire, and we are working to both influence those and undertake risk-based prioritisation given that there is not the workforce or funding to fully respond to the rapid increase in demand over the last two years.

6.6. We continue to work on agreeing Goal 2 priorities especially with our public health and GP colleagues. The revised GP health improvement scheme is closely linked to the emerging thinking, and this will form an important part of work with local communities and the third sector going forward.

7. Joint Targeted Area Inspection (JTAI) on Youth Violence

7.1. The CQC have undertaken an inspection in Leeds looking at how we respond collectively as a city to address Youth Violence. The letter and report are to be published on the 16th of May shortly after publication of the papers. The Place Director of Nursing will update colleagues at the meeting on the findings and recommendations. It will be a largely positive report on the ways we are working with many excellent examples of good practice.

8. Place Development

8.1. Leeds has a strong Team Leeds ethos and a growing reputation for effective partnership working across many areas. Senior leaders in the city want to continue to strengthen this and ensure we remain a city recognised for effective integrated working. We continue to build on the work discussed at the Board-to-Board in January and shared as part of the Leeds Committee Development Day in April. This is part of a continual improvement approach based on our already strong arrangements. We agreed four priorities:

8.1.1. A common set of partnership priorities – set out in the Healthy Leeds Plan and set out above.

8.1.2. The focus currently which is just drawing to a close has been to sharpen our partnership executive arrangements.

8.1.3. There is still further work to be done on how we build and take investment and disinvestment decisions in a truly partnership way, and how we ensure that we take agreements into our individual

organisations more effectively. Being clearer on our priorities and our joint executive arrangements are crucial to the second two being addressed.

9. National Visits and Recognition

9.1. Leeds continues to be a place that receives national attention for the innovative work that we are doing. Since the Board last met there have been or planned a number of high-profile visits to Leeds, among which.

9.1.1. In April NHS Confederation held its Mental Health Network Annual conference and whilst here a number of people including Mathew Taylor the Chief Executive met a number of people including Synergi and were incredibly supportive of what we are doing in Leeds.

9.1.2. In early May Amanda Pritchard, CEO of NHS England, visited a GP Practice in Garforth and LTHT, as part of a day in Leeds looking at expertise and opportunities in continual improvement, and wrote-up the visit positively in her weekly briefing.

9.1.3. Later this week Professor Clare Fuller, NHS Medical Director for Primary Care, is visiting Leeds and Seacroft LCP and LTHT, to see how neighbourhood working as set out in the Fuller report can work in practice, and also look at the Primary Care Access Line (PCAL) at LTHT.

9.1.4. In June we are expecting a ministerial and DHSC visit to learn from the Home First programme.

10. Tom Riordan Announcement

10.1. Tom Riordan, Leeds City Council Chief Executive, has announced that he will be leaving Leeds after 14 years here. Tom has had a tremendous influence on all the success and strong reputation of Leeds highlighted above. He will be sorely missed, and we will indue course have opportunities to say goodbye and wish him every success in future endeavours. We know that in whatever he moves onto next what we have achieved collectively in Leeds will be a strong influence.

11. <u>The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:</u>

a) **Consider** and **note** the contents of the report;

b) **Advise** on the content of future Place Lead Updates

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Quality & People's Experience Subcommittee (QPEC)

Date of meeting: 1 May 2024

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

Date of meeting reported to: 22 May 2024

Report completed by: Harriet Speight, Corporate Governance Manager on behalf of Rebecca Charlwood, Independent Chair, Leeds Quality & People's Experience Subcommittee (QPEC)

Key escalation and discussion points from the meeting
Alert:
<u>Quality Highlight Report / Risk Management Report</u> During discussion of the Quality Highlight Report, members noted that the most significant risk faced by their respective organisations currently was the financial position, which was not represented within the report. Members agreed that the implications of the financial challenge experienced across the partnership on quality should be within the remit of the subcommittee, and therefore agreed that an additional risk be added to the risk register to be aligned to QPEC.
Advise:
<u>Understanding the Leeds System's Approach to DNACPR Decisions & End of Life Planning for People with a Learning Disability</u> The subcommittee received a presentation setting out the findings of the recent 'deep dive' into local system processes and standards relating to do not attempt cardiopulmonary resuscitation (DNACPR) decisions and end of life planning, for people with a learning disability (LD). The presentation set out best practice for DNACPR decisions, including Advance Care Planning, the ReSPECT process, and how the Mental Capacity Act (MCA) should be applied. A key area for improvement was highlighted in terms of the implementation of reasonable adjustments and timeliness of conversations around resuscitation status for people with a learning disability. The findings also highlighted some issues with data collection, including inaccurate registration of people with LD and some repetition across different NHS providers. Several actions were taken away by partners to address the issues raised.
Assure:
<u>Governance Review 2023/24</u>

The QPEC subcommittee annual report was presented, outlining the activities and assurances provided in 2023/24 and an amended version of the terms of reference. Members reflected that the learning and adapting culture that takes place within the subcommittee was a real strength and should be highlighted as a key positive during the recent challenging period of transition. The amends to the terms of reference were agreed and referred to the Leeds Committee for approval under agenda item LC 17/24.

Quality Assurance Arrangements at Leeds Place

Members were advised that new arrangements for the ICB Quality Team would be implemented from May 2024, in line with guidance from the National Quality Board (NQB), which includes requirements to have clear governance and accountability arrangements at place and provider level. This would include ICB colleagues attending quality assurance meetings at provider level to seek assurance and provide quality support around system solutions. Information gathered from meetings would then feed into the Leeds-facing quality highlight report presented to QPEC. Members were advised that the new approach had received support from each provider Chief Nurse. Members agreed that this was a positive step forward for partnership working and that the new arrangements would help to address the challenge of being able to describe quality across Leeds, adding breadth and depth to the information collated.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Delivery Sub-Committee

Date of meeting: 17 April 2024

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

Date of meeting reported to: 22 May 2024

Report completed by: Karen Lambe, Corporate Governance Officer, WY ICB on behalf of Yasmin Khan, Independent Member and Chair of Delivery Sub-Committee

Key escalation and discussion points from the meeting
Alert:
<u>NHS Operational Planning and Performance Update</u> The subcommittee received an update on the Planning Submission for 2024-25 which would be submitted to NHS England (NHSE) in May 2024. Members noted the priorities for 2024/25 remained as the recovery of core services and productivity following the COVID-19 pandemic. Members discussed the tension in the system between achieving a balanced financial position and increasing capacity to meet demand and backlog. Members were made aware that there was likely to be challenge from NHSE to the Leeds financial planning position regarding proposed bed closures and subsequent impact on performance. The subcommittee considered the need to review its key risks in the light of the potential challenge. Therefore, the subcommittee wished to alert the Leeds Committee to the tension between the conflicting demands and related risks of the Planning Submission for 2024-25 and the Financial Plan.
Advise:
<u>Governance Review</u> Members received the annual review of the Delivery Subcommittee which had been undertaken in line with the terms of reference. With regards to the survey of committee effectiveness, it was noted that 43% of respondents had disagreed that the subcommittee had made a conscious decision about how it operated. The Delivery Subcommittee welcomed the proposal for a development session for members and attendees to clarify and agree it's purpose. Members also expressed concern that partner representation had not been consistent throughout the year. Therefore, the subcommittee wished to advise the Leeds Committee that a development session would be held to refresh the subcommittee's terms of reference and review the level of partner representation in order to provide balanced

assurance. The refreshed terms of reference would be brought to the meeting of the Leeds Committee on 11 September 2024 to allow further changes to be made following the development session.

Risk Management Report

The subcommittee received the risk report for cycle 1 2024-25 and were informed that, following the implementation of the WY operating model, all three of the Leeds subcommittees would receive a single risk report with an appendix specifically highlighting the risks aligned to each subcommittee. One new risk had been added, 2415 – Sustainability of the VCSE sector and the increasing risk of widening health inequalities in the current economic climate, with a risk score of 16. Members questioned risk 2414 – Local Authority financial impact regarding its alignment with the Finance and Best Value Subcommittee, due to the impact on service delivery and performance. The subcommittee agreed that the risk should be aligned to both the Finance and Best Value Subcommittee and the Delivery Subcommittee from cycle 2. Following a discussion regarding health inequalities risks, members wished to ask for clarification regarding the assurances the Leeds Committee requires of the Delivery Subcommittee to support discussions at the development workshop.

Assure:

Risk Management Report

Members noted the six risks aligned to the Delivery Subcommittee, five of which were also aligned to the Quality and People's Experience Subcommittee. The subcommittee was assured that all high scoring risks had been addressed throughout discussions at the meeting and by the mitigations in place to address.

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report from: Leeds Finance and Best Value Sub-Committee

Date of meeting: 24 April 2024

Report to: Leeds Committee of the West Yorkshire Integrated Care Board

Date of meeting reported to: 22 May 2024

Report completed by: Karen Lambe, Corporate Governance Officer, WY ICB, on behalf of Cheryl Hobson, Independent Member and Chair of Finance and Best Value Sub-Committee

Key escalation and discussion points from the meeting
Alert:
<u>Financial Position Update at Month 12 2023-24 and Financial Plan for 2024/25</u> The subcommittee received an update on the final financial position as at month 12 of 2023-24 subject to external audit and the financial plan for 2024/25. Members were informed that the final reported position across all Leeds partners was balanced, however ICB in Leeds had ended the financial year with a £26.2m deficit. The position had been achieved with financial support from NHS England (NHSE), additional Elective Recovery Funding (ERF) and Industrial Action costs cover. The subcommittee noted the considerable work involved in achieving the reduction of the deficit in 2023/24. With regards to the 2023-24 Quality, Innovation, Productivity and Prevention (QIPP) schemes, the ICB in Leeds had not been able to deliver at its full planned levels; the gap had been offset by non-recurrent financial support. With regards to the Financial Plan for 2024/25, the subcommittee was informed that the ICB in Leeds had reduced its deficit to £12.4m following the financial planning round but was holding a significant amount of risk, in addition to a planned QIPP of £38.6m. Members discussed the need to work with the WYICB to close the remaining gap. Therefore, the subcommittee wished to alert the Leeds Committee to the challenge of closing the remaining gap for 2024/25 in the light of financial balance across all Leeds partners in 2023/24 being achieved partly due to non-recurrent financial support and technical flexibilities. **<u>Procurement of new contract for integrated provider of Short-Term Community Beds</u>** The subcommittee received a report outlining the proposed procurement of a new contract for an integrated provider of short-term community beds to commence from March 2025. Members discussed the proposal to proceed to a competitive procurement under the Provider Selection Regime and noted the contract minimum of £17m annually over 10 years. Members agreed they were supportive of the recommendation to the Leeds Committee regarding the route to procurement, and to consider the role further of the Finance & Best Value sub-committee in the oversight of the development of the service specification.

Advise:

People's Voice

The Subcommittee was shown a video of Mercy from Chapeltown as part of the *How does it feel for me?* series. Mercy spoke about her experiences of health services in Leeds and the challenges she faced in being both visually impaired and digitally excluded. Mercy explained that she was dependent on third sector organisations to assist her with digital access to NHS services. Members reflected on the need for NHS services to facilitate access and to recognise the challenges faced by digitally excluded populations. The subcommittee expressed concern that inefficient investment in digital services was creating barriers for some communities.

Population Health Boards

The subcommittee received the reports for the Same Day Response (SDR) Care Delivery Board and the Frailty and End of Life (EoL) Population Boards. Members were informed that the SDR board had undertaken several service reviews in order to identify QIPP ideas and proposals. There was a discussion regarding the complexity of developing alternative non-urgent services to address the increasing pressures on A&E departments. Members reflected on how resource shift reduced funding for individual services while not always reducing pressures. Therefore, the subcommittee wished to advise the Leeds Committee of the need for Population Boards to understand the implications of QIPP proposals to other services, providers and/or Population Boards.

Assure:

Risk Management Report

The sub-committee received a report providing an update on the Risk Register and the risks aligned to the Finance and Best Value Sub-Committee. There were three risks aligned to the subcommittee, one of which was marked for closure due to no longer requiring monitoring. Two new risks had been added. These were: 2413 – Leeds System Financial Position which had been added for the 2024/25 financial year to mirror the risk for the previous year scored at 20; and 2414 – Local Authority Financial Impact Risk, which had been added to reflect the risk that measures being taken to control expenditure in Leeds City Council could have an impact on other place partners.

Members discussed the oversight of risk 2414 in terms of realignment to the Delivery Subcommittee. It was agreed that, as the risk created financial pressures across other services and as all three subcommittees received the same risk report, risk 2414 would be aligned to both the Delivery Subcommittee and the Finance & Best Value Subcommittee.

The sub-committee noted assurance in respect of the effective management of the risks and the controls and assurances in place.

Governance Review:

The Finance & Best Value Subcommittee annual report was presented, outlining the activities and assurances provided in 2023/24 and an amended version of the terms of reference. The subcommittee's increased understanding of its purpose and the strengthening of a financial lens regarding population health were highlighted. Members also identified key areas for development including deep dives for areas requiring complex spending, as well as broader membership and consistent attendance at subcommittee meetings. With regards to broadening membership, an action was agreed that providers would nominate a non-executive director from their organisations to join the subcommittee.

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB)
Agenda item no.	LC 13/24
Meeting date:	Wednesday 22nd May 2024
Report title:	2024-25 Financial Plan Update and Month 1 Progress on Efficiency Plan
Report presented by:	Visseh Pejhan-Sykes
Report approved by:	Visseh Pejhan Sykes
Report prepared by:	Visseh Pejhan-Sykes and Matt Turner

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

The Committee received a provisional 2024-25 Financial plan position in March which, as anticipated, has been updated post feedback from the regional and national teams.

The WY system has increased its efficiency plans for the early May resubmissions of the Financial Plan. NHS England have indicated that there will be no further iterations of planning submissions and that systems must now focus on delivery. The expectation is that systems will focus on closing their financial gap by year end as part of their delivery efforts.

Executive summary and points for discussion:

This paper outlines the final plan submission by the Leeds system for 2024-25. NHSE expectations are that systems will work towards delivering a balanced position by year end. The statutory duty to contain spend within allocated resources continues to apply to ICBs and ICSs.

There are significant risks inherent in a plan that includes a highly ambitious efficiency programme across the Board, but the reported planned position is nevertheless considered achievable. The WY system has relied heavily on non-recurrent and technical adjustments to break even over the past couple of years, thus making the stretch to financial balance more difficult in 2024-25 as those options are no longer available to our system.

The Leeds system is currently reporting a financial gap of £8.3m collectively, after excluding some technical adjustments around the treatment of PFI schemes at LTHT and LYPFT that have been highlighted to NHSE as “anomalies” arising from changes in accounting policies nationally.

The Leeds system has also benefited from depreciation top up fundings that were received late in the planning process.

The Leeds Place of the ICB still needs to close a £12.3m remaining deficit gap over the course of 2024-25 financial year.

The NHS bodies normally do not formally produce a month 1 report on financial positions, with the first formal report being produced at the end of month 2 once previous year accounts have been finalised and ledgers are closed and rolled over.

However, given our desire to continue with the momentum of financial recovery, we have produced an update on our progress against our efficiency plans at the Leeds Place of the ICB for this meeting.

Which purpose(s) of an Integrated Care System does this report align with?

☐ Improve healthcare outcomes for residents in their system

☐ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

a. Review and comment final 2024-25 financial plan submission
b. Review and comment on the QIPP position for 24-25 at month 1
c. Discuss next steps across the Leeds System as we continue to focus on achieving a financially balanced position across the Leeds system and for the ICB in Leeds

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

Assurance around financial grip and oversight by Leeds system leaders of the Leeds NHS system and specifically around the Leeds Place of the ICB's financial recovery plan

Appendices

1. Risk assessment of Efficiency Delivery

Acronyms and Abbreviations explained

1. WY ICB – West Yorkshire Integrated Care Board
2. QIPP – Quality, Innovation, Productivity and Prevention (Commissioner terminology for efficiencies)
3. CIP – Cost Improvement Programme (Provider terminology for efficiencies)
4. NHSE – NHS England
5. LTHT – Leeds Teaching Hospitals NHS Trust
6. LCH – Leeds Community Healthcare NHS Trust
7. LYPFT – Leeds and York Partnership Foundation NHS Trust
8. EMT – Executive Management Team (Leeds Place of the ICB)
9. PFI – Private Finance Initiative (Capital for Buildings)

What are the implications for?

Residents and Communities	Restricted developments
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	Strict Financial Recovery Measures
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	
Environmental and Climate Change	
Future Decisions and Policy Making	Continued scrutiny on value for money
Citizen and Stakeholder Engagement	

1. Purpose of this report

1.1 For the WY system to meet its financial duties all Providers across WY as well as all Places across the WY ICB must collectively meet their planned financial position. There is room for offsets across the whole system, but each Place consisting of the Providers in that Place and the WY ICB budgets devolved to Place is performance managed against its planned position.

1.2 The WY ICB submitted a deficit plan at the final iteration in early May 2024, but there an expectation from NHSE that it would achieve a balanced position at the end of the financial year.

1.3 The May submission showed an improvement on the previous two submissions, including for the Leeds system. The ICB in Leeds was required to increase its efficiency plan by a further £5m to £38.2m to allow the ICB statutory body to post a balance plan position. The Leeds and Bradford systems are still being supported by surpluses in Calderdale, Kirklees and Wakefield Places, and with the expectation that our deficit at Place will be closed by the end of the current financial year.

1.4 The WY ICB Final submission was a net deficit gap of £84.7m after adjusting for a PFI technical accounting issue across WY of £14.2m.

2. Context and Background information

2.1 This paper provides an update of the ICB in Leeds's financial plan for 24-25 and a position update on progress with its efficiency plan as at as at the end of Month 1 of the 2024-25 financial year.

2.2 The Leeds Place of the ICB position improved by £5m additional efficiency plans and a reduction in inflationary assumptions nationally by NHSE and the Treasury which meant that the tariff passed to Providers for 24-25 reduced accordingly leaving c £2.5m more allocation growth with the ICB in Leeds to retain towards its recurrent and in-year pressures.

	Financial gap for 24-25 £m	Target Savings at 5.5% £m	Revised Remaining Gap @ early March £m	Revised Remaining Gap @ late March £m	Final Planning Position @ May 2024 (Inc PFI) £m	Final Planning Position @ May 2024 (exc PFI) £m
Leeds and York Partnership NHS Foundation Trust	(18.8)	13.5	(4.0)	0.0	0.1	1.0
Leeds Community Healthcare NHS Trust	(10.0)	12.1	(1.5)	0.0	1.0	1.0
Leeds Teaching Hospitals NHS Trust	(97.8)	100.4	0.0	0.0	(4.8)	2.0
Leeds ICB	(81.0)	33.0	(19.8)	(19.8)	(12.3)	(12.3)
TOTAL	(207.6)	159.0	(25.3)	(19.8)	(16.0)	(8.3)

2.3 The Leeds Place of the ICB's efficiency plans can be summarised into categories as follows:

Type of Efficiency	£'000
Choice not to spend - Co-Pilot Scheme	93.0
Choice to Offset - MHIS and some BCF Growth	7,902.0
Choice to spend differently - Core 20 Plus Achievement	3,900.0
cost avoidance - Weight management	2,348.0
Reduction in baseline Spend	
- prescribing	9,000.0
- Community Beds - Homefirst	3,351.0
- Contracts not renewed / reduced	
NHS, Community, MH, LCC and Confederation	3,647.0
CHC and s117	1,610.0
Acute related	897.0
- other	786.0
Subtotal	33,534.0
Further Efficiency items	500.0
- Unidentified Efficiency (Part of additional £5m)	750.0
- Shared Care Record commissioning intention	2,000.0
- Increased ERF income assumptions	1,387.0
- CDC Savings	
TOTAL	38,171.0

2.4 Status of schemes as at the end of month 1 2024-25 is as per the tables below:

Scheme Status	£'000
Awaiting Agreement	2,195
Awaiting commissioner review	1,673
Delivered	19,471
Expected to be delivered	1,387
Partly Delivered and on track	145
To be confirmed	13,298
	38,169

2.5 Risk assessment of Efficiency Delivery – see appendix 1

3. Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

a) **REVIEW** and **COMMENT** on the final 2024-25 financial plan submission
b) **REVIEW** and **COMMENT** on the QIPP position for 24-25 at month 1
c) **DISCUSS** next steps across the Leeds System as we continue to focus on achieving a financially balanced position across the Leeds system and for the ICB in Leeds

4. Appendices

1) Risk assessment of Efficiency Delivery

Appendix 1 - Risk assessment of Efficiency Delivery Across the Leeds system

Leeds Place 24/25 Risk Range	LTHT			LCH			LYPFT			ICB		
	Worst Case £m	Mid Case £m	Best Case £m	Worst Case £m	Mid Case £m	Best Case £m	Worst Case £m	Mid Case £m	Best Case £m	Worst Case £m	Mid Case £m	Best Case £m
Headline plan submisison				**-4.8**	**-4.8**	**-4.8**	**-17.0**	**-17.0**	**-17.0**			
1) WRP Programme	-40.0	-11.0	0.0	-7.5	-3.8	0.0				-17.4	-14.1	0.0
2) WRP Programme - Bed capacity risk	-12.0	-6.0	0.0							-3.4	-1.3	0
3) PBR Income	-35.0	-20.2	0.0							-9	-6.2	0
4) Other NHS contracts income risk	-8.2	-8.2	0.0	-1.6	-0.8	0.0				-1.5	-1.5	0.0
5) Generic cost pressures	-18.0	-9.0	0.0	-5.3	-2.7	-0.9				-14.1	-2.2	0.0
6) Generic income pressures	-5.0	-2.5	0.0									
7) Mitigation - Cost pressure management	1.8	1.8	0.0				0.5	1	1.5			
8) Mitigation - Recruitment pause/actions	11.5	11.5	0.0	8.4	5.1	0.0	-1.5	4	5.7			
9) Mitigation - Non clinical non pay	4.0	4.0	0.0				2	2.5	3			
10) Income Flow				3.5	4.2	5.7	1.7	2.5	3			
11) OAP improvements							1.8	2.9	3.8			
12) Total	**-100.9**	**-39.6**	**0.0**	**-7.3**	**-2.8**	**0.0**	**-12.5**	**-4.1**	**0.0**	**-45.4**	**-25.3**	**0.0**

Meeting name:	Leeds Committee of the WY Integrated Care Board
Agenda item no.	LC 14/24
Meeting date:	22nd May 2024
Report title:	Procurement of new contract for integrated provider of Short-Term Community Beds
Report presented by:	Helen Lewis, Director of Pathway and System Integration
Report approved by:	Helen Lewis, Director of Pathway and System Integration
Report prepared by:	Nicola Nicholson and Donna Deer

Purpose and Action			
Assurance ☐	Decision ☒ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

A detailed proposal on the options to reprocure community beds in Leeds has been developed by the HomeFirst and Pathway Integration team. The service detail has been approved through the HomeFirst Governance structure and considered by the Leeds Finance and Best Value Sub-Committee in May 2024. Two provider engagement sessions have also taken place to ensure that potential providers have had the opportunity to input.

The Finance and Best Value Sub-Committee recommended to the Leeds Committee of the ICB, the Provider Selection Regime (PSR) procurement route of **Competitive Process**.

Executive summary and points for discussion:

This paper is being presented for a decision on the recommended procurement route for the Short-term Community Beds.

The Leeds Committee is asked to approve the choice of the selected Provider Selection Regime (PSR) process to use (direct award, most suitable provider or competitive process). This is in line with the WY ICB financial scheme of delegation as the contract value exceeds £5m. It is outlined within the scheme of delegation 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 is competitive process through the Provider Selection Regime, as set out in the main body. This will allow the ICB to assess the capability of all interested providers.

The spend related to this contract is classified as current spend, rather than new or repurposed spend as there are several existing service providers and the service is a key element of the journey of care for the City, to ensure improved outcomes both on discharge and admission avoidance. The community bed service is a core element of intermediate care in line with national guidance.

The current cost of the service is circ. £18.4m per annum in April 24. The proposed future annual contract value will be circ. £17m and build into the contract further quality and efficiency improvements identified through the HomeFirst Programme. This will make the 24/25 QIPP recurrent while building in sufficient staffing skill mix to accommodate a growth in dependency that is currently resulting in additional enhanced care costs on top of the core contract value, while also supporting the same level of demand through fewer beds. It is proposed that the service should be commissioned for 10 years and 3 months with the ability to resize in response to demand and model changes during the length of the contract. This is in recognition that the service is an essential element of intermediate care provision and part of a complex set of service interactions which could and should change over time.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☐ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

1. Approve the Provider Selection Regime (PSR) route for the Short-term Community Bed service
2. The recommended route for procurement is **Provider Selection Regime: Competitive Process**

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

The procurement of sufficient capacity to meet the demand for pathway 2 (people requiring a bedded setting for rehabilitation and recovery) on discharge from hospital (and as a step up from community) will support the mitigation of the System Flow risk on the Corporate Risk Register.

Appendices

1. Appendix 1: Direct Award A, B and C criteria not met
2. Appendix 2: Most Suitable Provider Process criteria not met
3. Appendix 3: Competitive Process criteria

Acronyms and Abbreviations explained

4. CCB – Community Care Bed
5. STCB – Short-term Community Bed
6. PSR – Provider Selection Regime

What are the implications for?

Residents and Communities	Improvements in the availability of bed-based intermediate care and quality of outcomes from the service resulting from embedding the HomeFirst improvements and learning from the Intermediate Care Frontrunner work into the service specification
Quality and Safety	By commissioning an integrated provider responsible for all elements of the service the governance around quality and safety will be improved. Improvements in the clarity of responsibility within the clinical model will further improve the quality and safety culture within the service.
Equality, Diversity and Inclusion	There will be improved access to support people with a learning disability where they have a primary need related to their physical recovery. There will be improvements to the inclusion of the service as the proposed contract addresses known difficulties within the current contract e.g. access to special diets.
Finances and Use of Resources	The proposed contract value is a reduction from the current spend by virtue of embedding the efficiency improvements from the HomeFirst Programme. This reduction in spend has been balanced with the quality of care to ensure the people have improved long term outcomes and this has a beneficial impact on the cost of long-term care within the city.
Regulation and Legal Requirements	The recommended provider selection regime route will address all legal requirements under the new Provider Selection Regime.
Conflicts of Interest	Some of the current beds are provided by members of the Health and Care Partnership and it is probable that members of the Health and Care Partnership will bid for the proposed STCB service.
Data Protection	**n/a**
Transformation and Innovation	The service specification for the STCB service builds in the transformation and innovation work delivered through HomeFirst. The proposed service specification further incentivises the incoming provider to continually improve the service offer and work as a part of the LHCP in transforming intermediate care services
Environmental and Climate Change	The efficiency improvements embedded in the contract allow for the same demand to be met by fewer beds and will therefore reduce the carbon footprint of the service in comparison to the current service offer. We are also requiring the embedding

	of a digital clinical system which should reduce the use of paperwork in these settings.
Future Decisions and Policy Making	The proposed service specification and length of contract will support any incoming provider to work as a system partner in delivering any future changes to the service or wider intermediate care offer as a result of future LCHP decisions or changes in policy
Citizen and Stakeholder Engagement	There will be a citizen representative on the procurement panel. The service specification has been based on the 'I' statements for intermediate care, which were developed through patient and citizen engagement to articulate what matters most to service users Patient and Carer experience of intermediate care services is measured through PREMS data and monitored regularly in provider governance groups. An involvement process will be taking place during May to test people's views around locations of Community Beds.

1) Purpose of the report

1) This paper is being presented for a decision on the recommended provider selection route for the short-term community beds.

2) The service

2.1. The contract for our community care beds (CCB) comes to an end on 31st March 2025. These are a core element of our intermediate care offer in Leeds and delivered in line with the national Intermediate Care Framework. They support people who are unable to be safely cared for at home by providing short-term rehabilitative and re-abling care. They can be accessed at the point of discharge from hospital or as step up from the community.

2.2. The proposal is to procure a higher quality, more efficient community bed service by embedding into the contract the learning and improvements made from the HomeFirst Programme and Intermediate Care Frontrunner work which has been used to develop the service specification. The proposed service will bring together under one integrated contract all bed bases and the disparate elements of the current service provision e.g. medical and pharmacy services. The procured service will be called Short-Term Community Beds.

3) Value of the proposed contract

3.1. It is proposed that the new contract will reduce the current annual cost of the service by £1.4m from the current aggregated cost while meeting the same level of demand regarding absolute number of service users. This will ensure that the 24/25 QIPP savings are recurrent. This has been made possible by building in the efficiency and quality improvements identified through the HomeFirst and System Flow work. The reduction in contract value will not reduce the quality of care provided, rather the improvements embedded in the contract should enhance the quality of care and outcomes for service users.

3.2. In addition to the core contract value, a surge fund has been proactively ring-fenced, should we see seasonal demand increases in the requirement for bed-based care. This will only be released when demand exceeds a pre-agreed level for more than 30 days.

3.3. Flexibility has been built into the contract and service specification to incentive future efficiencies in the service delivery model and allow the contracted service value to be adjusted if there are changes to the level of service demand over the life-time of the contract.

4) Length of the proposed contract

4.1. The proposed contract length is 10 years and 3 months to reflect the ambition to create a system partnership arrangement to work as an integral member of the LHCP as we continue to improve our intermediate care services offer. The proposed integrated contract represents a significant change to the model of service configuration and delivery. The contract length takes into consideration the size of the proposed service and the requirement to invest in estate and equipment and should enable the incoming provider to invest in the service by providing sufficient time for them to recover their investments. It would also mean that the service would not come to an end / transition to another provider or service model in or around winter.

5) Recommended procurement route

5.1. The PSR route recommended for approval is the competitive process. The rationale for this recommendation is set our below:

Is the service within scope of the PSR? Yes

5.2. The STCB service is in scope of the PSR as it a healthcare service, as per Regulation 3(1), and defined in section 275(1) of the 2006 Act as a "comprehensive health service designed to secure improvement in the physical and mental health of the people of England, and in the prevention, diagnosis and treatment of physical and mental illness."

Choosing the most appropriate provider selection process;

5.3. The options to use direct award A, direct award B and direct award C are not available as the criteria is not fulfilled. See appendix 1.

5.4. This leaves 2 options available most suitable provider and competitive process.

5.5. The option to use the most suitable provider process is not available as the criteria is not fulfilled. See appendix 2.

5.6. The criterion 'the relevant authority is able to identify the most suitable provider without running a competitive exercise' is unable to be met as the ICB does not hold provider landscapes that we can assess the potential providers against. Therefore, there is no confidence the ICB 'can, acting reasonably, clearly identify all likely providers capable of providing the health care services and passing any key criterion or sub-criterion which has been designated as pass/fail' as set out in Regulation 6 of the PSR.

Viable provider selection process;

5.7. Due to the options of direct award A, B, C and most suitable provider not being available the ICB must follow the competitive process to determine the provider of the short-term community bed provision from April 2025. This is because the regulation 6 states this provider selection process must be followed when the relevant authority is not required to follow direct award processes A or B, and the relevant authority cannot or does not wish to follow direct award process C or the most suitable provider process. See appendix 3.

6) Next Steps

6.1. Following the development of the service specification and further oversight from the Finance and Best Value Sub-Committee, the next step is to move to the procurement process for this service. We plan to publish the specification in June 2024.

7) Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

a) **APPROVE** the Provider Selection Regime (PSR) process for the Short-term Community Bed service

b) The recommended route for procurement is **Provider Selection Regime: Competitive Process**

8) Appendices

1) Appendix 1: Direct Award A, B and C criteria not met

2) Appendix 2: Most Suitable Provider Process criteria not met

3) Appendix 3: Competitive Process criteria

Appendix 1: Direct Award A, B and C criteria not met

Criteria to be fulfilled to utilise process	**Fulfilled ✗ / ✓**
Direct Award A; *The type of service means there is no realistic alternative to the current provider. This process must not be used to award contracts when establishing a new service.*	
Direct award process A must be used when all of the following apply:	
there is an existing provider of the health care services to which the proposed contracting arrangements relate	✓
the relevant authority is satisfied that the health care services to which the proposed contracting arrangements relate are capable of being provided only by the existing provider (or group of providers) due to the nature of the health care services.	✗
Direct Award B; *People have a choice of providers, and the number of providers is not restricted by the relevant authority.*	
Direct award process B must be used when all of the following apply:	
the proposed contracting arrangements relate to health care services in respect of which a patient is offered a choice of provider	✗
the number of providers is not restricted by the relevant authority	✗
the relevant authority will offer contracts to all providers to whom an award can be made because they meet all requirements in relation to the provision of the health care services to patients	✗
the relevant authority has arrangements in place to enable providers to express an interest in providing the health care services	✗
Direct Award C; *The existing provider is satisfying the existing contract and likely to satisfy the new contract, and the proposed contracting arrangements are not changing considerably from the existing contract.*	
Direct award process C may be used when all of the following apply:	
the relevant authority is not required to follow direct award processes A or B	✓
the term of an existing contract is due to expire and the relevant authority proposes a new contract to replace that existing contract at the end of its term	✓
the proposed contracting arrangements are not changing considerably	✗
Considerable change being met where the change; a) renders the proposed contracting arrangements materially different in character to the existing contract when that existing contract was entered into or: b) meets all the following: • the change, (to the proposed contracting arrangements as compared with the existing contract), is attributable to a decision made by the relevant authority	

8

• the lifetime value of the proposed new contract is at least £500,000 higher (i.e., equal to or exceeding £500,000) than the lifetime value of the existing contract when it was entered into • the lifetime value of the proposed new contract is at least 25% higher (i.e., equal to or exceeding 25%) than the original lifetime value of the existing contract when it was entered into.	
the relevant authority is of the view that the existing provider (or group of providers) is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard	✗

Appendix 2: Most Suitable Provider Process criteria not met

Criteria to be fulfilled to utilise process	**Fulfilled ✗ / ✓**
Most Suitable Provider; *The relevant authority is able to identify the most suitable provider without running a competitive exercise.*	
This provider selection process <u>may</u> be used when all of the following apply:	
the relevant authority is not required to follow direct award processes A or B	✓
the relevant authority cannot or does not wish to follow direct award process C	✓
The relevant authority is able to identify the most suitable provider without running a competitive exercise.	✗
Relevant authorities are expected to develop and maintain sufficiently detailed knowledge of relevant providers, including an understanding of their ability to deliver services to the relevant (local/regional/national) population, varying actual/potential approaches to delivering services, and capabilities, limitations, and connections with other parts of the system. Relevant authorities may wish to consider undertaking pre-market engagement to update or maintain their provider landscape knowledge. We expect this knowledge to go beyond knowledge of existing providers and to be a general feature of planning and engagement work, developed as part of the commissioning or subcontracting process rather than only at the point of contracting. Without this understanding, relevant authorities may not have enough evidence to confirm the existing provider is performing to the best quality and value, miss opportunities to improve services and identify valuable innovations, and ultimately lead providers to make representations (see standstill period). We expect relevant authorities not to treat providers from VCSE and independent sectors differently from NHS trusts and foundation trusts or local authorities solely based on that status.	

Appendix 3: Competitive Process criteria

Criteria to be fulfilled to utilise process	**Fulfilled ✗ / ✓**
Competitive Process; *This involves running a competitive process to award a contract.*	
This provider selection process <u>must</u> be used when all of the following apply:	
the relevant authority is not required to follow direct award processes A or B	✓
the relevant authority cannot or does not wish to follow direct award process C and cannot or does not wish to follow the most suitable provider process.	✓

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	LC 15/24
Meeting date:	22 May 2024
Report title:	Shakespeare Medical Practice - Alternative Provider Medical Services Contract
Report presented by:	Kirsty Turner, Associate Director Primary and Proactive Care
Report approved by:	Helen Lewis, Director of Pathway and System Integration
Report prepared by:	Deborah McCartney, Lindsey Bell, Kirsty Turner, Pathway and System Integration

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

October 2023: the procurement outcome report was presented to the Leeds Committee of the WYICB. The outcome report was approved, and the APMS contract was awarded to Chilvers & McCrea Limited

March 2024: the Primary Care Board in Leeds received an update on the Change of Control of Operose Health Limited.

Executive summary and points for discussion:

As the delegated commissioner for Primary Care Services, the West Yorkshire Integrated Care Board has a responsibility to meet its statutory duties related to commissioning GP services linked to APMS contract awards and securing provision of medical services for local populations.

The West Yorkshire ICB recently completed a procurement for Shakespeare Medical Practice, Leeds and the Leeds Committee received and approved the Preferred Bidder Outcome Report in October 2023.

Since the approval of the Recommended Bidder report, the relevant notifications were issued to the incumbent provider and the new provider, which is Chilvers & McCrea Limited, and mobilisation of the service has commenced.

Chilvers & McCrea Limited, who are the contract holder, sit within the Operose Health Group, and the Shakespeare Medical Practice falls under the operational management of Operose Health Limited from 1 April 2024. Chilvers & McCrea Limited is a qualifying body under the NHS Act 2006 and holds PMS contracts in Leeds. As such it is wholly owned by a medical practitioner and has no corporate holding company.

The purpose of this paper is to inform the Committee of the Change of Control and provide assurance regarding the actions have been undertaken to ensure the ICB has fulfilled its due diligence and duty to inform.
Which purpose(s) of an Integrated Care System does this report align with?
☒ Improve healthcare outcomes for residents in their system ☐ Tackle inequalities in access, experience and outcomes ☒ Enhance productivity and value for money ☐ Support broader social and economic development
Recommendation(s)
The Leeds Committee of the West Yorkshire Integrated Care Board is asked to: a) **Note** the change of control
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
1.
Acronyms and Abbreviations explained
ICB – Integrated Care Board PMS – Personal Medical Services APMS – Alternative Provider Medical Services OHL – Operose Health Limited

What are the implications for?

Residents and Communities	Ensure continuation of access care for all patients.
Quality and Safety	Secure quality primary care services for populations
Equality, Diversity and Inclusion	N/a
Finances and Use of Resources	Services continue to be delivered as expected.
Regulation and Legal Requirements	Primary Care Policy Guidance Manual provides the framework to support Change of Control.

	Collective legal advice has been sought through NHS England and the North of London ICB. This has been shared regionally and to relevant ICBs.
Conflicts of Interest	N/a
Data Protection	N/a
Transformation and Innovation	N/a
Environmental and Climate Change	N/a
Future Decisions and Policy Making	N/a
Citizen and Stakeholder Engagement	Patient feedback has been sought through practice websites and on ICB websites.

1. Summary

1.1 In October 2023, following a procurement, the APMS contract for Shakespeare Medical Practice was awarded to Chilvers & McCrea Limited.

1.2 Chilvers & McCrea Ltd sits within the wider group of Operose Health Group and each Practice is operationally managed by Operose Health Ltd (OHL).

1.3 OHL was originally wholly owned by MH Services International (UK) Limited, a subsidiary of Centene Corporation which is based in the US. The ownership of OHL transferred to T20 Osprey Limited on 28 December 2023 (though the NHS was not notified of this until 15 March 2024). T20 Osprey Midco Limited is part of the same group of companies as HCRG Care Group, an existing provider of APMS contracts to the NHS, and both are owned by T20 Pioneer Midco Ltd. The HCRG Care Group is UK based and one of the largest independent providers of NHS-funded primary and community services operating across England and Wales.

1.4 Members of the ICB in Leeds have been working as part of a national group (as the change in ownership impacts on many ICBs) to ensure consistency of approach across the Country.

1.5 After seeking appropriate due diligence including our own legal advice, appropriate assurance has been obtained that the change in control did not affect our decision to proceed with contract award.

2. Background

2.1 Chilvers McCrea Ltd currently provide services under a PMS contract in two of our Leeds practices. Following a competitive procurement process in October 2023, Chilvers McCrea Limited were identified as the preferred provider for an APMS Contract at Shakespeare Medical Practice which would result in Chilvers McCrea Ltd being the provider of three of our practices in the City.

2.2 On 30 November 2023, following contract award, OHL wrote to ICBs with whom Operose Health Group companies hold contracts, in relation to the proposed change of control:

- In respect of London ICBs who hold APMS contracts with AT Medics Limited, the ICBs were asked for prior authorisation to undergo the change of control. This is in accordance with the terms of the APMS contracts. The London ICBs commenced a due diligence exercise to assess the standing of the new owner and understand any implications of the change of control, including making formal enquiries to Operose Health Ltd, with a view to granting or refusing authorisation.

- In respect of other ICBs (including West Yorkshire ICB), the ICBs were informed of the change of control, but authorisation was not sought because the APMS change of control requirement did not apply. This was the case in respect of West Yorkshire ICB, which holds two PMS contracts with Chilvers & McCrea Limited. This is because Chilvers & McCrea Limited is wholly owned by a medical practitioner, has no holding company, and PMS contracts does not include a change of control restriction.

2.3 On 15 March 2024, the NHS was informed that the 'change of control' actually took place on 28 December 2023, prior to conclusion of the due diligence process being concluded.

2.4 ICBs with existing contracts across the Country are currently assessing the impact on this. For our Leeds practices, the situation is slightly different in that our contracts are actually with Chilvers McCrea Limited (and not OHL) and in the instance of Shakespeare Medical Practice the contract had not been entered into, therefore the requirement to obtain prior authorisation to a change of control under the new APMS contract was not yet in force and our due diligence could take place prior to contract award.

2.5 Due to our differing situation to other ICB colleagues, we have obtained our own legal advice to provide assurance on the continuation of contract award in line with our procurement process.

2.6 The change of control results in no changes to the legal entity holding the contracts (Chilvers & McCrea Limited), the contracts themselves, or the services Chilvers & McCrea Limited are required to provide, including locations, opening hours and service standards (including in respect of access and staffing). OHL have informed us that Chilver & McCrea Limited continue to be responsible for providing primary care services and that there are no intentions to change the personnel involved in providing the primary medical care services. Therefore the change of control is not expected to impact patient access to current GP services and our priority is ensuring that local patients continue to have access to high quality general practice care.

2.7 Information on the proposed change of control has been on the website of the current Chilvers McCrea Ltd practices, the West Yorkshire ICB and Leeds Health Care Partnership websites for a number months inviting patients to submit any concerns or questions around this. To date, no responses have been received. Patients of Shakespeare Medical Practice have been contacted separately due to the change in provider.

3. Next Steps

3.1 The ICB in Leeds will continue to engage in the national process of due diligence but recognising the different contracting arrangements currently in place in Leeds. The position will be kept under review.

4. Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

a) **NOTE** the change of control

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board (ICB)
Agenda item no.	LC 16/24
Meeting date:	22 May 2024
Report title:	Sub-Committee Annual Reports and Terms of Reference
Report presented by:	Sam Ramsey, Head of Corporate Governance & Risk
Report approved by:	Rebecca Charlwood, Independent Chair, Leeds Committee of the ICB
Report prepared by:	Sam Ramsey, Head of Corporate Governance & Risk

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

Delivery Sub-Committee – 17 April 2024

Quality and People's Experience Sub-Committee – 1 May 2024

Finance and Best Value Sub-Committee – 24 April 2024

Executive summary and points for discussion:

The Sub-Committees of the Leeds Committee of the West Yorkshire Integrated Care Board are reviewed on an annual basis, in line with their terms of reference, to provide assurance that they are fulfilling their duties and remain effective.

The report presents a review of the three sub-committees (Delivery, Finance & Best Value and Quality & People's Experience) during the period 1 April 2023 to 31 March 2024. Members are asked to receive the annual report (attached at Appendices 1 – 3) as assurance that the sub-committees have fulfilled their function.

The Finance & Best Value and Quality and People's Experience sub-committee terms of reference have been reviewed and are attached at appendices 4 - 5 for approval. The Delivery sub-committee concluded at their meeting that there was further work to be undertaken and the refreshed terms of reference will be brought to the meeting of the Leeds Committee on 11 September 2024.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

a) **RECEIVE** the annual reports

b) **CONSIDER** if there are any further actions to be taken to improve the effectiveness of the sub-committees

c) **APPROVE** the amends to the terms of reference.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

N/A

Appendices

1. Delivery Sub-Committee Annual Report 2022/24
2. Finance & Best Value Sub-Committee Annual Report 2023/24
3. Quality & People's Experience Sub-Committee Annual Report 2023/24
4. Finance & Best Value Sub-Committee amended Terms of Reference
5. Quality & People's Experience Sub-Committee amended Terms of Reference

Acronyms and Abbreviations explained

1. ICB – Integrated Care Board

What are the implications for?

Residents and Communities	The annual reports identify the work undertaken through the sub-committees including people's voice and people's experience.
Quality and Safety	The report highlights the work of the Quality and People's Experience Sub-Committee through the annual report.
Equality, Diversity and Inclusion	The report highlights implications for equality, diversity, and inclusion throughout.
Finances and Use of Resources	The report highlights the work of the Finance Sub-Committee through the annual report.
Regulation and Legal Requirements	None identified.
Conflicts of Interest	None identified.
Data Protection	None identified.
Transformation and Innovation	None identified.
Environmental and Climate Change	None identified.
Future Decisions and Policy Making	The Committee are asked to review and approve the amended terms of reference.

Citizen and Stakeholder Engagement	The annual reports identify the work undertaken through the sub-committees including people's voice and people's experience.

1. Purpose of this report

1.1 The report presents a review of the three sub-committees (Delivery, Finance & Best Value and Quality & People's Experience) during the period 1 April 2023 to 31 March 2024.

1.2 The annual reports, attached at Appendices 1 – 3 include a review of the sub-committees' activities and assurances provided over the last 12 months, and a summary of the self-assessment survey that was undertaken by members and attendees.

1.3 Each of the sub-committees' terms of reference have been reviewed and are attached at appendices 4 - 5 for approval. The Delivery Sub-Committee terms of reference are not included at this stage due to ongoing development work – please see 2.3.

2. Key Points

2.1 Each of the sub-committees met four times during 2023/24 and the sub-committee effectiveness survey has been undertaken in line with the terms of reference.

2.2 Each annual report was discussed at the relevant sub-committee, acknowledging the highlights from the sub-committees work over the last 12 months and potential areas for development in 2024/25.

2.3 The Delivery Sub-Committee considered the survey results, noted that the sub-committee required further clarity on its purpose and agreed to hold a development session for members and attendees. There was also concern raised that partner representation had not been consistent throughout the year. The development session will refresh the terms of reference, consider the purpose and scope of the sub-committee and review the level of partner representation in order to provide balanced discussion.

2.4 The Finance & Best Value Sub-Committee identified that they had improved their collective understanding of system finance, including the clinical impact of financial decisions. Members also suggested there should be broader membership including further non-executive director representation.

2.5 Feedback via the Quality & People's Experience Sub-Committee reflected that the learning and adapting culture that takes place within the sub-committee was a real strength and seen as a positive. In terms of areas of development, a greater focus on primary care, particularly to highlight good improvement work in practices.

2.6 Across all three sub-committees, members appreciated the clear focus of the Population and Care Delivery Board reports received and considered them to be a key highlight over the last 12 months, particularly allowing each sub-committee through the lens of their focus.

2.7 Minor amendments are proposed to the terms of reference, and all amends are included as tracked changes. The Leeds Committee of the WY ICB is asked to approve these amendments.

3. Next Steps

3.1 The effectiveness of the Leeds Committee of the ICB has been undertaken through a self-assessment survey and was discussed at the Leeds Committee of the ICB development session on 11 April 2024, The results and discussions will be used to inform the Committee's annual report and provide assurance to the WY ICB Board. The Leeds Committee of the ICB annual report will be presented to the WY ICB Board on 25 June 2024.

3.2 In addition to this, work will continue across the WY ICB consolidated governance team to share best practice and learning from Place Committees.

3.3 Any agreed actions in relation to the sub-committee's effectiveness will be taken forward from June 2024.

4. Recommendations

The Leeds Committee of the West Yorkshire Integrated Care Board is asked to:

a) **RECEIVE** the annual reports;

b) **CONSIDER** if there are any further actions to be taken to improve the effectiveness of the sub-committees; and

c) **APPROVE** the amends to the terms of reference.

5. Appendices

Delivery Sub-Committee Annual Report 2023/24

Finance & Best Value Sub-Committee Annual Report 2023/24

Quality & People's Experience Sub-Committee Annual Report 2023/24

Finance & Best Value Sub-Committee amended Terms of Reference

Quality & People's Experience Sub-Committee amended Terms of Reference

Leeds Delivery Sub-Committee ANNUAL REPORT 2023-24

INTRODUCTION

The Delivery Sub-Committee supports the Leeds Committee of the WY ICB in providing assurance with respect to progress we are making with our plans to improve outcomes, tackle health inequalities and improve the effectiveness and efficiency of services.

In fulfilling its role, the subcommittee seeks reasonable assurance relating to the performance and improvement in health outcomes being achieved by service transformation. The sub-committee also receives assurance on progress being made by Population and Care Delivery Boards to improve outcomes and reduce health inequalities.

MEMBERSHIP

- Yasmin Khan (Chair), Independent Member – Health Inequalities and Delivery
- Cheryl Hobson, Independent Member – Finance
- Nick Grudgings, Executive Member (Leeds Office of the WY ICB)
- Helen Lewis, Executive Member (Leeds Office of the WY ICB)
- Tim Ryley, Leeds Place Lead
- Clare Smith, Partner Member (Leeds Teaching Hospitals Trust)
- Joanna Forster-Adams, Partner Member (Leeds & York Partnership Foundation Trust)
- Sam Prince, Partner Member (Leeds Community Healthcare Trust)
- Jim Barwick, Primary Care
- Jo Volpe, Third Sector
- Tim Fielding, Public Health
- Ian Lewis, Non-Executive representation from partner organisation
- Rebecca Charlwood, Attendee (Independent Chair - Leeds Committee of the WYICB)

MEETINGS HELD

Four Delivery Subcommittee meetings were held on: 14 June 2023, 13 September 2023, 22 November 2023 and 28 February 2024. Three meetings were held via MS Teams and one meeting was held in person.

ATTENDANCE

Member	Attendance – number of meetings (meetings eligible to attend)	Attendance as %
Yasmin Khan, Independent Member (Chair)	4 (4)	100
Cheryl Hobson, Independent Member	4 (4)	100
Jenny Cooke, Director of Population Health Planning Nick Grudgings, Interim Director of Population Health Planning (from 28/02/24) *Deputy – Catherine Sunter	2 (3) 1 (1) 1 (1)	75
Tim Ryley, Accountable Officer	2 (4)	50
Helen Lewis, Director of Pathway Integration	3 (4)	75
Joanna Forster-Adams, Chief Operating Officer (LYPFT)	2 (4)	50
Clare Smith, Chief Operating Officer (LTHT)	0 (4)	0
Sam Prince, Executive Director of Operations (LCH) Dan Barnett, Head of Strategy, Change and Development (from 22/11/23)	0 (2) 1 (2)	25
Pip Goff, Volition Director, Forum Central Jo Volpe (from 28/02/24) *Deputy – Francesca Wood	2 (2) 1 (1) 1 (1)	75
Jim Barwick, Chief Executive Officer, Leeds GP Confederation	1 (4)	25
Tim Fielding, Deputy Director of Public Health, Leeds City Council	3 (4)	75
Ian Lewis, Non-Executive Director, Leeds Community Healthcare NHS Trust	2 (4)	50
Dr Sarah Forbes, Medical Director, ICB in Leeds	3 (4)	75

HIGHLIGHTS FROM THE COMMITTEE'S WORK IN 2023 – 24

People's Voice

Each meeting of the sub-committee begins with a People's Voices item, which provides a lived experience of integrated care in Leeds, to focus minds and set the tone for the remainder of the meeting. This item is led by the People's Voices Partnership (PVP) and over the year has focused on Healthwatch Leeds content, where possible linked to another item on the agenda, including videos and reports from the 'How does it feel for me?' series, which follow people's experiences of services over a period of time to inform recommendations to health and care partners for service improvements and highlight best practice.

Delivery Performance Reporting

The Sub-Committee receives a report to each meeting that provides an overview of reported performance in Leeds against national and local measures and metrics. The report consists of a summary of performance areas of specific note, taken from a wider performance dashboard. Throughout the year, the sub-committee advised the Leeds Committee of reasonable assurance that performance had improved in several areas and that focus on addressing health inequalities and delivering on the Core20PLUS5 approach had been maintained. However, at various stages throughout the year, the sub-committee also flagged to the Leeds Committee that increasingly challenging circumstances (including financial pressures and periods of industrial action) posed a clear risk to the delivery of services in Leeds to support our ambitions.

This year, the reporting has been developed to align to the 31 objectives taken from the national NHS operational planning guidance for 2023/24. The sub-committee has also overseen the continuous development of the presentation and mechanisms of the system of performance reporting, and in February 2024, received a demonstration of the Leeds System Priorities dashboard tool, which members were subsequently provided access to. Members agreed that the data analysis within the report itself summarised the data available comprehensively to provide meaningful assurance, and that, along with the option to access the online dashboard to seek further detail where required, this approach was deemed to be sufficient in place of an appended dated version of the dashboard previously received alongside the report.

Population and Care Delivery Board Reports

The sub-committee receives reports from each of the following Population and Care Delivery Boards on rotation throughout the year - Healthy, Children and Young People, Maternity, Same Day Response, Mental Health, Learning Disabilities and Neurodiversity, Frailty, End of Life, Long Term Conditions, Cancer, and Planned Care. The first set of reports were particularly comprehensive and provided a full overview of the work undertaken by the boards to set the scene, which then iterated into more succinct reports that built on the information initially provided, which members welcomed in terms of being able to compare information and determine assurance levels. Where possible, a representative from the board has attended the meetings to present the reports and answer any questions from members.

Health Inequalities Data Reporting

The sub-committee receives a report that highlights data trends around the Core20PLUS5 Health Inequalities framework from a Leeds perspective and the areas of potential focus that emerge as a result of this. Following a request from the sub-committee, a Children and Young People Core20PLUS5 report has also been introduced and was first considered in June 2023. There have been some changes mid-year to key personnel as part of the new ICB operating model, which has altered the submission of reports this year, however the forward workplan for 2024/25 sets out a new proposed schedule of reporting. Nevertheless, a focus on health inequalities data has been embedded within other reporting to the sub-committee.

Risk Management Reporting

The sub-committee seeks assurance that delivery related risks are being managed appropriately, by acknowledging the factors that provide assurance, identifying any gaps, noting any mitigating factors and the adequacy of action plans to address under-performance. The Sub-Committee receives and reviews the risks rated as high amber (12) and risks that are scored at 15 or above.

Other ad-hoc reports and ‘deep dives’

This year, the sub-committee received assurance updates on the Operational Planning Round 23/24 and the steps taken to address the directives from NHS England (June 2023), and a comprehensive presentation detailing planning arrangements ahead of the challenging Winter period (September 2023). The sub-committee also provided comment on the refresh of the Healthy Leeds Plan / Joint Forward Plan in advance of formal consideration by the Leeds Committee, and undertook a ‘deep dive’ into mental health services, resulting in an escalation to the Leeds Committee in terms of ongoing staffing issues and recruitment challenges (both June 2023),

AREAS FOR DEVELOPMENT IN 2024 – 25

A self-assessment questionnaire was sent to 16 members/attendees of the Sub-Committee; 7 responses were received.

In summary, some key themes emerged as follows:

- 43% of members disagreed that the sub-committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business. Additional comments highlighted that some areas of the terms of reference had not been covered, including Systems Resilience and Emergency Planning, Climate Change, delivery of NHS Performance Standards, delivery of major service improvements and associated business cases, and addressing health inequalities. Several comments referred to the inability of the sub-committee in its current form to lead to 'real change', and the need for further discussions to take place to determine how it can genuinely influence the system.
- 28% of members disagreed that the sub-committee has the right balance of experience, knowledge and skills to fulfil its role. Additional comments noted that lack of representation from key partners leads to an imbalance in the discussions and concern that some members 'have voted with their feet'. It is worth noting that in the 2022/23 survey, attendance of partners was also highlighted as an issue.
- All members agreed or strongly agreed that they feel sufficiently comfortable within the sub-committee environment to be able to express their views, doubts and opinions, and that debate allowed to flow and conclusions reached without being cut short or stifled.
- Some members were unsure around the process for and understanding of Alert, Assure, Advise (AAA) report submitted to the Leeds Committee. Related to this, there was a suggestion that the item lead summarises the key points of discussion and points of escalation to the Leeds Committee at each meeting for clarity.
- Members identified the consideration of the Population and Care Delivery Board reports to be a key highlight of their work this year, along with continuing to ensure that focus health inequalities remain prominent throughout all reporting and discussions.

Leeds Finance and Best Value Sub-Committee ANNUAL REPORT 2023-24

INTRODUCTION

The Finance and Best Value sub-committee is accountable to the Leeds Committee of the WY ICB for providing assurance on its work. The role of the sub-committee is to alert, advise and assure the Leeds Committee of the WY ICB through performance oversight of key financial and performance plans, indicators and/or targets, including good stewardship of resources, as specified in the Leeds Health and Care Partnership's strategic and operational plans, in order to ensure best value and clinical outcomes.

The sub-committee is responsible for advising and supporting the Leeds Committee of the WY ICB in:

- Scrutinising and tracking the delivery of key financial and service priorities, outcomes and targets as specified in the Leeds Health and Care Partnership's strategic and operational plans.
- Ensuring that the Leeds Committee of the WY ICB develops and adopts appropriate policies and procedures to support effective governance of financial matters.

MEMBERSHIP

- Cheryl Hobson (Chair), Independent Member – Finance
- Yasmin Khan (Vice Chair), Independent Member – Health Inequalities and Delivery
- Tim Ryley, ICB Leeds Place Lead
- Visseh Pejhan-Sykes, ICB Leeds Place Finance Lead
- Keith Miller, ICB Leeds Place Associate Medical Director
- Simon Worthington, Partner Member - Leeds Teaching Hospitals Trust (LTHT)
- Dawn Hanwell, Partner Member - Leeds & York Partnership Foundation Trust (LYPFT)
- Andrea Osborne, Partner Member - Leeds Community Healthcare Trust (LCH)
- John Crowther, Leeds City Council (LCC)
- Helen Kemp, Third Sector Representative
- Chris Schofield, Non-Executive Director, LTHT

The following Executive Members are invited where required, dependent on the agenda item discussion:

- Nick Grudgings, Director of Strategy, Planning and Programmes
- Helen Lewis, Director of Pathway Integration
- Gaynor Connor, Director of Primary Care and Same Day Response

MEETINGS HELD

Meetings of the Finance and Best Value Sub-committee were held on: 21 June 2023; 20 September 2023, 29 November 2023; and 21 February 2024. All four meetings were held via MS Teams.

ATTENDANCE

Member/Attendee	Attendance – number of meetings (meetings eligible to attend)	Attendance as %
Cheryl Hobson, Independent Member - Finance	4 (4)	100
Yasmin Khan, Independent Member – Health Inequalities and Delivery	4 (4)	100
Visseh Pejhan-Sykes, Finance Place Lead, ICB in Leeds	4 (4)	100
Tim Ryley, Place Lead, ICB in Leeds	2 (4)	50
Keith Miller, Associate Medical Director, ICB in Leeds	4 (4)	100
Simon Worthington, Director of Finance, LTHT	3 (4)	75
Bryan Machin, Director of Finance, LCH Yasmin Ahmed, Interim Director of Finance, LCH Andrea Osborne, Interim Director of Finance, LCH *Deputy – Cleo Chella	0 (1) 0 (2) 1 (1) 1 (1)	50
Dawn Hanwell, Chief Financial Officer, LYPFT	1 (4)	25
John Crowther, Chief Officer, Resources and Strategy (Adult Social Care and Public Health), LCC *Deputy – Louise Hornsey	3 (4) 1 (1)	100
Rebecca Charlwood, Independent Chair, Leeds Committee of the West Yorkshire Integrated Care Board	4 (4)	100
Helen Kemp, Forum Central *Deputy - Francesca Wood	2 (2) 1 (1)	100

*Deputy – Pip Goff	1 (1)	
Chris Schofield, Non-Executive Director, LTHT	1 (4)	25

HIGHLIGHTS FROM THE COMMITTEE'S WORK IN 2023 – 24

People's Voice

Each meeting of the sub-committee begins with a People's Voices item, which provides a lived experience of integrated care in Leeds, to focus minds and set the tone for the remainder of the meeting. This item is led by the People's Voices Partnership (PVP) and over the year has focused on Healthwatch Leeds content, where possible linked to another item on the agenda, including videos and reports from the 'How does it feel for me?' series, which follow people's experiences of services over a period of time to inform recommendations to health and care partners for service improvements and highlight best practice.

Financial Position / Planning Updates

At every meeting, the sub-committee receives a report that provides an update of the financial position for the Leeds Place of the WY ICB and in the context of the wider WY ICB financial position. The report provides details of current and future actions to ensure the city has a sustainable financial position. It also provides an overview of the financial projections for the 3 NHS Providers across Leeds that form part of the overall WY ICB in terms of financial resources and delivery. Alongside the updates on the financial position, additional reports have been submitted throughout the year providing additional assurance on the financial planning processes undertaken both in-year and for 2024/25. Towards the end of the financial year, the sub-committee then considered the draft financial plan for 2024/25 in advance of the Leeds Committee, providing comments and steer ahead of formal approvals.

Population and Care Delivery Board Reports

The sub-committee receives reports from each of the following Population and Care Delivery Boards on rotation throughout the year - Healthy, Children and Young People, Maternity, Same Day Response, Mental Health, Learning Disabilities and Neurodiversity, Frailty, End of Life, Long Term Conditions, Cancer, and Planned Care. The first set of reports were particularly comprehensive and provided a full overview of the work undertaken by the boards to set the scene, which then iterated into more succinct reports that built on the information initially provided, which members welcomed in terms of being able to compare information and determine assurance levels. Where possible, a representative from the board has attended the meetings to present the reports and answer any questions from members.

Risk Management Reporting

The Sub-Committee seeks assurance that finance related risks are being managed appropriately, by acknowledging the factors that provide assurance, identifying any gaps, noting any mitigating factors and the adequacy of action plans to address these risks. The Sub-Committee receives and reviews the risks rated as high amber (12) and risks that are scored at 15 or above.

Other ad-hoc reports and 'deep dives'

This year, the sub-committee received assurance updates on changes to the Community Diagnostic Centre (CDC) programme (21st June 2023) following previous consideration of an earlier business case in September 2022, and a 'deep dive' report into the financial contributions from the ICB in Leeds into the Learning Disability Pooled Budget in 2023/24 (29th November 2023) following referral from the Leeds Committee at its meeting on 4th October 2023.

AREAS FOR DEVELOPMENT IN 2024 - 25

A self-assessment questionnaire was sent to 12 members/attendees of the Sub-Committee. 7 responses were received.

In summary, some key themes emerged as follows:

- All members agreed or strongly agreed that the sub-committee has the right balance of experience, knowledge and skills to fulfil its role, and that the sub-committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items on its cycle of business. However, some comments noted that there is still further work required for the sub-committee to develop total clarity of purpose moving forward and to ensure that members are clear on their role to scrutinise finances as an integrated system.
- 28% of members disagreed that the relevant director / manager attends meetings to enable it to secure the required level of understanding of the reports and information it receives. There were no explanatory comments relating to attendance of item leads, which the statement refers to, however several comments noted that attendance from some partner members is inconsistent and that good representation of the whole Leeds system is essential to progressing our joint ambitions.
- Members identified improving their collective understanding of system finance, including the clinical impact of financial decisions, to be the key achievement of the year, with reference to significant financial challenges and therefore some difficult conversations.

- Members highlighted the strengthening of the financial lens of the Population and Care Delivery Board reports throughout the year, which has supported more focused discussions and allowed members to determine best value in relation to schemes presented.

Appendix 3

Leeds Quality and People's Experience Sub-Committee
ANNUAL REPORT 2023-24

INTRODUCTION

The role of the Quality and People's Experience Sub-Committee (QPEC) is to ensure that quality is at the heart of the place-based partnership in Leeds. The main role of the subcommittee is to seek assurance that quality outcomes are achieved for the population of Leeds, that services are safe, and they provide a good experience for our populations.

The subcommittee brings together system partners from health and social care and the third sector who will be mutually accountable. A key role for the subcommittee is assurance that quality standards are being met, but also where not being delivered, members understand how services are applying improvement approaches to address them. The subcommittee also seeks assurance that where quality challenges span different services and providers of care, a collaborative approach to improvement is taken.

MEMBERSHIP

- Rebecca Charlwood (Chair) - Independent Chair
- Yasmin Khan (Vice-chair)- Independent Member, Health Inequalities and Delivery
- Jo Harding - Executive Member (Leeds Office of the WY ICB)
- Jenny Cooke/Nick Grudgings – Executive Member (Leeds Office of the WY ICB)
- Dr Ali Best – Executive Member (Leeds Office of the WY ICB)
- Breeda Columb/Sarah Smyth – Provider representative
- Stephanie Lawrence - Provider representative
- Nichola Sanderson – Provider representative
- Tony Meadows - Leeds City Council, Adults Services
- Phil Evans - Leeds City Council, Children and Young Peoples Services
- Kate O'Connell - Director of Leeds Strategic Workforce & Health and Care Academy
- Sarah Sturgeon - Third Sector representative
- Hannah Davies - Healthwatch Leeds
- Dr George Winder - Primary Care representative
- Dawn Bailey - Public Health/ Public Health consultant

- Richard Jones - Independent Chair of Leeds Safeguarding Adults Board (LSAB)
- Jasvinder Sanghera - Independent Chair of Leeds Children and Young Peoples Partnership (LSCP)
- Liz Jarmin - Chair of the Safer Leeds Partnership
- Leonardo Tantari - Office of Data Analytics representative

MEETINGS HELD

Four QPEC Subcommittee meetings were held on: 7 June 2023; 6 September 2023; 15 November 2023; 6 March 2024. Three meetings were held in person, with one meeting being held via MS Teams.

ATTENDANCE

Member	**Attendance – number of meetings** **(meetings eligible to attend)**	**Attendance as %**
Rebecca Charlwood (Chair), Independent Chair of the Leeds Committee of the WYICB	4 (4)	100
Yasmin Khan, (Vice Chair) Independent Member	3 (4)	75
Jo Harding, Director of Nursing and Quality *Deputy - Penny McSorley	3 (4) 1 (1)	100
Jenny Cooke, Director of Population Health Nick Grudgings, Interim Director of Strategy, Planning and Programmes *Catherine Sunter	3 (3) 0 (1) 1 (1)	100
Ali Best, Associate Medical Director *Deputy – Keith Miller	2 (4) 1 (1)	75
Breeda Columb, Interim Deputy Chief Nurse, LTHT Sarah Smyth, Interim Deputy Chief Nurse, LTHT (both attended 15/11/2024) *Deputy – Lorna Johnson	2 (3) 2 (2) 1 (1)	100
Stephanie Lawrence, Executive Director of Nursing and Quality, LCH	3 (4)	75
Cathy Woffendin, Director of Nursing Nichola Sanderson, Director of Nursing, Quality and Professions, LYPFT	0 (1) 0 (3)	50

*Deputy – Louisa Weeks *Deputy – Marie-Clare Trevett	1 (1) 1 (1)	
Tony Meadows, Interim Director, Adults and Health, Leeds City Council *Deputy – Mark Phillott	1 (4) 1 (1)	50
Phil Evans, Chief Officer for Transformation and Partnerships, Leeds City Council	2 (4)	50
Kate O'Connell, Director of Leeds Strategic Workforce & Health and Care Academy	4 (4)	100
Richard Jones, Independent Chair of Leeds Safeguarding Adults Board (LSAB)	0 (4)	0
Jasvinder Sanghera, Independent Chair of Leeds Children and Young Peoples Partnership (LSCP)	0 (2)	0
Liz Jarmin, Head of Locality Partnerships *Deputy – Jane Maxwell	0 (4) 0 (1)	0
Dawn Bailey, Chief Officer for Public Health	4 (4)	100
Leonardo Tantari - Office of Data Analytics representative	0 (3)	0
Sarah Sturgeon, Barca Leeds *Deputy – Claire Nixson	3 (4) 1 (1)	100
Hannah Davies, Chief Executive, Healthwatch Leeds	2 (4)	50
George Winder – Clinical Lead, ICB in Leeds	0 (4)	0

HIGHLIGHTS FROM THE COMMITTEE'S WORK IN 2023 – 24

People's Voice

Every meeting of the subcommittee begins with a People's Voices item which provides a lived experience of integrated care in Leeds, to focus minds and set the tone for the remainder of the meeting. This item is led by the People's Voices Partnership (PVP) and is focused on Healthwatch Leeds content. Where possible, it is linked to a Population Health Board report on the agenda and includes videos and reports from the 'How does it feel for me?' series which follow people's experiences of services over a period of time to inform recommendations to health and care partners for service improvements and highlight best practice. During discussions of these items, members have reflected on the importance of hearing the voices of people with complex mental and physical needs when considering issues raised as a Leeds system.

Population and Care Delivery Board Reporting
The subcommittee receives reports from the 11 Leeds Population and Care Delivery Boards on a cycle throughout the year: Healthy Adults, Children and Young People, Maternity, Same Day Response, Mental Health, Learning Disabilities and Neurodiversity, Frailty, End of Life, Long Term Conditions, Cancer and Planned Care. Representatives of one or more of the Population Health and Care Delivery Boards attend the QPEC Subcommittee on rotation. They highlight recent achievements and good news stories, an overview of key areas of current focus and some of the challenges or barriers to ongoing workstreams.

Quality Highlight Report
The ICB in Leeds Quality Team present a quality highlight report as a standing item. The report provides a healthcare system overview of key highlights of quality across the Leeds place, including providers' regulatory status. The principles on which items are reported to the QPEC include: national agenda significantly impacting on local systems work; quality performance consistently below standards at a place level; items on a topical issue that may be high profile and/or media sensitive; and current and unmitigated quality and safety risks for the Leeds system. The reporting format and presentation of content continues to be developed using partner and subcommittee member feedback.

Risk Management Report
Members receive and review the red and high amber (12) risks aligned to the QPEC Subcommittee at every meeting. The subcommittee seeks assurance that quality related risks are being managed appropriately, by acknowledging the factors that provide assurance, identifying any gaps, noting any mitigating factors and the adequacy of action plans to address under-performance. Following a request by the WYICB Audit Committee, a review of all risks with static risk scores was presented to and discussed at the QPEC Subcommittee meeting on 6 March 2024.

Assurance
Over the course of the year, QPEC members considered a range of items for assurance and the delivery of joint objectives. This included updates at each subcommittee meeting regarding the implementation of the new Patient Safety Incidence Review Framework (PSIRF). At the subcommittee meeting on 6 March 2024, the three NHS trusts in Leeds provided assurance to members of their organisations' progress in implementing the framework.

The subcommittee also received the WY Learning Disability Mortality Review (LeDeR) 2021-22 Annual Report on 7 June 2023 with data relating specifically to Leeds place. Members requested additional assurance regarding the level of do not attempt cardiopulmonary resuscitation (DNACPR) decisions recorded for people in

Leeds with a learning disability. A 'deep dive' of the DNACPR decisions involving provider organisations, primary care and the local authority will be presented at the QPEC Subcommittee meeting on 1 May 2024.

The subcommittee also considered a number of safeguarding items including the 2022-23 annual reports of the Leeds Safeguarding Children Partnership, Leeds Safeguarding Adults Board and the ICB in Leeds Safeguarding team.

Committee effectiveness survey
The subcommittee undertook a self-assessment following the final meeting of 2023-24, in the form of an anonymous questionnaire. The questionnaire was sent to 19 people who were members or regular attendees of the subcommittee. Eight responses were received, representing a response rate of 42%.

In summary, the responses and comments referred to:

- Hearing the people's voice, exploring emerging risk and building a population health perspective are strengths of the subcommittee
- There is good focus on quality and performance assurance linked to risk management
- Appreciation of the reports by Population Health and Care Delivery Boards and their clear focus on quality and people's experience through the lens of population health
- Meetings are well chaired
- The governance architecture for quality is still being worked through as evidenced at recent discussions regarding the oversight of Quality & Equality Impact Assessments
- Balance of virtual and in-person meetings. Responses ranged from the challenge of parking at meeting venues to viewing in-person meetings as a strength of the subcommittee

The review of the Subcommittee's Terms of Reference will provide opportunity to consider some of the above issues. Issues raised in the self-assessment questionnaire will also be considered at the QPEC Subcommittee meeting on 1 May 2024.

AREAS FOR DEVELOPMENT IN 2024 - 25
The subcommittee identified areas for development through the self-assessment undertaken:

- A greater focus on primary care, particularly to highlight good improvement work in practices and Primary Care Networks and a review of the

subcommittee's membership to ensure primary care representation and to consider gaps in membership

- An increased sense of mutual accountability for quality and safety in the city with a range of partners leading on agenda items
- A greater understanding of quality in social care and voluntary sector provision, with some knowledge exchange around cross-sector quality approaches
- Measuring the impact of the subcommittee by revisiting it's shared purpose, possibly in an externally facilitated workshop
- Continue to work through the quality governance architecture.
- Further input into agenda items from wider system partners as discussions are largely dominated by NHS issues

Terms of Reference

The Subcommittee's Terms of Reference are attached at Appendix 2 for review. The Corporate Governance team have reviewed and included tracked changes within this with minor amendments.

Terms of Reference

Leeds Committee
of the West Yorkshire Integrated Care Board

Finance & Best Value Sub-committee

Appendix 4

Version: ~~2.0~~3.0

Date approved: ~~14 March 2023~~

Approved by: Leeds Committee of the West Yorkshire Integrated Care Board

Review date: ~~February 2024~~April 2025

Change history

Version number	Changes	Editor	Date
0.2	Updated in line with governance requirements	Sam Ramsey	08/02/2022
0.3	Further amends following discussion with Chair	Sam Ramsey	10/06/2022
2.0	Review of terms of reference	Sam Ramsey	09/02/2023
3.0	Review of Terms of Reference	Harriet Speight	25/03/2024

1. Introduction

1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB (WY ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference are for the Finance and Best Value sub-committee of the Leeds Health and Care Committee of the WY ICB. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
    - Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge and listening to what matters to people
    - 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
    - Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so.
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
    - Make decisions based on the outcomes that matter most to people
    - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
    - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well.
- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
    - Unify diverse services through a common culture
    - Be system leaders and work across boundaries to simplify what we do
    - Individuals and teams will share good practice and do things once.

2. Role of this sub-committee

2.1 The Finance and Best Value sub-committee is accountable to the Leeds Committee of the WY ICB for providing assurance on its work.

2.2 The remit, responsibilities, membership and reporting arrangements of the sub-committee are set out in these terms of reference. The sub-committee has no executive powers, other than those specifically delegated in these terms of reference. The sub-committee is not a decision-making committee.

~~but is advisory and to provide assurance to the Leeds Committee of the WY ICB.~~

2.3 The role of the sub-committee is to ~~advise and support~~ alert, assure and advise the Leeds Committee of the WY ICB through performance oversight of key financial and performance plans, indicators and/or targets, including good stewardship of resources, as specified in the Leeds Health and Care Partnership's strategic and operational plans, in order to ensure best value and clinical outcomes.

2.4 The sub-committee is responsible for ~~advising and~~ supporting the Leeds Committee of the WY ICB in:

- scrutinising and tracking the delivery of key financial and service priorities, outcomes and targets as specified in the Leeds Health and Care Partnership's strategic and operational plans
- ensuring that the Leeds Committee of the WY ICB develops and adopts appropriate policies and procedures to support effective governance of financial matters.

2.5 Responsibilities

2.6 Ensure financial management achieves value for money, efficiency and effectiveness in the use of resources, allowing the partnership to achieve best value and outcomes for its investments, with a continuing focus on cost reduction and achievement of efficiency targets.

2.7 Identify and manage mechanisms put in place by the partnership to drive cost improvements.

2.8 Review the partnership's medium-term financial planning and annual budgets and provide assurance to the Leeds Committee of the WY ICB on appropriateness of investment and efficiency priorities within the plans.

2.9 To ensure appropriate information is available to manage financial issues, risks and opportunities across the place.

2.10 Monitor and review population health management and resource allocation.

2.11 Monitor and review the achievement of the financial plan, including good stewardship of resources and identify risks to achievement of these.

2.12 Provide a forum to evaluate requirements and advise the Leeds Committee of the WY ICB on committing resources to respond to performance issues and potential investments.

2.13 To work with place partners to identify and agree common approaches across the system such as financial reporting, estimates and judgements.

2.14 Ensure that processes for financial management (including reporting) are robust and advise the Leeds Committee of the WY ICB appropriately on the content of the Finance Report.

2.15 Review contractual arrangements and payment mechanisms, ensuring fitness for purpose, best value and clinical outcomes.

2.16 Develop the understanding of 'place-based' financial decision-making to inform the development of the Leeds Health and Care partnership and the West Yorkshire Integrated Care System.

2.17 Reviewing risks assigned to the sub-committee by the Leeds Committee of the ICB and ensure that appropriate and effective mitigating actions are in place

3. Membership

3.1 This part of the terms of reference describes the membership of the sub-committee.

3.2 Core membership

The membership of the Committee will be as follows:

- Chair – Independent Member – Finance and Governance
- Independent Member –
- ICB ~~Place Finance Lead~~Operational Director of Finance (Leeds Facing)
- Executive Members (Leeds Office of the WY ICB)
  - ICB Place Lead
  - ~~ICB Place Finance Lead~~
  - Associate Medical Director

  The following Executive Members will be invited where required, dependent on the agenda item discussion:

  - Director of Strategy, Planning and Programmes~~Population Health~~
  - Director of Pathway and System Integration
  - ~~Director of Primary Care and Same Day Response~~
- Partner Members, representatives from the following *where relevant dependent on the agenda item discussion:*
  - Leeds Teaching Hospitals Trust
  - Leeds & York Partnership Foundation Trust
  - Leeds Community Healthcare Trust
  - Leeds City Council
  - Third Sector Representative
  - Further Non-Executive representation from partner organisations

3.3 Required attendees

- Officers from across the Leeds Health and Care Partnership may be invited to attend where required.

3.4 Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

3.5 Any member of the Leeds Committee of the WY ICB can be in attendance subject to agreement with the Chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

4.2 The meetings will be run by the chair. In the event of the chair of the sub-committee being unable to attend all or part of the meeting, the remaining members of the sub-committee should appoint a chair for the meeting.

4.3 Quoracy

4.4 No business shall be transacted unless at least 6 individuals are present. The quorum is 6 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- ICB Place Finance Lead or his/her nominated ~~Deputy Chair~~deputy
- ~~Executive member of the Leeds Office of the WY ICB~~
- At least one partner member

4.5 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.6 Members of the sub-committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

4.7 Members are normally expected to attend at least 75% of meetings during the year.

4.8 With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the sub-committee may nominate~~d~~ a deputy to attend a meeting of the sub-committee that they are unable to attend. The deputy may speak and vote on their behalf.

4.9 Conflict resolution / arbitration

4.10 The sub-committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

4.11 If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific matter. Under exceptional circumstances any substantive difference of views among members will be reported to the Leeds Committee of the WY ICB.

4.12 Frequency of meetings

4.13 The sub-committee will meet at least four times in the calendar year either in-person or online via Microsoft Teams. Development sessions may also be held throughout the year.

4.14 Declarations of interest

4.15 All sub-committee members will comply with the ICB policy on conflicts of interest. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. All declarations of interest will be declared at the beginning of each meeting.

4.16 The nature of the role and scope of the Finance sub-committee means that conflicts of interest will be inherent within the business. Conflicts of interest cannot be avoided but should be recognised and mitigated where possible.

4.17 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

4.18 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

4.19 Support to the sub-committee

4.20 Administrative support will be provided to the sub-committee by the Corporate Governance Team of the WYICB. ~~team within the Leeds Office of the WY ICS~~. This will include:

- Agreement of the agenda with the Chair in consultation with the Executive Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- An annual work plan to be updated and maintained on a monthly basis.

5. Remit and responsibilities of the committee

5.1 The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a committee or sub-committee.

6. Authority

6.1 The sub-committee will receive information and intelligence from NHS and social care providers across the city and seek assurance on improvement. Where any concerns are raised that require further investigation or assurance, the sub-committee is authorised to commission more detailed reports on specific areas for assurance and learning.

6.2 The sub-committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the sub-committee.

6.3 The sub-committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

6.4 The sub-committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.

6.5 The sub-committee is authorised to create working groups as are necessary to fulfil its responsibilities within its terms of reference.

7. Reporting

7.1 The sub-committee will report directly into the Leeds Committee of the WY ICB and will present a Chairs Summary to each meeting. The Chair shall draw to the attention of the Leeds Committee of the WY ICB any significant issues or risks relevant.

7.2 The sub-committee will also be supported and advised by the Director of Finance Group.

8. Conduct of the committee

8.1 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

8.2 Members of the sub-committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

8.3 Information obtained during the business of the sub-committee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions.

8.4 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the sub-committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9. Behaviours and practice all members will demonstrate

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

10. Equality

10.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

11. Review of the sub-committee

11.1 The sub-committee will produce an annual work plan in consultation with the Leeds Committee of the WY ICB.

11.2 The sub-committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed changes to the terms of reference will be submitted for approval by the Leeds Committee of the WY ICB.

11.3 These terms of reference and membership will be reviewed annually.

Appendix 5

Terms of Reference

Leeds Committee of the West Yorkshire Integrated Care Board

Quality and People's Experience Subcommittee

Version:	~~2~~3.0
Date approved:	14 March 2023
Approved by:	Leeds Committee of the West Yorkshire Integrate Care Board
Review date:	March 202~~3~~4

Change history

Version number	Changes	Editor	Date
0.3	Updated in line with governance requirements	Sam Ramsey	08/02/2022
0.6	Updated by Director of Nursing & Quality & Head of Governance	Sam Ramsey	31/05/2022
2.0	Review of Terms of Reference	Sam Ramsey	09/02/2023
3.0	Review of Terms of Reference	Karen Lambe	15/04/2024

1. Introduction

1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB (WY ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.

1.2 These terms of reference are for the Quality and People's subcommittee of the Leeds Health and Care Committee of the WY ICB. The subcommittee has no executive powers, other than those specifically delegated in these terms of reference.

1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICB has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
- Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
- 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
- Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
- Make decisions based on the outcomes that matter most to people
- Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well

We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.

- Unify diverse services through a common culture
- Be system leaders and work across boundaries to simplify what we do
- Individuals and teams will share good practice and do things once.

2. Role of this subcommittee

2.1 The role of the Quality and People's Experience Subcommittee is to ensure that we have quality at the heart of the place-based partnership in Leeds. The main role of the subcommittee will be to seek assurance that quality outcomes are achieved for the population of Leeds, that services are safe, and they provide a good experience for our populations.

2.2 The subcommittee will bring a Leeds-wide lens to quality assurance and improvement, bringing together system partners from health and social care and third sector to who will be mutually accountable. A key role for the subcommittee will be assurance that quality standards are being met, but also where is not being delivered, we understand how services are applying

improvement approaches to address them. The subcommittee will also seek assurance that where quality challenges span different services and providers of care, we have a collaborative approach to improvement.

2.3 It will be the responsibility of the subcommittee to oversee and assure itself of the quality of commissioned health and social care services in Leeds. The subcommittee will need to understand measurements of quality within the system, using metrics and outcome data to assess the situation, along with narrative and assurance from city partners, and feedback from people using the services.

2.4 One of the ways the Quality and People's Experience subcommittee will have a focus on quality is through the lens of Population Health and will seek to understand how quality outcomes are measured for each population group, how value is delivered, and how the service user experience is being captured and improved. Regular updates from the Population and Care Delivery Boards will feed into the Quality and People's Experience subcommittee throughout the year.

2.5 The Quality and People's Experience subcommittee will be required to understand any emerging quality risks in the system and actions being taken to support improvement. This will be through a regular quality reporting mechanism to the subcommittee from the Leeds Office of the ICB Quality team. The subcommittee will also receive the Leeds Office of the ICB risk register as part of its forward plan.

2.6 The subcommittee will receive updates on Patient Safety from the Leeds place, the implementation of the new patient safety framework, and the safety improvement plans that are part of the framework.

2.7 It is envisaged that there will be expert and advisory groups that support the work of the Quality and People's Experience subcommittee. These groups may already exist within the system. Examples of these groups may be Tackling Health inequalities, Person Centred Care, or 'How does it feel for me' around people's experience.

2.8 The subcommittee will report directly into the Leeds Committee of the WY ICB. The subcommittee will also feed into the West Yorkshire System Quality Group and the West Yorkshire Quality Committee, with the Director of Nursing and Quality attending both West Yorkshire meetings.

2.9 Commitments

2.10 The subcommittee ~~through some preparatory workshops have~~ agreed a number of commitments to help guide its work. These are:

2.11 We will ensure that the fundamental standards of quality are delivered across the Leeds Health and Care system

2.12 We will continually improve the quality of the services we deliver, and apply Quality Improvement (QI) principles to system quality challenges

2.13 We will listen to people who receive care about their experience and commit to continuously improving this experience

2.14 We will engage our clinical leaders in quality improvement work that spans across organisational boundaries

2.15 We will agree our shared priorities for quality improvement, holding each other mutually accountable for delivery of those improvements

2.16 We will work on the triple aim of delivering high-quality care, improved outcomes and value for money in everything we do

2.17 We are leaders of our organisation but also in our place and we will support each other in partnership around a shared approach to quality

2.18 We act with honesty and integrity, and trust each other to do the same

2.19 We challenge constructively when we need to, but always demonstrating respectful behaviours

2.20 We assume good intentions and work collaboratively around this work.

3. Membership

3.1 This part of the terms of reference describes the membership of the subcommittee.

3.2 Core membership

The membership of the subcommittee will be as follows:

- Chair – Independent Chair
- Independent Member – Health Inequalities and Delivery
- ~~Executive~~ Director Members of the WYICB (ICB in Leeds)~~(Leeds Office of the WY ICB)~~
  - Director of Nursing and Quality
  - ~~Director of Population Health~~ Director of Strategic Planning and Programmes
  - Medical Director
- Director level representative with responsibility for quality assurance and improvement
  - Leeds Teaching Hospitals Trust
  - Leeds Community Healthcare Trust
  - Leeds & York Partnership Foundation Trust
  - Leeds City Council Adults Services
  - Leeds City Council Children and Young Peoples Services
- Director of Leeds Strategic Workforce & Health and Care Academy
- ~~Independent Chair of Leeds Safeguarding Adults Board (LSAB)~~
- ~~Independent Chair of Leeds Children and Young Peoples Partnership (LSCP)~~
- ~~Chair of the Safer Leeds Partnership~~
- Public Health/ Public Health consultant
- ~~Office of Data Analytics representative~~
- Third Sector representative
- Healthwatch Leeds
- Primary Care representative

3.3 Required attendees

- ~~Deputy~~ Associate Director of Quality and Nursing, ICB in Leeds ~~(Leeds Office of the ICB)~~
- Head of Quality, ICB in Leeds ~~(Leeds Office of the ICB)~~
- ~~Head of Quality Improvement and Patient Safety (Leeds Office of the ICB)~~
- Head of Safeguarding/Designated professional for Safeguarding, ICB in Leeds ~~(Leeds Office of the ICB)~~
- Office of Data Analytics representative – as required

3.4 Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a

paper.

3.5 Any member of the Leeds Committee of the WY ICB can be in attendance subject to agreement with the chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

4.2 The meetings will be run by the chair. In the event of the chair of the subcommittee being unable to attend all or part of the meeting, the remaining members of the subcommittee should appoint a chair for the meeting.

4.3 Quoracy

4.4 No business shall be transacted unless at least 50% of the membership is present. The quorum is 8~~9~~ individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- Executive member of the Leeds Office of the WY ICB
- At least three other members from the core membership.

4.5 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.6 Members of the subcommittee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

4.7 Members are normally expected to attend at least 75% of meetings during the year.

4.8 With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the subcommittee may nominate a deputy to attend a meeting of the subcommittee that they are unable to attend. The deputy may speak and vote on their behalf.

4.9 Conflict resolution / arbitration

4.10 The subcommittee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

4.11 If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific

matter. Under exceptional circumstances, any substantive difference of views among members will be reported to the Leeds Committee of the WY ICB.

4.12 Frequency of meetings

4.13 The subcommittee will meet quarterly bi-monthly with a minimum of foursix meetings scheduled each calendar year. Development sessions may also be held throughout the year. Meetings may be held either remotely via MS Teams or in-person.

4.14 Declarations of interest

4.15 All subcommittee members will comply with the ICB policy on conflicts of interest. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. All declarations of interest will be declared at the beginning of each meeting.

4.16 The nature of the role and scope of the Quality and People's Experience subcommittee means that conflicts of interest will be inherent within the business. Conflicts of interest cannot be avoided but should be recognised and mitigated where possible.

4.17 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

4.18 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

4.19 Support to the subcommittee

4.20 Administrative support will be provided to the subcommittee by the WYICB Corporate Governance team within the Leeds Office of the WY ICB. This will include:

- Agreement of the agenda with the chair in consultation with the Executive Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.

- Sending out agendas and supporting papers to members five working days before the meeting.
- An annual work plan to be updated and maintained on a monthly basis.

5. Remit and responsibilities of the subcommittee

5.1 The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Subcommittee.

6. Authority

6.1 The subcommittee will receive information and intelligence from NHS and social care providers across the city and seek assurance on improvement. Where any concerns are raised that require further investigation or assurance, the subcommittee is authorised to commission more detailed reports on specific areas for assurance and learning.

6.2 The subcommittee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the subcommittee.

6.3 The subcommittee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

6.4 The subcommittee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the subcommittee must follow procedures put in place by the ICB for obtaining legal or professional advice.

6.5 The subcommittee is authorised to create working groups as are necessary to fulfil its responsibilities within its terms of reference.

7. Reporting

7.1 The subcommittee will report directly into the Leeds Committee of the WY ICB and will present a Committee Escalation Report (AAA report) ~~Chair's Summary~~ to each meeting. The chair shall draw to the attention of the Leeds Committee of the WY ICB any significant issues or risks relevant.

7.2 The subcommittee will also report into the West Yorkshire System Quality Group and the West Yorkshire Quality Committee.

8. Conduct of the subcommittee

8.1 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

8.2 Members of the subcommittee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

8.3 Information obtained during the business of the subcommittee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions.

8.4 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the subcommittee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9. Behaviours and practice all members will demonstrate

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

10. Equality

10.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

11. Review of the Subcommittee

11.1 The subcommittee will produce an annual work plan in consultation with the Leeds Committee of the WY ICB.

11.2 The subcommittee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed

changes to the terms of reference will be submitted for approval by the Leeds Committee of the WY ICB.

11.3 These terms of reference and membership will be reviewed initially after six months, and thereafter at least annually following their approval.

Not

Meeting name:	Leeds Committee of the West Yorkshire Integrated Care Board
Agenda item no.	LC 17/24
Meeting date:	22 May 2024
Report title:	Risk Management Report
Report presented by:	Tim Ryley, Place Lead, ICB in Leeds
Report approved by:	Sabrina Armstrong, Director of Partnership and Operations, ICB in Leeds
Report prepared by:	Sam Ramsey, Head of Corporate Governance, WYICB

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

ICB in Leeds Executive Management Team (EMT) – (email)

Finance and Best Value Sub-Committee – 24 April 2024

Delivery Sub-Committee – 17 April 2024

Quality and People's Experience Sub-Committee – 1 May 2024

Executive summary and points for discussion:

This paper presents the ICB in Leeds High-Scoring Risk Report (risks scoring 15+) during risk cycle 1. All risks have been reviewed by the Risk Owner, the allocated Senior Manager and by the EMT of the ICB in Leeds. In addition to the high-scoring risks (15+), risks scoring 12 and above that are directly aligned to the Leeds Committee (rather than to the sub-committees) are highlighted in the report. The total number of risks during the current cycle and the numbers of Critical and Serious Risks are set out in the report.

Which purpose(s) of an Integrated Care System does this report align with?

☒ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☒ Enhance productivity and value for money

☒ Support broader social and economic development

Recommendation(s)

The Leeds Committee of the West Yorkshire ICB is asked to:

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Leeds, following any recommendations from the relevant committees.

2. **CONSIDER** whether it is assured in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

This report provides details of all high-scoring risks and risks aligned to the Leeds Committee on the Risk Register. The Risk Register supports and underpins the ICB Board Assurance Framework and relevant links are drawn between risks on each.

Appendices

Appendix 1: Risk Register extract (High Scoring risks and risks aligned to the Leeds Committee)

Appendix 2: West Yorkshire ICB Risk Report Extract (Common Risks) submitted to the WYICB 19 March 2024

Appendix 3: Leeds Health and Care Partnership Partner Top Risks

Appendix 4: Risk on a Page Report

Acronyms and Abbreviations explained

1. ICB – Integrated Care Board
2. CMH – Community Mental Health
3. ND - Neurodiversity
4. PICU - Psychiatric Intensive Care Units
5. IG – Information Governance
6. LTHT – Leeds Teaching Hospitals NHS Trust
7. LCH – Leeds Community Healthcare NHS Trust
8. LYPFT – Leeds and York Partnership Foundation NHS Trust

What are the implications for?

Residents and Communities	Any implications relating to individual risks are outlined in the Risk Register.
Quality and Safety	
Equality, Diversity and Inclusion	
Finances and Use of Resources	
Regulation and Legal Requirements	
Conflicts of Interest	None identified
Data Protection	

Transformation and Innovation	Any implications relating to individual risks are outlined in the Risk Register.
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	

1 Introduction

1.1 The report sets out the process for review of the Leeds Place risks during risk cycle 1 which commenced on 20 March 2024 and will end after the ICB Board meeting on 25 June 2024.

1.2 The report shows all high-scoring risks (scoring 15 and above) recorded on the Leeds Place risk register. In addition to the high-scoring risks, risks scoring 12 and above that are directly aligned to the Leeds Committee (rather than to the sub-committees) are highlighted in the report. Details of the risks are provided in Appendix 1.

2 Leeds Place Risk Register

2.1 The West Yorkshire Integrated Care Board (ICB) risk management arrangements categorise risks as follows:

- **Place** – a risk that affects and is managed at place
- **Common** – common to more than one place but not a corporate risk
- **Corporate** – a risk that cannot be managed at place and is managed centrally

This report includes the high-scoring ICB in Leeds Place risks and indicates where these risks are common to more than one place.

2.2 All high-scoring place risks, corporate risks, and all risks common to more than one place are reported to the WY ICB Board. Please see pages 11 to 18 of the West Yorkshire ICB Risk Report 19 March 2024 for the Corporate Risk Register. An extract of this report is attached at Appendix 3 to provide visibility of the common risks.

As part of the risk cycle process the WY ICB Director of Corporate Affairs meets with the Risk Management Operational Group to review the risks on each place risk register. This supports the identification of place risks scoring 15+ and common risks on the registers. The detailed review and mapping of the risks also enables the flagging of potential anomalies in scoring or wording between different places, supporting the discussions that ensure the continued evolution of the risk register.

2.3 Risks scoring 15 and above and common risks will be presented to the relevant WY ICB committee on the following dates:

- West Yorkshire Integrated Care Board – 25 June 2024
- West Yorkshire ICB Finance, Investment & Performance

Committee – 4 June 2024 (AM)
- West Yorkshire ICB Quality Committee – 4 June 2024 (PM)

2.4 The Place Risk Register reflects both risks relevant to the ICB in Leeds (risks associated with delivery of the ICB's statutory duties delegated to Place) and risks associated with the delivery of system objectives/priorities (risks associated with the delivery of transformation programmes, for example).

2.5 The Place Risk Register will not capture risks which are owned by ICS System Partners, that they are accountable for via their individual statutory organisations. However, in order to support triangulation of risks and provide visibility of the risk profile across the Leeds Health and Care Partnership, partners have been requested to provide their highest scoring risks that they want the membership of the Leeds Committee to be sighted on. The approach taken by system partners to identify risks for inclusion has included consideration of risks that require partnership working and a system-based solution and has also involved the senior management / leadership teams within the partners. Common risk areas across the partnership include financial pressures, increased demand for services, access to mental health and learning disability services, and workforce issues. The top risks identified by system partners are detailed at Appendix 3. Partners are also consulted when populating and managing the Population and Care Board risk registers.

2.6 The last reported position to the Leeds Committee set out a total of 11 open risks on the risk register. There are currently 12 risks on the Leeds Place Risk Register, with two risks that are marked for closure, one closed at the end of cycle 6 2023/24 and one risk marked for closure during risk cycle 1, leaving a total of 10 open risks. Three new risks have been added during this cycle (see 3.2).

2.7 An overview of the Leeds Place risks exposure during the current risk cycle (risk cycle 1) is provided at Appendix 4, the Risk on a Page Report. Information that can be found includes:

- An overview of the risk profile, with details of the number of risks.
- A graph showing the changing number of risks on the register – over time, this can help to highlight the management of the ICB's risks.
- A graph showing the average score – again, this helps to demonstrate the risk profile, and help to alert if the overall risk score is increasing over time.

- Static risks – the graph will demonstrate over time how long risks have remained static for. A risk that remains static over a number of cycles, may be an indication that further work is needed to control the risk.

2.8 Following an update of the Risk Register by Risk Owners and review of individual risks by the allocated Senior Manager, all risks are reviewed by the EMT of the ICB in Leeds. Risk cycle 1 of 2024/25 was reported at the sub-committee meetings as follows:

a) All aligned delivery risks were reviewed by the Delivery Sub-Committee on 17 April 2024.
b) All aligned finance risks were reviewed by the Finance and Best Value Sub-Committee on 24 April 2024.
c) All aligned quality risks were reviewed by the Quality and People's Experience Sub-Committee on 1 May 2024.

2.9 The sub-committees reflected on possible additions/amendments which would be required during this or the next cycle (due to begin on 26 June) and the risk register will be updated following those discussions. Feedback from the sub-committee risk discussions may be provided through the Alert, Assure and Advise report or verbally at the Leeds Committee of the WY ICB.

3 High Scoring Risks (15+)

3.1 The last report to the Leeds Committee of the WY ICB provided an update on the risk position during risk cycles 5 and 6 (2023/24).

3.2 There are three new risks identified during the risk cycle:

Risk Ref	Score	Risk Wording	Sub-Committee
2413 – Leeds System Financial Position	20 (I4 x L5)	There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and new cost pressures in 2024 – 25. This could result in the system as a whole not meeting the statutory duties.	Finance & Best Value
2414 – Local Authority Financial Impact Risk	16 (I4 x L4)	There is a risk that measures being taken to control expenditure in Leeds City Council will have an impact on other place partners, due to the financial pressures being experienced by most councils across West Yorkshire and	Finance & Best Value AND Delivery

		their statutory requirement not to overspend against budgets. This may lead to a potential impact on hospital discharges resulting in higher costs being retained within the Leeds and WY NHS system (additional costs borne by NHS provider organisations for which there may not be mitigations, thereby resulting in adverse variances to plan) and the management of winter pressures.	
2415 – Sustainability of the VCSE sector	16 (I4 x L4)	There is an increasing risk of widening health inequalities and poorer health outcomes across Leeds due to the reduction or loss of VCSE services and closure of VCSE organisations in the current economic and financial context. Loss of VCSE services will result in increased demand on already overstretched mainstream and community NHS services.	Delivery

3.3 There are four open risks rated as Serious (scoring 15 or 16) and the following changes have taken place during 2024/25 risk cycle 1:

Risk	**Cycle 6 2023/24**	**Cycle 1 2024/25**	**Movement since previous risk cycle**
2019 – Risk of Harm – System Flow	16	16	Static Risk – Risk updated to reflect the demand surges over winter and the ending of additional winter capacity. Assurance on controls updated to reflect system oversight arrangements. Target likelihood score reduced to 3.
2018 – Risk of Harm - Mental Health Access	16	16	Static Risk – Mental health pressures remain significant, with LYPFT reporting sustained Acute Mental Health out of area placements. Average CBT waiting times remain at 14 months- although service reporting positive increasing uptake of online therapy offer through subcontracted provider that has stabilised additional pressure to waiting lists.
2301 – Children and Young People	15	15	Static Risk – A neurodiversity working group has been established as part of the CMH Transformation programme

Risk	Cycle 6 2023/24	Cycle 1 2024/25	Movement since previous risk cycle
Neurodiversity Waiting Times			to improve access to mental health services for people who are neurodivergent. This will help people who are on diagnostic waiting lists to have their needs met - to 'wait well'. A third sector organisation has been successful in a grant bid for a project to support autistic people to access the new hubs.
2354 – Adults Neurodiversity Waiting Times	15	15	Static Risk – Key controls and gaps in assurance added. ADHD service has recently come out of business continuity measures and the ADHD medication shortage issues are lessening however there is still significant strain on staff capacity due to demand for consultant resource for prescribing.

3.4 Of these risks, all are marked as common risks, common to more than one place but not a corporate risk. Appendix 2 details the common risks across the places to provide further context to the Committee.

4 Risks Aligned to the Leeds Committee

4.1 There are three risks aligned directly to the Leeds Committee. Of these risks:

a) One risk is scored at 12
b) One risk has been closed (details at 4.3)
c) One risk is scored at 9 and included in Appendix 1

4.2 **High Scoring Risks (12+)**

Risk Number and Risk Title	Cycle 6 2023/24	Cycle 1 2024/25	Movement since previous risk cycles
2024 – Deprivation of liberty legislation	12	12	Static Risk - There has been further discussion and clarification around the numbers of people awaiting assessment. Scoping work to be undertaken to consider a number of options. Both options would need a review of the existing services and a full consultation.

4.3 **Closed Risks**

Risk Number and Risk Title	Cycle 6 2023/24	Cycle 1 2024/25	Reason for closure
2225 – Workforce skill shortages	9	N/A	Closed - This risk will now be managed through the Board Assurance Framework (BAF) action plan, to avoid duplication.

5 Next Steps

5.1 Subsequent to the Leeds Committee meeting, the risks will be carried forward to the next risk review cycle which commenced after the WY ICB Board meeting on 25 June 2024. The WYICB governance cycle is now set to a quarterly cycle and therefore the risk reporting cycle will span four cycles a year.

6 <u>The Leeds Committee of the West Yorkshire ICB is asked to:</u>

1. **RECEIVE** and **NOTE** the High-Scoring Risk Report as a true reflection of the risk position in the ICB in Leeds, following any recommendations from the relevant committees.

2. **CONSIDER** whether it is assured in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place.

Appendices

Appendix 1: Risk Register extract (High Scoring risks and risks aligned to the Leeds Committee)

Appendix 2: West Yorkshire ICB Risk Report Extract 19 March 2024

Appendix 3: Leeds Health and Care Partnership Partner Top Risks

Appendix 4: Risk on a Page Report

Appendix 1: Risk Report extract (High scoring risks and risks aligned to the Leeds Committee)

Risk ID	Date Created	Risk Type	Risk Rating	Risk Score Components	Target Risk Rating	Target Score Components	Risk Owner	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
High-scoring risks (15+)															
2413	20/03/2024	Finance and Best Value Committee	20	(I4xL5)	6	(I3xL2)	Matthew Turner	Visseh Pejhan-Sykes	There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered CIPP and new cost pressures in 2024 – 25. This could result in the system as a whole not meeting the statutory duties.	Budgetary reporting and control stepped up to weekly EMT meetings as part of a turnaround approach across the Leeds ICB and the wider WY ICB. There are established fortnightly forums covering senior tier management across the ICB. A list of opportunities has been developed for wider system decision making and progress. CECS/AOs and FDs are meeting fortnightly to develop the Leeds based recovery plan.	Active turnaround approach adopted across the ICB in Leeds and the wider WY ICB means that all parts of the WY system are actively looking at opportunities to ensure that the ICB can submit a balanced financial plan for 2024-25. Development of a medium term strategic financial plan to demonstrate the path to recurrent balance is needed beyond 2024-25.	Policies and Procedures Audit of Procedures fortnightly AO/CEO and FDs meetings Weekly assessment and reporting to EMT Bi-Weekly meetings with senior leads Leeds NHS DoFs liaising every week re Leeds position	We are starting the financial year with a £20m underlying deficit at the ICB with a further £5m across providers. We have made significant progress as the starting assumption was £207m across the partnership and in a slightly better position than other Places across WY at the moment.	Limited further options to close the remaining gap at Place. No medium term financial plan produced to achieve recurrent financial balance.	New - Open
2415	21/03/2024	Delivery Committee	16	(I4xL4)	9	(I3xL3)	Sam Ramsey	Tim Ryley	There is an increasing risk of widening health inequalities and poorer health outcomes across Leeds due to the reduction or loss of VCSE services and closure of VCSE organisations in the current economic and financial context. Loss of VCSE services will result in increased demand on already overstretched mainstream and community NHS services.	To be added	To be added	To be added	To be added	To be added	New - Open
2414	20/03/2024	Both Delivery and Finance and Best Value	16	(I4xL4)	6	(I3xL2)	Matthew Turner	Visseh Pejhan-Sykes	There is a risk that measures being taken to control expenditure in Leeds City Council will have an impact on other place partners, due to the financial pressures being experience by most councils across West Yorkshire and their statutory requirement not to overspend against budgets. This may lead to a potential impact on hospital discharges resulting in higher costs being retained within the Leeds and WY NHS system (additional costs borne by NHS provider organisations for which there may not be mitigations, thereby resulting in adverse variances to plan) and the management of winter pressures.	1. Working with Leeds City Council to understand the issues, options being considered and the potential impact on system partners. 2. Review use of intermediate care capacity 3. System leadership oversight and consideration of options to minimise impact	WY councils are separate statutory organisations with no NHS oversight	System oversight of wider health and care financial position	Close working relationships between the NHS and councils in place and representation of councils on system partnership board	Lack of medium term plan to understand how recurrent financial balance position can be achieved.	New - Open
2019	30/06/2022	Both Delivery and Quality and People's Experience	16	(I4xL4)	9	(I3xL3)	Nicola Nicholson	Helen Lewis	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk. In combination with the risk of harm to those people who remain in hospital when they no longer have a reason to reside from hospital-related harms and deconditioning while they wait for ongoing services, where their wait is longer than 72h.	Strong surge plan in place as necessary (within LTHT) Transfer of Care hub completely staffed and working 7 days and Transfer of Care workplan rolling out new model into ward based model Home First Programme refreshed and overseen by LTHT Chief Exec as System SRO Detailed seasonal surge plans developed and overseen by PEG through Active System Leadership Structures System Escalation Actions and Processes revised continuously OPEL & System Pressures Reporting Regime - refreshed in view of the revised OPEL (Nov 23) Communications work with Public to suggest alternatives to ED Home First programme well underway - initial improvements have allowed the closure of 2 nR2R wards over the summer of 23. These were then available for seasonal surge Investment in Home First services and in assessment capacity through Adult Social Care Discharge Fund Improvements have been seen over 2023 and the LTHT occupancy dropped to 93% and 2 no Reason to Reside wards were closed. Winter capacity plans in place to support discharge capacity Improvements in pathways, processes and in	Key controls in place responding to high levels of demand. Current controls are still not sufficient to reduce the risks when there is exceptionally high demand on the system or where outflow is constrained through Industrial Action or other absence While occupancy has improved, this isn't always correlated with a reduction in people spending a long time in ED - this needs further analysis Increased winter demand for acute care coupled with a increase demand for support on discharge has created longer waiting times and backlogs in hospital where capacity has been unable to meet the demand. This is in the context of additional winter capacity in primary care and social work. (Apr 24)	Health & Social Care Command & Control Groups: System Resilience Operational Group (Bronze), System Coordination Group (Silver) and System Resilience and Reset Assurance Board (Gold) Integrated Commissioning Executive Partnership Executive Group Quality and Performance Committee New System Visibility Dashboard is in place to support assurance and decision making	Weekly meeting in place for services to report on capacity /demand Reviewed Silver Action cards Revised System Resilience Structure System Visibility dashboard in place and driving change Strong programme of Home First work in place Short Term Assessment pathway developed in the interim for winter to support the city's Home First ambition, while the Active Recovery service eligibility criteria is expanded. Improvements in the waiting times for pathway 3 have been made by process changes Occupancy in LTHT was 93% over summer and we have seen a reduction in the 12h breaches.	All Beckett Wing wards remain open at LTHT with patients placed into ESAs - pressures remain high with significant delays placing people from ED and step downs from critical care. OPEL reporting system under development for ASC but not yet finalised or shared. Recruitment and retention remain significantly challenging and limit the ability to create additional capacity, particularly in the Reablement service. (Mitigating over winter with Short Term Assessment Service) Still too many people over 6 and over 12 hours in ED which we know is linked to risk of harm Patients in LTHT have on occasions been placed in exceptional surge areas including corridors and in day rooms due to the lack of availability for inpatient beds (unsatisfactory environments have been mitigated as far as possible with the provision of call bells and other basic requirements) . Long waits for admission in inappropriate ED environments for mental health beds have resulted in clinical incidents in Dec 2023. Funding to maintain capacity within LTHT and to support Social care assessments is likely to become more difficult in coming months SW capacity, recruitment and retention remain a key risk alongside groups such as therapists Additional winter capacity in primary care same day services and social work support ends over April 24	Static - 4 cycles
2018	29/06/2022	Both Delivery and Quality and People's Experience	16	(I4xL4)	9	(I3xL3)	Eddie Devine	Helen Lewis	There is a risk of increased rates of avoidable deteriorations in mental health due to demand outstripping capacity to provide access to proactive community mental health intervention, hospital beds or to support wider social determinant needs , exacerbated by sustained workforce recruitment and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent increased lengths of stay and reduced system flow within LYPFT MH inpatient provision, resulting in increased utilisation of out of area placements for acute mental health beds that impacts quality, experience and service user outcomes.	Workstreams established focused on mapping to identify process improvements that enable system flow; internal process and quality improvement within LYPFT, development of system visibility dashboard and review of escalation governance for Mental Health, targeted VCSE support to expedite timely discharge from mental health inpatient wards, review of transitional accommodation pathways and transfer of care. Systematic review of MH crisis pathways to optimize targeting of resources to meet the needs of population cohorts most at-risk through Mental Health Population Board in Leeds being progressed Community Mental Health Transformation Programme: -Phased implementation of new model of integrated community mental health care co-designed with Leeds Health and Care system partners ,including people with lived experience, carers and communities. Crisis Transformation Programme Review of range of crisis alternatives provision including MH helpline, crisis house, crisis cafes, crisis flats, alongside redesign of model to simplify access to a network of multiagency crisis support/intervention. Consolidating integrated commissioning (ICB in Leeds and Leeds City Council) for supported accommodation for people with complex mental health needs into a single re-procurement process, targeted to reduce unnecessary delays in discharge from MH inpatient beds. Improvement work progressing within LMWS to improve recovery and reduce waiting times for high intensity step-3 intervention	Review of MH crisis pathways to optimise value of investment- workshop to finalise areas of focus with MH Population Board held in February 2024. Full Mobilisation of new model of integrated community mental health initially within 3 early implementer local care partnership/PCN sites. Work to address residual governance issues and establish clearer partnership agreements has progressed sufficiently to start mobilisation.	Waiting and access times to services monitored through performance metrics, Healthy Leeds Plan, and Mental Health Board data dashboard and Outcomes Framework Inpatient Flow Oversight Group within LYPFT	Actions from LYPFT MADE event feeding into Inpatient Flow Oversight Group programme plan Review Community Mental Health Transformation-mobilisation/phased roll out of the new model of care within integrated community mental health hubs progressing-early test of change through joint triage, and collaborative ways of working are anticipated to move to testing fully the new core model of care within 3 early implementer sites by early March 2024 LYPFT community mental health teams no longer in business continuity; re-deployment of staff to stabilise capacity has taken place, and ongoing recovery mobilisation plan in place. Internal review of LYPFT crisis assessment and Intensive Support delivery model underway to improve adherence to core fidelity standards progressing outputs of LYPFT MADE event - internal recovery action plan developed to support reducing out of area MH placements. Number of key system-led workstreams now established: housing and accommodation; specialist placements including development of visible dashboard of availability/ waiting times; targeted 3rd sector support to facilitate and unblock barrier to discharge; housing and accommodation for MH mapping workshop planned which aims to identify key barriers to access and bottlenecks 01/12/2023. Expansion of capacity through CMH transformation funding recruitment to new clinical roles, including advanced practice, psychological therapy practitioners, and specialist MH pharmacy-proportion of these have been recruit to train roles to "grow" workforce, internally, full impact of these	Mental health pressures remain significant, with LYPFT reporting sustained OPEL 3&;-35 Acute Mental Health out of area placements as of early March 35 adult acute, 5 PICU. This is an increase from the previous risk cycle Delayed transfers of care impacting acute MH capacity has deteriorated since last cycle - 17% DTOC for Adult MH acute reported by LYPFT as of 24.01.24 Early Intervention in Psychosis Service- NCAP results (national quality audit) rated at 'Requires Improvement' across a number of areas for level 3 NICE compliance- the service has accepted offer from NHSE regional clinical lead/team for support to develop recovery plan.	Static - 6 cycles

2354	14/08/2023	Both Delivery and Quality and People's Experience	15	(I3xL5)	9	(I3xL3)	Philip Chan	Helen Lewis	There is a risk of unsustainable Neurodevelopmental assessment and treatment pathways for adults (autism and ADHD) due to demand for services surpassing the capacity resulting in unmet need of patients, long waiting list and increased right to choose requests which will cause impact to patient outcomes and significant financial impact.	Established ND programme steering group to provide oversight of service development and transformation projects. Reporting to place Learning disability and ND population board LYPFT Neurodevelopmental Service improvement work: ADHD service prioritising annual review process, clinical prioritisation framework, waiting list validation, admin process improvements. Review quarterly. Leeds Autism Diagnostic Service has improved pathway efficiency and waiting times. The increased number of people diagnosed is putting strain on post-diagnostic offer. Number of improvement pilots in development- supported through non-recurrent funding - ADHD primary care prescribing pathway pilot and ADHD Hub development with the GP Confederation. - Pre-diagnostic support to support 'waiting well' including to develop and curate the support offer from third sector organisations. A neurodiversity working group has been established as part of the CMH Transformation programme to improve access to mental health services for people who are neurodivergent. This will help people who are on diagnostic waiting lists to have their needs met - to 'wait well'. A third sector organisation has been successful in a grant bid for a project to support autistic people to access the new hubs. Proposals have been put forward for ND data in the Leeds Data Model to include ADHD data. Population Board to understand the population data for planning. NB Procurement starting soon in pioneering the	ADHD service has recently come out of business continuity measures and the ADHD medication shortage issues are lessening. However, there is still significant strain on staff capacity due to demand for consultant resource for prescribing. Funding/resource to support the waiting list management and validation is being sought by LYPFT. Business case to support this has been rejected. Seeking funding/grants to support pre- and post diagnostic support offer. Lack of access to targeted funding to support service development and transformation projects. No explicit national ADHD Strategy. Gap in accessibility to information, resources and personalised pre-diagnostic needs-led support through VCSE/social prescribing for Adults with ADHD. Regular reporting for Right to Choose information especially linked to shared care spend.	Autism and ADHD diagnostic waiting list times ADHD treatment waiting list times ADHD annual review waiting list times. ND service annual quality report. Service specification reviews Oversight of Right to Choose ND diagnostic pathway referrals and spend Neurodiversity priorities agreed though Learning Disability and Neurodiversity Population Board Leeds Autism Strategy	Service annual quality board ND programme plan outlining key workstreams and work progressing	- Lack of targeted/identified recurrent funding streams provide ongoing challenge for sustainable improvement through non-recurrent mechanisms. - Operating model changes impacting the project support resource	Static - 4 cycles
2301	16/05/2023	Both Delivery and Quality and People's Experience	15	(I3xL5)	6	(I3xL2)	Emily Carr	Helen Lewis	There is a risk of CYP being unable to access a timely diagnostic service for neurodevelopmental conditions (Autism and ADHD) due to rising demand for assessments and capacity of service to deliver this (ICAN for under 5, CAMHS for school age). Delays in access to timely diagnosis may impact upon children's outcomes, access to other support services across health, education and social care, and also compliance with NICE standards for assessment within 3 months from referral.	Development of "ND - thinking differently case" presented to PEG in March and outlining the need to think about a needs based approach to providing support to CYP who are neurodivergent Priority workstream for year 1 within SEND Inclusion plan Development of pre assessment support (MindMate ND hub, pilot delivering ND support with a cluster for 23/24) Links made to West Yorkshire ND programme of work particularly looking at how we as a WY ICB address the rising demand around the right to choose agenda and ensure a consistent method of delivery across the ICB. ND citywide development workshop undertaken on 19th July. Representatives from across health came together (including Education and parent/carer representation) to understand the current position and challenges facing us both locally, regionally and nationally. Forwards plan for working groups following this and a further education focussed time out in October. Links made to the West Yorkshire programme of work particularly in relation to responding to the ND choice financial pressure. Funding has moved to LCH to outsource assessments for our most vulnerable cohorts. Outsourcing to commence in September. Provider has now been sourced (update from last cycle) LCH has recruited a psychologist for the under 5 service to start in July and working on a range of options for maximising impact of the service within its limited resources	Development of ND governance under development to include working group to develop and set out strategy for plans over next year Awaiting support from Education colleagues to hold a workshop with education partners A shared communication is being developed alongside LCH colleagues to share with all across the system (including general public). Continued shortfall in capacity for about 2600 assessments this financial year, at a cost of about £5m. Escalating increase in choice referrals due to this, costs projected for this year so far £1m (£700k greater than last year). Available funding and workforce will make rapid improvements difficult. Vacancy in Under 5s assessment service in LCH has led to a pause in assessments. New postholder due to start in May 24 but gap will further increase waiting times and/or choice and has caused significant concern to local education colleagues. Staff availability with appropriate skills remains a key risk nationally and locally	Data from LCH on waiting times Once working group established this will report regularly to SEND Partnership board and CYP population board Meeting in place with ICB, LCH and LCC to determine development plan and shared position statement	Capacity in IS confirmed for highest risk cases LCH workshop held in January to identify how /when to restart assessments and create alternative provision models ICB establishing a clinical reference group to support model design	Increasing public focus with request from Scrutiny to update Cllrs in September and increasing letters from MPs to service provider (LCH).	Static - 5 cycles
Risks Aligned to the Leeds Committee (12+)																
2024	30/06/2022	Leeds Committee of the WY ICB	12	(I4xL3)	1	(I1xL1)	Andrea Dobson	Penny Mcsorley	There is a risk of not meeting legislative responsibilities in relation to community deprivation of liberty for fully funded CHC cases; due to assessor capacity and availability of court of protection time; resulting in deprivation of liberty in breach of legislation. There is a significant additional risk that patients will not have the advocacy they need to go through the process due to a lack of commissioned resource. Family members can act as the RPR if they are objective, however in the majority of cases that is difficult.	Monthly meetings held with Health Case Management managers to monitor current position, plan LPS and maintain numbers. Prioritise cases based on complexity and risk of challenge Assessments are completed in line with the availability of court time to ensure they do not go out of date. However, delays to court proceedings have meant that a large number of cases have had to be redone as they became 'out of date' whilst awaiting a hearing. This has increased the workload of the HCM team. MCA Lead is working in collaboration with the health case management team and appointed solicitors to minimise delays and maximise performance. More case managers have received relevant training and experience to complete the assessments. Fast track reviewing moved to Continuing Care Service to free up HCM capacity	Liberty Protection Safeguards LPS has been delayed in its implementation indefinitely. There is insufficient budget and resource at place to undertake preparatory work for all potential cases of DoL or to engage legal representation in order to progress all cases to the court of protection. The court has raised concerns on a number of occasions about the use of family members as appropriate rule 1.2 representatives, this requires additional legal support and HCM work.	LCH provide performance reports, highlighting the current position. The ICB Mental Capacity Act Lead meets with LCH quality Leads and Beachcroft solicitors quarterly to track progress and unpick any delays or performance issues	Regular meetings with the HCM Managers to ensure issue remains in focus. Mental Capacity Act Lead is working both at the place and ICB level to monitor all associated risks. Adam (CHC System) has been updated to record DoLS, enabling improved monitoring and recording of DoLS	No current gaps identified	Static - 5 cycles

2016	29/06/2022	Both Delivery and Quality and People's Experience	12	(I4xL3)	12	(I4xL3)	Joanna Bayton-Smith	Helen Lewis	As a result of the longer waits being faced by patients and limited capacity for treatments, there is a risk of harm, due to failure to successfully target patients at greatest risk of deterioration and irreversible harm, resulting in potentially increased morbidity, mortality and widening of health inequalities.	Joint working between ICB places and WYAAT trusts to maximise access to Independent Sector (IS) provision with a focus on increasing complexity and longest waiters. From October 2023, patients who have waited more than 40 weeks for an appointment or who have a decision to treat but do not have treatment date have been able to request a transfer to another provider with a shorter waiting list (PIDMAS) Consistent messaging to patients re waiting times. Greater use of advice and guidance to help manage patients pre-referral / whilst waiting for appointments Implementation of patient initiated follow up (PIFU) LTHT using methodologies to account for learning disability and deprivation in assessing clinical priority (as part of Healthy Hospitals Network) LTHT implementation of clinical harm reviews of patients awaiting treatment longer than 52 weeks - ICB should be made aware of issues/ concerns as update is shared with ICB post review at the LTHT Quality Assurance Committee on patient harm whilst awaiting treatment. ICB attend weekly LTHT Service Delivery meetings, at which progress on reducing lists of long waiters are shared, risks assessed and appropriately escalated, and mitigating actions agreed (covers cancer and planned care)	Uncertainty of sustained deliverability of recovery plans linked to industrial action, workforce and funding Awaiting clarification of process with ICB Quality team and LTHT re quarterly monitoring reports on patient harm whilst awaiting treatment. Capacity gaps in pressured specialties are similar across other regions so the actual opportunities to access care in alternative locations will be limited.	Monthly meetings with Leeds ICB and providers (LTHT/ LCH and community /IS providers) to identify and maximise opportunities to support with waiting lists. Choice Agenda now operational (from October 2023) patients who have waited more than 40 weeks for an appointment or who have a decision to treat but do not have a treatment date will be able to request a transfer to another provider with a shorter waiting list. Advice and guidance and PIFU agreed key components of outpatients strategy/ management of long waiters and fully supported by the Planned Care Delivery Board - January 2024. Monthly Corporate Performance reporting in place / Planned Care Delivery Board oversight 2 x HI funded projects - Waiting well for Planned Care - to support people attending at A&E who are on a Planned Care waiting list also developing BI capacity to facilitate supporting people who are on multiple provider waiting lists. Plus a focus on range of products to support people whilst they are waiting including broadening engagement with the Patient Hub and addressing barriers to access services LTHT Harm Review process in place for long waiters, to be included as part of LTHT contract 23/24 quarterly update requested - awaiting October 2023 update report. Cancer - data driven discussion at WY&H Cancer Alliance Board levels and follow up analysis and actions agreed at place. Cancer Care Delivery Board taking a lead role in developing solutions at a system wide cancer level,	Consistent reduction in long waiters over recent months until December - . LTHT update Planned Care Delivery Board January 2024 - every month without Industrial Action LTHT have been able to reduce the waiting list substantially, by circa 500 patients. Progress has stalled following extended period of IA. Elective Recovery Funding clarified for 24/25, but against a very significant Cost improvement programme for LTHT	Intermittent industrial action particularly by medical staff will set back progress due to need to prioritise those patients of greatest clinical need. Size of the overall waiting lists needs to reduce to ensure longer term sustainability and to meet trajectories Initial updates from PIDMAS/ Choice work is that of those patients who initially suggested they would access care outside of Leeds there has been very low levels of actual take up. 2 x funded posts within LTHT (initially funded by city wide HI funding) due to end 24/25 - no alternative funding identified, this is included on LTHT risk register and cost pressures.	Static - 6 cycles
2225	31/01/2023	Leeds Committee of the WY ICB	9	(I3xL3)	6	(I2xL3)	Kate O'Connell	Tim Ryley	There is a risk of workforce and skill shortages due to the ability to recruit, retain and deploy our workforce effectively across our health and social care system, resulting in reduced quality and safety of services and non-delivery of improved outcomes.	The Leeds One Workforce Strategic Board (LOWSB) have oversight of the Leeds workforce risk profile providing visibility on the 'system' risks associated with workforce and ensures the insight provided informs the priorities of the LOWSB and shapes the interventions. The risk profile includes the following: - Capacity risk - Recruitment, Retention & Mobility (Leeds City Resourcing Group) - Workforce plan and Skill-mix risk - Education & Development (Academy Steering Group) - Wellbeing risk - Absence & Employee Engagement (Wellbeing Community of Practice) Partner organisation boards have accountability for their individual statutory responsibilities in relation to workforce risks.	The Academy is coordinating more systematic tracking of shared workforce risk to improve visibility for partner organisations, and developing more integrated operational workforce planning.	HR Directors (including the Director of the Leeds Health and Care Academy) meet as a professional group to monitor and escalate risk as it might impact the system. Director of Leeds Health and Care Academy joins the Active System Leadership Executive Group for relevant discussions with the Chief Operating Officers to link workforce risk with operational issues.	Quarterly Academy Steering Group reports demonstrate continued positive and measurable impact across Leeds One Workforce Programme. Regular deep dives at Leeds One Workforce Strategic Board provide additional assurance. Collaborative projects assured through individual project steering groups and organisational impact across partners monitored through organisational workforce committees or equivalent.	The comparability of workforce planning data and insights remains challenging across the diversity of the health and social care sector in Leeds. This leaves a gap in assurance in the short term while working towards a longer term improvement. It has direct impact on the ability to accurately quantify the recruitment and retention challenge across Leeds and the impact of city-wide interventions.	Closed - This risk will now be managed through the Board Assurance Framework (BAF) action plan, to avoid duplication.
2011	29/06/2022	Leeds Committee of the WY ICB	9	(I3xL3)	6	(I3xL2)	Gina Davy	Tim Ryley	There is a risk that the ICB in Leeds is perceived by partners in the Leeds Health and Care Partnership (LHCP) as not 'adding value' to the LHCP due to 1) a lack of understanding about the purpose of the ICB in Leeds across the LHCP 2) a misalignment of priorities and areas of focus between the ICB in Leeds and other members of the LHCP and 3) behaviours of members of the ICB in Leeds This could result in the LHCP not being able to operate effectively to deliver its ambition to use collective resources to improve outcomes and reduce inequalities for the population of Leeds and the WYICB being unable to effectively discharge its duties through the ICB in Leeds.	27.03.24 - Implementation of new operating model, more targeted to resource to progress Partnership Development across 4 PD questions and est. of core business processes within the partnership will demonstrate greater value-add of ICB n Leeds 28.11.23 ICB in Leeds leading work across LHCP to progress Partnership Development - provides opportunity to demonstrate value-add of ICB in Leeds within LHCP 26.09.23 Plans to progress KLOI and seek learning with SI PPS about strengthening relationship and adding value between partners and 'integrator' 20.07.23 Sessions at Leeds Committee Development Session (Aug 9) and PEG (Aug 11) to share proposed place based design and seek feedback on perceived value-add Development of clear 'story / elevator pitch' about the core purpose of the ICB in Leeds within the LHCP and opportunity to engage with partners of the proposed future Operating Model. Ongoing engagement with LHCP AOs re development of WYICB Operating Model and how this supports strengthening of LHCP. Development of LHCP Operating Model with the LHCP Core Group has created ownership of model and identified key areas of clarification re understanding of ICB in Leeds + potential areas that the ICB in Leeds could add value. Presentation and socialisation of elements of Op Model (inc role of ICB in Leeds) within key strategic forums has enabled opportunity to explain changing role of CCG into ICB in Leeds and its focus on delivering capabilities across the LHCP. eg Clinical Executive, LAHP etc. Plans to roll this out wider through drop-ins across the LHCP.	WYICB Operating Model design currently underway, phase one of design to conclude by June 23 Agree all 23/24 objectives to progress Business Unit contributions to all and explicit focus on value-add Add specific standing item on EMT agenda to share feedback and learning relating to the perceived value-add of the LOICS and agree any required actions. Appetite to provide ad-hoc progress updates with PEG or Leeds Committee of the ICB private workshops? - In discussion with Head of Governance re adding to forward plan Draft ICB in Leeds objectives to be socialised with AOs and Equivalent Directors (in the LHCP) during Spring 23 and as part of the responsibility of senior leaders through their networks (ongoing)	27.03.24 - Operating Model predominantly recruited to readiness to go-live from April 24 - overview of structure provided to PEG 22.03.24 TR 1:1s with all LHCP AOs re value-add of LHCP Development of WYICB Operating MOdel being led by TR so strong connection back to LHCP Anticipate that we might see this reduce to a six by End June when we will be through the Implementation and further developed partnership.	Feedback from LHCP chairs that supportive of Option 4 and appetite to move to option 5 within 24 months.	Engagement with partners on detail of proposed ICB in Leeds Operating Model yet to commence No central process/system/mechanism to capture and act on anecdotal feedback re perception and value-add of LOICS. Appraisal system not yet updated to systematically require feedback on value-adding contribution of senior leaders from partners within the LHCP	Static - 10 cycles

2115	30/08/2022	Finance and Best Value Committee	1	(I1xL1)	2	(I2xL1)	Andrea Dobson	Penny McSorley	There is a risk that data for learning disability patients funded via the Continuing Healthcare budget will not be included in the patient-level data set return to NHS England. The impact of this will mean that the LD cohort are missed from statistical reporting, data returns and budget setting. the consequence of this data not being included is the spend per patient in the ICB in Leeds appears excessively high compared to other areas as the cost per patient will be skewed by up to 50%. Additionally, the organisation will not be able to use BI to compare LD care provision locally and nationally which could result in further inequity in this cohort of patients	Currently, the LD service provides limited information on a quarterly basis,	Working with the LA we have identified that the APEX system is unable to provide 50% of the information required for the live PLDS reporting from 01/04/2023.	There is a group which meets monthly to discuss key areas, however limited availbility for development of APEX	None	There are delays in obtaining the data that is available. A large amount of data is not available - and cannot be made available. Paper written and sent to Shona McFarlane, Max Nailsmith, LD Team and IT - currently awaiting response	Closed - Reached tolerance

Mapping of risks – 6th risk cycle of 2023/24 (as at 8 March)

COMMON RISKS

System Flow / Capacity and Demand Risks

Place	Risk	I	L	Score	Common Risk
Kirklees (2195)	There is a risk that the Kirklees Health & Social Care(H&SC) system organisations are unable to deliver comprehensive care. Due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate. Resulting in increased potential for patient care, safety and experience to be compromised.	3	3	9	Common risk re: impact across the system / OPEL 4
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	3	9	
Leeds (2019)	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	4	4	16	
Wakefield (2401)	Waiting times for Tier 4 beds for children and young people have increased, resulting in young people waiting on sections 3s in inappropriate settings.	4	3	12 NEW	Common risk re: CAMHS
Leeds (2243)	There is a risk of delay in accessing MH treatment due to the significant increase in referrals over the past years and a lack of capacity within MindMate SPA to deal with referral numbers, resulting in young peoples mental health deteriorating whilst they are waiting to be triaged by MindMate SPA.	3	4	12	
Calderdale (1977)	There is a risk that Children and Young People's (CYP) will be unable to access timely therapy due to:- a) increase in demand, b) existing high waiting times and c) inability for provider to recruit to vacant posts	3	3	9	

	In particular the risk relates to the waiting times for speech and language (SLT) and occupational health therapies, where we have received a significant increase in the number of referrals in 21/22 compared to previous year. For example SLT new appointments in September 2019 compared to September 21 was an increase of 245%. The same comparison period for follow up shows an increase of 98%. In September 21 there were 1314 CYP waiting for a new appointment, 296 waiting for a follow-up with an average wait of 157 days (however, this picture has increased). During Covid-19 lockdown, therapy staff at CHFT were redeployed (as this was a f2f service). Once services reopened, staff returned and virtual/telehealth appointments were offered Workforce remains a risk with vacancies across therapies which Provider are unable to recruit to (national picture)				
Kirklees (2196)	There is a risk of delays for Kirklees' Children & Young people (CYP) requiring mental health services, including access to tier 4 CAMHS when in crisis, Community therapeutic placements. Due to a significant increase in demand from pre pandemic levels & increased acuity. Resulting in patient care and safety to be compromised & CYP being admitted inappropriately to acute wards or adult mental health beds and additional demands on ED.	3	3	9	
Calderdale (1864)	There is a risk that people with complex mental health needs will not receive the right level of support that they require to meet their needs This is due to current capacity within community mental health services both health and social care resulting in escalating crisis situations for people in the community and requests for out of area locked rehabilitation hospital placements; and delays in discharge for people who are ready to leave out of area locked rehabilitation hospital placements . This leads to an increased pressure upon CCP Specialist Care/CHC team and to potentially increased costs for CCP.	3	2	6	Common risk re: mental health services capacity and demand
Leeds (2018)	There is a risk of increased rates of avoidable deteriorations in mental health due to demand outstripping capacity to provide access to proactive community mental health intervention and support wider social determinant needs, exacerbated by sustained workforce recruitment and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent increased lengths of stay and reduced system flow within LYPFT MH inpatient provision, resulting in increased utilisation of out of area placements for acute mental health beds that impacts quality, experience and service user recovery outcomes.	4	4	16	

Covid Backlog / Risk of Harm / Performance/ Statutory Duties Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2331)	There is a risk that the system will continue to see an unprecedented volume of patients attending A&E and therefore will not deliver the NHS Constitution 4-hour A&E target of 76% due to pressures associated with unavoidable demand, patient choice, capacity and flow out – resulting in long waits, overcrowded ED, harm to patients and patient experience being compromised.	2	3	6	Common risk re: A&E
BDC (2222)	There is a risk of the entire urgent care system seeing an unprecedented demand which far exceeds capacity. This will drive demand towards ED resulting in overcrowding, increase in long waits to be seen and for admission resulting in poor performance e.g. ECS and 12 hour wait standards and it will negatively patient experience, safety and outcomes. There would be a further impact on general flow with side room availability being an issue. This would further negatively impact on ambulance handover times. The numbers of discharges and flow out of hospital would also be impacted. It would also be likely to impact workforce further reducing the system's ability to deal with the excess demand.	3	3	9	
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Wakefield (2409)	There is a risk that the system will continue to see an unprecedented volume of patients attending A&E and therefore will not deliver the NHS Constitution 4-hour A&E target which will be raised from 76% to 77% for 2024/25 due to pressures associated with unavoidable demand, patient choice, capacity and flow out - resulting in long waits, over crowded ED, harm to patients and patient experience being compromised.	2	3	6 NEW	
Leeds (2019)	There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk. In combination with the risk of harm to those people who remain in hospital when they no longer have a reason to reside from hospital-related harms and deconditioning while they wait for ongoing services, where their wait is longer than 72h.	4	4	16	
Wakefield (2182)	There is a risk that WDHCP will not meet the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to a significant number of the cases having no previous health or social care interventions, resulting in failure to meet the requirements of the NHS Long Term Plan.	3	3	9	Common risk re: gram negative blood

Kirklees (2058)	There is a risk that the WY ICB Kirklees Place will not achieve the national ambition of reducing gram negative blood stream infections by 50% by 2024/25 due to the gaps identified in the key controls; resulting in a risk to population health and experience, and failure to meet the requirements of the NHS Long Term Plan.	3	3	9	infections reduction target
Kirklees (2327)	There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT and MYHT will result in: long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution.	3	3	9	Common risk re: failure to meet Constitutional standards
Calderdale (2162)	There is a risk that reduced access to elective care services in both the surgical and medical divisions at CHFT will result in; long waits, harm to patients, poor patient experience and non-delivery of patients' rights under the NHS Constitution	3	4	12	
Calderdale (62)	That the system will return to the pre-C19 levels of demand and will not deliver the NHS Constitution 4-hour A&E target for the next quarter, due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	4	3	12	
Leeds (2016)	As a result of the longer waits being faced by patients and limited capacity for treatments, there is a risk of harm, due to failure to successfully target patients at greatest risk of deterioration and irreversible harm, resulting in potentially increased morbidity, mortality and widening of health inequalities.	4	3	12	
Wakefield (2129)	There is a risk of delays in people accessing planned acute care due to more complex cases and in some cases higher demand and significant capacity issues due to inability to recruit into key clinical roles, resulting in poor patient experience/outcomes and non-compliance with the constitutional standards for waiting times.	4	3	12	
Kirklees (2330)	There is a risk that Kirklees Health and Care Partnership will fail to achieve national performance standards (set out in the NHS constitution), and in line with the Operational Recovery Plan for 2023/24 resulting in poor provider performance, poor organisational reputation and non-compliance with the constitutional standards for waiting times across the Kirklees system.	2	3	6 ↓	
Kirklees (2049)	There is a risk that Kirklees and Wakefield place will fail to meet the required cancer standards for 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww at Mid Yorkshire Hospitals NHS Trust (MYHT), resulting in an adverse impact on the quality of care and patient experience, and a failure to meet key national targets potentially resulting in reputational damage to the system and having a negative reputational impact on Kirklees and Wakefield places.	3	4	12	
BDC (2168)	SYSTEM PERFORMANCE AGAINST NATIONAL REQUIREMENTS There is a risk that poor performance against national requirements (key constitutional standards, operational planning targets and recovery) will impact upon our place based contribution to the	3	5	15	

	annual ICB performance assessment. This may lead to both financial and reputational impact alongside reduced patient care.				
Wakefield (2146)	There is a risk that demand for adult ADHD assessment exceeds capacity due to increased referrals, resulting in more people exercising Choice and seeking private assessment which presents a financial risk.	3	2	6	Common risk re: adult ADHD assessment
Leeds (2354)	There is a risk of unsustainable Neurodevelopmental assessment and treatment pathways (autism and ADHD) due to demand for services surpassing the capacity resulting in unmet need of patients, long waiting list and increased right to choose requests which will cause impact to patient outcomes and significant financial impact	3	5	15	
BDC (2227)	There is a risk of further deterioration for adults with ADHD waiting for assessment, diagnosis and immediate post-diagnostic support due to staffing levels, quality of referrals, excessive waiting times and a growing gap between capacity and demand for this service. The gap between demand and capacity within BDCFT BANDS continues to grow month on month and referrals increase and capacity remains static. There is inequitable access to services for those who do not exercise Right to Choose and request a referral to an independent sector provider. Concerns exist between differences in service quality and outcomes between NHS and IS providers of ADHD Assessment/Diagnosis services.	3	5	15	
BDC (2266)	There is a risk of increased financial pressure in the annual projected costs for children's and adult ADHD and Autism assessments this financial year (circa in excess of £1,000000 all age cost) in the health system, due to increases in Right to Choose requests for both ADHD and Autism assessments (including dual assessments), which will result and lead to a significant unbudgeted cost to the ICB. Note: (GP's can refer to any provider that meets the Right to Choose criteria and the ICB will receive the invoice in retrospect). This will also result in a two tier system of assessments time frames, for those utilising Right to Choose and those utilising standard NHS providers.	4	4	16	
Kirklees (2180)	There is a risk of non-compliance with the Children & Families Act 2014 and the Health and Care Act 2022 relating to ICB responsibilities with regard to Children with Special Educational Needs and Disabilities (SEND). This is due to Education, Health and Care Plans not being completed within statutory timescales. A key factor is that Health information is not always provided by clinicians in a timely manner. Resulting in delayed assessment of needs and Health provision not being in place to support access to education. This can lead to complaints, appeals and tribunals.	3	3	9	Common risk re: SEND and Children & Families Act statutory duties
Leeds (2253)	There is a risk of not fulfilling the statutory duties to provide timely health advice into EHCPs for CYP with SEND within legislative timescales due to increasing pressures on the system, resulting in delayed support for CYP with SEND and that the EHP Plans do not accurately reflect the needs of CYP and could impact on outcomes and aspirations of CYP.	3	4	12	

	*The consequence is that the contribution of health advice to the ECH Assessment process does not meet with the statutory duties.				
Calderdale (2219)	There is a risk that the Posture and Mobility service will not achieve key performance indicators due to funding issues as a result of increasing equipment costs and increasing complexity of cases resulting in the high likelihood that the 18-week Referral to treatment pathway will not be met for new referrals and a potential increase in complaints.	3	5	15	Common risk re: posture and mobility service
Kirklees (2218)	There is a risk that the Posture and Mobility service will not achieve key performance indicators due to funding issues as a result of increasing equipment costs and increasing complexity of cases resulting in the high likelihood that the 18-week Referral to treatment pathway will not be met for new referrals and a potential increase in complaints. This could result in patient safety being compromised, and people's experience of the service could deteriorate in relation to waiting times.	3	5	15	

ICB Workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2078)	There is an ongoing risk of a continual increase in overdue CHC/joint funding/FNC reviews due initially to business continuity arrangements during Q4 21/22 (when "low risk" reviewing activity was paused), but since, vacancies, recruitment challenges and sickness absence in the CHC clinical team, resulting in a poorer patient experience and a negative impact on the CHC activity and delivery.	3	4	12	Common risk re: continuing healthcare workforce challenges
Kirklees (2074)	There is the risk of delays to Continuing Care administration processes and workflows due to a staff shortage in the business support team, resulting in an impact to clinical workflows, the wellbeing of the team, patient experience and a potential impact to organisational reputation. It also has an impact on the financial position of the CHC team, with delays to invoices being paid and potential impact to NHSE mandated activity.	3	3	9	
Wakefield (2181)	There is a risk of delayed response to changes in healthcare needs or discharge from hospital for children requiring Continuing Healthcare packages, due to MYTT not having capacity to provide Children's Continuing Healthcare packages under the Block Contract. The result of this is the additional costs to the ICB associated with commissioning of external providers and potential poor experience for the patient.	3	3	9	

Wakefield (2297)	There is a risk of potential delays in commissioning patient care, dealing with provider issues and processing payments due to capacity and workforce pressures within the CHC contracting team.	3	3	9	
Calderdale (2092)	The Continuing Healthcare team is currently significantly short staffed with eight (8) live vacancies. This is at a time where the team is experiencing high volumes of complex case management and increased scrutiny and requests for information coming from NHSE. There is a risk with regard to the organisational effectiveness in the delivery and quality of the service provided, patient/carer dissatisfaction and increase in complaints leading to reputation damage to the organisation, non-compliance in meeting national assurance targets set by NHSE, and with regard to financial efficacy. Due to the reallocation of work over fewer staffing numbers, there is a risk of staff burnout, leading to increased sickness levels and difficulty in staff retention resulting in high staff turnover within the team. Staff have alerted Over the past 12 months five staff within the learning and disability and mental health fraction of the team only, have left the team citing excessive caseload as the reasons for leaving. Recruitment to these positions in particular and within Children's Continuing Care has proven to be challenging despite going out to recruitment for these positions on multiple occasions. There are also several projects relating to service improvement occurring across the Calderdale footprint that various staff within the team are contributing to. All these projects aim to provide a more joined up approach and economical delivery model for the people of Calderdale. The current level of staffing shortage within the team risks a delay to the progress of these projects as staff focus on ensuring statutory functions are prioritised.	4	4	16	

Infrastructure – digital / estates / non ICB workforce Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2154)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	Common risk re: maternity services Also see corporate risk.
Calderdale (2156)	There is a risk of a reduction of quality, safety and experience of women accessing maternity services, due to recruitment and retention challenges resulting in poor outcomes and experience	2	3	6	
Leeds (2272)	There is a risk to pregnant people of not achieving the preferred elements of care identified in individual personalised care plans, due to midwifery staffing issues (both recruitment and retention), resulting in a potential for poorer outcomes and experience of care	2	3	6	

Leeds (2269)	There is a risk of poor quality care to pregnant people and their families due to workforce short and long-term challenges (eg: industrial strike action across the maternity sector, recruitment challenges, sickness and absences, etc), resulting in poor patient experience, safety, and clinical effectiveness.	2	3	6	
Wakefield (2128)	Children and young people aged 0-19 years will be waiting for over 52 weeks for autism assessment due to availability of workforce to manage the volume of referrals. The time taken for a full diagnostic assessment for ASD for children and young people is continuing to increase due to the exceptionally and unpredicted number of referrals. The number of referrals remain much higher and above the capacity planning which was part of the business case for investment. Because of the increased waiting times and pressure/publicity in neighbouring areas the numbers of Patient Choice referrals for assessment has risen in the last 3 months which increases financial pressure on the organisation.	3	5	15	Common risk re: waits for CYP neurodiversity Also seek corporate risk.
Calderdale (1338)	There is a risk that children and young people (CYP) will be unable to access timely mental health services (in particular complex 'at risk' cases and Autism Spectrum Disorder/Attention Deficit Hypertension Disorder (ASD/DHD)). This is due to a) waiting times for ASD (approx. 14 months) b) lack of workforce locally and nationally to recruit into this service and c) appropriate services not being available for CYP as identified in SEND. Resulting in potential harm to patients and their families.	4	3	12	
Kirklees (2240)	There is a risk of children being unable to access a timely diagnostic service for neurodevelopmental conditions. This is due to increased demand for the service and the impact of the Covid 19 pandemic on provision of the service. Waiting time at end of December 2023 was 92 weeks, resulting in delays to timely diagnosis, which may also impact upon access to other support services across Health, Education and Social Care and reputational damage.	3	4	12	
Leeds (2301)	There is a risk of CYP being unable to access a timely diagnostic service for neurodevelopmental conditions (Autism and ADHD) due to rising demand for assessments and capacity of service to deliver this (ICAN for under 5, CAMHS for school age). Delays in access to timely diagnosis may impact upon access to other support services across health, education and social care but also no compliance with NICE standards for assessment within 3 months from referral.	3	5	15	
BDC (2039)	CHILD AUTISM and/or ADHD ASSESSMENT AND DIAGNOSIS There is a risk of further deterioration in the statutory duty service offer for children waiting for assessment, diagnosis and immediate post diagnostic support. This results in non-compliance with the NICS (non-mandatory) standard for first appointment by three months from referral which was highlighted as an area for a remedial Written Statement of Action in the Ofsted/CQC local area SEND inspection held in March 2022. Increased waits will contribute to health inequalities and delays in treatment with ADHD which will have a significant impact on peoples functioning.	4	4	16	
Kirklees (2147)	There is a risk to the ability of care homes to be able to provide safe, high quality and person centred care due to staffing levels, high cost agency usage, increased costs of living and increased intensity of need of residents. This results on an increased requirement on the systems to provide intense	3	3	9	Common risk re: care homes staffing

	responsive support to care homes, and risks care homes de-registering or closing due to financial unsustainability.				
Calderdale (2149)	There is a risk to the ability of care homes to be able to provide a safe, high quality, person centered quality lifestyle due to staffing capacity and gaps in knowledge resulting in poor quality care and experience.	2	3	6 ↓	
Wakefield (2138)	Due to the requirement to manage people with increased complexity there is a risk to quality, safety and experience in the independent care sector, rising costs and workforce supply challenges, resulting in insufficient capacity and delayed discharges.	2	3	6	
Bradford (New risk – no. tbc)	There is a risk that there will be further closures to care and nursing homes, and reduced capacity due to a lack of registered managers, causing delays to patient flow from hospital to community settings which would then be a system (Partnership) problem.	3	4	12 NEW	

Quality and Safety Risks

Place	Risk	I	L	Score	Proposed Action
Kirklees (2179)	There is a risk of Looked After Children (LAC) not receiving an Initial Health Assessment (IHA) or Review Health Assessment (RHA) within statutory timescales. This is due to an increase in the complexity of individual cases and increasing numbers of LAC from outside the area living in private children's homes Kirklees. This includes an increase in Unaccompanied Asylum Seeking Children (USAC), resulting non achievement of mandatory timescales Resulting in performance targets not being met and assessments being carried out late. Health needs may not be identified early enough to ensure that support is put in place promptly.	3	3	9	Common risk re: Looked After Children health assessments
Leeds (2257)	There is a risk of not meeting target for Initial Health Needs Assessment completion for CLA, lack of capacity within service responsible for delivering IHNAs, resulting in health plans not being available for the first multidisciplinary Child Care Review meeting, delay in identification of health issues and subsequent support. There is also a risk of potential breach of statutory duty.	3	4	12	

Finance and Contracting Risks

Place	Risk	I	L	Score	Proposed Action

Kirklees (2116)	There is a risk that the transformational changes required to address the approved case for change programme (CHFT) will not be achieved within the required timescales, due to delays in allocating Business Case funding for Huddersfield Royal Infirmary (HRI) due to current political changes. Resulting in failure to deliver improved patient experience, better clinical outcomes and overall system sustainability.	2	2	4	Common risk re: CHFT business case funding Query raised re difference in scoring
Kirklees (2064)	There is a risk that the allocated Full Business Case funding for Huddersfield Royal Infirmary (HRI) is not released by the secretary of state (Her Majesty's Treasury), due to current political changes, within the required timescales, resulting in an inability to fully implement the estate changes required to address the case for change and failure to deliver overall system financial sustainability.	2	2	4	
Calderdale (821)	There is a risk that the allocated funding is not secured due to the Full Business Case (FBC) not being approved by Her Majesty's Treasury, resulting in an inability to implement the transformational changes required to address the Financial and Quality and Safety case for change and failure to deliver improved patient experience, better clinical outcomes and overall system financial sustainability	4	2	8	
Wakefield (2329)	There is a risk that the high level of risk within the collective ICS financial plan and more specifically the impact of that within the Wakefield Place will mean that transformation schemes and investment decisions will be severely limited. The ICB and in particular within Wakefield has significant cost pressures in Prescribing, Independent Sector Activity and Continuing Healthcare Packages and is therefore at risk from achieving its financial planning control total.	4	4	16 ↓	Common risk re financial plan and financial control target
Wakefield (2397)	There is a that the WDHCP part of the WYICS will not as a system develop a financial strategy to deliver a break-even position in future years. This is due in part to the fact that the WYICB - Wakefield Place delegated budget has an underlying deficit going into 2024/25. In addition MYTT has a significant underlying deficit. The scale of these pressures will require a financial recovery plan to deliver a break-even position in future years. The result of failure to deliver longer term financial balance will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties, reputational damage and potential additional scrutiny from NHSE and a requirement to make good deficits in future years.	4	5	20	
Leeds (2014)	There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and new cost pressures in 2023 – 24. This could result in the system as a whole not meeting the statutory duties.	5	4	20	
Kirklees (2306)	There is a risk that the Kirklees place as part of West Yorkshire will not achieve its financial control target due to financial pressures within the system of Kirklees and wider West Yorkshire system pressures, alongside having a large QIPP target to achieve financial balance. This risk is due to, in part, a number of elements - increased costs in all business areas - pressures due to inflation and pay	4	4	16 ↓	

	- high QIPP target - under delivery of efficiency programmes The result of failure to deliver will be a risk to the achievement of the overall West Yorkshire ICS financial plan which could result in failure to deliver statutory duties, reputational damage and additional scrutiny from NHS England			
Kirklees (2393)	UNDERLYING FINANCIAL DEFICIT There is a risk that we do not maximise our opportunities to make effective use of our resources and achieve a sustainable recurrent financial position, due to the size of our underlying deficit, funding and cost pressures and competing aims around performance and quality. This may result in regulatory interventions, reputational damage and impacts on the range and quality of services and patient outcomes.	4	4	16 ↓
Calderdale (2300)	The risk is that WYICB-Calderdale Place will fail to deliver the 2023/24 financial plan. This is due to 23/24 financial plan submitted to the WYICB including a number of pressures/risks which have been articulated in the plan development process.. These risks include activity pressures on independent sector acute contracts, prescribing and under-delivery of QIPP. The QIPP challenge for 23/24 is significant at around £5m as a minimum. This includes a £2.3m share of WYICB additional savings requirement. The result of failure to deliver the plan in Calderdale will be a risk to the overall WYICB achievement of its financial plan and financial statutory duties.	4	4	16 ↑
Calderdale (2299)	There is a risk that the Calderdale Cares Partnership part of the WYICS will not as a system deliver its planned financial position. This is due to in part to several key elements including : - the level of inflation, the scale of efficiency challenge, uncertainty around ERF income, pay award uplift, under delivery of efficiency programs, higher than planned agency costs and use of non recurrent resources. Strike related cost pressures continuing to add risk. The result of failure to deliver will be a risk to the achievement of the overall WYICS financial plan which could result in failure to deliver statutory duties, reputational damage and potential additional scrutiny from NHS England and a requirement to make good deficits in future years.	4	4	16 ↑
BDC (2338)	IN-YEAR FINANCIAL PERFORMANCE There is a risk that we do not maximise our opportunities to make effective use of our resources and achieve our financial targets for the year, due mainly to shortfalls against savings plans, unidentified CIP targets, additional cost pressures (e.g. prescribing, CHC, MH OAPs, industrial action, pay and non-pay inflation, etc) and potential financial penalties re Elective Recovery Schemes. This may result in regulatory interventions, reputational damage and impacts on the range and quality of services and patient outcomes.	5	4	20
BDC (2337)	UNDERLYING FINANCIAL DEFICIT	5	4	20

	There is a risk that we do not maximise our opportunities to make effective use of our resources and achieve a sustainable recurrent financial position, due to the size of our underlying deficit, funding and cost pressures and competing aims around performance and quality. This may result in regulatory interventions, reputational damage and impacts on the range and quality of services and patient outcomes.				
BDC (2173)	BMDC FINANCIAL POSITION There is a risk that the measures taken to control expenditure by BMDC and the Children's Trust will impact on other Place partners. This could adversely affect wider system finances, hospital discharges and the management of winter pressures. There is also a risk that BMDC will not be able to set its budget if Exceptional Financial Support is not received from the government. If additional support is not received a section 114 notice will be issued.	5	5	25 ↑	Common risk re LA financial position
Kirklees (2394)	There is a risk that measures being taken to control expenditure in Kirklees District council will have an impact on other place partners. Due to the financial pressures being experienced by most councils across West Yorkshire and their statutory requirement not to overspend against budgets Leading to a potential impact on hospital discharges resulting in higher costs being retained within the Kirklees and WY NHS system (additional costs borne by NHS provider organisations for which there may not be mitigations, thereby resulting in adverse variances to plan) and the management of winter pressures.	4	4	16	

Leeds Health & Care Partnership

NHS West Yorkshire Integrated Care Board

Appendix 3

Leeds Health and Care Partners - Top Risks – as at May 2024						
The ICB in Leeds	20	**Financial Position** There is a risk that the financial position across the Leeds system will not achieve financial balance due to the combination of undelivered QIPP and cost pressures in 2023 – 24. This could result in the system not meeting the statutory duties.	16	**Risk of Harm – Emergency Department Waiting Times** There is a risk of harm to patients in the Leeds system due to people spending too long in Emergency Departments (ED) due to high demand for ED, the numbers, acuity, and length of stay of inpatients and the time spent by people in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.	16	**Mental Health Access** There is a risk of increased rates of avoidable deteriorations in mental health, due to increased mental health demand, alongside insufficient capacity to provide access to proactive community mental health intervention and support, exacerbated further by sustained workforce recruitment and retention challenges; resulting in increases in numbers and severity of acute /crisis presentations, with consequent adverse impact on mental health presentations to ED and YAS, increased lengths of stay and reduced system flow in mental health beds, and increased numbers of out of area acute mental health and PICU bed days.
Leeds Teaching Hospital Trust	16	**High occupancy levels and insufficient capacity and flow across the health and social care system causing impact on patient safety, outcomes, and**	20	**Delivery of the financial plan and operational capital plan for 2023/24** There is a risk that the Trust does not achieve its planned control	16	**Workforce risk** There is a risk in filling staff vacancies across all professional groups and support workers, caused by

Key: ⇔ = risk score static; ↑ - risk score increasing; ↓ = risk score decreasing; New = new risk this cycle

		experience There is a risk to maintaining sufficient capacity to meet the needs of patients attending hospital and being admitted for planned/elective care and unplanned (acute) care caused by demand being greater than the available hospital capacity. Efficiency of patient flow and placement due to high occupancy across the health and care system impacts on patient safety, outcomes, and experience. There is also a risk to the delivery of constitutional standards, impacting on the Trust's delivery and efficiency ratings and reputation.		total and deliver the operational capital plan in 2023/24 due to a reduction in the capital allocation to address strategic capital risks across the ICB. This would have the following impact: Reducing the internal funding for the Trust's ambitious Five-Year Capital programme, including Building the Leeds Way. Cash shortfall and risk to supplier payment. Potential non-compliance with regulatory requirements, including new medical devices regulation (Regulation EU 2017/45). Limiting the capital programme / not replacing equipment. Increased clinical risk due to inability to replace capital assets within agreed replacement schedules. Greater reliance on external sources of funding. Potential to contribute to the Integrated Care System not meeting its overall control total. Reputational damage, as the Trust fails to deliver on a key statutory duty (financial plan) and the Trust fails to invest in equipment, estate, and digital		local and national shortages of qualified and unqualified staff, exacerbated by the coronavirus (COVID-19) pandemic, and internal financial controls impacting on decisions to recruit to vacant posts; resulting in a potential failure to provide safe care and treatment, protect staff from psychological and physical harm (burn-out), loss of stakeholder confidence and/or material breach of regulatory conditions of registration.

				infrastructure to support service development.		
Leeds Community Healthcare Trust	⇔	**Neurodiversity Waiting Times** There is a risk of unsustainable Neurodevelopmental assessment and treatment pathways (autism and ADHD) due to demand for services surpassing the capacity resulting in unmet need of patients and long waiting lists which will cause impact to patient outcomes.	⇔	**Imbalance of Capacity and Demand** Increasing demand for services (specific risks on the risk register relate to Neighbourhood Teams, CAMHS, Speech and Language Therapy, ICAN) coupled/reflected with increased complexity of the services required, resulting in reduced quality of patient care, delay in treatment, deterioration in health and wellbeing of patients, and additional pressure on staff, exacerbated by vacancies to some hard to recruit to roles.	↑	**Financial Position 2024/25** Risk of not being able to deliver a balanced revenue financial plan for 2024/25 given underlying deficit and range of cost pressures. This is exacerbated by the reported planning positions of partner NHS organisations in Leeds, Leeds City Council and across the West Yorkshire Integrated Care System. There is expected to be little or no real terms growth in 2024/25 and a significant national efficiency ask to which will be added a requirement for LCH to address its own underlying deficit and play a major part in a Leeds place response to the Leeds financial planning gap. Whilst work across Leeds and the ICS has commenced to identify savings from transformation, improved system working and efficiencies, difficult decisions to be made about services the Trust is able to offer patients may be required.

Leeds and York Partnership Foundation Trust		**System flow and Out of Area Placements** There is a risk to the quality of care of our service users as a result of ineffective patient flow within the system with an increasing use of Out of Area Placements, compounded by a lack of recurrent funding and a resulting financial cost to the system.		**Community Mental Health Services redesign** The Community Mental Health redesign and recovery plan will result in the need to do things differently across the city, and impact on the way partners provide their services. If this is not sufficiently addressed there is a risk to the overall quality of patient care and experience.		**Investment in Mental Health and Learning Disability Services** There is insufficient capacity to meet the level of demand of mental health needs within Leeds; this is manifested through the availability of core funding for our workforce and impacts on resource.
Leeds GP Confederation	⇔	**Strategic**: There is a risk that both main aspects of the Confederation's purpose are compromised due to strategic decisions that are out with of our control. Voice & representation; if the funding for this is reduced or lost. Combined with PCNs taking Enhanced Access 'in-house' the combined affect will be a much-compromised Confederation infrastructure with limited ability to deliver purpose.	⇔	**Financial**: Following an efficiency review we have mitigations for our 2024/25 deficit. Mitigations include increasing income through winning tenders but there is a risk that these contracts do not yield the level of income required. In addition, reducing running costs largely through changing the workforce profile. Whilst being closely monitored there is a risk that mitigations will not work and we will return to a risk of deficit.	⇔	**Operational**: Being agile for PCN requirements. Standing down services and standing up new services; all require workforce flexibility. Where workforce is limited, this may compromise the ability to flex services at the speed required.
Voluntary, Community and Social Enterprise (coordinated by Forum Central)	↑	**Increased demand and complexity** Harm to people, especially those with the greatest Health Inequalities (HIs), as third sector is increasingly unable to support existing as well as rising demand amongst the most vulnerable	↑	**Risk to financial position** Where reduction in third sector service capacity means these service users have no alternative but to present directly to NHS services such as A&E or crisis centres (increasing service demand) or are unable to return	↑	**Risk to current contracts, service sustainability and tackling Health Inequalities** Organisations unable to fulfil contracts and loss of third sector workforce and capacity working with population groups to tackle HIs and associated

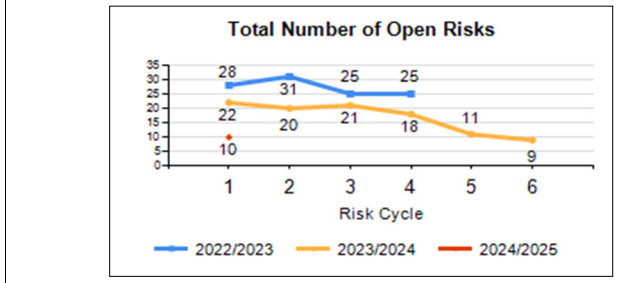
		groups and communities. Forum Central has previously reported on the rise in people referred to third sector organisations with complex needs including SMI who are not in receipt of NHS or LCC support services. Cuts and restrictions on NHS/LCC services, in addition to rising poverty, mean Third Sector Organisations are reporting increased demand from new users who cannot be safely or appropriately supported by third sector providers: this represents an additional harm to people.		home after a stay in hospital (reducing service efficiency). Potential impact on actual vs budgeted ICB expenditure and plans to reduce spend. Includes disproportionate users of unplanned care services, so may have a disproportionate impact on unplanned expenditure. **ICB funding for Forum Central representation and capacity linked to the ICB structures ends in Sept 2024:** Limits Forum Central's LHCP capacity to provide a strategic voice for the third sector for health & care, and manage third sector representation & engagement across the ICB/LHCP structures		impact on the HLP's two priority goals. Includes provision not always visible to statutory organisations. Loss of contracts and / or lack of full cost recovery leading to closure of local Third Sector organisations. Reduced capability to address root cause associated with the presenting problem captured in the Leeds Data Model (i.e. just as Leeds Data Model analysis becomes able to identify the population groups to prioritise, we lose the staff and services best placed to be a critical part of the solution).
Leeds City Council	⇔	**Workforce** Workforce resource not in place to deliver the service to the required standard. Worsening workforce pressures and market sustainability position. Problems in both Adults and Health and Children and Families directorates in recruiting and retaining care staff (in particular: social workers, professionals, educational psychologists,	⇔	**Major Cyber incident** Risk to citizens, the council and city as a result of digital crime, process failure or people's actions in relation to a major cyber incident. <u>Sources:</u> Internal and external threats to cyber security e.g., human error, malware, ransomware and increasing sophistication of cyber-criminal	⇔	**Sustained financial pressures** Financial and budgetary pressures within the organisation - in particular for Adults & Health and Children & Families directorates - is still very real/relevant and is high risk.

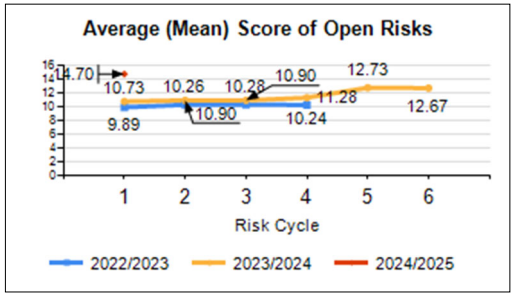
		schools) leading to increased resource pressures and adverse impact on our ability to deliver a wider range of services. Risk that the workforce capacity gap could worsen. Sources: High vacancy factors that are proving difficult to fill. Market sustainability and competition in the labour market (internal and external to the sector). Underinvestment in the labour market. Staff leaving the sector(s) for better paid and less stressful jobs in other industries. Long term problems from the pandemic and Brexit.		activity. Cyber disruption from world conflicts.		

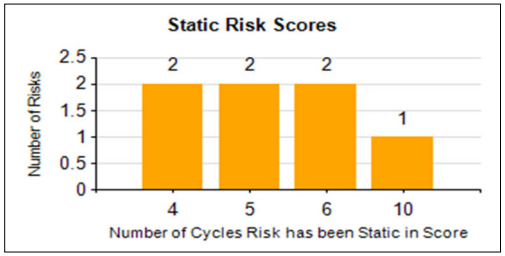
Appendix 4: Risk on a Page Report for the Leeds Committee of the West Yorkshire Integrated Care Board
Risk Cycle 1: March – June 2024

Total Risks	12
Delivery	1
QPEC	0
Delivery and QPEC	5
Finance & Best Value	2
Delivery and Finance & Best Value	1
Leeds Committee	3
EMT	0

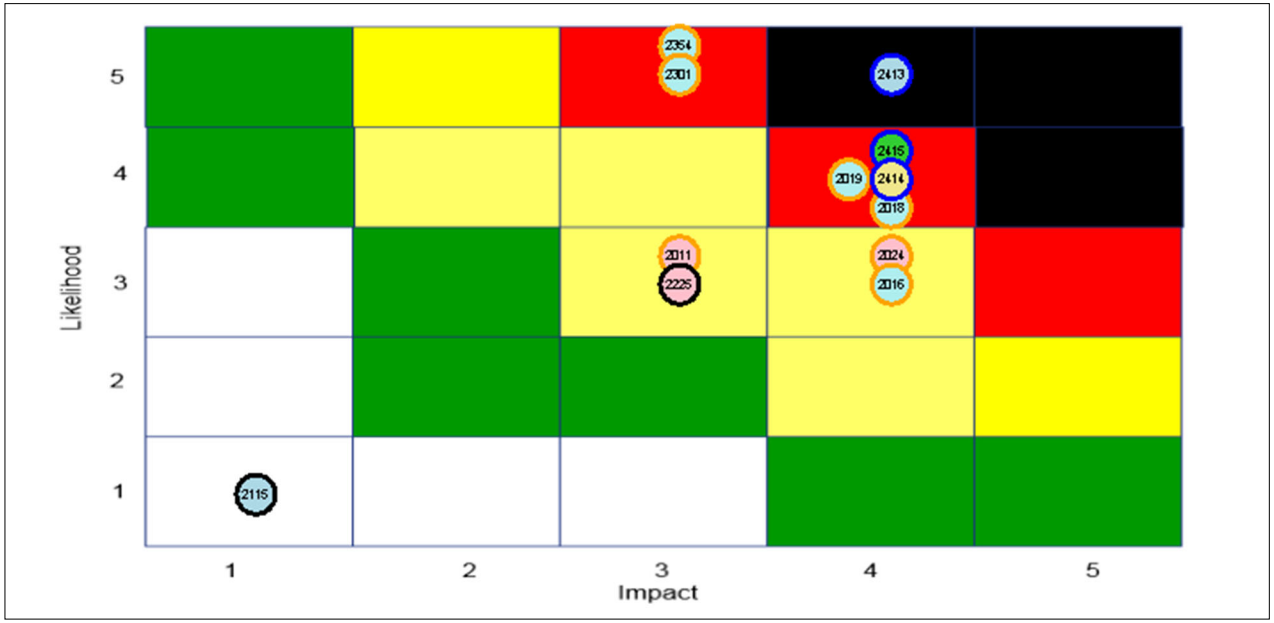
Movement of Risks	
New	3
Marked for Closure	2
Risk score increasing	0
Risk score static (1 cycle)	0
Risk score static (2+ cycles)	7
Risk score decreasing	0







Risk Overview



Key

- Finance and Best Value Committee
- Delivery Committee
- Leeds Committee of the WY ICB
- Both Delivery and Quality and People's Experience
- Both Delivery and Finance and Best Value

- New Risk
- Closed Risk
- Risk Score Increasing
- Risk Score Decreasing
- Risk Score Static

Score	Risk Level
1-3	Low Risk
4-6	Moderate Risk
8-12	High Risk
15-16	Serious Risk
20-25	Critical Risk

Leeds Health & Care Partnership

NHS West Yorkshire Integrated Care Board

LEEDS COMMITTEE OF THE WEST YORKSHIRE INTEGRATED CARE BOARD
WORK PROGRAMME 2024-25

ITEM	May 24	Sept 24	Nov 24	Feb 25	Lead
STANDING ITEMS					
Welcome & Introductions	X	X	X	X	Chair
Apologies & Declarations of Interest	X	X	X	X	Chair
Minutes of previous meeting	X	X	X	X	Chair
Matters Arising	X	X	X	X	Chair
Action Tracker	X	X	X	X	Chair
Questions from Members of the Public	X	X	X	X	Chair
Summary & Reflections	X	X	X	X	Chair
People's Voice	X	X	X	X	-
Place Lead Update	X	X	X	X	TR
Forward Work Plan	X	X	X	X	Chair
Items for the Attention of the ICB	X	X	X	X	Chair
Population and Care Delivery Board Update	X	X	X	X	Various
GOVERNANCE & FINANCE ITEMS					
Sub-Committee Assurance Reports	X	X	X	X	Relevant Chairs
Risk Management Report	X	X	X	X	TR
Board Assurance Framework (BAF)	X	X	X	X	TR
Financial Position Update	X	X	X	X	VPS
Terms of Reference Review	X				Chair
Sub-Committee Annual Reports	X				Chairs
ITEMS FOR DECISION					
GP Procurement / Merger of practices	X				KT
Joint Working Agreement (MART Phase 2)		X			LM
Financial Plan 2025/26				X	TR/VPS
Procurement of new contract for integrated provider of Short-Term Community Beds	X				HL
STRATEGY & ASSURANCE					
Marmot City Update		X			VE
Medium Term Plan		X			TR
Director of Public Health Annual Report		X			VE