**Final Minutes**

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

**Wednesday 22 May 2024, 1.15pm – 4.30pm**

**HEART: Headingley Enterprise & Arts Centre, Bennett Rd, Headingley, Leeds, LS6 3HN**

| **Members** | **Initials** | **Role** | **Present** | **Apologies** |
| --- | --- | --- | --- | --- |
| Rebecca Charlwood | **RC** | Independent Chair, Leeds Committee of the WY ICB | **P** |  |
| Caroline Baria | **CB** | Director of Adults & Health, Leeds City Council (LCC) | **🗸** |  |
| Victoria Eaton | **VE** | Director of Public Health, LCC | **P** |  |
| Dr Sarah Forbes | **SF** | Medical Director, ICB in Leeds | **P** |  |
| Pip Goff | **PG** | Volition Director, Forum Central | **P** |  |
| Jo Harding | **JH** | Director of Nursing and Quality, ICB in Leeds | **P** |  |
| Cheryl Hobson | **CH** | Independent Member – Finance and Governance |  | **P** |
| Yasmin Khan | **YK** | Independent Member – Health Inequalities | **P** |  |
| Dr Sara Munro | **SM** | Chief Executive, Leeds and York Partnership Foundation Trust (LYPFT) | **P** |  |
| Visseh Pejhan-Sykes | **VPS** | Place Finance Lead, ICB in Leeds | **P** |  |
| Jane Mischenko | **JM** | Co- Chair, Healthwatch Leeds | **P** |  |
| Selina Douglas | **SD** | Chief Executive, Leeds Community Healthcare NHS Trust (LCH) |  | **P** |
| Dr Ruth Burnett (deputy for SD) | **RB** | Executive Medical Director, LCH | **P** |  |
| Tim Ryley | **TR** | Place Lead, ICB in Leeds | **P** |  |
| 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, WYICB | **🗸** |  |
| Harriet Speight | **HS** | Corporate Governance Manager, WYICB | **🗸** |  |
| Tom Daniels (Item 08/24) | **TD** | Senior Pathway Lead – Cancer, ICB in Leeds | **🗸** |  |
| Dr Steve Bradley (Item 08/24) | **SB** | Chair of the Cancer Population Board | **🗸** |  |
| Prof. Pete Lodge (Item 08/24) | **PL** | Associate Clinical Director for Cancer, LTHT | **🗸** |  |
| Helen Lewis (Item 14/24) | **HL** | Director of System and Pathway Integration, ICB in Leeds | **🗸** |  |

**Members of public/staff observing – 2**

| No. | Agenda Item | **Action** |
| --- | --- | --- |
| **01/24** | **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 welcomed Jane Mischenko (JM) to her first meeting of the Leeds Committee in her new role as Co-Chair of Healthwatch Leeds. |  |
| **02/24** | **Apologies and Declarations of Interest**  Apologies had been received from Cheryl Hobson, Selina Douglas and Professor Phil Wood. Dr Ruth Burnett was in attendance as deputy for Selina Douglas.  Members were asked to declare any interests presenting an actual or potential conflict of interest arising from matters under discussion. The Chair noted that the report included at Item 14 - ‘Procurement of new contract for integrated provider of Short-Term Community Beds’ – sought approval to proceed with procurement, as opposed to awarding a contract. A direct conflict of interest for partners was therefore not presented at this stage in the process, and processes to manage conflicts of interest had been built into provider selection processes in line with the Procurement Policy.  No further interests were declared. |  |
| **03/24** | **Minutes of the Previous Meeting – 13 March 2024**  The public minutes were approved as an accurate record.  **The Leeds Committee of the WY ICB:**   1. **Approved** the minutes of the previous meeting held on 13 March 2024. |  |
| **04/24** | **Matters Arising**  Referring to Item 80/23 (NHS Leeds Financial Plan 2024-2025), JM requested an update on the progress of the work undertaken to understand the impact of changes to service funding set out in the plan on service users. Tim Ryley (TR) advised that an extraordinary meeting of the Leeds Committee had been scheduled for Wednesday 26th June 2024 to consider a report providing an update on the Quality Equality Impact Assessment (QEIA) tool and assurance process undertaken, along with any final decisions requiring approval.  *N.B. The extraordinary meeting scheduled for Wednesday 26th June 2024 was cancelled following the announcement of the general election on 4th July 2024 and the subsequent pre-election guidance. The item was rescheduled for the next meeting of the Leeds Committee on Wednesday 11th September 2024.* |  |
| **05/24** | **Action Tracker**  The committee noted the completed actions set out in the action tracker. |  |
| **06/24** | **People’s Voice**  JM introduced a video from the ‘how does it feel for me?’ series with Mercy from Chapeltown, coordinated by Healthwatch Leeds. In the video, Mercy described her experiences of healthcare and community services whilst undergoing treatment for cataracts and dry macular degeneration.  George Winder (GW) highlighted that Mercy’s experiences showed a clear variation in communication of changes to the delivery of primary care services implemented to utilise other healthcare practitioners as opposed to just GPs, where appropriate, and the need for better coordinated communication campaigns around this. TR noted the limitations of wide-spread communication campaigns in terms of reach, and therefore the importance of communication at an individual practice level, and between patient and practitioner.  GW also reflected on the barriers to improving the balance of types of practitioners in primary care services, including strict funding requirements for the Additional  Roles Reimbursement Scheme (ARRS) and suggested that this could form part of a lobbying ask to NHS England. TR advised that WY had already held discussions with NHS England on this issue, along with other ICBs across the country, and would continue to lobby for changes to the funding requirements.  Sara Munro (SM) noted that some of Mercy’s reasonable adjustments had not been met and reflected how software systems used by providers often inhibit reasonable adjustments, such as the use of large font for visually impaired patients. The Chair noted that the WYICB Digital Strategy should support digital solutions for reasonable adjustments.  Members highlighted the positive feedback around third sector services in Leeds, including BID Services and Feel-Good Factor, clearly showing the strength of the provision. Victoria Eaton (VE) noted that Mercy spoke about these services as her most valued experiences and that the challenges she had experienced were associated with statutory services, which evidenced an imbalance that required further attention.  The Chair thanked Healthwatch Leeds for the work of their coordination of patient experiences through the ‘how does it feel for me?’ project, generating such rich discussions at each meeting of the sub-committees and the Leeds Committee. |  |
| **07/24** | **Questions from Members of the Public**  No questions were submitted on this occasion. |  |
| **08/24** | **Population and Care Delivery Board Update**  Tom Daniels (TD), Steve Bradley (SB) and Pete Lodge (PL) delivered a PowerPoint presentation, providing an overview of the Cancer Board’s work streams. Highlights included improving access to chest x-ray for possible lung cancer, improving access to services via the migrant access programme (MAP), improving cervical screening uptake, and improving pathways by enabling referrals straight to MRIs for possible brain cancer and utilising the Faecal Immunochemical Test for possible colorectal cancer.  TR thanked colleagues for their work, clearly evidencing the strong focus on health inequalities in Leeds. TR emphasised the importance of early identification and diagnosis of cancer, particularly for less served communities, which would be the focus of Goal 2 of the Healthy Leeds Plan. TR also recognised the clear role of third sector services in supporting the uptake of cervical cancer screening. Pip Goff (PG) added that further drive for better data would be required to support release of more resources, and that communication and coordination would be key to support uptake. Caroline Baria (CB) advised that utilising community hubs and family hubs across the city could support communication efforts to encourage uptake of screenings.  The Chair asked representatives present whether they felt the Population and Care Delivery Board infrastructure had supported their work, in terms of integration and supporting flow of resources. Members were advised that the Cancer board infrastructure had provided legitimacy and coordination to partnership working that had been well established in previous arrangements, with all partners aligned in terms of values, particularly around inequalities, and members taking key messaging back to their respective organisations. Members agreed that embedding clear mechanisms to support allocation of resources to workstreams would be key to strengthening the role of the boards.  **The Leeds Committee of the WY ICB:**   1. **Received** the update.   ***Sara Munro (SM) left the meeting between 14:05 and 14:25 during discussion of this item.*** |  |
| **09/24** | **Place Lead Update**  TR provided an overview of the report, setting out the national context, including the focus on NHS driven by the anticipated general election and an expectation that workforce numbers should decrease following significant increases in staffing numbers through the pandemic. TR also advised that following the last meeting, the Leeds NHS Financial Plan had been submitted, with a further iteration submitted on 2nd May 2024. The Chair thanked colleagues for their collective response to financial planning for 2024/25.  Jo Harding (JH) provided an update following the recent Joint Targeted Area Inspection (JTAI) that focused on the effectiveness of the multi-agency response to children and young people at risk of or affected by serious youth violence and/or criminal exploitation. JH advised that the inspection found that most children in Leeds who are affected by serious youth violence and/or criminal exploitation benefit from an effective and well-coordinated multi-agency response. Members were also advised that a celebration event would take place following publication of the report.  **ACTION –** To circulate the link to the recent Joint Targeted Area Inspection (JTAI) report.  PG noted the focus on co-morbidities as set out within the Healthy Leeds Plan priorities for Goal 1, however raised the potential for missed opportunities to provide non-medical support services to support mental health with this model. TR highlighted that people with three health conditions and a serious mental illness (SMI) are far less likely to be able to live an independent life, and therefore the importance of inclusion within the Goal 1 priorities, however that further work was required to address early intervention systematically through the priorities.  **The Leeds Committee of the WY ICB:**  **a) Received** the update. | **HS** |
| **10/24** | **Quality and People’s Experience Sub-Committee Update**  The Committee received the AAA report on behalf of the Chair, Rebecca Charlwood.  **The Leeds Committee of the WY ICB:**  **a) Noted** the update. |  |
| **11/24** | **Delivery Sub-Committee Update**  The Committee received the AAA report on behalf of the Chair, Yasmin Khan (YK).  **The Leeds Committee of the WY ICB:**   1. **Noted** the update. |  |
| **12/24** | **Finance and Best Value Sub-Committee Update**  The Committee received the AAA report on behalf of the Chair, Cheryl Hobson (CH).  **The Leeds Committee of the WY ICB:**   1. **Noted** the update.   ***The meeting adjourned for a comfort break at 2.45 p.m. until 2.55 p.m.*** |  |
| **13/24** | **2024-25 Financial Plan Update and Month 1 Progress on Efficiency Plan**  Visseh Pejhan-Sykes (VPS) introduced the report and further to TR’s update at Item 09/24, advised that NHS England had indicated that there would be no further iterations of planning submissions and that systems must now focus on delivery, with the expectation that systems would focus on closing their financial gap by year end as part of their delivery efforts. VPS advised that at month 1, the Leeds system had reported a financial gap of £8.3m collectively, after excluding some technical adjustments around the treatment of Private Finance Schemes (PFI) at LTHT and LYPFT that had been highlighted to NHSE as anomalies arising from changes to accounting policies nationally.  **The Leeds Committee of the WY ICB:**   1. **Reviewed** and **noted** the final 2024-25 financial plan submission. 2. **Reviewed** and **noted** the QIPP delivery for 24-25 at month 1. |  |
| **14/24** | **Procurement of new contract for integrated provider of Short-Term Community Beds**  The Chair reiterated that the role of the Leeds Committee was to approve the Provider Selection Regime route for the procurement, as opposed to awarding a contract, and that processes to manage conflicts of interest had been built into provider selection processes in line with the Procurement Policy.  Helen Lewis (HL) introduced the report, advising that the item had been considered in advance by the Finance and Best Value Sub-Committee and subsequently further information had been considered by the Chair and Place Lead. HL set out the recommendation in the report to proceed to procurement with a competitive process.  PG noted that the information in the report was not easy to understand from a lay person’s perspective. HL advised that this was the first decision of this nature to come through to the Leeds Committee and recognised that the detail in the report was mostly technical, however this was the necessary level of information required at this stage.  SM commented that the lead coordinator model as set out in the report would be appropriate, however queried whether the risk level would sit with the lead commissioner and whether funding additional to the required level would be a separate budget. HL confirmed that the lead role would be expected to manage both parts, but the financial allocation would be separate. HL added that the risks and costs associated with replacing capacity would sit with the coordinator.  In response to a query regarding the length on contract as set out in the report, HL advised that the contract would be for 10 years and 3 months to build stability and embed partnership working, and that inclusion of a break clause would be explored. HL also confirmed that the contract would receive the standard NHS uplift over the contract period.  **The Leeds Committee of the WY ICB:**   1. **Approved** the Provider Selection Regime (PSR) route for the Short-term Community Bed service as: Competitive Process |  |
| **15/24** | **Shakespeare Medical Practice - Alternative Provider Medical Services Contract**  HL presented the report, advising the committee that following the approval of the Preferred Bidder Outcome Report in October 2023 by the Leeds Committee, notification had been received of the change of ownership of the provider to Chilvers & McCrea Limited, and mobilisation of the service had since commenced. HL confirmed that assurance was obtained following legal advice that the change of ownership occurred prior to award on contract and therefore the award process was valid. HL added that there were no changes to the services provided for patients and no concerns had been raised by service users regarding the change.  **The Leeds Committee of the WY ICB:**   1. **Noted** the change of control. |  |
| **16/24** | **Sub-Committee Annual Reports and Terms of Reference**  Sam Ramsey (SR) introduced the report, advising that the three sub-committees of the Leeds Committee (Delivery, Quality and People’s Experiences, Finance and Best Value) had undertaken their annual governance reviews at their recent meetings and therefore their annual reports and terms of reference had been submitted to the Leeds Committee for approval.  SR advised that the Delivery Sub-Committee had agreed to hold a further development workshop to focus on further clarity around its purpose and membership and therefore the terms of reference would be submitted for approval to a future meeting. YK added that the sub-committee had made good progress throughout the year, however there was still room for improvement and that the development workshop would support this. SR advised that the Finance and Best Value Sub-Committee had reported improved collective understanding of system finance, including clinical impact, and in terms of membership, had requested partners to explore further representation from Non-Executive Directors. SR advised that the Quality and People’s Experience Sub-Committee had reported the learning and adapting culture amongst members as a key strength, with some suggestions for development around further focus on primary care and changes to membership to support this. The Chair added that partners had progressed significantly in owning joint system quality issues.  PG highlighted feedback from the recent Leeds Committee Development Session to further develop coproduction of the Population and Care Delivery Board reporting to the sub-committees, to ensure that the boards have real ownership of the reports. SR confirmed that further engagement with each of the boards had been arranged and taken place to support this.  **The Leeds Committee of the WY ICB:**   1. **Received** the annual reports. 2. **Approved** the amends to the terms of reference. |  |
| **17/24** | **Risk Management Report**  TR provided an overview of the report and advised that some challenge had been received through a recent internal audit to ensure that Place risk registers reflect the strategic risks set out within the Board Assurance Framework (BAF) to provide assurance to the WYICB.  Members discussed the need for risks included on the risk register to have a more person-centred focus, for example for risk no. 2414 (Leeds City Council financial position) to include the implications to people as a result of service changes. It was agreed that the Leeds Place risk register should be reviewed to ensure that risks are person-centred and adequately reflect strategic risks set out within the BAF.  **ACTION** – To review the articulation of risks included on the Leeds Place risk register to ensure that descriptions and mitigations are person-centred and reflect strategic risks set out within the BAF.  **The Leeds Committee of the WY ICB:**   1. **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; 2. **Received** and **noted** the risks directly aligned to the Leeds Committee of the ICB scoring 12 and above; and 3. **Noted** in respect of the effective management of the risks aligned to the Committee and the controls and assurances in place. | **TR/SR** |
| **18/24** | **Items for the Attention of the ICB Board**  The Chair outlined that the Committee would submit a report to the West Yorkshire ICB on items to be alerted on, assured on, action to be taken and any positive items to note. The key areas to highlight were set out as follows:   * An alert to the impact of considerable financial challenge on people’s experiences and specifically health inequalities. Linked to this, the action to review the Leeds Place Risk Register to ensure that descriptions and mitigations are person-centred and reflect strategic risks set out within the BAF. * Escalation of the issue raised around the Additional Roles Reimbursement Scheme (ARRS), to promote and lobby for more balance and flexibility. * The need to shape a genuinely transformative system to allow for more focus on prevention and early intervention, and support comorbidity in the most holistic way. * Assurance around great work coordinated by the Cancer Population Board. * The positive experiences of third sector services, including BID Services and Feel-Good Factor, highlighted by Mercy’s ‘how does it feel for me?’ series of videos. |  |
| **19/24** | **Forward Work Plan**  The forward work plan was presented for review and comment, noting that it continued to develop and would be an iterative document. Members of the Committee were invited to consider and add agenda items.  It was suggested that either the Leeds Committee or its sub-committees undertake deep dives into the highest scoring risks, following the review requested at Item 17/24. |  |
| **20/24** | **Any Other Business**  The Chair noted her thanks to VPS for all of her work over the year in Leeds over the years in challenging financial circumstances and wished her good luck in her new role at West Yorkshire.  The Chair also noted that the draft Leeds Committee Annual Report and draft Terms of Reference would be circulated via email to members for comment ahead of being submitted to the next WYICB meeting on 25th June 2024 for approval. |  |
| **21/24** | **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 11th September 2024. |  |