



Chief Executive's Report

Public Board

25 November 2021

Presented for:	Information and discussion
Presented by:	Julian Hartley, Chief Executive
Author:	Julian Hartley, Chief Executive
Previous Committees:	None

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

Key points	
1. To provide an update on news across the Trust and the actions and activity of the Chief Executive since the last Board meeting	Discussion and information
2. To ratify the delegated authority for the appointment of consultants	Approval

1. Current Pressures and Elective Recovery

October and November have seen continued and sustained pressures on our services, with high demand and challenges in the flow of patients in and out of our hospitals. Our emergency departments at Leeds General Infirmary and St James's Hospital have been extremely busy with record number of patients attending, and capacity within social care services has affected our ability to discharge patients. This has unfortunately led to postponement of some operations for patients and longer waits for patients within our hospitals. Some of the impacts of these pressures on our performance are explained within the IQPR in Item 12.2. The response from staff, within the Trust and across our partnerships has, as ever, demonstrated huge efforts, professionalism and expertise.

The publication of NHS England's October performance data demonstrates that these challenges are being felt across the country. The statistics show how the NHS is seeing further deterioration in four-hour target performance, record number of trolley waits and poor performance in ambulance response times. Added to this the number of people on waiting lists have hit record highs and there has been a steep rise in people waiting longer than 52 and 104 weeks.

These pressures locally and nationally demonstrate that the Trust is not an outlier in its challenges, but health and social care face significant challenges this winter and beyond which need bold and innovative responses. These are in the short term to address our current problems, and longer term to address the big picture. The response from staff to our challenges during October and November are also a reminder of what a difference each member of the team makes every day to the operations of the Trust as a whole and the individual lives of the patients we see and treat.

2. Local and regional partnerships

WYAAT continues to make progress across a range of projects. On 26 October I attended the Committee in Common which discussed areas WYAAT has been taking collective action on, including non-surgical oncology, elective recovery and pathology. I am pleased to report the successful appointment of Lucy Cole as WYAAT Director, succeeding Matthew Graham. Lucy has added huge value to WYAAT in her role as a Programme Manager and I am looking forward to working with her in the next chapter of the WYAAT collaboration.

I am pleased to note the appointment of Cathy Elliott as the new chair designate for the new NHS West Yorkshire Integrated Care Board when it takes on statutory responsibilities as anticipated from April 2022. I am also pleased to note the appointment of Rob Webster as Chief Executive Officer. They both come with good knowledge and experience across West Yorkshire and I am looking forward to working with them both as part of the West Yorkshire Integrated Care System.

The plans and preparations for the implementation of the Health and Care Bill continue within partnerships in West Yorkshire and Leeds. On 8th November the West Yorkshire Integrated Care System (ICS) published its draft constitution for consultation. Each ICS is required to consult on its constitution prior to being established as a legal entity from April 2022. The consultation runs until 14th January 2022. The West Yorkshire partnership has committed to partnerships in Leeds, Bradford, Calderdale, Kirklees, Wakefield and Craven to retaining the majority of decision making and planning of services for local partnerships. The partnership in Leeds is developing arrangements to enact this once Leeds CCG is replaced with the West Yorkshire Integrated Care Board. Further reports will be brought to Board as required prior to April 2022 as we prepare for the changes brought by the Health

and Care Bill. I have included a summary report in Appendix A that is shared with all Boards across Leeds Health and Care Partnership, for information.

I attended the Leeds Academic Health Partnership Board on 19 October. The meeting received updates from the LAHP's activity including a focus on the Healthtech Catalyst which is working to raise the profile of the region's Healthtech assets nationally and support collaboration and skills development in the region. I can also report that Dr Liz Mear, Managing Director of the LAHP is stepping down from the role for semi-retirement. I would like to thank Liz for the difference she has made to the Leeds Academic Health Partnership during her tenure and I wish her the best in her next step.

3. Amplifying Voices, Mending Divides Book

I was really pleased to see in October the release of the book 'Amplifying Voices, Mending Divides'. The anthology of stories from staff at the Trust brings together personal insights on racism with the aim to open up inclusive conversations. The book includes contributions from 14 members of staff and features personal experiences of racism whilst working in the NHS through different mediums including autobiography and poetry. We are distributing the book to staff and partners and I'm looking forward to seeing how the book helps raise awareness of people's experiences and prompts conversations amongst many of us.

4. Appointment as Non-Executive Director to DHSC Board

I am pleased to announce that I have been appointed by the Secretary of State for Health as a non-executive director with the Department of Health and Social Care. This role is additional to my responsibilities as Chief Executive of the Trust. The board meets once a quarter and is the collective strategic and operational leadership of the department, supporting and advising ministers and the department on strategic issues and overseeing risks and performance in the department. I am looking forward to contributing to the Board and to be able to provide a perspective from Leeds and NHS Trusts in supporting and informing the Department's discussions and decisions.

5. Environmental Sustainability and COP26

COP26 taking place has brought much welcome attention on the importance of taking radical action on climate change and considering all we can do as organisations and individuals to be more sustainable. As a trust we have a Green Plan which includes an overall ambition of becoming carbon neutral by 2040 and during November we undertook various activities to take action and raise awareness, including launching green pledges, our plans for sustainability within our new hospitals programme and becoming the first NHS Trust to be recognised as 'Carbon Literate'. This is alongside our existing progress to reduce carbon emissions through initiatives such as investing in energy efficiency, switching to sustainable anaesthetic gases and increasing online patient consultations. COP26 reminds us that whilst these achievements are positive, the sustainability agenda is crucial to our role as an NHS Trust and there is much further to go in order to achieve our NetZero ambitions.

I was pleased to see that the Leeds Institute of Emergency General Surgery won the 'Green Surgery' challenge run by the Centre for Sustainable Healthcare in parallel with COP26. The team redesigned processes including the use of a gasless laparoscopic procedure, lean instrument trays and reducing pre-operative urinary catheterisation. These changes will save an estimated 110 tonnes CO₂ & £88,695 per year.

6. Research and Innovation

I was pleased to hear that Leeds Teaching Hospitals NHS Trust is the first location in the UK to enrol patients in the #HOPE4LIVER study and is working in collaboration with Newcastle Hospitals NHS Foundation Trust to deliver the treatment to patients in Leeds and Newcastle. The trial is testing a pioneering new treatment for liver cancer which is the first 'surgical' treatment of liver cancer that requires no needles or scalpels and involved no radiation. It is hoped that following a successful trial this new method of treatment will become available more widely for eligible patients in the UK.

On 16 October Leeds Children's Hospital took part in the national 'Super Saturday' event involving children's hospitals across the country. The event involved showcasing existing activity and try new ways of working with the collective aim of tackling waiting lists, discovering new approaches and innovative ways of working. Staff from the Children's Hospital put much effort into the day, with a wide range of activity across the city including high intensity theatre lists, additional clinics, a community outreach clinic and a special Saturday bloods drop-in. It was positive to see what can be achieved through collective effort and a focus on innovation and experimentation.

7. Visits from national teams

During October we had a series of visits from prominent national leaders. These visits reflect the influence and importance Leeds Teaching Hospitals NHS Trust has for the NHS in the north and nationally and they were a good opportunity to showcase the challenges and opportunities here. These visits are a challenge to arrange safely given the precedence of infection prevention and control and I am grateful to colleagues in estates and facilities, communications, digital and corporate nursing to make them a success and undertaken safely.

On 2 October we welcomed Prime Minister Boris Johnson and Health Secretary Sajid Javid to Leeds General Infirmary. Dame Linda Pollard, Trust Chair, and myself hosted the visit and updated on how our plans to build two new hospitals at LGI are progressing. The Prime Minister and Health Secretary then visited our Radiology team in MRI, where they heard about the recent investment and upgrades in the department. On 1st October we welcomed members of the NHS England and Improvement Board for a socially-distanced visit to Leeds General Infirmary to hear about our strategic vision, our key achievements and our current challenges.

On 20 October I participated in a day of Teams visits hosted by Trust Chair, Dame Linda Pollard from General Sir Gordon Messenger on 20th October 2021. General Sir Gordon Messenger and Linda are leading the Government's review of Health and Social Care Leadership. It was good that LTHT was the first part of the NHS which General Messenger has visited, and the day was an opportunity to showcase the breadth of leadership we have here.

On 30 September we welcomed Natalie Forrest in a visit to the Building the Leeds Way (BtLW) offices. Natalie is the Senior Responsible Officer for the New Hospital Programme at the Department of Health and Social Care (DHSC) and she is responsible for leading the government's plans to build 40 new hospitals by 2030. At the meeting we shared an update and overview of our exciting Hospitals of the Future programme, our Future Pathology programme and our LGI Development and Innovation Pop-up.

On 29 October we had a clinical site visit from the Organ Utilisation Programme. I am a member of the Organ Utilisation Group, set up by the Secretary of State for Health and Social Care and reporting to all Ministers of Health in the UK. The Group is reviewing the current organ transplantation system and deliver recommendations on how to maximise the potential for organ transplantation in the UK. Steve Powis, NHSE&I Medical Director and John Forsythe, Medical Director for NHS Blood & Transplant were in attendance together with Phil Wood, Chief Medical Officer and members of our Transplant Unit. We met on MS Teams to discuss the challenges and opportunities for Organ Utilisation at LTHT and our national colleagues had a restricted visit to clinical areas within the transplant unit.

8. Listening and Learning

On 27 September, as part of Organ Donation Week I was honoured to unveil a memorial plaque for Mark Piotr, who died at the LGI in 2017 and went on to successfully donate eight organs. I met Mark's wife Karen and heard their amazing story, with Karen making it clear her decision for Mark to become a donor was made easier by them having had the conversation before he died. More than 20 of our LTHT patients became organ donors last year and I was able to take some time to pay my respects at the St James's chapel too. I then visited some of our transplant and organ donation teams at St James's to thank them for their hard work and commitment, including the National Organ Donation Retrieval (NORS) team based at SJUH and some of the ward teams.

I was pleased to attend the launch of the LTHT Staff Bank. This is a temporary staffing provider for Nursing, Midwifery, Perioperative Practitioners and associated support staff. The service provision has now been moved to an in-house provision and I would like to thank all the individuals and teams who have supported the move. The LTHT Staff Bank will be part of the whole Trust's workforce offer, managing the booking of temporary workers into shifts to support the best patient safety, quality and experience. It will contribute to our strategic and system level workforce agenda.

As part of Mouth Care Matters Promotion Week at LTHT I visited the team on J14 to learn why mouth care is so important for elderly and palliative patients and hear about the great work they are doing.

9. Celebrating Success

The Trust is delighted to be winners of the Best Apprenticeship Scheme at the 2021 CIPD People Management Awards. The Trust supports over 800 apprentices working in our hospitals in a programme known as 'Get in, Get on, Go further' and huge credit should be given to the Organisational Learning team for all their hard work, and all our teams who support apprentices working in our hospitals. Apprentices are a key part of our workforce, and apprenticeships are a fantastic avenue for developing our staff at all levels and maximising our impact as a large employer and Anchor institution in the local economy.

Congratulations to The Leeds Long Covid Rehabilitation service which has been recognised for innovative work in the Clinical Leadership Team category of the 2021 BMJ awards. The team were quick to recognise during the early stages of the pandemic that some patients continued to struggle with ongoing symptoms for months after Covid infection. A unique, integrated rehabilitation pathway was developed through rapid collaborative leadership across Primary Care, two NHS trusts, the University of Leeds, the CCG and the City Council. More than 750 adults with Long Covid whose daily functioning

was severely impacted and not improving with GP-supported self-management have since been treated. It has been a great example of integrated care, with LTHT medical specialists working closely with a therapy team based in Leeds Community Healthcare Trust, providing specialist assessment and ongoing rehabilitation in one service.

Congratulations to our LTHT Staff Support Service, who together with the Departments of Clinical and Health Psychology and Paediatric Psychology have been named as winners in the Association for Psychological Therapies (APT) Awards 2021 in the Excellence in Fostering Good Mental Health in the Workplace category. The award was received in recognition of the collective efforts to provide psychological support to the Trust's 20,000+ staff during the Covid-19 Pandemic.

Congratulations to Jayne Durkin, Clinical Support Worker on J19 who has won the Health Care Support Worker NHSE/I award for Outstanding Contribution. Jayne was recognised the outstanding care she provides for dementia patients.

Congratulations to the Leeds Paediatric Dermatology Nursing Team who have been awarded 'Team of the Year' by the British Dermatological Nursing Group.

Congratulations to Professor Susan Short who has been elected as the next president of the European Association of Neuro Oncology.

10. Consultant appointments

I am pleased to report that I have, under delegated authority, approved the following appointments:

New consultant posts:

- Dr Stuart Maguire – Consultant in Stroke Medicine
- Dr Edward Walker – Consultant in Dental & Max Fax Radiology
- Dr Vasileios Angelis – Consultant in Medical Oncology (Breast)

Replacement consultant posts:

- Dr Muhammad Mansoor – Consultant in Neurophysiology
- Mr Peyman Bakhshayesh – Consultant in MTC/Orthopaedic
- Dr Simon Bulley – Consultant in Haematology (BMT, CT, MH)

11. Publication under the Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

12. Recommendation

The Board is asked to receive this paper for information, and to ratify the delegated authority for the appointment of consultants.

Julian Hartley
Chief Executive

Appendix A



Strengthening the Leeds Health and Care Partnership

Progress, proposals and next steps

Report of: Leeds Place Based Partnership Development Programme Board

Date: Version 4, 14/11/21

Contact point: *Manraj Singh Khela, Head of Partnerships, manraj.khela@leeds.gov.uk*

1 Purpose

This paper of the Leeds Health and Care Partnership Development Programme Board (whose members include: the CEOs from the NHS in Leeds; Healthwatch; St Gemma's Hospice; advocates from the 3rd sector; and Directors of Adults and Health and Public Health) is an update to the paper titled, 'Developing an Integrated Care Partnership in Leeds – Progress, proposals and next steps, version 9.1, dated 15/3/21'.

This paper will:

1. Provide an update of progress since the March paper
2. Set out proposals for the next step in the journey to strengthen and formalise partnership arrangements
3. Set out a recommendation for Boards to consider and approve.

2 Executive Summary

Introduction

The Leeds Health and Wellbeing Strategy has set the focus of the Leeds health and care partnership that together we will make *'Leeds the best city in the UK for health and wellbeing, a healthy caring city for all ages, where the poorest improve their health the fastest. The best city for all ages, both now and for future generations.'*

As discussed in the March paper to Boards¹, Leeds has a long history of successful partnership working with people at the heart and with a breadth of assets² to enable genuine whole system change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Leeds.

Despite some fantastic work to date, good health and prosperity in our city is still not shared by all residents. The 2021 [Joint Strategic Assessment](#) (JSA) outlined strong evidence that some inequalities (for example female life expectancy, some cancers and gaps in smoking, healthy eating and physical activity) are widening and will worsen further as a result of the Covid pandemic. Making Leeds a fairer, more equal city is at the heart of the city's vision. This is why the importance of good health, the need to boost resilience, and focusing on prevention as a means of enabling higher quality, person-centred service provision are emphasised in what the partnership does.

At the same time, it remains important to improve both the quality of, and access to, clinical interventions in community, primary and acute care. Getting the balance right between interventions in the community and in hospitals and promoting care closer to home is important for taking pressure off acute services and at the same time promoting patient choice.

Improving health services also needs to happen alongside achieving financial sustainability. Responding to the changing clinical evidence base, understanding what works and making the best use of collective resources will ensure improvements in the health and wellbeing of the people of Leeds.

The health and care partnership, have developed the '*Healthy Leeds – Our Plan to Improve Health and Wellbeing in Leeds*' (formerly known as the 'Left-shift Blueprint') which sets out how health and care services will be delivered in Leeds over the next five years.

Whilst this work is essential to ensuring a coherent approach to improving health and wellbeing outcomes across the city, it is even more critical that it is undertaken now given the planned initiatives to rebuild hospital estates and to understand and address the impact of the pandemic on health outcomes and health inequalities. It is essential that through the Healthy Leeds Plan an agreed model of care is delivered for the city which drives health improvement, meets future demand and can also be delivered within the future estate footprint.

More detailed proposals around the Healthy Leeds Plan will be shared with Boards in early 2022.

Legislative changes and local implications

Alongside the work underway in Leeds, national changes are also taking place. The Health and Care Bill, published on 6 July 2021, proposes that Integrated Care Systems (ICSs) are formally established as statutory bodies from 1 April 2022. This will mean that Clinical Commissioning Groups (CCGs) will be abolished with effect from 31 March 2022 and most of their functions will be delivered through these new statutory bodies. ICSs will be put onto a statutory footing and comprise an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). NHS Providers will have a new "duty to collaborate". The legislation reinforces the quadruple aim: 1. improving the health and wellbeing of the people within place; 2. tackling inequalities; 3. improving the quality of services provided or arranged by partners or other relevant bodies; and 4. ensuring that places act in a way that results in sustainable and efficient use of resources by both partners and other relevant bodies.

¹ Titled, 'Developing an Integrated Care Partnership in Leeds – Progress, proposals and next steps, version 9.1, dated 15/3/21'

² Home to: NHS England/Improvement; NHS Digital; several of the world's leading health technology and information companies; one of Europe's largest teaching hospitals; many good or outstanding services and providers; being one of the first integrated care Pioneers; Council recognised as a Department for Education Partner in Practice; one of four 'first wave' national Population Health Management (PHM) sites; several leading universities; a diverse and thriving third sector; and a GP Confederation - a membership organisation that comprises of all 19 Primary Care Networks, with the governance that allows for integration and collaborative working with other providers

Though the Leeds CCG will no longer exist as a statutory body from 1 April 2022, there will be a Leeds Office of the West Yorkshire ICS established which in effect will be the former CCG staff working in Leeds on behalf of the WY ICS.

Place-based working will remain critical and the West Yorkshire ICS has committed to discharge its duties via place-based partnerships. In effect this means the Leeds Health and Care Partnership which is already established. Though each place in West Yorkshire will be required to have formal governance in place through which the WY ICS duties can be discharged. These include a Committee of the West Yorkshire ICB with appropriate sub-committees covering: system quality and people's experience; system delivery; and system finance. All of these will need to interconnect with and build on existing health and care partnership arrangements at place.

Therefore, this means that there are three aspects to the Leeds Health and Care Partnership:

1. The wider system working in Leeds to deliver the health and care ambitions of the Leeds Health and Wellbeing Strategy, Leeds Left-shift, person centred care, improving population health and a tackling inequality.
2. The arrangements in Leeds to support delivery of the health and care aspects of the city ambitions.
3. The formal arrangements to ensure that the WY ICB can discharge its responsibilities through place.

Leeds health and care partnership ambition and plan

Discussions have begun to develop a joined-up city ambition which brings together the interrelationships between the three city pillars ([Health Wellbeing Strategy](#), [Inclusive Growth Strategy](#) and [Climate Change](#)) into an overarching articulation of what we envisage Leeds should look like over the coming years up to 2030. Not all of this can be delivered by the health and care system alone, but it is important that health and care partners are clear of what they can do across these three pillars. There is also broader work to improve health and reduce inequalities across the city for example the work led through, the Migrant Health Board, Suicide Prevention Partnership Board and Health Protection Board.

Within the health and care part of the system, currently there are multiple programme boards, partnership groups, and leadership forums across Leeds covering overlapping pathways, populations, and services. These groups have emerged at different times, for different purposes, and have huge variation in their scope, membership, and delegated responsibilities. As Leeds moves towards delivering the Healthy Leeds Plan there is an opportunity to review and make clearer and more efficient the governance to support collaboration, collective accountability, and delivery.

Work has been undertaken across the city to engage with a range of different boards and groups to develop proposals around Population and Care Boards, made up of partners, these will provide the mechanism to shift the accountability of these decision to the partnership.

The development of the Population and Care Boards also provides the opportunity to embed a deliberate and structured approach to population health and planning across the city.

Strengthening Team Leeds

The response to the Coronavirus pandemic across the city has once again demonstrated what can be achieved when health and care staff from different organisations and different roles work together alongside communities and elected members, to achieve shared goals as 'Team Leeds'. As the city transitions from being in a pandemic to a new norm, it is crucial that partners take time to thank each other and recognise what teams and people have been through and what hopes, fears and aspirations they may have for the future. To be an effective partnership and genuinely embed a shared vision and evoke a strong identity to a Team Leeds culture across the whole health and care

workforce, there is an opportunity to proactively nurture and create the conditions that enable and support health and care staff from all professions to continue to work together with people, communities and elected members; to co-create the future and deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population.

Led by the Health and Care Academy, Strategic One Workforce programme and the Health Partnerships Team, a 'Team Leeds, Hearts and Minds' programme has been developed. This programme is about embedding the partnership concepts such as the 'working with', 'Leeds £', 'city first organisation second' and 'working as if we are one organisation' - wide and deep across the whole partnership. Learning from the Leeds health and care development projects (see below) also support the importance of this culture change programme.

Linked to this is having a clear partnership brand and it is proposed that the brand developed for the Leeds Health and Wellbeing Strategy is enhanced and continues to be used for cross partnership work.

Leeds health and care development projects

The Leeds Health and Care Partnership Development Programme Board have been keen to test and learn how the partnership could go further faster to deliver person centred integrated care in real work. Three existing priority work areas referred to as 'Development Projects' (formerly known as accelerator programmes) were agreed: Palliative and End of Life Care, Transitions from CAMS to Adult Mental Health Services and Frailty. Working on the basis that 'real change happens in real work' and using a rapid change management approach, the hypothesis is that by applying a learning lens to these projects, it has been possible to understand and identify 'real life local learning' about the behaviours, infrastructure and ways of working that both enable and work against integration. Learning has emerged from the projects which is being fed into the ongoing development of the partnership, Healthy Leeds Plan, Population Health and Care boards and the Team Leeds Hearts and Minds programme as well as other citywide enablers and work areas work.

Leeds health and care development framework

Along with other places across West Yorkshire and the ICS, Leeds has developed a partnership Development Framework. The Development Framework is structured around several domains and features, for example: ambition and vision – vision, clinically and professionally led, community / neighbourhood / citizen informed etc; system leadership – common narrative, culture, leadership etc; design and delivery – CCG transition, governance, primary care etc.

Each feature is then described on a spectrum from emerging to thriving. Key stakeholders from across Leeds have assessed the health and care partnership against the Development Framework. Overall, it was felt that Leeds was in the 'emerging' and 'mature' categories for most of the features. A development plan is currently being developed and will be shared with partners for sign-off, with the aspiration across all features to be at least developing by March 2022 and at least maturing by Mar 2023.

To underpin the mature partnership arrangements, it is proposed that partners support a Leeds Health and Care Partnership Memorandum of Understanding (MoU) which articulates the arrangements described and agreed next steps in Leeds journey to be a highly effective person centred integrated health and care system.

Leeds Committee of the West Yorkshire Integrated Care Board

Leeds partners have robust individual organisational governance in place as well effective partnership arrangements. It is proposed that the MoU will also serve as a basis from which it can

be developed in order for Leeds to be a sub-committee which discharges the ICS duties at place and to be accountable for NHS resources, outcomes and performance.

In response to the national changes, a Leeds Committee of the WY ICB (LC WYICB) will need to be established. High-level proposals for a LC WYICB were shared and endorsed by the July Board to Board meeting. Further discussions have been taking place at the Leeds Health and Care Partnership Development Programme Board as well between CEOs and Chairs within Leeds.

Based on the above, the draft terms of reference for the LC WYICB are being developed. These will be mirrored across the five Place Based Partnership Committees with specific detail in relation to the respective place incorporated.

It is important not to mistake accountability for ownership or commitment. The commitment to the goals of the partnership are shared much more widely in Leeds, indeed that is one of the city's existing strengths. It is proposed that this will mirror the minimum requirements at ICS with additional members determined by Leeds. In Leeds it is proposed there is:

- Independent Chair
- Independent Non-Executive Member – Finance and Probity
- Independent Non-Executive Member – Health Inequalities and Delivery
- Independent Non-Executive Member (Leeds Healthwatch) – Quality and People's Experience
- Executive Members
 - ICB Place Director
 - ICB Place Finance Lead
 - ICB Place Nurse Lead
 - ICB Place Medical Officer
- Partner Members, representatives from the following:
 - Leeds Teaching Hospitals NHS Trust
 - Leeds & York Partnership Foundation NHS Trust
 - Leeds Community Healthcare NHS Trust
 - Leeds City Council
 - GP Confederation
 - Third sector
 - Director of Public Health

The Leeds CCG Chief Executive Officer (CEO) has written to partners inviting them to nominate members. A recruitment process will be undertaken to appoint the independent and ICB place roles. It is proposed that this Committee meets in shadow from December 2021 in order to develop and finalise the arrangements required for the WY ICB responsibilities to be discharged at place from April 2022.

Leeds has worked together as a health and care partnership around improving quality and people's experience across pathways and in their journey across the system. The work through the 'How Does it Feel For Me?' work is a good example of this. System financial perspective is provided through the Directors of Finance coming together the Directors of Finance Group (DoFs). Leads from across the partnership have been working together to develop shared principles, frameworks, and work programmes for each.

It is envisaged that this work will feed into the establishment of three sub-committees of the LC WYICB: system quality and people's experience; system delivery; and system finance; to ensure they can formally take on the necessary accountabilities as part of the formal governance arrangements. Each group is at different stages of development, but each will operate in shadow form prior to March 2022 with a development plan to evolve into highly functioning sub-committees.

Draft Terms of References for the sub-committees will be shared with partners for approval with a request to nominate members.

In parallel, the WY ICS is consulting on the draft constitution of the ICB with all partners and stakeholders. Partners will have the opportunity to comment on the draft ICB Constitution until January 2022 and the final draft constitution will be presented to the Partnership Board and Shadow ICB Board in March 2022.

All relevant attachments can be found on [the WY partnership website](#). A draft high-level 'Scheme of Reservation and Delegation' is also being developed which proposes what decisions and responsibilities will be taken at WY ICB and what at place.

Recommendations

It is recommended that Boards:

1. Note and support the progress made, direction of travel and next steps across the different aspects of the health and care partnership described within this paper.