

HEALTH AND WELLBEING BOARD

TUESDAY, 12TH JANUARY, 2016

PRESENT: Councillor L Mulherin in the Chair

Councillors N Buckley and S Golton

Representatives of Clinical Commissioning Groups

Dr Andrew Harris	Leeds South and East CCG
Dr Gordon Sinclair	Leeds West CCG
Nigel Gray	Leeds North CCG
Matt Ward	Leeds South and East CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Care
Nigel Richardson – Director of Children’s Services

Representative of NHS (England)

Brian Hughes

Third Sector

Heather O'Donnell – Age UK Leeds

Representatives of NHS providers

Jill Copeland - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

42 Chair's Opening Remarks

Councillor Mulherin welcomed all present to the meeting. The Chair reiterated the position as a result of the 2015/16 in-year government funding cuts to the Public Health budget and detailed the recent changes to Public Health funding implemented by Central Government which would represent a 10% funding reduction in real terms over the next two financial years. This additional meeting would allow the Board the opportunity to discuss the issue and its impact on the delivery of public health services in Leeds in order to promote one approach across the service areas.

The Board would receive two presentations concurrently in relation to the “Leeds Let's Get Active” scheme (minute 48 refers) and "Future Cuts to Local Authority Public Health Spending" (minute 49 refers) in order to facilitate one discussion on the broad theme of future public health funding and priorities.

Finally Councillor Mulherin expressed her thanks to colleagues on the Board for their response to the in-year government cuts to Public Health funding in 2015/16 and for the subsequent work undertaken to minimise the impact of the spending cuts on service users.

43 Appeals against refusal of inspection of documents

Draft minutes to be approved at the meeting
to be held on Wednesday, 20th January, 2016

There were no appeals against the refusal of inspection of documents

- 44 Exempt Information - Possible Exclusion of the Press and Public**
No items containing exempt information were included within the agenda

- 45 Late Items**
There were no late items of business.

- 46 Declarations of Disclosable Pecuniary Interests**
No declarations of disclosable interests were made.

- 47 Apologies for Absence**
Apologies for absence were received from Councillors Coupar and Yeadon and from Jason Broch (North Leeds CCG); Linn Phipps and Tanya Matilainen from Healthwatch Leeds; Phil Corrigan (Leeds West CCG) and Moira Dumma (NHS England).

The Chair welcomed Heather O'Donnell as a representative of the Third Sector, Jill Copeland from Leeds and York Partnership NHS Foundation Trust and Brian Hughes as a representative of NHS England.

- 48 Leeds Let's Get Active**
Further to minute 34 of the Health and Wellbeing Board meeting held 30th September 2015, the Director of Public Health submitted a report as the basis for discussions on funding options for the short term continuation of the Leeds Let's Get Active scheme and seeking agreement for continuation of funding.

Mark Allman, LCC Sport and Active Lifestyles, presented the report and outlined the success of the scheme as it continued to grow. He stated that 350,000 visits had now been made overall with nearly half of those being people previously declaring as being inactive.

Steve Zwolinsky of Leeds Beckett University referred to the quantitative and qualitative evidence produced so far through evaluation of the scheme. Data analysed could enable assessment of behaviours and service provision and allow for resources to be targeted appropriately to local services and/or communities most in need.

In conclusion, officers highlighted that funding for Leeds Let's Get Active would cease at the end of March 2016 with no source of funding as yet identified to allow continuation beyond the end of April 2016. Closing the scheme in March would require an exit strategy to be implemented from the end of January 2016.

The report sought the Board's consideration of funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research period commissioned by Public Health to be evaluated and reported upon, and the Board noted the preferred option of the continuation of the scheme at least until March 2017.

The Board discussed the following matters:

- Whether a precise cost analysis of the benefits of the scheme had been undertaken. The response that an interim report was anticipated in summer 2016 was noted. Additionally, it was reported that funding had been secured until 2018 for a PHD student to assess the wider economic benefits of the LLGA scheme

(Matt Ward withdrew from the meeting for a short while at this point)

- That LLGA was an innovative scheme commissioned by Public Health to tackle health inequalities in Leeds when public health functions transferred to the Local Authority
- Prioritisation for the future would be a challenge, and LLGA was a project that provided data to help inform strategic investment. Detail on the impact of the possible withdrawal of the scheme was required. The response that it was difficult to quantify the impact of withdrawal or amendment of the scheme was noted - different users of the scheme with differing health needs would present different outcomes in either eventuality
- Recognised the difficulty in expressing support for this scheme without full knowledge of the Public Health budget for 2016/17 and the National Health Service and Leeds CCGs budgets
- The suggestion that the LLGA scheme be funded until the summer 2016 to allow further evaluation of the impact of the project on health outcomes within the context of overall budget provision was discussed. It was noted that in the present circumstances, this would require the HWB partners to commit to funding the scheme. Again, this would prove difficult without full knowledge of the local NHS and CCG budgets and would impact on the budgets available for other schemes in similar circumstances.
- A cost analysis of the scheme was urgently required so that the value of the scheme could be assessed.

A suggestion that the Integrated Commissioning Executive (ICE - set up to support HWB) be tasked with consideration of supporting the scheme until the Leeds Beckett University evaluation could be completed was agreed. ICE is due to meet on 19/1/16 and a verbal report on the outcome of ICE deliberations could be made to the next HWB meeting on 20/1/16. Details of the LLGA cost and benefit analysis undertaken so far should be presented to ICE for consideration. However it was noted that full funding figures may not have been released by that date, in order to properly set the scheme in the wider funding context and balance it against other initiatives also seeking future funding support for the longer term.

RESOLVED -

- a) That the contents of the report and the comments made during discussions on the Leeds Let's Get Active scheme be noted

- b) To note the contribution the Leeds Let's Get Active is making to the overarching ambition of the city's Joint Health and Wellbeing Strategy of ensuring that those who are the poorest improve their health fastest
- c) The Board, having considered funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research commissioned by Public Health to be evaluated and reported upon, and having noted the preferred option of the continuation of the scheme ideally up to March 2017, requested
 - i) That the Health Partnership Team ensure that a report on the LLGA scheme (to include cost and benefit analysis information collated so far) be presented to the meeting of the Integrated Commissioning Executive on 19th January 2016 for consideration; and
 - ii) That Cath Roff as the Co-Chair of ICE be requested to present a verbal update on the outcome of the ICE discussions to the next meeting of the Health and Wellbeing Board on 20th January 2016
- d) That subject to c) above, the Board requested that a fuller evaluation report is presented for consideration by the Board in October 2016 to allow discussion about the longer term funding of the scheme and the impact on health and wellbeing outcomes.

49 Future cuts to Local Authority Public Health funding

The Director of Public Health submitted a report providing an update on the recent government announcement to cut Local Authority public health funding from 2016/17 onwards. The report noted how the government Spending Review and Autumn announcement on 25th November 2015 would lead to significant reductions in the public health grant received by Leeds City Council.

Dr Ian Cameron, Director of Public Health, presented the report and stated that specific details of Leeds' funding were anticipated by the end of January 2016. Present indications suggested that there be a recurrent reduction of £3.9m from 2016/17 followed by a further £1.1m reduction in 2017/18. This would result in a £5m reduction (10%) by the end of 2017/18 and would be followed by smaller reductions in subsequent years.

In context, in June 2015, a £200m in-year cut to the 2015/16 national Public Health budget had been announced and, following a summer consultation, the Department of Health announced on 4th November 2015 that the cut for Leeds would be £2,818,328 (out of a budget of £45.5m).

The presentation included outline commissioning figures for Public Health spending for the 2015/16 financial year.

The report outlined the need for a two year plan to encompass both the £3.9m reduction in 2016/17 and the £5m reduction in 2017/18.

The report set out how, in determining where public health savings could be made, key criteria would be achievability. Other criteria that could inform the

decision making process were identified as being likely impacts (on the health & wellbeing of the population, on organisations – directly or indirectly, on demand for services), scale of impact, priorities within the new Health & Well Being Strategy, health inequalities, the burden of conditions, evidence of effectiveness, fairness, mandatory requirements, value for money, wider benefits (e.g. social value), contractual obligations and links to other priorities.

Additionally the report highlighted where there were also opportunities for developing stronger links with other commissioners including the Clinical Commissioning Groups (CCGs) and NHS England. The Director of Public Health had already given a commitment to the three CCGs in Leeds to work together on future public health services commissioning.

During discussions, the following issues were raised:

- The challenge presented in balancing implementation of service amendments required by the reduced funding from Central Government against the Government's stated priority of prevention services.
- Recognition for the collaborative working with Board colleagues which had ensured the continued delivery of most services threatened by the in-year cut to local authority Public Health funding. In order to meet the £2.8m in-year cut, planned activities dealing with issues such as oral health, campaigns on cancer awareness, mental health and winter warmth had not taken place. Public Health involvement in emergency planning for the city had also been hit and the department had put a stop on recruitment. A share of PH funding to Leeds Community Health had been withdrawn and the Board noted that HWB partners had supported LCH to continue service delivery. The Board noted that the in-year cut had been anticipated to be a one-off cut, and the stop on services and campaigns had been intended to be until 2016. However in the light of information on the likely budgets, a full review had been required.
- The impact and potential for increased costs and worse outcomes on other services (e.g. Adult Social Services, Children's Services, NHS) and service users downstream should funding be saved or ceased from some existing PH services.
- The comment that the Local Authority could, in its' consideration of the Council Budget 2016/17, decide to fund the £5m shortfall to cover service provision, but that this would impact on the Council's delivery of other service areas at a time when Leeds City Council is facing a further £34m funding reduction for 2016/17. Similarly, if the CCGs or NHS solely funded a service, that would remove funding from another service area
- The urgent need for cost analysis of schemes, such as Leeds Let's Get Active, in order to weigh up the current and future benefits of schemes to inform priority setting across the health and care system.
- Acknowledgement that individual services had a wide reaching positive impact, an example being the services provided by designated School Nurses commissioned by LCH, whose work provided positive

outcomes for children, supported the work of local healthcare providers, general practice and education services. The intended and unintended consequences of the withdrawal of support for services must be analysed in the wider context

(Cath Roff withdrew from the meeting for a short while at this point)

- Whether discussions had commenced with 3rd Sector providers. The strategic Third Sector Forum would meet for the first time in April 2016
- The opportunities to address issues - such as streamlining of contracts and joint commissioning

The Board received assurance that processes were in place to deal with future commissioning; however discussions were needed on future priorities, future commissioning and future de-commissioning of services.

The Board also noted the intention for a report on city-wide financial challenges to be presented at the next meeting. The Board generally agreed that once the funding figures were released for Public Health, CCGs and the NHS, collective discussions on the future priorities for the city and planning for service delivery would follow.

(Julian Hartley left the meeting at this point)

RESOLVED -

- a) That the Health and Wellbeing Board recognise the scale and potential negative impact for health & wellbeing and the reduction of health inequalities that arise from the public health grant cuts announced in the Spending Review and Autumn Statement.
- b) To recognise that members of the Board will continue to collectively consider how best to minimise the negative impact of the public health grant cut in light of the emerging priorities of the Joint Health & Well Being Strategy, the Best Council Plan and the recent NHS planning guidance.
- c) That the Health and Wellbeing Board support a partnership approach that works collaboratively to respond to these cuts, taking into account the need of the population and the “Leeds pound” as evidenced through the discussions at this meeting and the collective response to the in-year cuts to public health funding

50 Chair's Closing Remarks

The Chair took the opportunity to highlight the final wave of consultation on the Joint Health and Wellbeing Strategy and encouraged partners to share the document with service users and patients in order to promote further public engagement.

51 Date and time of next meeting

RESOLVED – To note the date and time of the next meeting as Tuesday 20th January 2016 at 10:00 am