

## **HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 30TH SEPTEMBER, 2020**

**PRESENT:** Councillor R Charlwood in the Chair

Councillors S Golton, N Harrington, and F Venner

### **Representatives of Clinical Commissioning Group**

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group

Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

Gina Davy - Head of System Integration, NHS Leeds Clinical Commissioning Group

### **Directors of Leeds City Council**

Victoria Eaton – Director of Public Health

Cath Roff – Director of Adults and Health

Sal Tariq – Director of Children and Families

### **Representative of NHS (England)**

Lou Auger - Head of Operations and Delivery, NHS England

### **Third Sector Representative**

Alison Lowe – Director, Touchstone

### **Representative of Local Health Watch Organisation**

Dr John Beal - Healthwatch Leeds

Hannah Davies – Healthwatch Leeds

### **Representatives of NHS providers**

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Julian Hartley – Leeds Teaching Hospitals NHS Trust

Thea Stein – Leeds Community Healthcare NHS Trust

### **Safer Leeds Joint Representative**

Simon Hodgson – Head of Community Safety

### **Representative of Leeds GP Confederation**

Gaynor Connor – Director of Transformation, Leeds GP Confederation

## **1 Welcome and introductions**

The Chair welcomed all present and brief introductions were made.

On behalf of the Board, the Chair thanked everyone in Leeds for working together to respond to the COVID-19 crisis, and recognised the key role of the Board in the strategic response moving forward.

The Chair also congratulated and welcomed Dr Jason Broch as the new Clinical Chair for NHS Leeds CCG replacing Dr Gordon Sinclair who retired earlier in the year.

## **2 Appeals against refusal of inspection of documents**

There were no appeals.

## **3 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

## **4 Late Items**

There were no late items.

## **5 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests.

## **6 Apologies for Absence**

Apologies for absence were received from Councillor G Latty, Jim Barwick, Anthony Kealy, Paul Money and Supt. Jackie Marsh.

Councillor N Harrington, Gaynor Connor, Lou Auger, Gina Davy and Simon Hodgson were in attendance as substitutes.

## **7 Questions and Public Deputations**

Dr Ruth Gelletlie, Living Streets Leeds, submitted a written statement to the Board as follows:

*'How will the NHS work with partners to support measures to increase physical activity among the communities they serve in the proposed Active Travel Neighbourhoods?'*

*Physical inactivity is a major cause of ill health in Leeds, being a risk factor for diseases such as dementia, cardiovascular diseases, diabetes and many cancers. Evidence shows building exercise into our daily lives is the best way to tackle this. Active travel, walking and cycling instead of using the car, especially for short local journeys, also helps to improve air quality, and can contribute to tackling a key cause of the climate emergency.*

*Leeds City Council has a long-standing ambition and programme of work to promote active travel. Since lockdown this has been given new momentum,*

*when Leeds successfully bid for funds from the Government's Emergency Travel Fund to support its Connecting Leeds COVID-19 Transport Response. This includes proposals to create active travel neighbourhood schemes in Hyde Park, Holbeck, Lincoln Green, Chapeltown, Beeston and Otley. The aim is to make more space for walking and cycling by closing roads to through traffic and to help deter 'rat-running'.*

*The introduction of such schemes in Waltham Forest has produced demonstrable health benefits. The need for interventions to increase levels of physical activity has never been greater. The NHS has a key role to play in both supporting the introduction of these local schemes and using every clinical contact to encourage their patients to embrace the opportunities for walking and cycling locally.'*

Members recognised the importance of the issue, and in particular, the challenge of engaging in physical activity throughout the winter months, especially for older people. Partners highlighted some of the initiatives in place across organisations in Leeds to encourage healthy and active lifestyles, including a new referral pathway that has been introduced, enabling NHS partners to refer patients to the Council's Active Leeds service for a range of activities including green travel. Additionally, it was noted that the Council provides Physical Activity Champion training to support people to give others the tools to become more active, and there are now 55 champions across the city.

## **8 Minutes**

**RESOLVED** – That the minutes of the meeting held 20 February 2020 be approved as an accurate record.

## **9 Refreshing the Leeds Maternity Strategy**

The Leeds Maternity Programme Board submitted a report that provided an overview of refreshing the Leeds Maternity Strategy. The Chair noted that before the meeting, members took part in a listening exercise to hear the experiences of people from different Black, Asian and Minority Ethnic communities and how they experience the maternity service. The Chair thanked the people who spoke to the Board and the importance of putting people's voices at the heart of decision making.

The following were in attendance:

- Jane Mischenko, Lead Commissioner for Children and Maternity, NHS Leeds Clinical Commissioning Group
- Sue Gibson, Head of Midwifery, Leeds Teaching Hospitals NHS Trust

Representatives delivered a presentation, highlighting the following:

- Maternity services as a strength for the city and an example of the health and care system working together positively in an integrated way to give every baby having the best possible start in Leeds.
- Priorities identified for the next five years are strongly informed by both local population data from the Leeds Maternity Health Needs Assessment (available on the Leeds Observatory) which was completed in 2020 and welcomed as a great resource for the partnership in refreshing the strategy, and the insight that comes from listening to what matters to the women and families of Leeds;
- Leeds has been rated amongst the top 5 for staff kindness, patient experience and overall quality of care in the last two years;
- Upcoming reconfiguration of hospital maternity services into one of the new hospitals;
- Significant health inequalities in the city, in line with the national picture, people from Black and Asian communities have poorer access and outcomes, which is addressed as a key priority in the refreshed strategy moving forward.
- Overview of the proposed draft priorities of the refreshed Leeds Maternity Strategy, which has been drawn from the data and various routes of engagements.

Members discussed a number of matters, including:

- Members thanked Jane Mischenko, Sue Gibbs, their teams and the approach taken by the Leeds Maternity Programme Board in refreshing the Leeds Maternity Strategy and the reconfiguration of hospital maternity services welcoming the level of engagement, which was highlighted as good practice.
- Members emphasised the importance of ensuring our engagement reaches people who would not normally participate in formal consultations and welcomed the approaches taken to enable this.
- Ensuring that people continue to be fully supported in accessing maternity services during COVID-19 and welcomed the focus on putting women and families at the heart of those services.
- *Foetal Alcohol Syndrome*. Members highlighted the need for future strategic plans to include specific focus on public awareness of drug and alcohol misuse during pregnancy, and early detection and diagnosis of Foetal Alcohol Syndrome. It was noted that the Best Start Plan addresses health and wellbeing of expectant mothers from conception, and specifically addresses the risks of drug and alcohol misuse and around the wider determinants of health and wellbeing.
- *Recognising differences across BAME and other protected characteristics*. Members noted the importance of recognising the risk of poorer outcomes for black and minority ethnic groups, and welcomed further discussions to:
  - The importance of acting on the challenge that black women are five times more likely to die in child birth. Members welcomed having peer support as a priority, which can play a key role in tackling this issue as well as addressing the needs of black and minority ethnic

- women in maternity medical training. Sue Gibbs welcomed the opportunity to follow this up with Alison Lowe outside of the meeting.
- Ensuring that the strategy supports women who have been subject to Female Genital Mutilation (FGM).
  - Ensuring that the strategy supports LGBT people, particularly around accessing IVF treatment.
  - Consider how Members can improve Better Parent Education reflecting on the discussions from the listening exercises such as through the Leeds Health and Care Academy and wider system interventions in areas experiencing the highest levels of deprivation, particularly minority ethnic communities.
  - Identify individual differences, religious beliefs and cultural experiences of minority ethnic groups, and provide support accordingly, as opposed to a blanket approach for all BAME groups.

The following actions were identified as follows:

Task to Estates Programme Board: Following on from centralisation of hospital maternity services – the need for help in identifying appropriate estate to progress the development of the first integrated/ maternity community hub in Harehills and in addressing any transport issues to get to new hospital.

Task to Workforce Board: Opportunities to develop a workforce that represents our communities e.g. expanding the Haamla doula model of volunteers/ and recruitment of support workers from representative communities.

Task to Thea Stein as SRO for LCPs to explore with Leeds Maternity Board: Identifying and recognising opportunities at a local level for effective integrated working (LCP/ Best Start zones/ Early Help Hubs)

#### **RESOLVED –**

- a) To note the actions set out above to be taken forward by partners;
- b) To note the Board's discussion of the development of the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.

#### **10 Going further with integration - Progress as a city and the contribution of the NHS Leeds CCG's Shaping Our Future Programme**

The Chief Executive, NHS Leeds CCG, submitted a report that described the central relationship between establishing greater levels of person-centred integrated care and achieving the city's vision to be a healthy and caring city for all ages where the poorest improve their health the fastest; and the direction of travel as a city towards person-centred integration including the CCG's Shaping Our Future Programme, the Leeds Health and Care Integrated Commissioning Framework and the development of more integrated provider networks.

The following were in attendance:

- Gina Davy, Head of System Integration, NHS Leeds Clinical Commissioning Group
- Sam Jones, Centene

Representatives delivered a presentation, highlighting the following:

- NHS Leeds CCG Strategic Commitments, ambitions and focus on integrated care to reduce health inequalities;
- An overview of the 'Shaping our Future' programme to design and implement a new operating model which ensures the CCG commissions and facilitates change in a way that incentivises person-centred integration, prevention and a much longer term focus;
- An overview of good practice models of health and care integration that Leeds could use to inform their approach.

The Chair noted that a future workshop discussion would take place to look in more detail at the models and actions for health and care partners that would include developing commissioning principles for integrated models.

#### **RESOLVED –**

- a) To note the direction of travel being progressed across the city towards integration, person-centred integrated care and in particular NHS Leeds CCG's Shaping Our Future programme;
- b) To note the Board's intention to hold a further development session to further discuss whether the ambition for integration and person-centred integrated care is challenging enough, and identify what the Health and Wellbeing Board will do to support the delivery of the ambition for integration and person-centred integrated care.

#### **11 Leeds Carers Partnership Strategy**

The Leeds Carers Partnership submitted a report that presented the new Leeds Carers Partnership Strategy, 'Putting carers at the heart of everything we do'. The strategy sets out 6 priorities that the Leeds Carers Partnership propose are the key areas that we need to focus on in order to promote the health and well-being of carers in Leeds, and to reduce the health and financial inequalities that carers experience due to caring. The report also provides an overview of the engagement processes undertaken in developing the strategy and outlines governance arrangements and the next steps required to deliver this ambitious citywide partnership strategy.

#### **RESOLVED –**

- a) To agree the Leeds Carers Partnership Strategy and its six priorities which are based on what carers themselves have said is important to them through various local, regional and national surveys and engagement;

- b) To support the strategy framework which will enable all partners to contribute to, and hold each other to account for, commitments, actions and performance;
- c) To note the progress made by the Leeds Anchors Healthy Workplace around working carers (see Appendix 2), the next steps outlined and agree to receive an update on this work in Quarter 3 2021.

## **12 Living with Dementia in Leeds - Our strategy 2020-25**

The Leeds Dementia Partnership submitted a report that provided an overview of progress made since the previous strategy “Living Well With Dementia In Leeds” was produced in 2013; and the development of a refreshed strategy for the period 2020-25 (Appendix 1).

### **RESOLVED –**

- a) To agree the strategy document “Living With Dementia In Leeds - our strategy 2020-25”;
- b) To note the establishment of the Leeds Dementia Oversight Board, and its role to oversee the Leeds Dementia Action Plan and ensure the strategy is implemented;
- c) To support the strategy, through its members’ leadership roles.

## **13 Leeds Health and Care Climate Commitment**

The Leeds Anchors for Sustainability Taskforce submitted a report that provided an overview of the draft Leeds Health and Care Climate Commitment for approval and the context for its development and the challenges that will be faced in order to reduce emissions across the health and care sector.

**RESOLVED –** To approve the Leeds Health and Care Climate Commitment.

## **14 Going further with integration: Working in Partnership to Tackle Health Inequalities**

The Board received, for information, the report of the Chief Executive, NHS Leeds CCG, that set out, in the context of the Shaping Our Future (see item 10), the process for the NHS Leeds CCG Health Inequalities framework (see Appendix). It also introduces the work of the new Tackling Health Inequalities Group (THIG) and its emerging priorities.

**RESOLVED –** To note the contents of the report.

## **15 Leeds BCF Q4 2019/2020 Monitoring Template**

The Board received, for information, the joint report of the Chief Officer for Resources and Strategy and the Head of Strategic Planning that informed the

Health and Wellbeing Board of the contents of the Leeds BCF Q4 2019/20 Template.

**RESOLVED** – To note the contents of the report.

## **16 Leeds Health and Care Quarterly Financial Reporting**

The Board received, for information, the report of the Leeds Health and Care Partnership Executive Group (PEG) that provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the period ending June 2020.

**RESOLVED** – To note the contents of the report.

## **17 Connecting the wider partnership work of the Leeds Health and Wellbeing Board**

The Board received, for information, the report of the Chief Officer for Health Partnerships that provided a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

**RESOLVED** – To note the contents of the report.

## **18 Date and Time of Next Meeting**

The next meeting will take place on Thursday, 10th December, 2020 at 10 a.m.