

## HEALTH AND WELLBEING BOARD

THURSDAY, 21ST APRIL, 2016

**PRESENT:** Councillor L Mulherin in the Chair

Councillors N Buckley, D Coupar, and  
L Yeadon

### **Representatives of Clinical Commissioning Groups**

|                  |                          |
|------------------|--------------------------|
| Dr Jason Broch   | Leeds North CCG          |
| Dr Andrew Harris | Leeds South and East CCG |
| Nigel Gray       | Leeds North CCG          |
| Matt Ward        | Leeds South and East CCG |
| Phil Corrigan    | Leeds West CCG           |

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

Dr Ian Cameron – Director of Public Health  
Cath Roff – Director of Adult Social Services

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

Brian Hughes - NHS England

### **Third Sector Representative**

Heather O'Donnell – Age UK Leeds

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

Lesley Sterling-Baxter – Healthwatch 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

## **70 Chair's Opening Remarks**

The Chair welcomed all present to the last meeting of the Health and Wellbeing Board (HWB) for the 2015/16 Municipal Year and thanked all Board members for the work they had undertaken during the previous, challenging year.

The Chair also took the opportunity to introduce a brief animated film promoting the refreshed Leeds Health and Wellbeing Strategy. Board Members and partners were encouraged to utilise the film in their own organisations to promote the Strategy as widely as possible.

Councillor Mulherin additionally welcomed Lesley Sterling-Baxter to her first meeting as representative of Leeds Healthwatch. It was noted that Lesley and John Beale had been appointed as Co-Chairs of Leeds Healthwatch after Linn Phipps stood down from the position of Chair. Councillor Mulherin expressed her thanks and best wishes to Linn on behalf of the HWB. It was agreed that the Chair would write to Linn to formally acknowledge her contribution to the

work of the Board and the development of the Leeds Health and Wellbeing Strategy.

**71 Appeals against refusal of inspection of documents**

No appeals against refusal of inspection of documents were received.

**72 Exempt Information - Possible Exclusion of the Press and Public**

No exempt information was contained within the agenda.

**73 Late Items**

No formal late items of business were added to the agenda, however the following supplementary documents were despatched prior to the meeting:  
Item 8 – Leeds Health and Wellbeing Strategy – Appendix 2 to the report (minute 78 refers)

Item 9 – CCG Operational Plans 2016-17 – Appendices A, B and C to the report (minute 79 refers)

Item 12 – Leeds Better Care Fund – Appendix A of the report (minute 82 refers)

**74 Declarations of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made.

**75 Apologies for Absence**

Apologies for absence were received from Councillor Golton, Gordon Sinclair (Leeds CCG) and Moira Dumma (NHS England). The Chair welcomed Brian Hughes as representative for NHS England.

**76 Open Forum**

The Chair allowed a period of up to 10 minutes for members of the public to make representation on matters within the remit of the Health and Wellbeing Board (HWB)

Refugee and Asylum Seeker access to Healthcare – Lorna Gledhill, Regional Asylum Activism Co-ordinator for Yorkshire & Humberside, addressed the meeting on tackling existing barriers to healthcare faced by refugees and asylum seekers in relation to the recent Department of Health Consultation, 'Making a Fair Contribution'. Specifically, concerns about the impact of the proposed changes outlined in Consultation on entitlement to free NHS care in England for refugees and people seeking asylum.

Ms Gledhill highlighted the complex medical needs, mental health support and maternal health needs refugees and asylum seekers often required whilst awaiting the outcome of their request to stay and the challenges they faced when accessing healthcare, particularly GP healthcare.

Ms Gledhill acknowledged the response to the Consultation sent by Leeds City Council and urged individual Board members to raise concerns again directly with the Department of Health over the impact of charging for healthcare on the refugee and asylum seeker groups as well as the wider population. Additionally, the Board was encouraged to consider the refugee and asylum seeker population during discussions on the refreshed Leeds

Health and Wellbeing Strategy. The Board noted the response that migrant health remained a priority for the Leeds Health Protection Board

**RESOLVED –**

- a) To note the contents of the representation and the comments made during discussions
- b) To note that a copy of the response submitted by Regional Asylum Activism to the 'Making a Fair Contribution' consultation would be shared directly with individual Board members

**77 Minutes**

**RESOLVED –** To approve the minutes of the meeting held 20<sup>th</sup> January 2016 as a correct record

**78 Leeds Health and Wellbeing Strategy**

The Board considered the joint report of the Director of Adult Social Services, The Director of Public Health and the Director of Children's Services which accompanied the publication of the Leeds Health and Wellbeing Strategy 2016-2021. The report provided a summary of findings from the public engagement undertaken and of the changes subsequently made for the final publication since the last report to the Board on 20<sup>th</sup> January 2016.

Appendix 1 of the report provided a summary of the third phase of engagement undertaken on the strategy. A copy of Appendix 2 - the final Leeds Health and Wellbeing Strategy 2016-21 document - was provided as a supplement following the despatch of the agenda. At the meeting, the Board received a copy of Appendix 3 – indicator wording and technical descriptions.

Paul Bollom, Chief Officer, Health Partnerships, presented the refreshed Strategy 2016/21 and highlighted the benefits for all Board partners being able to use the longer term strategy effectively to promote and improve health outcomes in Leeds.

During discussions the following comments were made:

- The Strategy was an "all age" strategy, from birth through to end of life care
- The Strategy had been effective in helping to inform the emerging Sustainability and Transformation Plan (STP) for Leeds. The next iteration of the STP would better reflect and link to the approach of the newly signed-off Strategy
- Whether the design and graphics used in the Strategy could be utilised in other health Plans/Strategies to further emphasise and reinforce the joined-up partnership working. The Board also suggested that the graphics and design for the Sustainability and Transformation plan should be consistent with the Leeds Health and Wellbeing Strategy wherever possible.

The Board welcomed the Leeds Health and Wellbeing Strategy and expressed thanks to the team who had produced the document.

Arrangements for the launch of the Strategy were briefly discussed, noting that details would be sent to Board members shortly.

**RESOLVED** - That the Leeds Health and Wellbeing Strategy 2016-2021 be approved.

## **79 Clinical Commissioning Group Operational Plans 2016-17**

Further to minute 61 of the meeting held 20<sup>th</sup> January 2016, where the Board considered the NHS planning guidance and cost pressures facing the three Leeds CCGs in 2016-17, Matt Ward, Chief Operating Officer, Leeds South & East CCG, presented a report providing a high level overview of the three Leeds CCG's 1-year Operational Plans for 16-17. The report included information on the city-wide commissioning plans as well as the individual CCG plans included within Appendices A, B & C which were despatched as part of a supplementary pack prior to the meeting.

The report outlined the new planning requirements introduced for NHS in 2015 - the production of a 1-year operational plan (per NHS organisation); and the creation of a place-based 5-year Sustainability and Transformation Plan (STP).

The individual Operational Plans provided details of the CCGs forward planning aimed directly at meeting local needs. The presentation set the context of the Plans within the hierarchy of the Leeds Health and Wellbeing Strategy and the Sustainability and Transformation Plan; emphasising the links to those two documents.

The Board noted that this year the Plans placed additional focus on:

- Value, particularly in primary and community care
- New models of care and new models of testing
- Support and system resilience
- How the 2016-17 CCG plans would support a sustainable Health and Social Care System
- Improving the health of the most disadvantaged the fastest, through focussed and targeted commissioning

During discussions, comments on the responsiveness of the Operational Plans to workforce and resource pressures were noted. The Board also noted that all plans refer to and address the same pressures, both in primary care and hospital settings.

**RESOLVED –**

- a) To note the comments made during discussions on the development of the CCG operational plans in the context of the place-based five-year Sustainability and Transformation Plan (STP).
- b) That having considered the CCG Operational Plans, the Board considered that the Plans did take proper account of the Leeds Health and Wellbeing Strategy 2016-2021.

## **80 Update on NHS England Commissioning Plans and Intentions for 2016-17**

Brian Hughes, Locality Director, NHS England (NHSE) presented a report which set out the NHSE Commissioning Plans and intentions for 2016-17. The report highlighted how the Plan aligned with the NHSE assurance role and direct commissioning responsibilities; as well as reflecting both national and West Yorkshire service requirements.

Additionally the Plan considered the following:

- The focus of Primary Care, not just GP care, as well
- The issues around dental care and the challenges ahead particularly emergency access to dental care
- The aim to align with the focus of Public Health responsibilities
- Ongoing work in respect of specialised service areas

Discussions followed during which the following comments were noted:

- The focus on dental health was welcomed, noting the current pressure on the 18 week treatment wait and that the largest Dental Hospital was based in Leeds. The issue of dental health was flagged as a future focus for the HWB
- Noted that, due to pressure on District Hospitals and their lack of capacity, more cases presented to Leeds Hospitals generally and the NHSE Plan was welcomed in terms of its aim to plan for such instances. The response was noted that the Plan promoted collaborative working in such instances – where treatment is undertaken in Leeds and subsequent recuperation is provided by District Hospitals
- Workforce pressures and the impact that the reported lack of qualified nurses had on the ability to provide general, primary and elderly care. Additionally the effect of the diminishing number of GPs was noted
- Workforce pressures in relation to the gaps in services. The Board noted the comment that a mapping exercise of workforce provision and availability should be a key feature of the STP and be undertaken prior to the design of future services
- General Practice provision and accommodation in Leeds, and whether there were funds available to improve premises. The Board noted the response that funds were available as part of the CCGs devolved responsibilities. NHSE worked closely with the three Leeds CCGs to plan to minimise the impact of GP retirement or premises closures.

In response to a query regarding the consultation on Children's Epilepsy Services, it was noted that the process of consultation on proposals for 4 national centres was ongoing. The Chair received the support of the Board to write to the Department of Health to urge consideration of a 5th Yorkshire and Humber Centre to support the 9 million residents of the region.

The Board considered both the CCG Operational Plans and the NHS England Plan together. In conclusion, the Plans were welcomed by the Board, particularly their presentation together with the Leeds Health and Wellbeing Strategy which clearly emphasised the links and consistency between the documents.

**RESOLVED** - That the comments made during discussions on the development of NHS England's Commissioning plans and intentions for 2016-17 be noted

## **81 Sustainability and Transformation Plan Update**

Matt Ward, Chief Operating Officer, Leeds South and East CCG, presented a report which provided the Board with an overview of the development of the Sustainability and Transformation Plan (STP), including the relationship between the Leeds STP and the West Yorkshire STP.

The report sought support for the approach undertaken to develop the Leeds STP as well as the key areas to be developed April to June 2016. The priorities, ambitions and technical detail on how the outcomes will support the Leeds Health and Wellbeing Strategy were highlighted along with the following matters:

- The focus of the West Yorkshire STP on urgent and emergency care, cancer, mental health and specialised services
- Funding and resource commitments were considered to better understand how individual health care providers could work together in partnership
- The emphasis on an enhanced social contract; prevention and rapid response in a time of crisis; efficient and effective secondary care; innovation, education and research
- The development of a consultation plan

It was also noted that key points from the Health and Wellbeing Board workshop held on 17<sup>th</sup> March 2016 had informed and shaped the STP.

During discussions, the Board made the following comments:

- Acknowledged that it was crucial to encourage individual organisations to work together and have regard to all partners to ensure delivery of services in the light of the financial constraints
- Support was expressed for the key themes of the STP
- How the Leeds STP integrated with the wider West Yorkshire STP was seen as a key issue
- Recognition for the work undertaken to establish public consultation on the Plan and the comments made in respect of providing the public with unambiguous information on resources and what they can expect from a diminished public purse
- Recognition of the role that Leeds Healthwatch will play in the consultation/engagement process
- Recognised that the role of the members of the Third Sector as a key partner organisations and solution providers should be emphasised within the STP. The recent establishment of the Third Sector Forum was noted and Heather O'Donnell, Third Sector representative, extended an offer to work on the further development of the STP.

In conclusion, the Board welcomed the links and integration between the developing STP and the Leeds Health and Wellbeing Strategy. The Board

also expressed thanks to the team developing the STP for the volume of work undertaken already, particularly recognising the work done to reflect the Board's desire expressed at the January 2016 meeting to create a Leeds specific STP.

**RESOLVED -**

- a) That the approach described within this paper for the development of the STP be endorsed by the Board;
- b) That approval be given to the key areas of focus identified in this report as the ones that the Leeds STP will focus on and will support the delivery of the Leeds Health and Wellbeing Strategy;
- c) That support be given by the Board to ensure that staff and resources from the organisations represented by the Board are made available to support the development and implementation of the STP;
- d) To note that the draft STP will be made available for review and comment by the Health and Wellbeing Board in June 2016 prior to its submission to NHS England on 30 June 2016.

**82 Leeds Better Care Fund Plan 2016-17**

Matt Ward, Chief Operating Officer, Leeds South and East CCG, presented a report as an introduction to the Better Care Fund (BCF) Submission, which required sign-off from the Health & Wellbeing Board prior to its final submission. It was noted that the date for submissions had changed since the publication of the agenda from 25<sup>th</sup> April 2016 to 3<sup>rd</sup> May 2015. As this was the second operational year of the BCF; the report provided a comparison between 2015/16 and 2016/17 and noted that the general ambitions remained constant.

The report detailed how, although the BCF allocation for 2016/17 was £1 million more than last year (a total of £55.9 million), in real terms this amounted to a reduction due to the level of contingency funds that will be needed to ensure stability in the system (in order to counteract any potential further increases in non-elective admissions to hospital), as well as the national withdrawal of the Social Care Capital Grant and the ring fence around the use of the Disabled Facilities Grant.

In response, the contingency fund had been capped at £7.5 million. Any funds not used to buffer non-elective admission activity in-year will be re-directed to supporting out of hospital services. Additionally, schemes that had not met their 'invest to save' targets would not receive BCF funding in 2016-17. Schemes in receipt of BCF support in 2016-17 would form part of the whole system response to health and social care transformation and be monitored accordingly.

The significant impact of non-elective admissions on the future BCF plan was acknowledged; and would be a main theme of the focus of the BCF Delivery Group & Partnership Board during 2016-17. Additionally, the report outlined a proposal for the BCF Delivery Group/Partnership Board to engage both the Clinical Senate and Leeds Institute for Quality Healthcare (LIQH) for appropriate analysis and advice from a practice perspective to support the aim to reduce the level and cost of avoidable non-Elective Admissions.

Steve Hume and Cath Roff, LCC Adult Social Services, further emphasised the impact of both non-elective admissions and the delayed transfer of care on the fragility of the system and the overall impact of funding changes, including tariffs and the 'invest to save' funds.

Discussion followed on the impact of mid-year restricted funding which occurred during 2015/16 on the delivery of some schemes. Comments were noted on how the subsequent gaps in service provision were met with responsive stand-alone schemes and that the various responsive pathways into care now required review as better integration was required to plan for such instances. Additionally the need to ensure all schemes proposed to the BCF met all of the BCF criteria was emphasised. The Board also acknowledged the real tension between the requirements of the BCF, national evidence and actual knowledge of the local services.

Members also noted comments made that whilst discussing the 2016/17 BCF, the Board had also just considered the Leeds Health and Wellbeing Strategy and the STP, both of which are 5 year plans. In light of this and the changing national requirements, the Board noted the importance of system leaders 'holding their nerve' in order to deliver on the longer term strategic outcomes of the city.

(Councillor Yeadon joined the meeting at this point and requested that her support as Executive Member for Children and Families for the Leeds Health and Wellbeing Strategy be formally recorded. Additionally, Councillor Yeadon reported the support of Children's Services for the Strategy and gave apologies for Nigel Richardson (Director of Children's Services) who was attending a meeting of Scrutiny Board (Children's Services)

**RESOLVED**

- a) To note the priorities and commitments described in the Plan.
- b) That, having considered the BCF Plan, approval be given to the Plan prior to final submission on the 3<sup>rd</sup> May 2016.
- c) That the proposal to engage the Clinical Senate and Leeds Institute for Quality Healthcare (LIQH) in reviewing the level of Non-Elective Admissions from a practice perspective be endorsed

**83 For Information: Delivering the Strategy**

The Board received a copy of the bi-monthly "Delivering the Strategy" document, which gives the Board the opportunity to monitor progress of the Joint Health and Wellbeing Strategy 2013-15.

In response to comments regarding the appropriateness of the current performance indicators, the Board noted that national data sets and indicators had changed through the course of the year. Further work would be done with the Board and performance leads across the city throughout the summer to agree the best way to monitor the progress of the refreshed Strategy.

**RESOLVED** – To note receipt of the "Delivering the Strategy" Joint Health and Wellbeing Strategy monitoring report

**84 Any Other Business**

Future meeting dates – Arrangements for a Board meeting on June 2016 would be confirmed with Board Members in due course