

## HEALTH AND WELLBEING BOARD

TUESDAY, 20TH JUNE, 2017

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

Councillors D Coupar, B Flynn, S Golton,  
and L Mulherin

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

Nigel Gray NHS Leeds North CCG

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

Dr Ian Cameron – Director of Public Health

Steve Hume – LCC Adults and Health

Sue Rumbold – LCC Children and Families

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

Louise Auger - NHS England

### **Third Sector Representative**

Kerry Jackson – St Gemma's Hospice

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

Lesley Sterling-Baxter – Healthwatch Leeds

Tanya Matilainen – Healthwatch Leeds

### **Representatives of NHS providers**

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Dean Royles - Leeds Teaching Hospitals NHS Trust

Thea Stein - Leeds Community Healthcare NHS Trust

#### **1 Welcome and introductions**

The Chair welcomed all present and brief introductions were made.

Additionally, Councillor Charlwood noted that Dr Alistair Walling had been appointed to represent NHS Leeds South and East Clinical Commissioning Group by Annual Council on 25<sup>th</sup> May 2017.

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

There were no appeals against the refusal of inspection of documents.

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

The agenda contained no exempt information.

#### **4 Late Items**

No late of business were added to the agenda.

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

No declarations of disclosable pecuniary interests were made.

## **6 Apologies for Absence**

Apologies for absence were received from Councillor G Latty, Gordon Sinclair, Phil Corrigan, Julian Hartley, Cath Roff, Steve Walker, Moira Dumma and Julian Hartley. The Board welcomed Councillor Flynn, Dean Royles, Steve Hume, Sue Rumbold and Louise Auger as substitutes to the meeting.

## **7 Open Forum**

No matters were raised by members of the public under the Open Forum.

## **8 Minutes**

**RESOLVED** – The minutes of the previous meeting held 20<sup>th</sup> April 2017 were agreed as a correct record.

## **9 Leeds Health and Care Plan: Progressing a conversation with citizens**

The Board considered an overview of the emerging Leeds Health and Care Plan – Leeds' description of what it envisaged health and care will look like in the future and how it will contribute to the delivery of the vision and objectives of the Leeds Health and Wellbeing Strategy 2016-21.

Paul Bollom, Interim Executive Lead for the Leeds Health and Care Plan, presented the report seeking support from the Board for the draft narrative of the Plan to be published in order to develop a citywide conversation with citizens. Stuart Barnes, NHS Leeds North CCG was also in attendance.

The draft narrative set the Leeds Plan in context with the West Yorkshire Sustainability and Transformation Plan. To achieve the maximum chance of engaging the public and delivering change; the Plan was user friendly and accessible reflecting the core value of working with the population. Discussion would be held alongside the wider future discussion on provision of public services – 'changing Leeds' discussions.

A copy of the draft 'Leeds Health and Care Plan' narrative document was attached as Appendix A along with a copy of the 'Changing Leeds' document at Appendix B

During discussions the following matters were raised:

- Acknowledged and welcomed the opportunity for the Community Committees to have had early discussions on the Leeds Plan during the Spring 2017. A request for an update to the community committees was noted
- The need to realise the value of the collective Leeds Pound and emphasise this within the health economy and beyond; acknowledging that service users may be buyers as well as consumers who could form co-operatives or social enterprises. This was also an opportunity to engage businesses in the ambitions of the Leeds Health and Care Plan; to interact with inclusive growth alongside Leeds Growth Strategy and with the Leeds Academic Health Partnership

- A request for the draft Plan to include a foreword emphasising the role of feedback in shaping a live document that will evolve. Associated to this, a review of the language and phrasing to ensure a plain English approach and to avoid inadvertently suggesting that areas of change have already been decided. The narrative to also clarify who will make decisions in the future
- The Plan to include case studies
- Acknowledged the need to broaden the scope of the Plan in order to *“if we do this, then this how good our health and care services could be”* and to provide more detail on what provision may look like in the future
- Noted the request for the Plan to provide more focus on some of the options from the Joint Health and Wellbeing Strategy
- References to taking self-responsibility for health should also include urgent care/out of hospital health
- References to the role of the Leeds Health and Wellbeing Board and the Joint Health and Wellbeing Strategy to be strengthened and appear earlier in the Plan
- Assurance was sought that the Plan would be co-produced as part of the ongoing conversation
- A focus on Leeds figures rather than national
- Requested that a follow up paper with more detail, including the extended primary care model, be brought back in September.

In conclusion, the Chair noted that the Board was supportive of the draft Plan being released for consultation, subject to the amendments suggested being made. Additionally, she expressed her support for the ‘plan on a page’ approach but noted that a decision needed to be made on whether to have a generic approach or provide specific information within the Plan i.e. detail had been provided on some health issues but not others such as Primary Care. In response, it was agreed that the SRO’s, the Interim Executive Lead for the Leeds Plan, a representative of Healthwatch and the Health Partnership Team would review the draft Plan narrative, including the ‘plain English’ request and report back to the Board in September 2017.

**RESOLVED**

- a) To note the contents of the report and the comments made during discussions;
- b) That having considered the draft narrative for the ‘Leeds Plan’, the feedback provided on whether it provides appropriate information to progress our conversation with citizens about the future of health and care in Leeds be noted.
- c) To note the intention for the SRO’s, the Interim Executive Lead, a representative of Healthwatch for the Leeds Plan and the Health Partnership Team to review the draft Plan narrative, including the ‘plain English’ request; and would report back to the Board in September 2017.

- d) To approve plans to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with the 'Changing Leeds' discussion.

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

The Board considered the report of the Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health and care organisations in Leeds, brought together as one single citywide quarterly financial report.

The report provided a financial 'health check' to clarify where the current and expected financial pressures were in the local health and care system. This gave the Board an opportunity to direct action to support an appropriate and effective response as part of the Boards role in having strategic oversight of both the financial sustainability of the Leeds health and care system; and of the executive function carried out by the Leeds Health and Care Partnership Executive Group.

Bryan Machin, Chair of the Citywide Directors of Finance Group, presented the report. He highlighted key headlines from the report including:

- The Leeds health & care system ended 2016/17 in a more favourable position than that predicted at quarter 3.
- The plans for health and care services within Leeds City Council and for the Leeds CCGs demonstrated the delivery of a breakeven position across the future 4-year planning period. However, this was reliant on the assumed delivery of significant levels of recurrent savings and the CCGs being able to access some of their previously accumulated surpluses.
- The aggregate 4-year plans of the three NHS Trusts would not achieve breakeven across the whole period without receipt of additional national funding, better management of demand, and delivery of significant levels of savings.
- The significant financial risk associated with the plans of all partners and that further citywide action is required to mitigate the risks in single organisation plans.

A question was raised over whether budget sharing to further the 'one approach' to health and care would be supported by the Directors of Finance. It was noted that although this approach may be viewed favourably, consideration would have to be given to the evidence required to support this approach. Members recognised that statutory and regulatory responsibilities may impact on collaboration but felt that this approach should be explored.

Further discussions noted the continuing austerity measures and the challenge of finding money upfront to invest in collaborative working. Concern was expressed that CCGs may not be able to draw down any previously accumulated surplus funds, as suggested in the report, due to Treasury restrictions and national funding pressures. An approach to PEG was suggested in the first instance to consider the opportunities for collaboration and budget sharing.

## **RESOLVED –**

- a) Having reviewed the Leeds health & care quarterly financial report, the Board noted its contents and the comments made during discussions;
- b) To note the extent of the financial challenge over the next year and until 2021 and the need to further develop a shared system-wide response and assurance that this challenge will be met;
- c) As part of the Boards' role to provide clear guidance to the Leeds Health and Care Partnership Executive Group on the possible actions required to achieve financial sustainability, the Board asked that PEG
  - i) Convene a workshop to consider and identify the opportunities for collaboration and budget sharing
  - ii) Undertake a piece of work to gather and understand savings and Return on Investment.

### **11 Being the Best City For Health Requires the Best Workforce**

Tony Cooke, Chief Officer Health Partnerships Team, presented a report summarising the city's challenges relating to workforce and three potential and developing solutions. The Board was asked to consider it's' role in progressing, steering and directing future work to address the challenges, in the short term these were identified as:

- The impact of nursing bursaries (25% drop in applications)
- The impact of Brexit (96% fall in people coming to the UK to work)
- The number of health and care practitioners due to retire within the next 5 years (600,000)

The challenges ahead had highlighted the need to systematically "Grow your own workforce" with a focus on the establishment of a Health and Care Academy for Leeds, promotion of the living wage and supporting disabled people into employment.

Health & Care Academy – The Health and Social Care Academy would support a better targeting of employment opportunities in the city's more deprived areas. In answer to a query the Board received assurance that the Health Academy would focus on business as well as clinical skills, recognising the role of small and medium businesses in the health and care sector.

Work Related Long Term Illness - 32,000 people in Leeds received Employment & Support Allowance (ESA) - financial support for those who were unable to work through disability or illness. Of these, it was suggested that a large number had work related anxiety or musculoskeletal issues; and with the right support available to employers, that skilled and/or experienced workforce could be retained.

Dave Roberts, LCC Financial Inclusion Manager, provided the Board with information on the 'Living Wage', in particular:

- The influence the public sector had on the private sector
- 60% of children living in poverty are from working households
- The proven link between poverty and ill-health

Discussion followed on the proposal for public services to collaborate and develop a strategy to encourage momentum within the private sector for the Living Wage, noting a seminar had been proposed by the Integrated

Commissioning Executive (ICE) as an initial focus for the strategy. Comments included:

- Quality Care work – Paying appropriate wages will encourage staff retention, boost health and care outcomes and alleviate child poverty
- One approach to training - 57,000 people in Leeds work in the health and care sector and were largely trained within the organisation they work for. 'One approach' to training would encourage rotation throughout the health and care sector settings and break down barriers between the health and care settings in the public/private sector.
- The opportunities for joined up learning and training, recognising that there were issues across the public and private sectors which required the same training – such as moving/handling technique
- Awareness that many working in the health and care sector do so whilst they gain non-health and care related qualifications and/or language skills. Once complete, they often move out of the health and care sector
- The impact of the Apprenticeship Levy and whether this could be invested in health and care apprenticeships

**RESOLVED -**

- a) That, having considered the role of the Health and Wellbeing Board in overcoming challenges relating to workforce; the comments made during discussions be used to provide direction for progress towards the priorities of the Leeds Health and Wellbeing Strategy 2016-21.
- b) To support the engagement of members in discussions about the Living Wage and attend the Low Pay Seminar when arranged.
- c) To oversee/raise the profile of the Supporting Disabled People into Employment Project to ensure it remains consistent with the city's health and wellbeing priorities and participate in a 'health, wellbeing and employment workshop' in October 2017.
- d) To continue to note and support the development of Leeds Health and Social Care Academy and to receive regular updates on progress.
- e) To note that the City Workforce Work stream should be used to understand and plan responses to these challenges and keep the Board up to date with progress.

**12 For information: Better Care Fund Quarterly Reports**

Steve Hume, Chief Officer, Resources & Strategy (LCC Adults & Health) presented a report for information on the completed Better Care Fund (BCF) reporting templates for quarters 2, 3 and 4 for 2016-17. The report noted that a requirement of the BCF is that completed reporting templates are submitted quarterly to NHS England to provide assurance that the conditions of the BCF are being met.

**RESOLVED** – That the completed BCF reporting templates for quarters 2, 3 and 4 for 2016-17 be noted for information.

**13 Date and Time of Next Meeting**

**RESOLVED** – To note the date and time of the next formal Board meeting as Thursday 28<sup>th</sup> September 2017 at 10.00am (with a pre-meeting for Board members at 9.30am).