

HEALTH AND WELLBEING BOARD

THURSDAY, 28TH SEPTEMBER, 2017

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, G Latty and
L Mulherin

Representatives of Clinical Commissioning Groups

Dr Jason Broch	NHS Leeds North CCG
Nigel Gray	NHS Leeds North CCG
Phil Corrigan	NHS Leeds West CCG
Dr Alistair Walling	NHS Leeds South and East CCG

Directors of Leeds City Council

Sharon Yellin – Consultant in Public Health Medicine
Cath Roff – Director of Adults and Health
Steve Walker – Director of Children and Families

Representative of NHS (England)

Maira Dumma - NHS England

Third Sector Representative

Heather Nelson – Black Health Initiative
Hannah Howe – Forum Central

Representative of Local Health Watch Organisation

Stuart Morrison – Healthwatch Leeds

Representatives of NHS providers

Philip Wood - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

14 Welcome and introductions

Councillor Charlwood welcomed all present and brief introductions were made. The Chair reported the following:

Superintendent Samantha Millar had been appointed to the Board to represent West Yorkshire Police and safer communities.

St Gemma's Hospice – Councillor Charlwood led the Board in congratulating the Hospice for being the first in the UK to be officially recognised as a University teaching hospice, formalising its relationship with the University of Leeds. The Chair also noted Kerry Jackson's apologies for today's meeting and expressed her best wishes to her

Leeds Community Healthcare NHS Trust – A recent CQC inspection had rated LCH as "Good" overall with "outstanding" in caring. The Chair reported that she had written to LCH on behalf of the Health and Wellbeing Board to offer congratulations.

15 Appeals against refusal of inspection of documents

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

16 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

17 Late Items

No formal late items of business were added to the agenda.

18 Declarations of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were declared.

19 Apologies for Absence

Apologies for absence were received from Ian Cameron; Sara Munro; Councillor D Coupar; Julian Hartley; Kerry Jackson; Lesley Sterling-Baxter; Tanya Matilainen; Gordon Sinclair and Samantha Millar.

20 Open Forum

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

21 Minutes

RESOLVED – The minutes of the previous meeting held 20th June 2017 were agreed as a correct record

22 Continuing a Conversation with Citizens: Leeds Health and Care Plan

The Board considered the report of the Interim Executive Lead, Leeds and Care Plan, which provided an overview of the progress made in shaping the Health and Care Plan since the last Board meeting. The report also sought support for proposals to progress a conversation with the public and health and care staff to develop a person centred approach to delivering the desired health improvements for Leeds.

Paul Bollom, Interim Executive Lead, presented the report, highlighting the links between the Plan and the Leeds Health & Wellbeing Strategy 2016-2021 and the 5 Year Forward View. Additionally, the financial impact of not making changes to service provision was noted.

The question “what are we trying to achieve” was put to the Board and the following key themes were highlighted and discussed:

- The ‘left shift’ approach in service provision – moving services from secondary providers (Hospital settings) to the community and/or social prescribing
- The need to design solutions from the bottom, up – to ensure “what this means to me” is implemented and includes a focus on individual responsibility for ‘keeping myself well’
- To achieve this left shift, staff, service users and the general public will need to be fully engaged
- Acknowledged the role of discussions held at Community Committee meetings during the summer 2017
- The framework for further consultation was in place to communicate the revised Plan and the Board identified further matters to consider:

- the involvement of the Third Sector was key to deliver the message of change to people with the greatest health inequalities
- Involvement of young people at this stage was crucial in order to shape the services they will receive in the future
- Targeting people who were hard to reach or usually did not engage was seen as key
- the future role of hospitals in community care
- the role of the public sector more widely to contribute to its ambitions and the changing conversations with staff and citizens

The Board considered whether the expectations of change were advertised widely enough to include all parts of the population/health and social care economy. A query was raised whether providers such as Pharmacists had been included within the initial consultation which was noted for action

The Board acknowledged that the community focus was firmly established within the Leeds Plan and that the work done so far reflected the level of integration the Board would wish to see in future service delivery.

RESOLVED –

- a) To note the contents of the report and the comments made during discussions
- b) To endorse and support the consultation plans outlined in the submitted report - to be undertaken by Health Partnership Officers on the Leeds Health & Care Plan draft narrative with Leeds' citizens and health & care staff

23 System Integration - A Blueprint for Leeds

The Board considered the report of the Chief Officer, System Integration, Leeds CCGs Partnership, on the progress made to develop accountable health and care working in the city through a Population Health Management (PHM) approach. This approach is an intrinsic part of the Leeds Health and Care Plan and echoes the ambition of the Leeds Health and Wellbeing Strategy 2016-2021 to make sure that care is personalised and more care is provided in people's own homes whilst making best use of collective resources to ensure sustainability.

The report noted that the perceived current lack of joined-up care is the biggest frustration for patients, service users and carers who want continuity of care, smooth transitions between care settings, and services that are responsive to all their needs together. The report outlined the work done so far to develop and consult on a blueprint for system integration with stakeholders and consultants from BDO. A copy of the final Blueprint was attached as Appendix 1 of the report.

Nigel Gray presented the report and highlighted that a key part of delivering this change is for the system and providers to work together to develop and implement a new model of integrated care where providers are jointly accountable for population outcomes. The PHM approach for commissioning and providing accountable care kept the whole person at its heart and did not differentiate between all age groups.

Key benefits for adopting a PHM approach for Leeds include improved efficiency, reduction of fragmented care, improved health outcomes and:

- Parity of esteem between mental and physical health
- Better partnerships between adult and children's services e.g. work with vulnerable families to support the best start in life.
- A greater focus on the wider determinants of health to deliver outcomes.

Becky Barwick presented supporting information on the proposed new model of care and commissioning, emphasising that where organisations share responsibility for achieving outcomes, the likelihood for successful outcomes are increased. This approach reflected the discussions on the previous agenda item – seeking both system and population change to achieve better care outcomes – as well as bringing parity of esteem in the health and social care system through a “whole family” approach.

Dr Tom Gibbs provided discussion points on what future services *could* look like to service users, such as:

- single integrated teams - provided by 12 neighbourhood teams and other community services
- extended primary teams - provided by GP's and some hospital services/specialists working in localities

The current health care system sees General Practice as first point of contact for most services users, and acting as a buffer between them and hospital care. The new system approach is based on the Primary Care Home principle, of which General Practice is just part of the offer, along with other health/social care/Third Sector provision.

The Boards attention was drawn to para 3.6.2 of the report containing the timescales for implementation, specifically the period of consultation scheduled for Autumn/Winter 2017 and the shadow running of the first segment theme of 'frailty' from June 2018 to March 2019.

Discussion highlighted the following:

- System integration could not occur without a move to commissioning for outcomes due to current contractual restraints, inconsistent payment methods, individual organisational priorities and system pressures.
- The current model of care is medically driven, however the move towards a multi-disciplinary approach will bring better outcomes
- The future model of care may mean that a patient's first point of contact with health and social care may not be their GP
- Acknowledged the need to ensure that the right services are situated within the right community, recognising that each locality has its own local care economy and needs
- The proposal that the 12 neighbourhood teams would serve a population group of approximately 30 - 50,000, depending on locality

- Whilst welcoming the ‘whole family approach’ the Board acknowledged a comment that some families present complex health problems and therefore support is required for both the adult and the child of that family. In response, the role of Children’s Services Cluster partnerships was highlighted – bringing together relevant health and social care providers per case. Further work was needed to clarify how and if the Cluster partnerships progress work with the adults of a family if issues are identified. The intention to report back to Board members on safeguarding and joining up responses to adult and child need was noted.

RESOLVED -

- a) To note the report and presentation and contents of the discussions
- b) To endorse the Blueprint for Population Health Management
- c) To continue to provide challenge and feedback on appropriate engagement as we move through the process
- d) To note that Board Members will champion “Population Health Management” principles as a key delivery vehicle for the system to deliver the Leeds Health and Wellbeing Strategy

24 Leeds Health and Care Local System Delivery Plan 2017-18

The Director of Commissioning, NHS Leeds, provided an overview of the Leeds Health and Care Local System Delivery Plan 2017-18 - an operational plan that describes the preparation undertaken by the Leeds health and social care system during 2017 to prepare for surges in demand, most frequently seen during winter. A copy of the executive summary and narrative of the Delivery Plan was attached as Appendix 1 of the report.

The report and appendix provided information about key work streams and the next steps to implement the Delivery Plan, as well as what will be different in 2017/18. The report also responded to feedback from the informal Health and Wellbeing Board workshop held on 20th July 2017.

In presenting the report and the Delivery Plan narrative, Sue Robins highlighted that work had started earlier this year to develop the Plan and accompanying Communications Plan. Collaborative working amongst health and care providers had included work on the escalation process to clarify and standardise the approach, seeking to provide mutual support across the services. Current projects included the roll out of General Practice provision in an Accident & Emergency Department; Leeds Hospital Trust running a ‘perfect week’ in order to pilot and review how the Plan will work in practice and a review/refresh of provision overall. The anticipated Spring Monies could be used to deliver some of the initiatives to strengthen the offer.

Noting the strategic objectives and system indicators, the Chair commented that winter pressures remained important to patients; and she identified the standard Accident & Emergency Department 4 hour waiting time target as one of the pressures. The Board noted the response that the System Delivery Plan 2017-18 concentrated on system-flow and the health and safety of patients rather than the 4 hour target. However the Secretary for Health however had recently stipulated that the 4 hour target must not be ignored.

Further discussion identified that operations were not cancelled because of the target, but because of patient safety concerns. Although Accident & Emergency Departments dealt with patients very well, the issue remained that they could not be moved on due to a lack of suitable beds elsewhere. The impact of the 5.00pm admission deadline to Care /Residential Homes was also identified as a pressure.

It was also noted that a raft of preventative activity relating to winter is also in place and supports the 'left shift' referenced in the Leeds Health and Care Plan, such as fall prevention, winter friends and a huge amount of activity actively contributed by the Third Sector.

RESOLVED -

- a) The Board agreed that the approach taken to plan for winter aligns with the shared city ambitions
- b) To note that the Board and its' partners shared ownership and collective action as 'Team Leeds' is reinforced through the delivery of the Leeds Health and Care Local System Delivery Plan 2017-18

25 Integrated Better Care Fund (IBCF) Plan 2017-19 and Spring Monies

The Board considered the joint report of the Director of Commissioning, Strategy & Performance, NHS Leeds CCGs and the Chief Officer, Resources & Strategy, LCC Adults on the Integrated Better Care Fund Plan for 2017-19.

The BCF Plan addressed the sums of money being invested and the types of schemes to be supported - how Leeds will spend Better Care Fund (BCF); Integrated Better Care Fund (iBCF) and Spring Budget monies, amounting to £76.5m in 2017/18 and £83.6m in 2018/19, with iBCF and Spring Budget spending also covering 2019/20. The BCF Plan was submitted to the Board retrospectively for discussion with approval sought for the Narrative Plan (contained as Appendix 1) and the Financial Planning Template (attached as Appendix 2)

Cath Roff, LCC Director of Adults & Health, presented the report and highlighted that the BCF Plan had been submitted to NHS England as required on 11th September 2017 for NHS England to undertake their assurance process of plans. It had not been possible to submit the Plan to members of the Board prior to the formal submission due to delays in issuing the BCF Guidance and the submission timetable imposed by NHS England. Although informal positive feedback on the Plan had been received; no formal response from NHS England could be reported.

During their discussions, Board Members noted the following comments:

- Acknowledgement of the partnership working undertaken to complete the process
- The annual challenge of the impact of late publication of the Guidance
- Noted the success of a recent 'Silver command' exercise – testing system resilience in readiness for periods of high demand

Additionally, it was noted that the Delayed Transfer of Care (DTC) Guidance stated that all Authority DTC targets would be reviewed in November. Leeds' performance against this target may have an adverse impact on the Spring Monies. DTC information was currently being collated and it was agreed that the information would be made available to the Board once the process was complete.

RESOLVED

- a) To note the contents of this report
- b) To note and give approval to the BCF Narrative Plan 2017-19 as attached as Appendix 1 of the submitted report
- c) To note and approve the BCF Financial Planning Template 2017-19 as attached as Appendix 2 of the submitted report

26 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.

Kim Gay presented the report which provided a financial 'health check' to clarify where the current and expected financial pressures were in the local health and care system.

RESOLVED –

- a) Having reviewed the Leeds health & care quarterly financial report, the Board noted its contents;
- b) To note the work being carried out across West Yorkshire and Harrogate seeking to develop plans for financially sustainable service models

27 Annual Refresh of the Future in Mind: Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

Jane Mischenko presented the report of the Director of Commissioning, NHS Leeds CCGs Partnership and the LCC Director of Children & Families on the refresh of the 'Future in Mind: Leeds Local Transformation Plan'. A copy of the Plan was attached as Appendix 1 of the report. The Plan is required to be refreshed on annual basis by NHS England.

The report set out the achievements to date and the next steps in the delivery of the ambitious strategy to transform; support and improve the emotional and mental health of Leeds' children and young people with the ultimate aim of improving the wellbeing of all the population.

In presenting the report, Jane highlighted that all the progress made had been driven by young people and particularly, the "Quick Guide To" had been written by children and young people themselves. The priorities for 2018/19 were outlined in the report with a key issue being for children and young people in mental health crisis to receive parity of treatment with adults – currently treatment relies on referrals triggered by a young person attending Accident & Emergency, or through police involvement.

Councillor Mulherin, Executive Member with responsibility for Children and Families, reiterated how the work done so far showed the strength of the partnerships in Leeds seeking to improve services for children and young people, it was important to note that half of Leeds schools had signed up to the 'MindMate' wellbeing service and that talking about mental health in school was supported an age appropriate way.

The Board welcomed the report and discussed the following:

- The importance of ensuring parents and siblings of young people with mental health issues were supportive – it was noted that the MindMate website did contain information for adults
- Acknowledged the challenges of engaging with some difficult to reach communities
- Commented that children and young people's mental health was not included in the current HWBS as a specific issue
- Whether the health and care service sector had the equivalent of the "make every contact count" approach
- Acknowledged that the Plan will link to the early life of the child and the "Best Start Plan" – investment in the 0-2 and 0-5 year groups will secure a better future

The Board noted a comment that General Practice dealt with a fair number of adults who received mental health support for the effects of a childhood event; but had little information on Clusters and how they work and what they do. Parents attended GP sessions with their child to discuss mental health issues which had been identified by their school - who had directed the family to their GP, rather than instigating Cluster involvement. The Director of Children & Families commented that work would be done to consider securing GP representation on the Clusters.

RESOLVED –

- a) To support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP). The refresh of our LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2017 (NHSE requirement).
- b) To recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.
- c) To endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- d) To note the discussions on how Members of the Board will support the delivery of the vision, the strategy and underpinning plan.

28 Unhealthy Attitudes - A 'one city' approach for Leeds

The Board considered the report of the Leeds LGBT+Hub outlining a proposal to develop a one city approach to implementing the recommendations from Stonewall's "Unhealthy Attitudes" Report on the treatment of lesbian, gay, bisexual, transgender and gender & sexual minorities (LGBT+) people in Health and Social Care Services.

A copy of the “Unhealthy Attitudes Report” was attached as Appendix 1 of the report and identified some key areas to be addressed to move the Health and Social Care sector towards being fully inclusive for LGBT+ people. The report also proposed the establishment of a Health and Social Care sub group of the LGBT+Hub; seeking nominees from the Health and Wellbeing Board.

Geoff Turnbull, LCC Communities Team; and Josh Willacy, Stonewall; attended the meeting to present the report. They highlighted the following matters:

- Acknowledged the serious challenges in the health and social care sector
- The findings from consultation with approximately 3000 respondents had shaped the proposed approach with issues ranging from abuse; harassment; lack of understanding/knowledge
- The development of a ‘one city’ approach to ensure the LGBT+ community receive a better experience of the health and social care sector
- The potential for Leeds to be a national leader through the establishment of the proposed working group; tasked to look at the 5 key themes of the Stonewall recommendations -
 - Ending LGBT+ bullying and discrimination
 - Improving training and development
 - Supporting LGBT+ staff in the workplace
 - Improving LGBT+ patient experiences
 - Leadership support for LGBT+ equality

It was noted a previous workshop had discussed the Stonewall Unhealthy Attitudes report; and the Board members formally reconfirmed their support for the proposals in the report.

RESOLVED –

- i) To support the establishment of a Sub Group of the LGBT+ Hub focusing on Health and Social Care
- ii) To note that nominees from each Health and Wellbeing Board partner organisation will be sought to be appointed to the Sub Group.
- iii) To task the LGBT+ Hub Health & Social Care Sub Group with developing an action plan to deliver the recommendations of the Unhealthy Attitudes Report.
- iv) To task the LGBT+ Hub Health & Social Care Sub Group with identifying any additional actions that may need to be delivered to ensure Health and Social Care services are fully inclusive for LGBT+ people.
- v) To task the LGBT+ Hub Health & Social Care Sub Group with consulting and engaging with the LGBT+ community as required to deliver the action plan.
- vi) To request regular update reports to the Health & Wellbeing Board on progress in delivering the action plan.

29 For information: Health Protection Board Annual Report

The Board received a copy of the Health Protection Board Annual Report for information

Minutes approved at the meeting
held on Thursday, 23rd November, 2017

RESOLVED - To note receipt of the Health Protection Board Annual Report

30 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next formal meeting as Thursday 23rd November 2017 at 10.00am (with a pre-meeting at 9.30am for Board members)