

HEALTH AND WELLBEING BOARD

THURSDAY, 23RD NOVEMBER, 2017

PRESENT: Councillor R Charlwood in the Chair

Councillor L Mulherin

Representatives of Clinical Commissioning Groups

Alistair Walling	NHS Leeds South and East CCG
Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG
Phil Corrigan	NHS Leeds West CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Sue Rumbold – Chief Officer, Children and Families

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Heather Nelson – Black Health Initiative
Hannah Howe – Forum Central

Representative of Local Health Watch Organisation

Tanya Matilainen – 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 Representative

Michelle de Souza – Communities & Environment

31 Welcome and introductions

Councillor Charlwood welcomed all present and brief introductions were made. The Chair reported that Lesley Sterling-Baxter had resigned from her role as Co-Chair of Leeds Healthwatch and from the Health and Wellbeing Board. Councillor Charlwood agreed to write to Lesley to express the Board's thanks for her work on the Board as the voice of the public and health system users.

32 Appeals against refusal of inspection of documents

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

33 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

34 Late Items

No formal late items of business were added to the agenda, however Members had received a supplementary pack to agenda Item 12 (iBCF (Spring Budget) and BCF 2017/18 Quarter 2 Returns) containing Appendix 2 of the report which was not available at the time the agenda for the meeting was despatched. The document had also been published to the LCC website (Minute 42 refers).

35 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

36 Apologies for Absence

Apologies for absence were received from Councillor Coupar, Councillor Golton, Councillor G Latty, Jason Broch, Steve Walker and Sam Millar. Sue Rumbold and Michelle de Souza attended the meeting as substitutes.

37 Open Forum

Community engagement – In response to a representation from a member of the public about the take-up; promotion, and value of public engagement in shaping the Leeds Health & Care Plan, the Chair responded that the main focus of the consultation with Leeds Community Committees was to encourage discussion in local areas, with local representatives as this was important for shaping the future health and care system.

The Executive Lead, Leeds Health & Care Plan, acknowledged that each Community Committee operated differently in response to its locality. Further additional public consultation was planned for 2018, including public events; specific website and events targeted towards harder to reach groups and communities.

38 Minutes

RESOLVED – To agree the minutes of the meeting held 28th September 2017 as a correct record.

39 Inclusive Growth Strategy - Alignment with Health and Wellbeing Strategy

The Board considered a report on the recent work to review and replace the Leeds Inclusive Growth Strategy for 2017-2023. A copy of the draft Leeds Inclusive Growth Strategy (IGS) was attached to the report as an appendix.

The Chief Officer, Health Partnerships, reported on a recent meeting with West Yorkshire Combined Authority. He emphasised the need for the IGS to include health and care skills based on the emerging evidence of the close links between skills and education supporting good health; and in the knowledge that the health, care and medical sectors will be one of the fastest growing.

Simon Brereton, LCC Economic Development Programme Leader, presented the Strategy which anticipated Leeds continued economic growth and

included proposals to meet that challenge. He posed the question 'how do we ensure it reaches all parts of the city?' and highlighted the following issues:

- Leeds's jobs growth does not reach right across the jobs spectrum. There is growth in degree level qualification jobs but middle sector job numbers are declining; and there is a gap in the market which is traditionally filled with low level skill, administrative, process jobs.
- Two thirds of the working population have not attained a level 4 qualification or above.
- Leeds has a young population that is getting younger; and we need to ensure that they have the qualifications and skills to sustain employment. The ageing population means that we need to cater for those who have been in the job market for a long time.
- The IGS includes '12 Big Ideas' to tackle the issues and targets 7 job priority sectors, including the health and medical sector and the aging population.
- The IGS proposed measures to tackle poverty across the city – 150,000 residents live within the 10% most deprived localities in England. Although growth was predicted, a key issue would be how to ensure that growth did not contribute to a widening disparity between rich and poor in the city.
- The IGS anticipated 80,000 new jobs by 2020, with a further 600,000 posts released through the churn of retirement or movement.
- The concentration of low paid jobs in Universities, the health and care and education sectors was noted - despite the work done to achieve the living or minimum wage; and the reliance on these sectors to equip the city for economic growth.
- Future changes to the city infrastructure through the HS2 rail link and anticipated doubling in size of the city centre will impact on the economy; jobs and how we travel to and from the workplace. Poverty and low pay required consideration at the Leeds City Region level. It was noted that people on low pay only travel an average of 1 mile for work – therefore jobs must be created throughout the city, closer to where people on low pay live.

In conclusion, a focus for the meeting was to consider the Board's influence to challenge to bring about changes to wages and investment in order to promote economic growth and reduce poverty.

The Board's discussions focussed on the following matters:

Local Procurement and the power to affect change locally in Leeds. Local commissioners could influence and contribute as employers and buyers - making sure low paid staff are supported and paid a living wage; seeking high quality and supporting not for profit care for local communities through partnerships with social enterprise. Future commissioning to consider care delivery differently - to be inclusive and framed around local communities.

The Leeds Health and Wellbeing Strategy – Linking the IGS will encourage partners to use their influence as commissioners and employers to promote apprenticeship opportunities and to support mechanisms which assist people into and back to work.

Children and Young People at the heart of the IGS – Linking the IGS will ensure it looks at achievement and resilience to enable young people to be work ready and able to influence their careers. Support for vulnerable learners and young people with learning difficulties was also highlighted with input welcomed from health partners to support the work already being done by LCC to support these groups. Additionally, the need to work with schools was identified to ensure that a variety of roles in the jobs market are promoted to support aspiration and ensure that young people are given opportunities. Giving children and young people the opportunity to meet adults from a variety of skilled jobs was also suggested to support their future choices. There was also recognition for the need to work closely with employers to match young people with the right opportunity; apprenticeships were not the answer for all communities – this was identified as a proposal which health and care partners could support. Equally, work with parents was key to ensuring a ‘can-do’ attitude and support amongst the whole family.

Links to the Leeds Health & Care Plan – Linking to IGS will ensure there is a coherent vision and will join up some of the big ideas with community cohesion and neighbourhood work.

Consideration of the ‘Social Charter’ – This will provide information on what action is already being taken by Leeds’s Third Sector to support people back into work.

Future Action Planning - It was noted that an IGS Action Plan was being developed, informed by the consultation so far, and would be presented early in 2018. The Action Plan would reference commitments and pledges by partners. The Board noted and welcomed the offer made by Julian Hartley on behalf of Leeds Teaching Hospitals Trust to commit to the Inclusive Anchors Programme.

In conclusion, the Board supported the IGS and the development of the Action Plan noting the opportunity for the Board and its partners to influence the wider economy and suggested the following be considered;

- Inclusion of specific targets and priorities that partners could progress (such as reducing poverty, number of people with disabilities in employment) and targets that are place based and ensure inclusivity
- The need to clearly connect to the Leeds Health and Wellbeing Strategy
- The Action Plan to reflect the needs of Leeds most vulnerable communities

RESOLVED -

- a) To note work done to broaden the understanding of health issues in the economic development world and the understanding about the importance of a strong economy in the health and care system.
- b) To approve subsequent closer alignment of the Health and Wellbeing and Inclusive Growth strategies
- c) To seek to ensure broader health input from both commissioners and providers into the Inclusive Growth Strategy via programmes such as

Inclusive Anchors, Leeds Academic Health Partnership and the impending Innovation District and Nexus projects.

40 Making a breakthrough: a different approach to affect change

The Board considered a joint report providing an overview of the approaches taken to address challenges relating to three Breakthrough Projects with very clear links to the priorities of the Leeds Health and Wellbeing Strategy and the wider determinants of health and wellbeing: supporting the inactive to become active, air quality, and domestic violence and abuse.

The report provided the Board with an opportunity to discuss and explore the challenges related to the issues; to provide a view on what else could be done to ensure links with Leeds's other strategic plans and to consider individual or collective action that can contribute to improved outcomes for people in Leeds.

1. Supporting the Inactive to become Active – In presenting the report, Anna Frearson (Consultant in Public Health) and Mark Allman (Head of Sport & Active Lifestyles) encouraged discussion on:

- How to reduce sedentary behaviour in staff as well as residents. As representatives of large employers/organisations how to encourage physical activity and/or exercise which was acknowledged as being beneficial to work and home wellbeing.
- Meeting the challenge of what else can be done to embed support for physical activity in terms of the workplace, built environment and infrastructure

The Board acknowledged the relationship between activity, mobility, health, mental health and work and made the following comments:

- Leeds Teaching Hospitals NHS Trust staff had responded well to health and wellbeing training, challenges, etc. and the use of sustainable travel transport schemes. Extension of the Leeds Cycleway to link St James's and the Leeds General Infirmary was identified as an additional measure to further encourage activity.
- A campaign of information and signposting on the location of cycle paths, walkways and bridleways was identified as a measure to increase their use; alongside information on cycle safety.
- Recognition of the need to link to Mindful Employer measures.
- Acknowledged that Leeds West NHS CCG was committed to factoring in physical activity in its approach to commissioning pathways of care, particularly for musculoskeletal disorders; and the commitment to build this into health coaching and Making Every Contact Count policies.
- Recognition of concerns for the health of some health & care sector staff, particularly community health staff, who were physically inactive due to the nature of their work which required them to drive between appointments and impacted on their diet as well as their ability to be active.
- The need to consider any cultural or behavioural issues which may prevent people from taking up physical activity and to consider how individual communities provide their own activities. It was noted that

the Third Sector had a key role to play in being able to provide information on what is provided throughout Leeds own communities.

- The role of education – through schools, health visitors and parents to encourage physical activity.
- Whether ‘physical activity’ could be promoted through; and encourage wider involvement in; the Leeds Health & Care Plan, noting that any campaign would need to be sustainable with a long term commitment

The Board noted the intention for further discussions between the Chief Officer, Health Partnerships and the Head of Sport & Active Lifestyle on a collective approach to this Breakthrough Project.

RESOLVED -

- 1) To note the discussions on the contribution that physical activity and moving more can make to the city’s priorities;
- 2) To note the comments and pledges made during discussions outlined above in terms of how to contribute to increasing physical activity including:
 - As commissioners – how to integrate physical activity into health and care pathways and services.
 - As employers – how to upskill staff to better support people to become active and commit to creating workplaces that support staff to become more active / less sedentary (including active travel to work).
 - As collective leaders – how to develop a whole systems approach to physical activity in Leeds in relation to improving collaboration and the sharing of resources between partners.
- 3) To note the comments made during discussions which provide views on the role of the HWB in terms of new governance structures that will be put in place for Sport Leeds and the new Sport and Active Lifestyle Strategy; to better reflect the positioning of Physical Activity in the City and focus on decreasing inactivity levels
- 4) To note the intention for discussions to be held between the Chief Officer, Health Partnerships and the Head of Service for Sport & Active Lifestyle on a collective approach to this Breakthrough Project which will further the consideration of the matters outlined in points 1 to 3 above.

2. Air Quality – Andrew Hickford (Project Manager, Resources & Housing) and Dr Ian Cameron (Director of Public Health) presented this section of the report, and sought to encourage discussion focussing on the role of health organisations in transport, the use of use of air pollution information to inform the public and providing advice and guidance on the link between air pollution and health to health professionals.

The following issues were highlighted:

- The Department for the Environment, Food and Rural Affairs had recommended the use of Clean Air Zones (CAZ) in Leeds to tackle pollution, with 4 key roads requiring action. A further report would be

presented to the Board for consultation once CAZ areas are determined.

- Important to note that most of Leeds maintained good air quality
- Air pollution in Leeds contributed to 680 deaths annually and was a factor in the number of recorded cases of respiratory; lung and Chronic Vascular Diseases
- The public's attitude towards air pollution showed that in general, more people were concerned about the impact of air pollution on asthma, than its impact on cancer.
- The link between fuel poverty and health. It was noted that Leeds had 70,000 Victorian era homes, which were expensive and difficult to insulate and upgrade to modern effective, heating systems
- Affordable warmth was very important for good health. Community nurses often came into contact with patients in cold homes and the offer of close working and support between health organisations was welcomed to tackle fuel poverty and provide information to residents and staff on the opportunities available to them to improve air pollution and reduce fuel poverty.
- Both Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust representatives expressed an interest in closer working with Leeds Teaching Hospitals NHS Trust to see the work being done there in terms of the vehicle fleet and reducing individual air pollution.
- Important to reiterate that cycling in high polluted areas was still better than being in a car
- In response to a query about how to encourage wider use of electric cars, a number of measures were identified; including parking permits for electric vehicle owners/users which grants free on-street parking and use of LCC car parks; and grant funding was available for electric charging point installation. Further information on this would be sent directly to Board members and partners to encourage consideration of electric vehicle use. Acknowledgement that despite the work already done in Leeds, the need to increase uptake in public transport and active travel whilst reducing the number of private vehicles entering the city centre still remained

RESOLVED -

- 1) To provide advice and guidance on how best to link through to the city's health professionals to promote key messages on air quality.
- 2) To encourage the city's health organisations to lead by example in terms of their own fleet and travel planning.
- 3) To consider how best to utilise air pollution data to support vulnerable groups
- 4) To participate in the air quality consultation process and to commit to provide input in to the Leeds Transport Conversation
- 5) To support an integrated independent living and affordable warmth service to ensure that vulnerable people receive physical improvements to their homes that will allow them to be warm and well at home.

- 6) To champion affordable warmth across the health and social care sectors, to ensure that trusted frontline carers continue to refer clients for support.
- 7) To consider new joint investment in energy efficiency improvements for particularly vulnerable residents where there is a health business case (i.e. to improve hospital discharge processes).

3. Domestic Violence and Abuse – Michelle de Souza presented this element of the report, seeking consideration of the impact of domestic violence and abuse on health and wellbeing; mental health and cost to services. She reported that Leeds was regarded as being at the forefront of DV work, with good links operating between adult social care, midwifery services and Accident & Emergency departments. However key challenges for the future were development of the workforce; consideration of how to deal with perpetrators of domestic violence and the scale of the issue – with approximately 19,500 domestic violence related calls to West Yorkshire Police recorded last year. Other key issues to note included;

- Serious Case Reviews often revealed social isolation as a recurring theme in cases
- When dealing with case reporting; using family members to translate could prevent a victim from reporting the full details
- Not all victims report to the police in the first instance, as some may feel safer in other settings.

It was noted that LCC Department of Children and Families sought to employ a multi-agency partnership to support affected families, with a scheme in place to support the children of the family. The Board further discussed:

- Whether the definition of domestic violence included Female Genital Mutilation. It was noted that this had been considered as part of the DV Breakthrough Project but was not a key focus of the Leeds Health and Wellbeing Strategy. As a safeguarding issue, several sectors within the health & care sector received awareness training with health professionals being duty bound to report cases. However it was acknowledged that victims may not know how to access support. The Board further noted the offer from the representative of NHS England to provide a co-ordination role in order to prevent a fragmented support system.
- Understanding of what 'safe' means is different and based on cultural experiences. Part of domestic violence support work must be about clearly explaining rights, expectations, etc. across the Leeds community
- Reference was made to the Making Every Contact Count initiative, noting that this was being rolled out across the city.
- Raising awareness was identified as key to tackling the issue

In terms of identifying measures that the health & care sector could undertake to capture and identify cases the following comments were noted:

- To consider the long term impact of what children or others have witnessed in a DV environment

- To seek to encourage more primary care, GP practices and health & care settings to introduce a routine domestic violence enquiry as a general rule.

RESOLVED -

- 1) To note the contents of the report and the comments made during discussions seeking to identify collective action to address persistent challenges:
- 2) To continue to identify opportunities to increase capacity at the Front Door Safeguarding Hub.
- 3) To seek to identify new opportunities to upskill staff and services to identify and respond to Domestic Violence and in particular issues of coercion and control
- 4) To remove barriers and improve access to appropriate services for people with complex needs who are experiencing domestic violence
- 5) To continue to consider ways to increase services and interventions available to perpetrators of domestic violence
- 6) To continue to consider opportunities to tackle issues of social isolation as a barrier to addressing issues of domestic violence and abuse.

41 For Information: Leeds Health and Care Quarterly Financial Reporting

For information, the Board received the report from Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.

RESOLVED - To note the Leeds health & care quarterly financial report end of year forecast.

42 For Information: iBCF (Spring Budget) and Better Care Fund 2017/18 Quarter 2 Returns

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 2 returns.

RESOLVED

- a) To note the contents of the Leeds iBCF Quarter 2 return to the DCLG
- b) To note the content of the Leeds HWB BCF Performance Monitoring return to NHSE for quarter 2 of 2017/18

43 For information: Brief Overview of Delayed Transfers of Care and Non-Elective Admission in Leeds

The Board received a joint report for information from the Chief Officer Resources & Strategy, LCC Adults & Health and the Director of Commissioning, Strategy & Performance, NHS Leeds CCGs which provided a brief overview of Delayed Transfers of Care (DTC) and non-elective admissions

Sara Munro, Leeds and York Partnership NHS Foundation Trust, reported that as part of the ongoing work to ensure that the data sets provided are achievable and give an accurate baseline; a correction had been identified. The Board supported the suggestion that a letter be submitted from the Health & Wellbeing Board to NHS England to challenge the current baseline and include support for a revised baseline for Leeds. It was agreed that a letter

would be drafted and circulated for comments from members prior to its submission.

RESOLVED -

- a) To note the definition of Delayed Transfers of Care (DTOCs).
- b) To note the impact on the system of high levels of DTOCs.
- c) To note the level of improvement required to deliver the 3.5% iBCF target.
- d) To note the challenges and risks faced by the Health and Care System partners in Leeds associated with delivery of the agreed iBCF trajectory.
- e) To note issues associated with DTOC baselines and trajectories with assessment of position and proposed approach to changes to be reported back to HWB.
- f) To note the intention for a letter to be submitted to NHS England from the Health & Wellbeing Board challenging the current data baseline and including support for a revised baseline for Leeds. A draft letter will be submitted to Board Members for comment prior to submission to NHS England.

44 For Information: Pharmacy Needs Assessment 2018-21

For information, the Director of Public Health submitted a report providing the Board with an update on three issues:

- The current status of the 2018-21 Pharmacy Needs Assessment
- An early indication of the findings of community pharmaceutical services across Leeds and highlight any gaps that have become evident at this stage of the work.
- Notes that the Pharmacy Needs Assessment will be placed on the Leeds Observatory website for a period of 60 days from 4th December 2017 to 2nd February 2018.

RESOLVED -

- a) To note that the Pharmacy Needs Assessment is on track and progressing to consultation stage.
- b) To note that the Pharmacy Needs Assessment will be placed on the Leeds Observatory website <http://observatory.leeds.gov.uk/> for a period of 60 days for public consultation from 4th December 2017 to 2nd February 2018.
- c) To note that the updated Pharmacy Needs Assessment will be brought to the Health and Wellbeing Board on 19th February 2018 for final approval and sign off, ready for publication by 1st April 2018.
- d) To note the measures to be taken to address the gaps identified so far.

45 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Monday 19th February 2018 at 10.00 am (with a pre-meeting for Board members at 9.30 am)