

## HEALTH AND WELLBEING BOARD

MONDAY, 19TH FEBRUARY, 2018

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

Councillors S Golton, G Latty, L Mulherin  
and E Taylor

### **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

### **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**

Superintendent Sam Millar – West Yorkshire Police

#### **46 Welcome and introductions**

The Chair welcomed all present and brief introductions were made.

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

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

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

The agenda contained no exempt information.

#### **49 Late Items**

There were no late items of business.

#### **50 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interest.

**51 Apologies for Absence**

Apologies for absence were received from Councillor Coupar, Jason Broch, Cath Roff and Steve Walker. Councillor E Taylor attended the meeting as a substitute.

**52 Open Forum**

Population Health Management Principles (PHM) - A query was raised regarding PHM and seeking support to pause the process of recognising Accountable Care systems until the outcome of two Judicial Reviews were known was raised.

In response, assurance was provided that the local Leeds Health and Care Plan had adopted a 'bottom up trajectory' approach through Local Care Partnerships and there would be no imposition of a national model. Additionally, health and care sector partners were keen to continue the Leeds integrated working approach which would allow the sector to monitor and challenge provision through collaborative practices; keeping in mind that the sector needed to understand those areas where it was required to procure services in order to provide the best service and value for money.

**RESOLVED** – To note the matter raised.

**53 Minutes**

An amendment was made to Minute No.40 'Making a Breakthrough', paragraph 2 Air Quality, to reference Chronic *Vascular* Diseases

**RESOLVED** – That, subject to the amendment outlined above, the minutes of the meeting held 23<sup>rd</sup> November 2017 were agreed as a correct record.

**54 Leeds Health and Wellbeing Board: Reviewing the Year 2017-2018**

The Chief Officer, Health Partnerships, submitted a report introducing a report on a review of the strategic direction provided by the Health and Wellbeing Board (HWB) and providing a look back over the last 12 months of HWB and partnership activity.

The Health Partnerships Manager introduced the report, which included a summary of a HWB self-assessment workshop undertaken in January 2018. This information would inform the future work planning and focus of the HWB into 2018/19. Three key issues for further focus were identified as:

- Mental health
- The workforce
- Hearing the voice of the community.

During discussions the Board considered the following:

- Previous discussions with the West Yorkshire & Harrogate Health and Care Partnership which sought to provide high support and high challenge that partners adopted the same or similar approach to health and care as Leeds as highlighted below;
- Success was predicated on building good working relationships between partners, building challenge into the process and encouraging strong, well-engaged communities within the process;

- Welcomed the sense of ‘team Leeds’ within the document which was evidenced by the well-connected approach to the health and care sector and service users;
- Acknowledged the work done by Board partners which had ensured that the HWB priorities were encompassed within their individual services and service plans.

#### **RESOLVED**

- a) To note the collated findings of the report
- b) To note the comments made during discussions intended to provide steer, commission or to clarify any future action to make further progress towards the outcomes and priorities of the Leeds Health and Wellbeing Strategy
- c) That those matters identified during discussions be included within the HWB work plan as appropriate

#### **55 Joint Strategic Needs Assessment: More Comprehensive Approach to City-Wide Analysis**

The Board considered the joint report of the Chief Officer, Health Partnerships and the Head of LCC Intelligence and Policy setting out proposals for a broader, forward-looking approach to the ownership, production and utilisation of the Joint Strategic (Needs) Assessment, which will consider the wider determinants of health and wellbeing and facilitate policy linkages across the health and care system in Leeds.

The Chief Officer, Health Partnerships, introduced the report which highlighted the HWB’s statutory responsibility to produce a JSNA to inform the direction and effectiveness of the Health and Wellbeing Strategy. The proposals sought to embed the ‘Leeds approach’ into the JSNA; be more inclusive of the Third Sector and communities; and included a name change to “Joint Strategic Assessment” (JSA).

The Board heard that officers had researched examples of good practice adopted by other areas of the country and went on to view a short video presentation entitled “Wellbeing of Future Generations (Wales) Act 2015” created by the Welsh Government to provide advice on the aims of the Act. The video was presented as the basis for discussion on a future approach to publicise the aims of the JSA and more widely - the work of the HWB; the Leeds Health & Wellbeing Strategy (HWBS) and Leeds Health and Care Plan. The Board supported the following principles around engagement and made the following comments:

- Emphasis on self-management and care
- Show what Leeds’ health and care systems could look like and provide context for the individual
- Sets out a snapshot of need and reflect more of the ‘one Leeds’ approach

Discussion identified the following matters associated with the JSA for further consideration:

- The context should reference Leeds' focus on secure and happy childhoods to ensure the best start for children and young people
- To reference using community assets within the longer term service delivery proposals
- To be a toolkit for the whole City, including businesses and residents, not just the local health and care partners
- Acknowledged the need to broaden the scope of data collection in order to better inform the Leeds Health and Wellbeing Strategy and encompass the wider determinants of health

#### **RESOLVED -**

- a) To note the contents of the report and the comments made during discussions on the Wellbeing of Future Generations (Wales) Act 2015 video and the refreshed Joint Strategic Needs Assessment;
- b) To endorse the change from a Joint Strategic Needs Assessment to a Joint Strategic Assessment (JSA), reflecting the 'working with' approach and reflecting strengths and assets based approach developed in communities and neighbourhoods;
- c) To endorse the extension of the JSA to cover the wider determinants of health in line with the refreshed Health and Wellbeing Strategy/Leeds Plan, Best Council/Best City priorities (paragraphs 3.1-3.3);
- d) To actively support and contribute to a strong partnership approach to the JSA (paragraphs 3.6-3.10);
- e) To agree the establishment of a partnership task and finish group to drive the JSA (paragraphs 3.11) and to note that the Chief Officer, Health Partnerships, will be responsible for overseeing implementation of the group.
- f) Agreement that the JSA includes focus on secure and happy childhoods to ensure the best start for children and young people
- g) Agreement that a wide breadth of information is used to inform the JSA including existing data sets where appropriate (e.g. mental health needs assessment framework)

#### **56 Leeds Academic Health Partnership Strategy**

The Chief Officer, Health Partnerships introduced a report providing an update on the progress made by the Leeds Academic Health Partnership (LAHP) to establish a Strategic Framework of priorities along with a summary of its programme of active projects to deliver these. The report acknowledged the role of the LAHP within the wider strategic context of the Leeds Health and Well Being Strategy, Leeds Health and Care Plan and the Leeds Inclusive Growth Strategy.

The report identified the strength and skills of LAHP members to drive the main strategic priorities of:

- Support the delivery of partners' own (and shared) strategies and plans –helping to simplify, not add to, complexity;
- Reflect the breadth of the partnership, for example: physical *and* mental health; care provided in *and* out of hospital; health *and* social care; discovery science to applied health research

- Build the reputation of and add value to all partner organisations and the city across the totality of the work programmes.
- Build on and bring together existing strengths across the city and also develop areas of new capability

Discussion focussed on the following key issues:

- The need to identify how the Third Sector will be further involved in the Partnership
- The need to clarify the role of digitalisation and digital innovation in the delivery of the priorities
- The 'one workforce' approach and how training will be delivered across the various partners to ensure this approach is implemented
- As part of a wider piece of work for the health and care partnership, three priorities of apprenticeships; organisational development and the long term future workforce had been identified for 2018, with focus commencing on 1st April 2018. From September, focus would include cultural working conditions and bringing together the workforce.

#### **RESOLVED**

- 1) To note the Strategic Framework priorities and progress made by the Leeds Academic Health Partnership and its programme to deliver better health outcomes, reduced health inequality and more jobs and stimulate investment in health and social care within the City's Health and Wellbeing Strategy.
- 2) To note that the Chief Officer, Health Partnerships Team will be responsible for overseeing implementation by the LAHP of its programme.

#### **57 Pharmacy Needs Assessment 2018-21**

The Director of Public Health, LCC, submitted a report on the new Pharmacy Needs Assessment (PNA) 2018-2021 which had been produced after a thorough and robust process, including a number of consultation measures.

Liz Bailey, Healthy Living and Health Improvement, introduced the summary findings of the report and provided assurance on the following key points:

- Leeds had a good spread and access to pharmaceutical services. No current gaps in provision of necessary services to meet the needs of the Leeds population had been identified;
- The PNA did not identify any future needs which could not be met by pharmacies/providers already on the pharmaceutical list; taking into account likely demographic changes during the three year life of the PNA

The following comments were noted during discussions:

- Welcomed the recognition given to pharmacies and pharmacists for their support to local communities
- Acknowledged a concern regarding access to pharmacies; given that residents were being encouraged to discuss health and wellbeing issues with their pharmacists in the first instance where appropriate

- Sought assurance that where there was no pharmacy service, there was provision of 'distance pharmacy' with 10 miles; noting the continuing residential expansion of Leeds into outlying suburbs
- Noted that the previous PNA included building "Safe Places" provision within pharmacies and this was not included in the 2018-21 document. It was agreed that the PNA 2018-21 would be reviewed to ensure "Safe Places" are incorporated
- Concern over how migrants/new residents to Leeds are enabled to access pharmacies
- Opportunity to progress the 'one healthcare records system'; including pharmacies

**RESOLVED -**

- a) To note the thorough processes undertaken to compile the PNA 2018-2021
- b) To note the findings and recommendations contained in the PNA 2018-2021
- c) To note that there are no current gaps in the provision of necessary services to meet the needs of the Leeds Health and Wellbeing Board area population.
- d) To note that there are no current gaps in the provision of other relevant services to meet the needs of the Leeds Health and Wellbeing Board area population.
- e) To note that the PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.
- f) To note that as of 1st January 2018, all areas of Leeds have a reasonable choice of pharmaceutical services
- g) To notes the follow up actions that have been taken, since the submission of the update paper submitted on 23rd November 2017.
- h) To approve the PNA document ready for publication and placing on the Leeds Observatory website <http://observatory.leeds.gov.uk/> by 1st April 2018.

**58 Progressing the NHS Leeds Clinical Commissioning Groups Partnership Annual Report 2017-2018**

The Board considered the report of the Communications Manager, NHS Leeds Clinical Commissioning Groups Partnership, which demonstrated how the Clinical Commissioning Group Annual Report has documented its contribution to the joint health and wellbeing strategy.

The report highlighted that information was previously submitted by the Leeds CCGs Partnership to the self-assessment workshop held for the HWB in January 2018. This submission provided an overview of how the organisation had contributed to each of the 12 priorities within the Leeds Health and Wellbeing Strategy 2016-21. It was proposed that this submission would be used for the Annual Report 2017-18 to evidence the extent that the Leeds CCGs Partnership has contributed to the delivery of the Leeds Health and Wellbeing Strategy.

**RESOLVED**

- a) To support the process for developing the CCG annual report as outlined in para 3.6 to meet the statutory requirement outlined by NHS England.
- b) To acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- c) To agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

**59 For Information: iBCF (Spring Budget) Q3 2017/18 Return and BCF Performance Monitoring Q3 2017/18 Return**

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 3 returns.

**RESOLVED -**

- a) To note the contents of the report
- b) To note the contents of the Leeds iBCF Quarter 3 return to the DCLG
- c) To note the content of the Leeds HWB BCF Performance Monitoring return to NHSE for quarter 3 of 2017/18

**60 For Information: Leeds Health and Care Quarterly Financial Reporting**

The Board received, for information, a copy 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 end of year forecast contained within the Leeds health & care quarterly financial report.

**61 Any Other Business**

No additional items of business were identified.

**62 Date and Time of Next Meeting**

**RESOLVED** – To note the following arrangements:

- a) Board workshop – Thursday 19<sup>th</sup> April 2018 at 9.30 am
- b) Formal Board meeting – Thursday 14<sup>th</sup> June 2018 at 12.30 pm