

## **HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 5TH SEPTEMBER, 2018**

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

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

### **Representatives of Clinical Commissioning Group**

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group  
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group  
Dr Alastair Cartwright – Digital Programme Director for Leeds City and NHS  
Leeds Clinical Commissioning Group

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

Dr Ian Cameron – Director of Public Health  
Shona McFarlane – Deputy Director, Adults and Health, LCC  
Sue Rumbold – Chief Officer, Children and Families, LCC

### **Third Sector Representative**

Rachel Koivunen - Forum Central

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

Dr John Beal – Chair, Healthwatch Leeds  
Hannah Davies – Chief Executive, Healthwatch Leeds

### **Representatives of NHS providers**

Andy Weir - Leeds and York Partnership NHS Foundation Trust  
Julian Hartley - Leeds Teaching Hospitals NHS Trust  
Thea Stein - Leeds Community Healthcare NHS Trust

### **Representative of Leeds GP Confederation**

Jim Barwick – Chief Executive of Leeds GP Confederation

## **19 Welcome and introductions**

The Chair welcomed all present and brief introductions were made.

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

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

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

There were no exempt items.

## **22 Late Items**

There were no formal late items, however there was some supplementary information in relation to Item 11 “West Yorkshire & Harrogate Health and Care Partnership – a Memorandum of Understanding”, which was not available at the time of agenda publication. (Minute 29 refers)

### **23 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests.

### **24 Apologies for Absence**

Apologies for absence were received from Cath Roff, Dr Sara Munro, Dr Alistair Walling, Steve Walker, Moira Dumma, Supt. Sam Millar and Heather Nelson. The Board welcomed Shona McFarlane, Andy Weir, Alastair Cartwright and Sue Rumbold as substitutes.

### **25 Open Forum**

No matters were raised under the Open Forum.

### **26 Minutes**

**RESOLVED** – That, subject to an amendment to include Councillor Mulherin’s apologies, the minutes of the previous meeting held 14<sup>th</sup> June 2018 were agreed as a correct record.

### **27 Priority 4 - Housing and the Environment Enables all People of Leeds to be Healthy**

The Director of Resources and Housing submitted a report in support of discussions on the importance of greater collaboration on housing, the environment and health issues.

The following were in attendance:

- Neil Evans, Director of Resources and Housing (LCC)
- Tony Cooke, Chief Officer for Health Partnerships
- Jenny Fisher, Principal Design Officer (LCC)

The Director of Resources and Housing introduced the report and spoke to a PowerPoint presentation, highlighting the following key areas:

- Housing as a key determinant of health and wellbeing, and understanding the connection between housing and employment.
- The Board identified one of the greatest challenges as being low quality conditions in the private rented sector, particularly in our deprived communities and in the context of a decline in home ownership
- The increase in residential dwellings in the City Centre, and the need for health infrastructure to support the new influx of residents.

- Homelessness trends across the city, including a reduction in the amount of temporary accommodation used to home families. However, the Board were informed of the prominence of issues associated with 'street users', particularly in relation to drug and alcohol abuse.
- The focus on ensuring future developments included child friendly community spaces.

During discussions, the Board considered the following:

- Models of co-location were reported to be successful in shared buildings such as Tribeca House. Although the Board recognised that this approach was not always practical, Members encouraged consideration of co-location for housing and health / social care teams where possible.
- The trend of more affluent areas influencing planning decisions through Neighbourhood Plans, and the need for further engagement with deprived communities to ensure that planning decisions are community led.
- The use of Local Care Partnerships to integrate housing officers into health / social care teams and the third sector.
- That health and care colleagues would benefit from greater knowledge of planning and design, particularly in relation to legislation and barriers to housing improvements.
- The planned increase in residential dwellings in the city centre, and thus the need for strong health and social care infrastructure to support families, along with green spaces.
- That spaces and places undergoing development and redesign must be welcoming for all ages and demographics of our population.
- The need for more systematic lobbying to rise the standards for privately rented homes across the city, to tackle poor living conditions in the sector. This issue was agreed to be incorporated into the Board's work plan.
- The availability of digital technology in future developments and for future generations, as a tool to ensure better connectivity between communities and the services they require.

#### **RESOLVED –**

- a) To note the Board's suggestions to further integration between housing, environment and health partners at both strategic and operational levels.
- b) To note the Board's discussions around priority areas for future consideration and collaboration on housing issues which have an impact on health.
- c) To agree to use the learning from the NHS England Healthy New Towns and best practice (including Wakefield Housing, Health and Social Care Partnership) to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways.

- d) To endeavour to help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy.
- e) To note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date.

## **28 Draft Safer Leeds Community Safety Strategy (2018-2021)**

The Director of Communities and Environment and the Chief Officer, Community Safety submitted a report which presented the draft Safer Leeds Community Safety Strategy 2018-21 and provided an opportunity for the Board to provide views; help shape the Strategy and discuss ongoing strategic support around system changes and operational response; where improving health and wellbeing outcomes are directly connected to community safety priorities.

Head of Safer Leeds, Simon Hodgson, introduced the report, and highlighted the following key areas:

- The key ambitions and shared priorities, in line with the Leeds Health and Wellbeing Strategy 2016-2021, and a new approach distinguishing between outcomes focused on victims, offenders and locations.
- Some examples of critical issues, including reference to the prevalence of New Psychoactive Substances (NPS) among street users and the launch of 'Big Change' – an alternative giving scheme coordinated by the third sector to support homelessness.

During discussions, the Board considered the following:

- The need for stronger partnerships with the prison service. The Board were informed that prisoners are currently released on a Friday, which can be detrimental for those with a history of drug and alcohol problems.
- The Board suggested a whole city approach was necessary to deal with some of the critical issues outlined in the report, which could be addressed through the Joint Strategic Assessment (JSA).
- Members noted that the impact of drug and alcohol problems on children and families could be more evident in the report, however welcomed the reference to safeguarding against criminal exploitation in the report. The Board requested that the Strategy focuses on the whole family, with vulnerable families needing tailored support.
- The Board welcomed the publication and implementation of a new drug and alcohol strategy for the city.

### **RESOLVED –**

- a) To note and endorse the strategic priorities outlined in the Safer Leeds 'Community Safety Strategy' for 2018-21.
- b) To note the Board's discussion in relation to the action the HWB can take collectively and at organisational level to help achieve the

outcome that 'people in Leeds are safe and feel safe in their homes, in the streets and the places they go'.

- c) To note the Board's discussion in relation to the consultation on the strategy as part of the HWB's role in providing strategic, place-based direction around wider determinants of health, linked to the Leeds Health and Wellbeing Strategy.
- d) To note feedback provided on pertinent issues that support on-going discussions around 'system changes' and 'operational response'; where improving health and wellbeing outcomes are directly connected to community safety priorities.

## **29 West Yorkshire and Harrogate Health and Care Partnership Update**

The Chief Officer, Health Partnerships; and the Head of Regional Partnerships submitted a report which provided an update on the progress of the Memorandum of Understanding.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Rachael Loftus, Head of Regional Health Partnerships

The Head of Regional Health Partnerships and the Chief Officer for Health Partnerships introduced the report and highlighted the key amendments to the Memorandum of Understanding following consultation, which included:

- A stronger focus on ensuring local government have a key role in democracy and decision making.
- Emphasis on the need for coordination across boundaries to enable quick and easy access to services when people need them the most.
- The introduction of a partnership board at West Yorkshire level, to engage the public and the third sector, and increase political engagement.

The Board commented that the document was a much improved version, welcomed the changes, and thanked the Chair for ensuring the Board maintained influence. However, Members were keen for the document to be viewed as a 'living' document, to reflect future changes, particularly in relation to commissioning.

### **RESOLVED –**

- a) To note discussions around the text of the Memorandum of Understanding contained in Appendix 1.
- b) To agree to sign up to the spirit and content of the Memorandum of Understanding.

## **30 Leeds System Resilience Plan**

The System Resilience Assurance Board (SRAB) submitted a report which provided an overview of the Leeds Health and Care System approach to the

recovery, management, sustainability and transformation of the unplanned health and care system in Leeds.

The report included the Leeds System Winter Plan 2018/19 and a review of the outcomes from winter 2017/18. The report also set out the key performance indicators for 2018/19 to track progress against urgent demand care; acute flow and the Home First Strategy.

The following were in attendance:

- Sarah Miller, Head of Nursing, Neurosciences (LTHT)
- Debra Taylor-Tate, Senior Commissioning Manager (Leeds CCG)
- Liz Ward, Head of Independent Living Service (LCC)
- Fiona Allport, Clinical Pathway Lead for Rehabilitation and Self-Management (LCH)
- Gillian Meakin, Project Manager, Virtual Respiratory Ward and Neurology Services (LCH)

The Board received a presentation on the Stroke Pathway service as an example of change and best practice for care, record keeping and collaboration between partners.

An overview of partnership working between the Independent Living Service and Leeds Community Healthcare Neighbourhood Teams was provided setting out the approach taken to ensure timely discharge from care through a review of patient entry criteria, staff knowledge of the service and how referrals were made.

The following key areas were highlighted during discussions:

- The need to reference links to the LCC Children and Families Services.
- Acknowledgement that pressures still existed when seeking to secure beds following clinical discharge.
- Acknowledgment that the health and care sector was working more closely in partnership and on balance, would be better prepared for this winter's pressures.

The Board noted the offer from the representative of Leeds Older Peoples Forum to work with the SRAB.

**RESOLVED** - To note the Board's feedback and comments on the approach to developing the Leeds System Resilience Plan.

(Councillor Golton, Thea Stein, Phil Corrigan and Gordon Sinclair left the meeting at this point.)

## **31 Arts and Health and Wellbeing**

Mick Ward, Chief Officer, Transformation & Innovation, (LCC Adults & Health) introduced a report containing a proposal to develop work on the Arts in Leeds, focusing on the potential for the Arts to contribute to improved health

and wellbeing. The Board noted that health and wellbeing groups and artists had already expressed an interest in being involved with this developing project, which aimed to establish a network for groups to communicate, participate and share.

During discussions, the Board acknowledged the role Art can play in the workplace for the general health and wellbeing of staff and Board members as employers were encouraged to support art in the workplace. The success of a recent play supported by Leeds GP Confederation on the theme of dementia was noted, with the Board noting a suggestion that consideration could be given to this type of presentation being supported by HWB in the future.

Additionally, Jim Barwick agreed to act as the lead HWB member to support the emerging creative Leeds Arts and Health Network and a focus on arts and health in the work of the Board.

**RESOLVED –**

- a) To note the powerful contribution the arts can make to health and wellbeing.
- b) To agree to support and develop within direct provision and commissioned services art interventions as a tool to meet health and wellbeing outcomes.
- c) To agree to influence arts based commissioning and arts organisations to have a stronger focus on improving health and wellbeing.
- d) To support the establishment of an Arts and Health and Wellbeing Network in the city.
- e) To note that Jim Barwick was identified as the lead champion from the Health and Wellbeing Board to support this work.

**32 For Information: Connecting the work of the Leeds Health and Care Partnership**

The Board received, for information, a copy of the report from the Chief Officer for Health Partnerships (LCC) which provided an overview of the work from the April Health and Wellbeing Board informal workshop and the July Health and Wellbeing Board To Board meeting.

**RESOLVED –** To note the contents of the report.

**33 For Information: BCF Quarter 1 2018/19 Return Performance Monitoring**

The Board received, for information, a copy of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, detailing the BCF Performance Monitoring return for 2018/19 Quarter 1, which were previously submitted nationally following circulation to members for comment.

**RESOLVED –** To note the contents of the report.

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

The Board received, for information, a copy of the report of 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 contents of the report.

**35 Date and Time of Next Meeting**

**RESOLVED** – To note the date and time of the next meeting as Wednesday 12<sup>th</sup> December 2018 at 1.00 pm (with a pre-meeting for Board members at 12.30 pm)