

## HEALTH AND WELLBEING BOARD

WEDNESDAY, 20TH JANUARY, 2016

**PRESENT:** Councillor L Mulherin in the Chair

Councillors N Buckley, D Coupar, S Golton  
and R Harington

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

Dr Jason Broch	Leeds North CCG
Dr Andrew Harris	Leeds South and East CCG
Dr Gordon Sinclair	Leeds West CCG
Nigel Gray	Leeds North CCG

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

Dr Ian Cameron – Director of Public Health  
Cath Roff – Director of Adult Social Services  
Sue Rumbold – Children’s Services

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

Moira Dumba - NHS England

### **Third Sector Representative**

Heather O'Donnell – Age UK Leeds

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

Tanya Matilainen – Healthwatch Leeds

### **Representatives of NHS providers**

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

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

There were no appeals against the refusal of inspection of documents

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

No exempt information was contained within the agenda

#### **54 Late Items**

No formal late items of business were added to the agenda, however a copy of the minutes of the meeting held 12<sup>th</sup> January 2016 were despatched to all Members of the Board prior to the meeting (Minute 58 refers)

#### **55 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests

#### **56 Apologies for Absence**

Apologies for absence were received from Matt Ward (Leeds South & East CCG), Phil Corrigan (Leeds West CCG) and Linn Phipps (Healthwatch

Leeds). Councillor L Yeadon and Nigel Richardson (LCC Children's Services) had also sent apologies and the Chair welcomed Councillor R Harington and Sue Rumbold respectively as substitutes.

## **57 Open Forum**

The Chair allowed a period of up to 10 minutes for members of the public to make representation on matters within the remit of the Health and Wellbeing Board (HWB)

Standard of care in Care/Residential Homes - Jill Fisher, physiotherapist, addressed the meeting on issues related to follow-on care provided in Leeds care and/or residential homes. Specifically in relation to physiotherapy, she advocated quality training for care staff to enable them to support residents appropriately, this in turn would increase mobility, support those leaving hospital and reduce health support costs in the long term and/or reduce the number of repeat hospital visits. Ms Fisher provided an overview of her personal experience of visiting care/residential homes, the availability of staff to take up training and the role of the Care Quality Commission (CQC).

The Board welcomed and noted the representation. Brief responses were received from representatives of LCC Adult Social Care, the Clinical Commissioning Groups and Leeds Community Healthcare Trust, which included

- An undertaking to discuss the matters with colleagues in CQC
- An offer to provide Ms Fisher with a link to the ongoing review of specifications of care homes, including mobility/therapeutic care
- the ongoing work with CCGs to look at holistic care support programmes

**RESOLVED** - To note the contents of the representation and the comments made during discussions on the matter.

## **58 Minutes**

**RESOLVED** – that the minutes of the following meetings be approved as a correct record

- a) 30<sup>th</sup> September 2015
- b) 12<sup>th</sup> January 2016

## **59 Future Financial Challenge Facing the Leeds Health and Social Care Partnership**

Julian Hartley presented the report of the Chief Executive, Leeds Teaching Hospitals (LTH) NHS Trust, and Chair of the Citywide Directors of Finance Group on the work done to re-fresh the analysis of the future financial challenge facing the city and actions being taken to address the situation.

Leeds has a £1.9bn per annum health and care economy but faces significant financial pressures. Previously the scale of the 5-year future financial challenge facing the city's health and social care partnership had been estimated at £650m however an updated assessment carried out on the basis of each partners' agreed 2015/16 financial plan now showed a range of values between £627m and £931m dependent on differing assumptions. The need for a different collective approach to citywide financial commissioning,

planning and delivery had been identified in order to make the most effective use of available resources. Councillor Mulherin made the point that the £8bn NHS funding investment had been front loaded whereas £10m cuts to Leeds local government funding had been frontloaded. This meant that shared place based plans must consider available resources.

To underpin this approach, a Sustainable Transformation Plan (STP) was required to be submitted to NHS England, setting out a 5 year plan to 2020/21. Importantly the NHS England planning guidance set out £1.8bn sustainability funding for NHS hospital providers in 2016/17. This funding was not expected to continue into 2017/18 and NHS England funding would be released depending on the credibility of Local Transformation Plans. Details of this and the draft STP required for 8<sup>th</sup> February; would be brought to the 17<sup>th</sup> March 2016 Board meeting.

The Board considered this matter in conjunction with following item on the agenda relating to the Council Funding Position (minute 60 refers). The following issues were discussed:

- Whether there was a desire for Leeds to consider restricting procedures where a patient's lifestyle could affect success and recovery, as other authorities had done (the example of hip operations offered to those patients identified as obese was given). The response that clinical quality, value and recovery remained paramount was noted although it was acknowledged that there were some Trusts who were looking closely at the commissioning of minor procedures.
- The suggestion that a mechanism should be developed to ensure that the money spent by Leeds on health and wellbeing benefits Leeds' service providers/users; the quality of healthcare and the Leeds health economy. The Board noted the response that the Leeds Academic Health Partnership was considering the practicalities of a similar initiative.
- The need to establish the STP quickly was recognised. The STP should reflect the engagement undertaken with service users and set out the investment required to ensure continued service delivery. The Board received assurance that the STP would address consultation, workforce engagement and detail partnership arrangements.

In conclusion, the Board acknowledged that the future financial challenge remained unclear, and that further detailed discussions were required between partners. The suggestion that a workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry was supported.

#### **RESOLVED**

- a) To note the value of the future financial challenge facing the 7 statutory partners in the city and the basis of the calculation
- b) To endorse the various actions being put in train by the Accountable Officers
- c) To request that arrangements be made for a workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry

## 60 Council Funding Position - Adult Social Care, Children's Services and Public Health

The Director of Social Services submitted a report which provided an outline of the Council's financial position since 2010 with particular reference to Adult Social Care, Children's Services and Public Health. It also included the Council's Initial Budget Proposals for 2016/17; identifying the potential impact of those proposals on Health and Wellbeing services.

Steve Hume, Adult Social Services presented the report and provided context to the funding challenge:

Adult Social Care - There was an opportunity to raise funds through the setting of an additional 2% precept on the Leeds Council Tax. Funding could also be available through the Better Care Fund, although it was anticipated that this would be nearer to 2020

Children's Services - No special provisions had been made and the impact of the rising birth rate, numbers of children with complex needs and migration on resources were noted

Public Health – Against the backdrop of the projected annual reduction of £3.9m for Public Health funding, the total central government funding to LCC had reduced by £180m.

This report was discussed in conjunction with the previous item on the agenda relating to the Council Funding Position (minute 59 Refers).

The Board reiterated that the only way to meet the funding challenge was for partners to work together. The following matters were discussed:

- The pressure on school places and whether birth rate/migration predictions were accurate. The response that capital funding for expansion projects remained an issue was noted, along with the reported school leavers and starter figures for 2015 (7,000 and 10,000 respectively)
- The comment that social care remained a national issue and should not be funded locally. Concern was expressed that the opportunity for a 2% pre-set to support local adult social care set a precedent
- The comment that central government had reduced funding for prevention services, a move which was seen as having a detrimental impact on both the young and the elderly

In conclusion, the Board acknowledged that the future financial challenge remained unclear, and that further discussions were required between partners. The suggestion that a workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry was supported.

### **RESOLVED**

- a) To note the financial position of the Council and particularly for Adult Social Care, Children's Services and Public Health since 2010 as set out in the submitted report
- b) To note the Council's Initial Budget Proposals for 2016/17 as set out in Appendix 1 of the submitted report and to note the comments made

during consideration of the potential impact of those proposals on Health and Wellbeing services as detailed above

- c) To request that a HWB workshop be held before March 2016 to discuss the financial issues in order to inform a collaborative approach across the health and care industry

## **61 Summary of NHS Planning Guidance 2016/17 to 2020/21 and related requirements**

The Board received a report from the Chief Operating Officer, Leeds South and East CCG, which gave a brief summary of the cost pressures facing the three Leeds CCGs and summarised the NHS Planning Guidance "Delivering the Forward View": NHS Planning Guidance 2016/17-2020/21 published on 23 December 2015.

The report highlighted the clear link with the Leeds Health and Wellbeing Strategy and the essential role the five year plan has in helping create a sustainable Health and Social System in the near future.

The report sought discussions on, and agreement to, the role of the Health and Wellbeing Board in ratifying draft and final submissions of the individual organisation plans as well as the system five year plan. Additionally, the Board was asked to discuss and endorse the approach being taken by NHS Health and Wellbeing Board members and other notable system leaders to develop the five year plan.

Sarah Lovell, Associate Director of Commissioning (Leeds South & East CCG) presented the report which reflected on the Comprehensive Spending Review and emphasised the need to plan for a sustainable NHS by restoring financial balance, delivering core access and quality standards for patients, and achieving the aims of the Five Year Forward View. The presentation showed that Leeds CCG's received on average 3% plus growth (circa £30m) albeit this has been accounted for by demand pressures and national policy commitments.

She highlighted the key elements of the NHS planning round for 2016/17 to 2020/21 as being:

- The requirement to establish a five year Sustainability and Transformation Plan (STP) by June 2016; place-based and driving the Five Year Forward View;
- The requirement to establish a one year Operational Plan for 2016-17 by March 2016; organisation based; but consistent with the emerging STP; and
- NHS Cost Pressures, Risks and Commissioning Intentions (Leeds CCGs) - The CCG Directors of Commissioning have led the process of collating and ratifying the commissioning priorities for 2016/17/18.

This year's requirements were more than just the development of a 5 year plan, as they also served as an application for funding, and placed an emphasis on a "place plan" covering provision of all services.

The Board noted the comment on the need to be mindful of the Leeds 'region' - services provided in Leeds for the wider Yorkshire area, and in some cases for northern service provision - and as a national provider. Moira Dumma (NHS England) pointed to the need to be cognisant of wider clinical and patient flows as a consequence to Leeds Teaching Hospitals specialist services. This means there is a credible argument for a West Yorkshire STP 'footprint', with the Leeds STP being part of a wider strategic 'umbrella'.

(Heather O'Donnell withdrew from the meeting for a short while at this point)

Sarah presented a proposed timetable for the drafting of the 5 year Plan with a view to HWB signing off the Plan in June 2016.

During discussions, the following points were noted;

- The expectation that the STP footprint would consider the sustainability of clinical services and focus on the wider region, given that clinical services provided in Leeds supported the wider area and that Leeds Teaching Hospitals remained sustainable through this inward investment. The Operational Plan would focus on Leeds
- The ten Yorkshire CCGs had reached agreement on how they would work together to draft the Sustainability Footprint
- The invitation of an NHS England representative to attend a meeting of the West Yorkshire HWB Chairs
- The suggestion that the timetable be amended to ensure the Leeds HWB participated in March 2016 rather than April
- The need to be mindful that not all care was hospital based. The STP footprint would focus on the sustainability of acute and clinical services; the Leeds Operational Plan would require consideration of all services provided for Leeds residents.
- The STP agenda would be much broader than the remit of the Leeds Transformation Board.

(Cath Roff withdrew from the meeting for a short while at this point)

In conclusion the Chair welcomed the opportunity for the Board to provide input into the 5 year plan in order to recognise the needs of the people of Leeds and develop a strategy to deliver services.

**RESOLVED -**

- a) To note the requirements of the individual organisations, each represented by Health and Wellbeing Board members, to submit individual operational plans for 16-17, as well as committing to developing a single five year 'place-based' plan.
- b) To note the requirement of CCGs to confirm the footprint of the five year plan to NHS England by 29 January 2016, which NHS Health and Wellbeing Board members are in agreement needs to cover Leeds (in terms of population) and Health and Wellbeing Board member organisations.

- c) To note the value of CCG financial allocations for 2016-17 in the context of the cost pressures and risks facing commissioners in 2016-17.
- d) To note the discussions and agree the role of the Health and Wellbeing Board in ratifying draft and final submissions of the individual organisation plans as well as the system five year plan.
- e) To note the discussions and to endorse the approach being taken by NHS Health and Wellbeing Board members and other notable system leaders to develop the five year plan – including leadership and resource requirements.

## **62 Writing the Leeds and Health Wellbeing Strategy 2016-2021**

The Director of Social Services submitted a report on proposals for a refresh of the Leeds Health and Wellbeing Strategy 2016-2021 for the Board's comment. Engagement on the Strategy would conclude on 5th February 2016 with publication scheduled for March 2016.

A copy of the "Emerging Themes for Engagement" (Plan on a Page) was attached as Appendix 1 of the report. "Writing the Leeds Health and Wellbeing Strategy 2016-21 – Getting Views" document was attached as Appendix 2.

Rob Newton, Health Partnership Team, presented the Strategy and highlighted that this would be a 5 year Strategy, focussing on health and wellbeing services and the general health and wellbeing of Leeds residents. It would also align with the STP discussed previously in the meeting. The amendments made to the document were highlighted including the revised Outcome 4 (People will be actively involved in their health and their care) and Outcome 5 (People will live in healthy, safe and sustainable communities).

The Chair reported that the Sport Leeds Board had expressed an interest in the Leeds Health and Wellbeing Strategy; its' focus on physical activity and that Sports Leeds was interested in forging a partnership with HWB to promote physical activity and the Board noted that such a partnership could extend the resources available to promote health and wellbeing. During discussions, the following points were made:

- The "plan on a page" approach and clarity provided in the document was welcomed
- Whether there would be an opportunity to include target measurements/indicators on the plan on a page in future, noting that the Board want to think qualitatively and quantitatively
- The retention of the focus on the "best start in life" was welcomed
- Health inequalities need to be referenced in each section of the LHWS
- Third Sector involvement with the LHWS and the need for consideration of the Third Sector as workforce representatives, service providers and as part of the 'right care at the right time' process
- The Strategy to comment more explicitly on how individuals can manage their own health and care. Comments were noted on the need

for a culture change amongst patients and service providers to ensure that patients could expect to participate in, make decisions on and manage their own care. The offer of liaison between Leeds Community Healthcare Trust and the Public Health team was noted

- The Strategy to link with the STP, consider future funding priorities; inequalities; and opportunities for the public to be involved in funding discussions

In conclusion, the Chair noted that HWB would receive a further report on the LHWS in March 2016 and urged partners to provide input by the deadline of 5th February 2016

#### **RESOLVED**

- a) To endorse the one page overview as it presents a clear picture of what is needed to make Leeds the best city for health and wellbeing
- b) To approve the outcomes stated in the “Writing the Leeds Health and Wellbeing Strategy 2016-21 – Getting Views” document attached at Appendix 2 of the report
- c) To approve the strategic priorities stated in the “Writing the Leeds Health and Wellbeing Strategy 2016-21 – Getting Views” document attached at Appendix 2 of the report, having regard to the comments made during discussions on the strategic priorities
- d) To note the comments made on the approach taken in the city to producing a refreshed Joint Health and Wellbeing Strategy

(Thea Stein and Tanya Matilainen withdrew from the meeting for a short while at this point)

### **63 Director of Public Health's Annual Report 2014/15**

The Board considered the Director of Public Health's Annual Report 2014/15. The purpose of this year's Annual Report was to look to the future in the context of the significant housing growth planned for Leeds – the adopted Core Strategy includes an additional housing requirement of 70,000 new homes to be built between 2012 and 2028. This represents a 20% increase in properties and a potential 150,000 increase in population. The Annual Report described the health & wellbeing benefits of good urban design, along with the importance of engagement of individuals, families and communities.

Dr Ian Cameron presented his Annual Report and reported that the document had been presented to the CCGs seeking their input. During discussions, the Board considered the following matters:

- The mechanism for suggesting themes for future Annual Reports, noting that the Director of Public Health determined the subject matter; and the request that a timetable for the development of future Annual Reports be provided to Board Members
- Recognition that the proposed 20% residential expansion implied a 20% increase in community health provision which would impact on future health commissioning as well as acute service provision. Consideration of the nature of the communities and the services that should be built around them was required, noting that CCGs would be responsible for primary care commissioning in the future



- Welcomed the interest expressed by CCGs to input into future planning processes and the current Site Allocation Plan consultation. Key issues for the CCGs were the establishment of a mechanism for their feedback and the development of low cost housing designed for its end user. However it was noted that such developments were not popular with developers
- Acknowledged that an understanding of CCGs and healthcare could really add value to urban design
- The Board noted that the CCGs were currently undertaking a review of how patients accessed care

#### **RESOLVED -**

- a) To note the contents of the report.
- b) To support the recommendations of the Director of Public Health's Annual Report
- c) To welcome the support expressed by partners to consider urban design and be involved in future planning process

#### **64 Assisted Living Leeds - Progress Report**

The Board considered the progress report of the Director of Adult Social Services on the successful delivery of Phase 1 of Assisted Living Leeds (ALL). The report also set out the proposed approach and development proposals for Phase 2 of ALL which included a full business case; and the work underway to identify potential funding streams and partnership models.

Phase 2 would enable the development of existing space within the north side of ALL to potentially develop seven facilities aimed at further improving the assistive technology (AT) services on offer across Leeds. This includes an AT Retail Unit, AT Smart House, AT Product Incubator / Innovation Lab (ALL INN), Dementia product and design space, Café, office space for Community Organisations/AT Companies and Assessment touchdown rooms.

Mick Ward and Liz Ward attended the meeting to present the report and highlighted key issues from the report, including:

- The success and implementation of Phase 1
- The proposals for Phase 2 emerging from the consultation with service users
- Acknowledgement that support was required from external partners to deliver the proposed services and initiatives
- Moving towards implementation, three key issues were being worked on:
  - An 'innovation partnership' as required by EU in order to access funding. This model was being tested out in pop-ups throughout the city in partnership with providers and suppliers.
  - Pro-active tele-care systems to better engage with clients
  - Consideration of a potential partnership with technology and pharmaceutical companies
- A Business Case was required in order to support a bid to the Health Innovation Fund (HIF)
- Consideration of how the activities at the ALL Headquarters repay the initial HIF loan was required

Additionally reference was made to the recent flooding in Leeds and slides showing the impact on the ALL Headquarters site were displayed. It was reported that despite the HQ building being closed, services had continued from other sites. On behalf of the Board, the Chair expressed thanks to the ALL staff who had worked hard to ensure services could still be accessed.

Jill Copeland, Leeds and York Partnership NHS Trust expressed an interest in working with ALL to support those residents who were isolated and those with learning disabilities. The response that these groups were being considered in the proposals for the pro-active tele-care system was noted. Additionally it was noted that the HWB would need to consider the future sustainability of the initiatives in due course

The Board broadly welcomed the report and the support offered by Partners to link into the work of ALL

**RESOLVED –**

- a) To note the contents of the report, including the work currently underway to develop a full business case for Phase 2 of Assisted Living Leeds.
- b) To note the support expressed by Partners to link into the work of ALL

**65 Improving Cancer Outcomes in Leeds**

The Board considered the report of the Director of Public Health on a review of cancer outcomes in Leeds undertaken during the summer 2015, with a focus on the three Leeds CCGs compared to the England average where possible. The report reiterated that cancer remained a strategic priority for the city. A new Cancer Strategy Group had been established in Leeds in order to improve outcomes (Appendix 1 to the report contained a copy of the Group's Terms of Reference) and the views of the Board on the governance of the Group were sought.

Professor Peter Selby, (Academic Oncologist, University of Leeds), Geoff Hall (Consultant in non-surgical oncology) and Fiona Day (Consultant in Public Health) attended the meeting.

Professor Selby introduced the report and highlighted the ageing population and lifestyle as contributing factors to incidences of cancer in Leeds, stating that half the population will experience the disease. Professor Selby set Britain's survival rates (51%) in the context of Europe (55%) and suggested Britain should aim for a 70% recovery rate by 2035. A key factor was late diagnosis which impacted on treatment outcome and these outcomes varied city wide.

He concluded that the Strategy Group would seek to promote earlier diagnosis, concentrate on lifestyle, research and innovation and supplement and contribute to national strategies.

The Board considered the following:

- recognition that Leeds had a diverse population - cancer remained a taboo subject in some communities
- The link between socio-economic status and outcomes - successful treatment was dependent on access and culture
- Education and information emphasising the positive outcomes achievable could encourage some people to present themselves to their GP
- Recognition that prevention remained key - the Board could consider how best to invest in the prevention agenda and support partners to raise awareness/develop mechanisms to advise the public about the links between lifestyle and cancer. It was noted that, due to the Public Health funding cuts implemented by Central Government, a cancer prevention campaign proposed for 2015 had not taken place
- How to encourage an uptake in cancer screening, noting the success of 'Gatekeeper' schemes such as the 'got a cough, get a check' initiative which had seen an uptake in screening and early diagnosis of lung cancer. It was noted that rolling out similar schemes for breast and colorectal cancers was being considered, however it was still true that some members of the public were reluctant to self-refer straight to screening
- Noted that Guidance from the Department of Health on the use and safety of e-cigarettes was still awaited

HWB considered the factors contributing to late diagnosis, comparison figures with other European and the comments made regarding patients engagement with their GP and the long time between diagnosis to treatment. It was noted that data from both primary and acute care services was analysed in order to identify areas of improvement and review how services respond.

(Councillors N Buckley and N Harington left the meeting at this point)

The Board additionally discussed:

- Funding for advertisement/media campaign remains an issue
- Offer from the Third Sector to share information on the "Gatekeeper" initiative as widely as possible
- Acknowledgement that difficult discussions on cancer treatment for the elderly would be needed in the future – at the point where cancer becomes life-ending, rather than treatable, noting that treatment is currently based on age rather than ability to withstand treatment

**RESOLVED-**

- a) To note the progress on cancer outcomes
- b) To ensure cancer outcomes and reducing cancer inequalities remain strategic priorities for the city
- c) To note the governance arrangements for the Cancer Strategy Group

**66 For Information: The Better Care Fund**

The Health and Wellbeing Board received a joint report from the Chief Officer Resources and Strategy (LCC Adult Social Care) and the Chief Operating Officer (Leeds South & East CCG) on the implementation of the Better Care Fund in Leeds. The report provided an overview of the Quarter 2 BCF

reporting submission made on behalf of the Board and also summarised the current guidance relating the BCF in 2016/17 and beyond.

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

**67 For Information: Delivering the Strategy**

The Board received a copy of the January 2016 “Delivering the Strategy” document, a bi-monthly report which gives the Board the opportunity to monitor the progress of the Joint Health and Wellbeing Strategy.

**RESOLVED** – To note receipt of the January 2016 “Delivering the Strategy” Joint Health and Wellbeing monitoring report

**68 Any Other Business**

Leeds Let’s Get Active (LLGA) – Further to minute 48 of the meeting held on 12th January 2016 the Director of Public Health reported on the outcome of the LLGA scheme being presented to ICE on 19<sup>th</sup> January 2016. It was noted that ICE recognised the importance of the LLGA strategy and its link with the JHWS, however funding for the scheme was an issue. It was the view of ICE that LCC should consider its funding priorities and future funding of LLGA

**69 Date and Time of Next Meeting**

**RESOLVED** –

- a) To note the date and time of the next meeting as Thursday 17<sup>th</sup> March 2016 at 10.00 am
- b) To note that arrangements will be made for a workshop to be held February/March 2016 to enable the Board to discuss the financial challenge facing health and wellbeing provision. The date and time to be confirmed