

HEALTH AND WELLBEING BOARD

THURSDAY, 20TH OCTOBER, 2016

PRESENT: Councillor R Charlwood in the Chair

Councillors D Coupar, S Golton, G Latty
and L Mulherin

Representatives of Clinical Commissioning Groups

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

Directors of Leeds City Council

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

Representative of NHS (England)

Brian Hughes - NHS England

Third Sector Representative

Kerry Jackson – St Gemma’s Hospice

Representative of Local Health Watch Organisation

Lesley Sterling-Baxter – Healthwatch Leeds

Representatives of NHS providers

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

15 Welcome and Chair’s Opening Remarks

The Chair welcomed all present to the meeting and took the opportunity to note the following matters:

Nigel Richardson – Councillor Charlwood noted the recent retirement of Nigel Richardson, former member of the Board and LCC Director of Children’s Services. Councillor Charlwood expressed her thanks to Nigel for his service to the City, particularly his success in transforming Children’s Services; and his work as a member of the Board.

Inspection Outcomes

- a) St Gemma’s Hospice – Councillor Charlwood congratulated St Gemma’s Hospice on the outcome of a recent Inspection which rated the Hospice as “Outstanding”. Kerry Jackson responded that the outcome was a reflection of how the city and local community, including staff, commissioners and volunteers worked together and their relentless focus on the individual service user

- b) Leeds Teaching Hospital Trust – Councillor Charlwood congratulated the Trust on the outcome of a recent Inspection which rated the Trust as “Good” which she described as an outstanding achievement for an organisation of its size. Julian Hartley responded the outcome could be attributed to the “Leeds Way” adopted approach where the focus is on the patient right across the service. He expressed thanks for the support offered by staff and from across the Leeds health and social care system.

16 Appeals against refusal of inspection of documents

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

17 Exempt Information - Possible Exclusion of the Press and Public

The agenda contained no exempt information.

18 Late Items

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

19 Declarations of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

20 Apologies for Absence

Apologies were received from Phil Corrigan, Cath Roff, Steve Walker, Moira Dumma, Tanya Matilainen and Sara Munro. The Chair welcomed Sue Rumbold (LCC Children’s Services) Brian Hughes (NHS England) and Dawn Hanwell (Leeds and York Health Partnership Trust) as substitutes.

21 Open Forum

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

22 Minutes

RESOLVED – To approve the minutes of the last meeting held 6th September 2016 as a correct record.

23 Matters Arising

No matters arising were identified.

24 The Leeds Approach to Commissioning and Decommissioning

Chris Dickinson, Head of Commissioning & Market Management, LCC Children’s Services and Rob Goodyear, Director of Commissioning (Partnerships & Performance), NHS Leeds North CCG, presented a report on the approach to commissioning and de-commissioning in Leeds.

The report identified the need to work towards a shared and integrated approach to commissioning in Leeds. This required the support of both the HWB Board and the Leeds Integrated Commissioning Executive (ICE). An overview of those areas where integration and/or similar approaches already existed and those areas where there are differences was provided along with future ambitions or work already in motion to achieve integration.

Rob Goodyear described the approach adopted by the Leeds CCGs, noting that until very recently, CCGs had undertaken annual commissioning and de-commissioning (C/DC) but that the latest NHS Guidance has moved this to two years. This is new guidance, which is not reflected in the paper. The 3 CCGs have developed a shared toolkit for 'commissioning for value' which took consideration of the LCC approach as an example of best practice. The Board received assurance that the Leeds CCG approach to C/DC would continue to learn from other parts of the system more experienced in de-commissioning and re-commissioning, was fit for purpose, and with engagement and consultation built in.

Chris Dickinson outlined the approach adopted by LCC, with differing commissioning cycles often set to budget setting cycles and some contracts set for 3 to 5 years with annual review discussions. LCC had an established approach to governance but sought to align with the Leeds CCGs.

A correction to page 11 was reported to properly reflect that the LCC budget was set by full Council, not Executive Board as stated.

The challenges were highlighted as being the budget reductions and the different commissioning cycles operated. In response to this, a new cross-services post of Deputy Director of Integrated Commissioning had been created to facilitate closer working across the CCGs and LCC Adult Social Services. Recruitment is underway to this post. Additionally, the CCGs had undertaken recent work looking at how they could operate as "one voice".

The Board broadly welcomed the approach outlined and the following key issues were discussed:

- Engagement with LCC community committees and the suggestion that General Practitioners could discuss local health issues with local ward Councillors in the first instance.
- Consideration of how commissioning could challenge and improve the Leeds health targets.
- Commissioning for outcomes is best practice - such as the commissioning of the drug and alcohol treatment service. Need to move to this being the default
- The focus on the Leeds £ whilst acknowledging procurement rules
- Recognition of the role of the Third Sector as both service provider and commissioner
- The balance of tensions between city-wide high-level decisions and local provider led consultation on C/DC
- A cost benefit analysis was required to ensure all partners share the same approach to C/DC
- The need for meaningful consultation with appropriate timeframes, noting a comment on the approach taken to the West Yorkshire STP
- The expectation that commissioners should have a common understanding of what engagement and consultation is and develop a shared engagement framework. The Chair suggested that this should be considered by PEG.

RESOLVED -

Draft minutes to be approved at the meeting
to be held on Monday, 20th February, 2017

- a) The Board agreed that the current approach and future steps adequately supported the vision and role of the Board
- b) The Board identified two matters to refer to PEG to develop:
 - (i) the development of a shared consultation and engagement framework as an opportunity to progress towards a shared approach to commissioning and decommissioning.
 - (ii) opportunities for; and development of; joint procurement. With a report back to HWB on the outcome of those discussions in due course.
- c) The Board agreed to provide strategic direction for future progress towards a shared approach to commissioning and decommissioning.
- d) To take learning from best practice within the system and apply to future decision making.
- e) To support the Integrated Commissioning Executive to set system priorities for shared challenges and testing further integrated commissioning models.

25 Staying Focussed on the Wider Determinants of Health

The Board considered the report of the Director of Public Health presented to prompt discussion and give direction to achieve continued focus on the wider determinants of health.

The report referenced Leeds' Anti-Poverty work programmes which indirectly supported most priorities within the Leeds Health and Wellbeing Strategy, the strongest links being with Priority 5 (a strong economy with quality local jobs) and Priority 10 (Promote mental health and physical health equally). The report referenced existing work to tackle poverty and improve health. A copy of the report entitled 'Supporting Communities and tackling poverty update' considered by LCC Executive Board on 21st September 2016 was attached as appendix 1.

Dave Roberts, LCC Financial Inclusion Team, and Myrte Elbers, LCC Public Health, presented the report and identified the continuing link between poverty and health - financial worries continued to exacerbate mental health issues and the Public Health Team had a commitment to support the Money Advice Centre and enhance current provision.

Partners commented that the effects of poverty were reflected in the increased demand for their services. Discussions focussed on the following:

Key Workers

- Leeds Community Healthcare staff had reported that, as they visited people at home to deliver services it would be useful to have access to a "4 Numbers you need" or "one portal" approach – in order to pass on information about clients in need to relevant organisations. HWB discussed this initiative, recognising the value of key workers being able to signpost and link into follow-on services

- Where a community health worker identified a client in need, they could pass details to their local ward Councillor who was publically accountable and could assume responsibility for engagement with and support for that individual
- A new portal for Mental Health advice had recently been launched

Funding and Resources

- A comment was noted that certain areas of the city disproportionately required services, particularly primary care. Debt was a common theme impacting on health which could be dealt with through the developing social prescribing approach
- Frank discussions would be needed with communities to understand the funding that is available to ensure the areas of real need are properly resourced. The agreement of all parties is required to divert funding from one area to another
- Recognition that some communities have the capacity and ability to deliver for themselves and others don't

Service Links

- The value of workshop type meetings where service providers can develop a much better awareness of each other's provision – such as a recent LCC Community Committee focussing on vulnerability.
- The links to the previous agenda item on commissioning for better outcomes. The Board noted the new Community Hub way of working was being rolled out across the city with various services based under one roof to allow better access to services and closer working between services. A comment that more health providers based in the Hubs would be welcomed was noted.

Economic activity and opportunity:

- LTHT provision of apprenticeships was highlighted as a means of targeting the most disadvantaged localities in order to provide better quality opportunities.
- The role of the developing "Innovation District" was recognised, seeking to bring economic benefits to the area.
- Additionally, the HWB features some of Leeds' largest employers who could consider the opportunity to take on apprentices and staff from Leeds most deprived communities when recruiting to the health and care workforce Information on the number of staff from Leeds postcodes was requested.

The whole family approach

- One in five Leeds' children live in poverty. The LCC Early Years Team included Leeds Community Health officers and focussed on the child and the whole family's wellbeing.
- Supporting parents back to work would lift families out of poverty.

The role of Non-Medical and Social Prescribing Solutions

- Discussions focused on crisis/preventing crisis before it happened and HWB noted a suggestion for HWB to support work on the theme of 'relationships' – identified as a key issue
- Figures on the impact of social prescribing were requested – have savings been made and can the savings be re-invested into services?
- The over-medicalisation of people presenting with issues when health services may not be appropriate

In conclusion, the Board recognised the links between the work focussing on the wider determinants of health and the Annual Report from the Director of Public Health; and also identified the need for the Leeds and the West Yorkshire STPs to retain the same focus

RESOLVED -

- a) To note the contents of Appendix 1 – the supporting communities and tackling poverty update to Executive Board - and information on initiatives being undertaken around poverty to improve health and reduce inequalities.
- b) In response to the questions put to the Board in the reports' recommendations relating to how the Board can support ongoing work and the links between the issues; the Board
 - (i) Noted the comments made during the discussions
 - (ii) Agreed to include the matters raised during today's' discussions, particularly around workforce, into the Work Plan for the 20th February 2017 meeting

26 Making A Breakthrough: Impact of Breakthrough Projects on Health Outcomes and Reducing Health Inequalities

Mike Eakins presented a report on Leeds City Council's eight Breakthrough Projects, including an outline of the key aims and activity of each Project. The report highlighted the cross-cutting and outcome focused nature of the Projects; and importantly, the links to the most recent Health and Wellbeing Strategy recognising the Boards' role in helping to make a breakthrough in these areas.

The report identified those areas which the LCC Project Leads felt the Boards' support and influence would be of valuable assistance.

The Board noted comments that the 8 Breakthrough Projects did not necessarily align with the JHWS and that the Projects included hard challenges to be addressed.

During discussions, the Board identified work already undertaken by partners which supported four of the Breakthrough Projects; and the issues which the Board could do further work on:

Best Place to Grow Old

- Accessibility/public transport and whether there was a role for HWB to influence provision of a localised public transport network between localities, recognising the link to the carbon/air quality BTP
- Identified the work done at St James's Hospital

Cutting Carbon & improving Air Quality

- Future work was identified as HWB partners all had a fleet of vehicles
- The Universities and Hospital Trusts had charging points for electric vehicles
- The City offered free parking in the city centre for electric cars and whether advertising placed enough emphasis on this
- LTHT was building a new generator which would cut carbon emissions
- Director of Public Health's Annual Reports for 2014/15 and 2015/16 commented on the impact of overall planning for Leeds – the city had densely filled and over polluted roads and was in danger of getting worse. The planning process should consider public health matters and provide for easier movement of vehicles

Tackling domestic violence and abuse

- GP's and General Practice commissioners could link into the Domestic Violence project
- Copies of the DV annual report were made available for partners at the meeting. Councillor Mulherin, as lead on this Project, sought a commitment from the CCGs to support the work to address the number of children taken onto care resulting from domestic violence

Strong communities benefitting from a strong city

- Councillor Coupar as project lead sought partners involvement and influence

Early intervention and reducing health inequalities and More jobs, better jobs – acknowledged the links to previous discussions as outlined in minute 25 above

The Chief Officer, Health Partnerships emphasised the importance of recording where HWB partners already support the Breakthrough Projects through their existing work in order to link the work together. The Board requested a schedule of partners/organisations already working to support the BTPs so that HWB could identify instances of overlap with their own work and other colleagues who could participate.

RESOLVED -

- a) To note the contents of the report and the aims of the eight Breakthrough Projects.
- b) To note the contents of the discussions on each of the Projects which identified those areas where HWB members might help to make a breakthrough
- c) To request a schedule of partners/organisations already working to support the BTPs be provided to Board members to enable them to identify instances of overlap with their own work and other colleagues who could participate and contribute towards the aims of the Breakthrough Projects.
- d) To note that this work will feed into the Annual refresh of the LCC Breakthrough Projects

27 Future in Mind Leeds - A Strategy to Improve the Social, Emotional and Mental Health and Wellbeing of Children and Young People aged 0-25 years

Jane Mischenko, NHS Leeds CCG's, and Anne Scarborough, LCC Children's Services, presented a report which set out the Board's shared and ambitious strategy to transform, support and improve the emotional and mental health of Leeds' children and young people and therefore, ultimately impact on the wellbeing of all the population.

The report sought the Board's support and approval of 'Future in Mind: Leeds' (attached as Appendix 1 of the report) which set out an overarching strategy and Leeds' response to the recommendations from the Department of Health's publication Future in Mind (2015) and its duties within the Children & Family Act (2014), in terms of the SEND requirements for pupils with Social Emotional and Mental Health needs. This was underpinned by the Future in Mind: Leeds Local Transformation Plan (included as Appendix 2). It was noted that NHS England required the Future in Mind: Leeds strategy to be published on the three NHS Leeds CCGs and LCC websites by the end of October 2016.

It was reported that children and young people had assisted in the development of the plan and had particularly identified the need for a 'single point of access' to services. The Plan focussed on prevention and working together, recognising that early support was critical to making a difference to adult life.

It was noted that the Future in Mind approach was relatively new with national guidance expected shortly; however Leeds had taken this approach for some time. The Executive Member for Children and Families expressed her thanks to the team who had led the service this far. Leeds was the only LA pursuing this approach which included:

- Three new £45m world class special schools developed within Leeds to ensure provision for Leeds children within the city. The reduced travelling times will also benefit their learning
- A review of Targeted Services and how transition occurs as children and young people transfer between services
- Recognition and value of focussing on the workforce; future difficulties can be prevented if front-line staff get it right first time; and they can also pass on their expertise to others

The Board welcomed the strong partnership approach taken and noted the huge demand for services and support. Discussions identified the following key issues:

- Consultation with children and young people revealed that Mental Health and Wellbeing was their No.1 priority and also a priority for school head teachers. Additionally, anxiety and depression was recorded at 25% in girls and young women.
- A national pilot – Children's Outcomes Consortium – would measure the success of this approach. Additionally, a dashboard was being developed having regard to the national standards set by NHS England

Discussion identified the role of the HWB as being to ensure that the work outlined in the report was delivered. The Board also agreed a suggestion for PEG to consider how HWB continues this work

RESOLVED -

- a) To support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP), noting that the refresh of the Leeds LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2016 (NHS England 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 contents of the discussions on how the Board will support the delivery of the vision, the strategy and underpinning plan.
- e) To receive regular updates on progress

28 Director of Public Health Annual Report 2016

Dr Ian Cameron, Director of Public Health, presented his Annual Report entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges" which included reviews of the Health and Wellbeing Strategy and the recommendations of Annual Report 2014/15.

Discussions noted the significant reductions in health budgets at a time when more is asked of the services and emphasised the benefits of working collectively with partners and external organisations to make a difference. The Board also welcomed the historical context contained within the report and; in terms of specific issues, briefly discussed the findings of the "feeling anxious " and breastfeeding indicators.

In conclusion, Dr Cameron noted that Public Health England had reviewed all Leeds Public Health outcomes against the prescribed indicators and concluded that Leeds was doing well.

RESOLVED -

- a) To note the availability of:
 - (i) This year's digital Annual Report at www.leeds.gov.uk/dphreport
 - (ii) The digital materials on 150 years of Public Health in Leeds
 - (iii) Indicators on the current health status for the Leeds population
- b) To support the inclusion, by Leeds City Council, of 'improving health status' as a specific objective within the new Council approach to locality working, regeneration and the Breakthrough projects as a contribution to the delivery of the Health & Wellbeing Strategy and the Best Council plan.
- c) To recommend that 'improving health status' is a specific objective within the development of New Models of Care being led by the NHS, as a contribution to the delivery of the Health & Well Being Strategy.

- d) To note the progress made on the recommendations of the Director of Public Health Annual Report 2014/15.

29 For Information - Update on Leeds Transforming Care Three Year Plan

The Board received a report from the Chief Officer, NHS Leeds North CCG which provided an update on the Transforming Care Programme – developed to address the national programme of work set out in the “Building the Right Support” (2015) national plan.

Nigel Gray presented the update report and highlighted two specific issues:

- The work undertaken in conjunction with LCC Adult Social Services which looked at an holistic approach to care when moving an individual from institutional to community care
- The aim to prevent patients being treated outside of the Leeds locality.

RESOLVED -

- a) To note the partnership work which is already happening to meet the requirements of the transforming care programme.
- b) To receive further reports on progress against the Transforming Care programme

30 For Information - Leeds Let's Get Active Evaluation Findings

The Board received a report from the Director of Public Health providing an outline of the Year 3 evaluation report of the Leeds Let's Get Active scheme. The key findings of the evaluation report were detailed; emphasising the scheme's potential to engage with individuals with wider lifestyle risk factors and be used as a vehicle for promoting wider lifestyle changes. The HWB noted LCC's thanks to CCG partners who had resourced the final 8 months of the initiative in order for the evaluation to take place

RESOLVED - To note the update of LLGA and evaluation findings based on research from Year 3 of project delivery.

31 Any Other Business

RESOLVED – To note that Board members had received invitations to the Kings Fund Conference scheduled for 12th December 2016

32 Date and Time of the Next Meeting

RESOLVED - To note the date and time of the next formal Board meeting as Monday 20th February 2017 at 9.30am (with a pre-meeting for Board members from 9.00 am)