

## **HEALTH AND WELLBEING BOARD**

**THURSDAY, 14TH JUNE, 2018**

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

Councillors S Golton, P Latty 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 Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

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

Dr Ian Cameron – Director of Public Health  
Cath Roff – Director of Adults and Health  
Chris Dickinson – Children and Families

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

Anthony Kealy - NHS England

### **Third Sector Representative**

Heather Nelson - Black Health Initiative

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

Dr John Beal - Healthwatch Leeds

### **Representatives of NHS providers**

Dr Phil Wood - Leeds Teaching Hospitals NHS Trust

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

Jim Barwick – Chief Executive of Leeds GP Confederation

## **1 Welcome and introductions**

The Chair welcomed all present to the meeting and brief introductions were made. Noting the new Board membership, Councillor Charlwood thanked former Board members, Dr Jason Broch, Tanya Matilainen, Nigel Gray and Councillor Coupar for their work on the Board.

Additionally, the Chair welcomed the news that former Board member Councillor G Latty is the 2018/19 Lord Mayor had chosen St Gemma's Hospice as the Lord Mayors Charity for this year.

Councillor Charlwood welcomed new Board members Councillors P Latty and E Taylor and Dr J Beal to their first meeting, along with Jim Barwick and Dr Alistair Walling as new appointments made by the Board.

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

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

**3 Exempt Information - Possible Exclusion of the Press and Public**

The agenda contained no exempt information.

**4 Late Items**

No formal late items of business were added to the agenda, however the Board was in receipt of an additional appendix to Item 9 “Priority 2 – An Age Friendly City where people Age Well” which had been omitted in error from the agenda papers. (minute 9 refers)

**5 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interest.

**6 Apologies for Absence**

Apologies for absence were received from Moira Dumma, Steve Walker, Sara Munro, Julian Hartley, Thea Stein and Supt. Sam Millar. The Board welcomed Chris Dickinson (LCC Children & Families) and Dr Phil Wood (LTHT) as substitutes.

**7 Open Forum**

Older People references - John Puntis, Leeds Keep Our NHS Public, welcomed the Age Friendly discussion but expressed his concern that the language used to describe older people in the media and publications suggesting that older people were the cause of the ill health of the NHS was factually incorrect. He sought support for further emphasis on the valuable contribution older people make and for this to be recognised throughout the media and relevant publications.

**8 Minutes**

**RESOLVED** – That, subject to an amendment to the attendance list to correctly refer to Hannah Howe, the minutes be agreed as a correct record.

**9 Priority 2 - An Age Friendly City Where People Age Well**

Lucy Jackson, Consultant in Public Health (Older People), introduced the report which focussed on Priority 2 of the Leeds Health and Wellbeing Strategy and highlighted the work streams and consultation undertaken with older people. It was reported that 31,000 older people lived in the most deprived areas of Leeds, and their priorities and needs were very different depending on where they lived. A focus for the Health and Wellbeing Board (HWB) would be to reflect the Strategy seeking to make the health of the most deprived improve the fastest.

The International Day of Older People would be celebrated on 1st October 2018 and members noted the request for them to sign up in support.

Joanne Volpe reported on the Memorandum of Understanding – part of a 5 year partnership between LCC, Leeds Older Peoples Forum and the Centre for Better Ageing. Of the seven key issues identified by the World Health Organisations, 3 priority areas had been identified by Leeds older people:

Community Transport – Consultation had identified that there were a number of providers which presented older people with a complicated contact process for booking journeys. A business case for funding had been submitted to Leeds Passenger Transport Improvement programme (LPTIP) seeking to implement a pilot scheme to bring all the providers under one telephone number contact point to better connect service users with multiple providers. The Board was assured that the scheme would not replace existing provision and were asked to consider how members could support this.

The Board noted that Leeds Teaching Hospital Trust (LTHT) was undertaking a review of patient transport which could link to the initiative, and noted comments seeking assurance that the pilot scheme would take account of local needs. Comments identified that although St James's and Leeds General Infirmary provided shuttle buses for staff between the two sites, patients had to use public transport; community transport provision buses had limited space for wheelchair users; and the new contact number should not have multiple choice questions.

Community Contributions – Statistics showed that the uptake of volunteering was lower in areas of deprivation. The Board was asked to consider how it could encourage informal volunteering and how the findings could inform the evolving Local Care Partnerships.

Comments reiterated that the involvement of the Third Sector was at the core of the Local Care Partnerships, but identified that it would be useful for the Board to receive a breakdown of the data to identify those areas where Board support could bring added value. Discussion considered the process for volunteers to get involved; the role of Leeds Carers Association; local faith communities and the involvement of younger and older people.

Housing Strategy – The key issue raised was that most older people preferred to remain in their own home for as long as possible; and sought to ensure that older people knew the options available for them and where to access information/support to remain at home.

Discussion identified the need to respond to older peoples' housing needs in the local Development Plan documents for Leeds, to encourage development of a mix of suitable homes, including bungalows, with a higher volume of affordable, accessible homes and an adequate private-rented sector. The Board noted comments that developers did not regard this provision as commercial, however wider discussions on how the population will age and how support for older people's independence is provided could draw them into the ambition. There is a need to consider the wider design of communities – thinking beyond the dwelling to the neighbourhood – when planning for later life. Future work must consider the wider aspects of wellbeing. The Board noted the intention to provide approximately 1000 extra care homes/units during the next 2 years and considered whether it would be appropriate for a housing representative to join the Board.

The Board additionally identified that the Age Friendly Charter:

- provided an opportunity to focus attention and raise issues over how the Board aims to achieve Age Friendly Leeds;
- promotes inter-generational work, ensuring older people are aware of their responsibilities as well as young people acknowledging their future responsibilities;
- challenges stigma.

Come in and Rest Campaign – Led by Time To Shine, which sought to encourage older and socially isolated people to come into town - through the provision of “rest-stops” for older people to take short breaks - 117 businesses and organisations had signed up to the initiative. Further information on other use-able buildings for the initiative from members would be welcomed. Dr Walling suggested that this be promoted in every GP practice in Leeds and Jim Barwick offered to help publicise the campaign in GP surgeries and it was suggested that the LCC Community Committees could also publicise the initiative.

Measuring achievement – Monitoring of the Age Friendly pledges would allow measurement of achievements, and seek to ensure that signatories understood their commitment to the Charter and acted upon it.

Digital Literacy – The Age Friendly documents should reference the importance of digital literacy for older people for them to connect with services, commissioning and education, particularly the move to Person Held Records

#### **RESOLVED -**

- a) To recognise the impact of the Age Friendly programme of work as detailed in the Annual Report.
- b) To recognise that the Age Friendly programme of work is a good example of cross council and partnership working to maximise impact and outcomes for the citizens of Leeds.
- c) To consider specifically how the partnership with the Centre for Ageing Better could use the findings from its research on community contribution to support ‘Leeds Left Shift’ ambition to motivate and boost the abilities of communities to increase wellbeing of local older people from BME communities.
- d) To consider how the partnership work on community transport could align with and strategically inform any future plans for transport within health.
- e) To consider what key issues are needed to shape the Information and Advice on Housing Options work programme, and specifically how this can be integrated with health and care services.

## **10 Leeds Commitment to Carers**

Val Hewison, Chief Executive of Carers Leeds, introduced the report which detailed the variety of activity that has taken place since the HWB endorsed the Leeds Commitment to Carers campaign in February 2017.

Key milestones included:

- The campaign now had 45 pledges from businesses and organisations across the city;
- The Leeds CCG provided funding for a participation worker to be employed by Carers Leeds;
- Understanding that the average age of a carer in Leeds is between 35 and 55 years old, which dispels the myth that carers tend to be elderly, and presents an argument to further consider the financial impact on carers of working age;
- The Carers Action Plan 2018-20 was recently published by the Department of Health and Social Care, which details 64 actions across 5 priorities;

The Chair queried how Carers are identified and was informed that schools and GPs are currently the main source of referrals. The Chair reinforced the Board's support to Leeds Carers' week which was currently taking place, and informed members of the intention to take a report to Leeds City Council's Executive Board on 27th June 2018 to seek further support for unpaid carers in Leeds and the crucial role they play in sustaining health and social care in the city.

**RESOLVED –**

- a) To note the progress to date that has been made by the Leeds Carers Partnership;
- b) To note the opportunity to advance the carers agenda provided by the development of Local Care Partnerships;
- c) To note that the Leeds Commitment to Carers is not the only way we are improving identification, recognition and support for unpaid carers in Leeds.
- d) To encourage Health and Wellbeing Board member organisations to promote the Leeds Commitment to Carers.

**11 Update on the Leeds Cancer Programme**

The Board considered the report of the Leeds Integrated Cancer Services Programme Board, presented by Professor Sean Duffy and Doctor Sara Forbes.

Following the launch of the National Cancer Taskforce Strategy in 2015, the cancer system across Leeds signed up to working as an integrated system to deliver change. The report shared progress to date in response to the local and national challenges set; public and patient engagement and work programme updates. The key priorities were highlighted as:

- Prevention and awareness
- Early diagnosis
- Living beyond cancer
- Provision of a high quality modern service

Additionally, support was sought to explore the opportunity to develop cancer aware communities aligned with the emerging primary care delivery models through Local Care Partnerships. The Board's discussions covered the following matters:

- The correlation between diagnosis and areas of deprivation, and how the use of statistical information will inform use of resources
- The impact of new developments in medication and treatment on future treatment sites
- The role of pharmacists and dentists in early diagnosis
- Community engagement, noting that some community uptake was low, with language perhaps being a barrier to access.

Members identified the following actions proposed to take forward work to support the Strategy:

- Presentation of the Strategy to LCC Community Committees to further engage and inform residents, particularly in areas of deprivation where there was a correlation with diagnosis
- Links to the elective prescribing system being developed by LTHT which could identify risky behaviours
- Links and contact details for local communities to be provided for future engagement work

**RESOLVED –**

- a) To note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
- b) To note the contents of the discussions which may inform the development of a vision for cancer aware communities
- c) To support engagement with communities and constituents

**12 UNICEF UK Baby Friendly Initiative in Leeds**

Sally Goodwin-Mills, Advanced Health Improvement Specialist (LCC), introduced the report highlighting the progress of work in relation to the UNICEF Baby Friendly Initiative (BFI) and how it supports the Health and Wellbeing Strategy 2016-21. Members were provided with a presentation outlining the long term benefits of breast feeding both for mother and baby, and the role breast feeding has in ensuring that every child has the 'best start' in life:

- Leeds breastfeeding rates were just below the national average,
- In Leeds 50% of mothers who breastfeed, continue to do so past 6 months
- The baby friendly initiative also provided advice and support for safe bottle feeding
- One of the aims of the presentation was to make the Board aware of the International Code of Marketing of Breastmilk substitutes, which regulates the marketing of breast-feeding substitutes and to highlight that the UK law is significantly weaker than the Code

In conclusion, the Board noted that as part of the UNICEF global programme, all Leeds Teaching Hospital Trust staff had received relevant training and joint work between Public Health and Health Visiting had been undertaken towards the BFI Gold Award.

The Chair commented on the importance of making space available for breast-feeding and noted there were a number of factors which prevented new mothers continuing to breast-feed once they were at home with baby.

Wider discussions should consider the support structure at home, the rest of new baby's family and what Board members and LCC could do to support the family.

**RESOLVED -**

- a) To retain an awareness of the importance and value of breastfeeding for the health and wellbeing of families today and for future generations.
- b) Noted the importance of promoting, supporting and protecting breastfeeding policy in all areas where appropriate.
- c) Considered and noted the impact of implementing the Code of Marketing of Breastmilk Substitutes - to protect babies and their families from harmful commercial interests.
- d) To take opportunities to promote a positive breastfeeding culture, to normalise and support city centre venues, public transport, and workplace.
- e) To be aware of challenges and opportunities and communicate these to the BFI Guardian.

**13 Annual Report of the Director of Public Health**

Dr Ian Cameron presented his report – the Annual Report of the Director of Public Health – highlighting the key issues for Leeds as being infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths and specifically in older heroin users, male suicides and self-harm by young women.

Dr Cameron also sought to ensure that the work of the Leeds Health and Wellbeing Board fed into the 12 Big Ideas contained in Leeds Inclusive Growth Strategy. In respect of specific statistics and issues contained in the Annual Report, the Board considered the following:

Chronic Vascular Disease (CVD) – In response to a query over what was being done to address CVD as the statistics showed Leeds to record a quarter more incidences than the national average, Dr Cameron provided assurance that Leeds had made improvements during the last 10 years, the gap had narrowed between the most deprived and the most well-off leading to some health improvements

Dental health and tooth decay – Dr Cameron reported that an Oral Health Strategy had been presented to Scrutiny Board (Adults, Health and Active Lifestyles), with work planned to review and compare Leeds results with other authorities – the findings to be reported to the Chair in the first instance with a view to reporting to the Board in the future

Cancer statistics – The lack of improvement in cancer was noted, along with the report that as national definitions were changing, it was not yet possible to undertake comparative work with other authorities

Suicide rates – It was noted that some initiatives were being undertaken, but their success on a local level had yet to be measured. Every suicide where the person was known to service providers triggered an investigation;

however, the numbers involved were too low to undertake a meaningful assessment of whether enough was being done to support those prior to taking their own lives. The Board also noted comments that there were lots of factors to each individual suicide. Looking ahead to the proposed July 2019 workshop (Held jointly with the Health and Wellbeing Board and the Children and Families Trust Board), consideration of the effect of parental suicide, parental health and choices on the children of the family was noted as a theme for discussion.

The Board also noted that the report sought support from members and partners to further reflect on gender differences in health within the services and monitoring arrangements provided by their individual organisations, having regard to the findings of the Annual Report.

**RESOLVED –**

- a) To note the content of the Annual Report of the Director of Public Health and support the recommendations on infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths, suicides in men; and self-harm by young women.
- b) To request that Public Health consider the findings of the Public Health England national review into life expectancy and report back to the Board on any implications for Leeds.
- c) To seek to ensure that gender differences in health, experiences and outcomes are incorporated into the forthcoming Joint Strategic Assessment and the subsequent recommendations
- d) To consider how Board member organisations currently reflect gender differences in health in their services and what further actions are needed in relation to the Director of Public Health report.
- e) To consider how Board member organisations currently reflect gender differences in health in their monitoring arrangements and what further actions are needed in relation to the Director of Public Health report.

**14 West Yorkshire and Harrogate Health and Care Partnership Update**

The Board considered the report of the Head of Regional Health Partnerships, Health Partnerships Team providing an update on the West Yorkshire and Harrogate Health and Care Partnership (WY+H HCP). The report noted that on 25th May 2018, NHS England and NHS Improvement jointly announced that WY+H HCP would be one of 4 areas to be part of the Integrated Care System (ICS) Development Programme and outlined some of the information about being part of the ICS in Development Programme.

Rachael Loftus presented the report, highlighting the intention for ICS to both improve outcomes and peoples experience of the care they receive.

Additionally, development of the ICS will focus on:

- Sharing great practice from across the whole system – ensuring that we all benefit from the successful learning and innovation from our near neighbours
- Having a close eye on where there is variation in outcomes across different areas and taking action accordingly, as a system
- Analysing where further investment will significantly increase the pace of change.



Discussions identified the following issues:

- That this approach is about improving the outcomes and service offer for citizens and our communities
- One of the central principles of the partnership is to work locally wherever possible, and determine when we need a critical mass to work at a larger geographical scale
- A more in depth paper and conversation will be coming back to the September Board
- WY+H HCP is recognised as a partnership with strong local government, elected Member and Third Sector representation – this is part of what is allowing us to have the conversations and ability to shape the national agenda locally
- The vision of improving the health of the poorest the fastest is a vital part of the work of this Board; it is nationally recognised and has heavily influenced the approach at West Yorkshire and Harrogate level.

**RESOLVED –**

- a) To note the decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate Health and Care Partnership in the next wave of Integrated Care Systems in Development
- b) To note the intention to provide a further report to the next meeting

**15 For Information: iBCF (Spring Budget) Q4 2017/18 Return and BCF Performance Monitoring Q4 2017/18 Return**

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 4 returns.

**RESOLVED -**

- a) To note the contents of the Leeds iBCF Quarter 4 2017/18 return to the Ministry for Housing, Communities and Local Government and;
- b) To note the content of the Leeds HWB BCF Performance Monitoring Q4 2017/18 return to NHS England.

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

The Board received, for information, a 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 2017/18 end of year position and the 2018/19 financial plans.

**17 For Information: NHS Leeds Clinical Commissioning Groups Partnership Annual Reports 2017-2018**

The Board received an extract from the final NHS Leeds CCG Annual Report 2017-2018 entitled “CCGs role in delivering the Leeds Health and Wellbeing Strategy 2016-2021”, for information.

A final draft of the report had been shared with Members for comment prior to its submission to NHS England by 20<sup>th</sup> April 2018. The report provided assurance that all arrangements agreed at the HWBB meeting on 19<sup>th</sup> February 2018 had been actioned.

**RESOLVED** – To note the extract from the final NHS Leeds CCG Annual Report 2017-2018 “CCGs role in delivering the Leeds Health and Wellbeing Strategy 2016-2021”

**18 Date and Time of Next Meeting**

**RESOLVED** – To note the date and time of the next formal Board meeting as 5<sup>th</sup> September 2018 at 10.00 am (with a pre-meeting for Board members at 9.30 am)