

## **HEALTH AND WELLBEING BOARD**

**THURSDAY, 29TH APRIL, 2021**

**PRESENT:** Councillor F Venner in the Chair  
Councillors N Harrington and A Smart

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

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group  
Tim Ryley – 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**

Victoria Eaton – Director of Public Health  
Cath Roff – Director of Adults and Health  
Tim Pouncey – Chief Officer, Children and Families

### **Third Sector Representative**

Alison Lowe – Director, Touchstone  
Pip Goff – Director, Forum Central

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

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

### **Representatives of NHS providers**

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

### **Representative of Safer Leeds**

Supt. Richard Close – West Yorkshire Police  
Jane Maxwell – Area Leader, Communities, Leeds City Council

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

Jim Barwick – Chief Executive of Leeds GP Confederation

## **29 Welcome and introductions**

The Chair welcomed all present and brief introductions were made.

The Chair thanked her predecessor, Councillor Rebecca Charlwood, for her work as Executive Member for Health and Wellbeing and Chair of the Board.

The Chair welcomed Superintendent Richard Close as a new member of the Board, representing Safer Leeds.

On behalf of the Board, the Chair thanked everyone in Leeds for coming together to respond to the COVID-19 crisis.

**30 Appeals against refusal of inspection of documents**

There were no appeals.

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

There were no exempt items.

**32 Late Items**

There were no late items.

**33 Declarations of Disclosable Pecuniary Interests**

There were no =declarations of disclosable pecuniary interests.

**34 Apologies for Absence**

Apologies for absence were received from Councillor Salma Arif, Sara Munro, Paul Money, Sal Tariq and Anthony Kealey. Alison Kenyon, Jane Maxwell and Tim Pouncey were in attendance as substitutes.

**35 Open Forum**

No matters were raised on this occasion.

**36 Minutes - 20th January 2021**

**RESOLVED** – That the minutes of the meeting held 20<sup>th</sup> January 2021 be approved as an accurate record.

**37 Development of the Left Shift Blueprint**

The Director of Population Planning, NHS Leeds Clinical Commissioning Group (CCG), submitted a report that shared the Left Shift Blueprint approach and document with the Health and Wellbeing Board in addition to outlining the progress made with this initiative to date. The Health and Wellbeing Board are asked to sign up to both the concept of the Left Shift Blueprint and the Strategic indicators and support delivery of the plan.

The following were in attendance:

- Jenny Cooke, Director of Population Health Planning, NHS Leeds CCG

- Dr Bryan Power, Clinical Lead for Long Term Conditions, NHS Leeds CCG
- Lindsay Springall, Head of Pathway Integration Long Term Conditions, NHS Leeds CCG

The Director of Population Health Planning introduced the report, and presented a short film 'Mark's Story', part of the 'How does it feel for me?' series produced by HealthWatch Leeds, in which Mark described his experiences of the LEEDs (Learning, Empowering, and Enabling Diabetes Self-Management) Programme – an example of the Left Shift Blueprint in long term conditions and the benefits of investing in structured education.

As part of the ongoing blueprint work, key objectives for the Long Term Conditions team working with partners represented on the Health and Wellbeing Board were set out as follows:

- 1) Working to facilitate increased healthy lifestyle opportunities; and
- 2) Increasing referrals into NDPP (National Diabetes Prevention Programme) / Structured Education, which have fallen as a result of the COVID-19 pandemic.

The Clinical Lead for Long Term Conditions described what the Left Shift Blueprint might mean for patients, including:

- Putting people in control of their conditions, and focusing on what matters to people, including developing proactive support plans for self-management with a patients' personalised 'goal' at the centre;
- Reducing health inequalities, by targeting resources to populations at increased risk and adapting approaches and services to suit the needs of different communities;
- Supporting people through social prescribing and more regular reviews of medication;
- Increased options for advice and support at a local community level and fewer repeated visits to hospital.

For clinicians, the impacts of the Left Shift Blueprint were described as follows:

- More integrated working practices, including increased use of digital technologies such as 'Virtual Wards' for a number of services, to reduce the number of admissions;
- Building capacity and capability in primary care settings through more activity in community settings and pharmacies, and increased focus on self-management, meaning better access to services when required;
- Understanding and agreeing health priorities with local communities and targeting resources to those most at risk;
- Shared decision making with patients, working 'with' rather than 'to'.

Members discussed a number of matters, including:

- It was recognised that 80% of an individuals' health is impacted outside of health services, and therefore the benefits of programmes to improve wellbeing and lifestyle, for communities and individuals, are well evidenced;
- Members highlighted the challenge of identifying measures for mental health services, due to the most appropriate approach in certain circumstances being specialist care as quickly as possible, which may be delivered from hospital. Related to this, Members suggested that further consideration be given to incorporating the Left Shift Blueprint into existing mental health measures within Local Care Partnerships;
- Members suggested that the Board schedule further discussions on the shift of resources required to enable better access for disadvantaged groups;
- In response to a query, Members were advised that 25% of participants did not complete the LEEDs course, and that feedback suggested that in most cases this was due to the time commitment required. Members noted the opportunity to reflect on the delivery of such programmes and build on the offer of remote support, to enable more flexibility for patients;
- Members recognised the benefits of focus on prevention and reduced routine patient visits to primary care settings during periods of long waiting times for referrals and treatment as a result of the pandemic.

#### **RESOLVED –**

- a) That Members comments be noted;
- b) That the Board agree to sign up to both the concept of the Left Shift Blueprint and the Strategic indicators;
- c) That it be noted that the Board support implementation of the Left Shift Blueprint both in the ways outlined.

### **38 Joint Strategic Assessment 2021**

The Head of Intelligence and Policy, Leeds City Council, submitted a report that sets out initial proposals to produce the Joint Strategic Assessment (JSA), and updates Health and Wellbeing Board on the work that has taken place to date.

The following were in attendance:

- Simon Foy, Head of Intelligence and Policy, Leeds City Council
- Tony Cooke, Chief Officer, Health Partnerships

The Head of Intelligence and Policy introduced the report and delivered a PowerPoint presentation, which set out some of the emerging headlines and lines of enquiry as follows:

- The school age population growing and becoming more diverse - increasingly concentrated in deprived areas. Nationally, 18% of those

under the age of 16 are living in relative poverty, compared to 24% in Leeds, and 38% in Bradford;

- Covid-19 data shows link between deaths and deprivation. Poor living and working conditions increase both exposure to Covid-19 and other illnesses – frontline workers, people unable to work from home, housing-density/condition, use of public transport;
- The Leeds vaccine programme shows similar associations between deprivation, ethnicity and lower vaccine uptake;
- Reduced educational attainment at pre-school and primary, particularly for poorest children, and growing concerns around child and adolescent mental health;
- Prior to Covid-19, there was a long-period of economic growth and expansion, strengths in key sectors, knowledge-based jobs, relatively high-levels of employment. However, since March 2020, trends show stalling growth/low productivity, and many of new jobs in Leeds are low-skilled, low-paid work in consumer services;
- Positive impact of Covid-19 on climate change due to reduced travel and home working, however, there is uncertainty around the medium to long term impact on travel behaviour.

Members discussed a number of matters, including:

- Members identified the experiences of children and young people, particularly the impact of COVID-19 on education and employment, as a key focus moving forward;
- It was noted that further analysis to assess the impact of each of the key themes on BAME, LGBT and gypsy traveller communities should be undertaken;
- Members recognised the significance of the findings and recommendations of the Marmot Review into health inequalities in England ‘10 Years On’ report, and the subsequent ‘Build Back Fairer’ report, for development of local needs assessments moving forward;
- Members noted the changes to use of transport as a result of the pandemic, largely due to home working, and were keen to understand if these changes were accelerated by the pandemic and likely to remain. Members were advised that it is expected that transport patterns will return to a ‘new normal’, due to a significant shift in transport modality and a clear focus on active travel. It was also noted that travel behaviour and public transport availability has a great impact on access to employment.

#### **RESOLVED –**

- a) That Members comments in relation to the proposed approach to the JSA be noted;
- b) That a further report be submitted in due course, as the development of the JSA is progressed.

### **39 2021-26 Future in Mind: Leeds**

The Leeds Future in Mind Programme Board submitted a report that presented the 2021–26 Future in Mind: Leeds strategy. This is the plan for Leeds that explains how people are working together to improve mental health and emotional for young people.

**RESOLVED** – That the 2021-26 Future in Mind: Leeds Strategy be approved.

#### **40 Leeds Maternity Strategy 2021-2025**

The Leeds Maternity Programme Board submitted a report that provides an overview of the refreshed Leeds Maternity Strategy (Appendix 1) following the strategic direction provided by the Health and Wellbeing Board in Sept 2020. It is a five year plan for the city explaining how people will work together to improve the health and care services we offer to parents-to-be and new parents, to give babies the best start in life.

**RESOLVED** – That the refreshed Leeds Maternity Strategy be approved.

#### **41 NHS Leeds CCG Annual Report 2020-21**

The Communications Lead, NHS Leeds CCG, submitted a report that sets out the process of developing the NHS Leeds CCG Annual Report 2020-21 as national timescales do not align with the Leeds Health and Wellbeing Board meetings.

**RESOLVED** –

- a) That the process to develop the NHS Leeds CCG draft annual report be noted;
- b) That the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 be noted.

#### **42 Leeds Palliative and End of Life Care Strategy for Adults 2021-26**

The Leeds Palliative Care Network submitted a report that presents the new Leeds Palliative and End of Life Care Strategy for Adults 2021-26.

**RESOLVED** – That the Leeds Palliative and End of Life Care Strategy for Adults 2021-26 be noted.

#### **43 Leeds Health and Care Financial Reporting**

The Leeds Health and Care Partnership Executive Group (PEG) submitted a report that provides a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the period ending February 2021, and the forecast year end position at that point.

**RESOLVED** – That the M11 2020/21 partner organisations financial positions and forecast position at year end be noted.

**44 Connecting the wider partnership work of the Leeds Health and Wellbeing Board**

The Chief Officer, Health Partnerships, submitted a report that provides a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

**RESOLVED** – That the contents of the report be noted.

**45 Any Other Business**

No matters were raised on this occasion.

**46 Date and Time of Next Meeting**

The next meeting will be held on Thursday 16th September 2021 at 10.00 a.m.