# Minutes of the meeting of the shadow Health and Wellbeing Board held on 27 March 2013

Members Present:

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| Cllr Lisa Mulherin | Leeds City Council (Chair) |
| Cllr Judith Blake | Leeds City Council |
| Dr Jason Broch | NHS Leeds North Clinical Commissioning Group |
| Ms Susie Brown | Third Sector (Healthy Lives Leeds) |
| Dr Ian Cameron | NHS Leeds/ Leeds City Council |
| Cllr Stewart Golton | Leeds City Council |
| Dr Andy Harris | NHS Leeds South and East Clinical Commissioning Group |
| Cllr Graham Latty | Leeds City Council |
| Dr Gordon Sinclair | NHS Leeds West Clinical Commissioning Group |
| Cllr Lucinda Yeadon | Leeds City Council |

In attendance:

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| Mr Chris Butler | Leeds and York Partnership Foundation Trust |
| Ms Judith Hurcombe | Local Government Association |
| Ms Sandie Keene | Leeds City Council Adult Social Care |
| Mr Rob Kenyon | Leeds City Council Partnerships |
| Ms Hannah Lacey | Leeds City Council Partnerships (secretary) |
| Ms Victoria Pickles | Leeds Community Healthcare NHS Trust |
| Mr Steve Walker | Leeds City Council Children's Services |
| Mt Rob Webster | Leeds Community Healthcare NHS Trust |

Apologies:

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| Ms Maggie Boyle | Leeds Teaching Hospitals NHS Trust |
| Ms Pat Newdall | Leeds Local Involvement Network (Leeds LINk) |
| Mr Nigel Richardson | Leeds City Council Children's Services |

Action

1.0 Welcome and introductions/apologies for absence

1.1 Councillor Mulherin welcomed all to the last meeting of the shadow Health and Wellbeing Board before it takes up its statutory duties in May, and welcomed Judith Hurcombe who attended the meeting to observe.

1.2 The above apologies were noted and although in her absence, the Chair formally thanked Pat Newdall for her dedication and contribution to the Shadow Board on behalf of Leeds LINk.

2.0 Minutes of last meeting on 23 January 2013

2.1 All agreed as a true record.

## 3.0 Matters arising

3.1 Rob Kenyon referred to minute 4.15 from the previous meeting and informed members that there will be a legal training session prior to the Board taking up its statutory responsibilities in May. This will be for Board members who are not elected members and planning for this is underway.

3.2 Referring to minutes 7.8 and 7.9 it was noted that Councillor Illingworth has also joined the Healthwatch working group through his role as Chair of the Health and Well Being and Adult Social Care Scrutiny Board.

## 4.0 Integrated Commissioning

4.1 Andy Harris introduced this item on behalf of all 3 clinical commissioning groups (CCGs) which was seen as a trial-run for the Board undertaking one of its statutory duties: "provide an opinion to each CCG on whether their draft commissioning plan takes proper account of the joint health and wellbeing strategy (JHWS)". Only the one page summary "plan on a page" was provided to the Board members and not the full commissioning plans.

4.2 These plans had been developed in line with CCGs becoming formally established on 1 April 2013 and as part of the National Commissioning Board's requirements for a 2013/14 plan. It was felt by the CCGs that these plans reflected the Leeds draft JHWS as they had input into the development of the strategy and this input reflected the joint strategic needs assessment (JSNA) and the needs of their local populations.

4.3 It was noted that as this was a first run, and with the many changes taking place in the health system, developing the plans had been a complex task to ensure that everything from NHS mandate to local people and member practices had been taken into account.

4.4 In addition to a commissioning plan, each CCG is required to have three local priorities which reflect the area and population which they cover.

4.5 It was questioned how much cross-referencing had taken place during the development of the commissioning plans, and confirmed that much had occurred, primarily through the Leeds Health and Social Care Transformation Programme Board (LHSCTPB). There are a number of themes which are common across all three plans and others which reflect the specific health needs of the population covered by one CCG.

4.6 In reference to the complexity of the plans the Board hoped that these were also presented in such a way that they are accessible and understood by members of the public and service users. Both the public and member GP practices were consulted during the formation of the plans and now that these were agreed it was work in progress to make them accessible reading

to all. It was confirmed that all plans would be public documents.

4.7 It was confirmed that all decisions regarding the flow of money and commissioning had now been taken and the situation was as clear as it could be. This did however raise the issue of working with multiple commissioners and the difficulties associated with the CCGs commissioning services which were previously the responsibility of primary care trusts and of tracking and funding people as they wove through the system between primary, secondary and tertiary care.

4.8 It was a concern that inequality could actually be created across Leeds if one CCG were to produce progress in a specific area. In response the CCGs emphasised that it was proper that each CCG had different areas of focus, given the different issues in their local areas however it was intended that good results would lead to shared learning across the city. Furthermore although there would be a targeted local approach, the intention was for the CCGs to tackle the pathways together particularly as the same providers were used by all three.

4.9 A member asked how the Local Authority could work with the CCGs to achieve shared aims. For example dementia which was mentioned in the CCG plans is also a concern of the Local Authority. It was confirmed that the commissioning plans were made up of strategies and actions which were already underway such as the Dementia Board, rather than new ideas. With reference to dementia strategy in particular, it was noted that the Dementia Friendly City strategy was on the agenda for the meeting of the Board on 22 May so that all could endorse this strategy.

4.10 There was concern amongst Board members over the lack of active reference to children across the three plans. Children were only explicitly mentioned in the plan of Leeds South & East CCG. This was as a result of this CCG taking the lead role in this area. Whilst it was accepted that these one page documents cannot cover everything and that there is extensive reference to children in the plans sitting below them, it was the consensus of the Board that there should be more reference to children throughout. This is both due to the links between adult's and children's issues and that inspection bodies such as OFSTED and the Care Quality Commission would expect to see these overt references or risk them assuming that children were not a priority in Leeds.

4.11 There was some discussion as to the degree that the Board felt the JHWS should be reflected in the commissioning plans of the CCGs with the general view being that this should be at least 50% if not higher. Some Board members felt that at this point in time, the JHWS was not evident enough in the CCGs' commissioning plans. The CCG's point of view however was that

plans did reflect the JHWS but were written with the requirements of the National Commissioning Board in mind and they saw the "real" plan on a page as being the JHWS. It was agreed that the main issues lay with presentation and accessibility which was noted by the CCGs for further work and to feedback to the Board at a later meeting. CCGs

4.12 It was confirmed that the commissioning plans were not static or completed. They would evolve and develop over time as needs changed.

4.13 It was still unclear at what point the Board would report to the National Commissioning Board on the CCG Commissioning Plans. Rob Kenyon agreed to investigate and produce a draft for circulation. RK

## 5.0 Provider insights on the new health and wellbeing arrangements

5.1 Rob Webster introduced the work of Leeds Community Healthcare NHS Trust (LCH) and how the organisation was affected by the changes in the healthcare system and the contribution it could make to the JHWS.

5.2 The aim was to align the work of LCH to initiatives such as "Best City" and "Child Friendly City". Rob Webster reported that LCH has a clear set of values and vision and aims to provide the best possible care through working with people and not deciding for them.

5.3 LCH provide a vast range of community services, both long term and short term and throughout all stages of life.

5.4 It was stated that it was a myth that providers were the stable ones in this changing environment. They were also moving from working with one commissioner to working with seven, were in consultation over restructuring and were under significant financial pressure.

5.5 LCH was working towards becoming a Foundation Trust in the next year.

5.6 LCH feels that it is a major partner in the delivery of the first four outcomes of the Leeds draft JHWS and a contributor to the fifth.

5.7 LCH would like to see the following from the Health and Wellbeing Board:

- Strong leadership
- Engagement with providers
- Ensuring of integrated service delivery
- Use of the Trust's membership
- Effective monitoring of outcomes
- Use National Commissioning Board voice on the Board in the best way possible to influence the whole system
- Link between the Health and Wellbeing Board and the LHSC Transformation Programme Board.

5.8 Chris Butler introduced the work of Leeds & York Partnership Foundation Trust (LYPFT) and thanked the Board for the opportunity to present the organisation's insights.

5.9 LYPFT provides specialist mental health and learning disability services across Leeds and York and in some cases wider across Yorkshire and the Humber. Contact in hospital is these days kept to a minimum with care provided at home where possible and the Trust has strong links to the voluntary sector.

5.10 As a Foundation Trust, LYPFT has around 16,000 members.

5.11 As a result of the changes from the Health and Social Care Act, LYPFT have had to tender to provide some services. Much of what the organisation will provide is similar to what it provided under the old regime but there would be some changes. Chris Butler said it was a rapid learning curve.

5.12 As a Foundation Trust the Council of Governors would be responsible for holding the Board of Directors to account. The Trust had also been working to establish a good working relationship with the local CCGs.

5.13 LYPFT was seen as a contributor to the five outcomes of the Leeds draft JHWS.

5.14 LYPFT would like to see the following from the Health and Wellbeing Board:

- City wide plan for dementia services
- Commissioning services for learning disabilities consistent with the Winterbourne View report
- Commissioning services to meet the needs of those with autism and ADHD – current high levels of need unmet
- Improvement of social inclusion and cohesion
- Provision of services takes into account sustainability of local providers

5.15 The providers were asked about the benefits received by and the selection of their members. As a Foundation Trust and a proposed Foundation Trust both LYPFT and LCH were required to have members. LYPFT has circa 16,000 and LCH 4,000. Members generally receive NHS fringe benefits and the majority of the Council of Governors were members and service users. Engagement with members on issues such as the upcoming budget cuts was seen as an important part of being a Foundation Trust and LYPFT had taken a wider view than what is required and as a result received valuable insight from those who were not routinely engaged.

5.16 A Board member questioned how much taking money out of CAMHs services was actually costing in the long run? It was agreed that some tiers of these services were due for review and the aim was to get the best value possible from the "Leeds Pound". LYPFT had been using a tool called

Lean6Sigma to map every process in a service user's journey and look at how it could be made more efficient.

5.17 In addition, the providers were confident that they worked collaboratively together for the good of Leeds, sometimes to the detriment of what would be best for one of the individual organisations. Each provider was required to a produce a detailed efficiency plan lasting 5 years which had a focus on the integration of services in order to reduce duplication. The LHSCTPB has had a very positive effect on the collective working arrangements which exist between the providers. This had helped to offset negativity which could have come about as a result of the increased competitiveness under the new arrangements.

5.18 It was also felt that the providers had good relationships with the CCGs and that this was due to the depth of partnership working already in existence. This feeling is reciprocal with the CCGs.

5.19 Leeds Teaching Hospitals NHS Trust unfortunately had to send last minute apologies to the meeting. Their paper however focused on the concern of sustainability. This was echoed by the providers who were at the table. The consensus was that there was a need to move away from a hospital centred model of care, towards 7 day working and greater focus on prevention and community and management of long term conditions. This was something which needed to be approached in unison.

5.20 The Chair thanked the providers for their attendance and useful insights and hoped that they had found the meeting mutually beneficial.

## 6.0 Any other business

6.1 It was raised by a member that there may have been some significant changes in the arrangements for minor illness clinics and that these changes had appeared suddenly and without consultation. No-one in the room was aware of any contract changes or changes in these services. It was agreed however that the board should at the very least be informed in advance of such changes affecting services users. The Chair of the Board was already investigating the matter raised and will feedback to the Board at a later meeting. LM

6.2 It was brought to the attention of the CCGs that the way in which organisations were being asked to invoice them was complicated and time consuming whereby 3 separate invoices needed to be sent for varying percentages and it was asked if anything could be done to simplify the process. The CCGs responded that they are three separate organisations with three separate budgets so it may be difficult however the comment will be fed back and simplifying the process will be explored with an update to CCGs

the Board at a later meeting.

## 7.0 Date and time of next meeting

7.1 The Chair confirmed the date of the next meeting as Wednesday 22 May 2013 09:30-12:30 (public meeting 10:00-12:00) in the Millennium Room at Carriageworks. This will be the first public meeting of the Health and Wellbeing Board.