

HEALTH AND WELLBEING BOARD

**Meeting to be held in Room 412, The Rosebowl, Leeds Beckett University on
Wednesday, 20th January, 2016 at 10.00 am**

There will be a pre-meeting for Members of the Board at 9.30 am

MEMBERSHIP

Councillors

L Mulherin (Chair)	S Golton	N Buckley
D Coupar		
L Yeadon		

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
Matt Ward	Leeds South and East CCG
Phil Corrigan	Leeds West CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Services
Nigel Richardson – Director of Children's Services

Representative of NHS (England)

Moirá Dumma - NHS England

Third Sector Representative

Representative of Local Health Watch Organisation

Linn Phipps – Healthwatch Leeds
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

**Agenda compiled by: Helen Gray
Governance Services – 0113 2474355**

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded)</p> <p>(*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration

(The special circumstances shall be specified in the minutes)

4

DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

5

APOLOGIES FOR ABSENCE

To receive any apologies for absence

6

OPEN FORUM

At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.

7

MINUTES

1 - 10

- a) To agree the minutes of the minutes of the ordinary meeting held 30th September 2015 as a correct record

(Copy attached)

- b) To agree the minutes if the additional meeting held 12th January 2016 as a correct record

(Copy to follow)

8		<p>FUTURE FINANCIAL CHALLENGE FACING THE LEEDS HEALTH AND SOCIAL CARE PARTNERSHIP</p> <p>To consider the report of the Chief Executive, Leeds Teaching Hospitals NHS Trust and the Chair of the Citywide Directors of Finance Group which provides the Board with an updated assessment of the future financial challenge facing the city's Health and Social Care Partnership and the immediate next steps being planned by Accountable Officers</p> <p>(Report attached)</p>	11 - 18
9		<p>COUNCIL FUNDING POSITION - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND PUBLIC HEALTH</p> <p>To consider the report of The Director of Adult Social Services which provides the Board with an outline of the Council's financial position since 2010 with particular reference to Adult Social Care, Children's Services and Public Health. The report also outlines the Council's Initial Budget Proposals for 2016/17 and identifies the potential impact of those proposals on Health and Wellbeing services</p> <p>(Report attached)</p>	19 - 46
10		<p>WRITING THE LEEDS AND HEALTH WELLBEING STRATEGY 2016-2021</p> <p>To consider the report of the Director of Adult Social Services which provides a summary of proposals for the refreshed Leeds Health and Wellbeing Strategy. The Strategy will be published in March 2016 and this report provides the Board with an opportunity to make comment prior to a final version being produced and published at the March meeting of the Health and Wellbeing Board.</p> <p>(Report attached)</p>	47 - 78

11		<p>SUMMARY OF NHS PLANNING GUIDANCE 2016/17 TO 2020/21 AND RELATED REQUIREMENTS</p> <p>To consider the report of the Chief Operating Officer, Leeds South and East CCG, which provides the Board with a summary of the NHS planning guidance published on 23 December 2015 and associated requirements of the Leeds health and social care system, as well as the individual organisations within that system.</p> <p>(Report attached)</p>	79 - 84
12		<p>DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2014/15</p> <p>To consider the Director of Public Health's Annual Report 2014/15 which focuses on the public health benefits of good urban design within the context of the planned 70,000 new homes in Leeds by 2028.</p> <p>(Report attached)</p>	85 - 92
13		<p>ASSISTED LIVING LEEDS - PROGRESS REPORT</p> <p>To consider the report of the Director of Adult Social Services which provides the Board with an update on the successful completion of Phase One of Assisted Living Leeds (ALL) and outlines initial proposals for the development of Phase Two, including potential funding streams.</p> <p>(Report attached)</p>	93 - 106
14		<p>IMPROVING CANCER OUTCOMES IN LEEDS</p> <p>To consider the report of the Director of Public Health which provides the Board with an overview of Cancer Outcomes in Leeds. It outlines that improving cancer outcomes has required cross system collaboration. This report finds that outcomes are improving but there are marked inequalities.</p> <p>(Report attached)</p>	107 - 120

15		<p>FOR INFORMATION: THE BETTER CARE FUND</p> <p>To note receipt of a concise overview on the current implementation of the Better Care Fund programme and visibility of the Q2 BCF reporting submission made on behalf of the Board. The document also summarises current guidance and planning activity relating to BCF in 2016/17.</p>	121 - 136
16		<p>FOR INFORMATION: DELIVERING THE STRATEGY</p> <p>To note receipt of the January 2016 “Delivering the Strategy Document”, a bi-monthly report which enables the Board to monitor progress on the Joint Health and Wellbeing Strategy 2013-15</p>	137 - 146
17		ANY OTHER BUSINESS	
18		<p>DATE AND TIME OF NEXT MEETING</p> <p>To note the date and time of next meeting as Thursday 17th March 2016 at 10:00 am</p>	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.