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MEETING OF COUNCIL

13TH NOVEMBER 2013

**SUPPLEMENTARY INFORMATION: MINUTES OF THE HEALTH &
WELLBEING BOARD (2ND OCTOBER 2013)**

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Leeds
CITY COUNCIL

Legal & Democratic Services

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Our Ref:

Your Ref:

12 November 2013

Councillors

Dear Councillor

COUNCIL – 13th NOVEMBER 2013

Please find attached for your attention the following information which will be considered at Council tomorrow:-

Item 10 Health and Wellbeing Board minutes.

Please attach these papers to your agenda for the meeting.

Many thanks.

Yours sincerely

Kevin Tomkinson
Principal Governance Officer



HEALTH AND WELLBEING BOARD

WEDNESDAY, 2ND OCTOBER, 2013

PRESENT: Councillors

Councillor L Mulherin in the Chair

Councillors J Blake, S Golton, G Latty, and A Ogilvie

Directors

Sandie Keene – Director of Adult Social Services

Nigel Richardson – Director of Children’s Services

Dr Ian Cameron – Director of Public Health

Third Sector Representative

Susie Brown – Zest – Health for Life

Representative of NHS (England)

Andy Buck, Director, NHS England (WYLAT)

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

Representative of Local Healthwatch Organisation

Linn Phipps – Healthwatch Leeds

HW Team – Peter Roderick

27 Declarations of Disclosable Pecuniary Interests

There were no declarations of interest.

28 Apologies for Absence

Apologies for absence were submitted on behalf of Mark Gamsu and Rob Kenyon.

29 Open Forum

The Chair allowed a period of up to 10 minutes for members of the public to make representations on matters within the terms of reference of the Health and Wellbeing Board. On this occasion no members of the public wished to speak.

30 Minutes - 24 July 2013

RESOLVED – That the minutes of the meeting held on 24 July 2013 be confirmed as a correct record subject to the following amendments:

- Attendance – Dr Gordon Sinclair representing Leeds West CCG
- Procedural Issues – NHS Leeds to be amended to NHS England

31 Leeds Safeguarding Children Board - Annual Report 2012/13 and Leeds Safeguarding Adults Partnership Board Annual Report 2012/13

The report of the Independent Chair, Leeds Safeguarding Children Board (LSCB) updated the Board on the progress being made by and through the Leeds Safeguarding Children Board to improve safeguarding children practice in Leeds. The LSCB Annual Report was appended to the agenda.

The Board also considered the Leeds Safeguarding Adults Partnership Board Annual Report 2012/13 and Work Plan 2013/14 in conjunction with this item

Bryan Gocke, LSCB Manager presented the report.

Issues highlighted included the following:

- Progress to rebalance the safeguarding system – including the availability of early help and reducing the need for statutory intervention.
- There had been a reduction in the numbers of looked after children in the city.
- Increased effectiveness of front door arrangements.
- Increased effectiveness of Child Protection Plans.
- Help for those in compromised family circumstances.
- Recommendations made to the Children's Trust Board.

Nigel Richardson acknowledged and commended to the board the work of the LSCB.

Hilary Paxton, Head of Safeguarding Adults gave the Board an update on Adult Safeguarding. It was reported that safeguarding for adults was not yet subject to the same statutory measures although this was likely to change with the new Care Bill. Further issues highlighted included the following:

- There had been the development of policy across West Yorkshire.

- There had been over 3,000 referrals across Leeds last year.
- A copy of the annual report was available on the Leeds Safeguarding Adults Partnership Board website.
- Differing rights for children – some overlap with Mental Capacity Act which included people of 16 years and over.
- Investigation of low level concerns by service providers.

Further issues raised including changes to Ofsted inspections and issues that impacted on health and wellbeing such as poverty; alcohol and drug abuse.

In response to Board Members comments and questions, the following issues were discussed:

- A view that Children in need of safeguarding being more visible than adults
- Training staff to identify neglect
- How to involve young people
- Work of the Children’s Trust Board looking at vulnerable groups particularly the 16 to 25 year age group.
- The role of GPs and how they could be influential.

RESOLVED –

- (1) That the content of the LSCB Annual Report be noted
- (2) That the challenges for 2013/14 including those accepted by Children’s Trust Board be noted.
- (3) That the content of the 2012/13 annual report and work programme of the Safeguarding Adults Board for 2013/14 be noted.
- (4) Cllr Mulherin requested the CSCB and LSAB to be involved in the development of the ‘Quality and Safety’ report to the January 2014 board meeting.

32 Delivering the Joint Health and Wellbeing Strategy Outcome 2 - People will live full, active and independent lives

The report of the Chief Officer, Health Partnerships presented a detailed picture of current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15 (JHWS) in particular focussing on Outcome 2 of the strategy – ‘People will live full, active and independent lives’.

Liane Langdon, Director of Commissioning and Strategy Development, Leeds North CCG presented the report.

The Board was given a presentation on Outcome 2, People will live full, active and independent lives.

Urgent Care was highlighted as one of the challenging issues in Leeds. Issues raised in relation to this included the following:

- There was a need to better inform people of how to access the appropriate care and alleviate pressure on A&E.
- Work to be undertaken to raise awareness of urgent care – a workshop was planned that would include members of the public with health professionals.
- Raising awareness of the 111 service.
- Current urgent care provision in Leeds – The 111 Service, A&E, GP out of hours services, Walk-In Centres
- Winter planning activities – extra funding for the winter period
- Designing services that integrate with planned care

In response to Board Members comments and questions, the following issues were discussed:

- Third sector involvement is required in the coproduction of the range of support provision and interventions. It was confirmed by Liane Langdon that the third sector are and will increasingly be involved through the development process.
- The impact on primary care with a corresponding shift of emphasis from A&E where conditions are treatable by a GP.
- People's perceptions and experience of urgent care available and how to access urgent care, especially, the variance across the city in the way residents view the role of A+E and local health services
- How to improve communication regarding urgent care services available particularly in a city which has a large turnover of residents in some areas for example students
- Engagement of young people and how they access urgent care.
- Use and role of pharmacies.
- Reducing unnecessary A&E admissions.
- How to address why people use the services they do and better inform of the services that could be accessed.
- Co-location and co-production of services – links between urgent care and planned care.
- Transfer from hospital into long term care – and issues of transport-induced inefficiencies in the urgent care system
- Why Leeds residents are high users of A+E compared to national average – and how to effectively get a grip on the scale of the problem

RESOLVED –

- (1) That the Overview, Exceptions and Commitments section of the report be noted.
- (2) That consideration be given to providing further information around benchmarking in Leeds against UK comparators including numbers of people (including elderly) who attend A&E which would be avoided through other channels (inappropriate admissions).
- (3) That the presentation on Outcome 2 of the strategy be noted and consideration be given by partner organisations to the following:

- The appetite for risk of the health and local authority community in relation to the public perception and response to potential system changes within urgent/preventative care
- The balance of investment between actions to avoid entrance to the urgent care system (e.g. admissions avoidance) and those designed to improve flow (e.g. facilitating discharge)
- How health and social care partners build trust within the community in the full range of support and interventions available.
- How the system can better leverage the use of pharmacies.

33 NHS England

The report of NHS England's Local Area Team informed the Board about NHS England's Call to Action and sought the Board's involvement in responding to the challenges faced by the NHS.

Andy Buck Director – West Yorkshire Area Team, NHS England presented the report.

Issues highlighted included the following:

- New NHS Commissioning and Public Health System – understanding roles and responsibilities
- Work regarding patient safety and quality.
- Developing high quality relationships with CCGs, health providers, Care Quality Commission and others.
- Challenges of Call to Action – these included an aging society, increasing costs of healthcare, rise in dementia sufferers.
- Prevention and self-care.
- Concern voiced by the Chair that the proposed financial allocations are not 'fit for purpose' and that the integration with social care was ignored and that Local Authorities had not been consulted.
- The financial allocations formula is work in progress and at this stage are not set in stone
- The challenge to develop an effective Health and Care Services Strategy in Leeds to guide all ongoing work and resource allocation

RESOLVED –

- (1) That the Health and Wellbeing Board notes the NHS Call to Action and considers how it wishes to contribute to developing a long term strategy for health and care.
- (2) That members of the Health and Wellbeing Board respond (through organisational processes) to the NHS Call to Action

34 Finance Update

The joint report of the Chief Officer Resources (ASC) and Chief Financial Officer (S&E CCG) provided a brief update on the funding outlook for Health

and Social Care Service in Leeds and outlined the significant financial challenges for all partners over the next two years and beyond.

Stephen Hume, Chief Officer Resources (ASC) and Mark Bradley, Chief Financial Officer (S&E CCG) presented the report.

Issues highlighted included the following:

- The Comprehensive Spending Review and further significant cuts to Local Authority budgets
- The £3.8bn transfer of funding from NHS to Adult Social Care - contained no new money and considerable new responsibilities.
- The Integration Transformation Fund
- The NHS funding allocation review.
- Impact on Adult Social Care budgets and social care reforms.
- Pressures facing CCGs.
- Future funding and spending reviews.

In response to Board Members comments and questions, the following was discussed:

- Concern that the deprivation factor had been removed from the formula and that resources would not be distributed to meet health inequalities.
- NHS funding allocation review – Local Authorities had not even been notified of the consultation or invited to comment.
- Action to be taken by CCGs around public engagement
- Public consultation and involvement of third sector.

RESOLVED –

- (1) That the significant financial challenges outlined within the report as a result of recent funding announcements impacting upon Health Partners in the city be noted.
- (2) That the initial actions to develop the necessary proposals to deliver a plan to address the challenges be approved.
- (3) That the following be agreed:
 - Receive the plan for sign off by January 2014 prior to submission for ministerial approval.
 - Receive further updates and details at the meeting of the Board on 20 November

35 Integrated Health and Social Care Pioneers

The report of the Chief Officer, Health Partnerships gave the Board an update on Leeds' expression of interest to become an 'integrated health and social care pioneer'.

Sandie Keene reported that Leeds had been one of twenty seven areas shortlisted to become a pioneer and a meeting had been called for 5 November 2013 to announce who the pioneers would be. The Leeds team had been interviewed and it was felt a compelling case had been made. Good progress had been made with integrated health and social care and informatics in Leeds. Further reference was made to the need to describe the economic case.

RESOLVED –

- (1) That the Health and Wellbeing Board note that Leeds was shortlisted to become an integrated health and social care pioneer, with a presentation and interview having taken place on 2 September.
- (2) That the Health and wellbeing Board continue to provide steer and support for the Leeds transformation offer, as set out in the summary sheet and presentation.
- (3) That the Health and Wellbeing Board note that becoming a pioneer would enable Leeds to improve outcomes around health and wellbeing for the people of Leeds.

36 Any Other Business

The Chair informed the board that Leeds has recently signed the Dublin Declaration on ageing well in cities, and has committed to becoming an age-friendly city through prioritising policies and resources that will make Leeds the best city to grow old in. A plaque signed by the mayor of Dublin was presented to the Board to mark this important commitment

Board Members were informed of an event lead by Healthwatch on 7 November which invited partners to help them drive their priorities.

37 Date and Time of Next Meeting

Wednesday, 20 November 2013 at 9.30 a.m. Pre-meeting for all Board Members at 9.15 a.m.

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