HEALTH AND WELLBEING BOARD

Meeting to be held in REMOTELY on
Wednesday, 30th September, 2020 at 10.15 am
(Pre-meeting for Members of the Board at 9:30 am)

MEMBERSHIP

Councillors
R Charlwood (Chair) S Golton G Latty
F Venner
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
Sal Tariq – Director of Children and Families

Representative of NHS (England)
Anthony Kealy - NHS England

Third Sector Representative
Alison Lowe – Director, Touchstone

Representative of Local Health Watch Organisation
Dr John Beal - Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative
Paul Money – Chief Officer, Safer Leeds
Supt. Jackie Marsh – West Yorkshire Police

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Agenda compiled by: Harriet Speight
Governance Services 0113 37 89954
AGENDA

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WELCOME AND INTRODUCTIONS

APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS

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)

(*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)

EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

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:-

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:-
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)

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.

APOLOGIES FOR ABSENCE
To receive any apologies for absence

QUESTIONS AND PUBLIC DEPUTATIONS
Opportunity for the Board to hear and respond to questions or deputations from members of the public on areas within its remit.
(Please note that as the meeting is taking place virtually, up to three questions / deputations received in advance will be read out at the meeting and others responded to outside of the meeting)

MINUTES
To approve the minutes of the previous Health and Wellbeing Board meeting held on 20th February 2020 as a correct record.

REFRESHING THE LEEDS MATERNITY STRATEGY
To consider the report of the Leeds Maternity Programme Board that informs the Health and Wellbeing Board of the decision to centralise maternity and neonatal hospital services and of the benefits this will bring; and sets the developments within the local, regional and national context.
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<td>GOING FURTHER WITH INTEGRATION - PROGRESS AS A CITY AND THE CONTRIBUTION OF THE NHS LEEDS CCG’S SHAPING OUR FUTURE PROGRAMME</td>
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<td>To consider the report of the Chief Executive, NHS Leeds CCG, that describes the central relationship between establishing greater levels of person-centred integrated care and achieving the city’s vision to be a healthy and caring city for all ages where the poorest improve their health the fastest; and the direction of travel as a city towards person-centred integration including the CCG’s Shaping Our Future Programme, the Leeds Health and Care Integrated Commissioning Framework and the development of more integrated provider networks.</td>
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<td>LEEDS CARERS PARTNERSHIP STRATEGY</td>
<td>To consider the report of the Leeds Carers Partnership that presents the new Leeds Carers Partnership Strategy, ‘Putting carers at the heart of everything we do’. The strategy sets out 6 priorities that the Leeds Carers Partnership propose are the key areas that we need to focus on in order to promote the health and well-being of carers in Leeds, and to reduce the health and financial inequalities that carers experience due to caring. The report also provides an overview of the engagement processes undertaken in developing the strategy and outlines governance arrangements and the next steps required to deliver this ambitious citywide partnership strategy.</td>
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<td>LIVING WITH DEMEN'TIA IN LEEDS - OUR STRATEGY 2020-25</td>
<td>To consider the report of the Leeds Dementia Partnership that provides an overview of progress made since the previous strategy “Living Well With Dementia In Leeds” was produced in 2013; and the development of a refreshed strategy for the period 2020-25 (Appendix 1).</td>
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LEEDS HEALTH AND CARE CLIMATE COMMITMENT

To consider the report of the Leeds Anchors for Sustainability Taskforce that provides an overview of the draft Leeds Health and Care Climate Commitment for approval and the context for its development and the challenges that will be faced in order to reduce emissions across the health and care sector.

GOING FURTHER WITH INTEGRATION: WORKING IN PARTNERSHIP TO TACKLE HEALTH INEQUALITIES

To note, for information, the report of the Chief Executive, NHS Leeds CCG, that set out, in the context of the Shaping Our Future (see item 10), the process for the NHS Leeds CCG Health Inequalities framework (see Appendix). It also introduces the work of the new Tackling Health Inequalities Group (THIG) and its emerging priorities.

LEEDS BCF Q4 2019/2020 MONITORING TEMPLATE

To note, for information, the joint report of the Chief Officer for Resources and Strategy and the Head of Strategic Planning that informs the Health and Wellbeing Board of the contents of the Leeds BCF Q4 2019/20 Template.

LEEDS HEALTH AND CARE QUARTERLY FINANCIAL REPORTING

To note, for information, the report of the Leeds Health and Care Partnership Executive Group (PEG) that provides the Health and Wellbeing Board with 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 June 2020.
CONNECTING THE WIDER PARTNERSHIP WORK OF THE LEEDS HEALTH AND WELLBEING BOARD

To note, for information, the report of the Chief Officer for Health Partnerships 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.

DATE AND TIME OF NEXT MEETING

The next meeting will take place on Thursday, 10th December, 2020 at 10 a.m.

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.