

HEALTH AND WELLBEING BOARD

WEDNESDAY, 20TH NOVEMBER, 2013

PRESENT: Councillors

Councillor L Mulherin in the Chair

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

Directors

Dr Ian Cameron – Director of Public Health

Representative of NHS (England)

Andy Buck, Director, NHS England (WY)

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
Mark Gamsu – Healthwatch Leeds

In attendance

Dennis Holmes – Adult Social Care
Sue Rumbold – Children's Services

38 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interest.

39 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor J Blake, Sandie Keene, Nigel Richardson and Susie Brown.

Councillor J Jarosz was in attendance as a substitute for Councillor J Blake.
Dennis Holmes and Sue Rumbold were in attendance

40 Minutes - 2 October 2013

Minutes approved at the meeting
held on Wednesday, 29th January, 2014

RESOLVED – That the minutes of the meeting held on 2 October 2013 be confirmed as a correct record.

41 Health and Social Care Leadership

The Board was given a verbal update on the Health and Social Care System Executive Group.

Tom Riordan, Chief Executive, Leeds City Council and Julian Hartley, Chief Executive, Leeds Teaching Hospital NHS Trust were in attendance for this item.

The following issues were highlighted:

- Role of the Health and Social Care Executive Group (H&SCE) with the Transformation Board and Integrated Commissioning Executive (ICE).
- Processes that were driven both at a national level and with individual organisations.
- How the H&SCE could support the work of the Health and Wellbeing Board, Transformation Board and ICE.
- The quality of partnership working across Leeds.
- Opportunities of the Pioneer programme and for all the key players to work together.

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

- Inclusion of local people in the co-design and co-production of services and involvement of Healthwatch.
- How to ensure that services met the diversity of communities across the city.
- The importance of local involvement was recognised for developing integrated care and the joining up of services.
- Development of the Leeds Care Record – this would improve connectivity across the system.
- Financial challenges.

The Chair thanked Tom Riordan and Julian Hartley for their attendance.

RESOLVED – That the report be noted.

42 Delivering the Joint Health and Wellbeing Strategy Outcome 3 - People's Quality of Life Will Be Improved By Access to Quality Services

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. In particular it focussed on Outcome 3 of the

strategy, 'People's quality of life will be improved by access to quality of services.

The following were in attendance for this item:

- Liane Langdon, Director of Commissioning and Strategic Development, Leeds North CCG
- Victoria Eaton, Consultant in Public Health, Leeds City Council
- Elaine Wylie, Director of Operations and Delivery, NHS England
- Pip Goff, Manager, Volition

The Board was given a presentation which focussed on the priorities to improve mental health and wellbeing and access to services.

Issues highlighted from the presentation included the following:

- Good childhood experiences led to better mental health and wellbeing in later life.
- What was working well in Leeds
- Gaps and future development needed
- Connecting Children's and Adults Services.
- Ensuring people had access to equitable services within primary care
- The additional work to be done in understanding the variability of access to primary care

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

- Involvement of partners such as Healthwatch in measuring patient experience and comparison of services.
- Distribution of resources including GPs, particularly in disadvantaged areas.
- Performance of patient participation groups.
- Numbers of people not registered with GPs.
- CCGs work on the patient experience.
- Complexity of comparative data and how to simplify this.
- Impact of issues such as employment, debt and housing on mental health and wellbeing. It was recognised that these issues were more of a challenge in the current economic climate.
- Use of 3rd sector providers and what can be done in partnership.
- Importance of early intervention.
- How to improve quality of information and data available for primary care
- Involvement of vulnerable and diverse groups.
- Using patient experience data and how this can influence services.
- Ensuring issues that contribute to mental health and wellbeing are connected and that this is part of the overall health and wellbeing strategy.

- Employment levels for people in Leeds accessing primary and secondary mental health services
- Work with young offenders and prisoners and the need to improve outcomes for them and their communities.

RESOLVED –

- That it is recommended the Leeds-wide BME Mental Health Steering group be reconvened
- That a further discussion of primary care service access in Leeds – and in particular the role of General Practice – be tabled at a future meeting of the Health and Wellbeing Board
- That the Health and Wellbeing Board recommends an appropriate representative from the health sector to the Youth Offender Steering Group.

43 Update on Integration Transformation Fund and Financial Challenges Facing Health and Social Care in Leeds

The joint report of the Chief Officer (Resources) ASC and Chief Financial Officer (South and East CCG) provided an update in relation to the further details received from NHS England and the Local Government Association during October concerning arrangements for the Integration Transformation Fund (ITF). The report also provided an update on the arrangements being made with Health and Local Authority partners to ensure the development of plans that not only meet the requirement of the ITF, but also provide the basis for meeting the future financial challenges outlined at the previous Board meeting.

Steve Hume, Chief Officer, Resources, Adult Social Care and Matt Ward, Chief Operating Officer, Leeds South and East CCG presented the report.

Issues highlighted included the following:

- The need to develop a sustainable health and social care system within the resources available.
- The unprecedented challenge of meeting service requirements within available resources and tight timescales.
- The difficulty of engaging the public effectively in the process given the timescales set by Government.
- Challenges relating to governance, resources and capacity.
- Joint commissioning and collective decision making.
- The Health and Wellbeing Board will need to define the collective ambition for all partners around the potential and size of the ITF

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

- Legal advice had been sought regarding the Board's duty to sign off plans by February 2014.

- To assess how funding was currently being spent.
- Importance of the Leeds Teaching Hospital NHS Trust.
- The need for public engagement and involvement

RESOLVED –

- (1) That the on-going actions proposed to develop jointly agreed local plans to meet the requirements of the ITF and also to address the future financial challenges facing Health & Social Care in Leeds, following discussions with health and social care partners be noted.
- (2) That the proposed role of the Health and Wellbeing Board in overseeing the sign off of the 2 year plans by 15 February 2014 and the agreed 5 year plans by November 2014 be noted and for the Health and Wellbeing Board to receive further updates and details at their next meeting.
- (3) That the Health and Wellbeing Board meet in addition to the next meeting (January 29th 2014) and before the draft ITF plan is due to be submitted (February 14th 2014), in order to shape its submission.

44 Leeds Health and Wellbeing Communications and Engagement Framework

The report of the Head of Communications, Leeds City Council, referred to the Board's role as a key strategic body in Leeds and the need to develop on existing communication with stakeholders, participating organisations and the citizens of Leeds.

The Leeds Health and Wellbeing Communications and Engagement Framework document which was appended to the report set out the principles by which communications and engagement with stakeholders would take place.

Steve Clough, Head of Communications, Leeds City Council, presented the report.

Issues highlighted included the following:

- The need to focus communication on delivery and the 5 outcomes of the Joint Health and Wellbeing Strategy.
- Work already achieved between the Council and the CCGs. Development was on-going with health providers, Healthwatch Leeds and third sector partners.
- Activity around the Health and Wellbeing Board – twitter account and newsletter.

RESOLVED –

- (1) That the progress made in developing a framework for communications and engagement for the health and wellbeing agenda in Leeds be noted.
- (2) That the proposals with regard to the communications and engagement work plans over the next six months be noted.
- (3) That the progress made to manage and co-ordinate communications and engagement activity across the health and wellbeing partnership be noted.
- (4) That the intention to expand the communications network to include providers, third sector and other wider health sector partners as soon as possible be noted.
- (5) That Healthwatch be contacted to link this work with their work on Outcome 4 of the JHWS.

45 Due Regard to the Joint Health and Wellbeing Strategy

The report of the Chief Officer, Health Partnerships discussed how the Health and Wellbeing Board might carry out its duty to assess strategic/commissioning alignment and shared due regard for the strategy.

Rob Kenyon, Chief Officer, Health Partnerships presented the report. The Board was informed of its duty to their partners and the requirement to make an assessment in regard to the Joint Health and Wellbeing Strategy (JHWS).

Members' attention was brought to the proposed timetable for work being carried out for organisations to demonstrate their due regard to the JHWS. It was suggested that a final report be submitted to the Health and Wellbeing Board after the end of the Board's first year of operation.

RESOLVED – That the process by which due regard for the Joint Health and Wellbeing Strategy will be assessed be noted and approved.

46 2013 Autism Self Assessment

The report of the Autism Partnership Board referred to the submission of Leeds' submission for the 2013 autism self assessment. The Department of Health had asked the Health and Wellbeing Board to approve this prior to national analysis of the work.

The report gave background on the national and local work to inform the discussion of the self assessment. Leeds had done a considerable amount of work since the passing of the Autism Act (2009) and the self assessment reflected this progress. Key areas from the Autism self assessment were highlighted in the report together with some priorities for future development.

Helen Gee, Commissioning Services, Adult Social Care presented the report. Issues highlighted included the following:

- The majority of people with Autism in Leeds did not access services provided by Adult Social Care. There were approximately 5,700 in Leeds with autism and over 4,000 did not receive Adult Social Care.
- The assessment covered a broad range of areas and there had been multiple input from carers.
- The need to identify those in need of assistance.
- Issues relating to education and employment.
- Reasonable adjustment for services.

It was further reported that there were separate strategies for Adults and Children's Autism and Children's Services were currently developing the Children's Autism Strategy.

RESOLVED -

- (1) That the partnership work which is already happening to bring about the Leeds autism strategy be noted.
- (2) That the 2013 self assessment form submission be approved.
- (3) That the remaining joint work necessary to meet statutory obligations and to achieve the possible cost benefit savings continue to be supported.
- (4) That a further report be received following the writing of the autism joint strategic needs assessment (JSNA) in 2014 as part of the overall JSNA.

47 Integrated Health and Social Care Pioneers

The report of the Director of Adult Social Services informed the Health and Wellbeing Board that Leeds had been selected as a 'health and social care integration pioneer'. It also set out next steps and links with other key initiatives being taken forward across the health and social care system, e.g. the Integration Transformation Fund.

Rob Kenyon, Chief Officer, Health Partnerships presented the report.

Issues highlighted included the following:

- The Pioneer programme and its contribution to the local delivery of other major initiatives including the Integration Transformation Fund, the Care Act and Call to Action.
- The innovation agenda.
- The ambition to become the best city for health and wellbeing.
- A delegation would be attending the National Pioneer Launch in December.
- The Chair thanked all those involved in the bid for Leeds to become a Pioneer.

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

- Challenges around the ITF
- Impact of work with NHS England and the CCGs.
- Integration of services and workforce design.
- Ensuring that acute care was integrated.
- Reducing the use of urgent care and early discharge from urgent care – knock on effects and development of intermediate care.
- Workforce planning.

RESOLVED –

- (1) That the considerable achievement of the partnership in securing integrated health and social care pioneer status be noted.
- (2) That it be noted that as the only city to be selected as a Pioneer, this provides further evidence that Leeds is making excellent progress to achieve the city's aspiration to be the best city in the UK for Health and Wellbeing.
- (3) That the Health and Wellbeing Board continue to provide leadership and support for the Leeds Pioneer programme.

48 Any Other Business

Members were informed of the following:

- Healthy Leeds event 'Health without Wealth, to be held on 4 December 2013.
- Delegation to London for the Pioneer Programme on 3 December 2013
- NHS Call to Action Event on 27 November 2013.

49 Date and Time of Next Meeting

Wednesday, 29 January 2014 at 10,00 a.m. (pre-meeting for all Board Members at 9.30 a.m.)