

## HEALTH AND WELLBEING BOARD

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**Meeting to be held in Bishop Young C of E Academy, Bishops Way, Seacroft, Leeds, LS14  
6NU on  
Monday, 16th September, 2019 at 1.50 pm**

*(Pre-meeting for all Members of the Board at 1:30 pm)*

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### MEMBERSHIP

#### **Councillors**

R Charlwood (Chair)      S Golton      G Latty  
A Smart  
F Venner

#### **Representatives of Clinical Commissioning Group**

Dr Gordon Sinclair – 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**

Dr Ian Cameron – Director of Public Health  
Cath Roff – Director of Adults and Health  
Steve Walker – Director of Children and Families

#### **Representative of NHS (England)**

Anthony Kealy – Locality Director, NHS England North (Yorkshire & Humber)

#### **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**

## A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
2			<p><b>WELCOME AND INTRODUCTIONS</b></p> <p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></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>	
3			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p><b>RESOLVED</b> – 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>	

4

**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)

5

**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.

6

**APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

7

**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.

8

**MINUTES**

To approve the minutes of the previous Health and Wellbeing Board meeting held 14<sup>th</sup> June 2019 as a correct record.

1 - 8

9

**PRIORITY 12 - THE BEST CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME: PALLIATIVE AND END OF LIFE CARE FOR ADULTS IN LEEDS**

To consider the report of the Leeds Palliative Care Network that provides an overview of the work of the network, including the Dying Matters programme.

9 - 26

10		<p><b>LEEDS CARERS PARTNERSHIP STRATEGY</b></p> <p>To consider the report of the Leeds Carers Partnership that presents a new draft Leeds Carers Partnership Strategy, including how the strategy will help deliver the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.</p>	27 - 98
11		<p><b>ANNUAL REFRESH - FUTURE IN MIND: LEEDS LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING</b></p> <p>To consider the joint report of the Director of Operational Delivery (NHS Leeds CCG) and the Director of Children and Families (Leeds City Council) an update on driving forward the strategy to transform how we support and improve the emotional and mental health of children and young people and therefore, ultimately impact on the wellbeing of all of the population through the annual refresh of the Leeds Local Transformation Plan.</p>	99 - 176
12		<p><b>OUR APPROACH TO IMPROVING HEALTH AND WELLBEING ACROSS LEEDS AND WEST YORKSHIRE AND HARROGATE</b></p> <p>12.1 Leeds Health and Care Plan: Continuing the Conversation</p> <p>To consider the report of the Head of the Leeds Health and Care Plan (Health Partnerships) that provides an overview of the review of the Leeds Plan and the significant engagement to date which has supported its development.</p> <p><i>(Appendix to follow)</i></p> <p>12.2 Development of the WYH 5 Year Strategy for Health and Care</p> <p>To consider the report of the West Yorkshire and Harrogate Health and Care Partnership that presents a draft of the narrative of the Five Year Strategy and the process for further developing and refining it.</p>	177 - 308

13	<b>UPDATE ON CQC LEEDS SYSTEM REVIEW ACTION PLAN</b>	309 - 332
	<p>To consider the report of the Lead for CQC System Review &amp; Leeds CQC System Review Task and Finish Group that provides a summary of the progressions of the Board's action plan made to date.</p>	
14	<b>DRAFT LEEDS BETTER CARE FUND PLAN 2019/20</b>	333 - 340
	<p>To consider the report of the Chief Officer of Adults &amp; Health (Leeds City Council) and the Director of Operational Delivery (NHS Leeds CCG) that seeks approval of the draft Leeds BCF Plan 2019/20.</p>	
	<p><i>(Appendix to follow)</i></p>	
15	<b>FOR INFORMATION: LEEDS DRUGS &amp; ALCOHOL STRATEGY &amp; ACTION PLAN 2019-24</b>	341 - 388
	<p>To note, for information, the report of the Director of Public Health (Leeds City Council) that presents the updated Leeds Drug &amp; Alcohol Strategy and Action Plan 2019-2024</p>	
16	<b>FOR INFORMATION: CONNECTING THE WIDER PARTNERSHIP WORK OF THE LEEDS HEALTH AND WELLBEING BOARD</b>	389 - 396
	<p>To note, for information, the report of the Chief Officer (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.</p>	
	<b>ANY OTHER BUSINESS</b>	
18	<b>DATE AND TIME OF NEXT MEETING</b>	
	<p>Wednesday 11<sup>th</sup> December 2019 at 2 pm.</p>	
	<b>MAP OF MEETING VENUE</b>	397 - 398

### **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.