

HEALTH AND WELLBEING BOARD

WEDNESDAY, 24TH JULY, 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

Representatives of Clinical Commissioning Groups

Dr Jason Broch	Leeds North CCG
Nigel Gray	Leeds North CCG
Matt Ward	Leeds South and East CCG
Dr Gordon Sinclair	Leeds South and East CCG
Phil Corrigan	Leeds West CCG

Representative of Local Healthwatch Organisation

Linn Phipps – Healthwatch Leeds

Mark Gamsu – Healthwatch Leeds

14 Late Items

There were no late items. Members were issued with a revised appendix for Agenda Item 12, A Framework to Measure Progress.

15 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests

16 Apologies for Absence

Apologies for absence were submitted on behalf of Dr A Harris.

17 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.

18 Minutes - 22 May 2013

RESOLVED – That the minutes of the meeting held on 22 May 2013 be approved as a correct record subject to the following amendments:

Minute 8 – Joint Health and Wellbeing Strategy and Performance

To add:

- It was suggested that it could be useful for Board Members to understand who is taking the lead on developing each of the outcomes indicators and for this information to be circulated to the Board.

Minute 3 – Declarations of Disclosable Pecuniary Interests

To be amended as follows:

- Dr J Broch and Dr A Harris drew the Board's attention to the fact as practising GPs, they could have interests in items that were of a strategic nature that affected General Practice incomes.

19 Procedural Issues

The report of the City Solicitor/Chief Officer Health Partnerships asked the Health and Wellbeing Board to confirm additional member and substitute member appointments and voting arrangements for the 2013/14 municipal year.

The following nominations had been received:

- Healthwatch – Mark Gamsu
- Leeds North CCG – Nigel Gray
- Leeds West CCG – Phil Corrigan
- Leeds South and East CCG – Matt Ward
- Third Sector – Solo, Chief Executive, Age UK (Leeds)
- NHS Leeds – Elaine Wyllie

RESOLVED –

- (1) That those nominated by the CCGs and Healthwatch Leeds become additional Board Members who are non voting, with substitute voting

rights in the absence of the member of the Board from the same organisation who has voting rights.

- (2) That the named substitute for NHS England be able to participate in meetings only in the absence of the Member of the Board from the same organisation and to be non voting.
- (3) That the named substitute from the Third Sector be able to participate in meetings only in the absence of the member of the Board from the third sector and to vote.

20 Joint Health and Wellbeing Strategy Outcome 1 - People will live longer and have healthier lives

The report of the Director of Public Health provided an update on the range of activity being driven by strategic partnerships on Leeds to achieve the Joint Health and Wellbeing Strategy Outcome 1: People will live longer and have healthier lives. The report described past trends in performance of the six headline indicators that will demonstrate progress towards achieving the outcome and sought views from the Board on further steps, action and support needed to achieve the outcome.

The Board was given a presentation on the following priorities to achieve the outcome:

- Priority 1 – Support more people to choose healthy lifestyles
- Priority 2 – Ensure everyone will have the best start in life
- Priority 3 – Ensure people have equitable to access to screening and prevention services to reduce premature mortality

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

- Support from pharmacies – currently provide support to help people stop smoking – could this be extended to drugs and alcohol.
- Leeds Let's Change Programme – how to raise awareness of this.
- Alcohol and drug use – concern regarding the high number of alcohol dependants in Leeds and only 10% receiving treatment; long term need to change attitudes, re-commissioning of alcohol and drug services – need to reflect the broader range of drugs used; Licensing – restrictions due to licensing act and health not being a statutory consultee for licensing – involvement of partners including Police, Environmental Health and the Licensing Committee – how could the Health and Wellbeing Board be an influence?
- NHS Health Checks – Early diagnosis; targeting those at risk and addressing inequalities in areas such as South East Leeds; impact of health checks and how to increase uptake of health checks.
- Smoking cessation – involvement had flatlined recently and ways to encourage more people to stop smoking was discussed. It was reported that smoking cessation services had been successful and other issues raised included the potential introduction of plain packaging.

- Children's issues – safeguarding issues for younger children and how early intervention can prevent children and young people entering child protection plans or care, the importance of parents developing bonds with children and impact on emotional health and wellbeing, educational outcomes, social skills and long term health impact of the first two years of a child's development.
- GP performance and GP focus on improving health outcomes.
- Overall role of Health and Wellbeing Board – how could the Board influence issues relating to the outcomes and priorities.

RESOLVED –

- (1) That the report be noted.
- (2) That the content of the report as a basis for coordinated action across all agencies be endorsed and supported.

21 Joint Strategic Needs Assessment (JSNA)

The report of the Director of Public Health provided the Board with an update on the Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment (PNA). It also asked the Board to agree future governance arrangements for the JSNA and the process for delivering on the requirement to produce a PNA to inform NHS England's decisions on commissioning pharmaceutical services for Leeds.

The Board was given a presentation on the Joint Strategic Needs Assessment and Pharmaceuticals Need Assessment. Issues highlighted included the following:

- How the JSNA was being used.
- Work in progress.
- Development and design of the new JSNA
- Statutory duty of the Health and Wellbeing Board – Scope and Governance Arrangements – influencing commissioning, what should the JSNA look like?

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

- The need for qualitative information.
- How to break information down to a more local basis.
- Development of links between Area Committees and the CCGs.
- Information on the JSNA and PNA is available via the Leeds Observatory.
- How effective are services at working together and what better impact could be achieved if things were done differently.

- Contribution of community and voluntary groups.
- Reduction of health inequalities.

RESOLVED –

- (1) That the update on the development of the Leeds JSNA and the reflections from an audit of the JSNA in relation to key criteria be noted.
- (2) That the vision and scope of the future development of the JSNA in Leeds be agreed.
- (3) That the arrangements for the future governance arrangements of the JSNA in Leeds be agreed.
- (4) That the process for developing a Pharmaceutical Needs Assessment to inform NHS England's decisions on commissioning pharmaceutical services for Leeds be agreed.

22 Healthwatch

The report of Healthwatch Leeds updated the Board on the progress made since the appointment of the Healthwatch Leeds consortia earlier this year. It also set out the intentions of Healthwatch Leeds and the support with which the Health and Wellbeing Board and Healthwatch Leeds could provide each other.

It was reported that the following two issues were key to having a successful Healthwatch in Leeds:

- How to listen to views of individuals and groups across Leeds, and
- To help those views to have an influence and shape what gets done and what gets commissioned.

Members' attention was brought to the following issues:

- Recruitment of volunteers and what key skills they could bring
- The need to work closely with partners including third sector partners
- Use of social media
- What would a successful Healthwatch look like and what would it do?
- How Healthwatch could best support the Health and Wellbeing Board
- How to be an exemplar Healthwatch

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

- Patient and public involvement in Leeds.
- How to get feedback from the public on services provided such as the health check for over 40s.
- Relationship with Scrutiny and how Healthwatch could support Scrutiny – it was proposed for Healthwatch to meet with the Scrutiny Chair and Chair of the Health and Wellbeing Board.

- Provision of information on how to access care to both newcomers to the city and those who already live there.
- Involvement of young people.

RESOLVED –

- (1) That the report and progress made to date be noted.
- (2) That the Healthwatch representative looks into how children and young people can be further included in the plans of Healthwatch and feed back to Councillor Blake especially in relation to the Young People's Board.

23 A Framework to Measure Progress

The report of the Chief Officer, Health Partnerships set out a proposed framework to measure progress for the Joint Health and Wellbeing Strategy, enabling the Board to assess progress against the outcomes within the strategy, and providing assurance that delivery mechanisms are in place to make a difference to the health of the people of Leeds. It covered aspects of performance and delivery yet to be programmed into the Board's schedule, such as the format and frequency of reporting against the 22 indicators within the JHWS.

Members were given a presentation on the Performance and Delivery Framework.

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

- Provision of more local information
- Speed of access to services – reference to Children's Mental Health Services.
- 'Deep Dives' could provide more detailed information on the indicators.
- Provision of further comparative information to measure performance in Leeds.
- The Health and Wellbeing Board would receive an updated performance report every two months.

RESOLVED –

- (1) That the Health and Wellbeing Board commits to the resource and partnership implications of the report and agree on the proposed frequency of Performance and Delivery Reports.
- (2) That consideration be given as to how best to reflect the city's ambition to be best city for Health and Wellbeing as a comparator for data.
- (3) That an additional column be added to the template which allows for comparison between Leeds and national figures.

24 Funding transfer from NHS England to Adult Social Care 2013-14

The report of the Deputy Director, Adult Social Care and Accountable Officers, Leeds Clinical Commissioning Groups sought approval for the Health and Wellbeing Board to delegate authority in regard to approving the funding transfer from NHS England to Leeds City Council, Adult Social Care, in order to facilitate timely transfer of the funding.

RESOLVED –

- (1) That delegated authority be given to the Chair of the Board and Executive Member for Adult Social Care, to approve the proposal for funding transfer once agreement has been reached between the three CCGs and Adult Social Care and the appropriate documents have been completed.
- (2) That a full paper on the 2013-14 funding transfer, purpose of the funds and process for funding transfer in 2014-15 onwards to be prepared for the Board for the meeting on 2 October 2013.

25 For information: Integrated Health and Social Care Pioneers

The report of the Chief Officer, Health Partnerships referred to the decision of the Board at its meeting in May 2013 to submit an expression of interest for Leeds to become a Health and Social Care Integration Pioneer.

It was reported that there had been over one hundred expressions of interest submitted and it was expected that the results would be known by October 2013.

RESOLVED –

- (1) That the Expression of Interest (Eol) to become an integrated health and social care pioneer, approved by Councillor Mulherin on behalf of the Health and Wellbeing Board as agreed at the last meeting be noted.
- (2) That the submission of the Eol and that the first cohort of pioneers will be announced in September 2013 be noted.
- (3) That the Health and Wellbeing Board continue to provide steer and support for the Leeds transformation offer described in the Eol, should Leeds be successful.
- (4) That becoming a pioneer will enable Leeds to improve outcomes around health and wellbeing for the people of Leeds be noted.

26 Date and Time of Next Meeting

Wednesday, 2 October 2013 at 4.15 p.m.