

HEALTH AND WELLBEING BOARD

THURSDAY, 27TH MARCH, 2014

Councillors

Councillor L Mulherin in the Chair

Councillors T Hanley, S Golton, G Latty, and A Ogilvie

Representatives of Clinical Commissioning Groups

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

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Steve Walker – Deputy Director, Children’s Services
Sandie Keene – Director of Adult Social Care
Dennis Holmes – Deputy Director, Adult Social Care

Representative of NHS (England)

Andy Buck, Director, NHS England (WY)

Third Sector Representative

Susie Brown – Zest – Health for Life

Representative of Local Healthwatch Organisation

Linn Phipps – Healthwatch Leeds

83 Late Items

There were no late items as such, however the following information had been circulated and published:

- Agenda Item 7 – Financial Planning – Better Care Fund Final Submission – Additional Information

- Agenda Item 8 – Establishment of a New Health Protection Board – Revised Report

84 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

85 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor A Ogilvie, M Gamsu (Healthwatch Leeds), N Richardson (Leeds City Council) and G Sinclair (Leeds West CCG).

Councillor T Hanley was in attendance as substitute for Councillor A Ogilvie.

The Board invited Steve Walker to participate in the absence of Nigel Richardson and Dennis Holmes in place of Sandie Keene who had to leave the meeting early.

86 Open Forum

The Chair allowed a period of up to ten minutes for members of the public to make representations on matters within the terms of reference of the Health and Wellbeing Board. The following was discussed:

- A resident of Hyde Park made reference to problems with noise disturbance and the impact on health and wellbeing particularly in the Hyde Park and Headingley areas of the city. Concern was expressed that a local resident had applied for a Temporary Event Notice for a house party and although contact had been made with the Council's Noise Nuisance team they could only act whilst the disturbance was occurring. It was agreed that the Director of Public Health would raise these issues with Environmental Health and Licensing.
- Reference was made to commissioning of services and concern regarding the future provision of drug and alcohol addiction services and sexual health services. Concerns focussed on a move towards insurance based health services, privatisation of services and TUPE conditions for staff. It was reported that the commissioning of these services was now under the responsibility of the local authority and there was a focus on ensuring specifications were right and quality services would be provided. Service users had been actively involved in commissioning plans and Healthwatch hoped to have a strategic influence. (The latter point related to the Hyde Park Resident and a matter that she did not raise in the meeting. She was invited to attend a future meeting to raise that issue.

87 Financial planning - Better Care Fund Final Submission, Clinical Commissioning Group draft 2 year (operational) and 5 year (strategic) plans

The report of the Chief Officer, Health Partnerships referred to the following updates focussing on financial and strategic planning across the NHS and social care in Leeds that the Board was due to receive:

- Better Care Fund update – final narrative and plans for submission
- Update on CCG 2 year plans and 5 year plans.

Better Care Fund update - Members' attention was brought to changes and enhancements to the revised papers that had been circulated and in light of comments from NHS England. It was reported that there would be a further meeting of the task and finish group before the final submission.

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

- Role of the ICE Board and Transformation Board.
- Healthwatch involvement.
- Finance – there were still strands of work where evidence was being gathered. Further information could be provided at a future meeting.
- The challenge of moving health care from hospitals to the community at a lesser cost. There was little evidence base to work against and there was a significant risk.
- Correlation between the BCF and CCG strategy planning.
- BCF was not live until 2015/16 with this being planning for a shadow year. It was suggested that a future meeting of the Board could consider how the ICE and Transformation Boards had taken things forward and that the Scrutiny Board could monitor progress.

In response to questions and comments regarding the 2 year CCG plans, the following was discussed:

- Final submission of the plans would be on 4 April 2014.
- Concern regarding the lack of time for public involvement in the development of quality premiums.
- Selection of local quality premiums.
- The need to close inequality gaps whilst improving outcomes all across the city.
- It was requested that the Board received regular updates.

Members were given a presentation on the 5 year strategy.

RESOLVED –

Better Care Fund Final Submission

- (1) That the first draft of the BCF was submitted on 14 February, incorporating comments made by the Board at the sign off meeting on 12 February be noted.
- (2) That feedback from NHS England and LGA through the assurance process was due to be received on 7 March be noted.
- (3) That the progress to date on key issues in developing the BCF and that work would continue to ensure Leeds BCF plan was in the best possible shape until the final deadline of 4 April be noted.
- (4) That the final version of the BCF be signed off before submission to NHS England on 27 March.
- (5) The post-submission work will be picked up through the Integrated Commissioning Executive and Transformation Programme Board. Progress on this is to be reported at a later meeting.

The 3 Leeds CCGs' 2-year operational plans

RESOLVED –

- (1) That the levels of ambition and trajectories for potential years of life lost for each CCG be agreed.
- (2) That the locally chosen Quality Premium for all the three CCGs be agreed.
- (3) That the locally chosen patient experience Quality Premium measure for each CCG be agreed.
- (4) That the locally chosen ambition for medicines error reporting for all three CCGs be agreed.

88 Establishment of a New Health Protection Board

The Director of Public Health submitted a report which outlined the new health protection duties of local government from 1 April 2013 and the subsequent fragmentation of the public health protection system across a number of organisations in Leeds and beyond. In line with national best practice it had been proposed to establish a Leeds Health Protection Board whose role would be to provide assurance that robust arrangements would be in place to protect the health of communities in Leeds and that these would be implemented appropriately to meet local health needs. Draft terms of reference including proposed membership were appended to the report.

Members' attention was brought to the background information of the report, particularly relating to the management of health protection incidents and partnership involvement.

In response to Members comments and questions, further clarity was requested on responsibilities and duties outlined in the terms of reference. It was agreed that further work would be carried out on the terms of reference with the involvement of key partners.

RESOLVED –

- (1) That the proposal to establish a Health Protection Board be endorsed.
- (2) That revised terms of reference be brought back to the next meeting of the Health and Wellbeing Board.
- (3) That the proposal for the Health Protection Board to produce an annual report to the Health and Wellbeing Board be endorsed.

89 Learning Disability Self-Assessment and Winterbourne View Stocktake

The report of the Director of Adult Social Care and Chief Officer, Leeds North North Clinical Commissioning Group highlighted key areas from the 2013 Learning Disability self-assessment submission. The report also highlighted key areas and local priorities for commissioning following from the stocktake of progress against the Winterbourne View concordat as part of the Winterbourne View Joint Improvement Programme.

In relation to the Learning Disability self-assessment, the following was highlighted:

- The self-assessment covered both quantitative and qualitative data. This included data collected from health service providers and qualitative data based on the three headings of staying healthy, being safe and living well gathered from service users and their families.
- Areas that had been assessed as doing well – these included the role of a liaison nurse within Leeds Teaching Hospital Trust, contract compliance, quality standards and partnership working.
- Areas for improvement – these included screening programmes, offender health and criminal justice.

With regard to the Winterbourne View Joint Improvement Programme, the following was highlighted:

- Information governance and information sharing.
- People permanently in hospital – this had been reduced from 18 to 3 in the past 3 years. Two of those now had care packages in place to move on and the remaining one still had needs requiring hospital treatment. All cases were regularly reviewed.

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

- Partnership work and engagement with the 3rd sector.
- Publication of the self-assessment.
- Increase the screening programme through the work of the Learning Disability Partnership Board (LDPB).
- Having a GP representative on the LDPB and having a Learning Disability champion for the city.
- The transition for young people with learning disabilities to the adult sector.

RESOLVED –

- (1) That the partnership work that was already happening to meet the requirements of the self-assessment and Winterbourne View stocktake be noted.
- (2) Conversations to take place with NHS England around improving primary care and with Leeds North CCG on bringing together services for children and adults. Action plan on the latter to be brought to the Board at a later date.

90 Every Disabled Child Matters Charter

The report of the Deputy Director, Children's Services – Safeguarding, Specialist and Safeguarding provided background information on the Every Disabled Child Matters Campaign and Local Authority Charter. The Board was asked to sign up to the Disabled Children's Charter, a copy of which was appended to the report.

Members' attention was brought to the development action plan outlined in the report and further issues highlighted included the high profile Every Disabled Children Matters campaign and the role of the Children's Trust Board in the monitoring and implementation of the Charter in Leeds.

RESOLVED – That the Health and Wellbeing Board sign the Disabled Children's Charter as proposed in the report.

91 Third Party Recording Protocol

The report of the Chief Officer, Health Partnerships referred to the protocol for third party recording of Committee, Board and Panel meetings which had recently been approved by the General Purposes Committee. As a Committee which was appointed by Full Council, the Health and Wellbeing Board would be bound by the new regulations set out in the protocol, a copy of which was appended to the report.

Board Members were made aware of training available in relation to the protocol and it was suggested that this could be made available following a future Board meeting.

RESOLVED – That the report and new protocol regarding third party recording of meetings be noted.