

# Public Document Pack

## HEALTH AND WELLBEING BOARD

WEDNESDAY, 22ND OCTOBER, 2014

**PRESENT:** Councillor L Mulherin in the Chair

Councillors J Blake, N Buckley, S Golton,  
and A Ogilvie

### **Representatives of the 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

### **Directors of Leeds City Council**

Dr Ian Cameron – Director of Public Health  
Sandie Keene – Director of Adult Social Services  
Nigel Richardson – Director of Children's Services

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

Moira Dumma – NHS England

### **Third Sector Representative**

Susie Brown – Zest – Health for Life

### **Representative of Local Health Watch Organisation**

Linn Phipps – Healthwatch Leeds  
Tania Matilainen – Healthwatch Leeds

### **Representatives of NHS Providers**

Chris Butler – Leeds and York Partnership NHS Foundation Trust  
Julian Hartley – Leeds Teaching Hospitals NHS Trust  
Thea Stein – Leeds Community Healthcare NHS Trust

## **26 Chairs Opening remarks**

The Chair welcomed all present to the meeting, particularly to the three new NHS representatives who had been nominated to the Health and Wellbeing Board (HWB). Brief introductions were made.

Councillor Mulherin also paid tribute to and thanked the Director of Adult Social Services, Sandie Keene, for her services to the city, as this would be the final Health and Wellbeing Board meeting in which she would be in attendance prior to her retirement.

**RESOLVED** – To note the appointment of the following:

Chris Butler - Leeds and York Partnership NHS Foundation Trust  
Julian Hartley - Leeds Teaching Hospitals NHS Trust  
Thea Stein - Leeds Community Healthcare NHS Trust

**27 Late Items**

One formal late item of business had been added to the agenda at the request of the Chair: - "Proposed Congenital Heart Disease Standards and Service Specifications". (Minute 38 refers).

Additionally, a revised copy of Appendix A to the report "Commissioning Primary Care Services in Leeds 2014-16" had been despatched to the Board prior to the meeting (minute 33 refers)

**28 Declarations of Disclosable Pecuniary Interests**

The following declarations of interest were made:

Linn Phipps (Healthwatch Leeds) – Late Item "Proposed Congenital Heart Disease Standards and Service Specification" - as a member of NHS England Clinical Priority Advisory Group which had provided comments on the specifications (minute 38 refers)

Gordon Sinclair (Leeds West CCG) and Jason Broch (Leeds North CCG) - agenda item 9 Commissioning Primary care Services in Leeds - as General Practice had a role within the commissioning of services (minute 33 refers)

**29 Apologies for Absence**

Apologies for absence were received from Phil Corrigan (Leeds West CCG)

**30 Open Forum**

No matters were raised by the public on this occasion

**31 Minutes**

**RESOLVED** - That the minutes of the previous meeting held on 16<sup>th</sup> July 2014 be agreed as a correct record

**32 Health and Social Care in Leeds: a two year look ahead for the city**

The Chief Officer, Health Partnerships, presented a report providing the Board with a two year 'look ahead' at the major issues, challenges and opportunities facing partners in the city.

The report provided an update on work undertaken since the June HWB meeting and contained contributions from each major healthcare organisation represented at the Board (NHS provider trusts, NHS CCGs, NHS England, Leeds City Council) in response to key indicators.

Representatives of each of the organisations presented a brief overview of the responses provided.

During discussions the following matters were considered

- The possibility of including the private sector in future reviews of Leeds health and social care provision
- The need to emphasise the importance of service user involvement in service design and to emphasise "wellness" in the future, rather than sickness

- The models of General Practice social prescribing and a review of the success of that process
- The role of third sector involvement in health and social care provision
- The need to widen the focus of the traditional services
- The implications for the respective work forces in terms of preparation for implementation and that this matter was included within the Transformation Board work stream
- The reach and benefits of the “Families First” scheme was noted for further consideration with partners

HWB also recognised the role and impact of health professionals in the world of child care, schooling and safeguarding. Members considered the proper place for children and young people’s mental health provision; noting that a Scrutiny Inquiry was due to commence 28 October 2014 on this issue and that the CCG Integrated Commissioning Board had asks begun a review of child and youth mental health services . HWB suggested the Inquiry could consider evidence from teachers/school staff who were often first point of contact for a child. Councillor Eileen Taylor, Member of Scrutiny Board (Health and Wellbeing and Adult Social Care) was in attendance and agreed to refer this comment to the Chair of the Scrutiny Board.

**RESOLVED –**

- a) That the contents of the report and attached plans and the comments of the Board on the plans submitted by the health and local authority partner organisations on the Health and Wellbeing Board, giving a two year ‘look ahead’ for their organisations, be noted.
- b) That the comments made by the Board on how the plans and strategies for each organisation contribute to the Leeds Joint Health and Wellbeing Strategy be noted.

**33 Commissioning Primary Care Services in Leeds 2014-16**

Further to Minute 7 of the meeting held 18 June 2014, Moira Dumma, NHS England, West Yorkshire, presented a report on the NHS England commissioning approach and plans for primary care services in Leeds for 2014-2016, covering the major commissioning areas of General Practice, Dental Services, Community Pharmacy and Community Optometry.

A revised version of the appendix to the report had been circulated prior to the meeting.

The Chair reported that she had responded on behalf of HWB to NHS England’s request for comments on co-commissioning by welcoming the move to more local decision making and seeking a role for the HWB

In considering the report, the following matters were highlighted:

- Co-commissioning – noted the development work being undertaken across the CCGs in readiness for implementation in April 2015. Updates would be provided as plans emerged
- Oral health - noted the progress made by Leeds and that the Oral Health Strategy would be presented to HWB early next year

- Links and monitoring - the need to ensure that issues raised in various partner meetings were fed into the co-commissioning plans and that monitoring of the new working arrangements would ensure progression
- Ambitions – commented that the plans did not reference co-commissioning as an ambition for Primary Care and that additional narrative on how patient feedback shaped service provision was required in order to meet the criteria of the JHWS
- Recognition of the need to discuss how change will be instigated and delivered, and the external factors which might affect delivery.
- Existing practice - recognised that some existing practices had grown out of immediate service need rather than an overview of provision being taken.

HWB discussed examples –

- HWB discussed the example of child mental health which was dependant on individual teachers and cluster organisations taking a role and required behavioural changes in adults to recognise children in difficulty. Noted the comment that Clusters should be involved in service planning for this issue
- deprivation and it's influence on provision, noting that individual former PCTs would have had regard to the deprivation indexes and shaped provision accordingly although it could be said that those indicators were now out of date. A workshop scheduled for the New Year would consider this issue and service structure

Extended GP opening hours - noting that West CCG had implemented extended service as a pilot scheme to test uptake, HWB considered the demand for the services, the role of third sector for provision of some services, resources and capacity. HWB felt it would be useful to receive the results from West CCG and national pilots

**RESOLVED -**

- a) To note the report and associated work being carried out in Leeds to deliver high quality primary care services and improve general practice, dental, pharmacy and optometry services.
- b) That the comments made on the challenges and opportunities facing primary care in Leeds, in particular relating to access, quality and sustainability of services, be noted
- c) That a further report be provided to HWB members in due course on the results and/or success of the 7 day General Practice working undertaken by Leeds West CCG and nationally; to include information on the access and uptake of services and reference to any impact of the move of some provision from acute to General Practice provision
- d) That a further performance report on the CCGs be presented in due course following the implementation of the new ways of working

**34 Better Care Fund Update**

Matt Ward (Leeds South and East CCG) presented the report of the Deputy Director of Commissioning (Adult Social Care) and the Chief Operating Officer (Leeds South East CCG) on the latest position of the Better Care Fund (BCF).

The report outlined the work to be undertaken prior to the official BCF 2015/16 live year.

The Chair expressed thanks to all partners and officers who worked on the submission

**RESOLVED -**

- a) To note the progress on the BCF in Leeds to date; namely
  - I. That the most recent version of the BCF template was submitted on 19 September 2014.
  - II. That Leeds has established 2014/15 as a shadow year of the Better Care Fund through putting in place “pump-priming” arrangements ahead the first official BCF year in 2015/16.
  - III. That a number of schemes have been worked up to varying degrees of detail, as set out in the report.
  
- b) To note that work will continue throughout 2014/15:
  - I. To fully articulate the cost benefit of the individual schemes of the BCF with a view to their inclusion in 2015/16
  - II. To put in place robust management and governance processes through the Transformation Board programmes and a Section 75
  
- c) To note that other joint commissioning arrangements through the Integrated Commissioning Executive as part of the wider ambition for a high quality and sustainable health and care system for the city are being considered
  
- d) To note the increased financial risk associated with the revised payment-by-performance element of the Fund which only relates to a reduction in all non-elective admissions and to note that whilst this provides greater assurance to the acute setting around payment for non-elective activity if the BCF does not deliver the expected reduction, it potentially adds additional risk and reduces the flexibility of the fund to develop community services if the reduction is not delivered.

**35 Leeds Safeguarding Children Board Annual Report**

The Board received the report of the Leeds Safeguarding Children Board (LSCB) which provided a brief summary of the key issues and challenges from the LSCB Annual Report Executive Summary

The Chair reported receipt of a letter from DCLG in respect of proposed inspection visit to Leeds by Louise Casey

Bryan Gocke presented the Annual Report on behalf of LSCB and extended apologies from Jane Held, Chair of LSCB

Mr Gocke outlined the improvements identified in the report against the five priorities and noted the services' increased awareness of the need to engage with young people to help shape future services. The use of the 'front door' approach which serves as referral/reporting point and as first point of access for young people to access other services was also highlighted

In particular the HWB discussed

- The 'Think Family' approach when working with a young person and the opportunities to highlight this approach through discussions and training with partners at a series of forthcoming events
- The importance of partnership working between HWB, LSCB and Leeds Adults Safeguarding Board
- The setting of bereavement services for young people and the most appropriate provider. Noting that the CCGs had recently discussed this issue, it was suggested that a CCG/HWB partnership review be organised
- Noted reassurance that Child Sexual Exploitation was recognised as a major issue, with a specialised sub group created by the LSCB specific to this matter with a co-ordinated partnership across the city
- Recognition that the need for confidentiality should not get in the way of safeguarding
- Noted that the Leeds Safeguarding Adults Board Annual report had been published, with a workshop planned for November 2014 following which a report would be presented to HWB

**RESOLVED** – That the contents of the report and the comments made by Members be noted and:

- a) To implement the 'Think Family – Work Family' protocol (which promotes more 'joined up working' in responding to vulnerable children, young people *and adults*).
- b) To improve the availability and accessibility of bereavement services.

### **36 Best Start Plan on a Page**

The Board received the joint report of the Director of Public Health and the Director of Children's Services presenting the draft "Best Start Plan on a Page" – a broad preventative programme from conception to age 2 aimed at ensuring the best start for every baby. The Plan was presented for the Boards' information prior to it being circulated for discussion and consultation, including user engagement; and in readiness for a full report and discussion at the February 2015 Health and Wellbeing Board.

In presenting the report Dr Ian Cameron noted that the Maternity Strategy would be presented in February. It was agreed that the mother and baby mental health services would be included, in response to comments.

**RESOLVED**

- a) To note the draft Best Start Plan on a Page for information prior to the Plan being circulated for discussion and consultation, including user engagement.
- b) To invite the Plan to be brought back for full discussion with partners at the Board meeting scheduled for 4<sup>th</sup> February 2015.
- c) To note that the Maternity Strategy would be presented to the Board meeting scheduled for 4<sup>th</sup> February 2015, to include reference to mother and baby mental health strategy

### **37 For Information - Delivering the Joint Health and Wellbeing Strategy: update report**

Draft minutes to be approved at the meeting  
to be held on Wednesday, 4th February, 2015

The Board received a copy of the October 2014 “Delivering the Strategy” document; a bi-monthly report which gave the Board the opportunity to monitor progress on the Joint Health and Wellbeing Strategy (JHWS) 2013-15.

Gordon Sinclair (Leeds West CCG) drew attention to the report and in discussions; the Board noted the findings of the Commission into Child Poverty in respect of the phenomenon of in-work families in poverty and agreed that the "Due North" report be presented to a future HWB meeting. Finally, HWB congratulated Children's Services on the positive indicator in respect of the increased number of children gaining 5 GCSE

**RESOLVED –**

- a) To note receipt of the October 2014 “Delivering the Strategy” JHWS monitoring document
- b) To note the potential to present the “Due North” publication to a future meeting of HWB

**38 Late Item - Proposed Congenital Heart Disease Standards and Service Specifications**

The Chair introduced the Late Item of business - “Proposed Congenital Heart Disease Standards and Service Specifications” - which had been included on the agenda in order to highlight and widen the consultation which was due to close on 8 December 2014

In presenting the document, Moira Dumma (NHS England), highlighted the differences between the approach taken to the consultation process in 2012 and in 2014.

In discussing the report the HWB commented on the following

- The need to translate the documents into community languages, particularly for those communities with a high number of service users and the need to ensure the documents are available in 'easy read' versions
- Concern that the consultation had not been undertaken in conjunction with local authorities who had a proven track history of engaging with local communities through existing structures
- Concern that no resources were earmarked to support implementation
- The need to acknowledge that patients and public should have the opportunity to influence the service and systems
- The need to include consideration of how people are supported whilst being cared for at Leeds unit - which supports patients from across Yorkshire and the Humber
- The lack of reference to safeguarding in the consultation
- Access and interaction with the services outside of the usual Unit setting

**RESOLVED –**

- a) To note receipt of the consultation document and to encourage participation in the public consultation
- b) That, agreement be given for the Chair to draft a response to the consultation, based on the discussions at this meeting, on behalf of

HWB. A draft to be emailed to HWB members for ratification prior to submitting the response by the given deadline

**39 Any Other Business**

No matters of any other business were raised

**40 Date and Time of Next Meeting**

**RESOLVED** – To note the following arrangements:

- a) A Board workshop session scheduled for Wednesday 26<sup>th</sup> November 2014
- b) The next formal Board meeting to be held on Wednesday 4<sup>th</sup> February 2015 at 9.30am