

Leeds City Council Corporate Board for Health & Wellbeing

Minutes

From : Mike Simpkin, Social Services, 2474306
 Date of Meeting : **9th August 2006** **Meeting 22**

Present:

Learning and Leisure Social Services

John Davies, Director of Adult Services (Chair)
 John England, Lead Chief Officer Adult Services
 Mike Simpkin, Public Health Strategy Manager

City Services

Julie Meakin

Neighbourhoods & Housing

Alan Sherwood, Health Development Manager, EHS

Education Leeds

John Freeman, Team Leader (Health Initiatives),

Chief Executive's Unit

Elaine Rey, Senior Project Officer

Corporate Services

Chris Ingham, Human Resources Manager

Directors of Public Health

Dr Ian Cameron NWPCT

Apologies

Learning and Leisure

Mark Allman, Head of Sport and Active Recreation

Development

Dr Tom Knowland, Head of Sustainable Development

Neighbourhoods & Housing

Helen Freeman Chief EHO,

Christine Addison Area Manager NW

Social Services

Jim Wilson (Interim Chief Social Services Officer)

Item

Action

1 MINUTES

i) Minutes of the meeting on 7th June were agreed.

ii) Matters Arising

a) **LAA / Ministerial Visit:** MS and IC updated the Board on progress of the Healthier Communities block up to the 6 month Review. The Board noted that the current Block was divided into two workstreams around Older People and Employability, reflecting the priorities agreed last year. However the government is putting increased expectations on the LAA mechanism which is expected to react to the broader range of priorities within Healthy Communities. It was agreed that a reconvening of a broader meeting in October/November (about the time of the Government Review) would help reassess the practicable scope of the Healthier Communities and Older People block of the LAA.

MS IC

Lord Hunt is still expected on 21st September at the Healthy Leeds Partnership. The agenda is centred around implementation of the national strategy Health Work and Wellbeing, Caring for Our Future and the possible contribution of LAAs. The Board discussed representation and suggested Alan Gay be also invited. Lord Hunt has indicated interest in a regional group and the Board supported this if it adds value.

MS CI
HF

The Board also noted that a Leeds Conference on "Managing Attendance, Promoting Wellbeing" is being arranged for November 15th.

TK

b) **Strategic Environmental Assessment:** The meeting between TK and colleagues has been delayed because of leave but will be convened shortly.

CA

Item

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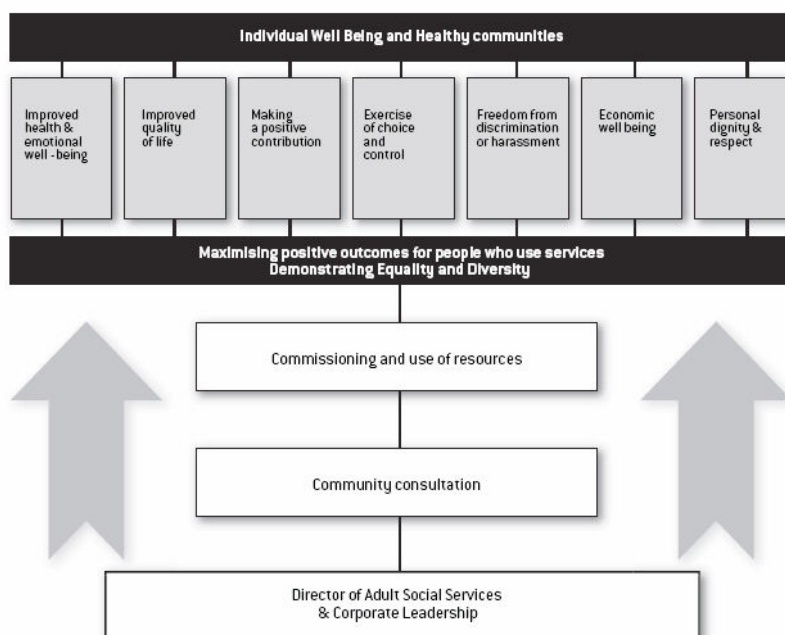
- c) **Area Management / Health in District Priorities.** A discussion took place at the Area Managers meeting in July but we await the outcome.
- d) **Strategy Launches:** Older Better and the Mental Health Strategy were launched in July. The Food Strategy will be launched Sept 7th and the Tobacco Control Strategy on Sept 15th.
- e) **Big Lottery Fund:** A regional bid for £25m including a significant sum for Leeds was submitted to the BLF on 28th July. A regional bid has also been submitted by a grouping of Healthy Living Centres. Only one regional bid is likely to be successful but it is likely that these bids may be amalgamated.
- f) **Scrutiny Action Learning Inquiry into Community Development.** Terms of Reference were submitted for comment. It was suggested that North West Homes (ALMO) were included to look at how they were promoting initiatives such as physical activity. It was also noted that there seemed to be no reference to Children and Young People. Facilities such as extended schools, Hunslet Lake, Sure Starts should at least be referenced and Sally Threlfall informed; Youth Forums should also be consulted. MS to send these comments to Scrutiny.
- g) **Making Leeds Better timetable:** JE confirmed slippage to this timetable with formal consultation on the Business Case probably not taking place until March. However engagement and Health Impact Assessment event are planned for October and November – including papers to LCC Area Committees. However there is a degree of concern about the possible financial impact on the delivery of health and social care services as expectations expand.

MS

2 DASS FORMAL GUIDANCE

JD took the meeting through the guidance noting that the differences between the formal framework and the best practice guidance. The new framework with seven outcomes is illustrated below:

New Outcomes Framework



A CSCI consultation on performance assessment includes Leadership and Commissioning as part of the Inspection process. It also sets out key lines of inquiry including how authorities may be graded in relation to the health and

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3	<p>wellbeing outcome. A paper will go to the September Executive Board outlining progress.</p> <p>JOINT DPH / PUBLIC HEALTH TRANSITION</p> <p>JD reported that the LCC Chief Executive had just recently met with Margaret Edwards, the new Chief Executive of the Strategic Health Authority and had subsequently written to her expressing disappointment at the lack of practical involvement of the Council in the PCT transition process. He confirmed the work which is being done to support collaboration at local level following the joint workshop in May and commented that to set up a new Joint Director of Public Health by October was neither feasible nor desirable.</p> <p>In accordance with the Action Plan agreed after the workshop, a joint group has been convened to make recommendations in relation to a joint public health structure for September. The first meeting will be on 23rd August.</p> <p>IC reported that all regional DsPH are having to go through an assessment panel. The appointment process is still not clear but it seems that PCTs are expected to have DsPH in place in October.</p> <p>The transition work reported at the last meeting is being pulled together. MS asked in particular about the work on partnerships; however this has been delayed owing to the temporary unavailability of the group leader. IC will feed back as soon as he can.</p>	<p></p> <p>JE</p> <p></p> <p>IC</p>
4	<p>COUNCIL PLAN AND PERFORMANCE MANAGEMENT</p> <p>ER submitted performance templates previously circulated for Q1 of the new Council Plan. Board Members were asked to check that attributions were accurate and to complete such data as is available. ER also submitted the available PAF scores and a draft accountability report which was approved.</p>	<p>ALL</p> <p>ER</p>
5	<p>CONSULTATIONS</p> <p>i) LMHT Foundation Trust: Although Health Scrutiny is the formal consultee it is not clear who else within LCC has been involved. Foundation Trusts are significant issues for the Council in many different ways – including Membership – LMHT is aiming for up to 40000 members. MS to contact scrutiny to find out what consultation they may have undertaken within LCC, and especially among elected Members.</p> <p>ii) A Stronger Local Voice – Patient and Public Involvement</p> <p>This major consultation proposes that local authorities are empowered and funded to commission organisations to host local networks to stimulate, facilitate and co-ordinate local networks for patient and public involvement. These will succeed Patient Forums which in turn were preceded by Community Health Councils. Again the lead for the LCC response falls to Scrutiny but there is not another meeting before the consultation ends on 7th September. The Chair of Scrutiny will authorise a response but so far it has elicited little interest. This is a major new role for local authorities and IC pointed out that for the first time, and to reflect joint commissioning, social care is drawn within the remit. It was noted that the commissioning of the LINKs will need to be independent of Social Services. There are also implications for the role of scrutiny itself. It was agreed to recommend that LCC should highlight issues of potential concern. MS to discover any LGA view and MS/JE to liaise with scrutiny</p>	<p>MS</p> <p></p> <p>MS JE</p>

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<p>iii) Health Bill (Smokefree regulations): The consultation on regulations and exemptions lasts until 9th October. LCC has the opportunity to comment on practical implications. CI explained that after the initial clearing of tobacco use from all main council buildings there is to be further consultation in areas which present special problems – including residential premises and hospitality areas. Central HR take the view that this needs to be taken forward by individual departments with support from the centre. It was felt that this work had possibly fallen into a gap and that relevant DMTs (especially SSD and Leisure Services) needed to consider how to take further steps especially in light of the regulations and exemptions now proposed. SSD also needed to consider the impact on its contracts with the private sector. It would also be possible to feed back comments on the regulations before October. MS to draft a note from the Board to DMTs. Board members to raise the issue.</p>	<p>MS JE MA CI</p>
<p>IC also raised a related consultation on the banning of tobacco sales to young people under 18 (instead of 16 as at present). MS and JF to consider whether LCC should be recommended to support this. Action on Proof of Age has been held up because of inconsistencies between Area Committees.</p>	<p>MS JF</p>
<p>iv) Regional Spatial Strategy (Examination in Public): MS reported that he had been involved through GOYH with a small regional group looking at the health impact of the proposed RSS. The significance of the RSS is that it determines the context for Local Development Frameworks and the draft will be subject to public examination by inspectors during the next two months. There are a number of significant issues both in general and in relation to health facilities and the health economy. However there were also differences in emphasis from comments LCC Development Department had made. MS had agreed to take part provided it was as part of a regional public health group and had been in touch with Development in order to maximise consistency.</p>	<p>MS</p>
<p>6 NRF JOINT PUBLIC HEALTH INFORMATION PROJECT Board Members need to be aware of this NRF funded project whose objective is to work on more sophisticated analysis of health-related data than we are able to produce at present, and to issue a citywide health inequalities report by the end of March 07. The grant from the 06/07 NRF round was to fund a one year Public Health Information Analyst working to the Joint Public Health Information and Intelligence Group (co-chaired by NWPCT and MS) and based in NWPCT. Unfortunately this appointment, though temporary, got caught up in the PCT vacancy freeze and has even now only been partially released as a 6 month secondment. It seems likely that the work may now have to be accomplished through a series of commissions. The first of these, from the Y&H Public Health Observatory on the fitness of our data systems to set targets and assess progress is due in mid September. It is hoped that this report will be helpful across the spectrum of local partnership working for health.</p>	<p>MS</p>
<p>7 CORPORATE PRIORITY BOARD SELF ASSESSMENTS Item deferred as current expectations for self-assessment have not yet been clarified by the Corporate Centre.</p>	<p>ER</p>
<p>8 FUTURE MEETING SCHEDULE The next meetings have not yet been scheduled because of difficulties in finding a date. MS to liaise with ER on the reporting cycle. The next meeting will be mid to late October</p>	<p>MS ER</p>