

Minutes of the meeting of the shadow Health and Wellbeing Board held on 14 October 2011

Members Present:

Cllr Keith Wakefield	Leeds City Council (Chair)
Cllr Judith Blake	Leeds City Council
Dr Jason Broch	Calibre Practice Based Commissioning Consortia
Dr Andy Harris	Leeds Practice Based Commissioning Consortia
Mr Richard Jackson	Third Sector (Voluntary Action Leeds)
Cllr Graham Latty	Leeds City Council
Mr John Lawbr	NHS Airedale, Bradford and Leeds
Dr Gordon Sinclair	H3 Plus Practice Based Commissioning Consortia
Mr Paul Truswell	Local Involvement Network (LINk)
Cllr Lucinda Yeadon	Leeds City Council

In attendance:

Mr Dan Barnett	Adult Social Care/Leeds Initiative
Ms Philomena Corrigan	NHS Airedale, Bradford and Leeds
Ms Christine Farrar	NHS Leeds/Leeds Initiative
Mr Alan Gay	Leeds City Council
Mr Kevin Howells	NHS Airedale, Bradford and Leeds
Ms Lucy Jackson	NHS Leeds
Ms Sandie Keene	Leeds City Council Adult Social Care
Ms Katy Kudelitzy	Leeds City Council
Mr Rob Kenyon	Leeds City Council Adult Social Care
Mr Nigel Richardson	Leeds City Council Children's Services

Apologies:

Dr Ian Cameron	NHS Leeds/Leeds City Council
Cllr Stewart Golton	Leeds City Council

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| <p>1.0 Welcome and introductions<br/>Councillor Wakefield welcomed all to the meeting.</p> <p>2.0 Apologies for absence<br/>As above</p> <p>3.0 Introduction to role of the shadow board and approval of terms of reference</p> <p>3.1 Sandie Keene introduced this item and drew members attention to page 10 of the papers which lists the proposed responsibilities of the shadow Health and Wellbeing Board.</p> | <p>ACTION</p> |
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- 3.2 A key responsibility of the Board will be to identify needs and priorities of the city through the Joint Strategic Needs Assessment. This will be used to develop a Joint Health and Wellbeing Strategy which will provide the framework for commissioning.
- 3.3 Key linkages for the Board will be the three Local Health and Wellbeing Partnerships, the Health and Social Care Service Transformation Board and the re-launched Health Improvement Board.
- 3.4 The four year city priorities for health and wellbeing have been agreed and can be found on page 14 of the papers.
- 3.5 Members discussed whether meetings should be open or closed to the public. It was acknowledged that when the Board moves to the formal shadow, the meetings will be held in public. Until then however, whilst the Board is being developed, it will follow the pattern of the Leeds Initiative and have closed meetings, but with papers published on the Leeds Initiative website.
- 3.6 Actions
- 3.7 The interim terms of reference were approved by the Board.
- 4.0 Financial situation
- 4.1 Financial overview presentations from Leeds City Council and NHS Leeds were introduced to set the context for the work of the shadow Health and Wellbeing Board.
- 4.2 Alan Gay presented the position for Leeds City Council, of which the key points were:
- Total public expenditure in Leeds is £8.9bn (£11k per head), of which £4.2bn is locally controlled.
  - Would our achievements on our outcomes be greater if we spent public money differently?
  - Almost half of Leeds City Council's spend goes on staff costs.
  - Spend is increasing on Adult Social Care Services, including on older people and learning disabilities.
  - Spend is also increasing on looked after children – particularly on external placements.
- 4.3 The following points were made in discussions:
- Leeds City Council and NHS Airedale, Bradford, and Leeds already work closely together to work out how much budget we have control over locally.
  - Demand is growing for services, despite cuts. But we need to think about what enablers we can put into action so that people are less dependent on services in the first place
  - Re: Look After Children – we need to identify how the Children's Trust Board and Health and Wellbeing Board will link together.
  - Re: Cross cutting work – how will these linkages be tested across the Boards? Perhaps a topic could be picked as a pilot, e.g. alcohol or demography.
- 4.4 Kevin Howells presented the position for NHS Leeds in 2010-11, of which the key

points were:

- NHS Leeds has a revenue budget of £1.33bn (£1,685 per head).
- 13,714,933 prescriptions items were paid for last year, for example.
- Waiting times for services are down.
- Leeds had £37m additional investment in 2010-11.
- The 'Nicholson Challenge' requires £15-£20bn savings to the running costs of the NHS by 2013-14.
- We don't want to see costs shifting across system as a result of savings being made elsewhere.
- The health economy in Leeds is in a sound position despite the challenges.

#### 4.5 Action

4.6 The board noted the financial situation for the public sector in Leeds.

5.0 Joint Strategic Needs Assessment (JSNA)

5.1 The JSNA will set the context for the work of the Health and Wellbeing Board, which will address the ongoing process for Leeds and how this will influence planning and commissioning in order to improve outcomes for the people of Leeds.

5.2 Lucy Jackson presented the latest update and made the following points:

- A JSNA has been produced since 2009 and it is an ongoing process as it is continually improved on and updated.
- It has links to the State of the City report, which is more of a broader overview of the city.
- In future we will be required to base our commissioning decisions on need, and the JSNA will help us to do that using one source of information for the city.
- A standard template for Health Needs Assessments has been created to ensure data is of high quality and consistent.
- A library of over 100 qualitative data sets has been set up, to ensure that the views of the public and service users are considered.
- The updated JSNA is now much more local. 108 middle level super output area profiles have been created so that we can tell a story about individual communities.
- Key messages from the refresh include the fact that the gap in life years, between most and least deprived areas is increasing. We are doing well at tackling youth offending and infant mortality, but doing less well on reducing teenage pregnancy and on improving oral health. Lifestyle issues – such as smoking, using alcohol and obesity are all on the increase.

- All data from the JSNA will be going online in a Leeds observatory website, which everybody will be able to access.
- In future we need to make sure that the JSNA plays a meaningful role in what we commission and is used in the decisions that we make. In the long run, this will help us to spend money more wisely.

### 5.3 Discussions followed:

- There was support for the development of one data source as it is important for us all to have access to consistent and up to date information to be able to make the right decisions.
- The move towards area profiles was welcomed but it was suggested that we should be able to use information to drill down even more to a community level, or even at a family level.
- Re: Children's Trust Board – there will be a specific data pack about children and families in the JSNA.
- There was concern that the JSNA is still seen as a Health and Wellbeing tool. We need to make sure that it is used widely, outside of Adult Social Care and the NHS.
- It is useful for Clinical Commissioning Groups as it is evidence based and paints a clear picture about the needs of a certain area. It therefore allows them to focus resources in the right place.
- The chair thanked Lucy for a useful and insightful presentation.

### 5.4 Action

5.5 The board noted the work done to refresh the JSNA

6.0 Health and Social Care Service Transformation Programme

6.1 Phibrena Corrigan outlined the transformation programme, which is city-wide agreement between health and social care partners to work together to deliver the challenges ahead, including increasing quality, innovation and productivity.

6.2 More integrated services in the future will be better tailored to meeting needs and encouraging service user independence and empowerment. Resources will be more effectively targeted to the needs of individuals and communities. The focus will move from organisations to people and communities.

6.3 The initial focus is on clinical value in elective care, urgent and emergency care and older people and long term conditions. Other impacts this is having is on the management of estates. The programme is working across all health and social care partners to ensure land and property is being used to best effect. Options are also being examined to finding solutions in developing a shared patient record system and

joining up information systems to ensure better care at the frontline.

6.4 There is a statutory duty for the NHS to involve and consult with the public on this work as well as a duty to consult with the relevant Scrutiny Boards.

6.5 Discussions followed:

- Integrating providers and getting them to work closely across the whole programme is a positive opportunity for change.
- The third sector needs to think about what strategic contribution they can make to this piece of work and there is willingness from them to do so.

7.0 Future Work Programme

7.1 Rob Kenyon outlined key information for Board members to consider that will enable the establishment of a future work programme. This included the key roles for the Board, key timelines for establishing the statutory Board and considering the emerging good practice and guidance relating to its development.

7.2 The work programme was described in three areas:

- Board redevelopment issues.
- How we work together.
- Improving outcomes for the city.

7.3 The board has an opportunity to use the initial and shadow phases to develop its role and work programme before taking on statutory responsibilities from April 2013.

7.4 The board has an opportunity to inform national guidelines through leading an early implementer learning set.

7.5 The board has an opportunity to learn from other sites through this network, through the emerging good practice, and through an offer of support to the Local Government Agency for some board assurance.

7.6 There is an opportunity this work programme will be developed in line with emerging policy / guidance and in line with good practice guides.

7.7 Brief discussion followed highlighting the need to establish some work in understanding each others culture and developing trusting relationships.

7.8 Actions

Work programme was approved, subject to changes in light of guidance and future developments.

8.0 Any other business

There was no other business

9.0 Date of the next meeting

26 January 2012, 10am to 12pm .Location TBC

24 April 2012, 10am to 12pm .Location TBC

13 July 2012, 2pm to 4pm .Location TBC

16 October 2012, 2pm to 4pm .Location TBC

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