

HEALTH AND WELLBEING BOARD

WEDNESDAY, 22ND MAY, 2013

PRESENT: Councillors

Councillor L Mulherin in the Chair

Councillors J Blake, J Chapman, 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

Dr Andrew Harris

Leeds South and East CCG

Phil Corrigan

Leeds West CCG

Representative of Local Healthwatch Organisation

Linn Phipps – Healthwatch Leeds

1 Late Items

The Chair admitted the following late item to the Agenda:

Expression of interest for “Health and Social Care Integration ‘Pioneers’”

2 Opening Remarks

The Chair welcomed everyone to the first meeting of the Health and Wellbeing Board and expressed thanks to Councillor Lucinda Yeadon and Pat Newdall for their contribution to the shadow Board.

3 Declarations of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared to the meeting, however:-

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

4 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor S Golton and Dr G Sinclair.

Councillor J Chapman and P Corrigan were in attendance as substitutes.

5 Minutes - 27 March 2013

RESOLVED – That the minutes of the shadow Health and Wellbeing Board held on 27 March 2013 be noted.

6 Governance Arrangements

The report of the City Solicitor presented the governance arrangements approved by full Council for the Health and Wellbeing Board for the municipal year 2013/14. It also asked the Board to respond to the consultation by full Council about a proposed direction in relation to voting arrangements.

Liz Davenport, Principal Corporate Governance Officer presented the report.

Members' attention was brought to the Board's Terms of Reference and voting arrangements. The Board was asked to consider the proposed voting direction as follows:

"The council directs that all members of the Health and Wellbeing Board shall be non-voting except for:

- all Councillors appointed to the Board by full Council;
- the representative directly appointed by each CCG;
- the representative directly appointed by Healthwatch Leeds; and
- the third sector representative.

Any substitute member appointed under the Council Procedure Rules who is attending a meeting in place of one of the above Members, may also vote at the meeting"

RESOLVED –

- (1) That the governance arrangements approved by full Council for the Health and Wellbeing Board, outlined in paragraph 3 of the report be noted.

- (2) That the proposed voting direction, set out in paragraph 3 of the report be endorsed.

7 Appointment of Additional Members

The report of the City Solicitor asked the Health and Wellbeing Board to consider whether to appoint any additional Members to the Board for the Municipal Year 2013/14.

Liz Davenport, Principal Corporate Governance Officer presented the report.

Members discussed the appointment of additional Members to the Board and whether any additional Members should have voting rights.

It was suggested that the Clinical Commissioning Groups (CCG) and Healthwatch Leeds should each nominate an additional Member to the Board. These Members would have substitute voting rights only in the absence of the Council appointed Member from their respective organisations.

Further discussion included the possibility of additional Members or substitute Members to be appointed for NHS England and the Third Sector.

RESOLVED –

- (1) That three additional CCG representatives and an additional representative of Healthwatch Leeds be appointed to the Board.
- (2) That the City Solicitor be recommended to exercise her delegated authority to amend the Council Procedure Rules to provide for substitute arrangements for voting CCG representatives and voting Healthwatch Leeds representative appointed by full Council.
- (3) That consideration is given by the Third Sector and NHS England to appointing named substitutes.

8 Joint Health and Wellbeing Strategy and Performance

The report of the Joint Health and Wellbeing Strategy Steering Group referred to the joint statutory duty of the Local Authority and Leeds Clinical Commission Groups (CCG) to prepare and publish a Joint Health and Wellbeing Strategy (JHWS) through the Health and Wellbeing Board (H&WBB). The shadow H&WBB had overseen the development of the strategy and the H&WBB now had the responsibility to formally approve the strategy for publication. The report summarised its development to enable the Board to consider the draft strategy.

Cllr Mulherin introduced this item and the strategy as part of Leeds' vision to be the best city for health and wellbeing. By making the best use of our collective resources, using good information and having the right people involved the Health and Wellbeing Board will oversee the continued health improvement of the people of Leeds.

Alastair Cartwright (Director of Information, Leeds North CCG) and Nichola Stephens (Assistant Head of Intelligence, Public Health) presented a supplementary report on performance.

Members' attention was brought to the Outcomes, Priorities and Indicators for the Leeds Joint Health and Wellbeing Strategy 2013-15 and a presentation was given on the strategy indicators and the supplementary indicators which supported these.

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

- Having an influence on personal care was welcomed as part of the outcomes.
- Comments in relation to children and young people were welcomed and it was requested that there were reciprocal arrangements with the Children's Trust Board for joint monitoring of children's scorecards.
- Involvement of patients and the public and commissioners other than the CCGs.
- Review of the JHWS Steering Group.
- Each of the outcomes outlined in the strategy would be considered individually at future meetings of the Board.
- Concern around urgent and emergency admissions including the performance against standards for waiting times in Accident and Emergency. It was suggested as an area of interest for the Health and Wellbeing Board. It was proposed that the outcome that covers these be considered at the Board's September meeting and that visits for Board Members be arranged. Case study examples of pathways were also requested.

RESOLVED –

- (1) That the work of the Shadow Health and Wellbeing Board to develop the draft JHWS be noted.
- (2) That the strategy be approved for publication in June 2013.
- (3) That there be a review of the JHWS steering group.
- (4) That members would visit services relating to emergency admissions ahead of the September meeting.

9 Dementia Strategy and Approval of Leeds as a Dementia Friendly City

The report of the Director of Adult Social Services and Clinical Director, Leeds North CCG gave an overview of the strategy document, *Living Well with Dementia in Leeds: Our Local Dementia Strategy 2013-16* and described how the strategy would be promoted and published alongside its action plan. The report also explained the rationale for setting up a Leeds dementia Action Alliance and invited the Board to sponsor this initiative. Furthermore it showed how the strategy and action plan would contribute to the objectives of the Leeds Joint Health and Wellbeing Strategy.

Mick Ward (Head of Commissioning, Adult Social Care) and Tim Sanders (Integrated Commissioning and Transformation Manager, Adult Social Care) presented the report.

Issues highlighted in relation to the report included the following:

- How to highlight dementia as a priority across the City.
- The impact on lives and families including the financial impact.
- The prevention agenda.
- The importance of diagnosis and signposting to support.
- The role of community services and district nurses in helping people to remain at home.
- Provision of quality end of life services.
- Demographic pressures – there would not be a reduction in people suffering but investment could prevent growth.

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

- Some of the excellent community services that were provided in Leeds – the recent event in Civic Hall was cited as an example.
- The recent change in NHS targets since the development of this strategy and the challenge to improve the diagnosis rate – rates in Leeds were higher than the national average but there was still a significant way to go.
- Raising awareness to help identify those with dementia – including families and basic awareness for all involved in health care.
- Involvement of dementia patients in making decisions about their own care.
- Raising awareness of younger people with dementia.

RESOLVED –

- (1) That the strategy and its priorities be supported as a basis for co-ordinated action across all local agencies which support people with dementia and carers.
- (2) That the formation of a Leeds Dementia Action Alliance to promote positive attitudes and accessible services throughout local communities, businesses and service providers be sponsored.
- (3) Consider how the strategy can accommodate the needs of people suffering from dementia as a result of the Government changing the target for diagnosis rates.

10 The Francis Report

The report of the Integrated Commissioning Executive summarised the key themes from the Sir Robert Francis Report following the public enquiry into the quality of care at Mid Staffordshire NHS Foundation Trust between 2005

and 2009. The report also began to consider how local organisations were responding to these findings, the next steps and the role of the Health and Wellbeing Board in this context.

Diane Hampshire (Director of Nursing and Quality, Leeds West CCG) and Ellie Monkhouse (Director of Nursing and Quality Leeds North CCG and Leeds South & East CCG) presented the report.

The report provided a summary of the key themes following the Francis Report and reference was made to the recommendations for change. The Board was informed of the subsequent public inquiry which looked at wider issues across all areas of health provision.

Further issues highlighted in relation to the report included the following:

- The seeking of assurance on quality of care from all providers.
- Work with CCGs across the city and the region.
- The establishment of a citywide group to consider the implications of the report.

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

- Joint working between the Council and Health Providers.
- How to ensure quality of care provision across all services.
- Reference to the Francis Report and the acknowledgement that patients should be first and foremost.
- How Healthwatch could provide a supporting role.
- The role of Scrutiny and how they could examine the quality of services. The Board could refer issues to Scrutiny.

RESOLVED –

- (1) That the report be noted.
- (2) That an update report be brought to the September meeting of the Health and Wellbeing Board and provide assurance that the recovery systems are in place to assure quality and safety of patient care across Leeds.

11 Leeds Innovation Health Hub

The report of Leeds and Partners informed the Board how key partners in the health and care sector had been working to establish Leeds as a leading city for health innovation. Success could significantly improve the health and wealth of the city by improving services and increasing jobs and investment. The report also provided an update on progress and an overview of the key opportunities being developed. It also explained how the city's ambition would be achieved.

Lurene Joseph (Chief Executive, Leeds and Partners), Colin Mawhinney (Head of Economic Policy and Programmes) and Tim Straughan (Director of Health and Innovation) were in attendance for this item.

The Board was informed of the objectives of the Leeds Innovation Health Hub which included the following:

- Enhancing the reputation of the City
- Opportunities for growth and investment
- To take advantage of the academic firepower in the City through the Universities and teaching hospitals

Members were informed of the role of the Health Informatics Working Group and the work towards the development of a single care record. This was fundamental to transforming care and Leeds could be a pioneer city in respect of this. This may include the involvement of other services including education and housing.

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

- Ensuring, from a health perspective, that information could be shared across systems and could be used to measure what is happening across the system.
- Safeguarding of patient data and ability for patients to access their own data – information governance was fundamental to the project.
- Engagement of the Health and Wellbeing Board.
- Priorities of the Leeds Innovation Health Hub.

RESOLVED – That the report be noted and the core proposition of the Leeds Innovation Health Hub to establish the City as a leading international centre for health and innovation be supported.

12 Any Other Business

Expression of Interest for Health and Social Care Integration ‘Pioneers’

The report of the Director of Adult Social Services informed the Board of the opportunity to submit an expression of interest to become a Health and Social Care Integration ‘Pioneer’. The Board was asked to consider whether an expression of interest should be submitted.

Leeds already has a nationally recognised approach to integrated health and social care as part of the wider Transformation programme.

Sandie Keene, Director of Adult Social Services presented the report and informed the Board of the background to the invitation for the expression of interests to become a ‘Health and Social Care Integration ‘Pioneer’.

Members discussed the possibility of submitting an expression of interest and the need for local involvement across all interested organisations.

RESOLVED – That an expression of interest for Leeds to become a Health and Social Care Integration ‘Pioneer’ be submitted. This to be led between the Local Authority and Clinical Commissioning Groups and to be signed off by the Chair of the Health and Wellbeing Board.

Delivery of the Winterbourne View Concordat and Review Commitments

It was reported that a letter had been received from the Norman Lamb, Minister of State for Care and Support and this would be circulated to Board Members

13 Date and Time of next Meeting

Wednesday, 24 July 2013 at 2.00 p.m.