

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 5 September 2013.

PRESENT

Leicestershire County Council

Mr. E. F. White CC (In the Chair)
Mr. Dave Houseman MBE, CC
Mr. I. D. Ould CC

Mick Connell
Peter Marks

Clinical Commissioning Groups

Dr Dave Briggs
Dr Hamant Mistry

Healthwatch Leicestershire

Vijay Sharma
Geoff Smith, OBE

Leicestershire District/Borough Councils

Cllr John Boyce
Cllr Pam Posnett

NHS England Local Area Team

Peter Huskinson

In attendance.

Angela Bright, West Leicestershire CCG
Chief Superintendent Neil Castle, Leicestershire Constabulary
Neil Hanney, Leicestershire County Council
Sue Noyes, Leicestershire Partnership NHS Trust (minute 24 refers)
Dr Nick Pulman, West Leicestershire CCG

17. Minutes.

The minutes of the meeting held on 13 June 2013 were taken as read, confirmed and signed.

18. Urgent Items.

There were no urgent items for consideration.

19. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mr I D Ould CC declared a personal interest in all items on the agenda as he was a Governor of George Eliot Hospital NHS Trust.

Geoff Smith OBE declared a personal interest in all items on the agenda as he was a Patient Advisor at the University Hospitals of Leicester NHS Trust.

20. Position Statement by the Chairman.

The Chairman presented a position statement on the following matters:-

International Developments

Dementia;

The Impact of the Earthquake in Christchurch, New Zealand, on System Redesign and Integration in Health and Care Services;

National Developments

Berwick Review: "A promise to learn; a commitment to act";

National Review of Congenital Heart Disease – Update;

Integration;

Promoting Innovation;

Consultation: Caring for our future: implementing funding reform;

Local Developments

CQC Report on the Adult Mental Health Services at the Bradgate Unit;

Introduction of the 111 Number;

Update on information sharing between professionals.

A copy of the position statement is filed with these minutes.

21. Health and Social Care Integration.

The Board considered a report of the Director of Public Health which provided members with the national context regarding Health and Social Care Integration. A copy of the report marked 'Agenda Item 5' is filed with these minutes.

At a local level, an Integration Executive was being established for Leicestershire. This would replace the Health and Wellbeing Board Steering Group. The integration of health and social care would also be the subject of the Development Session on 27 September. It was suggested that the patient voice should be represented in any work carried out on local integration as the focus would be providing better value for service users.

It was noted that changes to the structure of the Health and Wellbeing Board might be necessary to enable effective integration on a number of levels and the suggestion that the major NHS providers be represented on the Board was supported.

On a sub-regional level, the Better Care Together workstream could potentially lead on health and social care integration.

RESOLVED:

- (a) That the report be noted;
- (b) That a report on the future structure of the Health and Wellbeing Board be submitted to the next meeting for consideration.

22. Change to the Order of Business.

The Chairman sought and obtained the consent of the Board to vary the order of business from that set out on the agenda.

23. Update Report from JSNA/JHWS Steering Board.

The Board considered a report from the Director of Public Health which provided an update on the progress that had made by the JSNA/JHWS Steering Board in developing the Joint Health and Wellbeing Strategy action plans. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

RESOLVED:

- (a) That the Action Plan of the Integrated Commissioning Board be approved;
- (b) That a subgroup with specific responsibility for the development and delivery of the action plan for improving mental health and wellbeing be established;
- (c) That the Mental Health and Wellbeing Action Plan be submitted to the next meeting of the Health and Wellbeing Board for approval;
- (d) That the Joint Health and Wellbeing Strategy priorities be reviewed to include a focus on Learning Disabilities.

24. Local Response to Francis Report.

The Board considered a presentation from the Interim Chief Executive of Leicestershire Partnership NHS Trust (LPT) which summarised the Leicestershire, Leicester and Rutland response to the Francis Report. The presentation also highlighted actions that had been taken by LPT following the recent visit by the Care Quality Commission (CQC). A copy of the slides forming the presentation is filed with these minutes.

The local response to the Francis report was integrated, starting with primary care. It was important for a culture of openness and transparency around lessons learnt to be developed. It would be helpful for the Health and Wellbeing Board to consider specific areas where the patient experience had been improved as a consequence of the Francis Report. Some good examples of a culture of caring had been observed by the CCGs when making unannounced visits.

The openness and transparency of LPT following the recent CQC inspection was welcomed, although the Board had serious concern regarding the outcome of the inspection and the reactive nature of LPT as an organisation. To improve patient care, it would be necessary for the response to include a proactive approach to risk management.

Partners were supporting LPT to ensure that improvements in acute mental health services were being delivered across the pathway. It was hoped that this would lead to better services in the long term.

RESOLVED:

That a development session be arranged for the Health and Wellbeing Board to consider specific examples of work to improve the patient experience that have been carried out since the publication of the Francis Report and what still needed to be done.

25. Protocol between Health and Wellbeing Board, Health Scrutiny and Healthwatch.

The Board considered a report of the Chief Executive of Leicestershire County Council which sought approval of the protocol between the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch Leicestershire. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

RESOLVED:

That the protocol between the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire be approved, subject to the insertion of the word 'participating' before the words 'observer of the Clinical Commissioning Group Boards' in the second paragraph of page 47.

26. Protocol between the Health and Wellbeing Board and the Leicestershire and Rutland LSCB and SAB.

The Board considered a report of the Independent Chair of the Leicestershire and Rutland Local Safeguarding Children Board (LSCB) and Safeguarding Adults Board (SAB) seeking approval of the protocol between the Health and Wellbeing Board, Leicestershire and Rutland LSCB and SAB. A copy of the report, marked 'Agenda Item 9' and an updated version of the protocol is filed with these minutes.

RESOLVED:

That the protocol between the Health and Wellbeing Board and the Leicestershire and Rutland Local Safeguarding Children Board and Safeguarding Adults Board be approved.

27. Performance Report.

The Board considered a report of the Greater East Midlands Commissioning Support Unit (GEM CSU) Performance Team and Leicestershire County Council Chief Executive which set out an overview of current performance against the Board priorities and key aspects of the national performance framework established in relation to Clinical Commissioning Groups (CCGs) and providers, along with associated commentary by exception. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) It was felt that the level of information contained in the performance report was too detailed. It was suggested that future reports should focus on key themes and highlight innovative work or concerns which could not be resolved through other means.

- (ii) With regard to Delayed Transfers of Care, it was noted that some of the delays arose due to a shortfall in community care for certain types of rehabilitation. Work was underway to improve provision, which was related specifically to health rather than social care.
- (iii) The CCGs were committed to reducing pressure ulcers to zero; however it was acknowledged that the trajectory for reduction was extremely challenging and would not be achieved. Although progress had been made and areas of excellence which could be used to reduce pressure ulcers in other areas identified, it was felt that avoidable pressure ulcers were unacceptable and that performance in this area would need monitoring.
- (iv) It was expected that reliable data for ambulance response times in urban and rural areas would be available by the beginning of winter 2013.
- (v) The Board raised serious concerns relating to Emergency Care as the current level of performance did not represent good patient care. A number of actions had been put in place to improve performance across the system. These included changing GP opening hours and arrangements for home visiting; the development of the ambulatory care pathway; the introduction of single door access to the Emergency Department; consultant triage when GPs telephoned to get patients admitted; and improved discharge arrangements. These measures had not yet resulted in a sustained improvement in performance; accordingly the Urgent Care Board would continue to manage the situation on a weekly basis.
- (vi) The openness and transparency of UHL with regard to the problems with Emergency Care performance was welcomed, as was the system-wide approach to solving them. The remaining significant issues to be addressed related to the flow of patients internally through UHL. In response to this, UHL was creating a single urgent care floor. A strategic outline business case had been submitted to the Trust Development Authority. Once approved, a formal timeline would be put in place. It was expected that more details would be available later in the year.
- (vii) Concern was expressed that a number of plans had been made previously to address Emergency Care performance and that they had not been successful. The Board was advised that the current plan had a number of key differences, namely:-
 - The system wide approach;
 - The high level co-operation of UHL with the process;
 - Consultants from the Acute Medical Unit and discharge were involved as well as consultants within the Emergency Department;
 - Admissions were being audited to identify whether changes in GP practice could have prevented them.
- (viii) It was noted that clinical problem solving had been used to improve performance for stroke care, cancer care and ophthalmology. This involved understanding where the problems arose and considering good local examples of commissioning.
- (ix) It was noted that performance for admissions to care homes for the 65+ had deteriorated. This was an important issue which would require further consideration.

RESOLVED:

- (a) That the progress made to date in developing the performance framework be noted;
- (b) That the performance summary and issues identified this quarter and actions planned in response to improve performance be noted;
- (c) That the Director of Public Health be authorised to make amendments to the map attached as Appendix 1 to the report in conjunction with other structure changes within the performance framework.

28. Confirm and Challenge Progress on Action Plans from each of the Subgroups.

The Board received oral reports from the Chairmen of the subgroups on progress with delivering the action plans for the Joint Health and Wellbeing Strategy.

It was reported that delivery of the Staying Healthy action plan was on track. Procurement of a new sexual health service had been completed and would be commencing on 1 January 2014. Performance of the provider for substance misuse services had improved.

There was nothing to report from the Integrated Commissioning Board or Health Protection Board.

RESOLVED:

That the information now provided be noted.

29. Annual Report of the Director of Public Health.

The Board considered a report of the Director of Public Health which presented his Annual Report for 2013. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

RESOLVED:

- (a) That the Annual Report of the Director of Public Health be received;
- (b) That the recommendations in the report be supported.

30. Emergency Care Update.

The Board considered an oral report from the Managing Director of East Leicestershire and Rutland CCG and the Chairman of West Leicestershire Clinical Commissioning Group which provided an update on actions being taken to improve emergency care in Leicestershire.

It was noted that a lot of performance issues for the NHS in Leicestershire related to emergency care. The focus to resolve these issues had shifted from the emergency department itself to the whole system. The Urgent Care Board met every Thursday to consider current performance and actions that needed to be taken.

The whole system approach to emergency care included a review of the ambulatory pathway and reducing bed dependency.

RESOLVED:

That the information now provided be noted.

31. Special Educational Needs and Disability Update Report.

The Board noted a report of the Director of Children and Young People's Service which provided an update of progress of work relating to Special Educational Needs and Disability. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

RESOLVED:

That the report be noted and that the Board receive further reports as the work in respect of the Special Educational Needs and Disability agenda progresses.

32. Supporting the Health and Wellbeing of Carers in Leicester, Leicestershire and Rutland 2012-2015 - Young Carers: Delivery Action Plan, progress since January 2013

The Board noted a report of the Director of Children and Young People's Service which provided an update relating to the young carers work in Leicestershire since January 2013, specifically in relation to the Leicestershire, Leicester and Rutland Carers' Strategy and Leicestershire's Delivery Action Plan, 2012-2015. A copy of the report marked 'Agenda Item 15' is filed with these minutes.

RESOLVED:

That the report be noted.

33. Families, Young People and Children's Division of Leicestershire Partnership NHS Trust - Service Development Initiative Progress Update.

The Board noted a report from Leicestershire Partnership NHS Trust which provided a progress update in relation to the consultation which shaped the Service Development Initiative within the Families, Young People and Children's division of Leicestershire Partnership Trust and highlighted the operational differences that would be experienced by partners and other stakeholders from October 2013. A copy of the report marked 'Agenda Item 16' is filed with these minutes.

RESOLVED:

That the report and progress to date in relation to the Service Development Initiative be noted.

34. Date of Next Meeting.

It was noted that the next meeting of the Board would be held on Thursday 5 December at 2.00pm.