

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 5 December 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
Lesley Hagger
Mike Sandys

Clinical Commissioning Groups

Dr Dave Briggs
Toby Sanders
Dr Chris Trzcinski

Healthwatch Leicestershire

Vandna Gohil
Geoff Smith, OBE

Leicestershire District/Borough Councils

Cllr John Boyce
Cllr Pam Posnett

NHS England Local Area Team

Peter Huskinson

In attendance.

Chief Superintendent Neil Castle, Leicestershire Constabulary

35. Minutes.

The minutes of the meeting held on 5 September 2013 were taken as read, confirmed and signed subject to it being noted that a report on the future structure of the Health and Wellbeing Board would now be submitted to the meeting on 13 February 2014.

36. Urgent Items.

There were no urgent items for consideration.

37. Declarations of interest in respect of items on the agenda.

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.

Councillor Pam Posnett declared a personal interest in the Autism Self-Assessment (minute 43 refers) as her grandson had autism.

Mr Dave Houseman MBE CC declared a personal interest in the report on Support for People with Learning Disabilities (minute 50 refers) as a member of the Leicestershire Learning Disabilities Partnership Board.

38. Position Statement by the Chairman.

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

- Local health and care economy matters;
- Integration and planning for 2014/14 – 2015/16;
- Government response to the Francis Report;
- Review of the Hospitals Complaints System;
- The new GP Contract;
- Reforming urgent and emergency care;
- Reconfiguration in the NHS;
- Report from the King's Fund "Health and Wellbeing Boards: one year on";
- New self-assessment tools for Health and Wellbeing Boards.

A copy of the position statement marked 'Agenda Item 4' is filed with these minutes.

It was suggested that the Health and Wellbeing Board webpages be used to provide regular updates to Board members on local and national matters of interest.

39. NHS Mandate.

The Board considered a report of the Programme Director which provided a briefing on the Government's 2014/15 – 2015/16 NHS Mandate. A copy of the report marked 'Agenda Item 5' is filed with these minutes.

It was noted that some areas of the Mandate were already being addressed through the Joint Health and Wellbeing Strategy. The requirement to improve mental health services for children and young people would be addressed by the Children and Young People's Commissioning Board on behalf of the Health and Wellbeing Board.

It was suggested that, in order to address the needs of vulnerable people, an information sharing protocol be agreed between partners to enable one agency to co-ordinate the whole care package. This was an area of development linked to plans for the Integration Transformation Fund.

It was noted that the NHS Mandate did not reflect all the aspects of the Care Bill which was currently being considered by the House of Lords. It would be important to revisit how partners were delivering the NHS Mandate once the Care Bill had received royal assent.

RESOLVED:

- (a) That Members of the Board be requested to translate the requirements of the Mandate into local Integrated Plans by March 2014;
- (b) That Members of the Board be requested to translate the priorities and actions from the Joint Health and Wellbeing Strategy into local Integrated Plans by March 2014;
- (c) That Members of the Board be requested to collaborate and ensure co-ordination of planning assumptions including through the Integration Transformation Fund submission in February 2014;
- (d) That the Board seek assurance by February 2014 that the Integration Transformation Fund will enable delivery of national and local priorities;
- (e) That the Board seek assurance by March 2014 that the NHS Mandate priorities will be delivered in accordance with national expectations and milestones;
- (f) That the Board seek assurance by March 2014 that the priorities and actions within the Joint Health and Wellbeing Strategy will be delivered in accordance with local expectations and milestones;
- (g) That NHS England's response to the NHS Mandate be circulated to all members of the Board for information;
- (h) That the Director of Public Health be requested to co-ordinate the production of a planning checklist to ensure that the Health and Wellbeing Board is able to discharge effectively its statutory functions when commenting on plans and other strategic documents.

40. Better Care Together Update.

The Board considered a report of Better Care Together which provided an update on progress of the Better Care Together Health and Social Care Programme. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

In his introduction to the report, Dr Dave Briggs explained that there was now a true partnership approach to Better Care Together as the programme was integrated with other care commissioned and provided by Local Authorities. This wider focus was welcomed by the Board. The next stage was to ensure connection and engagement between the Health and Wellbeing Board and Better Care Together so that the Board could take ownership of the integration agenda.

RESOLVED:

- (a) That the update on the Better Care Together Programme be noted;
- (b) That the Better Care Together Board be asked to consider how it will engage with the Health and Wellbeing Board.

41. NHS Call to Action.

The Board considered a report of Better Care Together which provided details of the opportunities for local people to get involved in discussions taking place as part of NHS England's NHS Call to Action. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

It was noted that an engagement event for Specialised Services in the East Midlands was being organised by NHS England and the Specialised Healthcare Alliance and would take place at the end of January or beginning of February 2014. Confirmation of the arrangements for this event would be circulated to Board members.

RESOLVED:

That the planned engagement activity for the NHS Call to Action be noted.

42. An Introduction to Healthwatch Leicestershire.

The Board considered a report and presentation from the Director of Healthwatch Leicestershire which provided an introduction to Healthwatch, its role and function and outlined the development of Healthwatch Leicestershire as a new service. A copy of the report marked 'Agenda Item 8' and the slides forming the presentation is filed with these minutes.

It was noted that Healthwatch Leicestershire had thirteen nominees standing for election to six positions on the Healthwatch Board. Voting closed on 13th December and it was expected that the names of the Chairman and Board Members would be announced the following week.

Arising from discussion the following points were raised:-

- (i) The Board welcomed the progress made by Healthwatch since it had been established in April 2013. It was felt that Healthwatch had developed quickly and was already an influential member of bodies like Better Care Together and had also been closely engaged in quality assurance matters affecting local providers. It was suggested that where Healthwatch's priorities aligned with the Better Care Together themes the two organisations should work together to ensure that the patient's voice was represented during development of work programmes.
- (ii) Concern was expressed that Healthwatch would not be able to tackle issues in sufficient depth due to capacity issues. The Board was advised that this was why Healthwatch was intending to focus only on its priorities and areas where it could make a difference. Healthwatch was important as a consumer champion and the Healthwatch Board hoped that it would continue to receive sufficient funding on a recurrent basis.
- (iii) It was suggested that Healthwatch should work with the membership schemes and patient groups established by CCGs and provider organisations to identify opportunities for joined-up public engagement and shared membership arrangements.
- (iv) There was already a good multi-agency engagement process for children and families. It was intended that Healthwatch would become a part of this and, to this

end, Healthwatch would be attending the next meeting of the Children and Young People's Commissioning Board. It would be helpful for Healthwatch to be linked into the Local Safeguarding Children's Board.

RESOLVED:

- (a) That the role and functions of Healthwatch Leicestershire and the progress that has been made with its development be noted;
- (b) That the emerging findings from the consultation on priorities for Healthwatch be circulated to all members of the Board for information;
- (c) That Geoff Smith and Vijay Sharma be thanked for their contributions to the Health and Wellbeing Board during this important period of transition.

43. Autism Self-Assessment.

The Board considered a report of the Director of Adults and Communities highlighting the completion of the Leicestershire Autism Self-Assessment which provided evidence of local planning, health needs, strategic development and the local implementation work that had been completed to date. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

It was noted that the Autism Strategy Group had a CCG representative and that guidance for diagnosing autism, either with or without learning disabilities, had been sent to GPs. Work was still on-going with GPs to raise awareness of autism.

RESOLVED:

That the Leicestershire Autism Self-Assessment be noted.

44. The Local Government Declaration on Tobacco Control.

The Board considered a report of the Director of Public Health which sought the Board's approval to signing up to the Local Government declaration on Tobacco Control. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

RESOLVED:

That Leicestershire County Council sign up to the Local Government declaration on Tobacco Control.

45. Housing Offer to Health.

The Board considered a report and presentation from the Housing Services Partnership which shared the findings of recent work to develop a "housing offer to health" and sought practical support to deliver the priority projects. A copy of the report marked 'Agenda Item 11' and the slides forming the presentation is filed with these minutes.

The Director of Children and Family Services undertook to investigate the problems with partnership working around homeless 16 and 17 year olds, which had been caused by an ineffective protocol and limited information sharing.

The priority area of hospital discharge would be informed by the new patient census established at the University Hospitals of Leicester NHS Trust (UHL) which, twice a day, issued details of exactly where all patients were in relation to their individual progress within their care pathway. This included identifying any housing issues related to discharge. It was suggested that the District Council Lead on hospital discharge be invited to join the group at UHL working on improving discharges.

RESOLVED:

- (a) That the work of the Housing Services Partnership to develop the Housing Offer to Health be welcomed;
- (b) That the Director of Public Health be nominated as the health representative on the Housing Services Partnership;
- (c) That the five priority project areas for action, as outlined in paragraph 9 of the report, be supported.

46. 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.

47. Acute Mental Health Bed Occupancy.

The Board considered a report from Leicestershire Partnership NHS Trust (LPT) which provided information and analysis regarding the current high levels of bed occupancy in LPT's acute adult mental health wards and described the actions being taken by LPT with partner organisations to address the pressure on beds and reduce the need for out of area placements. A copy of the report marked 'Agenda Item 16' is filed with these minutes.

It was noted that Adult Social Care was involved in the partnership working to resolve issues around discharge. Early discharge planning would help in this area, although to achieve this would involve a cultural change across health and social care. It was felt that Housing Officers should be more proactively involved in work to improve the discharge process for mental health inpatients and in support of prevention work with the crisis team and wider community mental health services.

RESOLVED:

That Leicestershire Partnership NHS Trust's approach, in conjunction with commissioners, to improving patient flows and managing bed occupancy to reduce out of area placements be endorsed.

48. NHS Transfers for Social Care and the Integration Transformation Fund.

The Board considered a joint report of Leicestershire County Council, West Leicestershire CCG and East Leicestershire and Rutland CCG which provided an update about how the current NHS Transfer funding had been allocated and advised on the progress made to date in the development of an Integration Transformation Fund (ITF) for Leicestershire. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

It was noted that the role of the Integrated Commissioning Board would change and a new Integration Executive was being formed with more senior representation. District Councils and Healthwatch both requested representation on the new Integration Executive. The involvement of providers on the Integration Executive would require a clear understanding of conflicts of interest in relation to procurement activities. This issue would also apply to any changes in the Health and Wellbeing Board membership affecting providers.

RESOLVED:

- (a) That the use of the 2013/14 NHS Funding Transfer be agreed;
- (b) That the approval of the use of the NHS Transfer Funds from the Local Area Team and invoicing arrangements be noted;
- (c) That the continuation of existing reporting and monitoring arrangements be approved;
- (d) That the progress on developing the Integration Transformation Fund Plan for Leicestershire be noted and implementation arrangements be agreed;
- (e) That the approach being developed across Leicester, Leicestershire and Rutland to develop new governance arrangements for integration be supported;
- (f) That the approach being developed across Leicester, Leicestershire and Rutland to develop an integrated strategy be noted and the work required to achieve this be supported.

49. Performance Report.

The Board considered a joint report of the Greater East Midlands Commissioning Support Unit Performance Team and County Council Chief Executive which provided an overview of current performance against the Board priorities and key aspects of the national performance framework established in relation to CCGs and providers, along with associated commentary by exception. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

It was noted that, since writing the report, improvements had been reported in a number of areas, as follows:-

- for Delayed Transfers of Care, performance at UHL had improved;
- the Cancer 62 day wait target was now being met;
- EMAS was achieving the target response time of 19 minutes;
- performance related to the Access to Psychological Therapies (IAPT) target had improved and the target would be met by the end of the year.

Arising from discussion the following points were raised:-

- (i) Due to the publication of the NHS Mandate for 2014/15 and associated outcomes frameworks, an additional set of new indicators would be issued for 2014/15; this would result in a significant increase in the number of measures across health and care services where performance needed to be monitored and reported.

- (ii) The performance dashboard considered by the Board was high level and consisted of composite indicators which were informed by a number of more specific indicators. These were considered by the subgroups of the Health and Wellbeing Board, which could escalate issues if necessary. The JSNA Steering Group was responsible for examining the performance of all relevant indicators to determine which should be included in reports to the Health and Wellbeing Board.
- (iii) It was suggested that the next stage of development of the performance dashboard would be to include metrics on the impact of system change. This would involve measuring the performance and outcomes of the Better Care Together programme and should enable the Board to ensure it was developing in the right way to deliver health and social care integration.
- (iv) Concern was expressed that EMAS performance was still not satisfactory, across a number of targets, particularly in rural areas. It was noted that a risk summit had been held to consider issues with EMAS' response times and that the CCGs were now working with EMAS to develop a Quality Improvement Programme which would include agreeing suitable minimum targets for each area and a trajectory for improvement.
- (v) It was suggested that the measure used in the performance report for Delayed Transfers of Care was not the same as that used by the Urgent Care Board. It was felt that consistency of reporting to all health and social care organisations was essential.

RESOLVED:

- (a) That the progress made to date in developing the performance framework and reporting arrangements to support the Board's role be noted;
- (b) That the performance summary, issues identified this quarter and actions planned in response to improve performance be noted and that lead commissioners continue with their respective actions with providers to resolve current areas of concern.

50. Support for People with Learning Disabilities.

The Board considered a report of the Integrated Commissioning Board which provided an update on the progress made on delivering the requirements of the Winterbourne View Concordat and highlighted the outcomes from the Joint Health and Social Care Self-Assessment Framework – Learning Disabilities. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

It was noted that the target for people with Learning Disabilities to have had a health check was 80%. This was considered to be quite low but had been set at that level on the basis that a proportion of those offered the service chose to refuse to have a health check. It was suggested that a record should be kept of the number of people with learning disabilities who had been offered but not accepted a health check and that the data be presented in this way.

Learning disability health checks continued to form part of the Primary Care Assessment Framework. The CCGs therefore routinely asked GP practices when health checks would be completed by and sought assurance that a plan for the health checks was in place.

RESOLVED:

That the progress made on delivering the requirements of the Winterbourne View Concordat and outcomes from the Joint Health and Social Care Self-Assessment Framework – Learning Disabilities be noted.

51. Excess Winter Deaths.

The Board considered a joint report of the Director of Public Health and Blaby District Council which provided an example of locality working in Leicestershire to investigate why Blaby District had experienced significantly higher levels of excess winter deaths from 2004 to 2011 compared to England, in particular for Coronary Heart Diseases and Chronic Lower Respiratory Disease and significantly higher overall excess winter deaths for the period 2007 – 10 compared to England. A copy of the report marked 'Agenda Item 15' is filed with these minutes

RESOLVED:

That the actions taken in Blaby District in response to the data on excess winter deaths in Blaby be noted.

52. Update on the New Integrated Sexual Health Service.

The Board noted a report which provided an update on the implementation of the Integrated Sexual Health Service which was awarded through the recently concluded procurement exercise. A copy of the report marked 'Agenda Item 17' is filed with these minutes.

RESOLVED:

That the progress in implementing the new Integrated Sexual Health Service be noted.

53. Date of Next Meeting.

It was noted that the next meeting of the Board would be held on Thursday 13th February 2014 at 11.30am.