

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 20 November 2014.

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

Toby Sanders

Healthwatch Leicestershire

Gillian Adams  
Rick Moore

Leicestershire District/Borough Councils

Cllr Pam Posnett

NHS England

Professor Aly Rashid

University Hospitals of Leicester NHS Trust

John Adler

In attendance

Tim Sacks, East Leicestershire and Rutland Clinical Commissioning Group  
Dr Chris Trzcinski, West Leicestershire Clinical Commissioning Group

136. Minutes.

The minutes of the meeting held on 16 September 2014 were taken as read, confirmed and signed.

137. Urgent Items.

There were no urgent items for consideration.

138. 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.

No such declarations were made.

139. Position Statement by the Chairman.

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

- Learning Lessons to Improve Care across Leicester, Leicestershire and Rutland;
- Local Progress towards Primary Care Co-commissioning;
- Local Progress with Integration through the Better Care Fund;
- Innovation and Funding Opportunities;
- National Publications of Interest to the Board;

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

The Chairman then invited Healthwatch to give a presentation on the 'My Voice Counts' tour, a series of nine engagement events held across Leicestershire between July and November 2014. A copy of the slides forming the presentation is filed with these minutes.

The Board welcomed the presentation and supported the recommendations made by Healthwatch. It was suggested that, with regard to issues relating to the Arriva Patient Transport Service, any concerns should be shared with the Clinical Commissioning Groups and Quality Surveillance Group. It was also noted that issues around GP access would be addressed through the Primary Care Strategy.

140. A Book of Me (Dementia Resource for Newly Diagnosed Patients).

The Board considered a report from Hinckley and Bosworth Borough Council which provided information on 'A Book of Me', a dementia resource developed in collaboration between the Hinckley and Bosworth Health and Wellbeing Partnership and Beauty and Utility Arts, a social enterprise located in Hinckley. A copy of the report marked 'Agenda Item 5' is filed with these minutes.

It was noted that consideration was currently being given, in conjunction with Vista, to developing a version of 'A Book of Me' that could be used by people with a visual impairment.

The resource would be distributed by Age UK and the Alzheimers Society. An induction session would be held beforehand. In the future, it was hoped that Community Matrons would also use the resource. Officers were encouraged to contact the Clinical Commissioning Groups to look at further options for the distribution of the resource, particularly given the programme to increase dementia diagnoses in GP practices.

RESOLVED:

- (a) That the development and implementation of A Book of Me be noted;
- (b) That a further report be received following the implementation and evaluation of phase one of the A Book of Me project.

141. Summary of the Five Year Strategic Plan, Strategic Outline Case and Programme Initiation Document.

The Board considered a report from the Better Care Together Programme which provided a summary of the work done across the Leicester, Leicestershire and Rutland health and social care economy, through the Better Care Together Programme, to develop plans to transform local services in order to assure their long term clinical, operational and financial viability. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

The Board welcomed the report and members of the Board who were also members of the Better Care Together Partnership Board expressed the view that the Five Year Strategy accurately reflected the local authority and social care challenges, as well as those facing the NHS. It was noted that Healthwatch also welcomed the Strategy as the appropriate way forward for local health and social care services.

It was noted that an accessible version of the Better Care Together Five Year Strategy, Strategic Outline Case and Project Initiation Document would be produced. It was also intended that public engagement on these documents would take place during the Spring.

The Five Year Strategy contained a high level summary of the key interventions required across the health and social care system in order to deliver the required improvements. These would now be developed into specific actions. It was noted that, where necessary, public consultation would be carried out before decisions were taken.

The outcome of the Office of Government Commerce review which had examined initial progress made by the Better Care Together programme had been broadly favourable. Recommendations arising from the review were being taken forward by the Partnership Board.

The funding required to deliver the transformation within the Five Year Strategy was significant and would entail both capital and revenue elements estimated at £430m and £256m respectively. The Strategic Outline Case was intended to provide a robust business case for the programme and would be used to commence discussions regarding funding with the Trust Development Authority and NHS England.

RESOLVED:

- (a) That the development of a draft strategic outline case and programme initiation document to support the LLR five year strategic plan be noted;
- (b) That the comments now made on the draft strategic outline case and programme initiation document be forwarded to the Better Care Together programme office for consideration.

142. Emotional Health and Wellbeing of Children and Young People

The Board considered a report of the Joint Commissioner for Child and Adolescent Mental Health Services (CAMHS) which set out the work undertaken across Leicester, Leicestershire and Rutland to produce a joint multi-agency strategic approach to improving the emotional and mental health of children and young people, the review of

CAMHS services for outpatients provided by Leicestershire Partnership Trust (LPT) and the national review of inpatient CAMHS services. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) Concern was expressed that the target waiting time for CAMHS outpatient services (tier 3) was regularly breached. The number of young people suffering harm as a result of the long waiting time was not measured. This matter had also come to the attention of the Local Safeguarding Children Board which was keen to ensure that it was resolved and that the relevant data was correctly captured. It was acknowledged by LPT that the support for young people who were waiting for services was not sufficient.
- (ii) Other issues of concern identified included pathways not commonly being followed, a lack of consistency in service provision, low levels of GP satisfaction with the service and that the savings to be made by the County Council could result in less capacity for support of CAMHS services in the future
- (iii) It was noted that referral rates were increasing by approximately ten percent each year. It would be important for the review to recognise the need for the model to change. For example, the Clinical Commissioning Groups were currently considering the provision of community based care for young people with eating disorders.
- (iv) It was noted that a stakeholder engagement event for the review of CAMHS outpatient services had already taken place. An interim report was expected early in the new year and interim findings would be available by May 2015.
- (v) Concern was expressed that report did not feel cohesive or sufficiently action orientated and there was a lack of join up across the spectrum of services and strategies for the emotional health and wellbeing of children and young people. The children's workstream in the Better Care Together programme would bring all these pieces of work together and provide leadership. With regard to CAMHS service specifically, the fragmentation of commissioning created additional problems. It was proposed that, in order to address the issues identified by the review, a group comprising the commissioners of CAMHS was established to tackle the issues raised in this report.
- (vi) A Parliamentary Select Committee had reviewed CAMHS tier 2 and 3 services at a national level. Its most recent findings included that the service was commonly underfunded; there was a lack of data relating to prevalence rates and a need to look at new models of service provision.

RESOLVED:

- (a) That the work across Leicester, Leicestershire and Rutland to produce a joint multi-agency strategic approach to improving the emotional and mental health of children and young people, the review of the Child and Adolescent Mental Health Services (CAMHS) for outpatients provided by Leicestershire Partnership Trust and the national review of inpatient CAMHS services be noted;

- (b) That the Director of Children and Family Services be requested to form a group comprising the commissioners of CAMHS Services to provide leadership to work in this area, progress the issues identified in the report and report to a future meeting of the Health and Wellbeing Board;
- (c) That the Director of Children and Family Services discuss the recording of data relating to safeguarding of CAMHS patients with the Independent Chair of the Local Safeguarding Children Board and relevant service providers to seek agreement on resolving this issue, in particular with respect to routine recording of adolescent suicide figures.

#### 143. Co-commissioning of Primary Care

The Board considered a report of West Leicestershire Clinical Commissioning Group (CCG) which presented the slide set from NHS England setting out the proposed next steps towards primary care co-commissioning. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

West Leicestershire CCG was developing a model with delegated arrangements, which would allow the CCG to assume full responsibility for commissioning primary care services, although for legal reasons the liability would remain with NHS England.

The detailed guidance issued by NHS England recommended that, in order to manage conflicts of interest, a committee was established with organisations, including the Health and Wellbeing Board and Healthwatch. The representatives from Healthwatch welcomed this opportunity.

West Leicestershire CCG was keen to explore co-commissioning with Public Health, as well as with NHS England. This opportunity was welcomed by the Director of Public Health.

RESOLVED:

- (a) That the proposed steps towards primary care co-commissioning be noted;
- (b) That the detailed proposal be circulated to all members of the Board for information once it has been developed and a report on progress be submitted to the next meeting of the Board.

#### 144. Primary Care Operating Framework and Co-Commissioning Timescales and Process.

The Board considered a report of East Leicestershire and Rutland Clinical Commissioning Group (CCG) which provided an update on the direction of travel for Primary Medical Services in East Leicestershire and Rutland CCG. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

East Leicestershire and Rutland CCG shared similar views of Primary Care Co-commissioning with West Leicestershire CCG with a vision of primary care redesign to reduce pressure on GP provided services by expanding the work of other professionals within GP practices, allowing GPs to focus on those with the most complex needs.

The Board supported the direction of travel for Primary Medical Services, particularly with regard to outcomes based commissioning and the potential for this to be done in an integrated way.

RESOLVED:

- (c) That the detailed proposal for primary care co-commissioning be circulated to all members of the Board for information once it has been developed;
- (d) That the comments now made on the direction of travel for Primary Medical Services be referred to East Leicestershire and Rutland Clinical Commissioning Group for consideration.

145. Draft Primary Care Medical Plan.

The Board considered a report of West Leicestershire Clinical Commissioning Group (CCG) which provided an update on the process to develop the draft Primary Medical Care Plan and sought comments on it. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

It was noted that West Leicestershire CCG was aiming for 'horizontal integration' with other NHS services. This included options such as secondary care providers looking after complex patients in the community. The long term sustainability of the health service would be secured through organisations working together better and reducing duplication in the system. However, before moving toward this it would be important for the provision of primary care to be stabilised.

RESOLVED:

- (a) That the draft Primary Care Medical Plan be noted;
- (b) That the comments now made be referred to West Leicestershire Clinical Commissioning Group for consideration.

146. Update on Transformation Challenge Award Funding Bids.

The Board considered a report of the Director of Health and Care Integration which provided an update on the progress of two local Transformation Challenge Award bids submitted for the 2015/16 tranche of funding, targeted at improving the integration of health and care and supporting the shift of activity into prevention in community settings. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

RESOLVED:

That the submission of the two applications made for national transformation funding in support of improving integration of health and care in Leicestershire be noted.

147. Leicestershire Cancer Audit

The Board considered a report of the Director of Public Health which highlighted the results and lessons from the 2013/14 Leicestershire GP cancer audit. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

Concern was expressed that cancer potentially did not have a sufficiently high profile in the Better Care Together Five Year Health and Social Care Strategy given the current configuration of priority workstreams. Consideration was given to whether cancer should feature in each of the existing workstreams or be developed into an additional workstream. It was also felt that leadership across the system was needed to ensure that the issues raised in the audit were addressed and that the position for Leicester City and Rutland in relation to cancer data analysis would also need to be considered.

It was noted that a new tool was being introduced in West Leicestershire CCG to raise awareness of cancer. It would be interesting to see if this made a difference to the timeliness of diagnosis. Other initiatives included the training of GP trainers, again to raise awareness of cancer in primary care.

RESOLVED:

- (a) That the results from the 2013/14 Leicestershire GP cancer audit be noted;
- (b) That the Better Care Together Partnership Board be asked to consider how issues relating to cancer are addressed through the programme, in the light of the comments now made.

148. Pharmaceutical Needs Assessment.

The Board considered a report of the Director of Public Health which provided an update on the progress of the consultation for the Pharmaceutical Needs Assessment (PNA) and the progress that had made with respect to responding to the PNAs of neighbouring Health and Wellbeing Boards. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

It was noted that the PNA would influence commissioning decisions. It was requested that, in order to facilitate this, the relevant parts of the PNA be extracted to enable commissioners to take them into consideration.

RESOLVED:

- (a) That the progress made to date through the PNA consultation be noted;
- (b) That the Director of Public Health be authorised to respond formally to the PNA consultations for neighbouring Health and Wellbeing Boards on behalf of the Leicestershire Health and Wellbeing Board;
- (c) That the Director of Public Health be requested to extract those parts of the PNA relevant to commissioning decisions and share the information with commissioners.

149. Performance Update at End of Quarter 2 2013/14

The Board considered a joint report of the Chief Executive of Leicestershire County Council and the Greater East Midlands Commissioning Support Unit (GEM CSU) which provided an update on performance against current priorities in the Joint Health and Wellbeing Strategy and Commissioner Performance Frameworks, based on data available at the end of the second quarter of 2014/15. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

Concern was expressed that there had been no change to performance around delayed transfers of care. It was noted that Leicestershire performed worse than Leicester and Rutland in this area. The Integration Executive was considering this issue in some detail as part of the Better Care Fund Plan and the Help to Live at Home project, and its findings would be shared with the Health and Wellbeing Board in January, along with Healthwatch Leicestershire's review of patient experience of discharge.

RESOLVED:

That the performance summary, issues identified this quarter and actions planned in response to improve performance be noted.

150. Children's Rights Service Annual Report.

The Board considered a report of the Director of Children and Family Services which set out the 2013/14 Annual Reports of the Children's Rights Service and sought the support of the Health and Wellbeing Board's membership to contribute, as relevant, to the successful delivery of the actions identified in the work plans. A copy of the report marked 'Agenda Item 15' is filed with these minutes.

It was suggested that future reports to the Board from all service areas include a section setting out what was required specifically from each organisation.

RESOLVED:

- (a) That the content of the Children's Rights Service Annual Reports and the improvements and developments planned for 2014-15 as set out in the work plans be noted;
- (b) That a progress report on improvements to the timeliness of health assessments and the health summary for care leavers be submitted to a future meeting of the Health and Wellbeing Board;
- (c) That all future reports to the Health and Wellbeing Board identify where actions need to be undertaken by specific organisations, as part of the recommendations made in the report.

151. Care Act 2014 Implementation.

The Board considered a report of the Director of Adults and Communities which provided an update on the progress made thus far with the implementation of the Care Act 2014 in Leicestershire. A copy of the report marked 'Agenda Item 16' is filed with these minutes.

It was suggested that officers from Adult Social Care should present the implications of the Care Act to Clinical Commissioning Groups in Board Development Sessions in the next couple of months to ensure that there was understanding across the system. It was also suggested that risks arising from the Care Act should have more visibility across the health and social care system.

The requirements of the Care Act fitted with direction of travel for Adult Social Care towards prevention and self care. However the Act would not increase the number of vulnerable people without support in the County; the eligibility criteria defined in the Act



was more generous than the criteria currently used by the County Council. It was noted that the County Council also provided support to carers, although the level of support would increase as a result of the Act.

With regard to the requirement in the Care Act for Local Authorities to provide social care support and services to prisoners, it was confirmed that NHS England, Public Health England and the Association of Directors of Adult Social Care were progressing work regionally to support its implementation.

It was noted that the most significant risk relating to the Care Act was that the County Council would not have sufficient funding to implement it.

RESOLVED:

That the update on the progress made thus far with the implementation of the Care Act 2014 in Leicestershire be noted.

152. Review of the Effectiveness and Working Arrangements of the Integration Executive.

The Board considered a report which considered the effectiveness and working arrangements of the Integration Executive after six months of operation, in line with the Integration Executive's terms of reference. A copy of the report marked 'Agenda Item 17' is filed with these minutes.

It was requested that an additional question be added to the proposed survey to test respondents overall opinion on the added value of the work of the Integration Executive

RESOLVED:

- (a) That the approach to gathering feedback on the effectiveness of the Integration Executive be approved, subject to the addition of an additional question regarding the added value of the work of the Integration Executive;
- (b) That the findings and proposing and proposed recommendations arising from this feedback be considered at a future meeting of the Health and Wellbeing Board.

2.00 - 4.40 pm  
20 November 2014

CHAIRMAN