

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 5 May 2016.

PRESENT

Mr. E. F. White CC (in the Chair)

Karen English	Rick Moore
Lesley Hagger	Mr. I. D. Ould CC
Mr. Dave Houseman MBE, CC	Cllr. P. Posnett
Dr Andy Ker	Cllr. P. Ranson
Dr Satheesh Kumar	Mike Sandys
Dr Mayur Lakhani	Jon Wilson

Apologies

John Adler

In attendance

275. Minutes and Action Log.

The minutes of the meeting held on 10 March 2016 were taken as read, confirmed and signed.

The Board also noted the Action Log, which provided an update on actions agreed by the Board at its previous meetings. It was noted that although Director of Public Health had not established a formal relationship with NHS England for developing the commissioning plans for pharmaceutical services (action 176(e) refers), the informal relationship that existed was felt to be positive and well developed. This action was therefore complete.

276. Urgent Items

There were no urgent items for consideration.

277. 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 declarations were made.

278. Position Statement by the Chairman.

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

- Support for Dying Matters Week;

- Local Developments;
- Publications.

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

279. Carillon - Radio for Wellbeing.

The Board received a presentation from the Station Manager at Hermitage FM Radio providing background information about the radio station, which had developed out of the model for hospital radio. The presentation also outlined the current offer which consisted of a community radio station and a coffee lounge which operated as a community hub in Coalville. A copy of the slides forming the presentation is filed with these minutes.

The Board also considered a leaflet which set out a proposal for the radio station to apply for a community licence which would enable to broadcast beyond the hospital campus to GP waiting rooms and patient's homes. It was intended that the radio station would provide cognitive stimulation, health information and social opportunities for service users and their carers. A copy of the leaflet is filed with these minutes.

The Chairman indicated that this presentation was made at his request as it was a good example of a community initiative that promoted health and wellbeing.

Board members agreed to show their support to the proposal to seek a licence, as the radio station's work was seen as beneficial in reducing social isolation, sharing health and wellbeing information and engaging with remote communities. It was also hoped that the radio station could promote self help and potentially reduce demands on services. It was suggested that the project should engage with GP Federations and Patient Participation Groups for individual surgeries to promote its offer. Consideration should also be given to extending the area covered by the project to include Rutland and the clinical lead for East Leicestershire and Rutland CCG agreed to follow this up.

RESOLVED:

That the Chairman be asked to write on behalf of the Board to confirm its support for the Radio Wellbeing project.

280. Sustainability and Transformation Plan.

The Board considered a report of the Leicester, Leicestershire and Rutland (LLR) Sustainability and Transformation Plan (STP) Lead which provided an update on the progress and development of the STP including details of the first checkpoint submission on 18th April. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The inclusion of prevention in the priorities for the STP was welcomed. It was recognised that the Health and Wellbeing Board could be responsible for delivering elements of the plan for Leicestershire and that this could include prevention.
- (ii) In terms of the development of GP practice federations, the importance of the local GP surgery serving a particular community was acknowledged. However, it was felt that Practices could also gain support and benefit from being part of a larger

network, hence the federated way of working. They could also become more sustainable by working together to provide certain services on behalf of each other.

- (iii) A Five Year Forward View for General Practice had been published which set out NHS England's ambitions for new models of primary care. There was some concern locally regarding the sustainability of the GP services, particularly given the difficulties with GP recruitment along with the general challenges of GP practice configuration in Leicester City. An LLR-wide group was being set up to look at the future of primary medical care and respond to the five year forward view. It would be important for the County Council to be represented on this group.

RESOLVED:

- (a) That the content and process of the Sustainability and Transformation Plan be noted;
- (b) That the 11 suggested priority areas for Leicester, Leicestershire and Rutland's STP be supported as appropriate priorities for the system.
- (c) That County Council representation be sought for the LLR working group on the future of models of primary care

281. NHS Quality Premium 2016/17.

The Board considered a report from East Leicestershire and Rutland CCG and West Leicestershire CCG which provided information on indicators that related to the Quality Premium for 2016/17 and confirmed specific indicators where choices had been made in agreements with NHS England. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

The CCGs had been required by NHS England to choose local targets which would be challenging to achieve. Therefore, although Leicestershire performed comparatively well in reducing the number of delayed transfers of care, West Leicestershire CCG had chosen a target linked to discharge from mental health units and community hospitals, as it was an outlier in terms of its performance in this area.

It was confirmed that performance of the urgent care system was a priority for both CCGs and that significant investments had been made in this area.

RESOLVED:

That the local priorities for the Quality Premium chosen by East Leicestershire and Rutland CCG and West Leicestershire CCG be supported.

282. Better Care Fund Plan Final Submission and Assurance.

The Board considered a report of the Director of Health and Care Integration which provided assurance that the Better Care Fund (BCF) Plan had been submitted to NHS England in line with the national timetable and provided an overview of the spending plan and outcome metrics for 2016/17. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

On behalf of the Board, the Chairman thanked all partners for their work in developing the Plan. Initial feedback from NHS England had been positive, welcoming the commitment and engagement in the Plan from providers and communities. There was also confidence that the Plan would be delivered. Formal assurance, to be received via letter from NHS England, was expected during the following week.

It was confirmed that the pooled budget for the BCF was £187,000 higher than the minimum required value because some funding had been received from the Vanguard programme in addition to the core BCF budget.

RESOLVED:

That the approval of the Better Care Fund by representatives of all organisations represented on the Health and Wellbeing Board at the meeting of the Integration Executive on 26 April and submission of the Plan to NHS England be noted.

283. Approach to Social Prescribing

The Board considered a report of the Director of Public Health which provided details of the work being undertaken to develop a consistent approach to social prescribing across Leicestershire and sought endorsement of the emerging approach. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Unified Prevention Board would lead this work in Leicestershire. It would seek to explore areas of communality with Leicester City. However, the social prescribing model would not be the same in the two areas as, for example, the physical activity offer and approach to community development were different.
- (ii) A strategy for social prescribing was being developed. This would include a requirement to evaluate the schemes to ensure that they were effective. To this end, a performance dashboard was being co-produced by partners. A communications plan was also needed to ensure all partners, particularly GPs, were aware of and engaged with the model.
- (iii) There was an overlap between social prescribing and the wider models of community support, such as the Braunstone Blues project which was collaboration between the emergency services to reduce demand through education, home visits and campaigns aimed to direct residents to other, more appropriate services.

RESOLVED:

- (a) That the work to coordinate approaches to social prescribing be noted;
- (b) That the emerging model for social prescribing in Leicestershire be endorsed.

284. Update on Discharge Arrangements.

The Board considered a report of the LLR Urgent Care System which provided an update on the progress of completion of the 'High Impact Change Model – Managing Transfers

of Care' and how this would inform the Whole System Discharge Summit, to be held on 5 May 2016. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

RESOLVED:

- (a) That the work that has taken place on improving discharge process across Leicester, Leicestershire and Rutland, previously taken forward by the Discharge Steering Group, which has been instrumental in achieving the 2.5% Delayed Transfer of Care target for UHL be noted;
- (b) That the progress on completion of the High Impact Change Model 'Managing Transfers of Care', as set out in Appendix 1 to the report, be noted.

285. Suicide Prevention.

The Board considered a report of the Director of Public Health which provided an update on the work of the LLR Suicide Audit and Prevention Group and set out progress on development of the next LLR Suicide Prevention Strategy and Action Plan (2016-19). A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Suicide Prevention Strategy would need a good communication plan to emphasise the importance of preventative measures. Social prescribing could also be effective in preventing suicide as the groups of people most at risk often had low level mental health problems and social deprivation issues.
- (ii) 60 people per 100,000 of the population in Leicestershire committed suicide each year. It was confirmed this figure included suicide rates for children and young people. Although the numbers for Leicestershire were small, they were felt to be significant and a focus on children and young people in the Suicide Prevention Strategy would be welcomed.
- (iii) The Board discussed the impact on mental health for the cohort of people entering local communities who were refugees and migrants, and expressed concern that this group may be at risk. It was noted that, although migrants and refugees generally had high levels of mental distress caused by the circumstances and potential trauma of their displacement, there was no historical link to increased suicide. These groups were usually resilient given their experiences, once settled in their new place of residence
- (iv) It would be important for the action plan to include pro-active measures aimed at suicide 'hotspots' and the Board was pleased to note that the Group was involved in the 'R U OK?' awareness raising campaign and six monthly events led by Network Rail.
- (v) It was felt that a specific tool for classifying risk would be useful for GPs although it should not act as a replacement for clinical judgement. Training would also be important and should be provided to all primary care staff, including receptionists.

RESOLVED:

- (a) That the impact of death from suicide in Leicestershire be noted;

- (b) That the purpose and work of the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group be noted;
- (c) That the current and emerging priorities of the Leicester, Leicestershire and Rutland Suicide Audit and Prevention Group, particularly in relation to the development of the next Suicide Prevention Strategy and Action Plan (2016-19) be supported.

286. Outputs from the Health and Wellbeing Board Development Session - 10 February 2016.

The Board considered a report of the Director of Health and Care Integration which provided assurance that the actions arising from the Board Development Session held on 10 February 2016 were being progressed. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

It was noted that the template for reports had been revised to enable more challenging discussions to take place at Board meetings.

RESOLVED:

- (a) That members of the Health and Wellbeing Board receive the Integration Programme Director's Highlight Report on a monthly basis;
- (b) That the items set out in paragraph 8 of the report relating to health and social integration be approved for consideration at future meetings of the Board;
- (c) That the Unified Prevention Board report directly to the Health and Wellbeing Board, recognising that specific elements of the work associated with the Better Care Fund will also be subject to monthly assurance via the Integration Executive;
- (d) That a report on the wider determinants of health be submitted to the next meeting of the Board for consideration;
- (e) That the revised Terms of Reference for the Health and Wellbeing Board be approved.

287. Date of next meeting.

The next meeting of the Board would take place on Thursday 7 July at 2.00pm.

2.00 - 3.45 pm
05 May 2016

CHAIRMAN