

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 15 September 2016.

PRESENT

Leicestershire County Council

Mr. Dave Houseman MBE, CC
Mr. I. D. Ould CC
Paul Meredith

Mike Sandys
John Sinnott
John Wilson

Clinical Commissioning Groups

Karen English
Dr Any Ker
Prof Mayur Lakhani
Toby Sanders

Healthwatch Leicestershire

Rick Moore

Leicestershire District Councils

Cllr Pam Posnett

University Hospitals of Leicester

John Adler

Leicestershire Partnership Trust

Dr Satheesh Kumar

Police

Supt Mark Newcombe

302. Election of Vice Chairman.

That Dr. Andy Ker be appointed Vice Chairman of the Health and Wellbeing Board for the period ending with the date of the Annual Meeting of the County Council in 2017.

Dr Andy Ker – In the Chair

303. Minutes.

The minutes of the meeting held on 7 July 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.

304. Urgent Items.

There were no urgent items for consideration.

305. 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.

Rick Moore and declared a personal interest which could lead to bias in the report on Healthwatch Leicestershire Review and Recommissioning (minute 318 refers) as he was the Chair of Healthwatch Leicestershire and undertook to leave the room during discussion of that item.

306. Position Statement by the Chairman.

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

- NHS Choices Apps;
- New App Developed in Leicester, Leicestershire and Rutland for Pancreatic Cancer;
- Electronic Falls Risk Assessment Tool (eFRAT);
- Leicestershire Partnership Trust's Chat Health App;
- Publications, News Digest and Resources.

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

307. Board Governance.

The Board considered a report of the Chief Executive of Leicestershire County Council which sought approval of changes to the membership of the Health and Wellbeing Board and to the appointment of a Vice Chairman. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

It was confirmed that, if the Chairman and Vice Chairman of the Board were not present at a meeting, the Board would elect a chairman for that meeting from amongst its members.

It was noted that, as a result of the Sustainability and Transformation Plan, there were likely to be some changes to the role of the Health and Wellbeing Board, in terms of new system leadership arrangements across Leicester, Leicestershire and Rutland and assuring delivery of the Plan. This would be the subject of a future report to the Board.

RESOLVED:

- (a) That the appointment of Dr Andy Ker as Vice Chairman of the Health and Wellbeing Board be approved;
- (b) That the following changes to the membership of the Board be approved:-
 - (i) Appointment of a Chief Executive representative for the Leicestershire District Councils;

- (ii) Appointment of a representative of the Office of the Police and Crime Commissioner, in addition to the representative from Leicestershire Police.

308. 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.

309. Sustainability and Transformation Plan.

The Board considered a presentation from the Lead Officer for the Sustainability and Transformation Plan (STP) which provided an update on the development of the Plan, including the priority areas that had been identified. A copy of the slides forming the presentation is filed with these minutes.

The STP contained a smaller overall reduction in acute hospital beds than had originally been planned through the Better Care Together programme. This was because the work to date on improving community health services had not resulted in the expected reduction in demand for acute hospital beds.

Governance proposals for the STP would be shared with partner organisations during October, with a view to having the new arrangements in place by November. The Health and Wellbeing Boards in Leicester, Leicestershire and Rutland would be asked to lead work in specific areas to ensure delivery of the plan. This would enable the involvement of more partners across the health and care system, such as district councils.

It was recognised that data and software systems which could operate across organisational boundaries were essential to the effective establishment of integrated teams in localities. Although it would not always be appropriate to share data where the individual service user could be identified, the Care and Health Trak tool had demonstrated that useful anonymised data could be made available to track patient flow through the system. This was currently also being used by the Supporting Leicestershire Families (SLF) service, subject to appropriate consent being sought from service users, to show how families who had been referred to this service were using the health and care system and whether the SLF service had a positive impact on this. It was hoped that, as part of the proposed leadership role of the Health and Wellbeing Board, appropriate information governance arrangements could be put in place to enable more effective sharing of data both for the purposes of individual case management and for analysis population level trends

With regard to the proposals for the future of community health services in Hinckley, some concern was expressed that the engagement work carried out so far had only focused on one solution, rather than a range of options. It was acknowledged that there was some local disquiet regarding the proposal to move services out of the Hinckley and District Hospital; however it was essential that the services provided in Hinckley were sustainable in the long term.

RESOLVED:

That the presentation be noted.

310. Joint Health and Wellbeing Strategy.

The Board considered a report of the Director of Public Health which presented the draft Joint Health and Wellbeing Strategy 2017-2022 and outlined the next steps in the development of the strategy. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

The draft Strategy would need refining in the context of the final priorities and new governance proposals for delivery of the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan. This might therefore delay the wider engagement with key stakeholders on the content and delivery of the strategy for a couple of weeks.

It was suggested that the employer responsibility to employees with mental health problems should be incorporated into the strategy.

RESOLVED:

- (a) That the draft Joint Health and Wellbeing Strategy and delivery plan as attached at Appendix 1 to this report be approved for wider engagement with key stakeholders;
- (b) That the recommendations for new ways of working outlined in paragraphs 15 – 20 of this report be supported;
- (c) That the timetable for completion of the Joint Health and Wellbeing Strategy outlined in Paragraphs 21 - 23 of this report be agreed, subject it to it being noted that the governance changes proposed for the Sustainability and Transformation Plan may have an impact on the timetable;
- (d) That Board Members be asked to consult on the draft Leicestershire Joint Health and Wellbeing Strategy 2017 – 22 with the Board of their own organisation (as required) in order to approve the final strategy at the November Health and Wellbeing Board meeting.

311. Children's Heart Surgery at Glenfield Hospital.

The Board considered a joint report of the Chief Executive of Leicestershire County Council and Director of Public Health which provided an update on local activity undertaken since NHS England announced its intention to cease the commissioning of children's heart surgery at Glenfield Hospital and outlined next steps. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

NHS England would be visiting Glenfield Hospital the following day to meet staff and stakeholders, view the unit and discuss its concerns, and those of University Hospitals of Leicester NHS Trust, in detail.

RESOLVED:

That the local activity undertaken since NHS England announced its intention to cease the commissioning of children's heart surgery at Glenfield Hospital and the proposed next steps be noted.

312. Update on Performance of the Leicester, Leicestershire and Rutland Discharge Workstream.

The Board considered a report of the Leicester, Leicestershire and Rutland Discharge Workstream which provided an update on work in this area including the discharge summit and eight high impact interventions for discharge. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Department of Health's eight high impact interventions for discharge checklist had identified one specific area where local activity was not sufficient. This concerned a lack of focus on information to support patient choice. The Discharge Steering Group was challenging partners to respond to this gap and include targeted actions which would improve the position into the existing LLR discharge action plan.

Lessons had been learnt from the approaches taken in Leicester City and Rutland, where performance in this area was better. Work was currently underway to develop an integrated hospital in-reach discharge team and an integrated reablement offer. A business case would be developed, overseen by the Integration Executive and it was hoped that a new service would be in place by April or May 2017.

It would be important to ensure that the in-reach service was fully embedded in the discharge pathway and not seen as the only method of discharge.

It was also suggested that the Intensive Community Support service might have capacity to support discharge further; however any referrals to that service would need to be clinically appropriate and within its scope.

RESOLVED:-

That it be noted that there has been a deterioration in performance in 2016/17 in terms of delayed transfers of care from hospital and that the role of the discharge steering group is to lead focused work to:-

- Address remaining gaps/barriers in implementing the 5 new discharge pathways for LLR;
- Support additional analysis of the current performance, taking immediate remedial action to improve in year performance;
- Provide assurance to the LLR Urgent Care Board and Chief Officers on the delivery of sustainable discharge improvements in the medium term.

313. Healthwatch Leicestershire Annual Report 2015-16.

The Board considered a report and presentation from Healthwatch Leicestershire which presented its Annual Review 2015-16. A copy of the report marked 'Agenda Item 11' and the slides forming the presentation is filed with these minutes.

The Board commended Healthwatch on its achievements during 2015-16. It would be important to continue to work with Healthwatch to support public and patient involvement in key areas such as public consultation on the delivery of certain elements of the STP. Healthwatch would also have a role to play in monitoring delivery of the STP from a

patient perspective, to test whether the care patients received was seamless and joined up across organisations.

RESOLVED:

- a) That Healthwatch Leicestershire's Annual Review 2015 -16 be noted;
- b) That it be noted that Leicestershire County Council, as commissioners of Healthwatch Leicestershire, is undertaking a review.

314. Safeguarding Annual Report.

The Board considered a report of the Independent Chair of the Safeguarding Boards which set out the draft Annual Report 2015/16 for the Leicestershire and Rutland Safeguarding Children's Board and Safeguarding Adults Board for consultation and comment. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

It was noted that there were synergies between areas of safeguarding risk and the Better Care Together workstreams. The Safeguarding Boards needed to be assured that transformation and change improved safeguarding outcomes. One particular area of risk was care in community settings, as it was felt that safeguarding referrals from this area were comparatively low. It was agreed that safeguarding needed to be embedded in all workstreams delivering the STP; the Board undertake to follow this issue up.

Neglect was a priority for both the Children and Adults Safeguarding Boards. A new procedure and toolkit had been launched, which included support to enable practitioners to respond better to the 'toxic trio' of domestic violence, substance misuse and mental health.

It was confirmed that addressing Female Genital Mutilation had been a priority for the Safeguarding Children Board during the previous year. A new strategy had been developed. This work was now considered to be 'business as usual' and delivery was monitored through the quality assurance framework.

RESOLVED:

- (a) That the Annual Reports be noted and that the comments now made be referred to the Safeguarding Boards in order for them to be addressed prior to the final versions being published;
- (b) That officers be asked to ensure that safeguarding is embedded across all workstreams delivering the Sustainability and Transformation Plan.

315. Department of Health Audit Autism Self-Assessment Evaluation 2016.

The Board considered a report of the Director of Adults and Communities which outlined the requirements and actions underway to complete the 2016 joint Leicester, Leicestershire and Rutland Autism Self-Evaluation which was to be submitted to the Department of Health by 17 October 2016. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

RESOLVED:

- a) That the Director of Adults and Communities, following consultation with the Chairman of the health and Wellbeing Board be authorised to sign off the Autism Evaluation for submission by the 17 October 2016;
- b) That the Director of Adults and Communities be authorised to submit the Autism Evaluation on behalf of Leicestershire by the required date;
- c) That the report findings be presented to the Health and Wellbeing Board for consideration in November 2016.

316. BCF Quarterly Submission.

The Board considered a report of the Director of Health and Care Integration which provided assurance on the quarterly reporting requirements for the Better Care Fund (BCF). A copy of the report marked 'Agenda Item 14' is filed with these minutes.

It was confirmed that the avoided admissions target was 'pay for performance'. The BCF had a £1million risk pool associated with this target. If the target was not achieved, the funding was returned to the CCGs to offset against the impact of having to pay for extra admissions. The Finance and Performance Group would meet in November to determine how much money from the risk pool could be returned to the CCGs.

It was confirmed that local performance on Delayed Transfers of Care had deteriorated and this has been reflected in the national report. This had been the subject of a report earlier on the agenda.

The avoided admissions target was subject to a local 'pay for performance' arrangement within the 2016/17 Better Care Fund plan for areas of the country where managing levels of demand for acute activity was proving problematic. Leicestershire had a £1million risk pool associated with this target within the local BCF plan for 2016/17. If the admissions avoidance target was not achieved, the funding was returned to the CCGs to offset against the impact of having to pay for extra admissions. The Integration Finance and Performance Group (which met quarterly), would have a meeting in November 2016 to determine if any money from the risk pool should be returned to the CCGs based on forecast year end performance at this stage.

RESOLVED:

That it be noted that the first quarterly return was approved by members of the Integration Executive on 6 September 2016 and submitted to NHS England and submitted to NHS England on 9 September 2016.

317. Better Care Fund Plan/Disabled Facilities Grant Progress Update.

The Board considered a report of the Chief Executive of Leicestershire County Council which provided an update with respect to the progress made in addressing the objections raised by Charnwood Borough Council to the Disabled Facilities Grant (DFG) allocations as part of the Better Care Fund Plan and pooled budget for 2016/17 and the development of the Lightbulb Integrated Housing Services Business Case, due to be completed by 28 September 2016. A copy of the report marked 'Agenda Item 15' is filed with these minutes.

It was confirmed that, since the report had been circulated, the matter was now resolved in accordance with the recommendation made by the Integration Executive. However, it would be important to ensure that district councils were engaged in planning for the refresh of the Better Care Fund in 2017 at an early stage.

RESOLVED:

- (a) That it be noted that Charnwood Borough Council has now indicated that it wishes to progress the matter in accordance with the recommendation of the Integration Executive as set out in paragraph 18 of the report, and that the County Council's Cabinet will be informed of this at its meeting on 16th September;
- (b) That the response of Charnwood Borough Council be welcomed;
- (c) That the development of the business case for the Lightbulb Integrated Housing Service, which is predicated on joint investment by partners to incorporate the delivery of Disabled Facilities Grant in a wider offer of support to individual residents, and the constructive engagement of the district councils be noted and supported.

318. Healthwatch Leicestershire Review and Recommissioning.

The Board considered a report of the Chief Executive of Leicestershire County Council which provided an update on progress with the review of Healthwatch Leicestershire

[Having previously declared a personal interest which could lead to bias in this matter, Rick Moore left the room during the consideration of this report.]

It was confirmed that the review included consideration of resources and ways in which Healthwatch could improve its efficiency.

RESOLVED:

That the review of Healthwatch be noted.

319. Dates of future meetings.

Future meetings of the Health and Wellbeing Board would take place at 2.00pm on the following dates:-

17th November 2016;
5th January 2017;
16th March 2017;
1st June 2017;
20th July 2017;
21st September 2017;
16th November 2017.