

HEALTH AND WELLBEING BOARD: 12 MARCH 2015

POSITION STATEMENT FROM THE CHAIRMAN

SECTION ONE: LOCAL DEVELOPMENTS:

1.1 Better Care Together: Launch of the Public Awareness Campaign



Better care together

Leicester, Leicestershire & Rutland health and social care

The Better Care Together (BCT) programme has launched an awareness raising campaign, which aims to engage with as many people as possible across Leicester, Leicestershire and Rutland (LLR). The campaign includes:

- 10,000 general awareness leaflets being distributed through partner organisations
- Brochure and questionnaire
- Regular updates to existing NHS patient and service user memberships (over 30,000 people)
- Mobile engagement unit deployed to 11 locations across LLR during March.

Further information can be found at the following links:

- BCT Film: <https://www.youtube.com/watch?v=rZyBmjDLv4k>
- BCT brochure: <http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=32078>
- BCT questionnaire: <https://consult-engage.gemcsu.nhs.uk/gemcsu/better-care-together-march-2015>
- BCT events calendar – including the locations for the mobile unit <http://www.bettercareleicester.nhs.uk/get-involved/events/>
- BCT Home Page <http://www.bettercareleicester.nhs.uk/>

1.2 Leicestershire's Integration Programme launches research partnership with Loughborough University and Healthwatch Leicestershire

Loughborough University, Healthwatch Leicestershire and Leicestershire County Council have forged a research partnership to test the effectiveness of 4 new community based services which have been designed to reduce emergency admissions to hospital.

The study will evaluate the following services:

- Falls response in the home/community
- Crisis care at home
- Rapid assessment service for frail older people
- Seven-day services in primary care.

<http://www.lboro.ac.uk/news-events/news/2015/february/19-hospital-admissions.html>

1.3 Healthcare Plans for Ashby

Leicestershire Partnership NHS Trust and West Leicestershire CCG have invited the residents of Ashby to attend two drop-in events in March which will provide an insight into current local health services and how these will look in the future.

The events will share new plans for Ashby, including how community nursing clinics and musculoskeletal (MSK) services will be run locally from Hood Park Leisure Centre, the other types of new services planned for the future and the real benefits that these services will bring.

Visitors to the exhibition-style event can drop in at any time and be able to find out about the services providing home-based support, as well as see how these services will work in practice.

Representatives from Intensive Community Support services, Night Nurse Services, the Older People's Unit and more will be on hand to explain what is on offer for the residents of Ashby, and how local community services will help to reduce the need for hospital stays.

There will also be the chance to watch a film outlining the plans and staff will be available to answer any queries people may have on plans to relocate services out of Ashby and District Hospital, in order to increase the range of community health services and provide more care in people's homes.

The first event takes place at Ashby Library, North Street, LE65 1HU, on the afternoon of Monday 16 March, from 1pm to 4pm.

The second event takes place at Hood Park Leisure Centre, North Street, LE65 1HS, on Wednesday 18 March from 6pm to 9pm.

1.4 Improving patient flow at University Hospitals of Leicester

UHL have produced a short video called [Everybody Counts: Improving patient flow through our hospitals](#) which highlights the importance of all services and agencies working together so our urgent care system can function at its best.

For more information about the video which is being launched on UHL's social media day on 12 March, please contact Tiffany Jones, Head of Communications and Engagement, University Hospitals of Leicester NHS Trust or visit UHL's home page www.leicestershospitals.nhs.uk or follow the developments on Twitter: @Leic_Hospital

1.5 Huntington's Disease Relocation

Leicestershire Partnership Trust (LPT) is proposing to move its specialist Huntington's Disease inpatient and community services from their current base, at Mill Lodge, Kegworth, to a new purpose-built facility on the site of Stewart House, where they currently provide mental health rehabilitation inpatient care for adults with complex mental health needs. The rationale for the move was set out in an engagement document, Proposed change of location for Huntington's Disease service from Mill Lodge, Kegworth.

LPT undertook an engagement programme between 17 November and 17 December 2014, an engagement document and Easy Read summary was produced which was made available at key sites, at briefing meetings and for download online.

The majority of responses received supported the planned relocation. Family members who responded were unanimously in favour of the move.

A summary document detailing the feedback from the engagement activity during this period has been published – more information at this link: http://www.leicspart.nhs.uk/Library/AMHLD_2_15PublicHavesayonHDservicesFINAL.pdf

1.6 Care Quality Commission Inspection at Leicestershire Partnership Trust

A trust-wide Care Quality Commission (CQC) inspection will be taking place between 9-13 March 2015 at Leicestershire Partnership NHS Trust (LPT) under the new CQC inspection regime.

Further details at this link: <http://www.leicspart.nhs.uk/InvolvingYou-CQCvisitMarch2015.aspx>

SECTION TWO: NATIONAL DEVELOPMENTS

2.1 Greater Manchester Combined Authorities

Extract from Statement

Greater Manchester and NHS England have today (Friday 27 February) announced groundbreaking plans around the future of health and social care with a signed memorandum agreeing to bring together health and social care budgets – a combined sum of £6bn.

This trailblazing move sees NHS England, 12 NHS Clinical Commissioning Groups, 15 NHS providers and 10 local authorities agree a framework for health and social care - with plans for joint decision-making on integrated care to support physical, mental and social wellbeing.

Today's Memorandum of Understanding, approved and countersigned by the Chancellor and the Health Secretary, puts local people in the driving seat for deciding on health and care services that suit Greater Manchester. It will also help in the long-term to ease pressure on hospitals – while focusing on services in community that bring health and social care closer to home.

Links to further information:

- Memorandum of Understanding - in full [\[View\]](#)[\[Save\]](#)
- GM health devolution questions and answers [\[View\]](#)[\[Save\]](#)
- Summary of the Memorandum of Understanding [\[View\]](#)[\[Save\]](#)
- Home Page: <http://www.agma.gov.uk/gmca/gmca-devolution-agreement1/caring-for-gm-together/index.html>

2.2 NHS England announces a major review of the commissioning of NHS maternity services

Recent advances in maternity care, changes in the demographics of women having babies, and preferences of where they want to give birth will form a key focus of this review which will assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies.

Terms of reference will include:

- Review the UK and international evidence and make recommendations on safe and efficient models of maternity services, including midwife-led units
- Ensure that the NHS supports and enables women to make safe and appropriate choices of maternity care for them and their babies; and
- Support NHS staff including midwives to provide responsive care.

The review is expected to report in by the end of the year and will be led by an external chair, supported by a diverse panel. The appointment of the chair and other review panel members will be announced shortly.

Further information at this link: <http://www.england.nhs.uk/2015/03/03/maternity-care/>

2.3 Primary Care Commissioning

NHS England has approved the first set of GP-led clinical commissioning groups (CCGs), who will take on responsibility for commissioning the majority of GP services from April this year. This follows plans set out by NHS England Chief Executive Simon Stevens to give patients, communities and clinicians more scope in deciding how local services are developed. 64 CCGs across the country have been approved to take on greater delegated commissioning responsibility for GP services, including all 3 CCGs in LLR.

More information at: <https://www.england.nhs.uk/commissioning/pc-co-comms/>

2.4 Green Paper Consultation

A Green paper consultation was launched on March 6th entitled “No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions.” The document focuses on four key areas:

- People in Charge supported by family and friends
- Inclusion and independent in the community
- The right care in the right place
- Very clear and accountability and responsibility throughout the system

More details (including easy read version) available at:

<https://www.gov.uk/government/consultations/strengthening-rights-for-people-with-learning-disabilities>

2.5 Dementia Challenge

The prime minister has announced that all NHS staff – from hospital porters to surgeons – will be given training in understanding dementia, as part of a series of measures designed to tackle the condition.

Launching the next phase of the government’s “challenge on dementia” programme, the prime minister pledged £300m of investment into dementia research over the next parliament and announced the creation of a new global fund on dementia, which would see investors from the public and private sectors unite to fund a range of research projects.

An international dementia institute is to be established in England within the next five years and an online and telephone service to facilitate people taking part in dementia research studies is to be launched.

For more information on the dementia challenge visit:

<http://dementiachallenge.dh.gov.uk/about-the-challenge/>

Become a **dementia friend** here <https://www.dementiafriends.org.uk/> ...and join over 1 million people who have already participated.

2.6 Integrated Personal Commissioning

Appendix A to this paper is the announcement from NHS England and the Local Government Association about the first wave of the Integrated Personal Commissioning (IPC) programme.

2.7 Vanguard sites for developing new models of care

NHS England has selected 29 'vanguard' areas to develop new models of integrated services which can be replicated across the country. The sites include some of the most challenged health economies in England and well established pioneers of joined up care. The vanguard areas will be expected to spend the next year establishing three of [the new models of care set out in the NHS Five Year Forward View](#). These are: multispecialty community providers (or MCPs), primary and acute care systems (or PACS), and enhanced health in care homes.

2.8 NHS Tariff for 2015/16

For 2015/16 NHS providers were offered the choice of two options for their tariff, with decisions required on an individual organisation basis by March 5th.

A large majority of NHS hospitals, community health services and mental health trusts have decided to move to a new voluntary tariff option (the 'Enhanced Tariff Option', or ETO) for 2015/16.

They will gain their share of the improved tariff funding made available to the NHS in December's Autumn Statement, worth up to £500 million.

The full list of [providers choosing the ETO is available](#) here. 211 out of 241 NHS trusts and foundation trusts chose this option, which is 88 percent of all NHS providers, including Leicestershire Partnership Trust and University Hospitals of Leicester.

The minority of providers who have not affirmatively opted in to the ETO will continue on current prices until such time as a new tariff is established. This will not be until later this year.

Under the ETO:

- The marginal rate providers are paid for extra emergency admissions will increase from 30 percent now to 70 percent;
- The marginal rate for extra specialised services will also increase from the originally proposed 50 percent to 70 percent;
- The headline efficiency requirement will be 0.3 percent lower than originally proposed.

- There is an allowance for service developments in mental health and changes to trusts' clinical negligence premiums.
- Participating providers will join an NHS-wide efficiency collaborative to help them track and manage cost pressures, including temporary staffing costs and procurement savings.

The contract sign off timetable and annual planning timetable for the NHS will run into mid May as a result of the delays to tariff agreements.

FAQs about the tariff can be found at this link:

<http://www.england.nhs.uk/2015/02/27/tariff-qas/>

SECTION THREE: GENERAL PUBLICATIONS

3.1 Public Health England

3.1.1 [Health and wellbeing: a guide to community-centred approaches](#)

A new guide from NHS England and Public Health England has identified how local government and the NHS have important roles in building confident communities to improve health and reduce inequalities.

3.1.2 [Local Leadership New Approaches: improving the health of local communities](#)

Public Health England has published Local Leadership New Approaches: improving the health of local communities, which contributes some new insights into improving the health of local communities.

3.2 NICE

3.2.1 [Health risks of cold homes guidance](#)

<https://www.nice.org.uk/news/article/vulnerable-people-living-in-cold-homes-need-greater-support> - cover story

<http://www.nice.org.uk/guidance/ng6> - guidance

3.2.2 [Home Care Guidance Consultation](#)

<https://www.nice.org.uk/guidance/gid-inconsultation/resources/home-care-guideline-consultation> - consultation period: 5 March 2015 to 16 April 20

3.3 King's Fund

3.3.1 [Implementing the Five Year Forward View](#)

This report considers practical steps to implementing the new models of care proposed in the five year forward view:

<http://www.kingsfund.org.uk/publications/implementing-nhs-five-year-forward-view>

3.3.2 [Integrated Care:](#)

Home page and animations <http://www.kingsfund.org.uk/projects/integrated-care-making-it-happen>

This report sets out the case for system level coordination to improve population health: <http://www.kingsfund.org.uk/publications/population-health-systems>

Sign up <http://www.kingsfund.org.uk/about-us/get-latest-news-kings-fund> for regular bulletins including policy updates, Integration bulletins and bulletins for HWB Boards.

Appendix B – List of Vanguard Sites

Primary and acute care systems

- Wirral
- Mid Nottinghamshire
- Northumbria
- Yeovil
- Salford
- Lancashire North and Cumbria
- North East Hampshire and Farnham
- Harrogate
- Isle of Wight

Multispecialty community providers

- Fylde Coast
- Calderdale
- Erewash
- North Birmingham and Sandwell
- West Wakefield
- Sunderland
- Stockport
- Dudley
- Whitstable
- Tower Hamlets
- Southern Hampshire
- West Cheshire
- Northamptonshire
- Rushcliffe

Enhanced health in social care

- East and North Hertfordshire
- Nottingham
- Sutton
- Airedale
- Wakefield
- Gateshead