

Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 12 March 2015.

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

Leicestershire District/Borough Councils

Cllr John Boyce

In attendance

Jane Chapman, East Leicestershire and Rutland Clinical Commissioning Group
Chief Inspector Donna Tobin-Davies, Leicestershire Police
Richard Mitchell, University Hospitals of Leicester

167. Minutes.

The minutes of the meeting held on 22 January 2015 were taken as read, confirmed and signed.

168. Urgent Items.

There were no urgent items for consideration.

169. 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.

170. Learning Disabilities Self Assessment.

The Board considered a report from the Learning Disabilities Programme Board which set out the findings of the Joint Health and Social Care Self Assessment. The Board also

received a presentation from a self-advocate and a carer on the results of the Self Assessment. A copy of the report marked 'Agenda Item 4' and a copy of the slides forming the presentation is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Clinical Commissioning Groups (CCGs) had already done some work with GPs to improve records, including the recording of young people with learning disabilities, but recognised that there was more work to do in this area. It was hoped that inaccuracies in recording did not result in inaccuracies elsewhere in the system, for example in safeguarding. It was also felt that feedback from service users and their families on the quality of health checks would be useful for the CCGs as it would enable them to improve patient experience.
- (ii) Concern was expressed that there had been a reduction in the number of people with learning disabilities receiving a health check. In 2013/14, 75% had received a health check; this had reduced to 64% in the current self assessment. The importance of the health check from both a wellbeing and safeguarding perspective was emphasised; it was felt that more needed to be done to ensure that all people with a learning disability received one.
- (iii) The concerns of service users and carers regarding funding were acknowledged. Through the Learning Disabilities workstream of Better Care Together, the health and social care system was looking to achieve the best possible outcomes for service users within available resources.
- (iv) It was noted that some of the issues raised through the self assessment, such as the Mental Capacity Act and Deprivation of Liberty Standards, were also the business of the Safeguarding Board. These issues should be fed into the Safeguarding Boards and be acted on in parallel with the issues identified by the health and Wellbeing Board. A report on progress with the action plan could then be submitted to the Health and Wellbeing Board in due course.

RESOLVED:

- (a) That the Joint Health and Social Care Self Assessment be noted;
- (b) That a report on progress with actions relating to the issues identified by the Board be submitted to a future meeting of the Board;
- (c) That the CCGs be asked to develop a mechanism for receiving feedback on the quality of health checks for people with learning disabilities from service users and carers;
- (d) That the safeguarding issues raised by the Joint Health and Social Care Self Assessment be referred to the Safeguarding Boards for consideration;
- (e) That the CCGs be asked to confirm their target for improving the number of health checks to be completed in 2015/16.

171. Position Statement by the Chairman.

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

Local Developments

- Better Care Together: Launch of the Public Awareness Campaign;
- Leicestershire's Integration Programme launches research partnership with Loughborough University and Healthwatch Leicestershire;
- Healthcare plans for Ashby;
- Improving patient flow at University Hospitals of Leicester;
- Huntingdon's Disease Relocation;
- Care Quality Commission at Leicestershire Partnership Trust.

National Developments

- Greater Manchester Combined Authorities;
- NHS England announces a major review of the commissioning of NHS maternity services;
- Primary Care Commissioning;
- Green Paper consultation;
- Dementia Challenge;
- Integrated Personal Commissioning;
- Vanguard sites for developing new models of care;
- NHS Tariff for 2015/16.

General Publications

- Public Health England;
- NICE;
- King's Fund.

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

172. Change to the Order of Business.

The Chairman sought and obtained the consent of the Board to vary the order of business from that shown on the agenda.

173. Emotional Health and Wellbeing of Children and Young People (Child and Adolescent Mental Health Services Update).

The Board considered a report of the Director of Children and Family Services which provided an update on the work to produce a multi-agency approach to improving the emotional health and wellbeing of children and young people as part of the Better Care Together children's workstream and adult mental health workstream. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) It was noted that work was ongoing with Leicester City and Rutland Councils and Leicester City CCG to develop a single approach to this issue across Leicester, Leicestershire and Rutland. It was also important that a single forum had ownership of this piece of work and co-ordinated the necessary actions. Responsibility for the commissioning of services was already fragmented, in particular at Tier 1 where a number of agencies were responsible for

commissioning the service. It was hoped that partners could work together to develop a single offer.

- (ii) There had been challenges in accessing data relating to the safeguarding of children and young people accessing the Child and Adolescent Mental Health Services (CAMHS), particularly with regard to adolescent suicide. The data was important for the effective commissioning of services and would be reported to the Health and Wellbeing Board in due course.
- (iii) There had been three recent patient safety incidents within CAMHS, due to a shortage of Tier 4 beds. The Urgent Care Board was putting a protocol in place to ensure that this did not happen again.
- (iv) The Unified Prevention Board had held a workshop to undertake a gap analysis and mapping exercise with regard to mental health. The outputs of this could be shared, but the importance of not duplicating work and having a single forum with clear ownership of the project to improve CAMHS was emphasised.
- (v) It was suggested that the group undertaking this work could be strengthened by the identification of a co-lead officer with appropriate seniority from one of the CCGs. This would help enable the work to progress at a greater pace with joint leadership and accountability across agencies. It was felt that timescales for completion were needed and it was suggested that consideration be given to the use of a pooled budget.
- (vi) The importance of engaging with schools with regard to Tier 1 CAMHS was emphasised. It was noted that the preferred model for schools was for school nurses to offer mental health support.

RESOLVED:

- (a) That this report be submitted to the next meeting of the Better Care Together Partnership Board for consideration;
- (b) That Toby Sanders be asked to identify a health officer to co-lead the work on the emotional health and wellbeing of children with Lesley Hagger;
- (c) That a progress report, including data relating to safeguarding and adolescent suicide and timescales for the completion of this work be submitted to a future meeting of the Health and Wellbeing Board;
- (d) That the gap analysis product from the Unified Prevention Board be shared with the Board for information.

174. West Leicestershire CCG Draft Operational Plan.

The Board considered the draft Operational Plan for West Leicestershire Clinical Commissioning Group (WLCCG). A copy of the report marked 'Agenda Item 6' is filed with these minutes.

It was noted that GP access was a consistent theme raised with Healthwatch by members of the public, although there were some really good examples of accessible

surgeries. The Managing Director indicated his intention to undertake 'mystery shopping' to test the accessibility of GP appointments.

RESOLVED:

That the draft operational plan for WLCCG be noted.

175. East Leicestershire and Rutland CCG Draft Operational Plan.

The Board considered a report from East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) which presented the draft two year operational plan for consideration. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

The Board welcomed the consistency between the operational plans for ELRCCG and WLCCG. This provided evidence of the health economy working together to build up the scale and pace required to deliver the Better Care Together Five Year Strategy.

It was noted that there was a lack of clarity on page 156 of the report, which referred to the number of school children in a particular part of Oadby and Wigston Borough who were from a black or minority ethnic community. This would be clarified for the final version of the plan.

It was also confirmed that measuring the effectiveness of stakeholder relationships was a key line of enquiry for NHS England and that the CCGs work in this regard was included in the plan. In support of measuring stakeholder relationships, CCGs were required to undertake an annual 360 degree appraisal using a sample of their stakeholders.

RESOLVED:

That East Leicestershire and Rutland CCGs draft two-year Operational Plan and contribution summary be noted.

176. Pharmaceutical Needs Assessment.

The Board considered a report of the Director of Public Health which presented the final version of the Leicestershire Pharmaceutical Needs Assessment and set out the ongoing responsibility of the Health and Wellbeing Board in this area. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

It was noted that the Public Health Team did not have formal involvement in shaping NHS England's commissioning plans for pharmacies. However, an informal relationship was in place which had developed during the forming of commissioning intentions. This could be made formal.

RESOLVED:

- (a) That the Pharmaceutical Needs Assessment be approved for publication;
- (b) That the recommendations for commissioners as set on page 385 of the report be endorsed;
- (c) That the need to update the Pharmaceutical Needs Assessment in 2018, as set out in the Pharmaceutical Regulations, be noted;

- (d) That the ongoing responsibilities with respect to the publication of an up-to-date map of all pharmacy provision be noted and the arrangements that have been proposed to ensure that this takes place be approved;
- (e) That the Director of Public Health be recommended to establish a formal relationship with NHS England for developing the commissioning plans for pharmaceutical services.

177. LSCB and SAB Business Plans

The Board considered a report of the Leicestershire and Rutland Safeguarding Children Board and Safeguarding Adults Board which presented the draft Business Plans for 2015/16. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

It was felt that there was a lack of precision to the targets in the report, for example in the Children's Business Plan there was a need for more specific targets relating to improving the quality of referrals into the Council's Early Help Service. It was confirmed that achievement of the target would be tested by audit.

Action 2.5.4, assurance that children and young people accessed the CAMHS service appropriately, should also be more specific, particularly in the light of the report on children's emotional health and wellbeing considered earlier on this agenda.

It was requested that Action 3.3., ensuring that children, young people and adults at risk were safe, especially during transition between or across services, be amended to include care leavers.

With regard to the Deprivation of Liberty Standards referred to in the Adult's Business Plan, it was noted that the CCGs were still trying to understand the implications of the Cheshire West judgement. The Independent Chair of the Safeguarding Board was a member of an NHS England project team looking at this issue and would ensure that the CCGs were connected appropriately.

RESOLVED:

- (a) That the Business Plans for the Local Safeguarding Children Board and Safeguarding Adults Board for 2015/16 be noted;
- (b) That the comments now made be referred to the Safeguarding Boards for consideration.

178. The Care Act 2014.

The Board considered a report of the Director of Adults and Communities which provided an update on the Council's progress to date with readiness for implementation of the Care Act Phase 1 on 1 April 2015. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

It was noted that there were risks to the County Council's ability to fund the requirements of the Care Act from April 2016, due to uncertainties regarding the Government's proposals.

RESOLVED:

- (a) That the update on progress with implementation of the Care Act 2014 be noted;
- (b) That a further report reviewing the effectiveness of the implementation of Phase 1 of the Care Act and setting out the requirements for Phase 2 be submitted to a future meeting of the Health and Wellbeing Board.

179. Findings from spending a week in LRI

The Board considered a presentation which out Healthwatch's findings and observations from spending 27 to 30 January 2015 in four departments of the Leicester Royal Infirmary. A copy of the slides forming the presentation is filed with these minutes.

It was noted that staff at the Leicester Royal Infirmary had all been very helpful. Feedback from the visit would be shared with UHL and the CCGs.

With regard to x-ray services, it was noted that a regular flow of patients was needed to make the service viable if services were to be provided at multiple locations in the county. It was acknowledged that the service at the Leicester Royal Infirmary was very busy and noted that the CCGs intended to review the acuity of patients who could be x-rayed at the urgent care centres to see if a viable x-ray service there was possible.

It was noted that there were a number of initiatives in place to improve ambulance handover as there were multiple reasons for delays in this area. Any new initiative needed to be sustainable. One such initiative was 'see and treat'; where paramedics were trained to treat certain patients in the community rather than convey the patient to hospital. Leicestershire currently had the highest rate in the East Midlands of patients seen by EMAS who were not conveyed to hospital. This was due to the emphasis that had been placed on EMAS making best use of community based alternatives including those in the Better Care Fund plan

RESOLVED:

That the findings from Healthwatch's week at LRI be welcomed.

180. Performance Report.

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 third quarter of 2014/15. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

It was noted that, since the report had been drafted, there had been slight improvements in the targets around admission to care homes, older people being at home 91 days after discharge from hospital and the number of delayed transfers of care.

With regard to smoking cessation, it was clarified that one of the reasons for the reduction in uptake of the service was that people were using e-cigarettes to help them stop smoking. These were not currently part of the smoking cessation service, although it was being recommended.

There were three parts to the target for children's oral health. Leicestershire performed poorly with regard to three year olds showing some signs of decay but this did not lead to severe decay or multiple teeth being affected. The Public Health Department was recommissioning the oral health promotion service to ensure it was targeted at lifestyle changes to prevent the initial occurrence of decay. Access to dentists was not an area of concern.

RESOLVED:

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

181. Adjustment to Emergency Admissions Baseline for the Better Care Fund Plan.

[At this point the meeting became inquorate as the CCG representative was no longer present].

Members of the Board considered a report of the Director of Health and Care Integration which provided the latest situation on the current baseline for the total non-elective admissions into hospital (general and acute) per 100,000 population and sought a decision on whether the target should be revised within the Better Care Fund Plan. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

All members present indicated their support for the proposal.

RESOLVED:

That the Chief Executive of Leicestershire County Council be requested to revise and agree with the CGGs the target for the number of Emergency Admissions into hospital within the Better Care Fund Plan and to report the outcome of his decision to the next meeting of the Health and Wellbeing Board.

182. Update on Special Educational Needs and Disabilities (SEND) Reform and the Role of the Health and Wellbeing Board.

Members of the Board considered a report of the Director of Children and Family Services which provided an update on progress in implementing Special Educational Needs and Disability (SEND) reform and highlighted the challenge in developing stop partnership working across health, education and social care professionals. A copy of the report marked 'Agenda Item 15' is filed with these minutes.

It was noted that the Chairman of the Health and Wellbeing Board would not commit the Board to signing any charters, given that the Board had policies and strategies in place which reflected the needs of Leicestershire's residents and was committed to delivering these.

It was suggested that a small working group be established to take the work on SEND forward, particularly with regard to personal budgets. The groups should include representatives from health, social care and education services.

RESOLVED:

- (a) That the issues relating to integrated personal commissioning be referred to the Integration Executive for consideration;
- (b) That current progress in implementing SEND reform be noted.

183. East Midlands Ambulance Service Quality Account.

Members of the Board considered the draft Quality Account for 2014/15 for the East Midlands Ambulance Service (EMAS). A copy of the report marked 'Agenda Item 16' is filed with these minutes.

It was noted that EMAS was providing a range of good and innovative services. However, the key issue was still response times and it was felt that EMAS need a timescale for meeting the target. The initiatives introduced to improve response times, such as ensuring that the fleet was robust, staff recruitment, non-conveyance and addressing issues with hospital handovers were welcomed and it was hoped that they would contribute to an improvement in response times.

It was noted that, in his role as local councillor, Mr Ould had been made aware of a number of cases where there had been excessive delays in response times. These would be referred to EMAS for investigation.

RESOLVED:

- (a) That officers be requested to produce a formal commentary on the Quality Account, based on this Board's discussions, and forward it to the East Midlands Ambulance Service;
- (b) That officers be requested to seek the view of those members of the Board who were not present and incorporate them into the Board's response to the Quality Account.

184. Update on S106 Contributions for Healthcare.

The Board considered a report which updated the Health and Wellbeing Board on the current situation with regard to Section 106 (developer) contributions for healthcare. A copy of the report marked 'Agenda Item 17' is filed with these minutes.

RESOLVED:

That the update on the management of S106 contributions for healthcare be noted and that further updates be provided to future meetings of the Board.

185. Date of Next Meeting.

It was noted that the next meeting of the Board would take place on Thursday 14th May at 2pm at County Hall.