



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 19 November 2015.

PRESENT

Leicestershire County Council

Mr. E. F. White CC (In the Chair)
Mr. Dave Houseman MBE, CC
Mr. I. D. Ould CC

Mike Sandys
Jon Wilson

Clinical Commissioning Groups

Karen English
Dr Andy Ker
Prof Mayur Lakhani
Toby Sanders

NHS England

Trish Thompson

University Hospitals of Leicester NHS Trust

John Adler

Healthwatch Leicestershire

Rick Moore
Gillian Adams

Leicestershire District/Borough Councils

Cllr Pam Posnett

Leicestershire Police

Ch. Supt Sally Healy

In attendance

Helen Burchnall, Leicestershire Partnership NHS Trust

225. Minutes and Action Log.

The minutes of the meeting held on 17 September were taken as read, confirmed and signed.

The Board also noted the Action Log, which provided an update on progress with the actions agreed by the Board during 2015.

It was reported that Action 206(b), for Healthwatch to refer the findings of the Quick Poll Survey regarding GP services to the CCGs for consideration, had now been completed.

226. Urgent Items.

There were no urgent items for consideration.

227. Declarations of interest in respect of items on the agenda.

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 Gillian Adams declared a personal interest which could lead to bias in the report on Healthwatch Recommissioning (minute 243 refers) as members of the Healthwatch and undertook to leave the room during discussion of that item.

228. Position Statement by the Chairman.

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

- Important messages and key facts to keep well and use health and care services wisely this winter;
- Local developments;
- Development support for Health and Wellbeing Boards;
- National Developments;
- Other publications/resources/conferences.

Board members were encouraged to promote the messages regarding keeping well and using health and care services wisely during winter and to ensure that the messages were consistent. There was also a radio clip on the subject which could be shared with members of the Board.

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

229. East Midlands Strategic Clinical Networks and Clinical Senate.

The Board considered a report which provided information about the role and function of the East Midlands Strategic Clinical Networks and Clinical Senate and an update on progress against the business plan for 2015/16. It also provided a briefing on the current national review of improvement and leadership development across the health and care system. A copy of the report marked 'Agenda Item 4' is filed with these minutes.

The role of the Clinical Senate in providing peer scrutiny of the Better Care Together programme was welcomed. It was felt that this had been a robust and positive experience.

There was a need locally to refocus the work to improve the Child and Adolescent Mental Health Service (CAMHS) through the Better Care Together programme. It was suggested that the expertise of the Clinical Network would be useful in this area.

The Clinical Network was working with Public Health England on preventative services. It was felt this should be tied in with work being undertaken locally on prevention.

A suggestion was made that the Clinical Senate should include consideration of the benefits and opportunities involved in Personal Health Budgets and Integrated Personal Commissioning as part of its business plan for the following year.

RESOLVED:

- (a) That the briefing on the East Midlands Clinical Networks and the Clinical Senate be noted;
- (b) That the Clinical Senate be asked to consider the inclusion of Personal Health Budgets and Integrated Personal Commissioning in its 2016/17 business plan.

230. Palliative Care - Better Care Together End of Life Workstream.

The Board received a presentation from Karen Ashcroft, the Director of Strategy and Development at LOROS which provided details of the work of the Better Care Together End of Life workstream and the role of LOROS. A copy of the slides forming the presentation is filed with these minutes.

It was noted that Caroline Trevithick, Chief Nurse at West Leicestershire Clinical Commissioning Group, was the Senior Responsible Officer for the Better Care Together End of Life workstream and that Karen Ashcroft was also presenting on her behalf.

Arising from discussion the following points were raised:-

- (i) Concern was expressed that the care plans produced for patients at the end of their life did not always follow the patient, particularly when a patient was admitted to hospital. In addition, people often died in hospital despite wishing to die in their own home. It was suggested that a collaborative approach was needed to resolve this issue, which could include work supported by Public Health to raise awareness and develop community capacity to support people to die at home.
- (ii) It was noted that the End of Life workstream had not been involved in plans to reduce the number of inpatient palliative care beds. However, the importance of the workstream's involvement in this area was recognised and would be addressed.
- (iii) LOROS would welcome greater partnership working with UHL and LPT, particularly with regard to being made aware when services changed or new services were put in place. This could be achieved in a number of ways including by adding LOROS to routine newsletters that were already circulated to GPs.
- (iv) There would be some events taking place during Dying Matters week in May next year. It was suggested that Healthwatch could support this by undertaking a Quick Poll on end of life care.
- (v) LOROS had produced a map of the palliative care services available in Leicester, Leicestershire and Rutland which could be shared with members of the Board. This showed how fragmented and complex current services and pathways of care were, which made delivery of effective, person centred care very challenging for providers, service users, carers and families. Concern was expressed by several board members about this and it was suggested that the End of Life workstream within Better Care Together, the reprocurement of NHS 111 and the work to

integrate points of access all presented opportunities to redesign the local picture, in particular to identify the best mechanisms for palliative care advice to be provided and for more effective care coordination, on a 24/7 basis

RESOLVED:

- (a) That the presentation on the Better Care Together workstream for End of Life Care and the role of LOROS Hospice be noted;
- (b) That the Better Care Together Programme Board be advised that in-patient palliative care beds should be considered as part of the End of Life Care workstream as well as from a capacity management perspective;
- (c) That LOROS Hospice be added to the circulation list for UHL's newsletter for GPs;
- (d) That the mapping of palliative care services be shared with all members of the Board for information;
- (e) That Healthwatch be asked to undertake a Quick Poll relating to palliative care to feed into Dying Matters week in May 2016.

231. Draft Adult Social Care Strategy 2016-2020.

The Board considered a report of the Director of Adults and Communities which invited comments on the draft Adult Social Care Strategy 2016-2020, together with the associated draft overarching commissioning intentions. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

The strategy would be submitted to the County Council's Cabinet for approval in January 2015. The Commissioning Strategy would then be produced. It was agreed that the Health and Wellbeing Board could be involved in the development of the Commissioning Strategy at an early stage.

RESOLVED:

- (a) That the draft Adult Social Care Strategy be noted;
- (b) That the documents underpinning the Adult Social Care Strategy be shared with the Health and Wellbeing Board at an early stage.

232. Community Services Plan.

The Board considered a report of West Leicestershire Clinical Commissioning Group which provided an opportunity to review the final version of the Community Services Plan. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

It was noted that there was fragmentation of both commissioners and providers of community health services and that efforts were made to work collaboratively to reduce the impact of this.

RESOLVED:

That the development of the West Leicestershire Clinical Commissioning Group Community Services Plan be welcomed.

233. SEND Reform Update.

The Board considered a report of the Director of Children and Family Services which provided an update on the progress to date in implementing Special Educational Needs and Disabilities (SEND) reform as part of the Children and Families Act. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

It was noted that the biggest area of challenge, particularly for the Health Service, was extending services to ensure that they addressed the needs of 18 – 25 year olds with SEND. Work to address this was being undertaken as part of the whole life disability strategy.

RESOLVED:

- (a) That the current progress in implementing SEND reform be noted, particularly in relation to the integrated working and contribution made by health professionals;
- (b) That the consultation by Ofsted and the Care Quality Commissioning to develop a specific framework to inspect local areas from spring 2016 be noted.

234. Winter Planning Arrangements.

The Board considered a report of the Urgent Care Board which provided an update on the latest Winter Plan. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Board was advised that over the last 12 – 18 months significant progress had been made across Leicester, Leicestershire and Rutland to reduce the numbers of delayed discharges, due to the efforts of all partners in this area. The focus of the Urgent Care Board had now shifted to reducing attendance at the Emergency Department, the number of admissions to acute wards and ambulance handover times. This was particularly important as there had been an unprecedented amount of activity in recent weeks in terms of both admissions and attendance at the Emergency Department.

Work to reduce attendance at the Emergency Department was focusing on communications, delivered through a coherent, partnership approach; maximising the use of alternative services and changes to the front door at the Leicester Royal Infirmary. This involved a new assessment and triage service and streaming patients directly to other services where appropriate. Feedback on the performance of new services at the front door would be provided to the next meeting of the Urgent Care Board.

With regard to ambulance handovers, the risk to patient safety was recognised and work on improving processes was being undertaken with Unipart, who were using a logistics approach to improve flow into the Emergency Department. Lessons were also being learnt from the Healthwatch Enter and View visit undertaken earlier in the year. In addition, work was ongoing to identify additional space within the Emergency Department where patients brought in by ambulance could be overseen whilst they waited for assessment.

Better use of ambulatory clinics and alternative services was being made in order to reduce the number of admissions. There was also an internal focus within UHL on patient flow, aimed at shortening the length of stay for patients.

Operational monitoring of performance happened daily or more frequently as required. The Urgent Care Board considered performance at a strategic level on a fortnightly basis and the Systems Resilience Group met each month.

It was acknowledged by UHL that there was a significant amount of pressure on both primary care and social care services which meant that they also found it difficult to manage demand. However, performance differed across the CCGs, with a higher level of admission and attendance at the Emergency Department from East Leicestershire and Rutland CCG. For West Leicestershire CCG, increases were broadly in line with what had been forecast.

Concern was expressed that there was varying uptake of the new services that had been put in place to target admissions. However it was confirmed that consideration was being given to how patients accessed services so that the most used access points could direct patients to alternative services. It was suggested that this signposting approach could be extended to other customer service centres, such as those operated by the County Council and Police. Information about staying well during winter could also be shared with housing providers.

RESOLVED:

- (a) That the Winter Plan for the local health and care system be noted;
- (b) That a simple script be prepared for customer service centres across partners to enable a consistent message about keeping well in winter to be given to the public;
- (c) That the messages included in the Chairman's Position Statement about keeping well in winter be turned into a leaflet and shared with partners for wider dissemination, along with a link to a recent BBC Radio Leicester interview on the same subject.

235. Housing Interventions to Support Reductions in Delayed Hospital Discharge.

The Board considered a report of the District Council Chief Executive Lead on Health and Wellbeing which provided information about the delivery of two schemes by District Councils designed to reduce delays in the discharge of patients from hospital. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

It was felt that a discussion with primary care colleagues regarding performance indicators for the housing discharge schemes would be useful. It would be helpful if the impact of discharges on primary care could be evaluated, as well as the effect on readmission rates.

RESOLVED:

- (a) That the progress with the housing interventions to support reductions in delayed hospital discharge be welcomed;

- (b) That the ongoing evaluation of the schemes in terms of return on financial investment and understanding of outcomes for patients be supported.

236. Healthwatch Update: Swanswell Insight Report - Road to Recovery.

The Board considered a report from Healthwatch Leicestershire which presented the findings of an exercise to collect evidence and insight relating to substance misuse services. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Substance misuse services were currently being recommissioned so that there would be an integrated model across Leicester, Leicestershire and Rutland. The Board was pleased to note that the patient view supported this model.

RESOLVED:

That the recommendations be supported and partners be encouraged to consider any actions for improvement of the Swanswell service and the substance misuse support system as a whole.

237. Healthwatch Insight: Dentistry Quick Poll.

The Board considered a Quick Poll undertaken by Healthwatch Leicestershire to seek patient's views about Dental Services. A copy of the report is filed with these minutes.

RESOLVED:

That the findings of the Dentistry Quick Poll be referred to NHS England for consideration.

238. Performance Update - Quarter 2.

The Board considered a joint report of the Chief Executive of Leicestershire County Council and the Commissioning Support Performance Services which provided an update on health performance issues at the end of quarter 2 of 2015/16. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

It was noted that the potential years of life lost from causes considered amenable to healthcare had increased in East Leicestershire and Rutland. A deep dive was being undertaken to understand the reason for the increase and how it could be addressed.

RESOLVED:

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

239. Annual Report of the Director of Public Health 2015.

The Board considered the Annual Report of the Director of Public Health for 2015 which focused on the role of communities in improving the health and wellbeing of the population. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

The Board emphasised the importance of partners across the health and social care system working together and co-ordinating community activity to ensure that it was focussed in the right areas and that there was no duplication of effort.

RESOLVED:

That the recommendations set out in the Director of Public Health's Annual Report be supported.

240. Leicester, Leicestershire and Rutland Health Protection Assurance Report.

The Board considered a report of the Director of Public Health which provided assurance regarding the whole system for health protection across Leicester, Leicestershire and Rutland and that the Health Protection Board was delivering its statutory functions. A copy of the report marked 'Agenda Item 15' is filed with these minutes.

RESOLVED:

- (a) That the Health Protection Board Report April 2014 – September 2015 be noted;
- (b) That the specific health protection issues that have arisen locally and steps taken to deal with these issues be noted.

241. 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.

242. Revised Terms of Reference for the Integration Executive.

The Board considered a report of the Director of Health and Care Integration which presented a revision to the terms of reference for the Integration Executive for approval. A copy of the report marked 'Agenda Item 17' is filed with these minutes.

RESOLVED:

That the revised terms of reference for the Integration Executive be approved.

243. Healthwatch Leicestershire Recommissioning.

The Board considered a report of the Chief Executive of Leicestershire County Council which provided information relating to the proposals for recommissioning Healthwatch services for Leicestershire. A copy of the report marked 'Agenda Item 16' is filed with these minutes.

Rick Moore and Gillian Adams, having declared personal interests which could lead to bias in this item, left the room during discussion of the matter.

It was requested that partner organisations be formally involved in the recommissioning of Healthwatch. It was also felt that the review should not cause Healthwatch to become distracted from delivering their usual business.

RESOLVED:

That the proposal for recommissioning Healthwatch services for Leicestershire be noted.

244. Date of next meeting.

The next meeting of the Board would take place on Thursday 7 January 2016 at 2.00pm.

2.00 - 4.25 pm
19 November 2015

CHAIRMAN

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