



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 7 January 2016.

PRESENT

Leicestershire County Council

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

Lesley Hagger  
Mike Sandys  
Jon Wilson

Clinical Commissioning Groups

Karen English  
Dr Andy Ker  
Prof Mayur Lakhani  
Toby Sanders

Leicestershire Partnership NHS Trust

Dr Satheesh Kumar

Healthwatch Leicestershire

Rick Moore  
Gillian Adams

Leicestershire District/Borough Councils

Cllr Pam Posnett  
Cllr Pauline Ranson

NHS England

Trish Thompson

Leicestershire Police

Chief Superintendent Sally Hally

In attendance

Kate Shields, University Hospitals of Leicester NHS Trust

245. Minutes and Action Log.

The minutes of the meeting held on 19 November 2015 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.

246. Urgent Items.

There were no urgent items for consideration.

247. 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.

Dr Satheesh Kumar declared a personal interest in the report on Transforming Care: Building the Right Support (minute 255 refers) as he was a Consultant in the Learning Disabilities Service at Leicestershire Partnership NHS Trust.

248. Position Statement by the Chairman.

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

- Preventing the spread of Norovirus (Winter Vomiting Disease);
- Highlights from Leicestershire Health and Wellbeing Board's Twitter Feed and across the Partnership;
- Development Support for Health and Wellbeing Boards;
- National Policy Developments;
- A Selection of Recent Publications.

Board members were encouraged to promote the messages regarding preventing the spread of Norovirus and to ensure that the messages were consistent.

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

249. 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.

250. Winter Performance and Vanguard Update.

The Board considered a report from West Leicestershire Clinical Commissioning Group which provided an update on the winter performance of the Urgent and Emergency Care system and a briefing on progress on the Urgent and Emergency Care Vanguard. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

It was reported that during the Christmas and New Year period, partners had work well together across the system and had been well prepared for the days following the bank holidays. Nonetheless, the system remained under considerable pressure, particularly during the current week.

A number of actions had been taken immediately before Christmas which had led to a reduction in delays of over two hours in ambulance handover times. The Urgent Care Board would meet later that afternoon to consider further measures to reduce delays in ambulance handover times.

A follow up risk summit relating to the outcome of the CQC visit and performance pressures at University Hospitals of Leicester NHS Trust would be held on Monday 1 February.

With regard to the proposed strike by Junior Doctors, it was noted that UHL and LPT had been revisiting the plans to mitigate the impact of the strike which had been developed at the end of last year to ensure that they were robust.

RESOLVED:

That the update on winter performance and the Urgent and Emergency Care Vanguard be noted.

251. Refresh and Approval of Better Care Fund for 2016/17.

The Board considered a presentation from the Director of Health and Care Integration which set out the national policy developments and the approach to the refresh of the Leicestershire integration programme from 2016/17, including the Better Care Fund. A copy of the slides forming the presentation is filed with these minutes.

It was pleasing to note that partners felt health and care system was working together with the same areas of focus and the materials presented reflected this well. However, it would be important when discussing the resources available for Better Care Fund to recognise that the reduction in funding for Local Government would have an impact.

The integration of planning across the health and care system was also welcomed including the work ahead of the Sustainability and Transformation Plan due for submission in the summer of 2016.

RESOLVED:

- (a) That the proposal to refresh Leicestershire's Integration Plan for 2016/17 be noted;
- (b) That any comments on the Better Care Fund refresh materials presented be submitted to Cheryl Davenport before the end of January 2016.

252. Refresh of the Joint Health and Wellbeing Strategy.

The Board considered a report of the Director of Public Health which presented a proposal for updating the Leicestershire Joint Health and Wellbeing Strategy for 2016-19, including the framework for how this would be undertaken and a project timetable. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) It was intended that the Strategy would focus on a small number of key strategic issues. This would enable the Board to focus on those areas which were not addressed through other plans or strategies but would have a positive impact on the health and wellbeing of the people of Leicestershire based on the evidence from the Joint Strategic Needs Assessment. The Board would continue to receive assurance on relevant work being undertaken across the health and care system even where it did not form part of the Joint Health and Wellbeing Strategy.

- (ii) It would be important to ensure that the Strategy informed the development of the five year NHS Sustainability and Transformation Plan, including the prioritisation process. It was also suggested that the Joint Health and Wellbeing Strategy could cover a five year period to align with other NHS and Council medium term planning periods.
- (iii) It was confirmed that healthy life expectancy would be a key area of focus for the Strategy. It was suggested that the Strategy should engage primary care on this issue; particularly in terms of self-care and prevention.

RESOLVED:

- (a) That the proposal to refresh the Joint Health and Wellbeing Strategy in 2016 be supported;
- (b) That the approach identified to undertake the refresh of the Strategy be supported;
- (c) That a development session take place in March to consider the prioritisation of issues for the Joint Health and Wellbeing Strategy once the mapping exercise is complete;
- (d) That the project plan for the development of the refresh be approved;
- (e) That regular progress reports from the JSNA/JHWS Steering Board on the development of the strategy be submitted to the Board.

253. Health and Wellbeing Board Annual Report.

The Board considered a report from the Director of Health and Care Integration which looked back at 2015 and reflected on the progress that had been made across the partnership to improve the health and wellbeing of the population of Leicestershire. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

RESOLVED:

- (a) That the Health and Wellbeing Board Annual Report be approved for publication;
- (b) That the progress made by the Board during 2015 be noted;
- (c) That the key work streams that have been identified to progress the impact of the Health and Wellbeing Board further in 2016 be supported.

254. CAMHS Transformation Plan - Assurance on Progress and Funding.

The Board considered a report of the Director of Children and Family Services which described the progress made by the Better Care Together workstream to improve the mental health and wellbeing of children and young people. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) There had recently been a reduction in the waiting time for Tier 3 CAMHS services. One of the issues that the Better Care Together workstream had identified was that a number of inappropriate referrals were made into the CAMHS service. It was expected that the work on prevention and early intervention would create other treatment options for these children and young people so that waiting times would continue to reduce.
- (ii) It was acknowledged that the transformation of services would be a significant challenge. To that end, one of the delivery groups for the Transformation Plan was focused on workforce and delivering the necessary cultural shift. It would be important to be able to demonstrate that the Transformation Plan was actually making a difference to service users.
- (iii) The NHS Planning Guidance invited providers of secondary mental health services, such as Leicestershire Partnership NHS Trust, to take on an integrated single budget which included specialist mental health services. Discussions were ongoing as to whether this would be appropriate for Leicester, Leicestershire and Rutland.

RESOLVED:

- (a) That the approval by NHS England of the Transformational Plan for children and young people's mental health across Leicester, Leicestershire and Rutland be noted;
- (b) That the additional resource of £1.8 million that has been secured by the Plan be noted;
- (c) That the establishment of four delivery groups that will operate as task and finish groups to ensure implementation of the Plan be noted;
- (d) That the ongoing governance arrangement be noted;
- (e) That progress reports, including performance information with regard to the outcomes framework, be received by the Board on a quarterly basis.

255. Transforming Care: Building the Right Support.

The Board considered a report from the Director of Adults and Communities which set out the requirements of Transforming Care following the publication of the national plan "Building the Right Support" and the associated service model. The report also provided assurance on plans and progress towards meeting the expectations outlined in Building the Right Support. A copy of the report marked "Agenda Item 9" is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The reduction in the number of inpatient beds in the Agnes Unit for people with Learning Disabilities would be phased so that the impact on the rest of the system could be monitored and responded to. At the same time, the outreach service would be improved to prevent service users from reaching a crisis.

- (ii) The Board was pleased to note that the flats built following a Department of Health Grant to support the development of accommodation to facilitate the effective discharge of people with Learning Disabilities and/or Autism in in-patient mental health settings would be finished by 13 January. There would be three long term tenancies and two short tenancies over two sites.
- (iii) It was confirmed that there were acute liaison nurses in UHL and primary care liaison nurses in LPT who could support patients with Learning Disabilities and Autism when they had to attend a hospital appointment. However, it was felt that services were not very well known and should be promoted again within primary care. This support would be equally appropriate for people with dementia.
- (iv) Ensuring that the all age risk register for people with learning disabilities was comprehensive would be the best way to meet the needs of all these service users appropriately.
- (v) It was suggested that there was an opportunity to improve the interface between learning disabilities and the low secure mental health services which were currently commissioned by NHS England.

RESOLVED:

- (a) That the development of the Better Care Together Learning Disabilities workstream Steering Group as the Transforming Care Partnership be approved;
  - (b) That the plans described to implement Building the Right Support be supported.
256. Delayed Transfers of Care.

The Board considered a report from the Director of Adults and Communities and Director of Health and Care Integration which set out the local improvements that had been made over the last twelve months to reduce delayed bed days in hospital and advised of new national guidance for Delayed Transfers of Care and the eight high impact changes recommended to reduce these. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

The Board welcomed the progress that had been made to reduce Delayed Transfers of Care during 2015 and in particular the system wide approach to addressing this issue. It was noted that other areas of the country have expressed interest in learning about the approach that had been taken.

RESOLVED:

- (a) That the follow up actions for the new Delayed Transfers of Care guidance as proposed by the Integration Executive and set out in paragraph 27 of the report be supported;
- (b) That the outputs of the local self-assessment against the eight high impact changes for Delayed Transfers of Care be submitted to the Health and Wellbeing Board in March 2016;
- (c) That, following the self-assessment, any remaining gaps be prioritised to ensure that good performance is sustained for 2016/17;

- (d) That all partners be encouraged to review refreshed joint commissioning plans for 2016/17, including the refreshed Better Care Fund Plan, to seek assurance that:-
- (i) Delayed Transfer of Care interventions and investments can be sustained in 2016/17;
  - (ii) Discharge support is in place to maximise performance on a seven day basis, in line with the national conditions within the Better Care Fund.

257. Community Conversations.

The Board considered a report of Healthwatch Leicestershire which presented the findings of its Community Conversations Campaign that saw it listen to members of the public at various locations across the county. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

East Leicestershire and Rutland Clinical Commissioning Group indicated that it would undertake some work to investigate why a number of respondents in their area were not comfortable with their information being shared with other appropriate health professionals.

RESOLVED:

That the report findings be noted and partners be encouraged to consider actions for improvement outlined in the findings report.

258. BCF Quarter 2 (June - September) Submission for Assurance.

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 including the pay for performance element of the fund, which was linked to achieving reductions in emergency admissions. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

RESOLVED:

That it be noted that the third quarterly return was approved by the Integration Executive on 24 November 2015 and submitted to NHS England on 27 November 2015.

259. Date of next meeting.

The next meeting of the Board would take place on 10 March 2016 at 2.00pm.

2.00 - 3.20 pm  
07 January 2016

CHAIRMAN

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