



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 10 March 2016.

PRESENT

Leicestershire County Council

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

Lesley Hagger  
Mike Sandys  
Jon Wilson

Clinical Commissioning Groups

Dr Andy Ker  
Prof Mayur Lakhani  
Toby Sanders

Leicestershire Partnership NHS Trust

Dr Satheesh Kumar

University Hospitals of Leicester NHS Trust

John Adler

Healthwatch Leicestershire

Rick Moore

Leicestershire District/Borough Councils

Cllr Pam Posnett  
Cllr Pauline Ranson

In attendance

Jane Chapman, East Leicestershire and Rutland CCG  
Sarah Theaker, NHS England

260. Minutes and Action Log.

The minutes of the meeting held on 7 January 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.

261. Urgent Items.

There were no urgent items for consideration.

262. 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 declarations were made.

263. Position Statement by the Chairman.

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

- Antibiotic Prescribing: Antibiotics Awareness Campaign and Resources;
- Local Developments;
- National Developments and Publications.

Board members were encouraged to promote the messages regarding antibiotic prescribing and to ensure that the messages were consistent.

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

264. Better Care Fund Refresh 2016/17 Overview.

The Board considered a report from the Director of Health and Care Integration which provided assurance on the work in progress to refresh the Better Care Fund (BCF) plan for Leicestershire, including the refreshed spending plan, metrics and narrative so that the plan can be approved by local partners and assured by NHS England in line with the national timetable. A copy of the report marked 'Agenda Item 5' is filed with these minutes.

It was noted that the University Hospitals of Leicester NHS Trust (UHL), Leicestershire Partnership NHS Trust (LPT) and the Clinical Commissioning Groups (CCGs) were co-producing a plan for capacity and demand management in the health service. It would be important for this to be aligned with the BCF as well as with contractual processes.

One of the unresolved issues for the BCF at the time of this meeting related to the level of funding available for Disabled Facilities Grants (DFG). There had been a late policy and funding decision nationally which removed the social care capital grant within the BCF and replaced this with an uplift to the DFG allocation within the BCF. Locally this had an impact of £1.3m within the BCF. This matter would be subject to further discussions in the coming weeks with district councils

Due to the delay in national BCF guidance being issued, the timetable for final BCF submissions has been extended to 25 April. The Board discussed whether an extraordinary meeting of the HWB Board should be held to approve the final documentation, or whether this could be achieved through the Integration Executive meeting on 19 April.

RESOLVED:

- (a) That the Better Care Fund refresh update report be noted;
- (b) That each organisation represented on the Health and Wellbeing Board be requested to authorise its representative on the Integration Executive to approve

the Better Care Fund refresh for submission to NHS England on its behalf at its meeting on 19 April 2016, noting that the Integration Executive itself has no formal delegated powers;

- (c) That the Better Care Fund refresh be submitted to the Health and Wellbeing Board at its meeting on 5 May for assurance.

265. Update on the Development of the Sustainability and Transformation Plan.

The Board considered a report from the Better Care Together (BCT) programme which set out the latest information available on the development of the Sustainability and Transformation Plan (STP), proposed governance arrangements and a draft timetable for its completion. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

It was confirmed that the STP built on the BCT programme and was seen locally as the second phase of BCT. The first phase had focused on some specific system reconfiguration changes whereas the STP would enable Leicester, Leicestershire and Rutland to focus on broader areas which were likely to present a challenge in terms of sustainability or viability in the medium term including the wider determinants of health and wellbeing. To that end, the STP was expected to address the following areas:-

- The operating model for General Practice;
- Demand pressures in social care for both adults and children;
- Prevention and the wider determinants of health and wellbeing
- Bed reconfiguration in sub-acute services and community hospitals;
- Enablers such as IT and the use of estates.

It was also confirmed that Toby Sanders would be the Senior Responsible Officer for the STP in LLR.

The refresh of the Joint Health and Wellbeing Strategy would be aligned to the STP. In addition, a prevention workshop for the BCT programme held a couple of weeks earlier had confirmed that prevention would be more explicit within the programme and that it would tie in to the work being done by local authorities in this area.

RESOLVED:

That the update on the development of the Sustainability and Transformation Plan be noted and that there be an on-going dialogue with the NHS locally regarding the Plan.

266. Parity of Esteem for People with Serious Mental Illness.

The Board considered a report from East Leicestershire and Rutland CCG which summarised progress to date in achieving parity of esteem for people with serious mental illness, opportunities and proposed a plan to make further impact. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

There was support for the broader approach to parity of esteem, including access to services as well as the physical health status of mentally ill people. It was suggested that a stronger focus on prevention was needed within existing initiatives such as making every contact count. More focus was also needed on suicide prevention, which was linked to all mental illness not just those that were severe and enduring. It was felt that the parity of esteem agenda should also encompass common mental illness, not just serious mental illness, although it was acknowledged that a key driver for making

improvements in this area was the mortality rate and physical health status of people with severe and enduring mental illness.

The report proposed the establishment of a group to take stock of the existing arrangements and see if they met the requirements of the parity of esteem initiative. It was suggested that a representative from children's social care should be included in this group.

With regard to a recent issue that had arisen related to the funding for the plan to transform children and adolescent mental health services, it was confirmed that, due to difficulties in identifying the funding within the CCG baseline budgets, the Collaborative Commissioning Board had requested business plans for the discrete pieces of work in this area. Discussions were also ongoing with NHS England regarding the allocations, ahead of finalising CCG operating plans for 2016/17.

RESOLVED:

- (a) That it be confirmed that the local definition of 'Parity of Esteem' includes parity of access to a range of appropriate services as well as addressing physical health dimensions;
- (b) That the proposal to commission a Leicester, Leicestershire and Rutland wide group led by Leicestershire County Council's Public Health Department to take this work forward, reporting to the multi-agency Mental Health Partnership Board be supported;
- (c) That a report be submitted to the Health and Wellbeing Board in July setting out a timed and quantified plan for addressing issues related to Parity of Esteem.

267. Adult Social Care Commissioning Strategy and Market Position Statement.

The Board considered a report of the Director of Adults and Communities which set out the current status of the Adult Social Care Strategy 2016-20 and the associated Commissioning Intentions and Market Position Statement and provided details of current work and intentions to deliver the aims and objectives of the Strategy. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

It was noted that the related Workforce Strategy was still being developed.

RESOLVED:

That the Adult Social Care Strategy, associated Commissioning Intentions and Market Position Statement be noted.

268. Supporting Leicestershire Families Sustainability.

The Board considered a report of the Director of Children and Family Services which provided an overview of the Supporting Leicestershire Families (SLF) programme, presented the case for continued partnership resource to the programme for a period of three years and provided an update on the progress towards continued sustainability. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

It was noted that the NHS (initially through the Primary Care Trusts and now through the CCGs) had been a significant contributor at the start of the SLF programme. However, although outputs and impact on the NHS, such as being registered with a GP and the uptake of appropriate health care services, could be identified, more work was needed to demonstrate the health outcomes of the programme. Despite the programme's success, these had proved difficult to quantify. The CCGs would therefore support the SLF programme for a further year whilst a robust analysis of the health impacts was undertaken. It was expected that this support would be confirmed at the Integration Executive on 29 March. This would not impact the operational business of the programme.

Concern was expressed that the payment by results element of the programme was based on 60 percent of the target being met. However, it was confirmed that the programme aimed to achieve 100 percent of the target and had already achieved over 60 percent for this financial year.

The need for strengthened governance arrangements for the SLF programme was acknowledged but concern was expressed that these arrangements did not accurately reflect the partners involved in the programme. The Board was assured that it was the right body for the programme to be accountable to as it ensured the focus was on family wellbeing.

**RESOLVED:**

- (a) That the report be noted;
- (b) That the case for a continued health contribution to complete the partnership resources to the programme for a period of three years from 2016/17 be supported.

269. Sexual Health Strategy.

The Board considered a report of the Director of Public Health which set out the draft sexual health needs assessment and strategy and sought views on the proposed future direction for health services across Leicestershire. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The strategy needed to reflect concerns regarding the sustainability of the primary care workforce in general, as the strategy recognised and relied on the contribution of primary care professionals to elements of delivery of the strategy. The strategy would also benefit from some contextual information linking it to the local health and care system as a whole.
- (ii) With regard to the audit of long acting reversible contraception (LARC) retention rates in primary care and the integrated sexual health service, it was confirmed that this would be a separate audit to the ones completed by practices that had signed up to the LARC community based services. The LARC retention audit would be completed with the integrated sexual health service and a small sample of practices. The audit work would be primarily completed by the public health department with support from practices to access records.

- (iii) During 2016/17, chlamydia screening would change from low prevalence mass screening to an online full STI screening service that would be available to all age groups (not just 15-24 year olds). This formed part of the commissioning intentions related to the future of the service and would therefore have an impact on service providers.
- (iv) It was expected that there would be further changes to the commissioning of sexual health services as a result of the strategy. The implications of these changes were not yet known but it would be important to engage with affected parties on an ongoing basis including engagement and communication with providers and all Health and Wellbeing Board partners once the implications had been worked through in more detail.

RESOLVED:

That the comments now made be submitted to Leicestershire County Council's Cabinet for consideration at its meeting on 19 April.

270. 'Your Voice Matters' Report.

The Board considered a report and presentation from Healthwatch Leicestershire which presented the approach to its refreshed priorities and the emerging findings from the 'Your Voice Matters' Survey. A copy of the report marked 'Agenda Item 11' and the slides forming the presentation is filed with these minutes.

The Board felt it was encouraging that the most important issues for those who responded to the survey related to prevention and early intervention as this reflected the direction of travel for the local health and care system. It was also a key feature of the County Council's Adult Social Care Strategy and the Healthy Schools Programme. Healthwatch would use the findings of the survey to inform its work programme and priorities for the coming year, particularly with regard to supporting partners with the promotion of key messages relating to these priorities.

The emerging findings from the survey reinforced the importance of General Practice and supported the proposed development of a sustainable long term service model for primary care which would form part of the Sustainability and Transformation Plan.

Further analysis of the findings from the survey would be undertaken, particularly with regard to responses relating to care in the community, where further insight into the views of patients and the public would be useful.

RESOLVED:

That the approach to Healthwatch Leicestershire's refreshed priorities and emerging findings from the 'Your Voice Matters' survey be noted.

271. Better Care Fund Quarterly Performance Report.

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 12' is filed with these minutes.

## RESOLVED:

That it be noted that the fourth quarterly return was approved by members of the Integration Executive on 23 February and submitted to NHS England and submitted to NHS England on 26 February 2016.

272. Quarterly Performance Report.

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 3 of 2015/16. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

Performance of the emergency care system remained a key issue for the area. It was reported that the level of activity and demand continued to be high. However, the Board was pleased to note that the number of hours lost through delays in ambulance handovers had reduced by 31 percent between January and February 2016. This was a result of the relentless focus on performance in this area and the work undertaken to improve processes between providers. It was acknowledged that there were still problems relating to flow through the Leicester Royal Infirmary (LRI) which were affecting ambulance handover times. The first phase of the new Emergency Floor at the LRI would open in March 2017 and, although it would not reduce demand on the system, it would deliver further improvements to process and reduce the impact of surges in demand.

As a result of reductions in the Public Health Department's budget, the fee paid to GPs for health checks would be reduced for 2016/17, although it would still be slightly above the national average. This had understandably created some disquiet amongst GPs, however it was confirmed that the changes were also intended to prioritise payment for the uptake of health checks rather than paying for invites, in order to focus on the area which would help most in meeting the performance target.

## RESOLVED:

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

273. Update on Actions from the Health and Wellbeing Board Development Session on 10 February.

The Board considered a report of the Director of Health and Care Integration which provided assurance that the actions arising from the Board Development Session held on 10 February 2016 were being acted upon. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Sustainability and Transformation Plan would not be a Health and Wellbeing Strategy for Leicester, Leicestershire and Rutland. It would focus on ensuring sustainability within the health system. In terms of improving health outcomes for the local population it was expected that the Health and Wellbeing Board would be

the system leader with a specific focus on the wider determinants of health in the medium term

- (ii) With regard to improving clinical engagement with the Health and Wellbeing Board, this would be taken forward with support from the Board's GP representatives. Consideration would be given to how to engage with secondary care providers as well as GP federations.
- (iii) It was confirmed that careful consideration would be given to the appropriateness of circulating reports for information only. Any Board member who wished to discuss an information paper could request that it be added to the agenda for the next meeting.

RESOLVED:

- (a) That the proposals for the development of the Health and Wellbeing Strategy set out in paragraphs 7 – 10 of the report be approved;
- (b) That the actions to make the Board more effective and timescales outlined in paragraph 13 of the report be approved;
- (c) That the outcome of the discussions relating to system leadership by the LLR Chief Officers Group and the Better Care Together Partnership be noted.

274. Date of next meeting.

The next meeting of the Board would take place on Thursday 5 May at 2.00pm.

2.00 - 3.40 pm  
10 March 2016

CHAIRMAN