



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 20 July 2017.

PRESENT

Leicestershire County Council

Mr. E. F. White CC (in the Chair)
Mr. R. Blunt CC
Mr. I. D. Ould CC

Paul Meredith
Mike Sandys
John Sinnott
Jon Wilson

Clinical Commissioning Groups

Dr Andy Ker
Karen English
Toby Sanders
Dr Mayur Lakhani

Leicestershire District and Borough Councils

Councillor P. M. Posnett

Jane Toman

Healthwatch Leicestershire

Rick Moore

Leicestershire Partnership NHS Trust

Dr Satheesh Kumar

In attendance

Wendy Hault, NHS England

15. Minutes of the meeting held on 22 June 2017 and Action Log.

The minutes of the meeting held on 22 June 2017 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.

16. Urgent Items

There were no urgent items for consideration.

17. 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.

18. Position Statement from the Chairman.

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

- Better Care Fund Guidance
- Health and Wellbeing Board Development Session – 31 July
- Health Profiles 2017
- Smoking Prevalence
- 'Healthier in Mind' Conversation
- Mental Wellbeing Yellow Book launched by Leicestershire Partnership Trust
- A selection of regional, national and international publications

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

A presentation setting out the key points from BCF planning guidance was circulated at the meeting, a copy of which is filed with these minutes. This highlighted the greater emphasis on improving Delayed Transfers of Care (DTC), and that the BCF plans had to show how the national eight high impact changes for improving transfers of care were being delivered locally. A LLR Discharge Working Group was overseeing the action plan and a new integrated LLR dashboard for monitoring DTC performance was due to be tested from July.

The target for reducing DTC had to be submitted to NHS England on 21 July; a pre-populated template had been issued to be completed. However, there had been a number of issues with the data in the template. Work was taking place with all partners to finalise the submission. The Board was assured that a submission would be made on 21 July but further work would be required after this date.

The Board confirmed that it was content for the Chief Executive to use the delegation agreed at the Health and Wellbeing Board meeting in March and approve the BCF Plan for submission.

19. Radio Wellbeing.

The Board received a presentation from Dr Terri Eynon CC and Jon Sketchley on the development of a community radio station, created by the voluntary sector, to promote health and social care issues in Leicestershire. A copy of the presentation, marked 'Agenda Item 5' is filed with these minutes.

It was noted that an OFCOM wide-area licence had recently been approved which would allow the radio station to broadcast across West Leicestershire and beyond. It was hoped that the station would be completely operational by September 2018, but there was a possibility that it would be before this date. The target audience was health and care settings and older people listening to the radio in their own homes. Work would also take place with other community radio stations to develop a broadcast system.

It was proposed that the content of broadcasts would align with health and wellbeing priorities for the local area, for example with links to seasonal campaigns organised by

partners. It would be possible to be reactive to issues and disseminate information, for example about road closures, rapidly. The radio station would also provide a good opportunity to remind people of self-care solutions in order to relieve the number of unnecessary calls to GP surgeries.

Support was requested from senior managers of partner organisations to promote the radio and to provide contacts in their IT and Communications departments who could provide support regarding content for the broadcasts and integrate the radio station with existing IT programmes. The County Council also indicated that it was willing to provide practical support to help the radio station become operational, and would provide details for a main point of contact for infrastructure requirements. It would be necessary to pay a fee for the PRS and PPL licences, but it was stated that there was the opportunity for this cost to be reduced if a single organisation wished to take responsibility for this.

RESOLVED:

- (1) That the development of Radio Wellbeing be supported;
- (2) That contact details for communications leads in partner agencies and the main point of contact for infrastructure requirements from Leicestershire County Council be shared with Radio Wellbeing.

20. 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.

21. Healthwatch Annual Report.

The Board considered a report from Healthwatch Leicestershire which presented its Annual Review for 2016-17. This reported on the statutory activities undertaken over the last year, and demonstrated the impact that these were having on the commissioning, provision and management of local health and social care services. A copy of the report, marked 'Agenda Item 12' is filed with these minutes.

It was reported that Healthwatch Leicestershire had exceeded its performance targets in the past year, and the reports and publications produced had been well received by stakeholders and Healthwatch England. Attention was given to the priorities and work plan for 2017-18, which would build on the work that had been undertaken over the past four years.

RESOLVED:

That Healthwatch Leicestershire's Annual Review 2016/17 be noted.

22. Check-in @ the New Emergency Department

The Board considered a report from Healthwatch Leicestershire presenting the findings from a survey of patients undertaken at the new Adult's Emergency Department at the Leicester Royal Infirmary. The visit had taken place over a twelve hour period on 19 May 2017, and the decision to visit had also been informed by the Care Quality Commission inspection in January 2017 that had rated Urgent and Emergency Care as 'requiring improvement'. A copy of the report, marked 'Agenda Item 13', is filed with these minutes.

The emerging findings had previously been reported to UHL, and particular attention was drawn to the fact that almost two thirds of patients had tried to seek help elsewhere before arriving at the Emergency Department, and a third of patients had been advised to attend by their GP.

A number of recommendations had arisen out of the report, and a further visit would be undertaken over the next few months. John Adler, Chief Executive of UHL, had indicated that the recommendations in the report had been welcomed and already been put in hand, and an update on progress would be provided to Healthwatch and to the next meeting of the Health and Wellbeing Board.

RESOLVED:

That the findings of the visit be noted, and health and social care partners be urged to consider actions to improve services, systems and processes outlined in the findings report.

23. Single Outcomes Framework

The Board considered a report detailing the County Council's revised Strategic Plan and seeking views on the strategic outcomes that the Council had identified as its priorities for Leicestershire. The Plan outlined the Council's long term vision and set out the Council's high level priorities and approach over the next four years. This included the Council's contribution to partnership commitments, such as the Joint Health and Wellbeing Strategy. A copy of the report, marked 'Agenda Item 6', is filed with these minutes.

Five priority outcomes had been developed, and a Strategic Plan discussion paper had been prepared. The discussion paper provided an outline of what would be included in the final version of the Strategic Plan for comment, and a number of questions had been included to provide a structure for feedback. Partners were asked to take these back to their organisations and provide responses in due course.

RESOLVED:

(a) That the content of the report and discussion paper be noted;

(b) That Board Members be requested to provide feedback on Leicestershire County Council's strategic plan proposals.

24. STP Update.

The Board received a verbal update from the Senior Responsible Officer for the Sustainability and Transformation Plan (STP) on progress with the Plan.

Confirmation had been received of funding that had been secured for two of the capital bids submitted from LLR linked to the STP. One of these was £8m to improve CAMHS in-patient facilities at Glenfield Hospital. This would allow for the provision of 15 beds which would be fit for purpose, including five beds specifically for young people with eating disorders. The second bid was for £30.8m for Intensive Care Facilities, provided by UHL, which would consolidate these facilities on two sites, and support the expansion of in-patient wards for Transplants (Glenfield) and General Surgery (LRI). Work on these projects would have to commence before the end of March 2018. The STP had set out

an overall capital programme of £300m, and Leicester, Leicestershire and Rutland (LLR) had submitted further funding bids to NHS England. Any updates would be reported to the Board and would be in the context of the available resources nationally for STP capital developments, subject to national prioritisation.

It was reported that there had been progress on a range of activities associated with STP work streams, and these were now starting to deliver. This had been acknowledged at a recent development session, although it was felt that improvements were needed from a communication perspective so that early progress was more visible both across the health and care economy and to the public.

Engagement on the content of the draft LLR Five Year STP had been undertaken in the early part of 2017. Significant feedback had been received and a further draft of the Plan had been produced. It was hoped that the final Plan would be published during the Autumn. Constructive discussions had also taken place with NHS England regarding public consultation on some of the proposals in the STP. A consultation plan would be submitted to NHS England during the following week; it was hoped that consultation would take place during the early part of 2018.

RESOLVED:

That the update provided be noted.

25. Unified Prevention Board Update.

The Board considered a report of the Unified Prevention Board (UPB) reinforcing the strategic direction to be taken by the Board in delivering the prevention approach for Leicestershire, and detailing how the work of the UPB flows into the work of each partner organisation and supported the LLR STP prevention workstream. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The UPB had recently considered its role and responsibility, and had discussed a number of options for the approach to be taken. It was felt that there was a strategic need for the UPB, and that the role and remit should be strengthened to enable the delivery of a universal approach to prevention across all agencies. It was proposed to clarify and ensure that the UPB was the point through which the strategic direction of tiers 0 and 1 prevention activities linked to health and wellbeing were approved. The UPB would require partners to provide assurance on the delivery of prevention tiers 0-1, including measuring progress against the agreed joint outcomes.

A query was raised around workforce and prevention opportunities. All organisations should have a workforce wellbeing strategy in place, and it was felt that there would be a significant impact if these strategies could all be delivered. A piece of work was currently being undertaken as part of the STP around workforce health, focusing of the skills that frontline staff could develop and use during contact with patients and the public.

The prevention offer was also important in relation to the development of Integrated Locality Teams. Consideration would be given to interventions that were proactively made available to people being managed by Integrated Locality Teams.

RESOLVED:

(a) That the proposal to clarify and ensure that the Unified Prevention Board is the point through which the strategic direction of tiers 0 and 1 prevention activities linked to health and wellbeing are managed be approved;

(b) That the strategic direction of the UPB and the outcomes set out in Appendix B to the report be approved.

26. Health and Wellbeing Board Communications.

The Board considered a report of the Director of Health and Care Integration which provided an update on progress with the self-care communications campaign. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The campaign would focus on the three key areas of healthy living, self-care options and long term conditions. Communications activity would be based around seasonal themes linked to NHS messages and planned national campaigns, and work was already taking place on the messages relating to summer activities and issues. The design and delivery of the campaigns would be managed through the Unified Prevention Board which would ensure that partners such as the Fire and Police Services were engaged. The Board was advised that some of the proposals in the campaign were informed by seasonal analysis of visits to A&E.

It was requested that a more ambitious communications campaign should be developed, focussing on issues that had not been included in previous campaigns, such as how to be a 'smart' patient through knowing your medical condition, understanding your medication and what to do and which services to use in a crisis. This suggestion would be made to the Unified Prevention Board which would be challenged with developing the campaign in more depth in response to the feedback.

The proposal to co-ordinate messages across partners was welcomed and it was felt that members of the public would benefit from receiving a single, consistent message from all partners.

RESOLVED:

(a) That the progress that has been made with the Leicestershire self-care communications campaign be noted;

(b) That the Leicestershire self-care campaign becomes a work stream of the Unified Prevention Board;

(c) That the Unified Prevention Board be asked to give further consideration to the proposed approach and strategy of the campaign, in light of the comments raised at the meeting, and a further report be made to the Health and Wellbeing Board on the revised campaign approach.

27. Health and Social Care Sector Growth Plan.

The Board considered a report detailing the final draft of the Health and Social Care Sector Growth Plan, and the next steps to take this forward. This Plan addressed actions to be prioritised to ensure the health and care sector in LLR could flourish and meet the needs of the local population in the future, in particular with respect to attracting and retaining staff in LLR, improving the career opportunities within care sectors, and

encouraging health and care organisations to base themselves within LLR. The health and social care sector growth plan was commissioned in support of the economic development work led by the Leicestershire LPE, and the product was designed to operate alongside, and add value to, other significant programmes of reform in the sector, including the Sustainability and Transformation Plan. In particular, the document would support the priorities within the Organisational Development and Workforce workstream of the STP. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

There were a number of actions recommended in the Plan, structured under four key themes. The high level actions would be further developed by a Task and Finish Group over the next few months, and the delivery of the Plan would be managed by a multi-agency Implementation Group. An update on progress would be presented to a future meeting of the Health and Wellbeing Board.

RESOLVED:

(a) That the content of the Health and Social Care Sector Growth Plan and the next steps on how the plan will be implemented be noted;

(b) That the Board receives a further update on progress to a future meeting.

28. Summary Care Record Update

The Board considered a report from Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG which gave further details of the LLR Electronic Record Sharing Project. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Phase 1 of the project, rolling out the Integrated Care Planning Template across primary care, had been completed. It was confirmed that GP Practices could put in requests for changes to be made to the Summary Care Record. The Governance leads from the three CCGs were involved in approving any changes. Where changes could not be made, feedback was provided to practices about the reasons for this.

Phase 2 was now live; this was centred around secondary and community care providers, using the information shared as a result of the Phase 1 work. Staff and stakeholders were being asked to support the Summary Care Record by giving their explicit consent to the creation of their own record and to give confidence in this to the public. This included requesting that members of the Health and Wellbeing Board consented to the SCR, and to become champions for the SCR. A public awareness campaign was being developed to promote the purpose and benefits of the SCR for the local population.

Phase 3 was also now live; this phase was about extending the system to share health records with Adult Social Care staff through the SCR. Work was being undertaken with NHS Digital and the Commissioning Support Unit to ensure that this was in line with national policy and guidelines. A bid for further funding had been submitted to NHS England to help integrate the Summary Care Record with Adult Social Care.

The ambition of the project was limited by Liquid Logic, the software programme used by Adult Social Care across Leicester, Leicestershire and Rutland, which was not able to

integrate with NHS systems. The Integrated Points of Access programme was supporting work with the suppliers to develop a cost effective solution to this.

It was intended that the cohort of patients being supported by Integrated Locality Teams (those who were frail, elderly and with long term conditions) would all be signed up to the Summary Care Record. However, it would also be important for the message to be disseminated more widely to patients across Leicester, Leicestershire and Rutland as the SCR would be beneficial in any health/care contact including in the case of urgent care being provided, as the SCR would give important summary information about the individual, and any care they were already receiving.

RESOLVED:

That the update on the LLR Electronic Record Sharing project be noted.

29. Date of next meeting.

It was noted that the next meeting of the Board would take place on 21 September 2017 at 2.00pm.

2.00 - 3.45 pm
20 July 2017

CHAIRMAN