



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 13 March 2014.

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

Clinical Commissioning Groups

Dr Dave Briggs
Dr Hamant Mistry
Toby Sanders
Dr Chris Trzcinski

Healthwatch Leicestershire

Kevin Blanks
Vandna Gohil

Leicestershire District/Borough Councils

Cllr John Boyce
Cllr Pam Posnett

NHS England

Peter Huskinson

Leicestershire Partnership NHS Trust

Dr Satheesh Kumar

In attendance

Sandy McMillan, Leicestershire County Council
Mark Thomson, Leicestershire Constabulary

60. Minutes.

The minutes of the meeting held on 13 February 2014 were taken as read, confirmed and signed.

61. Urgent Items.

There were no urgent items for consideration.

62. 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.

63. Position Statement by the Chairman.

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

- External Support for Challenged Health Economies;
- Better Care Fund;
- Care Bill;
- New Congenital Heart Disease Review;
- Urgent Care;
- National News and Bulletins.

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

It was noted that feedback from the regional assurance process of the Better Care Fund was expected the following week. Nationally, there had been some issues with the metrics and some areas for further development had been identified locally. However, in the context of the East Midlands, the plan was felt to be strong.

64. 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.

65. NHS England Operational Plans and Emerging Strategy.

The Board considered a report from the NHS England Leicestershire and Lincolnshire Area Team which set out their draft operational plan. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Board noted the comments of Healthwatch, a copy of which is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) There was a national operating model for NHS England which involved implementing national strategies for specialised commissioning and primary care commissioning through the NHS England Area Teams. The financial pressures affecting specialised services in particular were highlighted.
- (ii) The Board was pleased to note that capacity issues for the Child and Adolescent Mental Health Service (CAMHS) had been highlighted in the Plan. It was noted that this had recently been raised at the Quality Surveillance Group Meeting and that Paul Burnett, Independent Chairman of the Safeguarding Boards for Leicestershire and Rutland, was leading a piece of work on safeguarding issues in this area.
- (iii) The responsibility for Health Visiting would transfer from NHS England to the Local Authority in October 2015. However, it was agreed that it was important to start discussion early to ensure a smooth handover.

- (iv) The level of funding for Primary Care was set nationally. The local challenge was to ensure that the funding was used in the most effective way within the parameters of the GP contract to meet local needs. There were opportunities for the scope of Primary Care to be enhanced by commissioning additional activities within GP practices to support integrated care outside of hospitals, and some examples of these have been proposed in the Better Care Fund Plan. It was noted that NHS England would be meeting with the Leicestershire CCGs to discuss in more depth how the national strategy for primary care would be translated into local implementation in Leicestershire, including the emerging plans to extend primary care services, such as in the context of seven day working and the case management of over 75s.
- (v) Concern was expressed that Section 106 monies, acquired by the Local Authority from developers to fund new infrastructure, were not being invested in new healthcare services and that the process was difficult and complex to navigate. NHS England was the body responsible for investing Section 106 monies in primary care services where applicable. but it was acknowledged that the process lacked clarity between partners, particularly since the new health and care system came into effect in April 2013
- (vi) The Board was pleased to note that Healthwatch was already working with the Local Area Team on complaints. There was strong patient and public involvement in the development of the service specifications for specialised services. For Primary Care, patient and public engagement was being promoted through the GP practice Patient Participation Groups.

RESOLVED:

- (a) That the content of the draft plans be noted;
- (b) That the Director of Public Health be requested to submit a formal response to the draft plans by 31 March;
- (c) That the key issues for primary care strategy and the local implementation plan be the subject of a presentation at a future Board meeting;
- (d) That officers be requested to produce a briefing note on how Section 106 monies work in the new system and the respective roles and responsibilities of all agencies.

66. Leicester, Leicestershire and Rutland Five Year Strategy.

The Board considered an oral report from the Interim Programme Director for the Leicester, Leicestershire and Rutland (LLR) Strategy which provided an update on the current position of the LLR Five Year Strategy and outlined the next steps.

The Strategy would focus on the provision of safe and appropriate health and social care services and creating a sustainable financial position for the sub region. It needed to be finalised by the end of June 2014 and it was anticipated that the first draft of the Plan on a Page, a high level summary of the Strategy, would be produced within the next two weeks. As Leicestershire, Leicester and Rutland had been identified nationally as a 'challenged' health economy, external consultants would be working on the strategy with the Interim Programme Director from April.

The Interim Programme Director had met with a number of key stakeholders and had identified the following priorities:-

- Develop a communications and engagement plan;
- Set out clear deliverables with timescales and performance measures that the programme could be held accountable for;
- Develop a robust, streamlined governance process.

The five workstreams identified from the engagement event at the end of January had met during February and developed their priorities. Work was due to commence on delivering these during the week commencing 17th March. A further engagement event was planned for 6th May.

It was noted that the Operational Plans for NHS England and the Clinical Commissioning Groups, along with the Better Care Fund plan would be key source documents for the Five Year Strategy. It would be important to ensure that the plans were aligned.

RESOLVED:

- (a) That the information now received be noted;
- (b) That further updates be submitted to the Health and Wellbeing Board as appropriate;

67. East Leicestershire and Rutland CCG Draft Operational Plan 2014/15 - 2015/16.

The Committee considered a report from East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) which summarised the CCG's two year operational plan. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

The Board noted the comments of Healthwatch, a copy of which is filed with these minutes.

The full plan was available on ELRCCG's website. It was noted that the CCGs had joint plans in place for areas where they were working together. In addition, the plan was aligned to the Better Care Fund.

Two open events had been held to enable patient and public involvement in the development of the plan. Events had also been held for the Patient Participation Group Chairs and the views of Healthwatch and the CCG's membership had been sought.

Arising from discussion the following points were raised:-

- (i) Quality of care would be measured through specific questions regarding people's health and wellbeing and how in control of their life they feel. These were contractual requirements. Patient experience was measured by various routes including the friends and family test.
- (ii) It would be important to ensure that communication of the CCG operational plans was aligned to communication of the Leicester, Leicestershire and Rutland five year strategy and the Better Care Fund Plan to give an overarching narrative of how health and social care services were being improved. There was a sub-regional

communications group within the 5 Year strategy programme which would co-ordinate this.

- (iii) Work was needed to maximise the impact of the voluntary sector in terms of early intervention and prevention. This included understanding how the voluntary sector fitted into the system and the results of current investment.
- (iv) The inclusion of mental health as a priority in the plan was welcomed. It was noted that the outcomes for people with Learning Disabilities needed to be highlighted in both the primary care strategy and Better Care Fund plans locally.

RESOLVED:

That the contents of East Leicestershire and Rutland Clinical Commissioning Group's two year operational plan be noted.

68. West Leicestershire CCG Draft Operational Plan 2014/15 - 2015/16

The Committee considered a report from West Leicestershire Clinical Commissioning Group (WLCCG) which presented the CCG's two year operational plan. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

It was possible that an arbitration process could be needed to agree the contract with UHL. For this reason, the CCG had not yet signed off its financial plan.

The Health and Wellbeing Board was required to be informed of the quality premium relating to the reporting of medication-related incidents. There were relatively low levels of reporting across the country and the CCG was aiming to increase the level of reporting from district nursing, community services, mental health practitioners and mental health services for older people by a total of 15%.

Arising from discussion the following points were raised:-

- (i) The proposed People's Council would include young people. The CCG aimed to ensure that the Council reflected the population served by West Leicestershire CCG. It was noted that the County Council's Children and Young People's Service had a number of arrangements in place for engagement with young people, including young mystery shoppers, and could work with West Leicestershire CCG in this area.
- (ii) The CCG had identified voluntary sector funding as a threat in its SWOT analysis because a number of voluntary sector organisations were acknowledged to be struggling in the current financial climate. West Leicestershire CCG had tried to understand where partners had made changes to voluntary sector funding and put in place short term arrangements where it was felt that changes put patients at risk. It was suggested that the Integration Executive should consider developing a unified approach to voluntary sector funding.

RESOLVED:

That the contents of West Leicestershire Clinical Commissioning Group's two year operational plan be noted.

69. Special Educational Needs and Disability Reform Update Report.

The Board considered a report of the Director of Children and Family Services at Leicestershire County Council which provided information about the Children and Families Bill, specifically an update of progress of work relating to Special Educational Needs (SEN) and Disability Reform and the accompanying draft Code of Practice and information to highlight the key actions required by September 2014 along with the associated risks and mitigating actions. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

- (a) That the report be noted and that further reports be submitted to the Health and Wellbeing Board as work in respect of the SEND reforms progresses;
- (b) That it be noted that the SEND work programme will form part of the Health and Social Care Integration workstream that will report to the Health and Wellbeing Board;
- (c) That appropriate representatives from partners (children and adults) across the Health and Wellbeing Board undertake joint working to enable strategies to be drawn up to deliver the required new duties set out in the Children and Families Bill and accompanying statutory instruments.

70. Joint Health and Wellbeing Strategy 2013-16 Event - 24 February 2014.

The Board considered a report of the Director of Public Health which provided a summary of an event hosted by the JHWS/JSNA Steering Board to review progress towards the Joint Health and Wellbeing Strategy (JHWS). A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Board noted the comments of Healthwatch, a copy of which is filed with these minutes.

It was felt that the refresh of the JHWS would need to be undertaken in the context of the CCG two year plans and the Leicester, Leicestershire and Rutland five year strategy. The refresh would therefore not take place until summer 2014.

RESOLVED:

- (a) That the findings of the engagement event for the Joint Health and Wellbeing Strategy be noted;
- (b) That the Joint Health and Wellbeing Strategy be refreshed to incorporate the development of the Better Care Fund workstreams;
- (c) That the refresh of the Joint Health and Wellbeing Strategy be undertaken in the context of the Leicester, Leicestershire and Rutland five year strategy and the Clinical Commissioning Group two year operational plans and that, as part of the refresh, consideration be given to the recommendation from the engagement event to include learning disabilities as an additional priority;
- (d) That the sub-boards of the Health and Wellbeing Board be requested to consider the feedback from the stakeholder event and key themes identified and develop them through the strategy refresh and action plans;

- (e) That the Joint Health and Wellbeing Strategy action plans be strengthened with regard to the needs of carers and the needs of people with protected characteristics;
- (f) That future strategic engagement events consider the differing needs and expectations of attendees and that the format of events gives consideration to these;
- (g) That regular opportunities for sharing patient experiences are made available across the health and care system.

71. Performance Update

The Board considered a joint report of the Greater East Midlands Commissioning Support Unit Performance Team and the County Council Chief Executive which provided an overview of current performance against the Board priorities and key aspects of the national performance framework established in relation to Clinical Commissioning Groups (CCGs) and providers, along with associated commentary by exception. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

The Board noted the comments of Healthwatch, a copy of which is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) It was suggested that further consideration be given to how birth data could effectively be transferred across the partnership.
- (ii) It was noted that the East Midlands Ambulance Service had a First Response Team which consisted of trained volunteers with access to defibrillators. It was suggested that parish councils should become more involved in community based defibrillator arrangements, acknowledging that some parish councils had already taken up this opportunity. In rural areas access to a defibrillator and a suitably trained volunteer could increase survival rates in the event of a cardiac arrest. It was noted that all paramedics were qualified to transfer patients to hospitals, however EMAS also had paramedics who had been specifically trained to 'see and treat' on scene.
- (iii) It was suggested that Healthwatch work with the Clinical Commissioning Groups to communicate particular issues around patient choice to the public. Specifically, there were difficulties in communicating the options of rehabilitation in a community hospital or interim placement for patients who were medically fit for discharge from the University Hospitals of Leicester (UHL).
- (iv) Concern was expressed that data relating to some of the metrics in the dashboard was not available. Board members were encouraged to make all data available to the performance team in a timely fashion.
- (v) It was suggested that UHL be invited to a future meeting to enable a more detailed scrutiny of their performance. Particular concern was expressed regarding UHL's ability to control costs. The Board was advised that an interim Director of Financial Strategy was in place at UHL and that some of the reasons for the financial deficit were out of UHL's control, such as the need to invest in services to improve their

quality in the light of the Francis report and misaligned assumptions between UHL and its commissioners.

RESOLVED:

- (a) That the progress made to date in developing the performance framework alongside reporting arrangements to support the Board's role be noted;
- (b) That the performance summary, issues identified this quarter and actions planned in response to improve performance be noted;
- (c) That University Hospitals of Leicester be requested to attend a future meeting to give an update on performance relating to Emergency Care.

72. Proposals to Develop an Integration Executive.

The Board considered a report of the Director of Health and Care Integration which proposed the establishment of an Integration Executive to oversee the day to day delivery of the programme of work to integrate health and care services in Leicestershire by 2018 in line with national policy and local priorities. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The Board noted the comments of Healthwatch, a copy of which is filed with these minutes.

RESOLVED:

- (a) That the establishment of the Integration Executive, with monthly meetings commencing from March 2014, be approved;
- (b) That the day to day oversight of the integration programme be undertaken by the Integration Executive;
- (c) That the terms of reference for the Integration Executive be approved subject to the views of the Integration Executive at its first meeting;
- (d) That the Integration Executive be requested to appoint a clinician as Chairman, and that the nomination of Dr Mayur Lakhani be noted;
- (e) That the membership of the Integration Executive include both clinical and managerial representatives from the University Hospitals of Leicester and Leicestershire Partnership Trust;
- (f) That a progress report from the Integration Executive be submitted to the next ordinary meeting of the Health and Wellbeing Board, outlining how assurance on the delivery of the integration programme and its associated resources will report into the governance arrangements of respective partner organisations;
- (g) That the working arrangements and effectiveness of the Integration Executive be reviewed after 6 months and annually thereafter.

73. Leicester, Leicestershire and Rutland Mental Health and Wellbeing Strategic Group.

The Board considered a report of the Director of Public Health which outlined the proposals to develop a mental health strategic group for Leicester, Leicestershire and Rutland as a subgroup of the Better Care Together Programme. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

The Mental Health Strategic Group met for the first time on 12th March. The terms of reference and membership had not yet been agreed, although a representative of housing services had been present at the meeting. The role of the Group would be to support the development of the Leicester, Leicestershire and Rutland Five Year Strategy. It would then become a delivery group for the Strategy.

RESOLVED:

That the establishment of the Mental Health and Wellbeing Strategic Group for Leicester, Leicestershire and Rutland be noted.

74. Forward Development Programme for the Health and Wellbeing Board 2014/15.

The Board considered a report of the Director of Health and Care Integration which proposed the forward development programme of the Health and Wellbeing Board for 2014/15. A copy of the report marked 'Agenda Item 14' is filed with these minutes.

The Board noted the comments of Healthwatch, a copy of which is filed with these minutes.

RESOLVED:

- (a) That the Health and Wellbeing Board does not participate in peer challenge but uses the findings from this programme on an ongoing basis to inform the self-assessment local development programme;
- (b) That the Health and Wellbeing Board maintains engagement with the LGA national offer, pending further feedback on the future direction of the offer and remains open to accessing it as needed;
- (c) That the questions and prompts from the Change Gear report be used to enhance the self-assessment already completed by the Board;
- (d) That a development programme be set for 2014/15 which focuses on a small number of priorities as follows:
 - (i) The transformation of the local health and care system, including through integration;
 - (ii) The impact and added value the Board is making on the delivery of the objectives and outcomes within:
 - The Leicestershire Health and Wellbeing Strategy;
 - The Leicestershire Better Care Fund Plan;
 - The Leicester, Leicestershire and Rutland wide 5 year strategy;
 - (iii) The leadership development the Board needs to undertake to address these challenges effectively;

- (e) That consideration be given to where any external facilitation would be beneficial in order to deliver the Board's development programme.

75. Hackathon.

The Board considered a report and presentation from the Housing Services Partnership which provided details of the outcome of a new collaboration between health, social care, housing and De Montfort University. A copy of the report, marked 'Agenda Item 15' and the slides forming the presentation is filed with these minutes.

The Board welcomed the use of a Hackathon and suggested that it could be used to engage with people in other areas, for example social care market development. Additionally, it might be useful to work with the Universities on general data issues in health and social care, such as the sharing of data across systems.

RESOLVED:

- (a) That the report and presentation be noted;
- (b) That the potential for the new partnerships and ways of working be recognised;
- (c) That Board members be requested to promote the Hackathon within their organisations to help find new "problems" to work on.

76. Date of Next Meeting.

It was noted that the next meeting of the Board would take place on Tuesday 1st April 2014 at 4.30pm.

2.00 - 4.30 pm
13 March 2014

CHAIRMAN