

Position Statement from Mr E F White CC, Chairman of the Health and Wellbeing Board: 5 September 2013

International Developments

Dementia

Prime Minister David Cameron and Health Secretary Jeremy Hunt will use the UK's 2013 presidency of the G8 to host the first G8 summit dedicated to seeking greater international coordination response to tackling the condition.

In the UK we have a national dementia strategy with a wide ranging programme covering the research, care and awareness of Dementia. In Leicester, Leicestershire and Rutland we have a multiagency programme of work responding to this covering the introduction of memory clinics, improvements to prescribing and ensuring training and awareness for dementia is delivered across all care settings.

Most G8 countries have similarly targeted plans, but the majority of this work and the associated research investment is led at national, rather than at the international level. Experts believe if countries, biopharmaceutical companies and businesses collaborate more effectively and share their information, research and knowledge this will produce significant advances and better support for people living with dementia across the globe.

<https://www.gov.uk/government/news/uk-to-host-g8-dementia-summit>

The Impact of the Earthquake in Christchurch, NZ on System Redesign and Integration in Health and Care Services

Our local plans for Integration and our Better Care Together programme could be informed by the experiences in Christchurch where demand on acute care has been reduced by 13% over a ten year period. A plan to reform the care system was already underway when the city centre was devastated by the earthquake in 2011. This situation accelerated the need to create sustainable alternatives to admission including new/improved community based pathways and IT solutions. Now that the City is being rebuilt the system will not return to the same level of acute infrastructure as before the earthquake. The article at this link also discusses some of the public health challenges faced by the local population and its public sector services in the aftermath of this natural disaster.

<http://www.hmgglobal.com/knowledge-bank/articles/earthquake-crisis-accelerates-healthcare-reform-in-christchurch>

National Developments

Berwick Review: “A promise to learn; a commitment to act”

Professor Don Berwick, an international expert in patient safety, was asked by the Prime Minister to carry out the review following the publication of the Francis Report into the breakdown of care at Mid Staffordshire Hospitals. This report highlights the main problems affecting patient safety in the NHS and makes recommendations to address them. Here is the weblink to the report and supporting letters written by Prof. Berwick to key groups such as NHS executives, clinicians, and the public:

<https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

National Review of Congenital Heart Disease– Update

On 31 July, NHS England published [a letter from Chair, Professor Sir Malcolm Grant](#) to Health Secretary Jeremy Hunt, providing an update on the new review of congenital heart disease (CHD) services. The letter follows NHS England’s Board meeting held in public on 18 July, which [describes the challenge](#) facing NHS England in improving congenital heart disease services and outlines the way forward. NHS England is continuing to meet with stakeholders to listen to views and to work together to design the review’s processes. NHS England’s Medical Director, Sir Bruce Keogh is convening a clinical advisory panel, to be chaired by Sir Michael Rawlins, President of the Royal Society of Medicine.

Leicestershire’s Health Overview and Scrutiny Committee are considering a report on the review at their meeting on 11th September – see <http://politics.leics.gov.uk/ielListDocuments.aspx?CId=1045&MId=3884&Ver=4>

Integration

The Local Government Association and NHS England have [published their planning vision](#) for how the pooling of £3.8 billion of funding will ensure a transformation in integrated health and social care from 2015/16. Further details are included in the integration briefing packet with your papers today. A panel of national and international experts has been [appointed](#) to select the first round of integrated care pioneer projects, which are set to transform the way health and care services are run across the country. The panel is confirmed as:

Jennifer Dixon, Nuffield Trust (Chair), Jon Glasby, Health Services Management Centre, University of Birmingham , Chris Ham, The King’s Fund, Göran Henriks, Jönköping County Council, Sweden, Sharon Levine, Kaiser Permanente, USA, Geraint Martin, Counties Manukau, New Zealand, Catherine Pollard, Monitor, Don Redding, National Voices, Jon Rouse, Department of Health, Sally Warren, Public Health England , Andrew Webster, Local Government Association, John Young, NHS England, Jenny Owen, ADASS
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Promoting Innovation

At the end of July NHS England launched a new scheme inviting applications to oversee/host the NHS Innovation Fellowship.

<http://www.england.nhs.uk/2013/07/31/nhs-innovation-fellowship/>

The NHS Innovation Fellowship will bring together 15 world-class innovators to work with NHS senior leaders, clinicians and Academic Health Science Network leaders to spread a culture of innovation across the health and care system.

Consultation: Caring for our future: implementing funding reform

The Department of Health is seeking views on the practical details of how the changes to the funding system should happen and be organised locally. We are interested in hearing what you think about topics such as:

- how the capped costs system should work
- how deferred payments should be administered
- how we can help people make informed choices about their care and support

The reforms to care funding are one part of a wider programme that will put individuals' wellbeing at the heart of care and support services, and put them more in control of their lives.

Detailed analysis of these reforms and the problems they address is available in the '[Universal Deferred Payments Impact Assessment](#)' and '[Funding Reform Impact Assessment](#)' published with [the Care Bill](#).

For more information please visit

<https://www.gov.uk/government/consultations/caring-for-our-future-implementing-funding-reform>

Local Developments

CQC Report on the Adult Mental Health services at the Bradgate Unit

Following an inspection on 4 and 17 July, Leicestershire Partnership Trust was issued with 2 warning notices and 3 moderate concerns about the care of patients in the Trust's adult mental health service at the Bradgate Unit on the Glenfield Hospital site.

The Trust has had 30 days to make the necessary improvements to care planning and discharge planning which were the subject of the 2 warning notices and the Trust anticipates the CQC will return in early/mid September to review the progress.

The Trust has also submitted a response to the CQC on 4 September as to the action being taken to rectify the moderate concerns which included some aspects of seclusion facilities and access to interpreter services.

Relevant Trust Board papers from the Extraordinary Trust Board meeting held in public at LPT on 29 August can be found at this link

<http://www.leicspart.nhs.uk/Aboutus-Trustboardmeetings2013-August2013.aspx> and the Trust's statement is also available at this link.
http://www.leicspart.nhs.uk/Library/AMH_025_13CQCreport.pdf

Due to the escalation of concerns by a range of external agencies, the Trust Development Authority, NHS England, Local Clinical Commissioning Groups, the CQC and Local Healthwatch invited the Trust to attend a Risk Summit on 29 August. A statement about the summit can be found at Appendix A to this position statement.

The Trust is also attending the Council's Health Overview and Scrutiny Committee on 12 September to provide a further update on progress on the steps the Trust is taking to make a sustainable change to the quality of care across the Trust. See <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1045&MId=3957&Ver=4>

Introduction of the 111 Number

As reported in the CCG Board meetings held in August, the introduction of the 111 number will take effect in Leicester, Leicestershire and Rutland in September 2013, but the implementation is being phased over a number of weeks.

The service is planned to be launched in a phased way commencing on the 3rd September 2013 with all NHS Direct, GP out of hours calls and public calls being transferred to the NHS 111 service by the end of October 2013. Since NHS Direct will be unavailable in Leicestershire after 27th September, it will be the first service transferred to NHS 111 on the 3rd September. Following successful transfer of this service West Leicestershire CCG GP out of hours call handling will be transferred to NHS 111 on 17th September. Three weeks later, on 8th October, East Leicestershire & Rutland GP out of hours call handling will migrate to NHS 111 and two weeks after that, on 22nd October, Leicester City CCG will transfer GP out of hours call handling to NHS 111.

Update on information sharing between professionals

(Extract from relevant minute)

“That a protocol is drawn up with University Hospitals of Leicester Midwifery Service and/or Leicestershire Partnership Trust Health Visiting Service that requires that/those Service/s to ask all new parents to fill out a consent form allowing their details to be shared with their local Children's Centre.”

Further to the Health and Wellbeing Board's discussion on the sharing of relevant data between NHS partners and Children Centres, the Chair has followed up in writing on this matter. The response received confirms the current expectations and arrangements already in place and identifies the actions needed to improve information flow. This is attached at Appendix B for the Board's information.

**Summary of NHS England Risk Summit
for Leicestershire Partnership NHS Trust**

Background

Risk summits are a tried and tested approach to understanding and mitigating risks within an NHS organisation.

They aim to address potential or actual service quality problems which may mean providers, such as hospitals, failing to meet the essential standards of quality and patient safety. Such problems may relate to a specific service or be indicative of more serious and systemic problems within a provider organisation.

A risk summit may be triggered in a number of ways. It could be the result of regular performance and quality reviews between the provider and commissioners, an external regulator (such as the Care Quality Commission or Monitor) or from concerns raised by staff, patients or other parties.

When NHS England calls a risk summit it brings together representatives from the provider organisation, commissioners, key clinical leaders and other regulatory and stakeholders to explore and understand the issue. Together they agree what interventions, if any, may be necessary to ensure patient safety and quality can be guaranteed in the short, medium and longer term and whether further risk summits are required.

Action

On Thursday 29 August 2013, NHS England hosted a risk summit for Leicestershire Partnership NHS Trust relating to concerns about patient care and safety at the Bradgate Unit, including the findings outlined in the recently published CQC report. All key partner agencies were represented at this summit.

Outcomes

Following in depth discussion of the issues raised the following outcomes were agreed:

- 1) An urgent meeting on Friday 30 August 2013 between the Trust, Clinical Commissioning Groups and the Local Authorities to agree what immediate actions are required to ensure safe patient care at the Bradgate Unit in the short term.
- 2) NHS Trust Development Authority, in partnership with local Clinical Commissioning Groups, to develop a plan to provide additional support to the Trust Board of Leicestershire Partnerships NHS Trust in order that the Trust can provide assurance and move forward their plans to improve patient safety on a longer term basis.
- 3) No follow up risk summit would be required at this stage.

SHARING OF INFORMATION WITH CHILDREN'S CENTRES

Purpose of Report

To update the Board on the work that is already underway to support the sharing of information across Midwifery and Health Visiting services with Children's Centres in the County.

Background

Midwifery and Health visiting services have been sharing information with Children's Centres for a number of years with the aim of supporting early access to the Children's Centre programme.

However, it is acknowledged that this has not been without its problems and there have been inconsistencies across the County, and the process has been reliant on individual relationships.

Recently however work has been underway to improve this process and a group have been meeting to review and adapt this in light of new national targets linked to the delivery of the Healthy Child Programme.

Following concerns raised at the Health and Wellbeing Board in June regarding information sharing it was agreed that the CCGs would review the current process and gain assurance

Existing Framework/ Previous Decisions

A meeting was held with representation from CCGs, Health Visiting, Maternity Services and Children's Centres. All agencies confirmed that they already had agreement to share information and that the issue was in agreeing the sharing process.

The issues in relation to the process were identified as follows:

Agreement regarding the time information is sent to Children's Centres
Issues in relation to verification of pregnancy
Accuracy of information gathered
Obtaining information in relation to women that book with 'Out of Area' providers

The above issues were discussed and a way forward agreed (see attached action plan appendix 1). It was also agreed that a multi-agency group would be established to monitor and audit the process and to explore the broader issues in relation to the Early Years Agenda and delivery of the Healthy Child Programme.

All agencies confirmed that there is already an arrangement in place for the sharing of information which has been in operation for some time. However, it is acknowledged there have been issues with the process.

The issues have been identified and a way forwards has been agreed.

It has also been agreed that a multi-agency group will be established to monitor and audit the process and explore the broader issues in relation to the Early Years Agenda and delivery of the Healthy Child Programme.

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List of Appendices

Appendix 1: Action Plan to improve sharing of Information across Health and Children's Centres

Issue	Action	By who
<p>Children's Centres requesting information prior to 20wks of pregnancy: It was agreed that this was not appropriate and should not be shared until the pregnancy has been confirmed as viable. This is due to the fact that a number of women miscarry in the first few week of pregnancy</p>	<p>It was agreed that Children's Centres will be sent the information following confirmation of pregnancy at approximately 23wks of pregnancy.</p>	<p>Administration Team at Bridge Park Plaza (Teresa Heffernan)</p>
<p>Difficulty obtaining information on confirmation of pregnancy: This can be problematic as this information is held by the GP. Some GP practices' find it difficult to provide this information, which can delay transfer of information to Children's Centres.</p>	<p>To negotiate with GP practices to establish an appropriate system and monitor compliance</p>	<p>Health Visitor Teams (Chris Buzzard)</p>
<p>Accuracy of information gathered: It was noted that there were inconsistencies in relation to the accuracy of the information being gathered on the form, specifically in relation to obtaining the mother's signature.</p>	<p>UHL agreed to reinforce this message to all midwives and to monitor compliance</p>	<p>Senior midwife for community services (Louise Payne)</p>
<p>Obtaining information in relation to women that book with 'Out of Area' providers: There are significant numbers of women who live within our geographical area but who choose to deliver with other providers. Obtaining information on these women can be problematic</p>	<p>To liaise with these areas in an attempt to get the information</p>	<p>Commissioning team (Sam Little)</p>
<p>Ensure registration of births in children's centres</p>	<p>LPT to look at this issue and ensure information is passed on</p>	<p>Health Visitor Teams (Chris Buzzard)</p>
<p>Need to Monitor progress:</p>	<p>It has also been agreed that a multi-agency group would be established to monitor and audit the process and explore the broader issues in relation to the early years agenda and delivery of the health child programme</p>	<p>Commissioning Team (Mel Thwaites)</p>