

**CHAIR'S POSITION STATEMENT**  
**LEICESTERSHIRE HEALTH AND WELLBEING BOARD**  
**JULY 2014**

**1. Seven Day Services**

An East Midlands regional event took place on 12th June which considered the requirements and milestones for implementing the 10 clinical standards for 7 day services outlined by Bruce Keogh.

<http://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>

- link to 7 day services clinical standards

<http://www.england.nhs.uk/wp-content/uploads/2013/12/brd-dec-13.pdf>

- link to NHSE Board Paper (B Keogh)

The regional event covered:

- The baseline work in progress across acute trusts in the East Midlands to assess the gap between current practice and these standards.
- How primary care, community based services and social care services are responding to the need to operate services across the 7 days, crucially how these services will support the work of acute trusts to ensure the whole system operates effectively across the 7 day period for patients/service users.
- The implications for diagnostic services, examining how this sector will need to radically transform to meet both increased demand and the 7 day service operating model.
- Various examples of good practice from areas within the East Midlands who have piloted new ways of working in acute, community, primary care and social care settings.

Materials from the event can be found at [www.slideshare.net/NHSIQ](http://www.slideshare.net/NHSIQ)

**2. Better Care Fund (BCF)**

Appendix 1 to this position statement is a copy of Department of Health and Department of Communities and Local Government letter received on 11 July.

This is a supplementary paper in support of today's Health and Wellbeing Board report summarising the recent policy announcements affecting the Better Care Fund.

We anticipate national guidance shortly on the pay for performance scheme outlined in the announcements, along with technical guidance on the definition of the emergency admissions metric against which the plan will be measured, and confirmation of the timescales for resubmission and assurance.

### **3. Care Act**

A briefing paper was provided as part of the July meeting papers which signposts members of the Board to the consultation in progress on the regulations associated with the implementation of Care Act. The Director of Adults and Communities will refer to this item at the end of today's agenda.

### **4. Safe Staffing Levels**

Appendix 2 to this position statement provides a briefing on the recent developments associated with safe staffing levels on inpatient wards. The briefing includes weblinks to the NHS Choices website, where the first set of this data can be viewed, and the new NICE guidelines.

### **5. Focus on Prevention**

It is critical that partners continue to work together to provide the best possible platform of prevention within Leicestershire's communities, to support the most vulnerable and enable our communities to thrive.

Leicestershire County Council has recently consulted on the future of its prevention offer and carer support services in the context of improving outcomes and reducing costs and is currently consulting on a new Communities Strategy which is being presented today at the Health and Wellbeing Board.

Through the leadership of the Integration Executive and through Theme 1 of the BCF Plan, we continue to develop our joint vision of Unified Prevention in Leicestershire's Communities.

The model and implementation plan for local area coordination is being finalised, with a view to a pilot in 8 areas from this autumn and our housing offer to health is also progressing to business case stage. A bid has been made for national transformation monies to support this innovative development in conjunction with District Councils. It is essential that new service models are developed which make the most impact given the significantly reduced resources available to the County Council.

## **6. Primary Care Update**

A copy of recent correspondence sent to all GP practices about the funding review being undertaken by NHS England has been received by the Chair for information, as no one from NHS England was available to attend the meeting today. This will be shared with members of the Board electronically for information between meetings.

A paper has been provided by NHS England for the July agenda which updates the Board following the discussion about section 106 arrangements at our last meeting.

The Chair and Director of Public Health have also held a productive meeting with representatives from NHS England to discuss these two items.

A local primary care strategy is being developed over coming weeks as part of the Better Care Together workplan. Members of the Board will be kept updated over the summer about the progress with this and the associated engagement plan.

## **7. Local Government Association Health and Wellbeing Programme**

An updated prospectus covering the support on offer for health and wellbeing boards can be found at this link:

<http://www.local.gov.uk/documents/10180/5854661/The+health+and+wellbeing+system+improvement+programme+and+partnership+prospectus/7df19b66-9f60-46dd-b2bc-e2022d45deb6>

The LGA HWB July 2014 ebulletin can be accessed at this link:

[http://www.local.gov.uk/web/guest/health/-/journal\\_content/56/10180/6327438/ARTICLE](http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/6327438/ARTICLE)

***A copy of this position paper will be posted on***

***the Health and Wellbeing Board webpage [www.leics.gov.uk/healthwellbeingboard.htm](http://www.leics.gov.uk/healthwellbeingboard.htm)***

***and circulated electronically to Board members.***



## APPENDIX 2: SAFE STAFFING LEVELS

NHS Choices website is an important resource which serves several purposes for the public:

- Provides information about how to find/access services in your local area, (find a GP/dentist to register with, closest urgent care centre etc.)
- Provides information to help patients choose between providers of care, where choice applies (for example when referred for a planned operation within the NHS you can compare providers using this site).
- Provides NHS approved information about health and wellbeing/health conditions

NHS Choices website now provides a wider range of patient safety information including publication of each hospital's performance against safe staffing. This is due to a new requirement for all NHS Trusts to publish their staffing data monthly on this site as part of increased transparency following the Francis Report.

- An overview of the information available is given at this weblink: <http://www.nhs.uk/nhsengland/thenhs/patient-safety/pages/about-patient-safety.aspx>
- There is a monthly excel spreadsheet which shows the detailed information for every hospital.
- The definition of the indicator of safe staffing and how it is measured is given at this weblink: <http://www.nhs.uk/Scorecard/Pages/IndicatorFacts.aspx?MetricId=8081> - essentially: the overall average percentage of planned day and night hours for registered and non-registered nurses and midwives in hospitals which are filled.
- Using this weblink <http://www.nhs.uk/safety/search/> - you can put in a post code and receive summary level patient safety information for hospitals in the surrounding area.

NICE have recently finished their consultation on safe staffing and have just published their guidelines <https://www.nice.org.uk/guidance/SG1> The following statement from their guidelines is important to note as overall context, as the topic is quite complex given the range of inpatient settings within the NHS.

*There is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. This guideline therefore makes recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment. It then recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period. The guideline also makes recommendations for monitoring and taking action according to whether nursing staff requirements are being met and, most importantly, to ensure patients are receiving the nursing care and contact time they need on the day. The emphasis should be on safe patient care not the number of available staff. This includes recommendations to review the nursing staff establishment for the ward and adjust it if required.*