



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Tuesday, 16 September 2014.

PRESENT

Leicestershire County Council

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

Mick Connell  
Lesley Hagger  
Mike Sandys

Clinical Commissioning Groups

Professor Mayur Lakhani

Healthwatch Leicestershire

Gillian Adams  
Rick Moore

Leicestershire District/Borough Councils

Cllr John Boyce  
Cllr Pam Posnett

NHS England

Professor Aly Rashid

Leicestershire Partnership NHS Trust

Dr Satheesh Kumar

In attendance

Tim Sacks, East Leicestershire and Rutland Clinical Commissioning Group  
Kate Shields, University Hospitals of Leicester NHS Trust  
Det Insp Sian Walls, Leicestershire Constabulary

122. Minutes.

The minutes of the meeting held on 17 July 2014 were taken as read, confirmed and signed.

123. Urgent Items.

There were no urgent items for consideration.

124. 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 such declarations were made.

125. Position Statement by the Chairman.

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

- Key findings and policy implications of the Barker Commission;
- Better Care Fund;
- Integrated Personal Commissioning;
- Public Health Funding Settlement;
- Cancer Research UK: Latest Findings on Mortality Rates in the UK;
- NHS Confederation 2015 Challenge Manifesto;
- NHS England Five Year Forward View;
- New Congenital Heart Disease Review: Launch of consultation on draft standards and service specifications.

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

126. 12 Hours in A&E.

The Board considered a report and presentation from Healthwatch Leicestershire which summarised the experience of 88 patients which Healthwatch representatives spoke to between 8.30am and 8.30pm on Friday 27 June 2014. A copy of the report marked 'Agenda Item 5' and the slides forming the presentation is filed with these minutes.

The report was welcomed as a valuable piece of evidence based work. It was felt to provide useful information for commissioners in helping identify where effort should be focussed. The Board was also pleased to note that patient experience of using Accident and Emergency Services was generally positive, however the data showed that a number of the attendees would have preferred to use community alternatives such as GP services.

It was noted that Healthwatch Leicestershire only considered health and social care issues within Leicestershire, due to the finite amount of resource at its disposal. Out of county health services would come under the remit of the relevant neighbouring Healthwatch organisation.

RESOLVED:

That the recommendations made by Healthwatch be referred to the Urgent Care Working Group for consideration.

127. Better Care Fund Plan Resubmission.

The Board considered a joint report of Leicestershire County Council, West Leicestershire Clinical Commissioning Group and East Leicestershire and Rutland Clinical Commissioning Group which presented the final draft of the Better Care Fund Submission for Leicestershire and supporting papers for approval prior to submission to

NHs England on 19<sup>th</sup> September. A copy of the report marked 'Agenda Item 6' and the supplementary agenda pack incorporating the appendices to the report is filed with these minutes.

An updated version of the Better Care Fund Plan on a Page was tabled at the meeting, along with a log summarising changes that had been made to the Plan since the papers for the meeting were circulated. A copy of both documents is also filed with these minutes.

Arising from discussion the following points were raised:-

- (i) It was felt that the revisions to the Plan had strengthened it. The balance in the plan between prevention, social care and health was welcomed.
- (ii) It was noted that there was a decrease in investment in the autism pathway in future years due to two whole time equivalent fixed term contracts ending. Arrangements to make the service more cost effective would be included in the next autism self-assessment to be considered by the Board, along with assurance that the expertise from the two additional posts had been translated into the service.
- (iii) It was felt that a tighter definition of safe discharge was needed across the health and care system. It had to be recognised that the discharge of frail elderly patients should happen in the context of their underlying health conditions and that the aim should still be to return them safely to the residence from which they were admitted to hospital, with appropriate community based support.

RESOLVED:

- (a) That the BCF Plan be approved and that the Chief Executive of Leicestershire County Council be authorised to make any final amendments agreed by the Board for onward submission to NHS England on 19 September;
- (b) That the participation of the Health and Wellbeing Board in the National Assurance Process for BCF Plans, commencing on 22<sup>nd</sup> September, and the requirement for members of the Board and BCF Team to participate in a telephone conference call with the national assurance team be noted;
- (c) That it be noted that arrangements for the Integration Executive to have day to day oversight of the delivery of the BCF Plan were approved in March 2014;
- (d) That the Integration Programme Team and officers in partner organisations be thanked for their hard work to produce the Plan.

#### 128. Better Care Together Strategy Update.

The Board considered a report of the Leicester, Leicestershire and Rutland Better Care Together Programme which provided an update on progress since the Board received the draft Better Care Together Five Year Strategic Plan. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

It was expected that the strategies for primary care and adult social care would be completed by the end of September to enable them to be incorporated into the Five Year Strategic Plan.

## RESOLVED:

That the progress made over the past 12 weeks and the key next steps set out in paragraphs 24 – 27 of the report be noted.

129. Annual Report of the Director of Public Health.

The Board considered the Annual Report of the Director of Public Health which focused on the broader determinants of health and the role that the whole of local government had in helping people to be healthy through, for example, good housing, a good education, a fulfilling job and good personal relationships. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

It was noted that the Department of Health and the Department for Education had different interpretations of the statistics for educational attainment at GCSE level. This was sufficient to produce a statistical difference; the Department for Education did not consider that Leicestershire was significantly below the national average for this measure although the Department of Health did. Members of the Board were reminded that all partners should be working together to raise educational attainment to ensure that young people got the best possible outcomes.

## RESOLVED:

- (a) That the Annual Report of the Director of Public Health be received;
- (b) That the recommendations in the Annual Report of the Director of Public Health be supported.

130. Pharmaceutical Needs Assessment.

The Board considered a report of the Director of Public Health which presented the draft findings of Leicestershire's Pharmaceutical Needs Assessment and sought approval to undertake a formal 60 day consultation period of the findings of this report. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

The Board discussed the important link between the Primary Care Strategy and the Pharmaceutical Needs Assessment. It was also suggested that District Council Planning Officers should be included in the consultation process.

Concern was expressed that the areas of the county with the highest rates of teenage pregnancy did not have local provision for contraceptive services. It was recommended that young people be involved in the consultation about the Pharmaceutical Needs Assessment.

## RESOLVED:

- (a) That the Pharmaceutical Needs Assessment be approved for consultation, subject to the Director of Public Health being authorised to make minor drafting amendments to ensure that it is ready for consultation;
- (b) That the Director of Children and Family Services support the Pharmaceutical Needs Assessment team in consulting with young people.

131. Annual Report of the Local Safeguarding Children Board and Safeguarding Adults Board.

The Board considered a report of the Independent Chair of the Leicestershire and Rutland Safeguarding Boards which presented the draft Annual Report 2013/14 for the Leicestershire and Rutland Safeguarding Children Board and Safeguarding Adults Board for consultation and comment. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) The Board welcomed the report, in particular the attention to Board development and leadership.
- (ii) It was noted that the Independent Chair had been involved in a meeting of the Quality Surveillance Group where the Child and Adolescent Mental Health Services were considered. This was now a significant area of work for the children's workstream of the Better Care Together Programme, including addressing issues around access and the criteria for the services.
- (iii) Concern was expressed that some GPs had reported the same safeguarding concerns relating to care home providers on a number of occasions. In addition it was noted that GPs were no longer required to carry out checks on new patients who transferred into the area and automatic links were not made between GPs and Health Visitors which could help strengthen local intelligence. It was suggested that the Safeguarding Boards should consider the vigilance of primary care and GP engagement with safeguarding as a future area of work.
- (iv) It was noted that the quality of residential care in Leicestershire had recently been described as amongst the worst in England by an independent body using data from the Care Quality Commission. However, the Care Quality Commission had since confirmed that they had no evidence that Leicestershire was an outlier. It was felt that positive joint work had begun to improve the quality of care in residential care homes but that a more integrated approach with Clinical Commissioning Groups and the Care Quality Commission was needed.

RESOLVED:

- (a) That the Annual Report of the Local Safeguarding Children Board/Safeguarding Adult Board be noted;
- (b) That the comments now made be referred to the Local Safeguarding Children Board/Safeguarding Adult Board for consideration.

132. Performance Report at end of Quarter 1 2014/15.

The Board considered a report of the County Council Chief Executive and Greater East Midlands Commissioning Support Performance Service which provided an update on performance against current performance priorities set out in the Health and Wellbeing Board and Commissioner Performance Frameworks, based on data available at the end of quarter 1 2014/15. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Arising from discussion the following points were raised:-

- (i) Concern was expressed that the currently high number of cancer referrals was having a negative impact on the waiting times for treatment. In part this was due to an increase in referrals for screening; work was needed to be undertaken with primary care to ensure that referrals for screening were appropriate. It was noted that high profile media stories regarding cancer also had an impact on referral rates which was difficult to predict and prepare for.
- (ii) There was pressure across the whole NHS to achieve the 18 week referral to treatment target. This had resulted in some organisations refusing to take patients from outside their area. Concern was expressed that the local healthcare system did not have the capacity to achieve this target. The remedial plans to address this were being led by the Clinical Commissioning Groups.

RESOLVED:

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

133. Supporting Leicestershire Families.

The Board considered a report of the Director of Children and Family Services which provided an overview and update on the work of the Supporting Leicestershire Families Services and broader Troubled Families Programme. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

The work on analysis the cost benefits of the programme would be important to encourage organisations to continue to invest in the service beyond 2015/16. However, it was felt that the programme was achieving excellent results in terms of transforming people's lives and that there should be a balance between financial and non-financial success factors for this service.

It was noted that the Supporting Leicestershire Families Programme would form part of the children's workstream for the Better Care Together Programme.

RESOLVED:

That the need for ongoing partner support and financial resource to enable the Supporting Leicestershire Families Services to continue beyond March 2016 be noted.

134. Leicester, Leicestershire and Rutland Child Health Strategy Review Group.

The Board considered a report of the Director of Children and Family Services which advised of the development of a Child Health Strategy Group for Leicester, Leicestershire and Rutland. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

RESOLVED:

That the Leicester, Leicestershire and Rutland Child Health Strategy be accountable to the Health and Wellbeing Board.

135. Dates of future meetings.

It was noted that the next meeting would be held on Thursday 20 November at 2.00pm and that meeting during 2015 would be held at 2.00pm on the following dates:-

Thursday 22 January  
Thursday 12 March  
Thursday 14 May  
Thursday 16 July  
Thursday 17 September  
Thursday 19 November

2.00 - 4.20 pm  
16 September 2014

CHAIRMAN

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