Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 30 March 2016 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

Contact: **Mrs. R. Palmer (0116 305 6098)**

Email: **rosemary.palmer@leics.gov.uk**

Membership

Dr. S. Hill CC (Chairman)

Mrs. R. Camamile CC	Mr. J. Kaufman CC
Mrs. J. A. Dickinson CC	Mr. W. Liquorish JP CC
Dr. T. Eynon CC	Mr. J. Miah CC
Dr. R. K. A. Feltham CC	Mr. A. E. Pearson CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at http://www.leics.gov.uk/webcast – Notices will be on display at the meeting explaining the arrangements.

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 20 January 2016.		(Pages 5 - 12)
2.	Question Time.		
3.	Questions asked by members under Standing Order 7(3) and 7(5).		
4.	Urgent items.		
5.	Declarations of interest in respect of items on the agenda.		
6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.		

7. Presentation of Petitions under Standing Order 36.

8. Better Care Fund Refresh 2016/17 Overview. (Pages 13 - 18)

9. Urgent and Emergency Care Vanguard. (Pages 19 - 24)

10. 0-19 Healthy Child Programme Review and Re-Procurement. (Pages 25 - 48)

11. Public Health Commissioning Intentions. (Pages 49 - 68)

12. Date of next meeting.

    The next meeting of the Committee is scheduled to take place on 8 June 2016 at 14:00hrs.

13. Any other items which the Chairman has decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

Members serving on Overview and Scrutiny have a key role in providing constructive yet robust challenge to proposals put forward by the Cabinet and Officers. One of the most important skills is the ability to extract information by means of questions so that it can help inform comments and recommendations from Overview and Scrutiny bodies.

Members clearly cannot be expected to be experts in every topic under scrutiny and nor is there an expectation that they so be. Asking questions of 'experts' can be difficult and intimidating but often posing questions from a lay perspective would allow members to obtain a better perspective and understanding of the issue at hand.

Set out below are some key questions members may consider asking when considering reports on particular issues. The list of questions is not intended as a comprehensive list but as a general guide. Depending on the issue under consideration there may be specific questions members may wish to ask.

Key Questions:

- Why are we doing this?
- Why do we have to offer this service?
- How does this fit in with the Council's priorities?
- Which of our key partners are involved? Do they share the objectives and is the service to be joined up?
- Who is providing this service and why have we chosen this approach? What other options were considered and why were these discarded?
- Who has been consulted and what has the response been? How, if at all, have their views been taken into account in this proposal?

If it is a new service:

- Who are the main beneficiaries of the service? (could be a particular group or an area)
- What difference will providing this service make to them – What will be different and how will we know if we have succeeded?
- How much will it cost and how is it to be funded?
- What are the risks to the successful delivery of the service?

If it is a reduction in an existing service:

- Which groups are affected? Is the impact greater on any particular group and, if so, which group and what plans do you have to help mitigate the impact?
- When are the proposals to be implemented and do you have any transitional arrangements for those who will no longer receive the service?
- What savings do you expect to generate and what was expected in the budget? Are there any redundancies?
- What are the risks of not delivering as intended? If this happens, what contingency measures have you in place?

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Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 20 January 2016.

PRESENT

Dr. S. Hill CC (in the Chair)

Mrs. R. Camamile CC	Mr. D. Jennings CC
Mrs. J. A. Dickinson CC	Mr. J. Kaufman CC
Dr. T. Eynon CC	Mr. W. Liquorish JP CC
Dr. R. K. A. Feltham CC	Mr. J. Miah CC

In attendance.

Mr. E. F. White CC, Cabinet Lead Member for Health,
Rick Moore, Chair of Healthwatch Leicestershire,
Toby Sanders, Managing Director, West Leicestershire Clinical Commissioning Group (Minute 57 refers),
John Adler, Chief Executive University Hospitals of Leicester NHS Trust (Minute 57 refers),
Tim Hargrave Locality Manager, Leicester, Leicestershire and Rutland East Midland Ambulance Trust (Minute 57 refers),
Dr. Satheesh Kumar, Medical Director of Leicestershire Partnership NHS Trust (Minute 58 refers),
Dr. Peter Miller, Chief Executive of LPT (Minute 58 refers),
Kate Allardyce, Performance Manager, Greater East Midlands Commissioning Support Unit (Minute 59 refers).

49. Minutes.

The minutes of the meeting held on 11 November 2015 were taken as read, confirmed and signed.

50. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

51. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

52. Urgent Items.

There were no urgent items for consideration.

53. 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.

The following declarations were made:

Dr. T. Eynon CC declared a personal interest in all items on the agenda as a salaried GP.

Mrs. J. A. Dickinson CC declared a personal interest in all items on the agenda as she had a relative employed by the University Hospitals of Leicester NHS Trust.

Mr. J. Miah CC declared a personal interest in all items on the agenda as he had relatives employed by the University Hospitals of Leicester NHS Trust.

54. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

55. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

56. Medium Term Financial Strategy 2016-17 - 2019-20.

The Committee considered a joint report of the Director of Public Health and Director of Corporate Resources which provided information on the proposed 2016/17 to 2019/20 Medium Term Financial Strategy (MTFS) as it related to the Public Health Department. A copy of the report marked 'Agenda Item '8' is filed with these minutes.

The Chairman welcomed Mr E F White CC, Cabinet Lead Member for Health to the meeting for this item.

In introducing the report the Director of Public Health and Cabinet Lead Member advised that the Department's overall approach was to redesign services where possible to improve outcomes as well as saving money. The Department had an exemplary track record of delivery in this area which gave confidence that the proposed savings were deliverable, although it was acknowledged that there would also be some risks associated with the projects. In some cases the work to deliver savings during 2016/17 was already underway.

In response to the financial challenge it was facing, the Department was focused on:-

- Services that made the biggest impact such as those to improve the health and wellbeing of children;
- Early help and prevention to reduce demand for service and ease the pressure on the health and social care system.

Arising from discussion the Committee was advised as follows:-

Service Transformation

(i) The Department was keen to encourage community involvement in the delivery of appropriate services, as outlined in the Annual Report of the Director of Public Health for 2015. It was intended that this approach would sit outside formal voluntary sector arrangements and would empower communities to take responsibility for their own health and wellbeing.

Proposed Revenue Budget

(ii) The Committee was disappointed to note that the grant allocation for 2016/17 from the Department of Health had not yet been confirmed. However, it welcomed the Department's pragmatic approach to setting its budget using estimates.

(iii) The contribution to other County Council preventative services made by the Public Health Department would be reviewed as part of a comprehensive approach to early help across the Council aimed at bringing all preventative spend together.

Savings

(iv) PH2 – Reduction in Health Checks

The Health Check programme was statutory; however the fees that the County Council paid to GPs for carrying out Health Checks were at the higher end of the national range. There was some risk attached to this saving as any reduction in fees would be dependent on the outcome of negotiation with GPs.

(v) PH4 Review of Physical Activity Services and Contracts

It was intended that the physical activity service would be focused on delivery; to that end the reduction in funding to district council was expected to cease the funding of physical activity co-ordinators. It was recognised that this was not an efficient use of funding and district councils were already working to identify alternative service models. The reduction in funding would not affect high impact services such as exercise on referral schemes or the infrastructure provided by Leicester-Shire and Rutland Sport to support physical activity across Leicestershire.

(vi) PH6 Review of Smoking and Tobacco Services and Contracts

It was acknowledged that the increased usage of e-cigarettes and the time-intensive nature of current smoking cessation services meant that there had been a reduction in activity. The smoking cessation service would therefore be redesigned to be more cost effective and to take international best practice into account. The intensive services such as one-to-one or group sessions would still be available, but only for targeted groups such as Looked After Children. These would be supported by universal telephone or web based services which would be less resource intensive and emerging national and international evidence showed that them to be effective.

A future service redesign, currently proposed for 2017/18, would involve integrating all lifestyle services, such as substance misuse and obesity services as well as smoking and tobacco services, into a single lifestyle behaviours service.

Capital Programme

(vii) The warm and healthy homes scheme was funded through an external grant following a successful bid for funding. The County Council's spend on the project would be delivered through the Papworth Trust, although the Trust would not provide services. There were a number of ways in which vulnerable people could access the scheme, including through the Lightbulb Project, in-house service, district council services or those provided by a charity.

RESOLVED:

(a) That the report and information now provided be noted;

(b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 27 January 2016.

57. Urgent and Emergency Care Update Winter Performance and Vanguard.

The Committee considered a joint report of West Leicestershire Clinical Commissioning Group (WLCCG), University Hospitals of Leicester NHS Trust (UHL) and East Midland Ambulance Service (EMAS) providing an update on the winter performance of the Urgent and Emergency Care System and briefing the Committee on the progress of the Urgent and Emergency Care Vanguard. A copy of the report marked 'Agenda item 9' is filed with these minutes.

The Chairman welcomed Toby Sanders, Managing Director, West Leicestershire Clinical Commissioning Group, John Adler, Chief Executive UHL, and Tim Hargrave Locality Manager, Leicester, Leicestershire and Rutland (LLR) EMAS to the meeting for this item.

In introducing the report John Adler gave an account of improvements in response to the Care Quality Commission's (CQC) conditions imposed following its unannounced visit at Leicester Royal Infirmary (LRI) on 30 November 2015. UHL acknowledged the seriousness of the situation, as the CQC had imposed conditions on UHL's registration and failure to comply was a criminal offence. The issues identified by CQC and UHL's response was as follows:-

- The need to ensure that the skill mix of staff in the Emergency Department (ED) was sufficient for patient safety; particularly with regard to the numbers of senior nurses. UHL provided a weekly report to CQC regarding both nursing and medical staff and no major problems had yet been identified;

- The need to assess every patient within 15 minutes of arrival at the ED. This was an extremely challenging standard, as observations and getting a case history could take time. However, the Committee was advised that performance had improved in this area and a system put in place whereby ambulance crews assessed patients in transit and shared this on arrival so that the sickest patients could be prioritised during busy periods. It was acknowledged that this presented a risk in that some patients would have longer waits;

- The need to improve the management of sepsis. A new pathway had been implemented and the last data set indicated full compliance. However, the pathway required six specific actions to be implemented within one hour of the patient's arrival at ED and performance relating to each action was mixed.

The Committee was advised that the most recent CQC report and feedback on the Trust's progress had not been received yet, though it was hoped that the improvements listed above would be sufficient to comply with the conditions imposed.

Arising from discussion members were advised as follows:-

(i) The single front door and the co-location of the ED and the Urgent Care Centre (UCC) allowed for effective triage of patients to ensure that they were treated in the most appropriate setting and had resulted in 68 percent of the patients walking into urgent care at the LRI not needing to go to the ED at all. The Committee was advised that patients who did not know which service was most appropriate for

them should be using the 111 non-emergency number. The benefits of using the 111 number in non-emergency situations included advice on all local services available, including social care services and pharmacies. In addition, members were advised that part of the Vanguard project was intended to provide a more consistent urgent care service and increase the role of the NHS 111 number to act as the 'portal' for all points of access to health and social care in Leicester, Leicestershire and Rutland;

(ii) The UCC was now managed by UHL and so was more integrated with the ED. Clinicians in the ED felt that the referrals made to them by the UCC were appropriate. It was intended that the UCC would be expanded to include an observation unit which would allow even more patients to be treated there rather than in the ED. EMAS also diverted patients away from the ED through its 'see and treat' and 'hear and treat' services;

(iii) The delays in ambulance handovers to LRI remained the most problematic issue for the local health and care system. In order to tackle this, work was being undertaken to ensure that handovers were as slick as possible and that flow was maintained within the hospital. If beds were not available in the main hospital, patient needing to be admitted were not able to leave the ED. This in turn resulted in a lack of capacity in the ED. Members were, however, assured that UHL and EMAS worked together to proactively manage the patient flow. An escalation plan was in place which meant that delays of over two hours were referred to the Chief Executive of UHL. This escalation process was effective as it ensured all possible actions had been undertaken;

(iv) Members were advised that each 999 call was triaged and the fast response car was dispatched to all immediate life threatening conditions and cardiac arrests with a target response time of 8 minutes, in line with national standards. The same target for immediate but not life threatening emergency was 19 minutes. The Committee was also advised that the patients were normally taken to the closest hospital available, but that the patients would be taken to LRI if their patient history was already there;

(v) The LLR Vanguard aimed to improve urgent and emergency care; focused on simplifying the points of access for these services and improving the 'front door' at the LRI. The new ED floor, the first phase of which would be completed by the end of 2016, would provide an opportunity to look at how services could work together and be more integrated.

RESOLVED:

(a) That the update on the winter performance of the Urgent and Emergency Care System and the progress of the Urgent and Emergency Care Vanguard be noted;

(b) That the detailed plans for delivery of the Urgent and Emergency Care Vanguard be circulated to all members of the Committee for information.

58. <u>Update of Progress of Actions Related to the Care Quality Commission Inspection at Leicestershire Partnership NHS Trust.</u>

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on the progress of actions related to the Care Quality Commission (CQC) inspection at LPT carried out in March 2015. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Chairman welcomed Dr Satheesh Kumar, Medical Director of LPT and Dr Peter Miller, Chief Executive of LPT to the meeting for this item.

The Committee was pleased to note the improvements made at the Trust since the imposition of the conditions by CQC. Members were advised that a desktop review had taken place with CQC earlier this month, following which the CQC had indicated satisfaction with the progress being made. However, the CQC rating of inadequate for safety would remain in place until the next full inspection.

Arising from discussion the following points were noted:-

(i) Members welcomed the development of clinical forums to consider issues relating to mobility and morbidity in community health service and were pleased to note the intention to roll these out across the Trust, including the mental health service;

(ii) Members were pleased to note that quick action had been taken to improve the security of drug storage, such as not keeping medication once patients had been discharged and locking up prescription pads;

(iii) The Committee sought assurance that action was being taken to improve end of life care and was advised that although improvements had been made, the work to develop a system wide protocol, which was being done through the Better Care Together workstream, although progressing, was not yet completed.

RESOLVED:

That the progress made in delivery of the actions required by the Care Quality Commission (CQC) following the inspection in March 2015 be noted.

59. Health Performance Update.

The Committee considered a joint report of the Chief Executive and Greater East Midlands (GEM) Commissioning Support Performance Service which provided an update on the performance priorities set out in the Health and Wellbeing Strategy, Better Care Fund (BCF) Plan and Commissioner Performance Frameworks, based on the latest data. A copy of the report marked 'Agenda Item 11', is filed with these minutes.

The Chairman welcomed Kate Allardyce, Performance Manager from GEM Commissioning Support Unit to the meeting for this item.

Arising from discussion the following points were raised:-

(i) The waiting list for orthodontic services had been closed. Members were advised that patients were still admitted to the service in an emergency whilst the backlog of cases was cleared. The service was commissioned by NHS England and Members were assured that it was seeking additional capacity outside of Leicestershire;

(ii) Members were pleased to note the reduction in Delayed Transfers of Care, however they raised concern over the increase in the readmissions rate. Assurance was sought that patients who were on end of life care plans, such as care home residents, were not being inappropriately readmitted to hospital. The Committee was advised that there was further detail on this issue in the performance report considered by the UHL Trust Board;

(iii) Members were advised that data on the number of admissions due to falls was being analysed and it would be presented to the Committee at a future meeting.

RESOLVED:

(a) That the performance summary, issues identified and actions planned in response to improve performance be noted;

(b) That the officers be asked to circulate the most recent performance report considered by the University Hospitals of Leicester NHS Trust Board to all members of the Committee for information;

(c) That hospital admissions due to falls be considered by the Committee at a future meeting.

60. Sexual Health Needs Assessment and Draft Leicestershire Sexual Health Strategy 2016-19.

The Committee considered a report of the Director of Public Health which sought its views on the Sexual Health Needs Assessment and Draft Leicestershire Sexual Health Strategy 2016-19. A copy of the report marked 'Agenda Item 12' is field with these minutes.

Members commended officers for providing a balanced report proposing a clear strategy for sexual health in Leicestershire. In addition, members welcomed the aim to simplify the screening process for sexual transmitted infections. The Committee felt that the strategy could have been developed jointly with Leicester City but was advised that the needs of residents of the County were different to those of Leicester City and a joint strategy was not considered appropriate. Services were co-ordinated between the two areas wherever possible and a significant amount of joint working took place.

The proposals around screening for Sexually Transmitted Diseases set out in the strategy were welcomed, but members cautioned against creating a system which resulted in multiple referrals within primary care through the use of an online referral system. Officers undertook to investigate whether the referral form could be incorporated into the GPs computer system so that they could make the referrals for vulnerable patients where appropriate.

RESOLVED:

That the Cabinet be advised that the Committee supports the draft Sexual Health Needs Assessment and strategy.

61. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 30 March 2016 at 2.00pm.

2.00 - 4.18 pm CHAIRMAN
20 January 2016

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Agenda Item 8

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 30TH MARCH 2016

REPORT OF HEALTH AND CARE INTEGRATION

BETTER CARE FUND REFRESH 2016/17 OVERVIEW

Purpose of report

1. The purpose of this report is to provide an overview of the progress to refresh and submit the Leicestershire Better Care Fund (BCF) plan including an update on the refreshed spending plan and outcome metrics for 2016/17 as at 17th March 2016.

Policy Framework and Previous Decisions

2. The previous BCF Plan for Leicestershire was approved by the Health and Wellbeing Board in September 2014. (http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3984&Ver=4)

3. There is a requirement for all Health and Wellbeing Boards to submit a refreshed BCF plan by 25th April, in line with national policy and guidance.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf

Current Position

4. The delayed Annex 4 national technical guidance for the BCF was released on 23rd February.

5. The guidance confirmed that for areas who have not achieved their target for reduction in emergency admissions during 2015/16 there is an expectation that a risk pool will operate within the 2016/17 BCF plan.

6. The guidance gave further information on the expectations of the BCF plans in relation to:

   a. Action plans to improve delayed transfers of care

   b. How the BCF spending plan should account for spend on NHS out of hospital services, as well as adult social care protected services.

7. National conditions are in place as before e.g. covering 7 day services, integrated data using the NHS number, having an accountable professional for case management and the requirement to have plans agreed by partners including acute providers.

8. National BCF metrics have remained the same for 2016/17. For the patient experience metric the same question will be used from the GP survey regarding long term conditions. The same local metric will also be used, which is "reducing the number of emergency admissions due to falls".

9. The milestones for the submission of the BCF plan through to NHS England have been revised due to late publication of the guidance. The main milestones are:

   a. 2nd March – initial draft of BCF planning template, which details refreshed funding contributions, and initial scheme level spending plan, refreshed metrics and confirmation of local risk pool agreements, submitted to NHS England

   b. 21st March – first submission of the full narrative plans for the BCF, and a second submission of the BCF planning return template.

   c. 25th April – final submission, with confirmation of approval of the local Health and Wellbeing Board.

10. During March and April assurance of BCF plans will take place with feedback provided from NHS England and Local Government panels operating regionally. Assurance will be assessed in two ways:

    a. How the plan addresses the funding requirements, national conditions and metrics.

    b. Risks to delivery of the plan in the context of the local health and care economy.

11. The outputs of the assurance process will result in plans being rated either Approved, Approved with Support, or Not Approved, and a national moderation process will take place.

Draft Narrative for BCF Plan Refresh

12. Although there is no national template for the BCF narrative, the expectation is this should be a brief narrative overview of the refreshed plan, demonstrating how the national conditions and metrics for the BCF will be achieved in 2016/17 with assurance on how plans have been co-produced and approved by all partners, ultimately via the Health and Wellbeing Board.

13. A draft narrative has been prepared for the submission on 21st March. Some of the text from the early draft has already been reflected in the Clinical Commissioning Group (CCG) operating plan submissions.

First Cut Spending Plan for BCF Refresh

14. Leicestershire's BCF allocation for 2016/17 has been confirmed as £39.1m, an increase of £0.8m (2%) from 2015/16.

15. An initial refreshed spending plan has been developed through co-production across partners. Evaluation work across the BCF plan to inform the spending refresh was

led by the Integration Operational Group, with recommendations reported to the Integration Executive between December 2015 and February 2016.

16. The spending plan has been refined further during February and March between Leicestershire County Council, East Leicestershire and Rutland CCG and West Leicestershire CCG, so that the initial BCF submission made on the 2nd March demonstrates a balanced plan.

17. As mentioned above, the technical guidance includes a section on risk pool arrangements. It states that where local partners recognise a significant degree of risk associated with the delivery of their 2016/17 plan, for example where emergency admission reductions targets were not met in 2015/16, it is expected local areas will consider a risk pool.

18. On 26th February 2016, Leicestershire County Council and CCG representatives met to consider the spending plan refresh including the trajectories for the BCF schemes for admissions avoidance, the level of assurance on delivery of these schemes, and the level of investment being made in the schemes.

19. The outcome of this meeting was a recommendation of a £2million risk pool for 2016/17, based on a target of 1,750 admissions being avoided through the emergency admissions avoidance components of the 2016/17 BCF plan.

20. Work is in progress with the CCGs to ensure that relevant BCF schemes are captured in CCG commissioning intentions and that schemes are contractualised with specification and are reflected consistently in CCG operating plans, including QIPP plans where applicable.

21. The work to refresh the BCF plan has generated a number of actions to be followed up in course of 2016/17. This work will be led by the BCF Operational Group.

22. The initial BCF submission template (available at http://politics.leics.gov.uk/Published/C00001038/M00004631/AI00047061/$BCFRefresh201617OverviewAppendix.xlsA.ps.pdf) was submitted to NHS England on 2nd March and reflects the scheme level breakdown of the 2016/17 BCF, based on the refresh undertaken to date including the financial refresh.

Summary of Metrics and Trajectories for the 2016/17 BCF Plan

23. Metric 1 – long-term support needs to older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population. The target for 2016/17 has been set at 630.1 per 100,000 based on the 2015/16 target of 670.4 per 100,000 and a 90% confidence level that the trajectory is decreasing. Current performance is on track to achieve the target for 2015/16.

24. Metric 2 – proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. The target for 2016/17 has been set at 84.2%, based on the expected level of 82.6% being achieved in 2015/16 and a 75% confidence interval that the trajectory is increasing. The lower confidence interval has been chosen to ensure that the target is realistic and achievable. Performance is currently on track to almost meet the 2015/16 target of 82.0%

25. Metric 3 – delayed transfer of care (delayed days) from hospital per 100,000 population (aged 18+). Work on setting this target is still ongoing. Recent reductions in delays have focussed on interventions in the acute sector, and analysis is being finalised to assess the proportion of our delays in non-acute sites and set a realistic achievable target to reduce these. At present the analysis suggests a 0.5% improvement may be applied to non-acute delays. This will be confirmed in due course.

26. Metric 4 – total non-elective admissions into hospital (general and acute) per 100,000 population. The proposed target for 2016/17 is 750.2 per 100,000 per month, based on a 3% reduction on CCG plans submitted to Unify 2. This equates to no more than 60,759 admissions in 2016/17. This assumption will need to be aligned with final CCG operational plan targets.

27. Metric 5 – patient/service user experience. Patients are asked, in the GP survey, if they are satisfied with support to manage long term conditions. It is proposed to set this target at 63.5% for 2016/17 (data will be released February 2017). This is based on the 2015/16 target (data due for release July 2016) and a 2% increase in the number of positive replies. Current performance of 61.6% (January 2016) is below the England average of 63%.

28. Metric 6 – emergency admissions for injuries due to falls in people aged 65 and over, per 100,000 population. It is proposed that this target is set at 139.7 per month, based on the figures for 2014/15 (released February 2016) and the revised target for 2015/16 and a 90% confidence level of a decreasing trajectory. The latest published data (2014/15) shows Leicestershire as having a directly standardised rate significantly better than the England average.

29. The following should be noted with reference to the emergency admissions metric:

    a. Refreshed trajectories have been developed for the emergency admissions avoidance schemes implemented in 2015/16 based on learning to date.

    b. The assumption for the existing schemes are that only uplifted activity achieved in 2016/17 will count towards the trajectory.

    c. Trajectories have been developed for any new admissions avoidance scheme for 2016/17, for example the new Ambulatory Pathway on CDU scheme at Glenfield Hospital.

    d. The current estimation is approximately 1,750 avoided admissions for 2016/17 are to be achieved through the BCF.

    e. This assumption will be reflected in CCG operating plans, apportioned by CCG by scheme.

30. The metrics and trajectories information noted above have been reflected in the BCF submission template (referenced in paragraph 22).

Next Steps

31. Following the release of the technical guidance, the draft narrative plan is being reviewed and finalised to ensure that it meets with all the requirements.

32. Further discussions with the District Councils will take place regarding the allocation of Disabled Facilities Grants during March.

33. In line with usual practice (and the Health and Wellbeing Board and Integration Executive terms of reference), final edits including feedback from the Health and Wellbeing Board meeting on 10th March, feedback from NHS England assurance reviews, and any other actions needed in order to complete the final BCF submission in March and April will be undertaken by the Integration Executive.

34. A review and sign-off by West Leicestershire CCG Board will take place on 29th March. The date for East Leicestershire and Rutland CCG to review and sign off the BCF is still to be confirmed.

35. The final BCF submission will be quality assured at the Integration Executive meeting on the 19th April.

Resource Implications

36. The BCF plan is to be delivered via a pooled budget which will comprise £39.1million for 2016/17.

Officer to Contact

Cheryl Davenport, Director of Health and Care Integration (Joint Appointment)
Telephone: 0116 3054212 / 07770 281610
Email: Cheryl.Davenport@leics.gov.uk

Relevant Impact Assessments

Equality and Human Rights Implications

37. Developments within the BCF are subject to equality impact assessment and the evidence based supporting the BCF Plan has been tested with respect to Leicestershire Joint Strategic Needs Assessment.

Partnership Working and associated issues

38. The delivery of the BCF Plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.

39. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.

40. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the 5 year plan to transform health and care in Leicestershire, known as Better Care Together, http://www.bettercareleicester.nhs.uk.

Agenda Item 9

NHS
West Leicestershire
Clinical Commissioning Group

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 30 MARCH 2016

REPORT OF WEST LEICESTERSHIRE CCG

UPDATE ON URGENT AND EMERGENCY CARE AND THE LLR VANGUARD

Purpose of report

1. The purpose of this report is to update the Committee on the Urgent Care Improvement work including the LLR Urgent Care Vanguard.

Policy Framework and Previous Decisions

2. The national policy framework relevant to the Vanguard includes the Keogh Urgent Care Review and the recent NHS National Commissioning Standards for Urgent Care.

Background

3. In July 2015 the Leicester, Leicestershire and Rutland System Resilience Group successfully submitted a bid to become a national Vanguard site for Urgent and Emergency Care. The Vanguard programme is led by NHS England as a means of supporting local areas to innovate and develop new models of care as outlined in the NHS *Five Year Forward View*.

4. West Leicestershire CCG (Clinical Commissioning Group) is leading on Urgent and Emergency Care on behalf of the three Leicester, Leicestershire and Rutland (LLR) CCGs, following reorganisation of the CCGs' collaborative commissioning arrangements. The new arrangements came into place in October 2015, and as a result, West Leicestershire CCG has responsibility for operational resilience, service improvement and contracting for urgent care as well as for the UEC Vanguard.

5. The Vanguard forms part of the overall Urgent Care Programme for LLR. The Urgent Care programme is a workstream of Better Care Together (BCT), and incorporates work on urgent care inflow demand, acute hospital emergency patient flow and community services to support discharge, as well as having oversight of urgent care system performance, operational resilience and winter/surge planning.

6. The Vanguard is overseen by the LLR Urgent Care Programme Board, which reports into both the LLR System Resilience Group and the Better Care Together Delivery Board. A programme structure and programme management arrangements are in place.

7. The Vanguard plans are summarised in detail in the Vanguard Value Proposition, which is attached as Appendix 1.

8. The work of the Urgent Care Programme and the Vanguard has many interdependencies with the Better Care Fund and the Better Care Together workstreams, particularly bed-reconfiguration, long term conditions, frail older people and mental health.

Proposals/Options

9. The aim of the Urgent Care Programme is to ensure the delivery of a safe, responsive and integrated system of urgent care for the residents of LLR. The Urgent Care Programme covers the Vanguard, plus improvement workstreams on inflow/demand, hospital flow and community discharge support services.

10. The Programme is focused on the delivery of a simplified, integrated system of urgent and emergency care that wraps itself around the patients, and is easier for patients and staff to navigate across organisational boundaries. The current system is overly complex, containing a number of different entry and exit points and multiple inter service transfers.

11. The Programme will implement the recommendations of the Keogh review of urgent and emergency care, with an emphasis on better self-care, a more consistent, seven day urgent care system and a redesigned emergency department at Leicester Royal Infirmary.

12. There are six workstreams within the Vanguard programme. They are:

    1. **Integrated Community Urgent Care**: which includes introducing clinical triage and navigation integrated with 999 and 111, and redesigning the range of community urgent care services into a consistent, streamlined and responsive system of 7 day services. An important deliverable for this workstream is to put in place a test of a local clinical navigation model linked to the 111 service from October 2016, which will provide senior, multi-professional clinical capacity to triage and assess patient's needs and provide them with the right service at the right time.

    2. **Redesigning the LRI Emergency Department Front door:** to create a single service including primary care led streaming of patients, an urgent care centre and minors treatment area, with supporting diagnostics.

    3. **Improving urgent Mental Health services:** including introducing all-age acute psychiatric liaison, mental health crisis triage via 999 and improving CAMHs (Child and Adolescent Mental Health Service) community support services.

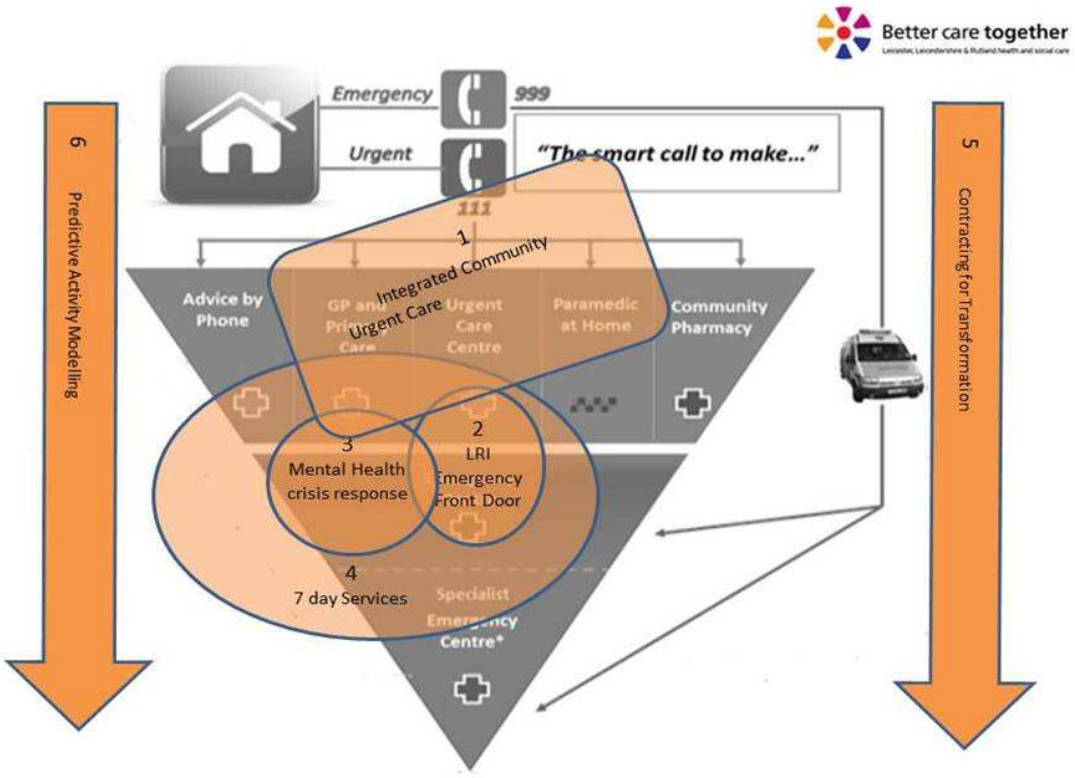
    4. **Early implementation of 7 day working in acute hospitals:** UHL are an early implementer of the standards on acute 7 day working, including improving access to diagnostics 7 days a week.

    5. **Contracting and payment mechanisms:** introducing new contractual arrangements to support providers to work together to deliver integrated services, including introducing the new 'three part payment mechanism' as an alternative to PbR tariffs. We want to explore new contracting models, such as alliance

contracting, to incentivise a 'one system' approach to delivering urgent care in LLR. Work to explore this will take place over 2016/2017 with a view to re-commissioning urgent care services from April 2017 using new contract approaches.

6. **Predictive modelling:** using real time data to assess demand and capacity across the urgent care system, and using this to predict future demand and direct system resources to respond appropriately

13. The diagram below shows the structure of the Programme, overlaid against the elements of the Keogh Review.

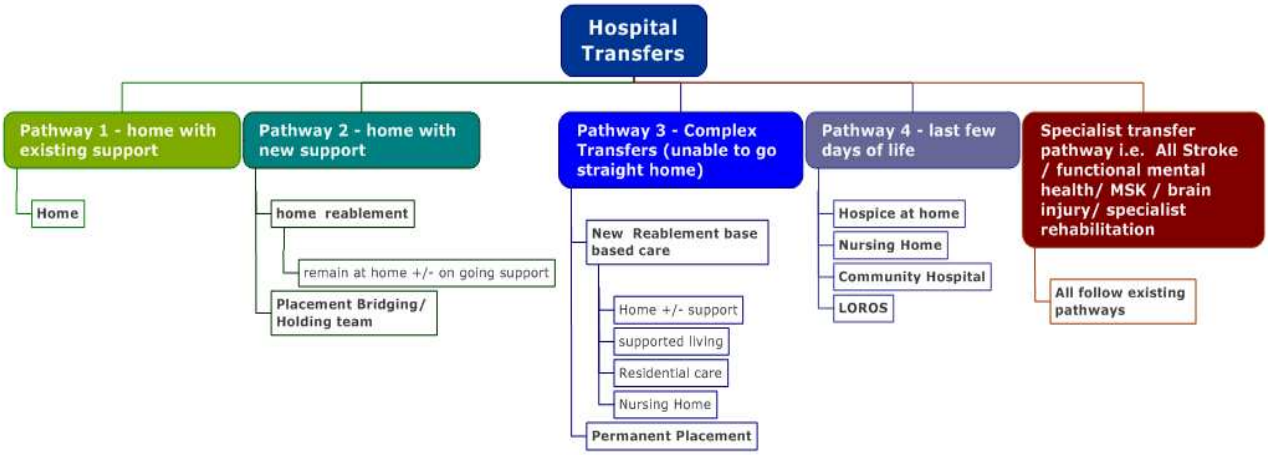


14. Each workstream has a project plan and milestones, which are set out in the Value Proposition.

15. **Discharge:** Improving community support for people who have had a stay in an acute hospital is one of the key elements of our Urgent Care Improvement Plan. The aim of the work is to develop a simple, responsive and comprehensive package of discharge support services which enable people to return to their normal place of residence after a period of hospital stay, or to move to a specialist placement in a timely way if that is needed. The objective is to ensure that people can return home as soon as they are medically fit to do so, and that they receive the right level of support in the community to regain independence and prevent readmission.

16. Following a thorough review of discharge pathways in LLR, we have agreed a simplified set of discharge pathways which we are now putting in place. The diagram below shows the five new discharge pathways. The work to put the new pathways in place includes a number of new procurements and service changes, which will continue throughout 2016/2017. For instance pathway 3, which involves the procurement of rehabilitation support and placements will be in place by October 2016.

17. The discharge work is linked to work within the Better Care Fund such as Help to Live at Home, and the development of the Intensive Community Support service (ICS) which provides home based nursing to prevent admission and facilitate earlier discharge.



18. **Impact and Outcomes:** We have identified five key outcomes that we will improve through the Vanguard work. We are in the process of defining detailed measures and baselines for these outcomes and agreeing improvement trajectories, with support from public health. The key outcomes we will measure are:

- Reduced A&E attendances
- Reduced hospitalisation rate across the population (stratified by age group)
- Reduced re-attendances and re-admission rates (including at A&E and UCCs)
- Reduced hand-offs and inter-provider referrals
- Improved patient experience

In addition, to these high level outcomes, each of the workstreams has agreed a more detailed set of metrics to measure the impact of the work. The Urgent Care Programme Board also reviews a dashboard of indicators that track levels of demand and performance of urgent care providers at each meeting. We are exploring how to use the Health and Care trak tool (Pi) to support evaluation of the impact of the Vanguard changes.

19. **Evaluation and monitoring:** The National Vanguard team have issued guidance on how local sites should commissioning evaluation of their work. We are in the process of identifying evaluation partners to help us evaluate the Vanguard, over the course of 2016/2017.

20. We will work with the national Vanguard team to trial a set of urgent care 'system measures' which have been selected to help System Resilience Groups (SRGs) to develop a rounded picture of the performance of the urgent care system. The system measures cover three domains: clinical outcomes, patient experience and staff

satisfaction, with a number of indicators in each domain. We have received a data set covering the system measures from the National Vanguard team and will be presenting this to the Urgent Care Programme Board and SRG in April, once the data has been analysed for LLR.

Consultation

21. The Urgent Care Programme including the Vanguard is part of Better Care Together, and therefore will be reflected in the forthcoming BCT consultation. There are no specific consultation questions relating to urgent care envisaged at the present time as the proposals are not considered to warrant formal public consultation.

22. Engagement with the public, patients and carers is important within the Vanguard work. We have drafted a consultation and engagement strategy which sets out how we will approach this, which included in the Value Proposition. Our approach will be to start with using the wealth of intelligence we have on the views of local people, including recent Healthwatch reports and the outcome of a number of public engagement events across LLR, to inform the development of the Vanguard plans.

23. Each workstream is currently reviewing its own engagement plan in the light of the project plan for the workstream, to ensure that where we need to do further engagement on aspects of our plans, we identify this need and make arrangements for the relevant level of engagement.

Resource Implications

24. The Vanguard received £1.33 million of non-recurrent funding in 2015/2016 in addition to £300K project management costs.

25. The 2015/2016 funding has been allocated as follows:

Expenditure/project	**2015/2016 £**
Business Case for single point of access	135,000
Data set work	40,000
Health and social care mapping tool	50,000
LRI front door non-recurrent costs and additional staffing	910,000
Pilot of front door streaming and review of patient flow	50,000
7 day working project costs	19,000
Communications and engagement	45,000
information system interoperability	21,000
Clinical backfill	10,000
Evaluation	50,000
PMO costs	300,000
Total Vanguard commitments	**1,630,000**

26. The Vanguard Value Proposition for 2016/2017 requested £7m non-recurrent funding from NHS England. A decision on central funding is expected by the end of March/early April 2016. The Urgent Care Board recognises that we are unlikely to

receive this level of funding, but the actual allocation for 2016/2017 has not yet been confirmed. Expenditure plans will be adjusted based on available resources. This may mean reductions in the level of project support and 'pump-priming' available to the Vanguard.

27. The draft Vanguard modelling indicates that overall, the Vanguard interventions will lead to a lower cost Urgent Care system by year 2 (2017/2018) after taking into account investment in new service models, redeployment of current contractual resources, and the costs of transition.

28. We are still working to further develop the activity and finance model for the Vanguard including engaging with stakeholders to validate our assumptions about underlying growth and the impact of the planned changes on activity levels, patient outcomes and overall costs.

Recommendations

29. The Committee is recommended to note the report.

Circulation under the Local Issues Alert Procedure

The Vanguard does not specifically affect one particular part of the County.

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Relevant Impact Assessments

Equality and Human Rights Implications

30. The Vanguard aims to improve access to the right care at the right time for all residents of LLR and recognises that some groups have particular issues in relation to accessing care. Our objective is not just to improve the urgent care system's performance as a whole, but to reduce health inequalities in relation to people's experience of and outcomes from urgent care service. We will have due regard to protected characteristics in developing our plans which will be reviewed by the Programme Board. Each workstream is currently undertaking an equality impact assessment for its plans. In addition, we are undertaking a Health Impact assessment for the programme as a whole with the support of Public Health England.

Agenda Item 10

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 30 MARCH 2016

REPORT OF DIRECTOR OF PUBLIC HEALTH

0-19 HEALTHY CHILD PROGRAMME REVIEW AND RE-PROCUREMENT

Purpose of report

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the 0 - 19 health needs assessment and gain its views on the proposed model for the procurement and delivery of a 0 – 19 Healthy Child Programme (HCP) service (Health Visiting and School Nursing) for Leicestershire.

Policy Framework and Previous Decisions

2. In February 2015 the Cabinet approved the transfer of commissioning responsibilities for 0-5 Public Health Services from October 1st 2015 in accordance with the financial offer made to the Authority by the Department of Health (DH) on 11th December 2014. The Cabinet further approved the direct award of a contract to Leicestershire Partnership NHS Trust (LPT) to provide 0-5 Children's Health Visiting Services from 1st October 2015 to 31st March 2017. In addition the Cabinet approved an exception to extend the current School Nursing Service up to 31st March 2017.

3. These approvals allowed the Public Health Department to undertake a full heath needs assessment, evidence review, service reviews, stakeholder engagement, gaps analysis and the development of a service model and specification to deliver an integrated 0-19 Healthy Child Programme service.

4. The HCP contains two of the statutory public health functions delivered by local authorities, namely the national childhood measurement programme, and the 5 mandated universal health visiting contacts.

Background

5. There is compelling evidence that a child's experiences in the early years have a major impact on their health and life chances, as children and adults. The Chief Medical Officer's Annual Report published in 2013 'Our Children Deserve Better: Prevention Pays', strongly argues the economic case for focussing on children and young people by giving them the best start in life and building resilience. The report also builds on previous work by Prof. Michael Marmot by emphasising the need for proportionate universalism – i.e. improving the lives of all, with proportionately greater resources targeted at the more disadvantaged.

6. The 0 – 19 HCP is the national Department of Health universal programme for improving the health and well-being of children and young people. The majority of the programme is commissioned locally by local authorities with some elements, discussed

below, being mandatory. Guidance to support local authorities in designing their specifications was released by the Department of Health in January 2016.

7. The HCP is informed by National Institute for Health and Care Excellence (NICE) guidance and evidence-based approaches in key areas: parental mental health; smoking; alcohol / drug misuse; intimate partner violence; preparation and support for childbirth and the transition to parenthood; attachment; parenting support; unintentional injury in the home; safety from abuse and neglect; nutrition and obesity prevention; and speech, language and communication.

8. The HCP is presently delivered by two separate programmes. The 0-5 year's element was commissioned by NHS England until 1st October 2015, when responsibility moved to Leicestershire County Council. The 5-19 years element has been commissioned by Leicestershire County Council since 1st April 2013.

9. Leicestershire's HCP is commissioned by Leicestershire County Council from the ring-fenced public health grant. It is currently provided by Leicestershire Partnership NHS Trust (LPT) at a contract value of £9.0m per annum:

    - HCP 0-5 is delivered by the Health Visiting and Early Start team.
    - HCP 5-19 is delivered by the School Nursing service and includes the National Child Measurement Programme

10. **Public Health Nurses (Health Visiting and Early Start)** lead the delivery of the nationally mandated requirement to provide universal antenatal checks, new baby reviews and health and developmental checks at 6-8 weeks, 1 year and 2 years.

11. Health Visitors are public health nurses who lead and deliver the HCP for 0 to 5 year olds by:

    - Helping to support the health and wellbeing of the whole family, from antenatal visits until the child goes to school.
    - Providing advice on healthy choices e.g. breastfeeding, weaning and healthy eating.
    - Offering development reviews to identify whether a child needs additional support to reach their full potential.
    - Supporting parents to feel confident in their parenting skills and to provide the best opportunities for their baby.
    - Working in partnership with Early Help and specialist services to support families with additional needs.
    - Offering support and information to families experiencing specific difficulties such as postnatal depression, social isolation and domestic abuse.

12. Early Start is an early intervention programme aimed at first time parents with a number of vulnerabilities. It is an intensive voluntary service which provides support and education around pregnancy, parenting and relationships via home visiting and involvement in groups. The support begins in the ante-natal period and lasts until the baby's 2nd birthday. This programme is currently for parents living in Loughborough, Shepshed, South Charnwood villages (Birstall, Thurmaston and Syston) Coalville and

Hinckley (from April 2016). The Public Health Department is currently commissioning an external evaluation of the programme to inform its continuation and development.

13. After a recent expansion of health visitor numbers nationally, there are 115 full-time equivalent staff (including community nursery nurses) working on the health visiting service in Leicestershire all are employed by Leicestershire Partnership NHS Trust

14. The estimated caseload for the Health Visiting service from 1st April 2017 divided into levels of need is as follows.

	Universal (0-school age)	Partnership (Targeted)	Partnership Plus (Vulnerable)	Safeguarding (Child Protection)	Net effect of Registered to Resident	Total caseload
Leicestershire	**31690**	**2421**	**791**	**188**	**1130**	**32820**

15. **Public Health Nurses (School Nursing)** lead the delivery of the HCP 5-19, including the National Child Measurement Program (NCMP) which is a statutory Local Authority public health duty.

16. School nurses provide advice and support on a range of health issues within schools, including developing health plans for children with specific needs (looked after children, young carers, children with special educational needs etc.), obesity and weight management in schools, mental health support and all other priority public health issues as well as child protection/ safeguarding. The National Child Measurement Programme is a nationally mandated programme to measure all children's height and weight when they start and finish primary school.

17. There are 55 whole full-time equivalent staff working for the school nursing service in Leicestershire employed by Leicestershire Partnership NHS Trust.

18. The number of pupils attending state-funded primary and secondary schools is equivalent. Over a quarter of all pupils attended an independent school in Rutland.

Number of Pupils by Type of School, January 2015

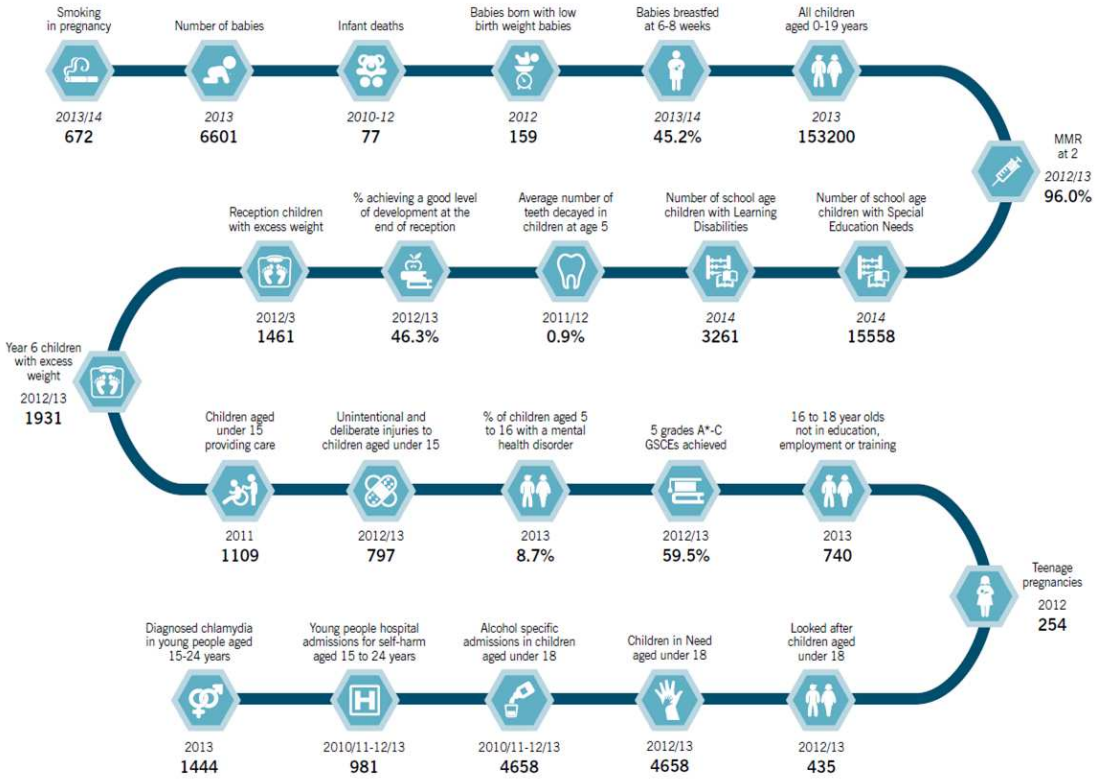
Area	Maintained Nursery	State-funded primary	State-funded secondary	State-funded special	Pupil referral units	Independent	All schools
Leic	51	50,527	42,753	1,019	6	6,399	100,755

Number of Schools by Type of School, January 2015

Area	Maintained Nursery	State-funded primary	State-funded secondary	State-funded special	Pupil referral units	Independent	All schools
Leic	1	223	56	6	1	24	311

19. **The Health Needs Assessment** identified:

- There are an estimated 153,581 children and young people aged up to 19 years in Leicestershire, 36,623 of which are in the age range 0 - 4 years, and 116,958 aged 5-19.
- Over the next 10 years the 0-4 population is projected to remain fairly stable but the 5-19 is expected to grow by 3.6% resulting result in demand for additional 4,000 school places across Leicestershire.
- In 2012 in Leicestershire, 10.9% of all dependent children under 20 lived in poverty, (England average of 18.6%). Despite comparing well nationally, this equates to 14,710 children.
- 3,981 young people provide unpaid care to a family member, (2.1% of young people).
- Road traffic collisions are a major cause of deaths in children. 29 children were killed or seriously injured by RTAs between 2011 and 2013. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle.
- 5.6% of all households were lone parent households (England average (7.1%).
- In 2014/15, 10.3% of babies were born to women who smoked in Leicestershire. (England percentage of 11.4%) and represented 704 women across the area.
- The 2014/15 breastfeeding initiation percentage in Leicestershire shows an increase compared to 2013/14, (74.4% previously 68.7% -England average 74.3%).
- In 2013 18.6% of three-year-old children had experience of obvious dental decay (caries), having one or more teeth that were decayed, extracted or filled because. This is a significantly higher percentage than England (12.0%) and the second highest percentage throughout the East Midlands behind Leicester City only.
- In 2014/15, a fifth of Reception-age children (20.2%) in Leicestershire were classified as overweight or very overweight (nationally 21.9%).
- In year 6 children, 29.9% were overweight or very overweight (nationally 33.2%).
- In 2014/15, 8.7% of children aged 5-16 in Leicestershire estimated to have a mental health disorder, and in 2013/14, 63 children in Leicestershire were admitted to hospital for mental health problems.
- Throughout 2014-15, 6,432 children under the age of 18 in Leicestershire were classified as children in need. Domestic Abuse or Mental Health problems were identifiable factors at assessment in around three quarters of cases.
- On 31st March 2014, Leicestershire County Council (LCC) was responsible for 456 looked after children. Over half (59%) were looked after primarily because of abuse or neglect and over a quarter (28.3%) due to family dysfunction or family in acute stress. National evidence shows that smoking, alcohol use, drug use and sexual activity were more common amongst looked after children aged 11 to 17 than amongst those not looked after.
- The literature review of evidence for the HCP found good evidence for interventions to support healthy weight, mental health and emotional well-being, oral health, and relationship and sex education.
- Additionally the needs for children and young people were highlighted by the refresh of the Leicestershire Joint Strategic Needs Assessment in 2015 (see below)



Proposals

20. **The full service review and extensive stakeholder engagement** undertaken as part of the health needs assessment identified the strengths of the current services that the Public Health Department wishes to build upon and a number of opportunities for improvement that is included in the new service specification.

21. Strengths included:
    - The development and extension of Early Start, an evidence based targeted service for vulnerable families
    - An aligned neighbourhood model, in the most part co-located with Local Authority services
    - Achieving UNICEF Baby Friendly Initiative Stage 3 and achieving 6-8 week breast feeding targets at the highest rate for 5 years
    - A comprehensive Standard Operating Guidance including clear pathways for perinatal mental health and ante-natal support.
    - Innovative digital offer including 'Chat Health' texting service, skype based virtual clinics, and two age specific websites for advice, information and online discussion fora.
    - Clear pathways for perinatal mental health and ante-natal support.
    - Effective systems and policies in pace for safeguarding practices.

22. A range of opportunities were identified and have been used to develop the model below. These include:
    - Greater emphasis on building resilient communities
    - Improved data and intelligence gathering for performance monitoring and evaluation

- Greater flexibility across the 0-19 workforce to enable safer and effective transition from pre-school to school based services
- Closer collaborative working including co-location with Early Help services.
- Clearer pathways for disease conditions with multiple commissioning and provider arrangements
- Clarity and joined up commissioning and service provision for particular vulnerable groups such as travelling families, children in care and services for children with special educational needs and/or disabilities

23. **The proposed model** for the 0-19 Healthy Children Programme will have the child and its family at the centre with a strong public health focus, underpinned by a robust evidence base. All mandated requirements will be met; there will be safe clinical governance, and strong information governance. Safeguarding will be at the core of all work. There will be robust monitoring systems that evidence the scale of reach across Leicestershire and the impact 0-19 HCP is having on the lives of children and their families.

24. We are proposing an evidence based 4-5-6 model for both health visiting and school nursing, with additional emphasis on identified local needs. This is based on levels of service, contact points with children and young people, and high impact areas.

25. For 0-5 this is:

The 4 Levels of Service

These levels set out what all families can expect from their local health visitor service:

- Community: health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups and work to develop these and make sure families know about them.
- Universal (the 5 key visits): health visitor teams ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start issues such as parenting and immunisation.
- Universal Plus: families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children.
- Universal Partnership Plus: health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example where a child has a long-term condition.

The 5 universal health reviews

The 5 key visits are those that all families can expect under the universal level of service.

- Antenatal
- New baby
- 6 – 8 weeks
- 9 – 12 months
- 2 – 2 ½ years

The 6 high impact areas

The purpose of the High Impact Areas is to articulate the contribution of health visitors and describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities. These are as follows:

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight
- Managing minor illness and accident prevention
- Healthy 2 year olds & school readiness

In addition the health needs assessment has identified oral health as a clear priority for this age group.

26. For 5-19 this is:

The 4 Levels of Service

These levels set out what all families can expect from their local school nursing service:

- Community: school nurses have a broad knowledge of community needs and resources available
- Universal : all schools will have access to a named school nurse and use of texting, and virtual clinics will enable wide access to all areas of the County
- Universal Plus: children can access timely, expert advice from a school nurse when they need it on specific issues such as emotional health, sexual health and substance misuse
- Universal Partnership Plus: school nurses provide ongoing support, playing a key role in bringing together relevant local services, to help children and families with continuing complex needs, for example where a child has a long-term condition.

The 5 universal health reviews

The 5 key reviews are those that all children can expect under the universal level of service.

- 4-5 year old health needs assessment
- 10-11 year old health needs assessment
- 12 -13 year old health needs assessment
- School leavers post 16 via digital offer
- Transition to adult services via digital offer

The 6 high impact areas

The purpose of the High Impact Areas is to articulate areas where school nurses can have a significant impact on health and wellbeing and improving outcomes for children, families and communities. These are as follows:

- Building resilience and supporting emotional wellbeing
- Keeping safe – managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement

- Supporting additional health and wellbeing needs
- Seamless transition and preparing for adulthood

The health needs assessment has also identified oral health as a clear priority for this age group.

27. The proposed model is one of 'progressive universalism' i.e. some support is offered to all families, with more for those in greater need.

28. The local health assessment recognises the vital importance of relationships - with parents / carers, young people and partners. It also recognises the importance of building life skills and resilience alongside raising awareness of key issues such as sexual health, drugs and alcohol, positive mental health – and the importance of schools, colleges and other settings.

29. **Additional improvements.** There are a number of other changes and improvements that are proposed for the new service model. These include:

- A stronger focus on Public Health Nurses (Health Visitors and School Nurses) as leaders within their localities, with an understanding of local health needs and services, and supporting others to determine local priorities and joint working.
- An asset based community development based approach to identify the strengths within communities
- Stronger links to support for wider determinants of health e.g. housing, debt advice.
- Greater flexibility across the 0-19 workforce to enable safer and effective transition from pre-school to school based services
- Closer collaborative working including co-location with Early Help services and staff, district councils, and other NHS service providers, enabling risk and information sharing and reducing service duplication.
- More systematic support for early years and education services including the Integrated Health Review and promotion of Free Early Education Entitlement.
- Clearer pathways for health promotion and certain health conditions where there are multiple commissioning and provider arrangements. In particular for ante-natal support; breast feeding; mental health and emotional wellbeing; enuresis; sexual health; substance misuse; and weight management services.
- Clarity of service provision and joined up commissioning for particular vulnerable groups such as travelling families, children in care; children with special educational needs and/or disabilities and young carers.
- Improved data and intelligence gathering to allow robust performance monitoring and evaluation of services
- Having a named health visiting lead or school nursing lead for every setting to enable clearer partnerships e.g. with primary and secondary care, early years, childcare and educational settings (including Healthy Tots and Healthy Schools), district councils.
- Robust assurance process for identification and investigation of serious incidents.
- A continued emphasis on the development of innovative methods to engage children, young people and their families in accessing health advice, taking

control of their health, preparing them for adulthood and supporting them to make healthy choices for themselves.

Consultation

30. The Health Needs Assessment included extensive stakeholder engagement with wider professionals (other LCC departments, CCGs, GP and primary care organisations, community health service providers) current service staff, families and children. We received a total of 640 individual views using online surveys, attendance at large events, smaller meetings and one to one discussions. The views have been synthesised and used to develop the new service specification, alongside a full current service review, epidemiological assessment (review of health needs), and systematic evidence review to develop the new service model.

31. It is anticipated that, as well as creating efficiency savings, the new service will have better integration with other relevant services creating clearer pathways and effectively targeted and accessible services. However, the key elements of the service (including all the mandated universal contacts for health visiting and the statutory provision of the National Childhood Measurement Programme) will remain unchanged. Apart from some improvements, residents / service users will not notice any difference to the current service. Having sought corporate and legal advice, it is believed that a formal consultation is not necessary.

Resource Implications

32. The 0 – 19 Healthy Child Programme is a designated LCC Transformation Project. It is expected to achieve a contribution towards MTFS savings target of £500,000 per annum. The total remaining budget for the service is £8.599m per annum.

Timetable for Decisions

33. Following the consideration of this report by the Health and Overview Scrutiny Committee, the final model and re-procurement plan will be presented to the Cabinet of 9th May 2016. This will ensure the timetable for the procurement is met and a new contract can be in place as required by 1st April 2017.

Conclusions

34. This comprehensive needs assessment, evidence review, stakeholder engagement, service reviews and analysis of strengths and opportunities has enabled the Public Health Department to develop a proposed model for the 0-19 Healthy Child Programme that will result in an improved service with better value for money.

Background papers

http://www.lsr-online.org/jsna.html

https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

http://www.kingsfund.org.uk/projects/improving-publics-health/best-start-life

https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

1. A day in the life of a school nurse
2. Survey questions – health visiting
3. Diagrammatic representation of service model

Relevant Impact Assessments

Equality and Human Rights Implications

35. The 0-19 Health Child Programme is a universal service and so will affect all children and the carers in Leicestershire. In addition the new service is to be extended to children up to the age of 25 who have Special Educational Needs and/or Disabilities (SEND).

    The new service will meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects
    - Eliminating unlawful discrimination, harassment and victimisation;
    - advancing equality of opportunity between different groups; and
    - fostering good relations between different groups

    For the first time these will be explicitly written into the service specification as an active requirement.

    The Health Needs Assessment included extensive stakeholder engagement with wider professionals, current service staff, families and children. We received a total of 640 individual views using online surveys, attendance at large events, smaller meetings and one to one discussions. Surveys were completed by special schools and parents with children with special educational needs and/or disabilities and these comments have been used to help design the new service.

    Monitoring systems are in place to:
    - monitor impact (positive and negative, intended and unintended) for different groups;
    - enable open feedback and suggestions from different communities

    In EHRIA screening concludes:

- There is no evidence that this policy could have a different affect or adverse impact on any section of the community;
- any section of the community may face barriers in benefiting from the proposal
- There will be a positive impact on individuals or community groups who identify with any of the 'protected characteristics'

There is therefore no requirement for a full EHRIA report.

Partnership Working and associated issues

36. The Healthy Child Programme operates within a complex landscape for both commissioners and service providers. It is essential therefore that the 0 -19 service is designed and deliver in close partnership with, amongst others, the following:
Commissioners:
    - Leicestershire West Clinical Commissioning group
    - Leicestershire East and Ritland Clinical Commissioning Group
    - Children's Better Care Together Delivery group
    - Women's Better Care Together Delivery group.
    - Leicestershire County Council – Children and Family Services Department
    - 7 District Councils
    - Rutland Council

    Provider Organisations
    - UHL NHS Trust
    - Leicestershire NHS Partnership Trust
    - Primary and secondary schools
    - Early Years settings including children's centres, child-minders, pre-school nurseries.
    - Voluntary and community sector organisations
    - Primary care organisations (e.g. GP practices and health centres)
    - Sexual Health service providers (e.g. Staffordshire and Stoke on Trent Partnership NHS Trust)
    - Substance Misuse service providers
    - Stop smoking service providers

Risk Assessment

37. A risk assessment has been undertaken as part of the transformation project an a risk log is kept and scrutinised by the 0-19 Public Health Transformation Delivery Group and LCC Transformation Delivery Board.

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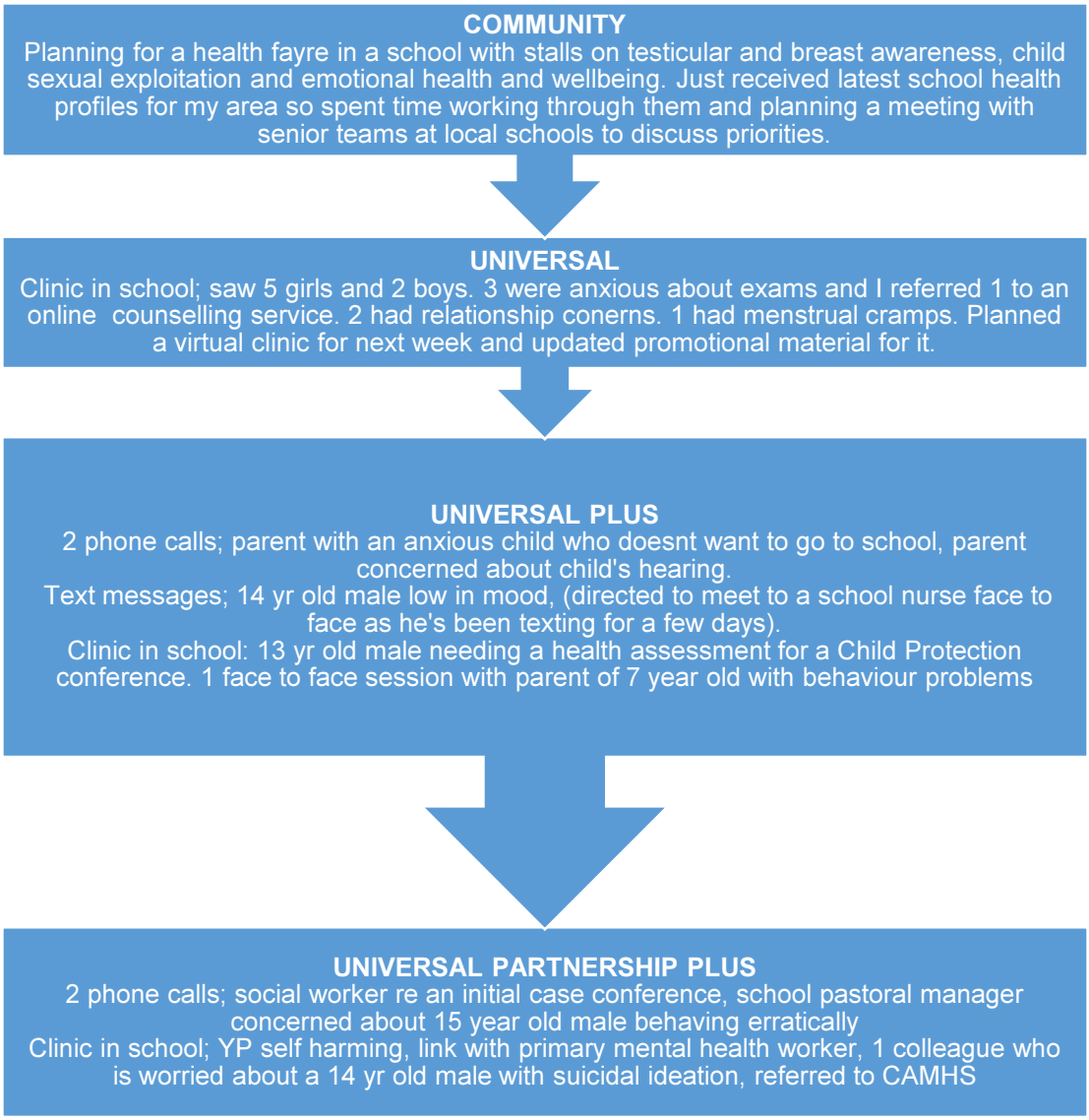
Day in the life of a School Nurse 2016.

The following diagram is taken from a narrative document written by a specialist community public health school nurse.

The day described is no different from many other days.



Additional tasks

- Mentoring a junior nurse
- Pick up messages
- Attend a team meeting to delegate work
- Record contacts on SystmOne
- Write a case conference report and fax to case conference chair

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Views on Health Visiting in Leicestershire and Rutland; for parents and carers

Welcome to the Health Visiting survey

Dear Parent/Carer,

Review of the Health Visiting service in Leicestershire and Rutland.

I am writing to invite you to take part in the review of the Health Visiting service in Leicestershire and Rutland. This is part of a wider review of 0 – 19 Healthy Child Programme services. By completing the survey you will be provided with the opportunity to shape the future service.

Please provide responses by Wednesday February 17th 2016.

Review findings will be published in April 2016. If you would like further contact with this review, and/or to be involved in a focus group about Health Visiting, please provide your email address.

Thank you for your time and ideas,

Regards,

The Review Team

1. Contact Information

Name of parent/carer	
Ethnicity	
Age of my child/children	
Email Address	
Phone Number	

Views on Health Visiting in Leicestershire and Rutland; for parents and carers

2. Do you know who your Health Visitor is?

- ◯ Yes
- ◯ No

Any comments

3. Do you know how to contact the Health Visiting service?

- ◯ Yes
- ◯ No

Any comments

4. How often do you have contact with the Health Visiting service?

- ◯ Daily
- ◯ 2 or 3 times a week
- ◯ Once a week
- ◯ 2 or 3 times a month
- ◯ Once a month
- ◯ Less than once a month
- ◯ No contact in the last 12 months
- ◯ Never

Any comments

5. The Health Visiting service signposts and refers to other health, social care and voluntary services.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't know

Any comments

6. What does your Health Visitor currently do?

7. Have you had any involvement with anyone else from the Health Visiting Team, e.g. Community Nursery Nurse?

- ◯ Yes
- ◯ No

Any comments

8. The Health Visiting service has a positive impact on the health, development and wellbeing of babies and young children.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Don't know

Any comments

9. What is good about what the current Health Visiting service offers?

10. What improvement would you like to see in the Health Visiting service?

11. I receive enough information about the involvement of the Health Visiting service with my child/children.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

Any comments

12. What do you think that the Health Visiting Service should focus on? Tick as many boxes as you like.

- ☐ Antenatal - support before your baby is born
- ☐ Attachment, bonding, supporting the parent-infant relationship
- ☐ Breast feeding support
- ☐ Bottle feeding support
- ☐ Weaning, healthy eating
- ☐ Health and development including speech and language, oral health
- ☐ Sleepless baby strategies
- ☐ Parental mental health, post natal depression
- ☐ Behaviour
- ☐ Minor illnesses
- ☐ Other

If other please indicate

13. The area I most need or needed support from the Health Visiting service is:

- [ ] Antenatal support, before my baby was born
- [ ] Supporting the development of a positive parent-child relationship
- [ ] Breast-feeding support
- [ ] Weaning, healthy eating
- [ ] Health and development, (please specify in the box below)
- [ ] Sleepless baby strategies
- [ ] Minor illnesses
- [ ] Parental mental health
- [ ] Behaviour management strategies
- [ ] Referral to other services
- [ ] Other

If other please indicate

14. Where would you like to see the Health Visitor for appointments?

- ◯ Home
- ◯ Clinic, e.g GP surgery
- ◯ Children, young people and family centre
- ◯ Other (please specify)

15. Do your children have any medical conditions, special educational needs or disabilites that they need support from the Health Visitor for?

- ◯ Yes
- ◯ No

If yes, please give details.

Views on Health Visiting in Leicestershire and Rutland; for parents and carers

Thank you for completing this survey

16. Please leave any additional comments

BIRTH

GROWING & DEVELOPING

READY LEAR

TH
ed HCP contact
natal contact at 28 weeks
y health visitor or family nurse
llaboration with midwifery services

ON HIGH IMPACT AREAS (HV)
nsition to Parenthood
ternal Mental Health
astfeeding

SE
rtake a baseline assessment in line
Working Together to Safeguard
ren (2015)
lop rapport and introduce service
w family strengths and risks

BIRTH
Approx. 6800 births per year
Mandated HCP contacts
- New birth review
- 6-8 week review
- Led by health visitor or family nurse

FOCUS ON HIGH IMPACT AREAS (HV)
2) Maternal Mental Health
3) Breastfeeding
4) Healthy Weight
5) Managing Minor Illness and Accident Prevention

PURPOSE
- Further assessment of family strengths and risks
- Signpost to other local services

0-2½ YEARS
Offered HCP contact
- 3-4 months (not mandatory)

Mandated HCP contacts
- 1 year review
- 2-2½ year review
- ASQ3/SE used for all children
- Led by health visitor or family nurse

FOCUS ON HIGH IMPACT AREAS (HV)
4) Healthy Weight
5) Managing Minor Illness and Accidents Prevention
6) Healthy 2 year olds & school readiness

Focus on Oral health

PURPOSE
- Review development
- Promote immunisation and screening

STARTING SCHOOL

WIDENING RELATIONSHIPS

BECOM
YOUNG P

RS
tage 0
ery, Reception
Iealth Nurses (health visitor
ool nursing teams) working
rly years settings to promote
ss support

5-7 YEARS
- Key Stage 1
- School years 1-2
- Primary School

New mandated face-to-face HCP contact
- Led by school nurse at school entry
- Deliver individual health assessment
- Combine face-to-face contact with NCMP

7-11 YEARS
- Key Stage 2
- School years 3-6
- Primary School / Junior School

New mandated face-to-face HCP contact
- Led by school nurse prior to transfer
- Promote health resources
- Combine face to face contact with NCMP

ON HIGH IMPACT AREAS (HV)
lthy Weight
naging Minor Illness and Accident
vention
lthy 2 year olds & school readiness

n Oral health

SE
age the transition to school
eady to learn

FOCUS ON HIGH IMPACT AREAS (SN)
1) Building resilience and supporting emotional wellbeing
2) Keeping safe - managing risk and reducing harm
3) Improving lifestyles

PURPOSE
- Make a good start in school
- Start to develop positive relationships outside the family
- Begin to manage own health and

FOCUS ON HIGH IMPACT AREAS (SN)
4) Maximising learning and achievement
5) Supporting additional health and wellbeing needs
6) Seamless transition and preparing for adulthood

Focus on Oral health

PURPOSE
- Manage transition between schools
- Make and keep positive friendship
- Manage own health and wellbeing

PUBERTY

HIGHER EDUCATION OR WORK

MOVIN

EARS
tage 3
ol years 7-9
ndary School
iversal contact offer
y school nurse
e 13/14

ON HIGH IMPACT AREAS (SN)
otional Health and Wellbeing
lthy Weight
ucing Risky Behaviours
rning and Achieving
n Oral health
SE
re immunisations are up-to-date
eady to learn
ew health, growth and development
ote health resources (website, text

14-16 YEARS
- Key Stage 4
- School years 10-11

New universal contact offer
- Led by school nurse
- At age 15/16

FOCUS ON HIGH IMPACT AREAS (SN)
1) Emotional Health and Wellbeing
2) Healthy Weight
3) Reducing Risky Behaviours
4) Identifying Additional Needs
5) Minor Illnesses and Accidents
6) Learning and Achieving

PURPOSE
- Review health, growth and development
- Promote health resources (website, text

16-19(25) YEARS
- Key Stage 5
- School years 12-13
- SEND

New universal contact offer
- Led by school nurse
- At age 18

FOCUS ON HIGH IMPACT AREAS (SN)
1) Emotional Health and Wellbeing
2) Healthy Weight
3) Reducing Risky Behaviours
4) Identifying Additional Needs
5) Minor Illnesses and Accidents
6) Learning and Achieving

PURPOSE
- Promote health resources (website, text health service)

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Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 30 MARCH 2016

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

COMMISSIONING INTENTIONS

Purpose of report

1. The purpose of this report is to advise the Committee of the Department's Commissioning Strategy and Commissioning Intentions.

Background

Public Health Grant

2. The Department of Health (DoH) allocates public health ring fenced grants so that local authorities can discharge their public health responsibilities, namely:
    i. improve significantly the health and wellbeing of the local population
    ii. carry out health protection and health improvement functions delegated from the Secretary of State
    iii. reduce health inequalities across the life course, including within hard to reach groups
    iv. ensure the provision of population healthcare advice.

    The expectation is that funds will be utilised in-year but if at the end of the financial year there is any underspend, this can be carried over into the next financial year as part of a ring fenced public health earmarked fund.

3. In drawing up their priorities, local authorities, as members of Health and Wellbeing Boards will have a duty to work with Clinical Commissioning Groups (CCGs) and other partners to undertake an assessment of the current and future health and social care needs of the local community. The resulting strategies, to meet the community's needs, will influence how the grant is spent.

Service Transformation

4. Public Health will continue to structure its services in line with the Target Operating Model (TOM) for the County Council. The TOM for early help and prevention services is currently under review but is expected to provide:

    - A broad early help and prevention strategy setting out key priorities across the authority;
    - A focus on early help and prevention to reduce demand for services;
    - A focus on using scarce resources on services that make the biggest impact;
    - A focus on the customer/service user;

- Integration that reflects both an emphasis on the services provided by the County Council, rather than by each department, and the integration and co-ordination of services across partner organisations;
- More community involvement in the delivery of appropriate services;
- A streamlined, concentrated and coordinated support service function.

5. For Public Health services, this will enable alignment, and avoid duplication, with preventative services commissioned in other departments. Additionally it will enable the County Council to develop a single approach to harnessing the role of communities in preventing ill health and in making sure individuals are given the information they need to self-care successfully.

6. From 1 October 2015 the commissioning responsibility for 0-5 Children's Public Health Services transferred to the County Council. Funding for 2015/16 was £3.2 million; this funding was in line with expected spend. In 2016/17 the full year effect of funding will be rolled up in the overall allocation of the Public Health grant. Work has begun on redesigning a 0-19 Children's Public Health Services Offer that incorporates both the 0-5 Health Visitor's service and the 5-19 Children's Services Offer which includes the school nursing contract.

Commissioning Intentions

7. Commissioning intentions are the key changes which the Department plans to make over the next four years to ensure best use of all the available resources. These have a clear rationale/evidence base, are intended to drive outcomes and are aligned the Council's Strategic Plan. Commissioning intentions have a set of actions to ensure delivery and are used to inform future business plans and contractual activity. Examples include the intent to: invest resources, disinvest, shift resources, transform/redesign services, achieve new models of service delivery, pilot changes, scale-up a system wide change or an intention to embed key changes.

8. In developing the Department's commissioning intentions and having regard to the commissioning intentions of other departments four key themes emerged. These are:-
   - Preventative measures;
   - Reducing need;
   - Delaying the development of need;
   - Meeting need.

9. Attached at Appendix A to this report is a table showing in more detail how the Departmental commissioning intentions will fit within these key themes. Such an approach will also, it is hoped, offer opportunities for looking at interdependencies and opportunities for cross-departmental approaches.

10. The commissioning intentions now outlined will be shared with local stakeholders, including current and potential suppliers. The next steps will be to develop this high-level Plan into a set of detailed projects/activities which will be delivered through a range of mechanisms. As part of this, consideration will be whether local people, communities and businesses can do this for themselves, in line with the Council's Community Strategy. This will make sure that it targets resources only at those areas where support is needed the most.

11. The commissioning intentions will act as the focus of service improvement and service re-design over the next four years, though it is recognised that there will be a

need to update this on an annual basis, for example, as legislation changes, as the evidence base develops, or as new policy initiatives are introduced.

Timetable for Decisions

12. The Cabinet will be considering the Council's Commissioning Intentions at its meeting on 19 April 2016. Any comments on this report made by the Health Overview and Scrutiny Committee will therefore be submitted to the Cabinet.

Recommendation

13. Members are asked to note the Department's commissioning intentions and the fit with the key themes of prevent, reduce, delay and meet.

Background papers

Report to the Health Overview and Scrutiny Committee on 20 January 2016 - Medium Term Financial Strategy 2016/17 – 2019/20: Public Health Department
http://politics.leics.gov.uk/Published/C00001045/M00004513/AI00046584/$MTFS.docxA.ps.pdf

Circulation under the Local Issues Alert Procedure

None.

Officer to Contact

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List of Appendices

Appendix A – Table showing how the Departmental Commissioning Intentions fit the key themes

Relevant Impact Assessments

Equality and Human Rights Implications

14. Detailed impact assessments will be carried out on emerging commissioning intentions and transformation projects and will be reported on as part of the business plans.

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Leicestershire County Council

Council Plan of Commissioning Intentions

2016/17 - 2019/20

Introduction

This is the County Council's first forward plan of commissioning intentions. It sets out what the Council will do, and the commissioning decisions it intends to make, over the next 4 years to make the best use of all the available resources. This includes making use of all the resources available within Leicestershire's local communities, our partners and suppliers.

This document should be read in conjunction with the following:

- County Council's Strategic Plan 2014-18: *www.leics.gov.uk/leics_strategic_plan.pdf*
- Medium Term Financial Strategy 2016/17 – 2019/20: *Link*
- Communities Strategy: *Link*
- Enabling Growth Plan: *Link*
- Departmental Commissioning Strategies:
    - Adults and Communities: *Link*
    - Children and Families Services: *Link*
    - Environment and Transport: *Link*
    - Public Health: *Link*
- Better Care Fund Plan[1]: *Link*
- Corporate Resources Business Strategy: *Link*

[1] *The individual services within the Better Care Fund (BCF) plan are commissioned by Clinical Commissioning Groups, the County Council and other partners, such as District Councils depending on the lead commissioning arrangements for the specific service(s). Those services that are commissioned by the County Council within the BCF have been cross checked to ensure they are reflected in the strategic commissioning intentions of the relevant department (primarily adults & communities and public health) where appropriate.*

Key Themes

There are 4 key themes which feature throughout our commissioning intentions to help us reduce demand on Council services, so that we can focus our scarce resources on those areas which can make the biggest impact:

Preventative measures by investing (for example) in:

- wide scale population measures to promote health;
- the provision of information, guidance and advice about the support available in the community;
- increasing the use of self-service and the greater use of online technology;
- preventative maintenance treatments of our roads to increase their lifespan;
- waste prevention initiatives to reduce the amount of waste generated in the first place;
- deliver infrastructure, where appropriate, to support sustainable travel;
- enabling local people, communities and businesses to solve problems without having to involve the council.

Reducing need by targeting our approach to the 'right people and/or the right location, at the right time' and to stop any escalation. Examples include investing in measures to:

- reduce the volume of waste being sent to expensive landfill through reusing and recycling materials;
- reduce our energy consumption;
- manage flood risk to reduce longer-term costs;
- promote independent travel for pupils with Special Educational Needs;
- provide targeted and time limited interventions for families to reduce the level of needs that already exist;
- support carers to continue their caring role.

Delaying the development of need by investing in those measures which:

- minimise the effect of disability or deterioration for people with established or complex health conditions;
- support people to regain their skills and independence.

Meeting need when all other options have been explored. This includes investing in those solutions, which:

- support and deliver key infrastructure improvements to enable planned economic growth within the County;
- provide just enough support to carers;
- deliver waste disposal requirements;
- ensure compliance with our statutory requirements.

Next Steps

Our commissioning intentions are being shared openly with local stakeholders, including current and potential suppliers. Our next steps will also be to develop this high level Plan into a set of detailed projects/activities which will be delivered through a range of mechanisms. Our first consideration will be whether local people, communities and businesses can do this for themselves. This will make sure that we target our resources only at those areas where our support is needed the most.

Our commissioning intentions will act as the focus of service improvement and service re-design over the next 4 years, though we will consider whether we need to update any of this material in an annual basis, for example, as legislation changes, as our evidence base develops or as new policy initiatives are introduced.

We intend to improve our approach in future years as we develop a new corporate outcomes framework (as part of the Council's Strategic Plan) and as we continue to strengthen our evidence base. For example, we have commissioned a review of our approach to early intervention and prevention approach to help us determine the most cost effective solutions.

PREVENT **Signpost people to information, advice and guidance, promoting independent action and self-help** **Give people the opportunity to self-serve via digital means** **Enable local people, communities and businesses to solve problems without having to involve the council** **Undertake preventative work to improve value-for-money and achieve longer term sustainability**
Public Health • Review and procure a 0 – 19 Healthy Child Programme public health service • Review and rationalise young people services within the wider public health offer in order to create a core offer for children and young people. This will include services to promote healthy eating, emotional health and resilience, and sexual health promotion services. This could also include an extended and potentially traded offer for Healthy Schools and Healthy Tots programme • Design and procure a new integrated lifestyle service to include elements of smoking cessation, sexual health promotion, mental health promotion and food and weight management • Decommission current services that will form part of the integrated lifestyle service in order to achieve a new service start in April 2017 • Redesign the physical activity offer currently provided by district councils to become a more streamlined targeted offer working with LRS • Decommission both the Health element and the core element of the current travelling families' service and re invest into an internal redesigned service • Work with other stakeholders and partners to support mental health promotion and services to ensure the early detection and treatment of mental health problems for children, young people and adults
Children & Families • Ensure that all services are focussed on supporting families to remain or become successful • Ensure all schools in Leicestershire are active members of school-to-school support networks • In our role as strategic commissioners, deliver an effective process for schools seeking academy conversion, including sponsorship • Ensure fair access to a sufficient supply of high quality school places and early years and childcare provision • Manage and develop Keep Safe Places

PREVENT
Adults & Communities • Support improved access to a broad range of information, advice and support that can promote wellbeing and independence • Actively work to ensure there is an aligned, coherent offer of information and advice • Ensure all contracted suppliers provide quality, accessible information as part of their service delivery • Work with Public Health to ensure services are commissioned that actively encourage people to take responsibility to improve their own physical and mental wellbeing and to maintain a healthy lifestyle • Support people who may have care needs in the future for as long as possible through access to universal, community based services, by ensuring that information about such services is shared and utilised by strategic and operational partners
Environment and Transport • Continue to maintain our highway assets e.g. through delivery of our maintenance programme • Work with partners to reduce waste, divert waste from landfill and optimise levels of recycling and composting in a cost effective way e.g. by delivering a programme of waste initiatives and volunteer schemes • Incorporate a customer focussed approach throughout service planning and delivery informed by our Customer Focussed Approach Project e.g. use of customer information to monitor queries about grass cutting in real-time • Develop partnerships including with communities to deliver joint outcomes e.g. Enable Heart of the Forest Volunteers Group to deliver area wide trail signing and promotion • Work across the Council and with other partners to promote sustainable travel (walking, cycling, public transport, car share etc) and identify opportunities to bid for external funding where available e.g. Wheels to Work Project, Local Sustainable Transport Fund • Deliver infrastructure, where appropriate, to support sustainable travel e.g. The Hinckley Area Project • Improve road safety and prevent road accidents through partnership working with the Leicester, Leicestershire and Rutland Road Safety Partnership • Work with key partnerships which support the development of high quality open spaces and protect valuable heritage/habitat rich sites in Leicestershire e.g. Charnwood Forest Regional Park, Stepping Stones, River Soar Grand Union Canal Partnership and the Ashby Canal restoration project • Continue to support the delivery of the County Council's Environment Strategy to improve our green credentials and save money, where possible • Continue to implement outcomes from the Flood Risk Management Strategy and deliver flood prevention initiatives • Work with partners to seek innovative projects and sources of funding that support community energy initiatives and the low carbon economy

PREVENT
Chief Executives • Maximise Broadband rollout to the county and businesses • Explore community-led deployment options for rural broadband services • Develop a new approach to tourism support in the context of reduced public sector funding support • Commission services that provide information, advice, infrastructure, group support, social enterprise advice and capacity building to enable communities to help themselves and support the devolution of services • Phased reduction of community grants with remaining funding targeted to maintain maximum impact
Corporate Resources • Continue to increase automation of tasks, reporting and self-service arrangements for staff and customers • Deliver further standardisation of equipment, systems and processes and simplify the Council's technology estate with a proposed capital investment of £4.1m in I&T infrastructure by 2020 • Continue to support access to employment opportunities across the Council (and develop the future workforce), by increasing the number of apprenticeships and work opportunities • Move new and additional work into the Customer Services Centre promoting this as a corporate asset • Support the join up our social care customer service operation with health • Increase the number of customers accessing digital online services • Continue our work to help communities and businesses to become more resilience and able to help themselves in the event of an emergency, e.g. through our nationally recognised Prepared Citizens initiative

REDUCE **Actively support and facilitating communities to help themselves** **Target our approach to the 'right people and/or the right location, at the right time' and to stop any escalation** **Optimise alternative approaches to high cost interventions and facilities**
Public Health • To review and procure a 0 – 19 Healthy Child Programme public health service • To reduce isolation and enable people to be active in their community • To continue to build community capacity through the use of Local Area Co-ordinators (LAC) working with community networks • Through the LAC offer to communities improve health, wellbeing and independence for community members • To expand the LAC pilot to ensure a county wide offer is created and evaluated accordingly • Expand the current First Contact Plus offer to include a triage system in order to facilitate a more informed referral process for complex individuals • Expand the current First Contact Plus service to be able to take self-referrals from member of the public • Develop a new online system for internal stakeholders, partners who refer individuals and self-referrers to be able to use a more streamlined and efficient portal for information
Children & Families • Offer the right, proportionate help to children and families at the right time, with a focus on children with developmental delay/additional needs • Deliver a targeted youth offer focussed on vulnerable groups • Extend use of education provision where appropriate as an alternative to coming into care • Investigate reasons for underachievement of vulnerable groups across all stages and create capacity within mainstream and special school sector to meet the needs of their vulnerable learners • Re-commission pathways of alternate provision for pupils outside mainstream education • Ensure that children missing education are identified early , offered the right support and that their progress is tracked • Work with parents and carers to support more effective commissioning of special educational needs and disabilities (SEND) services and provide access to a SEND Local Offer • Identify maintained schools and early years settings and providers requiring intensive, targeted and collaborative support

REDUCE
• Raise awareness of Hate Incidents and ensure consistent response to anti-social behaviour
Adults & Communities • Alongside our partners, further develop a new model of early intervention and prevention support (this includes a range of services, e.g. preventative mental health services, peer support and advocacy) • Ensure that funding is targeted towards to those at greatest risk of needing social care support • Develop monitoring and reporting systems to understand the impact and maximise the benefits of early identification and prevention services. Only those interventions that have significant cost benefits will be funded • Support carers to continue in their caring role by remaining mentally, emotionally and physically well. This will be achieved through ongoing identification within primary care settings, continued investment in cost effective carer support services, and the use of carers' personal budgets
Environment & Transport • Work with partners to reduce waste, divert waste from landfill and optimise levels of recycling and composting in a cost effective way for example by seeking opportunities to construct / utilise additional waste transfer facilities to allow less waste to be sent to landfill • Engage with regional and national partners to influence policies/programmes which will have an impact on the County, optimising benefits and minimising the risk of negative impacts for Leicestershire e.g. HS2, Midland Mainline Electrification • Promote independent travel for pupils with special educational needs (SEN) • Develop a programme of improvements and spend to save projects that reduce impact on the environment e.g. upgrading of all street lighting throughout Leicestershire to LED reducing the cost of electricity, on-going maintenance and reducing CO2 emissions
Chief Executives • Decommission existing rural housing activity in a planned way • Utilise secured funding through LEADER to support Rural Businesses • Enable the Voluntary and Community Sector, through the commissioning of services that provide information, advice, infrastructure, group support, social enterprise advice and capacity building to enable communities to help themselves and support the devolution of services • Phased reduction of community grants with remaining funding targeted to maintain maximum impact • Pilot a new community support service for Leicestershire Welfare Provision

DELAY **Minimise on-going or long-term need** **Maintain people in family/home settings where possible** **Support individuals/families to better manage 'crisis' situations**
Public Health • Redesign and commission a new targeted Health Checks service to ensure financial alignment with other authorities and targeted invitations for those hard to reach elements of the community • Decommission the current Stop Smoking service and redesign and commission a new more targeted service including a quit line and face to face support
Children & Families • Provide a clear family support 'offer' to address the needs of the most vulnerable cohorts based on 'what works' • Where necessary, provide support that prevents children leaving their family and coming into care • Where a child does come into care steps will be made promptly to re-unify the child with their family, unless it is demonstrably harmful to do this • Offer respite care for families for children with complex emotional and behavioural needs • Where difficulties occur in a child in care placement, flexible and practical help is offered to overcome these • Appropriate and proportionate support is offered after an adoption placement to maximise success • Sufficient CFS staff and resources are dedicated to ensure young people leaving care make a successful transition to independent adulthood including access to education, employment or training and safe housing • Planning and commissioning for 16+ supported living options • Ensure effective participation in MARAC and MAPPA, PREVENT processes • Manage joint commissioned support services for adult and 13+ primary victims of domestic abuse and sexual violence • Respond to and embed support for child secondary victims of domestic abuse within children's services.
Adults & Communities • Support people who may have care needs in the future for as long as possible through access to universal, community based services, by ensuring that information about such services is shared and utilised by strategic and operational partners • Enable more people with social care needs to access mainstream support and services, and reduce the numbers of people receiving care that

DELAY
limits their independence • Develop effective employment pathways for working age adults • Provide a programme of adult learning opportunities • Maximise the use of equipment and technology which can deliver less intrusive and more cost-effective care • Bed based reablement will offer a time limited intervention designed to support people to regain independent living skills in settings with flexible levels of support • Support people to achieve maximum possible independence, by moving to service models (including home care provision) which are focused on reablement and recovery, to delay the need for higher levels of support
Chief Executives • Enable the Voluntary and Community Sector, through the commissioning of services that provide information, advice, infrastructure, group support, social enterprise advice and capacity building to enable communities to help themselves and support the devolution of services • Phased reduction of community grants with remaining funding targeted to maintain maximum impact • Pilot a new community support service for Leicestershire Welfare Provision

MEET (when all options have been explored) **Support and deliver key infrastructure improvements** **Provide support to the small proportion of individuals/families needing support that cannot be provided in other ways, including providing just enough support to carers** **Comply with statutory requirements**
Public Health • Work with the newly commissioned provider for substance misuse services to ensure that the new combined criminal justice and treatment services are fit for purpose and performing as anticipated • Redesign elements of the sexual health service to reduce costs in line with the departments MTFS and streamline services to create a more coherent service offer • Redesign and commission a new suite of Community Based Services working with GP's and Pharmacy's to include substance misuse, sexual health and health checks
Children & Families • Provide one 'front door' for children's social care referrals and early help requests for services in order to provide the right help at the right time • Seek to find alternative family based care from within the child's kinship group or in an alternative family setting • Increase placement choice through increased in-house foster carers • Provide support to family placements to ensure their success • Make available specialist placement options for our most vulnerable children • In a small number of placements (8-10% of children in care) provide a high quality residential setting • Foster carers and adoptive carers are carefully assessed, approved and matched with children to ensure the best chance of success in placements • Support is provided to carers of Children in Care to ensure they are assisted to be successful • Identify and assess children and young people with SEND and guide the access to or provision of appropriate support • Jointly across CFS and NHS commission targeted and specialist in-house and external SEND services to families and schools • Ensure close working with NHS commissioners and providers to ensure that: - all children coming into care receive an initial health assessment with 28 days

MEET (when all options have been explored)
- all children in care take part in the SDQ process - routine immunisations, health screening, dental checks, review health assessments take place
Adults & Communities • The need for publicly funded social care support will be determined only once personal and community resources and assets have been identified and fully explored • Personal budgets will be taken as direct payments wherever possible. We will increase the proportion of Personal Budgets, facilitated through the provision of pre-paid cards. All personal budgets will be funded to the level that is just enough to meet eligible needs • We will work with providers to embed progressive models of support, to promote increasing wellbeing, maximise independence and ensure that capacity is available to meet the demand from the growth in numbers of people needing support. In the shorter term this will be implemented through the procurement of Home Care, Supported Living and Community Life Choices – working with fewer providers to progressively achieve optimum levels of independence for service users and reduce the amount of support required • We will be flexible in our approach to providers to allow for innovation, but this will be in the context of a greater focus on managing providers' performance to ensure we are getting the most from all of our commissioning and contracting arrangements • To further develop alternatives to residential care, a new Accommodation Strategy will be developed in 2016 and we will promote recruitment of new shared lives carers, alongside our new Supported Living Framework • Provide a programme of adult learning opportunities to those with social care need • Provide business support to creative industries and artists • Offer a range of learning and educational resources to schools, as part of a subscription based service. • Provide a number of heritage/museum attractions • Seek to develop the use of museum inspired techniques and resources to support meaningful interactions for those with social care needs (including dementia) • Ensure the care of historical collections and artefacts that relate to the history and heritage of Leicestershire and its people • Ensure provision of a comprehensive and efficient Library service for the people of Leicestershire and further explore the libraries role in delaying social care need/ enabling people to better self-manage conditions
Environment & Transport • Continue to develop a robust evidence base to support the delivery of a new commissioning strategy e.g. interrogation of Leicester & Leicestershire Integrated Transport Model (LLITM) and accessibility modelling for Better Care Together Continue to develop our systems and processes to deliver high quality services to customers • Deliver waste disposal treatment capacity for the medium / long term

MEET (when all options have been explored)
• We will work with districts councils and other parties to plan for and support the future population and economic growth of Leicester and Leicestershire across all transport modes e.g. provide advice and support to Districts on the development of Local Plans and major developments • Support and deliver key infrastructure improvements to enable planned growth and meet economic needs within the County e.g. Capacity improvement at M1 Junction 22 • Continue to manage the subsidised public transport network. e.g. Demand Response Transport and Community Bus Partnership • Continue to deliver efficient and appropriate transport solutions to support adults receiving social care services to access care, entitled pupils and children in care in partnership with Children and Family Services • Continue to provide recycling and household waste sites and dispose of household waste in a cost effective manner.
Chief Executives • Review and adopt a new Minerals Local Plan so that society has a steady and adequate supply of minerals to meet economic and social needs • Enable the Voluntary and Community Sector, through the commissioning of services that provide information, advice, infrastructure, group support, social enterprise advice and capacity building to enable communities to help themselves and support the devolution of services • Phased reduction of community grants with remaining funding targeted to maintain maximum impact • Pilot a new community support service for Leicestershire Welfare Provision • Continue to commission Translation and Interpretation Services
Corporate Resources • Increase the energy efficiency of our property estate and also our I&T equipment through energy efficiency and renewable energy generation on an invest-to-save basis, transferring 1% of our energy consumption to renewables on a year-on-year basis

GENERAL Support frontline services indirectly including maximising efficiencies and generating income to deliver the MTFS requirements
Chief Executives • Invest in business intelligence tools, so that managers have access to relevant performance dashboards and undertake analysis for themselves • Move to a self-funded operation for environmental services • Explore increased joint working between the Trading Standards Service, other local authority trading standards service and/or the Police • Sustain market share to secure further growth in income for the Leicestershire Registration Service
Corporate Resources • Continue to reduce the overall cost base of the whole department by a further 19% by 2019/20 and across a range of support services • Deliver a strategic supplier management programme to ensure value for money is achieved for local taxpayers (including performance reporting for Council in-house services). This will include incentivisation approaches relevant to social care • Integrate our support services with other public sector partners where appropriate and relevant • Increase collaboration in property and property services across public sector partners in a project by project basis • Promote a Leicestershire-wide approach to commissioning support • Continue our current partnership agreement for emergency management services, raising income from selling our business continuity expertise • Create a new sustainable commercial model for our Traded Services to compete more effectively in the open marketplace • Secure market growth opportunities for our Traded Services including East Midlands Shared Services (EMSS) • Invest in the development of workspace accommodation to support the development of small and new business in targeted areas of economic growth and development • Continue to provide staff resource and expertise to the development and delivery of the Council's future Infrastructure Plan • Achieve further efficiencies by undertaking an end-to-end review of Customer Service Centre processes • Invest in customer insight to help target our response • Invest in our staff capabilities to further increase their capabilities in financial management, contract management, commercial skills, process improvement, outcome-based commissioning, customer service skills and networking, to stay ahead; this includes growing and retaining talent • Embed programme and project management disciplines across the council

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