



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 24 May 2018.

PRESENT

Mrs. P. Posnett CC (in the Chair)

Leicestershire County Council

Mr. I. D. Ould CC

Paul Meredith
Jon Wilson
Mike Sandys

Clinical Commissioning Groups

Dr Andy Ker
Karen English
Dr Chris Trzcinski
Caroline Trevithick

Leicestershire District and Borough Councils

Councillor Jeffrey Kaufman
Councillor Alan Pearson
Jane Toman

Healthwatch Leicestershire

Micheal Smith
Simon Fogell

In attendance

Chief Supt Andy Lee	Leicestershire Police
Simon Down	Office of the Police and Crime Commissioner
Wendy Hoult	NHS England
Mark Wightman	UHL
Vandna Gohil	(minute 82 refers)
Kevan Liles	(minute 82 refers)

Apologies

John Adler, Mr. R. Blunt CC, Dr Mayur Lakhani, Roz Lindridge and DPCC Kirk Master

70. Minutes and Action Log.

The minutes of the meeting held on 22 March 2018 were taken as read, confirmed and signed.

The Board also noted the Action Log, which provided an update on actions agreed by the Board at its previous meetings.

71. Urgent items.

There were no urgent items for consideration.

72. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

73. Position Statement from the Chairman.

The Chairman presented a position statement on the following matters:

- County Council awarded £400,000 to help families get active together
- NHS Breast Screening Programme: National Patient Notification Exercise
- First Contact Plus
- Slipper Exchange
- New GP branch surgery opens in Thorpe Astley
- 600 care home staff given boost
- GP online services

Particular reference was made to the First Contact Plus scheme which as a result of a Better Care Fund (BCF) review, had gone through a period of significant development with changes made to the staff structure, operational models and the introduction of a new web-based referral system. It was noted that a further evaluation focusing on the outcomes as a result of the recent changes would be useful. A copy of the First Contact Plus review conducted by the BCF can be found at <http://www.firstcontactplus.org.uk/download/FIRST-CONTACT-PLUS-EVALUATION-REPORT-DIGITAL-FINAL.pdf>

74. Leicestershire Children and Families Partnership Plan 2018/2021.

The Board considered a report of the Director of Children and Families which presented the draft Leicestershire Children and Families Partnership Plan 2018 – 2021 for approval. A copy of the report marked 'Agenda item 5' is filed with these minutes.

The Plan, which identified 5 key priority areas for the partnership, had been developed following successful partnership working and focused on a shared vision for children, young people and their families.

To help promote the Plan, a video had been produced which highlighted how the Plan had been developed through interactions with young people and consideration of the key themes for Leicestershire emerging from the Make Your Mark 2017 national ballot.

The Board welcomed the Plan and video and recognised the importance of a joined up approach with health partners to maximise partnership resources and expertise across the public and private sector. It was noted that the University Hospitals of Leicester and Leicester City Football Club were working together on a programme to improve the health

of children and young people and there might be an opportunity for the Leicestershire Children and Families Partnership to be part of that work stream.

RESOLVED:

That the draft Leicestershire Children and Families Partnership Plan 2018 – 21 be approved.

75. Draft Leicester, Leicestershire and Rutland Dementia Strategy 2019-2022

The Board considered a report of the Director of Adults and Communities which provided an update concerning the development of the draft Leicester, Leicestershire and Rutland Living Well with Dementia Strategy 2019 – 2022. A copy of the report, marked 'Agenda Item 6' is filed with these minutes.

The Board noted that the Strategy detailed five key aims which would underpin agencies work to improve dementia diagnosis and the lives of the current 9642 sufferers within the region.

In response to questions from members, the Director confirmed that whilst the Strategy was a policy document of the CCGs and the County Council, it had been developed alongside the Dementia Programme Board which included representatives of district councils, UHL and the Police. It would be possible for the Board to receive a report outlining the work undertaken in localities to support people with dementia at a future meeting.

RESOLVED:

- a) That the update concerning the draft Leicester, Leicestershire and Rutland Living Well with Dementia Strategy 2019 – 2022 be noted;
- b) That a report outlining the work undertaken in localities to support people with dementia be considered at a future meeting of the Board.

76. Implementation of the Personalised Commissioning Service Standard Operating Procedures.

The Board considered a report of East Leicestershire and Rutland Clinical Commissioning Group presenting an update on the implementation of the personalised commissioning service across Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 7', is filed with these minutes.

The Continuing Health Care (CHC) Service in Leicestershire had been fragmented and in need of improvement for a number of years. Following a tender exercise 18 months ago, an end to end process with a single provider was put in place, the selected provider being Midlands and Lancashire Commissioning Support Unit, which had led to improvements in the Service. Staff previously employed by LPT had already been integrated into the new Service and the process to integrate UHL staff was nearly complete. Closer working with adult social care had also been implemented.

The benefits of the new service were already evident for children and young people's provision where there had been a significant improvement in the streamlining of services particularly with regard for agreeing placements and apportioning costs. Challenges

remained in order to pool resources more effectively and develop a joint local office in order to achieve best value for money.

The Adult CHC model was based on a personalised healthcare approach by which services were tailored for an individual's needs, an approach which would continue. A recent increase in formal disputes from service users was attributed to the transition to the new arrangements and would continue to be monitored.

RESOLVED:

- a) That the report be noted;
- b) That a further report be provided to the Board at a future meeting which would include metrics concerning the numbers of people accessing Continuing Healthcare Services, the amount of disputes lodged and benchmarking with comparators.

77. Mental Health Transformation Programme.

The Board received a presentation from Leicestershire Partnership NHS Trust which provided information on the five year transformation programme to re-design its mental health services. A copy of the presentation marked 'Agenda item 8' is filed with these minutes.

It was noted that the transformation exercise would involve close working with service users, carers, health staff and healthcare partners to address the increasing demand and capacity issues currently experienced by the service to improve the quality, efficiency and overall experience of mental health services.

Arising from discussion the following points were raised:-

- The transformation programme would seek to minimise the use of out of area mental health placements through focussing on patient flow and the introduction of the Red2Green (hospital discharge) programme, a visual management system that assisted in the identification of wasted time in a patient's journey. It was expected that these programmes would reduce length of stay and therefore free up capacity in LPT's wards. Some patients were placed out of area because they required services which were not currently provided by LPT; consideration was therefore being given to the local offer. In the meantime, it would be important to ensure that there was robust oversight of patients who were placed out of area to ensure their length of stay was appropriate;
- Direct patient access to services would form an important part of the transformation project, including the development of a single point of access for mental health services and improvements to the way in which previously discharged patients could re-access support. Work was being undertaken with primary care so that GPs could be supported in managing mental health patients who had been discharged from LPT. The provision of out of hours support for service users and care providers would also be improved and made easier to access;
- A consistent approach between children and adult mental health services was vital in order to continue to support young people with difficulties as they entered

adulthood. The better alignment of CAMHS provision would help enable this continuity of care, as would greater flexibility around the transition between services;

- Systems developed during the transformation programme would be rigorously tested to ensure they would function as expected once made live. Help by partner agencies in testing the systems would be welcomed;
- Safety and risk management was being built into every aspect of the transformation programme. This included working with people in recovery to manage and reduce their level of risk by identifying the final outcome they wanted to achieve;
- The transformation programme would promote prevention and early intervention through ensuring that the single point of access could support people to find the right service. Consideration was being given to a social prescribing model and the Leicester, Leicestershire and Rutland wide Healthier in Mind workstream was also developing a prevention offer with Public Health support.

RESOLVED:

- a) That the presentation be noted;
- b) That a further update be provided to the Board in 6 months' time.

78. Leicestershire and Rutland Local Safeguarding Children Board Business Plan 2018/19.

The Board considered a report of the Independent Chair of the Leicestershire and Rutland Local Safeguarding Children Board which set out the draft proposed Business Plan priorities for the Board for 2018/19. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

RESOLVED:

That the Business Plan priorities 2018/19 for the Leicestershire and Rutland Safeguarding Children Board be noted.

79. Leicestershire and Rutland Local Safeguarding Adults Board Business Plan 2018/19.

The Board considered a report of the Independent Chair of the Leicestershire and Rutland Local Safeguarding Adults Board which set out the draft proposed Business Plan priorities for the Board for 2018/19. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

It was confirmed that the Vulnerable Adults Risk Management (VARM) process had been developed over the last year and had been hugely successful. It was part of the prevention priority for the Board, with the intention that it would continue and increase.

RESOLVED:

That the Business Plan priorities 2018/19 for the Leicestershire and Rutland Safeguarding Adults Board be noted;

80. Better Care Fund Q4 2017/18 Performance.

The Board considered a report of the Director of Health and Care Integration which provided an update on the Better Care Fund Programme for 2017/18. A copy of the report marked 'Agenda item 11' is filed with these minutes.

In reference to Leicestershire's Delayed Transfers of Care Target for 2018/19, the Director reported that the revised figure had yet to be announced by the NHS for 2018/19, but was expected imminently.

NHS England confirmed that Leicestershire had again performed very well with reference to the delivery of the BCF. Where targets had not been met for 2017/18, NHS England commented this was due to Leicestershire partners continuing to set stretching targets.

RESOLVED:

That the update be noted.

81. Leicester, Leicestershire and Rutland Transforming Care Plan.

The Board considered a report of the Director of Adults and Communities which provided an update on the delivery of the Leicester, Leicestershire and Rutland Transforming Care Plan. A copy of the report marked 'Agenda item 12' is filed with these minutes.

The Transforming Care Plan (TCP), developed by CCGs, NHS England's Specialist Commissioners and Local Authorities, targeted the implementation of enhanced community provision, the reduction of inpatient capacity and the delivery of care and treatment reviews.

Arising from discussion the following points were noted;

- The LLR TCP had been placed into red risk status by NHS England in January 2018 having 10 patients over the agreed CCG figure (33 instead of the predicted 23). Whilst the status had now been reduced to amber, it was likely that the level would continue to fluctuate and rise to red once more;
- As part of the works towards achieving the aims of the TCP, a review of the Admissions Register, which contained the details of anyone at immediate risk of admission to hospital due to their learning disability or autism, had been undertaken. The list was subsequently reduced from over 200 people having been identified as 'at risk' to five individuals. The revised number was considered to be an accurate reflection of the current risk, rather than a record of those people who had merely experienced a downturn in wellbeing. People were now monitored much more robustly and the process was overseen by NHS England;
- A TCP Accommodation Strategy had been produced and delivery plans were in development which would seek to provide appropriate accommodation to facilitate transfers from hospital settings to community based dwellings. Restrictions placed upon a grant which was successfully obtained through NHS England meant the local authority could not accept the allocation. The Authority did however commit to progress one development in Hinckley utilising existing capital. Subsequently it was agreed that the Better Care Fund would cover this expenditure;

- Whilst the development of community based accommodation would help to reduce the current inpatient position and a senior social worker had been appointed to work with the most complex transforming care individuals, it was unlikely that the programme would meet the trajectory required by NHS England before it came to an end in April 2019. The work would therefore continue over a longer timescale.

RESOLVED:

- a) That the report be noted;
- b) That a further update be provided to the Board in 6 months' time.

82. Healthwatch Leicestershire Annual Review 2017/18.

The Board considered a report of Voluntary Action Leicestershire (VAL), which presented Healthwatch Leicestershire's Annual Review for 2017-18. A copy of the report marked 'Agenda item 13' is filed with these minutes.

In welcoming the report, the Board thanked VAL officers for their hard work as Leicestershire's Healthwatch provider since 2013.

RESOLVED:

That the report be noted;

83. Introduction to Healthwatch Leicester City and Leicestershire.

The Board received a presentation from Engaging Communities Staffordshire, the new provider of the local Healthwatch, which detailed the provider's proposed vision, approach and delivery of the service over the next five years. A copy of the presentation marked 'Agenda item 14' is filed with these minutes.

Transitional arrangements were ongoing as Engaging Communities Staffordshire, the new provider of the local Healthwatch, sought to establish a new Healthwatch Advisory Board, began working with its commissioners to establish a set of interim priorities and networks across the health and social care system. It was confirmed that staff and delivery of services would continue to be based in Leicester and Leicestershire.

Following questions from members it was explained that through comprehensive contract management undertaken by the City Council, the financial operations of the providers would be closely monitored and scrutinised.

RESOLVED:

That the presentation be noted.

84. Date of next meeting.

It was noted that the next meeting of the Board would take place on 12 July 2018 at 2.00pm.

2.00 - 4.15 pm
24 May 2018

CHAIRMAN