



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 11 July 2019.

PRESENT

Leicestershire County Council

Mr. L. Breckon JP CC (Chairman)	Jane Moore
Mr. I. D. Ould OBE CC	Jon Wilson

Clinical Commissioning Groups

Caroline Trevithick  
Dr Andy Ker  
Dr Jeff Hanlon

Leicestershire District and Borough Councils

Cllr. J. Kaufman

Healthwatch

Micheal Smith

In attendance

Simon Down	Office of the Police and Crime Commissioner
Supt Steve Potter	Leicestershire Police
Frances Shattock	NHS England

Apologies

Mr. R. Blunt CC, Sue Elcock, Karen English, Cllr. P. King, DPCC Kirk Master, Mike Sandys, John Sinnott, Ch. Supt Adam Streets, Jane Toman and Mark Wightman

162. Minutes of the previous meeting.

The minutes of the meeting held on 30 May were taken as read, confirmed and signed.

163. Urgent items.

There were no urgent items for consideration.

164. 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.

165. Position Statement by the Chairman.

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

- London School of Economics – Evaluation of the performance of Leicestershire County Council's Quality Team (QT).
- Inspired to Care
- Clean Air Day
- Adverse Childhood Experiences

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

166. Development of Primary Care Networks Across Leicester, Leicestershire and Rutland.

The Board considered a joint report of East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire and Rutland Clinical Commissioning Group which provided an update on the development of Primary Care Networks (PCNs) across Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda item 5', is filed with these minutes.

Arising from discussions the following points were noted:

- The rules by which practices could combine to form each PCN were set nationally. PCNs must cover every patient registered in a GP practice and align with County Council boundaries, although there was no requirement to align with district council boundaries. Practices in each PCN must also share borders and have close working relationships.
- Each PCN would receive funding in order to provide roles such as a clinical pharmacist, a social prescribing link worker and a physiotherapist. It was acknowledged that whilst this clinical expertise would be available to all patients within each PCN, they may be required to travel to a different surgery (within their PCN area) to access the service. It would be the responsibility of the individual PCN, working with patient groups, to manage service delivery in a way which did not cause transport issues or other difficulties for patients.
- It was acknowledged that some Leicestershire residents received health services from GP surgeries and hospitals outside of Leicestershire. The NHS budget for these residents was received by the CCG covering the GP practice where they were registered, however, it would be important for there to be effective communication across the county borders to ensure that service provision was joined up.
- Each PCN would have an accountable clinical director. A monthly half-day forum was being set up to enable effective two-way communication between the PCNs, CCGs and partner agencies.
- Concern was raised that the changes and benefits to services as a result of the new PCN system had not been communicated to patients. It was noted that the establishment of PCNs was undertaken quickly, and the request by NHS England for the networks geographical profiles not to be released ahead of their introduction on the 1 July meant only a limited amount of information could initially

be shared. There was now an opportunity for further engagement with patients to help them understand the benefits. However, it was confirmed that patients should not expect to see any differences in service provision to start with. Patients would continue to feel affiliation with the practice they were registered with. In future, patients should benefit from a more localised service with extended services which aimed to keep care closer to home.

RESOLVED:

That a further update on the implementation of Primary Care Networks across Leicester, Leicestershire and Rutland be considered at a future meeting of the Board.

167. Integrated Community Workstream and Community Services Redesign.

The Board considered a joint presentation of East Leicestershire and Rutland Clinical Commissioning Group and West Leicestershire and Rutland Clinical Commissioning Group which provided an update on the Better Care Together, Community Health Services Redesign project led by the Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland. A copy of the presentation marked 'Agenda item 6' is filed with these minutes.

In order to help restore capacity around the neighbourhood nursing teams, the redesign project included plans to enable as far as possible, patient management to be undertaken locally by GP teams. To enable this to happen Integrated locality Teams would work closely with social care and the 25 primary care networks within Leicestershire.

It was noted that public and patient engagement on the proposed future model had been a fundamental part of the redesign process. It had been a comprehensive exercise which was well received by Healthwatch Leicestershire.

RESOLVED:

That the presentation be noted.

168. Joint Strategic Needs Assessment - Air Quality and Health.

The Board considered a report of the Director of Public Health concerning the findings and recommendations arising from the Joint Strategy Needs Assessment Air Quality and Health Chapter. A copy of the report marked 'Agenda item 7' is filed with these minutes.

It was noted that the recommendations arising from the findings of the chapter would be considered alongside the County Council's recent Climate Emergency declaration. It was agreed that many of the recommendations required actions from a variety of partners and it would therefore be beneficial for a multi agency action plan to be developed. This would be taken forward by the Air Quality and Health Partnership. CCGs were not currently represented on this partnership and it was felt that it would be beneficial if they identified representative going forward.

In reference to the Council organised events held on 20 June to celebrate Clean Air Day, it was noted that it could be extended in future years to include other partners.

RESOLVED:

- a) That the recommendations arising from the Joint Strategic Needs Assessment Air Quality and Health Chapter be supported;
- b) That a multi-agency action plan based on the recommendations be produced and considered at a future meeting of the Board.

169. Strategic Partnership Board Update.

The Board considered a report of the Director of Children and Family Services which provided an overview of the work undertaken by the Strategic Partnership Board, including the development of People Zones. A copy of the report marked 'Agenda item 8' is filed with these minutes.

It was noted that work was ongoing to align the work of the Partnership Board closer to that of Health providers and improve communication between partners across Leicestershire. There was an ongoing piece of work to develop this which reflected the recent implementation of PCNs.

In reference to the development of People Zones, members welcomed the approach which used existing assets to address key issues within communities.

RESOLVED:

That the report be noted.

170. Progress of the Health and Social Care Sector Growth Plan 2017-2020.

The Board considered a report of the Director of Adults and Communities which detailed progress made with the Leicester, Leicestershire and Rutland Health and Social Care Sector Growth Plan published in 2017. A copy of the report marked 'Agenda item 9' is filed with these minutes.

In reference to consultation undertaken on the Growth Plan, it was noted that whilst there had not been any formal consultation with the general public, there had been extensive engagement with providers and there would be further opportunities to do so as the Plan was developed. Work was currently being undertaken with schools and colleges, for example at careers fairs, to raise interest in the health and social care sector.

RESOLVED:

- a) That the progress towards the Health and Social Care Sector Growth Plan be noted;
- b) That it be noted that relevant actions arising from the Local Workforce Action Board Workshop held on 10 July would be added to the Plan;
- c) That the Board consider a further update on the progress of the Health and Social Care Sector Growth Plan in 12 months' time.

171. Better Care Fund Plan 2019/20.

The Board considered a report of the Director of Health and Care Integration which provided an overview of the progress to refresh and submit the Leicestershire Better Care Fund (BCF) Plan. A copy of the report marked 'Agenda item 10' is filed with these minutes.

In response to a query concerning how the Disabled Facilities Grant was allocated to district councils, the Director advised that the formula was set by national Government.

## RESOLVED:

- a) That it be noted that the updated BCF Expenditure Plan (Appendix A), which now incorporates Local Authority confirmed winter planning and DFG allocations, and that this is subject to further edits in order to commit remaining unallocated spend, once the final CCG allocations are announced;
- b) That it be noted that the requirement to submit the 2019/20 BCF planning template to NHS England, when published, a process which is expected to take place ahead of the next scheduled meeting of the Health and Wellbeing Board;
- c) That it be noted that the submission of the 2019/20 BCF Plan would be undertaken in line with the following delegation agreed by the Health and Wellbeing Board in March 2019;

*That the Chief Executive of Leicestershire County Council, following consultation with the Chairman of the Health and Wellbeing Board, be authorised to make any amendments to the BCF plan 2019/20 in light of the national guidance, prior to its submission to NHS England;*

- d) That it be noted that the Health and Wellbeing Board will be engaged in the following activities during 2019/20:
  - i. Receiving a progress report on the delivery of integrated models of care and joint commissioning, along with a new place-based outcomes dashboard;
  - ii. Receiving a briefing about the emerging policy position for the BCF for 2020 and feedback from our local risk analysis;
  - iii. Engaging in the full refresh of the Leicestershire BCF plan for 2020 onwards.

172. Leicestershire Social Prescribing Model Update.

The Board considered a presentation of the Director of Public Health which provided an update on progress made in Leicestershire to develop the existing social prescribing and care coordination models. A copy of the presentation is filed with these minutes.

The Director reported that since the Board last considered an update on the matter at its meeting in May, Public Health officers had attended various PCN engagement events to understand the future funding arrangements for social prescribing link workers employed by the networks.

It was recognised that work to develop the existing social prescribing and care co-ordination model could not be viewed in isolation, but instead as part of a wider consideration of how services were commissioned and their links to the new PCN arrangements.

In reference to the services patients were directed to as part of the service model, it was important they were accessible, performing to a high standard and were well supported by partners. It was noted that the Unified Prevention Board would continue to explore the region's social prescribing offer and would involve Healthwatch in order to gain further insight into patient's needs/experiences.

RESOLVED:

That a further update on the Leicestershire Social Prescribing Model be considered at a future meeting of the Board.

173. New Multi- Agency Children's Safeguarding Arrangements.

The Board considered a report of the Director of Children and Family Services concerning the new multi-agency Children's safeguarding arrangements which would replace the current Leicestershire and Rutland Local Safeguarding Children Board. A copy of the report marked 'Agenda item 12' is filed with these minutes.

In response to questions from members, the Director confirmed that the performance of the new safeguarding practices would be measured using a set of Key Performance Indicators. It was expected that the new arrangements would lead to additional safeguarding collaboration between health providers, the Police and other partner agencies.

RESOLVED:

That the report be noted.

174. County Lines and Child Criminal Exploitation.

The Board considered a report of the Director of Children and Family Services which provided an overview of the Child Criminal Exploitation within the County, including County Lines. A copy of the report marked 'Agenda item 13' is filed with these minutes.

In reference to the link between young people failing to attend school and engaging with criminality, the Director confirmed that whilst on occasions parents of children not attending school were taken to court, this would follow an extensive process to try and integrate the young person back into education. Work was undertaken with inclusion partners to ensure that the CSE hub was advised of new young people joining alternative provision to enable them to be supported.

The Board welcomed the work of the Violence Reduction Units across the County which manage the local response to serious violence and enabled partners to work together to deter children and young people from being drawn into crime.

## RESOLVED:

That a report detailing the work of the Violence Reduction Unit be considered at a future meeting of the Board.

175. Actions Arising from the Agreed Outcomes of the Health and Wellbeing Board Development Session Held on 30 November 2018.

The Board considered a report of the Director of Care and Integration which provided an update on the delivery of the actions agreed following the Health and Wellbeing Board Development session held in November 2018. A copy of the report marked 'Agenda item 14' is filed with these minutes.

It was noted that a recent partner urgent care workshop exploring patient admissions to the University Hospital of Leicester identified an increase in the number of patients entering the system with mental health symptoms. It was acknowledged that in many cases accident and emergency was not the right place for patients suffering with such symptoms and the issue should be added to the action plan and further explored.

## RESOLVED:

- a) That the action log and the progress made be noted
- b) That actions arising from the Urgent Care Workshop which relate to mental health accident and emergency attendance be added to the action log;
- c) That the proposed approach and strategy of the Leicestershire Mental Health Self-Care Campaign be approved;
- d) That the Leicestershire Mental Health Self-Care Campaign become a workstream of the Unified Prevention Board;

176. Healthwatch Leicestershire Annual Review.

The Board considered a report of Healthwatch Leicestershire, which presented their Annual Review for 2018-19. A copy of the report marked 'Agenda item 15' is filed with these minutes.

In reference to the 25% of respondents to Healthwatch's GP access survey who used an online booking service to secure an appointment, it was noted that whilst the service was viewed by some as a more convenient way of securing an appointment, it did reduce a surgery's ability to initially signpost patients to the most appropriate services.

## RESOLVED:

That the Healthwatch Leicestershire Annual Review for 2018-19 be noted.

177. Dates of Future Meetings.

## RESOLVED;

That future meetings of the Health and Wellbeing Board will be held on the following dates:-

26 September 2019  
28 November 2019  
23 January 2020  
19 March 2020  
28 May 2020  
9 July 2020  
24 September 2020  
26 November 2020

2.00 - 4.10 pm  
11 July 2019

CHAIRMAN