



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 29 November 2018.

PRESENT

Mrs. P. Posnett MBE CC (in the Chair)

Leicestershire County Council

John Sinnott
Mike Sandys

Jon Wilson
Jane Moore

Clinical Commissioning Groups

Karen English
Caroline Trevithick
Dr Andy Ker
Dr Geoff Hanlon

Leicestershire District and Borough Councils

Cllr. J. Kaufman
Jane Toman

Healthwatch Leicester

Micheal Smith Healthwatch
Harsha Kotecha Healthwatch

In attendance

Mark Wightman University Hospital of Leicester
Simon Down Office of the Police and Crime Commissioner
Wendy Houlton NHS England
Supt Shane O'Neill Leicestershire Police

Apologies

John Adler, Mr. R. Blunt CC and Mr. I. D. Ould OBE CC

113. Minutes of the previous meeting and Action Log.

The minutes of the meeting held on the 27 September 2018 were taken as read, confirmed and signed subject to Mike Sandys being added as present.

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

114. Urgent items.

There were no urgent items for consideration.

115. Declarations of interest

The chairman invited members who wished to do so to declare any interests in respect of items on the agenda for the meeting. No declarations were made.

116. Position Statement by the Chairman.

The Chairman presented a position statement on the following matters:

- All Age Mental Health Transformation
- Winter self-care campaign launch
- Enhanced Summer Care Record
- Keep your antibiotics working this winter
- Warm Homes Service
- Stoptober Success
- Brookfields Independent Living Scheme
- Carers Assessment

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

117. Refreshing Leicestershire's Integration Plan.

The Board considered a presentation by the Director of Health and Care Integration which detailed work underway to refresh Leicestershire's integration Plan for 2019/20. A copy of the presentation marked 'item 5' is filed with these minutes.

The Board was asked for feedback on the approach to the refresh including the plan aims, outcomes and metrics outlined in the presentation.

The Board welcomed the Plan's overall performance across its four metrics, including the latest Delayed Transfers of Care figures which it was hoped would be maintained over the often difficult winter months. Officers were commended for their efforts which had enabled the Plan to reach the majority of its targets despite setting challenging benchmarks.

It was noted that whilst partners were working well together to jointly engage on areas such as domiciliary care and housing, there was room for greater collaboration and a more joined up approach to how they communicated with service users.

It was agreed that maintaining and improving the quality of services was also a key challenge for local government, one which should be added to the relevant presentation slide and this would be reflected in future iterations of the presentation.

It was suggested that the Plan's aims could be more focused on outcomes such as the difference that the services would make to people's lives, rather than changes to systems and processes.

In reference to the layout of the Board's reports, it was noted that the report template would be updated to ensure future reports included reference to performance against each of the integration policy strands.

RESOLVED:

- a) That the Health and Wellbeing Board report template be amended to include a section for report authors to assess their report against the six pillars of integration policy;
- b) That the Director of Health and Care Integration adjust the presentation slides and that the aims statements for the BCFPlan be refreshed in light of the feedback.

118. Children and Families Partnership Update.

The Board considered a report by the Director of Children and Family Services which provided an update on the Children and Families Partnership Plan 2018 – 21 which was launched in September 2018. A copy of the report marked 'item 6' is filed with these minutes.

The Director reported that whilst the partnership was very much in its infancy and there remained a considerable amount of work ahead in order for each of the five priorities to be realised, she was confident that through strong engagement with partners and the drive of lead officers, the targets would be met.

It was noted that it would be important to continuously monitor the partnership's performance in order to understand where it was improving outcomes for children and young people, where resources needed to be targeted and whether changes to the initial list of priorities were required.

In response to a question from a member of the Board, the Director undertook to consider producing the school readiness materials referred to in the Partnership Plan in multiple languages to reflect the diverse communities the Plan intended to support.

RESOLVED:

- a) That officers be requested to update the progress report to include details of how the actions rated as 'not started' would be addressed and the timescale for these to be undertaken;
- b) That officers consider producing multiple language versions of documents issued as part of the Leicestershire Childrens and Families Partnership Plan Communication Strategy.

119. Annual Report of the Director of Public Health Leicestershire's Health- The Challenge of Frailty and Multi-Morbidity.

The Board considered the Director of Public Health's Annual Report for 2018 which concerned the issues of multi-morbidity, where an individual had two or more chronic medical conditions, and frailty, which was often (though not always) associated with old age. A copy of the report, marked 'item 7' is filed with these minutes.

Arising from discussion the following points were noted:

- There continued to be isolated areas of deprivation across the County in which issues such as frailty and multi morbidity were often exacerbated;
- It would be useful to further examine data concerning multi morbidity in order to generate a more detailed locality level picture and highlight specific problem areas requiring bespoke interventions. The Director of Public Health was willing to attend individual district Health and Wellbeing Boards to provide briefings on these issues;
- Exploring the life course of a patient would help identify how appropriate secondary prevention measures could be put in place and the appropriate public health messages conveyed in order to slow down the decline of individual's health and delay the onset of frailty.
- A targeted intervention approach based on the frailty checklist was currently being implemented across LLR;
- Whilst data concerning the rates of which deaths occurred in the usual place of residents showed that overall more people were choosing to die at home than ever before, there had been a decline in the number of cancer sufferers choosing to do so.

RESOLVED:

- a) That the Director of Public Health be asked to meet with officers from UHL to give further consideration to the targeted offer for secondary prevention;
- b) That the Director of public Health be requested to undertake further analysis of the data concerning the rates of which deaths occurred in usual place of residents and share it with members of the Health and Wellbeing Board;
- c) That the Health and Wellbeing Board receive a report in 2019 on the development of locality profiles, specifically how these have supported Integrated Locality Teams to target interventions more effectively to the needs of local populations.

120. Report of Healthwatch - Public Views of Access to GPs in Leicester and Leicestershire.

The Board considered a report of Healthwatch which detailed the findings of a survey exploring access to GPs in Leicester and Leicestershire. A copy of the report marked 'item 8' is filed with these minutes.

Members understood the difficulties some patients faced when trying to get an appointment with their GP but also recognised the importance of other services such as the 111 provision and support within pharmacies which could help treat some illnesses and free up GP capacity.

It was noted that whilst the report did not break down patients expectations of a GP practice based on their age, this could be looked at using the existing data collected. It could also be useful in future for GPs to comment on the questionnaire; this could lead to questions being phrased differently to develop a more nuanced picture of how people accessed primary care services and which healthcare professional they expected to see for particular services.

RESOLVED:

That further analysis be undertaken by Healthwatch to explore the responses to the GP Survey across the age demographic of those consulted to identify whether expectations of service provision altered depending on the patient's age, and that the findings of this additional analysis be reported to members of the Health and Wellbeing Board and constituent CCGs.

121. Autism Self-Assessment Framework (SAF).

The Board considered a report of the Director of Adults and Communities which detailed the findings of the 2018 Leicestershire Autism Self – Assessment, which would be submitted to the Department of Health and Social Care by 10 December 2018. A copy of the report marked 'item 9' is filed with these minutes.

In reference to concerns highlighted within the report in respect to the post diagnostic support for people with autism without a learning disability, the Director confirmed that some improvement had already been made to the support process and more information and advice would be made available.

RESOLVED:

That the findings of the 2018 Leicestershire Autism Self-Assessment be supported.

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

The Board considered a report of the East Leicestershire and Rutland CCG which provided an update on the implementation of the Personalised Commissioning Service across Leicester, Leicestershire and Rutland. A copy of the report marked 'item 10' is filed with these minutes.

Arising from discussion the following points were noted;

- There was an expectation that a patient's needs would be assessed every 12 months to ensure that they were receiving the appropriate care contributions. A backlog of case reviews had recently been cleared. This had identified 66 people across the County whose health needs had changed, meaning that they were no longer eligible for Continuing Healthcare funding. Work was ongoing to identify if their needs could be met in another way and if they had a social care need. It was important to assess the needs of the individual, regardless of the service that they were currently receiving.
- Patient engagement throughout the Personalised Commissioning Service review process was encouraged and a revised inspection framework had been developed following public engagement;
- Some changes had recently been made to the assessment process for NHS-funded nursing care, to make it more streamlined. It was acknowledged that there was a risk that this would see an increase in the number of people in long-term nursing care.

- Whilst an integrated budget across health and social care would have its benefits, the two areas were funded very differently, particularly as social care was means tested. However, there was an established system of patient-centred multi-disciplinary team meetings to ensure join-up between the two services. The brokerage element of the two services also worked closely together.
- The development of a Community Re-Design future model to assist patients in their transition from hospital back to their home or another care setting with the appropriate level of care provision was crucial.

RESOLVED:

That the outcome of the review of joint funded packages be reported to a future meeting of the Board.

123. Active Lives Survey 2018 - Physical Activity Levels in Leicestershire.

The Board considered a report of the Director of Public Health concerning the results of the latest 'Active Lives' Survey by Sport England and specific trends in physical activity in Leicestershire. A copy of the report marked 'Item 11' is filed with these minutes.

The survey, which had over 185,000 respondents including 3496 from Leicestershire residents, illustrated worrying signs of decline in physical activity across the County, with the percentage of residents doing more than 150 minutes of physical activity a week reducing over a number of years, currently at 59.3%, falling below the national average of 62.3%.

It was noted that the district councils, Leicestershire and Rutland Sport and the Unified Prevention Board would be key in tackling this in relation to reviewing existing strategies and programmes to encourage increased levels of physical activity. The Board indicated this should focus on related initiatives such as active travel and building physical activity into people's daily lives rather than just the sport and leisure centre offer.

RESOLVED:

That the Health and Wellbeing Board consider a report at a future meeting which explores work being undertaken by Local Authorities and Leicestershire and Rutland Sport and other partners to encourage increased levels of physical activity, providing a view of likely impact and how this will be measured.

124. Healthwatch Development and Delivery Update - Information Item.

The Board considered a presentation of Healthwatch, which provided an update on the work they had undertaken during 2018. A copy of the presentation marked 'item 12' is filed with these minutes

RESOLVED:

That the presentation be noted.

125. Date of next meeting.

It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 24 January 2019 at 2.00pm.

CHAIRMAN

29 November 2018

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