Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **TUESDAY, 20 MAY 2014**
TIME: **5:30 pm**
PLACE: **THE COUNCIL CHAMBER - FIRST FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER**

Members of the Commission

Councillor Cooke (Chair)
Councillor Sangster (Vice-Chair)

Councillors Chaplin, Cleaver, Desai, Grant, Singh and Westley

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

G. J. Carey

For Monitoring Officer

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INFORMATION FOR MEMBERS OF THE PUBLIC

ACCESS TO INFORMATION AND MEETINGS

You have the right to attend Cabinet to hear decisions being made. You can also attend Committees, as well as meetings of the full Council. Tweeting in formal Council meetings is fine as long as it does not disrupt the meeting. There are procedures for you to ask questions and make representations to Scrutiny Commissions, Community Meetings and Council. Please contact Democratic Support, as detailed below for further guidance on this.

You also have the right to see copies of agendas and minutes. Agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk or by contacting us as detailed below.

Dates of meetings are available at the Customer Service Centre, 91 Granby Street, Town Hall Reception and on the Website.

There are certain occasions when the Council's meetings may need to discuss issues in private session. The reasons for dealing with matters in private session are set down in law.

WHEELCHAIR ACCESS

Meetings are held at the Town Hall. The Meeting rooms are all accessible to wheelchair users. Wheelchair access to the Town Hall is from Horsefair Street (Take the lift to the ground floor and go straight ahead to main reception).

BRAILLE/AUDIO TAPE/TRANSLATION

If there are any particular reports that you would like translating or providing on audio tape, the Democratic Services Officer can organise this for you (production times will depend upon equipment/facility availability).

INDUCTION LOOPS

There are induction loop facilities in meeting rooms. Please speak to the Democratic Services Officer at the meeting if you wish to use this facility or contact them as detailed below.

General Enquiries - if you have any queries about any of the above or the business to be discussed, please contact Graham Carey, Democratic Support on 0116 229 8813 or email graham.carey@leicester.gov.uk or call in at the Town Hall.

Press Enquiries - please phone the Communications Unit on 0116 454 4150

THE 6 PRINCIPLES OF EFFECTIVE SCRUTINY

In March 2014, the Health & Wellbeing Scrutiny Commission adopted 6 principles of effective scrutiny and subsequently agreed that these would be included on all agenda to enable anyone observing or attending meetings to be clear about the role of the Commission.

The Commission adopted the four principles developed by the Centre for Public Scrutiny and added two further local principles.

The **Centre for Public Scrutiny's** four principles of effective scrutiny to underpin the work of Scrutiny are:

1. **To provide a 'critical friend' challenge to executive policy- makers and decision-makers.**

2. **To carry out scrutiny by 'independent minded governors' who lead and own the scrutiny process.**

3. **To drive improvements in services and finds efficiencies.**

4. **To enable the voice and concerns of the public and its communities to be heard.**

The Health & Wellbeing Scrutiny Commission also agreed to add the following two additional local principles to enable effective scrutiny in its work:

5. **To prevent duplication of effort and resources.**

6. **To seek assurances of quality from stakeholders and providers of services.**

TERMS OF REFERENCE OF SCRUTINY COMMISSIONS

Scrutiny Committees hold the executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview and Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its

Scrutiny Commissions may:-

i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.

ii. develop policy, generate ideas, review and scrutinise the performance of the

Council in relation to its policy objectives, performance targets and/or particular service areas.

iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.

iv. make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.

v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and

vi. question and gather evidence from any person (with their consent).

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

SCRUTINY COMMISSIONS will:-

- Be aligned with the appropriate Executive portfolio.
- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member, who will be a standing invitee.
- Have their own work programme and will make recommendations to the Executive where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.
- Consider the training requirements of Members who undertake Scrutiny and seek to secure such training as appropriate.

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 8 April 2014 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MId=5796&Ver=4

4. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

6. HEALTHWATCH PROTOCOL

Appendix A (Page 1)

To receive the revised protocol for the relationship between the Commission and Healthwatch Leicester, which will be signed by the Chair of Healthwatch and the Chair of the Commission. The protocol has been revised following comments made at the last meeting.

7. REVIEW OF MENTAL HEALTH SERVICES FOR YOUNG BLACK/BLACK BRITISH MEN IN LEICESTER

To hear evidence and question providers about available services, who these are aimed at, who takes them up, what outcomes are achieved and how these compare with other places. Other written evidence may also be received.

The following have been invited to give evidence:-

Leicester City Council
Leicester City Clinical Commissioning Group
Leicestershire Partnership NHS Trust
University Hospitals of Leicester NHS Trust
Leicestershire Police
Probation Service
Healthwatch Leicester
Representative of Leicester Mercury Patients Panel
Other relevant providers, e.g Voluntary and Community Sector Groups

8. ITEMS FOR INFORMATION / NOTING ONLY

Appendix B (Page 9)

a) Health and Wellbeing Board

The minutes of the Health and Wellbeing Board meeting held on 30 January 2014 are attached at Appendix B. Members are asked to specifically note Minute No. 49 – NHS England Commissioning Intentions, which will have an impact upon the Commission's future work programme.

9. ANY OTHER URGENT BUSINESS

PROTOCOL BETWEEN THE LEICESTER CITY COUNCIL HEALTH AND WELLBEING SCRUTINY COMMISSION AND HEALTHWATCH LEICESTER

This protocol concerns the relationship between the Leicester City Council Health and Wellbeing Scrutiny Commission and Healthwatch Leicester. Its purpose is to ensure that:

(i) Mechanisms are put in place for exchanging information and work programmes so that issues of mutual concern/ interest are recognised at an early stage and are dealt with in a spirit of co-operation and in a way that ensures the complementary responsibilities of Healthwatch Leicester and the Scrutiny Commission are managed to avoid the risk of duplication of effort;

(ii) There is a shared understanding of the process of referrals and arrangements for dealing with such referrals.

(iii) There is a clear understanding of accountability between Local Healthwatch and the Scrutiny Commission.

:_____	:_____
Chairperson of the Health Scrutiny Commission	Chairperson of Healthwatch Leicester

ROLE AND RESPONIBILITY OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION IN LEICESTER CITY

The Health and Wellbeing Scrutiny Commission is made up of elected Councillors and is established to review and scrutinise both matters relating to health and wellbeing of the population and the services that exist to improve health and wellbeing in Leicester. This includes NHS services and services commissioned or provided by Leicester City Council itself.

The Health and Wellbeing Scrutiny Commission may:

- Make reports and recommendations to local NHS bodies, the Secretary of State or the regulator;
- Make recommendations to the City Council elected City Mayor, the Health and Wellbeing Board and local decision makers on how to improve services and policies impacting on the everyday lives of people living, working and visiting Leicester.
- Require any officer of an NHS body to attend before the committee to answer questions.
- Be consulted by local NHS bodies on matters laid out in the regulations.
- Undertake specific reviews of services.

The Health and Wellbeing Scrutiny Commission's role is complementary to that of the Leicester Health and Wellbeing Board, which is a partnership body set up as a result of the Health and Social Care Act (2012), the role of which is to:

- Provide strong local leadership to improve health and wellbeing in Leicester and to reduce health inequalities;
- Lead on improving the strategic coordination of commissioning;
- Maximise opportunities for joint working and integration of services

- Provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services

The full terms of reference of the Health and Wellbeing Board are available at http://www.leicester.gov.uk/your-council-services/health-and-wellbeing/health-and-wellbeing-board/

ROLE OF HEALTWATCH LEICESTER

Healthwatch is the consumer champion for both health and social care, gathering knowledge, information and opinion, influencing policy and commissioning decisions, monitoring quality, and reporting concerns to inspectors and regulators.

Healthwatch aims to give Leicester citizens and communities a stronger voice to influence and challenge how health and social care services are provided within the locality. Its creation reflects patients and the public at the heart of health and social care services.

The Health and Social Care Act 2012 sets out the powers and duties of Healthwatch. It has a national body - Healthwatch England established in 2012 under the Care Quality Commission. At the local level, Healthwatch Leicester was established and took on its full powers in April 2013.

The Department of Health funds Leicester City Council to commission Healthwatch Leicester and the Local Authority is responsible for monitoring the effectiveness of the service and ensuring value for money.

Local Healthwatch must carry out the following activities:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services, including asking providers for information which they must make available to you;

- Enable local people to monitor the standard of provision of local care

services and whether and how local care services could and ought to be improved;

- Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;

- Provide advice and information about access to local care services so choices can be made about local care services;

- Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and

- Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

To support Healthwatch in the execution of its duties it is granted statutory powers through the Health and Social Care Act (2012):

- Through "Authorised Representatives" Healthwatch is able to visit any suitable* location where publicly funded health or social care services are provided, for the purpose of gathering information.

- The Health and Wellbeing board **must** include - At least one representative of the local Healthwatch. To ensure engagement with patient, user and public representation on an equal footing.

* As established in the Local Government and Public Involvement in Health Act 2007

WORKING PRINCIPLES

Given the common aims of both the Scrutiny Commission and Healthwatch to improve health outcomes and social care services for the people of Leicester City, it is vital that they: -

(i) Work in a climate of mutual respect and courtesy;

(ii) Have a shared understanding of their respective roles, responsibilities and priorities;

(iii) Promote and foster open relationships where issues of common interest and concern are shared in a constructive and mutually supportive way;

(iv) Where possible share information or data they have obtained to avoid the unnecessary duplication of effort.

Whilst recognising the common aims and the need for closer working, it is important to remember that the Scrutiny Commission and Healthwatch are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. This protocol will not preclude either body from working with any other local, regional or national organisation to deliver their aims.

The application of the principles and commitments in this protocol will depend on both Healthwatch officers and the City Council's officers (principally, but not exclusively, Democratic Support) maintaining effective communication at an early stage. To this end, regular meetings will be arranged and every effort made to ensure good communication.

COMMITMENTS BY THE HEALTH SCRUTINY COMMISSION

The Commission recognises that the scrutiny of health and social care services cannot be undertaken in isolation and that Healthwatch is a key source of local information on the health and social care needs of the local population.

The Chair of the Health and Wellbeing Scrutiny Commission will invite Healthwatch Leicester to participate and contribute to meetings in its role of a voice for patients and the public in Leicester. It is important that the Healthwatch representative provides the Commission with the view of Healthwatch as a whole, not individual or personal opinion.

The Commission:

(i) Will seek the views of the Healthwatch, when considering its focus and work programme and inform it of the outcome so as to avoid duplication of effort and resources;

(ii) Will provide Healthwatch with a copy of all reports considered at meetings of the Commission;

(iii) Will provide Healthwatch with a copy of the minutes of the Commission meetings;

(iv) May invite Healthwatch to contribute to an ongoing item of scrutiny by providing information and data or identifying useful contacts from within their network;

(v) May in rare instances, as it does not have automatic rights to enter health and social care premises, request Healthwatch to consider using the power of 'enter and view' in order to contribute to a scrutiny review. It is noted that where such a request is made the Commission, will give as much notice as possible. It will also inform the relevant health or social care organisation of the request. Healthwatch will normally only exercise its powers if to do so would assist in the delivery of its work programme, and will have the right to decline the request.

(vi) Will acknowledge and consider any referral made by Healthwatch provided that any such referral sets out:

- Evidence that the issue has been raised with the relevant health or social care organisation and their response thereto;

- Reasons for the referral and specifically the outstanding concerns;

- What is expected of the Scrutiny Commission.

The Commission will seek a response from the relevant health or social care organisation if Healthwatch has not provided this. It is noted that whilst such references will often provide useful information to the Scrutiny Commission or give rise to an issue for further consideration by the Commission, there may be instances where the Commission may decide not to act on the referral; if it does so it will advise Healthwatch and provide reasons for not taking the issue further.

COMMITMENTS BY THE HEALTHWATCH LEICESTER

Healthwatch Leicester will seek to develop a constructive, non-adversarial and independent relationship with the Health and Wellbeing Scrutiny Commission. Therefore, Healthwatch:

(i) Will keep the Scrutiny Commission informed of its work programme, so as to avoid duplication of effort and resources;

(ii) Will provide the Scrutiny Commission with a copy of any report that responds to a consultation exercise undertaken by a local health or social care organisation;

(iii) Will escalate matters to the Scrutiny Commission with any information that indicates serious and widespread patient and public concerns when necessary;

(iv) Will provide the Scrutiny Commission with a copy of the annual report and reports arising from any completed reviews;

(v) May assist, where possible, the Scrutiny Commission in its scrutiny of local health and social care issues;

(vi) Give careful consideration before making a referral to the Scrutiny Commission.

ACCOUNTABILITY

Whilst it is important for the Health and Wellbeing Scrutiny Commission and Healthwatch have a close working relationship, it is also important for clear lines of accountability.

Both Healthwatch Leicester and the Health Scrutiny Commission are accountable to the public they serve.

Healthwatch Leicester will be bound by contractual obligations with the local authority commissioning team to ensure Healthwatch Leicester operates effectively and is value for money.

Appendix B

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 30 JANUARY 2014 at 10.00am

Present:

Councillor Rory Palmer (Chair)	–	Deputy City Mayor, Leicester City Council
Professor Azhar Farooqi	–	Co-Chair of the Leicester City Clinical Commissioning Group
Dr Simon Freeman	–	Managing Director, Leicester City Clinical Commissioning Group
Chief Inspector Bill Knopp	–	Leicestershire Police – attending on behalf of Chief Superintendent Rob Nixon
Elaine McHale	–	Interim Strategic Director, Children's Services
Councillor Rita Patel	–	Assistant City Mayor, Adult Social Care
Philip Parkinson	–	Healthwatch Leicester – Interim Chair Healthwatch Leicester
Tracie Rees	–	Director of Care Services and Commissioning, Adult Social Care, Leicester City Council
David Sharp	–	Director, Leicestershire & Lincolnshire Area Team, NHS England
Councillor Manjula Sood	–	Assistant City Mayor (Community Involvement), Leicester City Council
Deb Watson	–	Strategic Director Adult Social Care, Health and Housing, Leicester City Council

Invited attendees

Lorraine Austen	–	Head of Community Health Services, Leicestershire Partnership NHS Trust (LPT) – attending on behalf of Dr Peter Miller, Chief Executive of LPT
Councillor Michael Cooke	–	Chair Leicester City Council Health and Wellbeing Scrutiny Commission
Dr Durairaj Jawahar GP	–	Chair, Millennium Locality, Leicester City Clinical Commissioning Group
Dr Rajesh Kapur GP	–	Locality Chair, Leicester City Central, Leicester City Clinical Commissioning Group
Kate Shields	–	Director of Strategy, University Hospitals of Leicester NHS Trust (UHL) – Attending on behalf of John Adler, Chief Executive of UHL

In attendance

Graham Carey	–	Democratic Services, Leicester City Council
Sue Cavill	–	Head of Customer Communications and Engagement - Greater East Midlands

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42. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and asked Board members and those attending by invitation to introduce themselves.

He also welcomed members of the public and the representatives of the Local Government Association Peer Review Team who were attending to observe the meeting as part of the current Peer Challenge Review.

43. APOLOGIES FOR ABSENCE

Apologies for absence were received from Chief Superintendent Nixon, Leicestershire Police.

Professor Farooqi, Co-Chair Leicester City Clinical Commissioning Group had indicated he would be delayed by another engagement and might arrive late.

44. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed at the meeting.

Councillor Sood declared an Other Disclosable Interest arising from being Chair of the Leicester Council of Faiths and having family members who received social care services.

In accordance with the Council's Code of Conduct, these interests were not considered so significant that they would prejudice Councillor Sood's judgment of the public interest and she was not, therefore, required to withdraw during any discussion involving those items on the agenda.

45. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

that the Minutes of the previous meeting of the Board held on 8 October 2013 be confirmed as a correct record.

46. BETTER CARE FUND

The Managing Director, Leicester City Clinical Commissioning Group and the Strategic Director, Adult Social Care and Health jointly submitted a report on the plan for the Better Care Fund in Leicester City.

The Integration Transformation Fund announced in June 2013 as part of the government's spending round has subsequently been renamed the Better Care Fund (BCF).

The BCF would be a pooled budget of £3.8bn nationally, in part top sliced from NHS budgets in 2015/16, to be spent on health and social care with the aim of driving closer integration, encouraging efficiencies and improving outcomes for patient and service users. The funding would be £23.261m for Leicester and was a combination of new and existing funding streams.

To access the funding it would be necessary to produce and agree a draft local plan by 14 February 2014 detailing how local services would change across health and social care. The local authority and Clinical Commissioning Group must also jointly agree the plan which then has to be signed off by the Board. A further submission of the plan would be required in April 2014.

It was noted that the draft BCF plan submitted with the report would be supplemented with finance templates prior to submission. The plan had been produced within short timescales, as guidance had only been issued shortly before Christmas. Further work to refine the detail of delivering the vision and principles set out in the plan had continued since the Agenda for the meeting had been published and would continue to be developed as the Plan moved towards implementation.

In essence the BCF sought to :-

- Integrate NHS and social care services to keep people well and enable them to stay in the community longer without the need for hospital admissions or long term residential care and thereby promote independence.

- Services would need to be re-shaped and adapted to identify health issues earlier so that intervention measure could be taken to reduce hospital admissions and reduce attendance at A&E departments.

- The funds would be used to extend the scope and capacity of existing services such as the Integrated Crisis Response Service that currently provided a 2 hour response and support from community nurses and/or social care staff for up to 72 hours in urgent situations. The Leicestershire Partnership NHS Trust (LPT) had 10 community service teams aligned to specific GP practices. The Council currently had 3 Social Care Locality Teams and these were being remapped to align with the same 10 areas as the LPT team which will provide better integration with the other health teams working in a locality.

- Four work streams had been identified within the plan to develop and achieve its aims. There were :-

    - Citizen Participation and Empowerment
    - Wider Primary Care, Provided at Scale
    - A Modern Model of Integration
    - Access to Highest Quality Urgent And Emergency Care

- The BCF proposals removed significant funding from the CCG baseline budget for 2015/16 and savings would need to be found elsewhere to compensate for this. For example, emergency admissions to hospital had been held at 2008/09 levels but these would now need to be reduced by a further 15%.

- The GPs' role in developing enhanced services under the proposals would also be vital to achieving the BCF aims, as would the impact upon the acute health services delivered by University Hospitals of Leicester, NHS Trust (UHL).

Kate Shields, Director of Strategy, (UHL) (attending the meeting on behalf of the Trust's Chief Executive) stated that UHL supported the philosophy and principles of the Plan and, having examined the current proposals, UHL believed at this stage, that the changes could be delivered. Health staff would need to be engaged and supported in discussions involving workforce skills and cultural changes to delivering services. UHL felt that monitoring the impact of the changes would be essential through tight performance monitoring during the new contracts to ensuring that services were being maintained at satisfactory and safe levels, and to enable funds to be moved to where they were needed. It was also noted that new approaches to risk sharing would need to be agreed so that increases in community based services properly support decreases in hospital based services.

Lorraine Austen, Head of Community Health Services, Leicestershire Partnership NHS Trust (LPT) (attending on behalf of the Trust's Chief Executive) confirmed that LPT were working closely with social care services to achieve the required co-ordinated and integrated working relationships to deliver the changing services. Additional staff were being recruited within tight timescales to ensure that the extended community services could be delivered.

The effect of the BCF from patient's perspective should be:-

- A significant enhancement of primary care services offered through GPs and made available locally;

- Better care in the community through more joined-up arrangements and more care closer to the patient's home;

- Due to the City's younger age profile, the rapid community response would be targeted at over 60 year olds to reduce hospital admissions. Patients over 60 years old with dementia would also be included, together with 18-59 years olds with 3 or more long term health conditions.

- The success of the proposals would also need the understanding, goodwill and co-operation of the patients themselves as the users of the service, and the transitions required for patients to attend and be supported through primary and community care services rather than acute hospital services would not be without challenges.

- Patients expectations needed to managed and it should be recognised that it may take some time to see the benefits from the new arrangements.

A member of the public also requested that family members and carers should be involved in consultations on Mental Health services as changes in these services could affect their wellbeing as well as those of patients. The Board noted this viewpoint.

Philip Parkinson, on behalf of Healthwatch commented that Healthwatch supported the proposals and the draft plan had been shared with the Healthwatch Board in the previous week. There were many examples of good collaborative working that had taken place and the integrated care proposals were welcomed. He emphasised the need to continue to engage with the many and varied groups involved in health issues in the voluntary and community sector and he welcomed Healthwatch's continued involvement in developing and implementing the proposals.

The Chair invited comments and questions from the public and the following responses were given:-

- The funding for the BCF Plan was a mixture of transfers from existing funds in the health economy and an extra £7.3m investment in new measures. Approximately £11m of these funds were being top sliced from the CCG.

- The CCG budget for 2014/15 was approximately £381m (3.2% increase), which was one of the largest settlements per capita, to reduce the difference between Leicester's health performance indicators compared to the national averages. The budget would rise to approximately £393m in 2015/16 (2.84% increase). However, savings would still need to be found as these increases were still below the underlying rate of inflation in the health economy.

- The concerns over undertaking comprehensive risk assessments on the proposed changes in the delivery of services to ensure quality of care were understood. Not all risks could be identified in advance as some would emerge as the new processes were implemented but these would be addressed at that stage. It should be recognised that some existing services were under pressure and needed to be delivered earlier or in such a way as to provide better care at a cheaper cost.

The Chair thanked everyone for their contribution to the discussions and felt that everyone recognised the risks that were expressed by the public but every organisation represented on the Board was determined to achieve the aims of the BCF proposals and to improve health service delivery to the patient. Further discussions would be held as the Plan progressed in detail and relevant groups were consulted. He also felt Healthwatch would play a major

part in scrutinising the proposals and ensuring patients' views were represented, and the Council's Health and Wellbeing Scrutiny Commission would also have a role in undertaking scrutiny of the process.

RESOLVED:

1) that the Better Care Fund plan be approved for submission to NHS England on 14 February 2014 and that the Chair (Deputy City Mayor), Simon Freeman (Managing Director Leicester City Clinical Commissioning Group) and Andy Keeling (Chief Operating Officer, Leicester City Council) be given delegated authority to make any subsequent amendments and approve the plan for final submission;

2) that a further report on the Better Care Plan including clarity on assurance arrangements be submitted to the next Board meeting in April; and

3) that the appropriate work stream take note of the comments made in relation to communications and engagement and incorporate voluntary and carers organisations within communications and engagement arrangements.

47. URGENT CARE

The Managing Director, Leicester City CCG and Kate Shields, Director of Strategy, University Hospitals of Leicester NHS Trust (UHL) gave a verbal update on Urgent Care.

The Board noted that:-

- The previous poor performance level of the UHL A&E Department had been reported to the Board on previous occasions together with the reasons for this.

- Much work had been undertaken with partners and stakeholders to improve the performance of 'flow-throughs' at the A&E Department and through in-patient processes within UHL

- There had now been a considerable improvement in the performance levels since Christmas and UHL had improved its position from 107th out of 151 acute health trusts to 54th.

- Improvements had been achieved as a result of a wide range of measures including better arrangements for accessing services over week-end periods and 7 day working among more staff than usual at UHL.

- UHL were now achieving the standard of 95% of A&E patients being seen within 4 hours three to four days per week but more work was still required to sustain and improve this performance.

- UHL had introduced a 'super-weekend' initiative to anticipate predicted increased pressures and demands on A&E. Partnership working arrangements had been put in place with local authorities, LPT, CCGs and EMAS to ensure that the anticipated demands could be addressed. As a result of these co-ordinated arrangements the performance level had reached 99% for the 4 'super weekend' days involved. This success needed to be developed further to achieve this level performance on a regular basis. It was noted that system-wide 7 day working is part of the Better Care Fund plans discussed in the previous item.

The Chair concluded that this represented a real test of partnership working arrangements and welcomed the commitment to maintain and improve the performance levels.

RESOLVED:

that the update be noted and that staff in clinical care and social care services be thanked for their contribution to these improvements in performance under difficult circumstances.

48. NHS PLANNING GUIDANCE - EVERYONE COUNTS

The Managing Director, Leicester City Clinical Commissioning Group submitted a report on the NHS Planning Guidance – Everyone Counts for 2014/15 to 2018/19.

The planning guidance for 2014/15 to 2018/19 had been received from NHS England. The guidance entitled "Everyone Counts: Planning for patients 2014/15 to 2018/19" built on the previous planning guidance published in 2012 "Everyone counts: Planning for patients 2013/14". It also reviewed the recommendations from the "Call to Action" paper published in July 2013.

The guidance set out how NHS England proposed that the NHS budget would be invested so as to drive continuous improvement and to make high quality care for all, now and for future generations, into a reality.

The four sections of the guidance was summarised in the report together with the action that were required. The four sections were:-

- Ambitions
- Strategic and Operational Planning Process
- Financial Allocations
- Planning Templates for completion

It was noted that as part of the Strategic and Operational Planning Process, the CCG was required to submit a two year operational plan which must be explicit in dealing with the financial gap including appropriate risk management strategies. This plan has been prepared and circulated to all contributors. The draft plan was required to be prepared by 20 January and submitted by 14

February for further consideration before the final plan was submitted in April together with the first draft of the 5 year Strategic Plan for Leicester, Leicestershire and Rutland. The final submission of the 5 Year Strategic Plan would be in June 2014.

Elaine McHale commented that there was no reference to children in the guidance and Simon Freeman stated that the CCG would be commissioning Special Educational Needs services in 2014/15 and he would discuss this further with her after the meeting.

Philip Parkinson referred to the allocations for Health Tourists and expressed concerns that this would present financial challenges to the CCG as the costs for providing health services to this group fell heavily on the CCG with acute services in their area (i.e. Leicester City). Leicester City CCG could therefore be responsible for providing these services for tourists visiting areas outside of Leicester but which were within the catchment area for treatment at UHL. He was collecting information on the likely impact of this and would be submitting it to NHS England and the government.

Following discussion it was noted that 'Health Tourists' were citizens from outside the EU who travelled to this country and were not registered to receive services from the NHS.

David Sharp commented that the allocation to CCG's for this element of health service provision would not be increased by the Local Area Team even if the proportion of tourists rises. The issues could only be addressed by a national and not a local response.

It was also noted following a question from a member of the public, that the CCG allocation was based upon resident population figures derived from the Office of National Statistics, estimated to be 350,000 for the City in 2015/16.

RESOLVED:

1) that the report be received and the timescale for submission of plans be noted; and

2) that the CCG's 2 Year Operational Plan be provided to the Board after it had been formally submitted on 14 February 2014.

49. NHS ENGLAND COMMISSIONING INTENTIONS

The Director (Leicestershire and Lincolnshire Area) NHS England submitted a report on NHS England's Commissioning Intentions for 2014/15. In addition the Prescribed Specialist Services Commissioning Intentions 2014/15 -2015/16 and NHS Public Health Functions Agreement 2014/15 were also submitted for information.

The report summarised the Commissioning Intentions published by NHS England nationally for the services which it is responsible for commissioning.

NHS England were not producing Area Team specific Commissioning Intentions but were issuing a national set of principles and expectations to deliver equity of access to good quality services for the whole population.

Although Area Teams would not issue their own commissioning intentions, they may issue guidance to providers on local contracting arrangements or operational management.

NHS England's intentions for commissioning specialised services were outlined in the Prescribed Specialist Services Commissioning Intentions 2014/15 - 2015/16 and this document served notice to all providers of specialised services in England and would be supported by further technical guidance to outline which specialised services would be commissioned by NHS England and which would be commissioned by Clinical Commissioning Groups.

The NHS Public Health Functions Agreement 2014/15 set out the agreement between the Secretary of State for Health and NHS England which enabled NHS England to commission certain public health services, such as national immunisation programmes, to drive improvements in public health. The Agreement also set out the outcomes to be achieved and arrangements for funding from the public health budget.

It was noted that there was no requirement to issue Commissioning Intentions for the 4 primary care contractor groups. The regulations governing the relationship between NHS England, pharmacists, dentists and optometrists were regularly reviewed and any amendments would be published on the NHS website. Commissioning Intentions for Health and Justice and Military and Veteran Health had not yet been published but Area Teams would continue to work with all partners across the system to review existing commissioning arrangements.

It was noted that the impact for the City, UHL and LPT would be:-

- 40% of UHL's and LPT's budgets were affected by the proposals;
- NHS England would publish its plan in response to the recently published UK Strategy for Rare Diseases in February 2014.
- There would be a systematic market review for all services to ensure the right capacity is available, consolidating services where appropriate to address clinical or financial sustainability issues.
- The Cancer Drug Fund would continue to be managed as part of the prescribed service single operating model and Trusts needed to have a process in place to ensure that the Cancer Drug Fund application was part of the decision making process so that patients were registered before treatment started.
- The strategic direction in the Guidance would lead to clinical

services being concentrated into fewer sites to achieve clinical safety. This would lead to a much clearer relationship in specialised services between UHL and Nottingham University Hospitals to achieve the objectives of safety, clinical sustainability and financial stability.

- The Guidance predicted that the primary care model would need to be re-organised but did not indicate how at this stage.

The NHS Public Health Functions Agreement 2014/15 set out the relationships and responsibilities of the various national bodies responsible for commissioning services. It also outlined changes to specific programmes and set out clear service specifications and outcome indicators for each programme. It also set out the commitment to transfer children's public health services from pregnancy to age 5 to local authorities from 2015.

During discussion the Board members made the following comments:-

- The voluntary sector and carers played a vital part in the provision of primary care services and needed to be involved in any re-organisation of the primary care model.

- If providers of specialised services became more regionalised, safeguards needed to be in place to ensure that services took account of local demographic and diversity profiles.

- Many of the national performance targets set out in the Public Health Functions Agreement were below those already being achieved in Leicester and the Board would not wish the current levels to be reduced. E.g. MMR vaccinations were at 95.8% compared to 91.2% in the agreement, and the World Health Organisation recommended a level of 95%.

In response, the Director (Leicestershire and Lincolnshire Area) NHS England stated:-

- NHS England would use its local knowledge in commissioning services but although this may be seen as local within the East Midlands it would reflect the local needs that existed in Leicester.

- that whilst some of the floor levels of performance targets were below current delivery levels, it was expected that the current levels would be seen as those to be maintained and there was no intention to reduce these or allow them to deteriorate.

- consultations would be carried with national bodies such as Age UK, Alzheimer's Society etc in relation to commissioning and re-organising service provision and it was recognised that there would also be a need to talk to carers and carers groups about the impact of any changes upon them.

RESOLVED:

1) that the report be noted;

2) that the Board would wish to see the continued delivery services at the current, or increased, levels of performance and not at a decreased level; and

3) that the Council's Health and Wellbeing Scrutiny Commission be requested to monitor the public health agreement performance levels on a quarterly basis and refer to the Health and Wellbeing Board any issues where the performance levels fell below the current or required standard.

50. LEARNING DISABILITY JOINT HEALTH AND SOCIAL CARE SELF ASSESSMENT FRAMEWORK

The Director, Social Care Services and Commissioning submitted a report on the Learning Disability Joint Health and Social Care Self-Assessment Framework (JHSCSAF) submitted in December 2013.

It was noted that the JHSCSAF replaced the 'Valuing People Now' Self-Assessment and the Learning Disability Health Self- Assessment. The current format was developed through extensive consultations between November 2102 and March 2013. All local authorities had been asked to complete the self-assessment working with their local partners including the Clinical Commissioning Groups and the closing date for the submission had been 6 December 2013.

The narrative quality data was divided into three headings (Staying Healthy, Being Safe and Living Well) and had RAG ratings – details of which were contained in the report. There were 27 individual ratings of which 5 were Red, 6 were Amber and 16 were Green. Details of the actions being taken to address the 5 Red ratings were outlined in the report.

RESOLVED:

1) that the Joint Health and Social Care Self-Assessment Framework that was submitted in December 2103 be received; and

2) that the recommendations for future work to ensure the Council along with partner agencies are able to meet their legal responsibilities be supported.

51. ANNOUNCEMENTS

The Chair made the following announcements:-

<u>LGA Peer Challenge</u>

The Chair reminded everyone that the Peer Challenge would take place from 11-14 February 2014. He reminded members of the Board that they had been asked to complete a survey in advance of the review and that the closing date for responding to these was 31 January 2014. He also thanked Board members for making themselves available for interviews and focus groups during the Peer Challenge.

Leicester City Council Budget 2014/15

Consultation was currently being undertaken on the Council's budget proposals for 2014/15 and details of the proposals were available on the Council's website. Healthwatch were thanked for their comments on the proposals.

Leicester Safeguarding Adults Board and Leicester Safeguarding Children Boards

It was noted that both Boards had published their Annual Reports. While these Boards were independent of the Health and Wellbeing Board, their work was clearly of interest to the Board. Copies of both Annual Reports would be circulated to Board members together with contact details for the Safeguarding Adults Board and Safeguarding Children's Board offices so that anyone could make comments directly to Dr D Jones, the independent chair of both Boards.

Members of the Board made the following announcements:-

NHS 111

Dr Freeman reported that the GP's Out of Hours Service in Leicester had gone live with NHS 111 since the last meeting of the Board. The transfer had been relatively trouble free and the service was performing well against the contract targets.

Leicester Type 2 Diabetes Prevention Framework

Professor Farooqi reported that Leicester Food Plan as part of the initiative was still being developed.

Fulfilling Lives – A Better Start

Elaine McHale reported that a 2 day event had been held to identify priorities for the next round of the bid submission, the outcomes of which should be known in June 2014.

Healthwatch Leicester

Philip Parkinson reported that Healthwatch had now appointed Karen Chouhan as the permanent Chair, together with 6 Directors of the Board. He had agreed that he would continue to represent Healthwatch on the Health and Wellbeing Board until the Peer Challenge Review had been completed. It was likely that Ms Chouhan would be attending future Board meetings.

As this was Mr Parkinson's last Board meeting, the Chair expressed thanks and appreciation to him for his service and contributions to the Board.

52. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair invited questions from the public and following responses were given:-

Question - Adults with Learning Disabilities

Are Further Education Colleges involved in teaching people with Learning Disabilities and does the Council have any involvement with the Colleges?

Response

The Council worked closely with Leicester College to support students in education with learning difficulties so that the support carried on in the community after they left further education.

Question - Purchase Cost of Health and Social Care Services

What proportion of local health services are purchased at national price levels compared to locally agreed prices?

The CCG paid a mixture of tariffs. The national tariff was paid where these existed but there were also a number of services where a national definition for the provision of the service existed but there was no agreed national tariff for that provision. In these instances local service providers and commissioners negotiated an agreed tariff, which represented approximately one sixth of the CCG's commissioning budget.

The Managing Director of Leicester City Clinical Commissioning Group undertook to provide a written response to the question.

In response to comments from the public, the Chair stated that officers would look at publishing the agenda earlier so that the members of the public and Board had more time to digest the information contained in the reports and that officers would also see if it was possible to provide a simpler summary of some of the extensive NHS publications and reports.

He also asked officers to produce a short 'Jargon Buster' guide to the many acronyms used in the health economy.

53. DATES OF FUTURE MEETINGS

The Board noted that future meetings would be held on the following dates:-

Thursday 3 April 2014

Thursday 3 July 2014
Thursday 9 October 2014

Meetings of the Board would be held in the Tea Room, 1st Floor Town Hall, at 10.00am unless stated that otherwise on the agenda for the meeting.

54. CLOSE OF MEETING

The Chair declared the meeting closed at 11.55 am.