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.