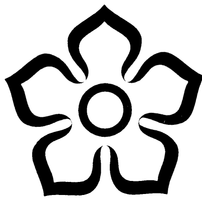

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 9 OCTOBER 2014 at 10.00am

Present:

Councillor Rory Palmer (Chair)	–	Deputy City Mayor, Leicester City Council
Karen Chouhan	–	Chair Healthwatch Leicester
Frances Craven		Strategic Director, Children's Services, Leicester City Council
Councillor Vi Dempster	–	Assistant City Mayor, Children's Young People and Schools, Leicester City Council
Dr Simon Freeman	–	Managing Director Leicester City Clinical Commissioning Group
Andy Keeling	–	Chief Operating Officer, Leicester City Council
Chief Superintendent Rob Nixon	–	Leicester City Basic Command Unit Commander, Leicestershire Police
Councillor Rita Patel	–	Assistant City Mayor, Adult Social Care
Dr Avi Prasad	–	Co-Chair, Leicester City Clinical Commissioning Group
David Sharp		Director, (Leicestershire and Lincolnshire Area) NHS England
Deb Watson	–	Strategic Director Adult Social Care and Health, Leicester City Council

In attendance

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

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13. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sood, Andy Keeling Chief Operating Officer, Leicester City Council, Tracie Rees, Director Care Services and Commissioning, Adult Social Care, Leicester City Council and Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group.

Councillor Cooke, Chair of the Council's Health and Wellbeing Scrutiny Commission was also unable to attend as an invited observer to the Board

Meeting.

14. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were made.

15. CHAIR'S INTRODUCTIONS AND ANNOUNCEMENTS

The Chair welcomed everyone to the meeting.

He announced that the Council had signed the NHS Statement of Support for Tobacco Control prior to the meeting. This was a part of a national initiative to actively support work to reduce smoking prevalence and health inequalities in conjunction with local health partners.

It was also announced that the Leicester Stop Smoking Service and Wellness Service, inherited with the transfer of Public Health Services to the Council in April 2013, would be moving to be an in-house Council service from April 2015. If was felt that the Service would be better placed to work in partnership with wider Council as well as partner services which would strengthen the public health work of the Council as a result.

The Chair welcomed Frances Craven to her first Board meeting as the Council's newly appointed Strategic Director of Children's Services, Leicester City Council. He thanked Elaine McHale, Interim Strategic Director of Children's Services for her service and contribution to the Board whilst in her current post.

This would also be the last Board meeting for both Dr Simon Freeman, Managing Director, Leicester City Clinical Commissioning Group and Deb Watson, Strategic Director of Adult Social Care and Health, Leicester City Council.

Dr Freeman was leaving the CCG to become the Chief Operating Officer of the Greater East Midlands Commissioning Support Unit. The Chair thanked Dr Freeman for his services to the Board and his wider contribution to health services in Leicester particularly in working to achieve the early formal recognition of the Leicester City CCG in 2013.

The Chair thanked Deb Watson for her immense contribution to health and wellbeing in the city since taking up her post. He paid tribute to her professional expertise and integrity and her passion and enthusiasm for taking forward initiatives to improve health in the City.

Members of the Board joined the Chair in wishing both Simon Freeman and Deb Watson their very best wishes for the future.

16. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

> That the Minutes of the previous meeting of the Board held on 3 July 2014 be confirmed as a correct record.

17. THE CHALLENGES FACING PRIMARY CARE IN LEICESTER CITY

Leicester City Clinical Commissioning Group (CCG) submitted a report on the challenges in primary care in the City and what was being done to respond to these challenges. Dr Simon Freeman, Managing Director, Leicester City CCG, Sue Lock, Chief Operating Officer, Leicester City CCG and David Sharp, Director, Leicestershire and Lincolnshire Area, NHS England presented the report to the meeting.

It was noted that national and local policies required efficiency savings and improved quality of services to be delivered by expanding out-of-hospital services through creating sufficient capacity and capability in the primary medical care services.

The report identified the major challenges facing primary care, from both a patient and a practice perspective and gave a summary of the planned solutions to address them.

Tackling GP recruitment was the highest short-term priority as an effective and efficient GP service was vital to looking after patients and reducing the number of hospital admissions. There was a local aging population and a backdrop of global financial pressures which required local solutions to meet the needs and deliver quality care within the resources available.

The CCG had undertaken an analysis of the local health economy and of the 62 GP practices in the City, 13% were single GP practices compared to a national average of 9%. In addition, approximately 50% of the principal GPs were aged over 50 years old. There was a changing GP workforce profile in Leicester from one which was predominately comprised of principal GPs to one that was now approximately a third principal GPs, a third salaried GPs and a third locum GPs. Given the changing emphasis of health care to focus on prevention and reducing hospital admissions, it was considered essential to address the GP recruitment issue, particularly in view of the large proportion of the population living in deprivation, which was a key driver of health needs.

The diversity of the population, particularly where English was not spoken as a first language presented further challenges to conducting effective consultation on services. A number of engagement activities had been undertaken with the public, patient groups, member practices and wider stakeholders since November 2013 to understand the perceived issues and challenges. The results demonstrated that the challenges facing practices were causing the issues and concerns raised by patients. This supported the view that addressing the GP issues was a key factor in delivering the Better Care

Together programme.

NHS England were proposing a pilot project to address GP recruitment and retention issues in order to underpin the overall strategy for developing a growing range of primary care services and to develop the 7 day per week market for providing services. Attracting GPs to enter and stay in the local workforce required incentives in order to compete with the competitive market for GP services.

Following the outline of the pilot proposals and questions from Members, it was noted that:-

a) The pilot scheme would involve a fund of £250k to recruit and retain GPs in the City by providing an incentive to work in surgeries within deprived areas, with the aim of encouraging new GPs to progress in practices to become ‘principal’ GPs.

b) NHS England was meeting the Local Medical Council later that day to discuss whether the pilot would address the concerns expressed by both GPs and patients in consultation and summit exercises.

c) The scheme would be administered through the Joint Integrated Commissioning Board and, after the initial payment of incentives for recruitment and retention; there would be an evaluation of the pilot in approximately a year’s time.

d) The proposal would benefit from being included in the Better Care Fund programme as this would remove the pressure to spend the allocation of funds within a single financial year.

e) The CCG were continually testing service provision to ensure that services were fully accessible by everyone. For example, although the number of NHS health checks carried out in the City was one of the highest in the Country, it was still important to check that all parts of the community had equal access to the programme. The University of Leicester were currently undertaking research to check that older members of the BME community had been able to access dementia services as one element of the programme.

The Strategic Director of Adult Social Care and Public Health commented that the majority of the public’s interaction with the NHS was through primary care services. The current emphasis on preventative measures for health relied heavily on the capacity and quality of the primary care services to deliver the services. NHS England’s decision for funds to follow need was welcomed as a positive step to address health in the City.

The Chair commented that whilst it was important to address the

strategic needs he was keen that the everyday issues that were of concern to the public; such as phone systems, appointment systems and on-line access to services, were not overlooked. These everyday concerns framed the perceptions, experiences and views of health care by the public and this was equally important in achieving the desired outcomes under Better Care Together.

RESOLVED:

1. That the report analysing the challenges facing primary medical care in the City be noted.

2. That tackling GP recruitment be agreed as a short-term priority.

3. That the principle of the proposed pilot GP recruitment scheme be welcomed and supported and that the funding be added to the Better Care Fund to be administered through the Joint Integrated Commissioning Board.

4. That a further reports be submitted to a future Board meeting on how and where the funds are being used and whether this is achieving the aims of recruiting and retaining GPs in the City.

5. That Healthwatch be asked for a view on whether some of the existing public sector funded premises around the City, which have excess capacity, could have the potential to be used as surgeries by GPs who are currently operating in inadequate premises.

18. BETTER CARE TOGETHER JOINT LEICESTER, LEICESTERSHIRE AND RUTLAND FIVE YEAR STRATEGY - UPDATE

Geoff Rowbotham, Interim Programme Director Better Care Together, submitted a report providing an update on the progress of the Better Care Together Strategy.

The report noted that the Better Care Together (BCT) Programme Board was responsible for the production of the 5 year strategic plan for the Leicester, Leicestershire and Rutland (LLR) health and social care system. The Programme Board included local social care, health commissioners and providers, public and patient representatives. It was supported by a structure of clinical, patient, public, and political reference groups, and by enabling groups e.g. Estates, Workforce, Information Technology.

The BCT Programme Board had taken a phased approach to the production of the 5 year strategic plan: development (to June 2014); discussion and review (June to Sept 2014); and, implementation and formal consultation where required (Oct onwards). A draft plan had been made available to the public as part of the 'discussion and review stage'. It had also been received by Health and Wellbeing Boards and Healthwatch groups across Leicester,

Leicestershire and Rutland. Comments received were being incorporated within the draft plan through a 'You said, we did' section prior to it being proposed for formal approval alongside the supporting Programme Initiation Document (PID) and Strategic Outline Case (SOC)

During July –August 2014 the BCT programme has been focused on:-

i. LLR draft 5 year plan- 'discussion and review' phase.

ii. Leadership and governance of the BCT programme.

iii. Developing, resourcing and commencing service reconfiguration.

Considerable progress had been made during the past 8 weeks resulting in the programme being on schedule; despite the challenging timescales it had set itself. The report intended to provide a high level update on progress during this time and highlighted the key programme priorities for the next 3 months.

The Interim Programme Director made the following observations and comments on the progress that had been made:-

- There had been extensive consultation in the discussion and review phase with public and patient groups, voluntary and community sectors groups and Healthwatch which had produced a number of comments around the plan.

- The responses to the 'You said – we did' section of the plan would be taken back to the public and patient groups etc for comment and approval before being formally being submitted to the Board in November.

- There were now Public and Patient Involvement representatives on all programme streams.

- Kaye Burnett had now been recruited as a permanent Chair of the BCT Partnership Board and would take up the duties later in October. Thanks were extended to Philip Parkinson for his work as Interim Chair of the Board.

- The BCT Board had agreed that it would meet in public from the New Year and this would strengthen the engagement and transparency aspects within the governance arrangements.

- All of the 8 work streams were due to be completed by the end of October.

- The Plan had been extensively reviewed by all key stakeholders in the local health economy.

- Two key supporting documents to the Plan were also being developed.

A Programme Initiation Document (PID) setting out how the Plan will be initiated, governed and delivered; and a Strategic Outline Case (SOC) to ensure the proposed way forward of all the individual organisations' business cases represents value for money. The Plan together with these two documents would be submitted to the Board and other bodies in for approval in December.

Following questions for the Members of the Board, it was noted that:-

- It was important to recognise the scale and complexity of the programme within the national context. The programme had a strong management approach with designated accountable actions and targets.

- The Plan's assurance programme would be made public in January 2015 and it would then be clear what progress had been made and whether the Plan's delivery was on target.

- The Board's Assurance Framework identified the key risks and how those risks would be managed.

- The programme was already open to public scrutiny by a range of public bodies such as the Board and by individual participants in the programme who played a vital role in holding the programme to account.

- The Office of Government Commerce were commencing an external gateway best practice review to ensure that the programme was on track.

- If the programme was successful the public should not see any difference in their health care if it succeeded in them not going into hospital, as they would not necessarily realise that they were receiving the appropriate level care in the primary care sector instead of being admitted into hospital.

- There were already clear indications that UHL and LPT were working closely to discuss arrangements for transferring patient support to the community rather than UHL embarking on a course of action independently which subsequently would impact upon LPT requiring them to take reactive measures.

- There was also closer working with the social care sector at an earlier stage to see how the social care budgets could be integrated to achieve the aims of the programme.

The Chair reported that he had received three questions from a member of the public who was unable to attend the meeting and proposed that the Interim Programme Director would respond to them after the meeting and the response be included with the minutes of the meeting.

RESOLVED:-

1. That the considerable progress that had been made since the last update report and the next key steps to be taken be noted.

2. That the Interim Programme Director be thanked for the update.

3. That the responses to the questions asked by the member of the public be circulated with the minutes of the meeting. (Note: The responses are attached to these minutes)

19. JOINT HEALTH AND WELLBEING STRATEGY - UPDATE

Dr Simon Freeman, Managing Director, Leicester City Clinical Commissioning Group submitted the six monthly update report on the progress of the Joint Health and Wellbeing Strategy on behalf of the Joint Integrated Commissioning Board (JICB).

It was noted that:-

- No areas of activity had been 'red flagged', but there were fewer areas rated 'green' and more 'amber' than in the previous report; indicating a modest increase in risk to delivery.

- In relation to the Key Performance Indicators where data was available, 45% showed improvement from the baseline, 32% showed no significant change and 23% showed a worsening of the position.

- There were four areas of concern:-

  - Readiness for school at age 5 years old.
  - The coverage for cervical screening in women.
  - Diabetes – the management of blood sugar levels.
  - Proportion of adults in contact with secondary mental health services living independently with or without support.

- Measures showing particular improvement to the baseline were:-

  - The number of NHS Health Checks carried out was amongst the best outputs in the country. 25,886 health checks had been carried out and 3,535 patients were subsequently having a health management plan put in place.

  - The trend for carers receiving needs assessments was continuing to improve and they were currently at 28.4%.

  - Reablement continued to be a great success with 91.2% of older people, who had received support to live at home following discharge from hospital, still living at home 91 days after their discharge.

Following Members' questions on the four areas of concern, the following responses were noted:-

- Readiness for school at age 5 years old.

  - The assessment for this indicator was a complex assessment and to achieve a good level of development it expected 12 of the 17 early learning goals to be achieved. These goals involved personal development, independence, ability to communicate, language and physical activity etc.

  - The indicator was useful to see how a young child was developing and to benchmark against other areas.

  - The indicator changed in 2013 so comparisons cannot be made directly with 2012. However, although there has been some improvement this year the performance in Leicester still lags behind the national levels and more work needs to be done to improve this as it translates into outcomes for youngsters achievement at Key Stages 1 and 2 and GCSE. There was evidence to suggest that children who do not do well in early years do not do well later on in school.

  - Steps were being taken to improve data systems and collection to improve the early identification of vulnerable children. Appropriate information was being shared with staff in health services, children centres and those in early years' settings to identify where resources need to be placed.

  - There was good partnership working so that vulnerable children and families take up the services that were on offer to them.

  - Increasing the participation of 3 and 4 year olds in education and ensuring that all the available free education place were taken up was a priority, as this contributes to children being ready for school.

  - More work was needed to communicate the expectations to staff to improve the current rate of 41%.

  - Measures were in place for the early identification of children who were vulnerable with additional needs (such as a disability) so that arrangements could be put in place to support the child in school.

  - Good attendance at school was encouraged and maintained. The Council was working with the Leicester Education Strategic Partnership around reading literacy and numeracy to ensure

there was a link between school and home settings to ensure that youngsters were ready for school. Parents were also supported in helping children to have the numeracy and literacy skills through early leaning activity in children centres and other partnership working.

- The Early Years Pupil premium was coming on stream in April 2015 and this was being targeted to gain maximum impact from it.

- Cervical Screening in Women

    - There was a small fall in the national and a similar fall in local levels of screening.

    - NHS England proposed to look at the individual primary care provision to find out the uptake rate, work on a higher quality set of materials, more engagement and development programmes with primary care and patient reference groups to highlight this as being an important part of the primary care offer. This also fitted in with the Early Diagnosis and Intervention Programme which is aimed at improving outcomes by improving early diagnosis and treatment.

    - The take up rate had declined faster in Leicester than nationally and an assessment had been carried to looking at attitudinal and cultural aspects of the take up and there was no obvious explanation for the decline in the local take up rate.

    - There was a successful model in Lincolnshire that had seen a significant uptake in rates and NHS England were intending to roll this model out in Leicester as the practical response to the concern.

- Management of Blood Sugar Levels

    - This was a key measure of the effective management of diabetes.

    - There was a small fall in national levels, mirrored by a small fall in Leicester levels, but the Leicester position does need to be viewed against the significant increase in detection and prevalence within the City.

    - The 1% decrease in the indicator should be seen against the 10% increase in prevalence over the last two years. There had been an increase in diagnosis of 3% in the last year so there were far more people who were in the early stages of being controlled. Improvements would require the support of patients and public engagement in the process.

    - The CCG had also invested in upskilling diabetic education amongst GPs through the Eden Model to allow GPs to deliver more complex diabetes care to patients in the community and this will also have a beneficial impact in the future.

- <u>Proportion of adults in contact with secondary mental health services living independently with or without support.</u>

    - The position showed a fall in relation England.

    - There were some local issues in changes of data which may not necessarily accurately reflect the actual current position.

    - The data and the performance measures were collected by Leicestershire Partnership Trust (LPT) and there were changes in both the ways that the data was recorded and reported at the end of 2011/12 which is when the dip in the performance measure was observed.

    - LPT were in discussion with Adult Social Care to improve the working of this measure. LPT would know who was being seen in secondary care but not all these would be eligible for statutory adult social care services and, therefore, the join up of these two issues in data terms was complicated.

    - The practical difficulties of this mis-match in comparing the local data to national data were recognised. Locally a task and finish group had been established to actively explore and understand the reason for the apparent halving of the performance on the indicator, whilst there had not been any diminishing of the services and arrangements in place to support and help people to live independently.

    - There had been additional services such as an adult care worker on the Bradgate Unit supporting patients with their exit planning for discharge from hospital including their accommodation needs. Extra care streams had also been introduced which would have been expected to improve the performance measure rather than seeing a decline in the measure.

The next steps to be taken were that the agencies concerned would be asked to report back to the JICB with an assessment and understanding of the recovery plans for these areas on concern and these would subsequently be brought back to the Board.

Councillor Dempster referred to the critical need for the co-ordination of effort between the work of schools, school nurses, children centre's staff and health visitors to avoid duplication of effort and to ensure that everyone was working at the right level at the appropriate time to maximise the support to children. She suggested that a further report on this work be submitted to a future

meeting of the Board as early years was critical to the long term welfare of children and families. It was noted that Leicester had made a submission to the Big Lottery Scheme for 'Fulfilling Lives – A Better Start' and, as part of the bid preparation process, there was a great deal of work done on differentiating the data on early years for social and emotional development and language and communication skills. Teasing out the aspects of early years and readiness for school that Leicester was particularly challenged about and also looking at the spread of those issues across the City by wards, would provide a good platform for the report.

RESOLVED:

1) That the progress on the delivery on the Joint Health and Wellbeing Strategy be noted.

2) That a further report on the recovery plans for the areas of the Strategy that were causing concern be submitted to a future meeting.

3) That a report be submitted to the Board early in 2015 on the progress made with improving the readiness of children for school at age 5 years old.

20. JOINT HEALTH AND WELLBEING STRATEGY - PRESENTATION BY DIRECTOR OF PLANNING, TRANSPORT AND ECONOMIC DEVELOPMENT

Andrew L Smith, Director Planning, Transportation & Economic Development, Leicester City Council gave a presentation on how the Directorate were working to support the Joint Health and Wellbeing Strategy. A copy of the presentation is attached to these minutes.

The Director commented that the department was working closely together as a set of disciplines and professions in delivering programme and projects which contributed to the holistic approach towards improving health and wellbeing through addressing the wider determinants of the physical, mental and social wellbeing of people and communities. There were linkages to the Closing The Gap Strategy in numerous plans and strategies such as the Local Plan, Local Transport Plan, Economic Action Plan and Cycle City etc.

The preparation of the new local plan for the City was an opportunity to embed health and wellbeing issues within the document that will shape the built and green environment in the future. It was also an opportunity to link in a health impact assessment with the sustainability appraisal which was required to be carried out and this was possibly the first time it had been done in the country. The Issues and Options document (the first stage of the local plan process) would be issued shortly and had a chapter on health. It was proposed to establish a themed workshop to focus on health and wellbeing issues and Members of the Board were invited to take part and help develop and improve the plan and the put forward the key issues that need to be included in the new

plan document.

The new 10 year cycling strategy aims to substantially increase the number of people cycling in the City. There were currently approximately 13,000 cyclists a day across the City and there was an ambitious target to double these numbers by 2018. There were proposals to improve the infrastructure, training, promotion of cycling as an alternative mode of transport and work with a number of cycling bodies to help to achieve the targets. The Action Plan was likely to be launched in November.

The Local Sustainable Transport Fund worked closely with health partners to achieve health and wellbeing outcomes. Details of these initiatives were shown on the presentation. Many of these initiatives were targeted at areas of high unemployment and deprivation, targeting those likely to have health issues. There were schemes to promote walking and to develop personalised travel planning encouraging people to change their travel behaviour. The Sky Bike Ride was one of the most successful in the country and this year it included the new areas of access in the city. There was also an additional Special Needs Ride around a shorter route involving specially adapted cycles and wheelchairs which was extremely well used.

There were a number of schemes improving the infrastructure for cycling and walking around the city and approximately 11km of pedestrian routes had been completed. Major transport infrastructure improvement schemes were included and detailed walking and cycling audits were undertaken so the opportunity for people to travel by these means were embedded into the scheme from the start.

Work was nearing completion on an Air Quality Action Plan which would be available for consultation later in the year. It was being developed in conjunction with health colleagues to understand the areas of concern and to include measures to address these, particularly around the arterial routes, where traffic pollution was highest. There had been some success in retro-fitting buses to make bus engines cleaner and more efficient and buses would continue to be a key measure in the initiative to bring about behavioural change in transport and travel.

Wellbeing initiatives included getting people into employment with a particular focus on promoting life chances and opportunities for young people.

The Chair commented that there was a great deal happening across the City through Council activities that contributed to health and wellbeing that were not always quantified and promoted as such.

During discussion the following comments and observations were made:-

- The cycle training and cycling initiatives should be communicated to GPs as a practical gateway into improving health, particularly as a referral into physical activity programmes.

- Scheme such as the 'Bike It Scheme' could be taken to the Secondary Head Teachers Meetings to promote and encourage take up.

- Where large developments were proposed in the future with a health impact assessment, there should be a mechanism for the Board to comment upon them and feed comments into the planning process. This need not necessarily be through a formal meeting process. The Director felt that this could be incorporated within the existing consultation process for such developments.

- The link between air pollution and respiratory disease such as COPD, which was a major contributor to premature death in the City, was an area of interest and it would be helpful to know if there was a correlation between the incidents of respiratory disease along the arterial routes within the City and if any measures could be introduced alleviate the incidence of respiratory disease.

The Director commented that research was currently being undertaken to see if there were any patterns arising from traffic congestion on major routes, especially at peak hours when there was standing traffic. Creating a shift in people's travel options towards cleaner buses could bring benefits. Cycling and walking were key elements but would not in themselves bring about a step change in improving air quality. This would be brought about by reducing traffic and having cleaner engines and emissions.

RESOLVED:

1) That the Director be thanked for an informative and useful presentation.

2) That the Chair discuss with the Chair of the Planning and Development Committee a mechanism for Board members to comment on large development proposals involving a health impact assessment.

3) That the Air Quality Action Plan be submitted to the Board together with any research into links between the air quality and its impact upon health issues.

4) That the next presentation to the Board be on the topic of the housing economy, both private and public, covering issues such as health, good homes and warmth etc.

21. CAMHS REVIEW

Leon Charikar, CAMHS Commissioning Manager, Leicester, Leicestershire and Rutland attended the meeting to present the report providing an update on the Children and Adolescent Mental Health Service Review (CAMHS). It was noted that the Commissioning Manager worked as part of the team that was funded by all three CCGs operating in Leicester, Leicestershire and Rutland.

This report addressed the work that had been taken across Leicester City, Leicestershire County and Rutland County to produce a joint multi-agency strategic approach to improving the emotional and mental health of children and young people. This strategy was based on four strands:

- Promotion of good emotional health through universal services.
- Co-ordinated and integrated early and targeted support services.
- Clear care pathways to and from specialist clinical services for children with mental health or developmental disorders.
- Joint strategic direction and leadership to ensure strong co-ordination and joint working across organisations.

The report also provided an update on the review of the Child and Adolescent Outpatient Mental Health Services provided by Leicestershire Partnership Trust.

It was noted that:-

- The CAMHS service saw 1,800 children per year which was a small proportion of the children across Leicester, Leicestershire and Rutland.

- The review had been instigated by health commissioners following concerns raised by referring agencies, families and partner agencies that there were difficulties in accessing the service and it was not communicating very well with referrers or families.

- The initial findings of the independent review were referred back initially to the CAMHS service on 22 September and then to a wider group of stakeholders.

- Some of the key issues were around waiting times for routine referrals for which the target of 13 weeks from being referred to assessment was regularly being breeched, and there were concerns that the target itself was not appropriate. An urgent referral was seen within 4 weeks and work was needed to review that process.

- The assessment was carried out with a multi-disciplinary team with the families and the review was looking to streamline the process so that a single practitioner undertook the assessment.

- Referral rates were different for different GPS practices and referral rates are lower in the City than in the County area. This was being investigated to see if there were other services available in the City, young people do not know about CAMHS, whether local services do not understand how to access CAMHS, or whether there were cultural difference in the prevalence rates of identification of mental health conditions.

- The CAMHS service was also an outlier service as it appeared to hold

onto to cases longer than the national average, and this also impacts upon waiting times.

- Improvements were also needed for family engagement and support arrangements and outcome measures needed to be used systematically across the service.

- It was recognised that CAMHS services were underfunded nationally and this had been raised both by the Department of Health and a Government Inquiry looking at a lack of beds in the in-patient provision.

- Approximately 6% of the mental health service budget in the local health economy goes towards CAMHS and increased investment could have an impact on the service and on adult mental health services in the long term.

- The service compared well to other CAMHS services with the exception of discharge times.

- There was a commitment to changing the service and partnership working and commissioners wanted to see a high quality service that was responsive to the needs of children.

Board Members:-

- Recognised this was difficult process for the CAMHS staff and welcomed their strong energy and enthusiasm to take the issue forward.

- Commented on the staff's feelings that the perception of not accepting referrals was unjust when 34% of referrals were returned without seeing CAMHS.

- Recognised that some issues were outside the control of the CAMHS service and it was important that staff were supported as the review moved forward as the service was totally dependent upon the staff to make it successful.

- Felt it was important to have an holistic approach so that there was integration between Tier 1 and 2 services which had consequences for Tier 3 and 4 services, so it was important to have clear working arrangements.

- Asked whether there was an understanding of the consequences of delay, as often people accessed mental health provision at a point of crisis or life changing situation leading to crisis. Often other organisations, such as the Police, were then involved in picking up the consequences of these events. The delay of 13 weeks in referral times could have consequences for the CAMHS service in terms of being

involved longer in the service provision and also for the resources of a number of other organisations that could subsequently be involved as a direct result of that period of the delay.

- Felt that GPs needed a better system, similar to the SPAR model so that when the right information was given then a referral could be made to the right skill set to achieve a more appropriate dispersal of cases within the system. GPs also need access to a more cohesive system than is currently provided by the educational psychologists, CAMHS, nurses and voluntary sector. If the signposting was right it may be that the capacity already exists within the system to cope with the demand.

Following questions form the Board the Commissioning Manager stated:-

- That the formal report would be published in November and CAMHS would then be asked to produce an Implementation Plan for immediate auctioning.

- Reviews of the Implementation Plan would be required at 3 monthly intervals to oversee the Plan and see if the actions are making any difference and improving the service and partnership agencies.

- The key theme of the Board's comments and concerns was around the risk assessment of the young person's needs and it was, therefore, important to involve and provide skills to primary care and social care and education, so that CAMHS can provide support and guidance to others to avert a crisis or to determine that the risk is too high and CAMHS intervention is required.

RESOLVED:-

That the report and the progress of the review be noted, and that some issues raised in the discussions be pursued after the meeting.

22. LEICESTER PHARMACEUTICAL NEEDS ASSESSMENT

Rod Moore, Divisional Director Public Health, Leicester City Council provided a verbal update on the progress of the development of Leicester's Pharmaceutical Needs Assessment (PNA). A copy of the consultation document on the Draft PNA which started on 29 September 2014 and ended on 28 November 2014 had previously been circulated to Members.

The consultation document was available on the Council website and had been circulated to a number of interested parties, as well as the statutory consultees, and was also available upon on request. Comments in response to the consultation could be submitted in writing or orally at public meetings that had been publicised.

In response to questions from Board Members it was noted that:-

- The pharmacies in Leicester were not evenly distributed throughout the City as many had been established before the current regulations had come into force.

- There were sufficient pharmacies in relation to the population within the City, even though they were not evenly distributed.

- The pharmacies open for 100 hours or more were situated in Westcotes, Eyres Monsell, Spinney Hills, Stoneygate and Latimer wards resulting in the west of the City being poorly served.

RESOLVED:

1) That the consultation document and the update on the consultation process be noted.

2) That a further report on the responses to the consultation be submitted to a future meeting of the Board.

23. BETTER CARE FUND

The Board at its meeting on 3 April 2014 considered the draft submission and gave delegated authority to Councillor Palmer, Chair of the Board, Dr Simon Freeman, Managing Director Leicester City Clinical Commissioning Group, and Andy Keeling, Chief Operating Officer, Leicester City Council to approve the final submission. (Minute 63 refers)

An update report was received which outlined the process that had been followed to achieve the national deadline for the resubmission of the Better Care Fund Plan to NHS England and the Local Government Association by the deadline on September 19th 2014. The paper outlined the key sections of guidance which had impacted upon the resubmission and the actions taken locally to address these. The paper also outlined the assurance process which was currently being undertaken.

The Strategic Director of Adult Social Care and Health stated that the plan had been based upon the previous draft that had been considered by the Board. The initial feedback required more work to be undertaken around the assurance process, and the considerable work undertaken by the CCG and the Council on this was acknowledged. Since the final Plan was submitted it was currently going through the assurance process, details for which were contained in the report. KPMG were undertaking an external assurance assessment and the initial feedback had been positive, and few changes had been requested. The changes made were mainly of additional narrative.

It was noted that the Plan was likely to be rated as ‘Assured with Support’ which would be the highest rating that it could be given because of the current classification of the CCG as a ‘distressed health economy’.

It was further noted that:-

- Schemes already implemented under the Plan were generally working well, although the number of people going through these schemes would need to continue to rise.

- It was encouraging that a member of the Social Care Intervention Crisis Response Team had worked with the emergency department on the previous Sunday and had prevented 5 people from being admitted to hospital and enabled them to stay at home. It was hoped to eventually roll this provision out as a mainstream service.

- There was clear evidence of increased social care services bringing benefit to the health service and to people that were using the services.

- The fund was a powerful example of the strength of joint working between the Council and CCG which will develop into bringing considerable benefits to the City.

RESOLVED:

That the Better Care Fund Plan submitted to NHS England and the Local Government Association by the deadline on September 19th 2014 be received and noted and that everyone contributing to its production be thanked.

24. QUESTIONS FROM MEMBERS OF THE PUBLIC

A member of the public commented that he was surprised that arts had not been mentioned in the presentation given earlier in the meeting.

The Chair stated that the arts were recognised as having a positive influence on people's health and wellbeing. These services were not provided by the Directorate that gave the presentation but would be covered in the appropriate Directorate's presentation to a future Board meeting.

25. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board would be held on the following dates:-

Thursday 11 December 2014
Thursday 5 February 2015
Thursday 26 March 2015
Thursday 25 June 2015
Thursday 3 September 2015
Thursday 29 October 2015
Thursday 10 December 2015
Thursday 4 February 2016
Thursday 7 April 2016

(Note: - Meetings of the Board are likely to be held in City Hall from January onwards.)

26. CLOSE OF MEETING

The Chair declared the meeting closed at 12.05 pm.

BETTER CARE TOGETHER JOINT LEICESTER, LEICESTERSHIRE AND RUTLAND FIVE YEAR STRATEGY - UPDATE

QUESTIONS SUBMITTED TO THE BOARD BY A MEMBER OF THE PUBLIC

QUESTION 1.

When will the directional plan go to the Health Overview Scrutiny Commission as indicated by Geoff Rowbotham at the Health and Wellbeing Board meeting of July 2014?

RESPONSE

In discussion with the Chairs of the Health and Wellbeing Scrutiny Commission and Health and Wellbeing Board, Leicester Health and Wellbeing Board have and continue to support us in the shaping and development of the Better Care Together directional strategy. We are presently still working on the wider implementation proposals. It is anticipated therefore that we will be in a position to propose to the both a proposed strategy and implementation plan in spring 2015.

QUESTION 2

What further plans are there for involving the public especially given the limited attendance at the Healthwatch organised meeting in August?

RESPONSE

We have to date in partnership with Healthwatch carried out a number of ongoing engagement and media led events to communicate and get feedback on the 5 Year Strategic Plan. We are presently developing with Healthwatch and the voluntary sector a further program of engagement and communication events for spring 2015 as well as our proposals for the formal consultation program post May 2015.

QUESTION 3

When is the risk register going to be made available to the public and how can proper scrutiny of the plan take place in the absence of the risk register?

RESPONSE

In line with Office of Government Commerce (OGC) good practice the first step of the program has been to develop the key strategic risks and agree a process for managing them within the Better Care Together program and partner organisations. These are completed and are now being developed through the program committees into a more detailed risk register from which a Board Assurance framework will then be made available to the Better Care Together Partnership Board and partner organisation boards and committees.

The Board Assurance Framework is scheduled to go the January 2015 Partnership Board which is held in public.