Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 11 DECEMBER 2014 at 10.00am

Present:

Councillor Rory Palmer (Chair)	–	Deputy City Mayor, Leicester City Council
Councillor Vi Dempster	–	Assistant City Mayor, Children's Young People and Schools, Leicester City Council
Professor Azhar Farooqi	–	Co-Chair, Leicester City Clinical Commissioning Group
Andy Keeling	–	Chief Operating Officer, Leicester City Council
Margaret Libreri		Director, Learning, Quality and Performance, Leicester City Council
Sue Lock	–	Managing Director Leicester City Clinical Commissioning Group
Elaine McHale	–	Strategic Director Adult Social Care, Leicester City Council
Rod Moore	–	Acting Director of Public Health, Leicester City Council
Professor Martin Tobin		Leicester University
Trish Tompson		Director of Operations and Delivery, (Leicestershire and Lincolnshire Area) NHS England
Councillor Manjula Sood	–	Assistant City Mayor, Community Involvement, Partnerships and Equalities, 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
Suki Supria	-	Head of Service (Districts), Housing, Leicester City Council

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27. APOLOGIES FOR ABSENCE

Apologies for absence were received from Ann Branson, Director of Housing, Karen Chauhan, Chair of Healthwatch, Frances Craven, Strategic Director,

Children's Services, Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group, and David Sharp, Director, (Leicestershire and Lincolnshire Team), NHS England.

28. 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 as Chair for the Leicester Council of Faiths and as a patron of CLASP.

In accordance with the Council's Code of Conduct the interest was not considered so significant that it was likely to prejudice Councillor Sood's judgement of the public interest. Councillor Sood was not, therefore, required to withdraw from the meeting during consideration and discussion on items involving this interest.

29. INTRODUCTIONS AND WELCOME

The Chair welcomed Rod Moore, Acting Director of Public Health, Sue Lock, Managing Director, Leicester City Clinical Commissioning Group and Elaine McHale, Interim Strategic Director Adult Social Care to their first meeting in their new roles.

30. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

> That the Minutes of the previous meeting held on 9 October 2014 be confirmed as a correct record.

31. ANNOUNCEMENTS

The Chair announced that following the recruitment exercise in the summer and autumn, two new members had been selected to fill the existing vacancies. The successful applicants were Richard Clark, Chief Executive of Mighty Creatives and Professor Martin Tobin who was Professor of Genetic Epidemiology and Public Health at Leicester University and an Honorary Consultant in Public Health at the University Hospitals of Leicester, NHS Trust.

The Board supported the appointments and welcomed Professor Tobin to the meeting.

The Chair also announced that the City Council had responded to NHS England's consultation on Standards as part of the current Congenital Heart Disease Review. A copy of the response would be circulated to all members of the Board for information.

32. JOINT HEALTH AND WELLBEING STRATEGY

The Board received verbal updates on each of the following five priorities:-

i) Improve outcomes for children and young people.

The priority had four elements:-

a) Reduce infant mortality

- The risk of mortality increased with deprivation. Rates were reducing through a number of actions. There was no single strategy but this element was reflected in a number of policies, plans and strategies which included:-
    - Reducing maternal obesity in pregnancy.
    - Improving rates of breast feeding and support and peer support.
    - Reduce smoking in pregnancy.
    - Achieve the UNICEF baby friendly standard in the city.
- It was important to include infant mortality as part of an overall 0-3 year old strategy to achieve a more co-ordinated approach in larger framework.

b) Reduce Teenage Pregnancy

- A number of initiatives and actions were taking place involving contraception and sexual health programmes, education programmes and raising the attainment within the city.
- The rate of teenage pregnancies had halved since 1988 and it was important to maintain the decrease in the rates achieved.

c) Improve readiness for school at age 5 – this was the subject of a written report later on the agenda.

d) Promote healthy weight and lifestyles in children and young people.

- There were a significant number of children who were overweight or obese at reception and year 6.
- There were a number of actions ongoing to address this but it needed a continued focus to improve the situation. There needed to be better integration in a wider 0-5 year old strategy.

ii) Reduce premature mortality.

- Progress had been made in all areas of:-
    - Reducing Smoking.
    - Increasing Physical Activity and Healthy Weight.
    - Reducing harmful alcohol consumption.
    - Improving the clinical management of cardiovascular disease, respiratory disease and cancer.
- There was progress on smoking cessation rates but the increase of e-cigarette usage was impacting upon how smoking cessation programmes worked.
- There were campaigns on reducing smoking in cars and homes and reducing smoking at the time of delivery for pregnant women.
- There were a range of activities promoting exercise and healthy lifestyles and a healthy needs assessment would shape the priorities for the future.
- There had been a substantial reduction in the number of alcohol related hospital admissions but the rate in Leicester was still above the national average.
- The recent alcohol summit chaired by Councillor Palmer had explored a number of issues and identified that actions happened through a number of organisations and agencies and there was a need to strengthen co-ordination arrangements deliver new messages and the ways of presenting them.
- The new diabetes pathways, the lifestyle referral hubs and the NHS health checks were also having an impact.

iii) Support independence.

- This covered older people, cares and people with dementia and long term conditions.
- Much of this work was on-going through the Better Care Fund.
- There had been 2,562 care plans prepared by 30 November 2014 for the 2% of those at high risk of admission to hospital.
- 70 people were successfully using the ‘telehealth’ technology to manage their diabetes and COPD.
- A successful Big Lottery bid would enable the voluntary sector to deliver more preventative options for older people in the next

financial year.

- More dementia carers' assessment had been carried out and more identification of carers had been made through the dementia co-ordinators. More work was ongoing.

- There would be more demand upon carers following the introduction of new legislation in April 2015. Work was in progress to raise awareness for carers to have independent assessments. An open day for carers would provide guidance and help for carers.

iv) Improve mental health and resilience.

- Work continued through the mental health streams of the Better Care Together Programme, particularly through the sub group looking at emotional resilience and generally improving mental health.

- There was a wide membership of this work stream which included representatives of the voluntary sector. The Chair of the Mental Health and Emotional Resilience Group had been invited to attend the next mental health summit to improve links and achieve a wider range of inputs from outside the NHS.

- The Primary Care Strategy within the CCG continued to be developed and a key element of that was looking at local neighbourhoods and their health needs and bringing together local communities and stakeholders and agencies to address those needs. One of the key themes will be around mental health.

v) Focus on the wider determinants of health through effective deployment of resources, partnership and community working.

- The current focus had been on continuing to strengthen the position of health and wellbeing within the wider work of the council business. The presentation at the last Board meeting and the one later in the meeting were examples of this and demonstrated how the council's activities contributed to health and wellbeing.

- Consultation was currently being undertaken on the Local Plan Issues and Options Paper to shape the future growth and development of the City. The Public Health team were preparing a detailed submission in response to the consultation to ensure that there was a spatial development plan for the city that acknowledged and understood the health and wellbeing challenges and how the planning process could improve the health and wellbeing of citizens and equally how it could impact negatively on health and wellbeing of communities.

- Public consultation would begin in the new year on an Air Quality Action Plan for the city and it this too needed to acknowledge the wider health and wellbeing implications of good air quality rather than being focused on a purely technical aspects of transport planning, which they have historically tended to be.

- The Council was currently working on a model and methodology to accurately quantify and calculate what the council spent on services to improve health and wellbeing to recognise the wider contribution made by all departments to improve health and wellbeing. Activities in Children's services, parks and spaces and leisure, for example, all made positive contributions to health and wellbeing. Once developed it would be used inform decisions and policy making for the future. This type of modelling was not known to exist elsewhere, but once developed; it should give a robust and accurate sense of what the council's overall financial contribution was to health and wellbeing.

B) The Board received updates on recovery plans for each of the four areas of concern discussed at the last Board meeting. These were:-

i) <u>Improve outcomes for children and young people Readiness for school age 5.</u> In addition to the information circulated with the agenda it was noted that:-

- Whilst it was encouraging that the figure had risen to 41% in 2014, Leicester was still the poorest performer. Although the Council's performance had improved, other councils had achieved greater levels of improvement in comparison to Leicester.

- There was good quality of early years' provision, which had been recognised in recent Ofsted inspections. There was dedicated funding for early training and development of early years settings and there was a good take up of places, which were maintained at reasonable rates to encourage access to them.

- Communications and literacy were the weakest scores on the indicators but these were also the poorest areas nationally. The Early Years Assessments would be conducted in English in the future and this would be a particular challenge for Leicester, as this would require additional support for those families and children where English was not spoken as the first language.

- Improvements had been made in increasing the attendance of 3 and 4 year olds in education provision. The provision of 2 year old take up for early years' placements had doubled to

60% in the last quarter. The Healthy Tots programme was being developed within public health to be delivered through Children's Centres and the Quality Improvement Team. This would focus on physical activity and development, as well as social and emotional development for young children.

- Work would be targeted at raising the achievement and readiness for school and this would focus on making sure that the strategies reached across all groups and that the commissioning became more integrated.

Councillor Dempster commented that the re-organisation of children's centres would maintain the universal provision of services and also provide more targeted services as well and staff were working with schools to target the hard to reach groups more effectively.

The Chair referred to the recent published data in relation to the increase of children who were overweight and obese, and whilst this was of concern, he was equally concerned about the noticeable increase in the number of children who were underweight which could be an indicator of the food poverty in the City. Councillor Dempster stated that Children's services were responding to this by looking at how to ensure children who normally attended breakfast clubs in schools did not suffer from food deprivation through the school holidays, particularly the long summer break.

ii) Diabetes: The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol in the preceding 15 months. In addition to the information circulated with the agenda it was noted that:-

- Some practices experienced more than twice the national average for patients diagnosed with diabetes. If diabetes was not controlled it could lead to serious health consequences for patients.

- The high prevalence rates in Leicester were not reflected in the overall commissioning budget from the CCG so the service was managing high levels of patient care with and average level budget allocation.

- Approximately 20 practices have been trained to deliver a high level primary care diabetes service which enabled 95% of patients to receive their treatment from the practice rather than visit a hospital. A training programme had now been commissioned for all practices to raise the standard of primary care treatment of diabetes.

- The diabetes service model had been reformed so that there were more resources in the community to enable patients who required specialist services to receive them

nearer to home.

- A pilot project has received funding to allow patients to be remotely monitored, particularly where patients have poor compliance.

- Work was also continuing to get hospital staff expertise to work in the community and the CCG were working closely with UHL Trust and the Leicester Diabetes Centre to achieve this.

- The number of cases in Leicester was now nearly 30,000 which was an increase of 800 on the previous year. Structured education was being increased to allow patients to look after themselves and this was offered to 156% more patients last year than previously.

- The number of patients who had good control of their condition, shown by having an HbA1c of 7.5% or less, was 66% in Leicester. Whilst this was better than other areas nationally, the rate had remained the same as in previous years. The reason for this was that there had been increased levels of diagnosis through the screening process and they were usually poorly controlled and it could take approximately two years for a patient's condition to be stabilised. There was also a significant variation in practice performance - some achieved 80% - 85% performance but there was a small number who achieved 50% - 55%. Work was continuing to help these practices improve ion order to boost the overall performance for all practices.

- There was much effort being put into this area and resources were being identified from other budget areas to reflect the high demand for this service.

Members welcomed the work that was being undertaken in GP practices and in schools to discourage sweets etc. There was a major change needed in lifestyles to achieve better performance. More publicity was required to raise awareness and reduce sugar consumption, particularly at times of festivals.

The Chair commented that there were a number of initiatives taking place beyond the health community and referred to a local food establishment that had introduced sugar free celebratory sweets, which was to be commended. However, much more could be achieved if there was a strong national approach to reducing high levels of salt and sugar in manufactured and processed foods. As Type 2 diabetes was preventable reduced sugar in foods could play a major part, it would also require a wide range of initiatives in education, raising awareness of the

issues and promoting healthy exercise to support the overall response.

iii) Adults in contact with secondary mental health services living independently. In addition to the information circulated with the agenda it was noted that:-

- The data related solely to adults on the Care Programme Approach who were receiving secondary mental health services and were living independently with or without support.

- Steps were being taken through the Better Care Together Programme to improve the data collection and data sharing across agencies.

- Data was required to be updated on an annual basis even thought their residency had not changed and this was part of the issue.

- Data was collected by the LPT Health Trust and adult social care may not always be aware of adults in contact with secondary mental health services who were living independently.

- Information was now being requested on people supported in residential care and not in the community and that may have a significant on those for whom the information is captured.

- It was intended that better information would be available by the end of January.

iv) Cervical Screening Coverage – NHS England to be followed up separately. In addition to the information circulated with the agenda it was noted that:-

- More work was needed and the initiatives outlined in the report needed to continue to be developed and delivered through GP practices, schools and through joint commissioning of screening and promoting increased update through sexual health and family planning services.

The Chair requested that if this issue was not already covered in Personal Health & Sexual Education in schools then it should be included in future.

RESOLVED:

That the update reports be received and noted.

33. JOINT HEALTH AND WELLBEING STRATEGY - PRESENTATION BY HOUSING

The Board received a presentation from the Housing Department on how they were working towards the Joint Health and Wellbeing Strategy. A copy of the presentation is attached to these minutes.

The Chief Operating Officer and the Head of Service (Districts), Housing gave the presentation and in addition to the points made in the attached document the following points were noted:-

- The health of tenants was considered as being equally as important as the condition of the housing stock.

- The role of STAR (Supporting Tenants and Residents) played a critical role in supporting tenants.

Following questions from Board members it was noted that:-

- The original 'decent homes standard' was modified and adopted as higher local standard some years ago. It was accepted that was in need of an update and it would be helpful to re-issue it to include details of what criteria were contained within it.

- Historically the Council had been reactive when dealing with private landlords and it was accepted that this should be reviewed to see if the relationship could become more pro-active; which could include looking at the feasibility of establishing a landlords' consultative forum. Being proactive in this way could help to raise a number of tenants' issues in an impersonal manner rather than creating a confrontational situation on tenants' behalf, particularly as private tenancies were generally less secure than the Council's own tenancies.

- Condensation was accepted as a major problem to both tenants' health and the condition of the housing stock when it occurred. Members' comments that it was always helpful to advise tenants to open windows were noted. It was equally important for tenants to know how any window vents worked to and ensure that these were functioning correctly.

- The £200k capital investment in carry out condensation works was insufficient and this should be reviewed to see if this could be increased within the priority of the housing budget in future years. The causes of condensation were varied and in some instances there was a need for behavioural change and in other instances it required a technical solution.

- Members comments that increases in mental health issue were being observed as a consequence of poor housing conditions were noted, and the importance of addressing these issues through non-medical

responses was mentioned as this would help to prevent pressures building up in the primary and acute health sectors.

- The Council's Neighbourhood Housing Teams were well equipped to signpost tenants and help them to obtain assistance for non-housing issues. This could involve helping tenants to access additional finances or grants to help with housing costs and heating, engaging with doctors and hospitals services. The STAR scheme helped to maintain 80% of tenancies.

- There was scope within the primary care strategies and health needs neighbourhood development work to develop closer working relations to address the issues discussed above.

Following questions from a member of the public it was noted that:-

- The Council had explored the licensing registration scheme for landlords and had recently looked at the scheme in Nottingham to see how it worked and its impact on housing.

- The student unions and the university welfare teams were known to have programmes for accreditation of student housing but the details of these were not known in full.

RESOLVED:-

That officers be thanked for their informative and useful presentation and that the issues raise in the discussion be considered further by the Department.

34. BETTER CARE TOGETHER

To receive an update report on the Better Care Together Joint Leicester, Leicestershire and Rutland Five Year Strategy and to agree proposals with regard to comments on the drafts and a programme of wider engagement.

Geoff Rowbotham, Interim Programme Director and Michael Cawley, Finance Director attended the meeting to present the report.

It was noted that:

- The 5 year plan was reviewed in June and incorporated comments previously made by the Board. This document was now publically available on the website.

- Both the Strategic Outline Case (SOC), essentially the investment proposal to support the plan; and the Program Initiation Document (PID) setting out the governance arrangements for the programme, had been developed. These documents had been submitted to the various partnership boards for development and approval. It was intended to

put these documents in the public arena during February and March 2015. There would be a series of engagement events with the staff and the public to receive comments and feedback on the documents.

- It was proposed to hold a voluntary sector summit in February to identify how and where the sector could support and interface with the programme.

- Once all the documents were in a final form there would be a further opportunity for stakeholders to comment on the proposals.

- The programme contained a number of proposals that would require formal statutory and work was underway to identify to identify these and develop proposals for the consultation process. When this was completed this would be presented to the Council's Health and Wellbeing Scrutiny Commission for comment.

- Work was progressing on developing the work that had previously been carried out under the Better Care Fund between health and social care partners to incorporate this into the Better Care Together Programme proposals. It was recognised that there were challenges facing local authority partners in social care in relation to future budgets and to integrating the work of both health and social care workforces into the required outcomes for the programme. Work was on-going through the Partnership Board to achieve this and to develop detailed implementation plans.

Following questions from members of the Board it was noted that:-

- The concerns expressed about the ability of the local arrangements to have the capacity to change to meet the proposals within the suggested timescales for the proposals for the 'beds programme and left shift' in the report were noted. However, one of the guiding principles in the programme was that there would be no intention to move capacity out of acute sector until the provision had been established in the community and this should not, therefore, put patient care a risk. This principle had financial implications and this had been taken into account within the proposals. Assurances were also being sought from the Adult Safeguarding Boards requesting them to examine the proposals and to confirm that individuals were not being put at risk.

- The proposed reduction in children's beds was based on a clinical view that if high quality and better community based services were provided there was an opportunity to care for the children out of a hospital setting.

- As each part of the plan goes forward and each part begins to be implemented, it would have detailed proposals supported by an evidence base and would be subjected to detailed scrutiny.

- It was accepted that there were challenges around the timescales for implementing the programme but at this stage there was confidence that the plan was the right plan for the circumstances and it had been tested externally for its robustness and its ability to be delivered. As it moved into its operational phase the governance arrangements would take effect and various stakeholders, groups and individuals would be held to account to achieve the outcomes and milestones within the programme.

- The Office of Government Commerce had commented upon the energy and commitment of all the stakeholders to make the programme work and this was seen as a reflection on the work and the co-operation of the local authority, health, social care and other partners and community groups in developing the proposals to the current stage.

- The Partnership Board would receive the first performance report on the programme at its meeting in January which would be held in public. The Board would then receive future regular monitoring reports.

In response to questions from the public, the Interim Director stated that:-

- The proposals had not been submitted to the Council's Health and Wellbeing Scrutiny Commission because the details of the proposals were still being developed through discussions with clinicians, Healthwatch, health professionals and key stakeholders. Once these details were complete it would be made available for scrutiny by the Commission.

- Public consultation was planned to start in February and March 2015, after which the proposals would be reviewed in the light of comments received.

- In addition to the general public consultation, parts of the programme would require a statutory consultation process, but this would be unlikely to start until after the elections in May 2015.

- The development of the programme was an ongoing and evolving process.

- The programme set out a 5 year vision for the provision of services and did not present options as such. Different options for delivering services had been considered in the early planning of putting the programme together and the proposals in the current programme were considered to be the best way forward within the requirements for producing the programme.

- Both the Risk Register and the Board Assurance Framework were currently in draft and would be submitted through the clinical; reference groups and the PPI groups to the Partnership Board in January 2015.

- The suggestion that the risks to delivering the programme should be highlighted would be taken on board and included in the public engagement and consultation processes.

The Chair suggested that a standing risk register should be prepared and published on the web-site to promote public confidence. It should then be updated periodically. He also commented that the Council's Scrutiny Commission were looking at how they could engage in such a vast programme as this within their resources and how they effectively interact with the work of the Board. This scrutiny was likely to be an ongoing process over a period of time. It should be borne in mind that the local government scrutiny process had never been asked to deal with a programme of this magnitude before.

RESOLVED:

1) That the progress made to date on the programme be noted.

2) That it be noted that the Strategic Outline Case and the Programme Initiation Documents will be made available for comment in the week commencing 22 December 2014.

3) That the proposal to provide initial comments on the drafts and the proposal to carry out a wider engagement of the 5 Year Plan, Strategic Outline Case and Programme Initiation Document during January and March be endorsed.

35. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL CARE 2014/15

The Interim Director for Adult Social Care and the Managing Director, Leicester City Clinical Commissioning Group submitted a report on the funding transfer from NHS England to Social Care for 2014/15 and requested approval of the plan.

Since the abolition of the Primary Care Trusts in April 2013, the funds for joint working between the NHS and social care have been made to the Council directly by NHS England. The use of the funding, was, however, subject to a local agreement between the Council and the Leicester City CCG. A joint plan, agreed by both bodies was submitted with the report.

RESOLVED:

That the Joint NHS Leicester City Clinical Commissioning Group and Leicester City Council Plan to support the Funding Transfer from NHS England to Social Care for 20154/15 be approved.

36. JOINT SPECIFIC NEEDS ASSESSMENT ON MENTAL HEALTH

The Acting Director of Public Health submitted a report on the Joint Specific

Needs Assessment for Mental Health (JSNA).

It was noted that the JSNA had already been used to inform the Better Care Together Mental Health workstream and was currently being used as the basis fo r the development of the Joint Health and Social Care Commissioning Strategy for Mental Health.

The Chair commented that it was an informative and useful document and felt there should be references to it in policies and decisions which were drawn for a JSNA.

RESOLVED:

That the Joint Specific Needs Assessment on Mental Health in Leicester be received, and that its use be promoted in shaping strategic intentions and defining specific commissioning activities to improve mental health in the city.

37. BETTER CARE FUND UPDATE

The Interim Director for Adult Social Care and the Managing Director, Leicester City Clinical Commissioning Group submitted a report providing an update on the Better Care Fund.

The Chair commented that the Better Care Fund had achieved a rating of 'Approved with support' from the National Consistent Assurance Review process, which was the highest rating available to the city as a challenged health economy. The Chair thanked everyone involved in developing the programme for this achievement.

The Managing Director, Leicester City CCG stated that it had now been agreed with the Relationship Manager that any outstanding evidence and information had been submitted. Full approval was now awaited together with confirmation that this level of support had been removed. It was also pleased that when guidance and information was sent out to all CCGs, the City Better Care Fund was the only one cited as being of high quality.

RESOLVED:

That the timetable and expectations of the final submission of the Leicester City Better Care Fund be noted.

38. HEALTH AND WELLBEING SCRUTINY COMMISSION - OVERSIGHT OF IMMUNISATIONS AND VACCINATIONS

The Acting Director of Public Health submitted a report on the outcome of the Leicester Health and Wellbeing Scrutiny Commission's consideration of a report from NHS England on childhood immunisations in 2013/14 and Q1 2014/15.

The Board had previously requested the Commission to receive quarterly progress reports to ensure that the level of performance in previous years was being maintained. The Commission found that despite a slight reduction in the boosters in 5 years olds in 2013/14 progress was satisfactory. The Commission also made a number of comments regarding improving the performance for the age 5 boosters, the poor experience of the administration of the Fluenz in schools, the challenge of getting teenagers to attend appointments and the problems they and their parents had in keeping track of the immunisations they have had.

These comments had been passed onto NHS England and these had been taken into consideration for the future.

RESOLVED:

That the report be noted and further reports be received on a quarterly basis.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from the members of the public present at the meeting.

40. DATES OF FUTURE MEETINGS

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

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

Meetings of the Board were scheduled to be held in City Hall, at 10.00am.

41. ANY OTHER URGENT BUSINESS

The Chair stated that he had agreed to take an item of any other urgent business on the Urgent Care System.

Urgent Care System

The Chair invited the Managing Director of Leicester City Clinical Commissioning Group to comment upon the recent publication of the report by Dr Ian Sturgess following his six month review of the Urgent Care System

within Leicester, Leicestershire and Rutland.

It was noted that:-

- Dr Sturgess had been commissioned by the CCG to undertake the review and had spent nearly four months in a hospital setting and the remaining time looking at primary and community care elements.

- The report contained over 180 recommendations.

- An initial report was submitted to the Wider Urgent Care Board after his work in the hospital setting and a number of the recommendations have already been considered and work was progressing on them.

- Following the publication of the full integrated report on both the in and out of hospital services, the Local Urgent Care Plan has already been updated to accommodate the highest priority level of his recommendations.

- The remaining recommendations will be considered in the near future. The more strategic recommendations will be fed into the Better Care Together Programme, particularly around those involving the change of culture. Those more immediate operational actions would be brought into the Urgent Care Plan.

- The recommendations focussed on issues relating to the following main themes:-

    - Admission avoidance – ensuring that people receive care in the setting best suited to their needs rather than the Emergency Department.

    - Preventative care – putting more emphasis on helping people to stay well with particular support to those with known long term conditions or complex needs.

    - Improving processes within Leicester's Hospitals – improving the Emergency Department and patient flow within the hospitals to improve patient experience and ensure there is capacity in all areas.

    - Discharge processes across the whole system – ensuring there are simple discharge pathways with swift and efficient transfers of care.

- The report stressed that the 4 hour target for a patient to be seen in the emergency department was not an indicator of how the emergency department was working but was essentially a measure of the effectiveness of the whole system's management of the urgent and emergency care pathway.

- A further key message was that the system should focus on getting people home rather than finding them a bed in hospital as an interim measure, as there was a tendency for people to decondition and become less able to look after themselves once they had been admitted into hospital. The key was getting a good rapid assessment and accessing good community services to help the person to remain at home.

The Interim Director of Adult Social Care stated that social care performed well in the City and the requirement to for patients to be discharged from hospitals as soon as possible was understood. More work was needed to prevent admissions to hospitals but this required an infrastructure with more support from GPs, district nurses, and domiciliary support to maintain people in their home environment for longer. The challenge for primary care support would be to continue to support people if there was a significant rise in the rate of hospital discharges. These aspects were currently being looked at in more detail but social care also needed the input from health services to contribute to that process.

The Managing Director, Leicester City CCG, commented that there was emerging evidence that if people were discharged sooner, they could be discharged with less intensive care packages for both the health and social care systems. It was also acknowledged that, with intention to support people with more social care packages, the consequential impact upon carers would need to be recognised and supported.

42. CLOSE OF MEETING

The Chair declared the meeting closed at 12.02 pm.