



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: MONDAY, 6 JUNE 2016 at 10.00am

Present:

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| Karen Chouhan | – | Chair, Healthwatch Leicester. |
| Steven Forbes | – | Strategic Director of Adult Social Care, Leicester City Council. |
| Wendy Hoult | – | BCF Implementation Manager, NHS England – Midlands and East (Central Midlands). |
| Andy Keeling | – | Chief Operating Officer, Leicester City Council. |
| Superintendent
Mark Newcombe | – | Local Policing Directorate, Leicestershire Police. |
| Councillor Sarah Russell | – | Assistant City Mayor, Children's Young People and Schools, Leicester City Council. |
| Ruth Tennant | – | Director of Public Health, Leicester City Council. |
| Professor Martin Tobin | – | Professor of Genetic Epidemiology and Public Health and MRC Senior Clinical Fellow, University of Leicester. |

In attendance

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| Graham Carey | – | Democratic Services, Leicester City Council. |
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1. APOLOGIES FOR ABSENCE

Councillors Rory Palmer (Chair due to unforeseen circumstances), Adam Clarke and Abdul Osman (Leicester City Council), Francis Craven (Strategic Director Children's Services), Professor Azhar Farooqi (Vice Chair Leicester City Clinical Commissioning Group), Chief Supt Sally Healy (Head of Local

Policing Directorate, Leicestershire Police), Sue Lock (Managing Director Leicester City Clinical Commissioning Group), Dr Avi Prasad (Leicester City Clinical Commissioning Group) and Trish Thompson (Locality Director, Central NHS England).

2. APPOINTMENT OF CHAIR

RESOLVED:

That the Director of Public Health be appointed Chair for the meeting due to Councillor Palmer's unforeseen absence.

3. DECLARATIONS OF INTEREST

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

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair invited questions from members of the public.

Ms Jean Burnage asked a number of questions relating to Better Care Together. The Chair suggested that these be taken as part of the presentation on the Better Care Together later on the agenda.

Mr Martin Trainer asked why the University Hospitals of Leicester NHS Trust was not represented on the Board.

In response the Chair stated that Councillor Palmer had recently written to Board members with a view to reviewing the Board's membership and that changes would be announced in due course.

Wendy Hoult (BCF Implementation Manager, NHS England Central Midlands) stated that other Health and Wellbeing Boards within her area of responsibility had representatives of major health service providers on their Boards.

5. MEMBERSHIP OF THE BOARD

The Board noted its membership for 2016/17 as approved by the Council on 19 May 2016 as follows:-

City Councillors

Councillor Rory Palmer - Deputy City Mayor – Chair

Councillor Adam Clarke – Assistant City Mayor – Energy and Sustainability

Councillor Abdul Osman – Assistant City Mayor - Public Health

Councillor Sarah Russell – Assistant City Mayor – Children, Young People and Schools

NHS Representatives

Professor Azhar Farooqi – Co-Chair of the Leicester City Clinical

Commissioning Group
Sue Lock, Managing Director - Leicester City Clinical Commissioning Group
Trish Thompson - Director of Operations and Delivery, Leicestershire and
Lincolnshire NHS England
Dr Avi Prasad - Co-Chair of the Leicester City Clinical Commissioning Group

City Council Officers

Andy Keeling - Chief Operating Officer
Frances Craven - Strategic Director – Children’s Services
Stephen Forbes - Strategic Director - Adult Social Care.
Ruth Tennant - Director of Public Health

Local Healthwatch and Other Representatives

Karen Chouhan - Chair, Healthwatch Leicester
Chief Supt Sally Healy - Head of Local Policing Directorate
Professor Martin Tobin - Professor of Genetic Epidemiology and Public Health

6. TERMS OF REFERENCE

The Board noted its Terms of Reference that were approved by the Council on 19 May 2016.

7. MINUTES OF THE PREVIOUS MEETING

AGREED:

The Minutes of the previous meeting of the Board held on 2 February 2016 be confirmed as a correct record.

8. ADJOURNMENT OF MEETING

At 10.30am it was agreed to adjourn the meeting for 15 minutes as the Programme Director Better Care Together had been delayed at an earlier meeting.

At 10.45am the meeting resumed with all those who had been present when the meeting adjourned. The Programme Director Better Care Together was also present.

9. BETTER CARE TOGETHER

The Programme Director Better Care Together (BCT) presented a report that provided an update on the progress of the BCT health and social care change programme for Leicestershire, Leicester and Rutland. Members also received a presentation that gave an overview of the programme.

During the presentation it was noted that:-

- a) The BCT programme was run through a series of work-streams considering a specific area for improvement in quality of care and sustainability.
- b) BCT was in its third year of planning and had now become part of the process to produce a Sustainability and Transformation Plan (STP) announced earlier this year. The BCT provided a platform for producing the STP which other parts of the country did not have as their BCT programmes were not as advanced.
- c) Work-streams were currently being reconfigured.
- d) There was a Partnership Development session later in the week and representatives from the city were encouraged to attend.
- e) There had already been changes to some services which did not require public consultation but those involving the overall changes to UHL and the future of the General hospital site, maternity services and the changes to community hospital services would require public consultation before any changes could be made.
- f) The consultation process for BCT had been delayed by the introduction of the STP process. No consultation could take place until the financial elements of the STP had been approved by NHS England later in the autumn.

In response to the questions asked by a member of the public earlier it was noted that:-

- a) Although the stroke unit was moving to the Evington Centre, this building was still on the General Hospital site.
- b) The savings targets identified in the pre- business case were indicative targets to indicate the funding gap that would exist in five years' time if no service improvements were made. Treating patients in the acute sector was the most expensive way of treating patients and BCT was looking to provide different ways of coping with the extra demands being made on services within the future financial envelope.
- c) The Mental Health Team were working to improve the availability of mental health services to patients before they reach a crisis point. This involved supporting patients arriving at UHL with early access to mental health services, rehabilitation centres were providing patients with new skills to enable them to integrate back into society more easily. Work was also under way to review out of county placements to see if treatment could be provided nearer to home.

Members of the Board received the following responses to their questions:-

- a) Prevention and promoting wellbeing were important threads of BCT and

as it moved forward federations and the voluntary sector would have an important part to play in shaping services to enable a reduction in patients being admitted to the acute sector.

- b) The Police were keen to be involved in shaping mental health services as they had regularly had early engagement in dealing with people involving mental health and safeguarding issues.
- c) The Patient Participation and Assurance Group had recently changed its terms of reference and the new Chair was now in place and looking at how BCT could have effective engagement with the public.
- d) Over 500 different engagement events had taken place and the feedback received had been reflected in service proposals. Whilst there had been satisfactory patient participation in the engagement events ways of further strengthening this involvement was being considered.
- e) Initial evidence from providing increased community services for patients did not currently show a reduction in acute admissions and BCT was looking to see if different practices in other areas of the country were producing better results.

Members observed that there had been a growing demand on acute services for some time and that more needed to be done to understand the reason for this increase in order to reduce it. It was noted that this was a national trend and that although current initiatives were currently stemming the tide a radical rethink of how the health system coped with future demands was required.

It was reported that there was evidence that health trusts in Dorset, London and South Warwickshire had seen reductions in demand.

RESOLVED:

That the Programme Director Better Care Together be thanked for the presentation and the progress to date be noted.

10. SUSTAINABILITY AND TRANSFORMATION PLAN

Sarah Prema, Director Strategy and Implementation, Leicester City Clinical Commissioning Group presented a report that provided information on the development of the Sustainability and Transformation Plan (STP) for Leicester, Leicestershire and Rutland. Members also received a presentation on the Sustainability and Transformation Plan Checkpoint Submission.

It was noted that the STP was a place based plan to accelerate the implementation of the Five Year Forward View required in the NHS Planning Guidance 2016/17 – 2020/21. The STP covered all areas of CCG and NHS England commissioned services including specialised services and primary medical care. The plan also covered the better integration with local authority services.

The Better Care Together programme would form an integral part of the STP and Leicester, Leicestershire and Rutland were ahead of many areas of the country in developing the BCT programme.

In developing the STP each area has to show how they are going to ensure sustainability in the following areas:-

- Health and Wellbeing
- Improving care and quality
- Ensuring financial sustainability

The feedback from NHS England on the initial submission in April had been positive and further work was ongoing to develop where LLR can go further on the three areas listed above. A detailed submission has to be submitted to NHS England by 30 June 2016 and this will be based upon both the BCT Programme and the STP emerging priorities.

The emerging priorities for the STP were:-

- BCT Phase 1 service reconfiguration.
- Public sector efficiency.
- Prevention.
- Urgent and emergency care.
- Mental Health.
- Integrated place based community teams.
- Primary medical care.
- Digital technology.
- Public sector estate.
- Health and care workforce.
- LLR place based system approach.

These priorities would be developed by the 6 STP work-streams of:-

- Improving health outcomes and independence.
- Delivering care in the right place.
- Making better use of resources.
- Integrated place based teams.
- Resilience in primary care.
- System leadership.

It was expected the STP would not be finally approved until late autumn. As part of this process the pre-consultation business case for the BCT was being refreshed. As a consequence, public consultation on BCT could not start until this business case had been approved.

Following questions from members the Director Strategy and Implementation commented that:-

- a) There was patient participation involvement through the BCT

Programme and the Chair of the Patient Participation Group would be in attendance at the meeting on BCT referred to earlier in the meeting.

- b) There was a transformation fund available for 2017/18 to reconfigure services; but access to this was dependent upon producing satisfactory plans.
- c) BCT and STP provided an opportunity to work with community and voluntary sector groups to contribute to health service provision especially within the prevention strategy.

In response to the Chair's question on how the Board can add value to this work, it was noted that the demand on the acute sector from city residents was higher than other areas of LLR and the Board's should be involved in assisting to stem the demand and ensuring the plans for public consultation were robust. The Chair commented that the Board were looking at 'prevention' as a topic and recognised that the response to this issue in the city was different to that in the county and that it needed to involve a multi-agency approach.

Healthwatch indicated that they would welcome being involved in discussions with the community and voluntary sector groups.

The Local Policing representative referred to the 'Braunstone Blues' initiative with Blaby District Council to deliver a healthier, safer and more secure community. In addition to offering advice on safety and security issues the multi-agency team also offer help with loneliness, anxiety, depression and dealing with antisocial behaviour. The scheme could be rolled out elsewhere. It was recognised that the commissioning system did not operate that allowed mutual risks to be shared by multi-agency initiatives.

RESOLVED:

- 1) That the development of the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland be noted.
- 2) That the Board's involvement in the developing issues for STP be considered further at a development session.

11. BETTER CARE FUND

Sarah Prema, Director Strategy and Implementation, Leicester City Clinical Commissioning Group presented a report on the Leicester City Better Care Fund (BCF) 2016/17.

It was noted that:-

- a) The BCF approval process required each area to submit a 2 part plan; a planning templated detailing activity, finance and a metrics plan and a narrative plan providing a detailed description of plans for 2016/17.

- b) Both parts the plan were jointly produced by the CCG and Council and approved by the Joint Integrated Commissioning Board and the Chair of the Board prior to submission.
- c) The plans were submitted through the Regional Assurance and Support process and the review panel indicated that the submission highlighted the ongoing commitment to the BCF programme and the narrative descriptors gave confidence that plans were in place to deliver against the BCF outcomes in 2016/17.
- d) There would be ongoing monitoring through the Joint Integrated Commissioning Board and further reports would be submitted to this Board.
- e) The delivery model was based upon 3 key priority areas of:-
 - Prevention, early detection and improvement of health related quality of life.
 - Reducing the time spent in hospital avoidably.
 - Enabling independence following hospital care.

These were now an integral part of the BCT work-stream.

The Central NHS England representative commended the plan and the work the city had done on the BCF and observed that the review and revision of the plan had been very effective.

It was noted that the number of non-elective admissions among the younger population was growing and that it may be beneficial to increase investment in a prevention-focused life-style hub for people over 40 years old to meet those challenges.

RESOLVED:

That the two components of the Leicester City better Care Fund Plan 2016/17 be approved.

12. PREVENTION

It was noted that the Deputy City Mayor had intended to lead on this item and the Board agreed to defer it to a future meeting.

13. DATES OF FUTURE MEETINGS

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

Monday 1st August – 2.00pm
Monday 10th October – 3.00pm
Thursday 15th December – 5.00pm
Monday 6th February 2017 – 3.00pm
Monday 3rd April 2017 – 2.00pm

Meetings of the Board were scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

14. ANY OTHER URGENT BUSINESS

There were no items to be considered.

15. CLOSE OF MEETING

The Chair declared the meeting closed at 11.42am.