



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 15 DECEMBER 2016 at 5.00pm

Present:

Councillor Rory Palmer (Chair)	–	Deputy City Mayor, Leicester City Council.
Councillor Piara Singh Clair	–	Assistant City Mayor, Culture, Leisure and Sport, Leicester City Council.
Matthew Cane	–	Group Manager, Leicestershire Fire and Rescue Service
Frances Craven	–	Strategic Director, Children's Services, Leicester City Council.
Professor Azhar Farooqi	–	Co-Chair, Leicester City Clinical Commissioning Group.
Steven Forbes	–	Strategic Director of Adult Social Care, Leicester City Council.
David Henson	–	Executive Officer, Healthwatch, Leicester
Wendy Hoult	–	Better Care Fund Implementation Manager, Central NHS England – Midlands and East (Central England)
Chief Superintendent Andy Lee	–	Head of Local Policing Directorate, Leicestershire Police.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group
Dr Peter Miller	–	Chief Executive, Leicestershire Partnership NHS Trust.
Councillor Sarah Russell	–	Assistant City Mayor, Children's Young People and Schools, Leicester City Council.

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| Ruth Tennant | – | Director of Public Health, Leicester City Council. |
| Mark Wightman | – | Director of Marketing and Communications,
University Hospitals of Leicester NHS Trust |

Standing Invitees

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| Toby Sanders | – | Senior Responsible Officer – Better Care Together Programme |
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In attendance

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

Apologies for absence were received from:-

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| John Adler | Chief Executive, University Hospitals of Leicester NHS Trust. |
| Lord Willy Bach | Leicester, Leicestershire and Rutland Police and Crime Commissioner. |
| Karen Chouhan | Chair, Healthwatch Leicester. |
| Councillor Adam Clarke | Assistant City Mayor - Energy and Sustainability. |
| Andy Keeling | Chief Operating Officer, Leicester City Council. |
| Councillor Abdul Osman | Assistant City Mayor – Public Health. |
| Dr Avi Prasad | Co-Chair Leicester City Clinical Commissioning Group. |
| Trish Thompson | Locality Director Central NHS England – Midlands and East (Central England). |

38. 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 received.

39. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 10 October 2016 be confirmed as a correct record.

40. SUSTAINABILITY AND TRANSFORMATION PLAN

Toby Sanders, Senior Responsible Officer for the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan submitted the draft Sustainability and Transformation Plan that was released on 21 November 2016 and a report on the proposed governance role of Health and Wellbeing Boards in the process.

It was noted that:-

- a) All 44 STPs in the country had now been published. The LLR STP was now in the engagement phase to seek the views of partners on its contents. Work was progressing with partners and the NHS with a view to engaging in formal public consultation in 2017 but this was dependent upon NHS England giving approval for the process to start. The LLR STP included a number of capital projects necessary to deliver the plan and NHS England had recently indicated that their work on allocating capital resources nationally would be completed in early 2017.
- b) A number of public engagement events were planned ahead of the formal consultation process in Lutterworth, Coalville, Hinckley and Loughborough to seek the public's views on the proposals for community hospitals. It was not proposed to hold public meetings on the STP as a whole at this stage as that would effectively amount to undertaking consultation in the engagement period. However, engagement events could take place where issues of specific concern had been expressed.
- c) Formal statutory consultation would take place on those areas of service configurations in the STP affecting:-
 - The reconfiguration of acute services onto two sites at the Leicester Royal Infirmary and Glenfield Hospital.
 - Remodelling maternity services to consolidate all services onto one site at the Royal Infirmary and, subject to preferences expressed during consultation, provide a midwife lead unit at the General Hospital.
 - Reconfiguring community hospitals to reduce the number of sites with inpatient beds from 8 to 6 and redesigning services in Lutterworth, Oakham and Hinckley.

Members of the Board stated that:-

- a) They were concerned that there were not any specific engagement events planned for the City and felt the people in Leicester would see the engagement events in the county as 'consultation' and have concerns that nothing was taking place in Leicester on issues which were of concern to the City.
- b) Healthwatch supported the view that the public perception of engagement would be seen as consultation and there would be confusion on how the distinction between the two was managed effectively.
- c) The Young People's Council in Leicester had asked to be specifically involved in the engagement and consultation process.
- d) They had concerns that if there was not sufficient and meaningful public consultation upon the proposals, the STP would not gain the public support it would need for it to be successful.
- e) The integration of the health services and social care services within the STP was a particular challenge; given the uncertainty of funding for local authority social care services. However, it was noteworthy that the current integration arrangements were working well and the City was one of the best performers in the country in relation to the low numbers of delayed discharges from hospitals.

Following comments from Members of the Board, the following responses were received:-

- a) The LLR BCT programme had been at an advanced stage when the STP process had been introduced. There had been considerable public involvement in the development of the BCT which formed a major part of the STP.
- b) An EIA had been produced and was currently being discussed with the Leicestershire Challenge Group to identify specific groups which may be affected so that a communications strategy could be targeted at specific groups for engagement and consultation purposes.
- c) A staff development plan had been prepared to enable staff in health and social care to work in the future model envisaged by the STP. Specific interventions would be required to support the training of staff to undertake new integrated working in the community and working more independently. Some funds had been received from Education UK for this training, but it was acknowledged that this would not be sufficient for all the training needs required.
- d) It was envisaged that approximately 50% of the savings required by the STP process would be achieved through provider savings, skill mix

procurement, which would result in a more agile service provision requiring less office space, and day to day efficiencies in providing the same services through different means.

The Board also considered a report on the governance and delivery arrangements for the STP and the proposed role of the 3 Health and Wellbeing Boards in LLR within those arrangements.

The Chair commented that the City Council would take a formal view on the STP proposals in February following consideration of the STP by the Council's scrutiny function. Until the Council had taken a formal view, it would be difficult for the City Council members on the Board to subscribe to all the proposals contained in paragraph 9 of the report. He also felt that the Board could not take the responsibility for ensuring that the STP priorities addressed the key place based health and care needs of each Health and Wellbeing area. He considered that the Board could only seek assurances from those partners responsible for delivering services and the System Leadership Team which met more frequently than the Board and were able to consider the issues in greater detail.

AGREED:-

1. That the draft STP be received and noted.
2. That the Senior Responsible Officer considers the Board's request that specific engagement events be held on proposals in the STP affecting the City, prior to the formal consultation process.
3. That consideration of the proposed governance arrangements be deferred and discussed further at a Board Development Session.

41. THE 2016 ADULT AUTISM SELF-ASSESSMENT - EVALUATING PROGRESS IN LOCAL AUTHORITIES ALONG WITH PARTNER AGENCIES

Steven Forbes, Strategic Director, Adult Social Care, presented the 2016 Autism Self-Assessment Framework which was designed to assess the progress made by the Local Authority and its partners over the last two years.

It was noted that it was difficult to make direct comparisons with the 2014 Assessment as the number of indicators had increased from 20 to 31. The 2016 Assessment had resulted in 12 indicators showing Green, 16 showing Amber and 3 showing Red. The 3 Red indicators all related to post diagnostic support for people with autism. This issue had been considered by the Adult Social Care Scrutiny Commission on 12 December when it was reported that agreement had been reached in principle between the CCG and the LPT to introduce an improved post diagnostic service from April 2017.

There were still improvements required for data collection and further work was required in relation to improving the transition experience for young people in

preparing for adulthood including employment. Discussions had taken place with the Strategic Director Children's Services to identify specific areas where improvements could be made and it was proposed to introduce these in 2017.

It was also noted that the 2016 Assessment had been submitted to the Joint Integrated Commissioning Board on 17 November 2016 as well as the Adult Social Care Scrutiny Commission earlier in the week. The Autism Partnership Board had also discussed and agreed the outcomes at their last meeting.

RESOLVED:-

That the report and 2016 Assessment be received and the recommendations for future work to ensure the Council and partner agencies are able to meet their legal responsibilities and raises standards be noted.

42. LONELINESS AND ISOLATION EVIDENCE REVIEW

John Mair-Jenkins, Speciality Registrar, Public Health introduced a briefing report that provided information about the risks, impacts and interventions for loneliness and social isolation, highlighting the position in Leicester and informing discussion about options for further work. A presentation was also made to the Board.

The following comments were made during the presentation:-

- a) Various factors affected loneliness and could intervene in multiple areas of a person's life. These factors could relate to a person's individual circumstances, the local community where the person lived and how the individual integrated with, or was affected by, the local environment, and those factors which affected society at large.
- b) It was estimated that 30,000 residents in Leicester felt excluded, lonely or alone all the time. This represented approximately 10% of the population and this had been a stable trend over the last 60 years.
- c) The risks for loneliness were not universal and there were variations between different ethnic and age groups. There were established links between loneliness and health inequalities. People experiencing loneliness all the time could have increased odds of death of 30% and they were also more likely to access GP and hospital services and enter residential care.
- d) It was estimated that the cost of loneliness could cost £24 million in Leicester and that effective intervention could save a potential of £1.5 to £5.1 million per year. There was no real consensus on what represented the best forms of intervention; but it was recognised that the issue of loneliness could not be tackled in isolation by any one single organisation.

- e) Existing initiatives included, reablement services, independent living support, grant funded luncheon clubs, First Contact , Leicester Dial A Ride, RVS Hospital to home scheme, care navigators, Braunstone Blues, as well as a range of voluntary sector services providing wellbeing support groups and telephone befriending. The current challenges were seen as providing services in a time of austerity and building vibrant communities where people could feel connected.

Members also referred to the impact of social isolation arising from both teenage pregnancy and those teenagers who experienced difficulties in integrating with their peers or who felt social isolation arising from their parent's separating or divorcing.

A representative of Age UK stated that they currently had a programme to address isolation through identifying vulnerable people through GP services. The programme had £3 million of funding over two years and it provided support to 3,000 people. However there was a challenge in engaging with GPs in the east of the City.

Toby Sanders commented that the CCG supported a range of services including befriending services for patient support through voluntary and community organisations. He stated that he would discuss ways of helping Age UK to improve engagement with GPs in the east of the City with the Managing Director of the Leicester City CCG.

The Chair welcomed the report and presentation in raising the issues with the Board. He felt that it would be possible to identify pilot areas of the City which could be suitable for developing a small number of initiatives in partnership with Board Members and voluntary and community sector representatives.

AGREED:

1. That the Speciality Registrar, Public Health be thanked for the presentation and that the Board members consider the issues of isolation in their own areas of service delivery and consider ways of addressing the issues with other partners in the local health economy.
2. That the Speciality Registrar, Public Health arrange for an informal group of the Board and voluntary and community sector representatives to develop a small number of initiatives for a pilot area in the City.

43. LOCAL CHILDREN'S SAFEGUARDING ANNUAL REPORT

The Board received the Leicester Safeguarding Children Board Annual Report 2015-2016. The Board was requested to note the content of the report, disseminate key messages to staff, discuss the report in team meetings and service briefings and provide assurances that the above activity has been undertaken.

Steven Gauntley, Head of Service Children's Safeguarding Unit and Janet Russel, Interim Leicester Safeguarding Children Board Manager introduced the report and made the following comments:-

- a) The Annual Report was required to be presented through the Council's scrutiny arrangements and shared with other strategic partnerships.
- b) The Council were inspected in January and February 2015 by OFSTED in relation to its services for children in need of help and protection, children looked after and care leavers. OFSTED also reviewed the effectiveness of the Local Safeguarding Children Board (LSCB). Both the Council and LSCB had received an overall assessment of inadequate.
- c) The current report was the second Annual Report since the inspection, and it outlined the ongoing developments relating to the core business and priorities identified from the outcomes of the OFSTED inspection. The report also detailed the improvements that had been made since the OFSTED inspection.

The business priorities for 2016-17 for the LSCB, in addition to the core functions and responsibilities, were:-

- a) The LSCB to be assured that there is evidence to consistently demonstrate that children and young people are effectively safeguarded.
- b) To be assured that Early Help services are accessed and delivered effectively and thresholds are understood and applied consistently.
- c) The LSCB to be assured that there is a culture of continuous system of single and multi-agency learning and improvement.
- d) The LSCB is to continue to improve its governance, performance and quality assurance process and to assured of the effectiveness of the LSCB.

The Assistant City Mayor Children, Young People and Schools commented that report was dated and there had been significant improvements since it was written. Numerous reports were commenting on the importance of the contribution of the multi agencies and the assumption that the local authority should always be the lead authority, which was not always the case.

It was noted that there would be a further inspection in 2017 and it was important to build upon the improvements that had been achieved to date.

AGREED:

1. That the report be received and noted and the key messages be disseminated to staff and that a priority is given to discuss the

Annual Report in Team Meetings and service briefings in order to raise the profile of the LSCB and ensure its role is understood.

2. That the partner members of the Board provide assurances to the LSCB that the steps above have been undertaken.

44. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

45. DATES OF FUTURE MEETINGS

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

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.

46. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

47. CLOSE OF MEETING

The Chair declared the meeting closed at 6.55 pm.