Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: MONDAY, 9 OCTOBER 2017 at 3:00 pm

P R E S E N T :

Present:

Councillor Adam Clarke (Chair)	–	Deputy City Mayor, Leicester City Council.
Karen Chouhan	–	Chair, Healthwatch Leicester.
Lord Willy Bach	–	Leicestershire and Rutland Police and Crime Commissioner
Councillor Piara Singh Clair	–	Deputy City Mayor, Leicester City Council.
Frances Craven		Strategic Director, Children's Services, Leicester City Council.
Councillor Vi Dempster		Assistant City Mayor, Leicester City Council
Steven Forbes	–	Strategic Director of Adult Social Care, Leicester City Council.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group
Dr Peter Miller	–	Chief Executive, Leicestershire Partnership NHS Trust.
Superintendent Shane O'Neil	–	Local Policing Directorate, Leicestershire Police.
Ruth Tennant	–	Director of Public Health, Leicester City Council.
Mark Wightman	–	Director of Marketing and Communications, University Hospitals of Leicester NHS Trust

In attendance

Graham Carey – Democratic Services, Leicester City Council.

95. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust
Professor Azhar Farooqi	Co-Chair, Leicester City Clinical, Commissioning Group
Andy Keeling	Chief Operating Officer, Leicester City Council
Chief Supt Andy Lee	Head of Local Policing Directorate
Will Legge	Divisional Director,
Roz Lindridge	Locality Director Central NHS England, Midlands and East (Central England)
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Councillor Sarah Russell	Deputy City Mayor, Leicester City Council

96. 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.

97. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the minutes of the previous meeting of the Board held on 5 October 2017 be confirmed as a correct record subject to the last line of paragraph a) in Minute No 87 being amended to read “to have extended access for all city registered patients”.

98. WINTER PLANNING ARRANGEMENTS

Tamsin Hooton and Jennifer Smith attended the meeting to present the LLR Winter Plan 2017-2018.

It was noted that the Plan was overseen by NHS England and had been

submitted to them on 8 September 2017. The Plan had been assured by the Local NHS Team and was currently awaiting a formal assurance from the National NHS England Team. The purpose of the Plan was to co-ordinate the health system's ability to response to increased demand for services from the public in seasonal winter periods and particularly to spikes in demand arising during that period.

The Plan was overseen locally by the A&E Delivery Board, Chaired by John Adler, assisted by a Winter Plan Sub-Group that brought together the different agencies involved. As part of the planning process in preparing the plan, the lessons learned from the experiences of the previous winter period had been reviewed to improve the resilience of the service for this winter.

Since the opening of the new Emergency Department, improved ambulance handover times ad been observed. The number of lost hours through ambulance crews waiting for patient handover had been reduced by over 80%; which enabled EMAS to recycle those resources back into the system to enable ambulances to be despatched more rapidly in response to calls for assistance.

Changes had also been made in the community based urgent care services with a view to providing an enhanced clinical navigation process in conjunction with NHS 111. An enhanced care triage assessment process had been introduced to signpost and book non-urgent patients into alternative forms of treatment in non-acute services settings. As a direct result of the new clinical navigation process, approximately 80% of patients seen by EMAS following non-emergency ambulance responses, were now receiving different outcomes than being conveyed to an acute hospital setting. In addition 60%-65% of referrals to the Emergency Department by GPs and NHS 111 were also being treated in different pathways and not in A&E. Demand was beginning to be moderated and attendances at the A&E Department were already showing a 2% reduction compared to the same period last year. This was also being supported by the 4 Health Care Hubs in the City and patients were also being booked into these through the clinical navigation process where appropriate.

Work was continuing to build and develop elements of the Plan. These included:-

- The development of a flu and infectious disease plan across city.
- Refining and refreshing the arrangements in relation to the need for a surgeon escalation within the plan, co-ordinated by the CCG Team, so that there were clear actions at each level of pressure and all partners were being made aware of these actions at each level of escalation.
- The Plan also helped to manage the surge in demands and smooth out the peaks of demand for services. There was a spike in demand for services on Mondays throughout the year and also after the two days of Christmas and Bank Holidays which were exacerbated by the additional winter pressures.
- A Passport Scheme, whereby patients identified as being at high risk of either attendance or admission to hospital, had a fast track into

alternative services including a home visiting service and telephone support.

- UHL's 'Red to Green' initiative had already been beneficial in reducing the number of delays in discharging patients from hospital and further initiatives were being introduced to further improve patient flows through the hospital.

Members commented that:-

a) It would be useful to have feedback to future Board meetings on performance during the winter period. A general operational dashboard would be useful to monitor this and to provide a baseline with which to compare performance in future years.

b) The importance of the co-ordinated escalated responses at times of pressure were seen as essential and an important response when the system was under pressure. The new Emergency Department was also seeing different patterns of patient attendance and it would be important to understand these new patient patterns in order to address them; particularly in relation to the recent spikes that had started to occur on Mondays.

c) Future reports would benefit from having some narrative of the issues and how the service as a whole was performing in response to them. Some further clarity around the data provided and the need to establish the baseline was required.

d) All partners were collectively signed up to improving the delayed transfer of care which was currently performing on a trajectory slower than the national targets.

e) The arrangement for the surgeon escalation could also impact on other issues during the winter such as delayed and cancelled elective surgeries; and this could be useful indicator to be include in the proposed monitoring dashboard. It was noted that there was an expectation within the health services that elective surgeries would be 'phased' over Christmas/ New Year period to reduce the pressures on hospital beds over this period and to avoid unplanned cancellations of elective surgery.

f) The regional moderation approach to the BCF Plan was a suggestion and recommendation in the plan went forward requesting approval, with conditions. This would not have caused any significant problems from a local authority perspective in terms of the transfer monies that came through the NHS. The LLR had submitted a trajectory that was felt to be achievable by March; but this had been rejected at national level by NHS England along with the rejection of plans of 18 other areas. The LLR was now being asked to submit a trajectory that was not felt to be achievable, which local authorities felt was an unrealistic approach to be adopted by NHS England. This could result in the Council being

potentially being punished by NHS England by them potentially withholding funding of up £10m that was essential to delivering baseline services. There was a view that the LLR was effectively being punished for good performance, particularly in relation to reducing social care detox. The CCG had been informed that NHS England would be writing to them and 29 other leads of BCF plans offering the opportunity for LLR to consider its position, following formal feedback by NHS England, and have a further opportunity to resubmit its proposals by 16 October 2017.

AGREED:

1) That the report be received and that pressures being placed upon the local health system resulting in the current turmoil within the system be noted and recognised.

2) That the Board receive further reports on performance monitoring during the winter period as requested in the comments above.

99. WINTER PLANNING ARRANGEMENTS - COMMUNICATIONS, ENGAGEMENT AND MARKETING PLAN

Melanie Shilton (Communications Manager, Corporate Affairs, Leicester City Clinical Commissioning Group) attended the meeting to present the report and respond to Members' questions on the Communications, Engagement and Marketing Plan.

The following comments were noted during the presentation:-

a) Although the Plan was a collaborative LLR approach, there were specific initiatives that would be delivered in the City. There was a strong collaborative approach across the LLR and all communications leads met fortnightly and would continue to do so throughout the winter period to review the effectiveness of the arrangements.

b) There were 5 key themes to the communications plan:-

1. Raising awareness of the 'flu jab' particularly with patients over 65 and those with long term health conditions. The plan was currently live and supporting GP practices to reach patients to have their flu jab. One element of support was proactive telephone calls to patients, who were identified as being at risk, to encourage them to have their vaccinations. There was some additional money available to support this element for 8-10 GP practices in the City.

The national flu campaign would be launched later in the week and would focus on parents of young children, those with long term health conditions, pregnant women and BME communities.

2. Christmas Period The communications would be increased around the Christmas period encouraging people to contact the NHS 111

service which would then advise patients on the best service to use to get the appropriate level of health care for the patient's needs. For example, signposting to pharmacies and GP practices, where appropriate, would help to relieve the pressure on A&E Departments. In previous years patients who were unsure where service they could use to receive treatment, had generally gone to A&E in the first instance. The strategy aimed to reduce the spikes in demands at A&E departments experienced in previous years.

3. Early help, especially directed at the elderly, who traditionally delayed getting care in the early stages which often resulted in their condition deteriorating rapidly which then increased the chances of them being admitted to hospital.

4. Discharge Arrangements to encourage patients to return home with support where appropriate.

5. Care Homes were a key part of the health system and communications with care homes would be increased during the winter period to try and reduce hospital admissions. Targeted communication of this kind had been successful with students in the City in the previous year.

c) Specific initiatives in the City would include:-

- Using all the free and owned channels of communications and relationships with key partners, including the Patient Participation Groups, GP Practices and voluntary and community sector services.

- A variety of toolkits would be shared widely and there would be pro-active outreach by attending community events. This outreach had already been in attendance at all student fresher fairs. The CCG arranged the content of material displayed on the screens in GP practices and this would be actively used to promote the Health Care Hubs, contacting the NHS 111service and promoting the availability of flu jabs etc. All channels of communications would be aligned to give the same consistent message to the public at the same time. IN addition, all health service partners' websites would be pushing the same messages in order to increase the communication's penetration across the city

- The 4th Health Care Hub had opened in the previous week and communications would continue to promote the public awareness of the Hubs in general and the 4th Hub in particular.

- Health care messages, promotion of Health Care Hubs and NHS 111 Service would be displayed on the big screens at the Diwali celebrations and then again at the Bonfire Night celebrations to reach large audiences.

- Self-care was also important to prevent admissions to hospitals and to the health care system and also to help manage GP practice workloads in the winter. The communications would be targeted to build patients confidence to get the right care in the right place and at the right time. Self-care awareness week would be launched on13 November.

- The health care messages would be repeated throughout the winter.

Following comments and questions from Members, the following responses were received:-

a) The impact of elements for each specific communication channel would be monitored and measured, including how widely information was shared and the level of video usage etc.

b) There would be specific marketing in south of the city as patients had been observed using the A&E Department in greater numbers than the rest of the city. There was a delicate balance to be achieved in the contents of the communications, as a previous targeted postcode communications campaign had resulted in increasing the attendance at the A&E Department by 10% as it had inadvertently raised the public awareness of attending A&E. Communications needed to be directed to encourage patients to use pharmacies and the NHS 111 Service at the earliest opportunity to help reduce hospital admissions and relieve the pressures and strains upon the health system during the winter months.

c) There were general concerns that flu levels had been high during the recent winter in Australia particularly as the health system had struggled to cope with the increased winter demand during the mild winter last year. The health system as a whole, were keenly observing the incidence of flu levels as the strain progressed through Asia toward Europe. Partners were arranging to get their front line care staff vaccinated to improve their chances of being able to continue to work should there be a flu epidemic during the winter.

d) All partner organisations should consistently promote and share the health messages during the winter. Elected councillors could also help by promoting the messages in their ward surgeries to promote the flu vaccination programme and to encourage the elderly, in particular, to seek early intervention for colds and reduce their tendency to feel guilty in engaging with health services

e) There had been negative media stories earlier in the year around the NHS being in crisis. To address this issue, the communications would consistently deliver messages encouraging patients to use NHS services wisely in order to prevent unnecessary and excessive pressures on A&E departments during the winter months and to reassure the public that services would be available when needed.

f) The CCG were actively working with a variety of groups about concerns expressed at the content of flu vaccine in order to improve the take up of vaccinations especially in BME communities. The CCG had recently engaged with the Confederation of Muslim Organisations to listen to concerns about the contents of the vaccines and nasal sprays and to reassure the community that the current nasal spray could be safely administered. Dr Shahid Latif had recently discussed the issues live on LRB Radio in the City and there had subsequently been a good response from the Muslim community to the vaccination programme. A Muslim mothers group had also asked Dr Latif to address them to improve the understanding of the vaccination programme and the contents of the nasal spray.

AGREED:

That CCG officers be thanked for their presentation and response to Members questions and that the Council look at ways in which information could be cascaded to ward community meetings and councillors ward surgeries across the city.

100. FLU VACCINATION ARRANGEMENTS

Chloe Leggat, Screening and Immunisation Co-ordinator, NHS England (Leicestershire, Lincolnshire and Northamptonshire) attended the meeting to give a presentation on the Flu and Vaccination Programmes for Leicester City.

During the presentation it was noted that:-

a) The programme provided for flu vaccinations for a wide range of at risk groups which were listed in the report including everyone aged 6 months to 65 years with a serious medical condition, those groups with chronic long term respiratory, heart, kidney, liver and neurological diseases, diabetes, poorly functioning or absent spleen, weakened immunity systems and those classified as morbidly obese.

b) The National uptake of flu vaccinations was generally lower in GP practices than in schools and the uptake was not as good in younger children. The take up of the vaccination was outlined in detail in the presentation slides which had been circulated with the agenda.

c) Barriers encountered in delivering the flu vaccinations included:-

- Issues in obtaining school pupil data.
- Myths that vaccinations did not work or they gave patients the flu.
- Recent increases in activity by the anti-vaccine lobby and concerns that the vaccine contained porcine gelatine.
- There were some issues around poor performance and practice in GP practices and these were being addressed. These issues included needle phobia, porcine gelatine concerns, myths, perception that flu was a minor illness, patient targeting and poor strain matching.

d) LPT provided a school aged immunisation service with an uptake of over 50%. Children who were absent from schools on the day of vaccinations were given a second offer or the option of going to specific pharmacies to get immunised.

e) There were 102 schools in the city and 28,420 pupils were eligible for the vaccine. 46.6% of pupils had been vaccinated which was above the 40% rate need to provide an economic benefit in carry out the vaccination programme.

f) The uptake in some schools was very poor. One school with 420 pupils on the school roll, only received 32 consents for the vaccination to be administered. Reasons for the poor responses appeared to vary as one GP practice in the same catchment area as schools with low performance had an uptake of 45% as opposed to 15% in the schools in the area. This was felt to be a result of the GP practice being actively proactive in promoting the vaccinations.

g) Some schools had cancelled vaccination sessions because they had Ofsted inspections at the time and work was ongoing with Ofsted who did encourage schools to participate in the vaccination programme as part of the inspection regime.

h) Dialogue had been established with UHL to identify 2 year olds in the various risk groups and to co-ordinate arrangements for them to be vaccinated. A SIT letter had been sent to 2 &3 year olds to improve the uptake of the vaccination programme and UHL maternity services and midwives were encouraged to give flu vaccinations alongside the scanning programme for expectant mothers.

i) The H1N1 swine flu virus was still prevalent in India and a number of requests had been received from patients for a vaccine prior to travelling.

j) There were some real inequality pockets of low immunity areas in the City.

During discussion Members made the following comments:-

a) There did not appear to be any direct correlation with cohorts that had not been vaccinated and their attendance record at schools.

b) The Strategic Director Children's Services expressed an interest in receiving details of those schools that did not engage with the vaccination programme so that the Council's services visiting schools could help to promote the programme. Public Health staff were also looking to contact schools to promote the vaccination programme.

c) Community leaders played an important part in encouraging target

groups to engage with the vaccination programme. It was recognised that branding did not always have a positive effect on everyone.

d) LRB Digital, the first live Muslim talk radio station, had recently discussed the issues surrounding the flu vaccination programmes on air and the live broadcast discussion could be found on their Facebook page at the following link: https://en-gb.facebook.com/LRBDigitalUK/ .

AGREED:

1) That NHS England be thanked for their presentation and that the Council and partners on the Board engage with NHS England/Public Health England to improve the take up of the vaccination programme.

2) That the Council's Children's Services staff work with Public Health England and NHS England to consider ways of encouraging greater take up of the vaccination programme in schools.

101. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

102. DATES OF FUTURE MEETINGS

Noted that future meetings of the Board would be held on the following dates:-

Thursday 7th December 2017 – 10.30am

Monday 5th February 2018 – 3.00pm

Monday 9th April 2018 – 2.00pm

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

103. ANY OTHER URGENT BUSINESS

There were no other items of Any Other Urgent Business.

104. CLOSE OF MEETING

The Chair declared the meeting closed at 4.22pm.