



Rutland County Council

Catmose Oakham Rutland LE15 6HP

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Record of a meeting of the **HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, at 2.00pm on **Tuesday 27 August 2013**

PRESENT: Carol Chambers – (Chair), Rutland County Council (RCC)
Cllr Roger Begy, Leader of RCC
Andy Ker, Locality Lead for East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
Jane Clayton Jones, Voluntary Sector Representative
Mike Sandys, Public Health
Jim Hayes, NHS National Commissioning Board Local Area Team attending on behalf of Trish Thompson and Andy Leary
Tim Sacks, Chief Operating Officer at ELRCCG

Also in Attendance: Louise Marsh, Evergreen Care Trust
Helen Thompson, Leicestershire Partnership Trust (LPT)

OFFICERS PRESENT:

Jill Haigh, Senior Manager, Health, Wellbeing and Commissioning, RCC
Katy Lynch, Partnership Support Officer, RCC

APOLOGIES: Cllr Christine Emmett, Cheryl Davenport (LPT); Trish Thompson and Andy Leary (LAT) and Insp. Louise Cordiner (Leicestershire Constabulary).
It was noted that Insp. Cordiner had sent apologies for the Board meeting in November as well; concern was raised at the lack of representation from the Police.

The RNIB Eye Pod Simulator was parked outside the Council Chamber for Board members and the general public to visit; further information was provided on fact sheets for members to read.

291. MINUTES OF THE MEETING HELD MAY 2013 AND MATTERS ARISING

The minutes of the meeting held on 7 May 2013 were taken as read, confirmed and signed.

A brief update report regarding the on-going issues with the East Midlands Ambulance Service (EMAS) was circulated in advance of the meeting. The following points were noted:

- There continues to be limited data for Rutland and targets are not being met because they are not realistic.
- TS noted that the CCG is working with EMAS to get more information and data, the CCG has demanded the information as part of the contract round to get a more accurate picture of performance.

- JHai noted that PE9 data (East of County) provided at a recent meeting with EMAS was not sufficient.
- The Urgent Care Board met last week, there was also a request at this meeting for EMAS to break down the data.

Ms Haigh updated members on progress with Healthwatch. It looked likely that there would be a new chair person; there has been a preliminary meeting with the individual and Voluntary Action LeicesterShire (VAL), there will be a notice to that effect published sometime this week. It has taken a while to embed the new service but Ms Haigh noted that she felt encouraged that progress is being made; there was a worker for Healthwatch has done a lot of publicity in Rutland including work with the steering group. Cllr Begy expressed thanks to those on the steering group who have worked hard during the transition. There was some concern raised that the presence of Healthwatch was not widespread; there needed to be more representation on networks especially in the east of the county.

An update on the Adult Social Care (ASC) reform was provided. Proposals went to Cabinet last week; all recommendations were accepted in line with the areas that had been consulted on. The next stage was to re-assess those people classed as moderate who received ASC benefits. The Local Authority intended to implement charging proposals; RCC planned to be in touch with relevant agencies to notify them of the changes and meet with those clients affected. There would be an appeal process for independent assessments. Members were advised that the report went through other panels including Scrutiny, the key point for the public to understand was that RCC planned to focus funding where it was needed i.e. the most vulnerable, similar cuts had already taken place in neighbouring authorities such as Peterborough. There was no advocacy service however RCC will encourage representatives where required.

The Self-Assessment Framework (SAF) was still work in progress; Mrs Haigh agreed to provide an update on this electronically once this was available.

292. DECLARTIONS OF INTEREST

The following declarations of interest were made:

- Mr Sack's wife was a partner at Oakham Surgery.
- Miss Lynch's father was the Practice Manager for Uppingham Surgery.
- Cllr Begy was a Shadow Governor of the LPT.

293. PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions had been received from Members of the public.

HEALTH AND WELLBEING BOARD

294. EVERGREEN CARE TRUST – PRESENTATION

Ms Marsh is the Chief Executive of Evergreen Care Trust; she was invited to present how her organisation operated as Rutland did not currently operate a similar model.

Ms Marsh's background was in nursing and she previously worked with Stamford Older Persons Social Services Team. Whilst working in Stamford she recognised that there was a gap in needs not being addressed by health or social care. Evergreen Care Trust developed through Churches Together which resulted in a

small group developed to approximately 30-40 volunteers which worked as part of a Befriending Scheme and home cleaning service to assist with discharges from hospital.

The service operated in Bourne and Stamford, it expanded and provided home support to 220 clients (domestic and shopping support), and there were over 200 volunteers involved with 7 voluntary projects in place:

- i. Advocacy Service: linked to Stamford Citizens Advice Bureau. All advocates are volunteers and they will support clients such as sitting in on GP appointments to listen and support.
- ii. Befriending Project: over 60 volunteer – “befriender” relationships
- iii. Clean Team operations
- iv. Community Lunches (to replace the Meals on Wheels service which was axed) and Soup services
- v. Furniture Store
- vi. Laundry Service
- vii. Shopping Service

Community Lunches developed through a 3 month in Hilary Close, Stamford. Residents agreed on a number of initial terms which were then reviewed after 3 months. Evergreen Care Trust now provided over 300 fresh meals across Bourne and Stamford from Monday to Friday 11.30-2pm. There were between 20 and 40 people at each sitting, lunches targeted the most vulnerable such as those who had just returned from hospital and those with dementia etc.

Ms Marsh had assisted other areas in setting up similar projects and regularly attended a networking meeting for providers held once a month on a Tuesday.

The following further points were noted following discussion with Board Members:

- i. Finances: There were 40 employees (e.g. home support workers, cooks, management costs etc) Income was over £300,000 per annum.
- ii. Part of the vision was to develop the home nursing service as there was a limited choice for clients locally.
- iii. The Cheese and Biscuits element of community lunches was removed when it was evident that clients were putting on too much weight.
- iv. Evergreen Care Trust did not take financial support from government; it was a Registered Charity and self-funding.
- v. South Kesteven District Council was an important partnership, Evergreen thought of creative ways to work with local government such as utilising unused facilities/buildings.
- vi. Clients could spend direct payments with Evergreen Trust.
- vii. RCC was at an interesting point with regards to its Adult Social Care provision, it was in the process of looking at different ways to deliver services and this model would be something to think about.
- viii. In Sleaford it took 2 years to get a similar service up and running whereas the London Borough of Bexley had taken 10 months; this demonstrated that the roll out of the model was becoming simpler and Ms Marsh explained that there was potential to expand.
- ix. Evergreen Care Trust had a Safeguarding Officer, tight befriending training was delivered and careful monitoring took place including the opportunity for clients to feedback.
- x. Pump priming is not a model that Ms Marsh has taken previously but the organisation was always looking at new ways of working.

- xi. Evergreen Care Trust partners up with local schools to undertake intergenerational work such as Tea parties which involved young people sitting and chatting with guests.

It was agreed that Ms Lynch would circulate Ms Marsh's contact details to all members.

Ms Marsh left the meeting.

295. SERVICE DEVELOPMENT INITIATIVE PROGRESS UPDATE

Ms Thompson managed the operations for the Families, Young People and Children's Division (FYPC) within the LPT; she provided an update on service developments within the LPT.

The planned changes aimed to make customer journeys more streamlined and joined up. Jane Samson is the Locality Manager, Tracey Jackman would work for this area to develop community links and there would also be care navigators. There would be a virtual community which practitioners could log into and identify who the key leads were working on a case.

The LPT was creating solutions to sell and consolidate estate; the only way that the LPT would be sustainable in the future was by rationalising estate. There was still more work to be done around what estates the teams used and therefore lots of decisions were still to be made.

Tracey Jackman would be working with multiple partners such as children's centre leads, families' first leads, schools, SENCO staff etc to develop the service so that there was easier access to a full time advisory service that was joined up, this was an opportunity to co-locate services such as Children and Adolescent Mental Health Services (CAMHS) and disability services.

The start of the process would commence on 1 October this year but it would be a long journey.

Comments and questions were noted as follows:

- i. The ultimate aim was to get everyone on to one system, but for the time being there would be multiple systems which the care navigator would have to utilise to access data and records.
- ii. Preparation for implementation on 1 October 2013 involved putting in place capacity to facilitate the changes. Certain pathways such as communication and language pathways could deliver a 6 week programme for children with language delay. Processes were already in place such as the single contact point for FYPC services and the care navigator.
- iii. Concern was raised regarding the insufficient information that had so far been provided; members requested a lot more detail. Mrs Thompson advised that the detail is not yet known, work would start to be worked up for each neighbourhood, for Rutland Tracey and Jane would be leading on this.
- iv. Concern was raised that there had been no mention of any plans to use facilities in Rutland. In particular, the paperwork provided in advance of the meeting had been poorly put together with no reference to children's centres or other facilities based in Rutland referenced on the map.
- v. Board Members understood the vision for the changes but nothing had been communicated clearly with the local authority.

It was agreed for a meeting to be arranged between Tracey Jackman, Jane Sansom and Mrs Haigh to work together to come up with a Rutland solution.

RESOLVED:

- a) That the report be noted
- b) That the progress regarding service developments be noted

296. RUTLAND JOINT HEALTH AND WELLBEING STRATEGY

The Board recognised the strategy was a good joined up piece of work.

It was agreed that performance reports would be taken to the Executive and Integrated Commissioning Group (EICG) on a quarterly basis. The EICG would then report back to the Board on an exception basis (this was to include good news examples and not just where there were issues).

RESOLVED:

- a) That the Board approved the Joint Health and Wellbeing Strategy for Rutland 2013-16
- b) That the Board noted Progress against developing the three subgroup action plans

297. EXECUTIVE AND INTEGRATED COMMISSIONING GROUP

The EICG has recently tasked the subgroups to re-visit their Terms of Reference; these were presented to the Board for information. It was requested that the terminology (particularly regarding membership) is consistent, Miss Lynch to amend the ToRs to reflect similar wording to that stated in the Staying Healthy ToRs.

Section 256 Health and Social Care Funding:

A late paper was circulated to Board members outlining Local Authority funding which had been designated for the development and delivery of integrated Health and Social Care services. The following funding was available for 2013/14:

- Section 256 Social Care - £485,800
- Reablement - £167,000

This budget had been delegated to the Board to spend.

Ms Haigh was in the process of meeting with ELRCCG colleagues to talk about next year's funding.

There was reablement money that could support projects such as the Integrated Crisis Response Service.

A number of proposals were brought to the Board:

- a) Dementia Adviser – the proposal was outlined and it was clarified that there would be some funding from the Local Authority to continue the post but of a reduced amount.
- b) Physiotherapy support for the RCC REACH team - £25K was requested to continue with the service for 2013/14 (currently this was an over spend in an existing RCC budget for 13/14).
- c) A short summary report was provided by Mr Sacks regarding a Rapid Response Short Term team; the City and County have both developed a model and the paper was brought to this Board as an example.

It was recommended that the Board develops a medium term financial plan for the HWB's budget, this would ensure that financial decisions were not being made every year for large scale initiatives, it was recognised that projects need embedding and take multiple years to make a difference. The EICG were tasked with taking this forward.

RESOLVED:

- a) That the Board notes the report
- b) The Board approved funding for the continuance of a Dementia Adviser role in Rutland for 2013/14 of £25K.
- c) The Board agreed that the EICG needed to see more information before a decision could be made regarding Physiotherapy support; it was agreed that a more detailed proposal for approval would be circulated to the Board for a decision electronically.
- d) The direction of travel for a similar Rapid Response service to that already in place in the City and County was agreed, the Board agreed for further work to be undertaken to work up a full proposal to be brought back to the Board for full approval

298. SUICIDE AND SELF HARM PREVENTION REPORT

Mr Sandys presented a paper to the Board on the work that was undertaken around tackling suicide, and outlined a proposal to use an existing group (the Leicester and Rutland (LLR) Suicide Audit and Prevention Group) as the lead to ensure Rutland is preventing suicide. Suicide prevention is not quoted in the Health and Wellbeing Strategy, it was recognised that numbers in Rutland are low. Suicide Prevention was not a discretionary responsibility of Public Health but Mr Sandys recommended that Rutland should be doing something.

The LLR group was looking at its governance, accountability and structure; Rutland has had little involvement on this group to date. There was an "LLR strategy" which needed scrutinising in Rutland.

The question was raised as to how this work fitted in with the Rural Community Council bid? Mr Sandys agreed that this needed clarifying.

RESOLVED:

- (a) The Board endorsed the proposal that, subject to appropriate Rutland involvement through Public Health, the Leicestershire, Leicester and Rutland (LLR) Suicide Audit and Prevention Group act as the strategic lead for this area.
- (b) That the Suicide and Self Harm Prevention group reported into the Health and Well Being Board via the Staying Healthy sub group on a regular basis.
- (c) That the emerging strategy was brought to the Staying Healthy group to ensure proper Rutland engagement and endorsement.

299. THE FRANCIS REPORT

The Board had previously received a verbal update from Mr Sacks on what was happening across the area with regards to responding to the Francis Report. A paper was circulated which provided the Board with more detail.

RESOLVED:

- (a) The Board noted the contents of the report.

- (b) The Board anticipated a further update report at its next meeting in November.

300. ANY OTHER BUSINESS

Cllr Begy wished to bring to the attention of the Board the continuing issue with transport, this needed looking at further. It was noted that an update from GPs would be coming to the Board on this topic shortly. It was agreed to keep Transport on the radar.

301. DATE OF NEXT MEETING

The next meeting would be held on Tuesday 26th November 2013, 2pm in the Council Chamber

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The Chairman declared the meeting closed at 4.19 pm

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