



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 1 April 2014**

PRESENT: Cllr Christine Emmett (Chair), Portfolio Holder
Cllr Roger Begy, Leader of RCC
Helen Briggs, Chief Executive, RCC (delegated from the Director for People)
Insp. Lou Cordiner, Leicestershire Constabulary
Jennifer Fenelon, Healthwatch Rutland
Mike Sandys, Director for Public Health
Tim Sacks, Chief Operating Officer East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
Trish Thompson, Local Area Team (LAT) at NHS England

Also in

Attendance: Victoria Todd, Head of Inclusion at RCC
Mandy Stott, Head of Vulnerable People
Julie Morley, Leicestershire County Council
Geoff Rowbotham, Programme Director for Better Care Together Programme
Mark Roberts, Leicestershire Partnership Trust
Tracey Jackman, Leicestershire Partnership Trust

OFFICERS

PRESENT: Anna Grainger, Senior Manager, Health, Wellbeing and Commissioning, RCC
Katy Lynch, Partnership Support Officer, RCC

APOLOGIES: Katy Sagoe, Jane Clayton Jones and Dr Andy Ker

889. MINUTES OF THE MEETING HELD NOVEMBER 2013 AND MATTERS ARISING

The minutes of the meeting held on 25th November 2013 were taken as read, confirmed and signed.

Cllr Begy advised that it was necessary for there to be Voluntary Sector representation, Mrs Clayton-Jones needed to find a representative to deputise when she was unable to attend.

890. DECLARATIONS OF INTEREST

The following declarations of interest were made:

- Miss Lynch's father was the Practice Manager for Uppingham Surgery.
- Cllr Begy was a Shadow Governor of Leicestershire Partnership Trust (LPT).

- Cllr Christine Emmett works for the NHS in a private capacity.

891. PETITIONS, DEPUTATIONS AND QUESTIONS

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

HEALTH AND WELLBEING BOARD

892 BETTER CARE TOGETHER

Mr Rowbotham was in attendance to provide an update on the Better Care Together (BCT) Programme since January 2014, a 5 year health and social care plan was being submitted on Friday 4th April alongside the Better Care Fund Plan, lots of work was being undertaken to ensure that these were aligned.

By June 20th the detailed programme for the next 5 years would be submitted with phasing and implementation included within this.

A hard copy of the governance structure for the programme was provided to members, the structure represented the health and social care system, Mr Rowbotham took members through the diagram.

A number of comments were noted as follows:

- i. Cllr Begy questioned how the political reference group would be pulled together? Mr Rowbotham would be seeking advice from democratic services to ensure that all 3 areas were constituted correctly; this would give elected representatives on the BCT Board an opportunity to discuss political issues.
- ii. It was questioned what financial controls and governance were in place? There was a finance governance group which included representatives from local authority officers, Saverio Della Rocca represented Rutland.
- iii. Mrs Briggs noted the importance that the BCT Board placed on getting the communications right, there was consensus that this was crucial. A joint communications strategy was being put together to ensure that the approach was proactive in delivering the right messages.
- iv. Ernst & Young were working with the programme for a temporary period of two months to help provide support in putting the plan together as well as to provide assurance that the programme plan was deliverable.

RESOLVED:

- a) The Board noted the progress made in the last 12 weeks and the proposed key next steps.

It was agreed that Mr Rowbotham would come back to the next Board meeting with updated on progress.

Mr Rowbotham left the meeting

893. EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUP 2 YEAR PLAN

A plan on a page was provided which demonstrated how all of the strategies linked together.

Mr Sacks noted that the Better Care Fund linked strongly to the 2 year plan.

RESOLVED:

- a) The Board noted the report.
- b) The Board provided feedback on the report as follows:
 - i. Cllr Begy recommended that we broadened patient transport to link to community transport etc, this was particularly crucial in supporting people in rural areas. There was recognition that an overall plan for transport needed to be developed across partners. Rutland County Council was currently looking to review transport across the Board, it was agreed that health partners and the Local Authority needed to work together to improve transport for patients and the most vulnerable.

894. NHS OPERATIONAL PLANS AND EMERGING STRATEGY

Ms Thompson presented a report that outlined the NHS draft operational plans which were shared with commissioning partners across 4 health and wellbeing boards and relevant clinical commissioning groups. Plans had been developed taking account of health needs of the population from resources made available and by canvassing directors of public health in November to identify key strategic issues. It was requested that feedback on the plans was provided during March and April via Directors of Public Health, to ensure final documents adopted in April would respond to comment.

RESOLVED:

- a) The Board noted the contents of the draft plans and remit a formal response to Ms Thompson, for return by 4th April 2014.

Comments during the meeting were noted as follows:

- i. Child and Adolescent Mental Health was an issue locally, there was recognition across the board that there was a capacity issue and this service needed to be commissioned in a better way.
- ii. Cllr Begy was keen to ensure that Peterborough Hospital was picked up as a key provider within the plans.
- iii. Mr Sandys questioned what would happen next in relation to the commissioning of the school nursing team and 0-5 year olds, it was requested that joint working arrangements between NHS England and Local Authorities was firmed up.

895. HEALTH AND WELLBEING BOARD GOVERNANCE: DEVELOPMENT OF THE INTEGRATION EXECUTIVE

A paper was circulated recommending a number of changes to the Health and Wellbeing Board terms of reference to take into account additional Board responsibilities including the Better Care Fund (BCF) and Pharmaceutical

Needs Assessment. Amendments to the Executive Group of the Board were also recommended in order to develop an Integration Executive which would have operational responsibility for the Better Care Fund.

The following comments in relation to the report were made:

- i. Mrs Grainger noted that this paper went to RCC Cabinet this morning alongside the draft submission of the BCF. Feedback received included the recommendation that a finance representative from RCC be present at Health and Wellbeing Board meetings when financial issues were due to be discussed.
- ii. Terms of Reference for the Health and Wellbeing Board need to have stronger reference to the financial governance role of the Board. The operational expenditure decisions would fall with ELRCCG and/or RCC, however it was important that this Board recognised the strategic issues. Mrs Briggs to discuss a form of words for Miss Lynch to amend the terms of reference.
- iii. It was agreed that spending and financial achievement reports would be brought back at every quarterly Board meeting.
- iv. Miss Lynch to amend the Integration Executive membership to include the Section 151 officer (RCC's accountable finance officer) and Healthwatch Rutland.
- v. It was noted that there would be no representation from providers on the Integration Executive but this group would be giving them the opportunity to attend should they wish (this related specifically to Hospitals and key NHS Trust providers). The Board would seek to invite providers to Board meetings on specific matters such as the acute sector.

RESOLVED:

- a) The Board approved the amended terms of reference for the Health and Wellbeing Board
- b) The Board approved the replacement of the Executive and Integrated Commissioning Group with an Integration Executive, with monthly meetings starting from April 2014
- c) The Board delegated the day to day oversight of the Better Care Fund to the Integration Executive
- d) The Board would seek to review the working arrangements and effectiveness of the Integration Executive after 6 months.

896. BETTER CARE FUND FINAL SUBMISSION

The Vision for the plan was an integrated health and social care service to reduce the demand on hospital services, whilst also improving health and care outcomes.

The plan would be submitted to the regional team on 4th April. There was recognition that the implementation plans would be developed following approval, as well as more significant engagement with stakeholders.

It was noted that RCC's People First project fitted well with this piece of work and work was underway to ensure that these were aligned.

Mr Sandys recommended that the workshop set up for 30th April would need to include an impact analysis for each scheme.

RESOLVED:

- (a) The Board noted the direction of travel outlined in this report and the submission of the templates
- (b) The Board approved the final submission including the governance arrangements for this work which will be via the Integrated Executive, and overseen by the Health and Wellbeing Board

897. URGENT CARE REVIEW

Mr Sacks advised partners of the public consultation on Urgent Care which had started on 26th February 2014, an event was held at Voluntary Action Rutland last week, turnout in Rutland was excellent. ELRCCG had already received over 1000 responses across the area, the organisation was holding over 20 events over the next couple of weeks. For the people of Rutland this meant a move towards 7 day working where residents could access services. To date over 85% were keen on option 3.

RESOLVED:

- a) The Board noted the progress on the urgent care consultation to date

898. PEOPLE FIRST PROJECT

Mrs Briggs provided a position statement as to where the People First review was to date:

- i. The project was moving fast which looked at the overall effectiveness of the People Directorate (services provided by the Local Authority for people). The key next step was consultation and engagement with staff, stakeholders and members of the public. Dates would be circulated shortly.
- ii. The exercise had so far undertaken a baseline of all existing services; there have been a number of initial findings including recognition of the synergies with broader health and social care and the opportunity to link to the Better Care Fund etc. RCC had planned to map out health and social care pathways, with the aim of costing these. Following internal mapping the intention would be to span this out to stakeholders in order to come out with some conclusions for developing cost effective solutions.

899. TOBACCAO CONTROL DECLARATION

Mr Sandys presented a report which sought the approval of the Health and Wellbeing Board to sign up to the Local Government Declaration on Tobacco Control.

The Board did not fully understand the cost implications and what the outcomes of signing the declaration were.

Potential risks might be that pension funds management might be affected

Mrs Briggs queried whether this declaration was about the local authority's staff group or whether this was to sign up on behalf of the community. RCC would be more likely to have a healthy living policy promoted to staff rather than a specific declaration on Tobacco due to the proportion of RCC smokers being relatively low.

It was not clear what appetite there was across other member organisations.

The Board endorsed the declaration but in the context of healthy lifestyles incorporating tobacco control. The Board was unable to recommend the report to RCC Cabinet, it was suggested that this would be done through internal management processes once the implications were better understood.

RESOLVED:

- (a) The Board had considered how the principles of the declaration could be developed and promoted more widely in its respective organisations (see discussion that took place above).

900. LEICESTERSHIRE, LEICESTER AND RUTLAND INTEGRATED COMMUNITY EQUIPMENT SERVICE (ICES) – FUTURE CONTRACTING OPTIONS

Mrs Stott and Ms Morley were in attendance to present this paper which had already been to the Integration Executive. There was a review across LLR; issues raised across LLR boards were highlighted in the report. There was an option to extend to 2016 although the proposal was to extend to 31 March 2015.

Comments:

- i. It was noted that the biggest spend as part of the contract was health (primarily Leicestershire Partnership Trust and University Hospital Leicester utilising the pot). Accountability was being looked at including a proposal for notional budgets. This was a service being considered as part of the People First Review with the intention of look at the thresholds being applied.
- ii. RCC was seeking reassurance that there was consistency across all areas in terms of access and use of the pool. It was noted that different partners put into the pool the amount equivalent to their usage however there was recognition that there was an overuse issue and this was being looked at across LLR alongside value for money.

RESOLVED:

- (a) The Board approved the recommendations set out by the Executive Group of the Health and Wellbeing Board
- (b) The Board noted the draft timetable

Mrs Stott and Mrs Morley left the meeting

The agenda was reshuffled so that the Public Health Outcomes Framework was presented before the Learning Disability Self-Assessment.

901. PUBLIC HEALTH OUTCOMES FRAMEWORK

Mr Sandys presented a report which summarised public health performance on a subset of Public Health Outcome Framework (PHOF) for Rutland County. Indicators where Rutland was performing worse than England average, was in the second half of ranking against statistically similar neighbours (one as being best performance) or where there was deterioration in the performance were highlighted in the report and comments provided (Appendix A). The full performance dashboard was also attached (Appendix B). Reducing cancer inequalities was noted as an area to be aware of.

Comments were noted as:

- i. In terms of the LLR 5 year strategy there was synergy with the public health performance.
- ii. Mr Sandys was to provide this report on a quarterly basis.
- iii. It was agreed that Mr Sandys was to ensure that future reports indicated whether low or high was seen as good for each performance indicator.

RESOLVED:

- (a) The Board noted the performance of the subset of performance indicators.

902. LEARNING DISABILITY SELF-ASSESSMENT FRAMEWORK

The framework had been through the complex needs subgroup, this paper was brought as an update for the Board. Ms Todd advised that some of the data was difficult to collect, particularly in terms of health areas.

There was an LLR disability planning group to develop an action plan which would incorporate Winterborne View.

Comments were noted as follows:

- i. It was hoped that there would be other data/information submitted by other areas available for Rutland to compare against as it was currently difficult to make a judgement.
- ii. There was an issue with receiving some of the health data required.

RESOLVED:

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

903. HEALTH AND WELLBEING BOARD SUBGROUP UPDATE

A covering paper outlining exceptions across the three subgroup action plans were noted.

RESOLVED:

- (a) The Board noted the progress across the subgroups
- (b) The Board provided the following feedback to the subgroups:

- i. It was agreed that subgroup chairs would be invited to present their plans on a rotating basis in order to give the reporting more context.
- ii. The Staying Healthy subgroup raised the exception with regards to cancer and mental health, particularly in terms of how the group could make a difference. It was recognised that there was a need for more community mental health services; the question was how this would be developed.

904. ANY OTHER URGENT BUSINESS

The chair agreed to take a late paper regarding Medication reporting. Mr Sacks made the Board aware of the details specifically relating to the Health quality premium indicator relating to an increased level of reporting of medication errors and the proposed approach for 2014 / 15. It had been stipulated nationally that this approach was to be signed off by all Health and Wellbeing Boards.

There were processes in place to ensure that the CCG knew when errors were happening, the intention was not to encourage more errors happening.

The next meeting would be held on Tuesday 15th July 2014, 4.30pm in the Council Chamber at Rutland County Council.

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The Chair declared the meeting closed at 3.50pm

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