



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 15 July 2014**

PRESENT: Cllr Christine Emmett (Chair), Portfolio Holder
Cllr Roger Begy, Leader RCC
Helen Briggs, Chief Executive, RCC (delegated from the Director for People)
Gladys Rhodes-White, Interim Director for People
Mike Sandys, Director for Public Health
Jennifer Fenelon, Healthwatch Rutland
Tim Sacks, Chief Operating Officer East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
Trish Thompson, Local Area Team (LAT) at NHS England
Dr Andy Ker, Vice Chair East Leicestershire and Rutland Clinical Commissioning Group
Roy Trotter – Acting CEO of Rutland Citizen Advice Bureau – Deputising for Jane Clayton Jones

Also in Attendance:

Geoff Rowbotham, Programme Director for Better Care Together Programme
Dominic Hardisty, Leicestershire Partnership NHS Trust
Rebecca Reid, Integrated Care Co-ordinator

OFFICERS

PRESENT: Anna Grainger, Senior Manager, Health, Wellbeing and Commissioning, RCC
Natasha Brown – Co-ordinator, Corporate Support Team RCC

APOLOGIES: Katy Sagoe

171 MINUTES OF THE MEETING HELD 1 APRIL 2014 AND MATTERS ARISING

The minutes of the meeting held on 1st April 2014 were taken as read, confirmed and signed.

172 DECLARATIONS OF INTEREST

The following declarations of interest were made:

- Cllr Christine Emmett works for the NHS, the Department of Health and University Hospital Leicester in a private capacity.

HEALTH AND WELLBEING BOARD

173 Update on LLR Health and Social Care 5 Year Strategy Directional Plan for Better Care Together Programme

Mr Rowbotham was in attendance to provide an update on the Better Care Together (BCT) Programme and details regarding the phased approach of the LLR draft 5 year directional strategic health and social care plan submitted to NHS England by the Better Care Together Board on 20th June.

Mr Rowbotham explained that the plan was now in the second phase which would involve a period of discussion and review before the final strategy comes back for formal approval of the Health and Well Being Board in September.

A number of comments were noted as follows:

- i. Cllr Begy questioned whether the result could be achieved in a shorter timescale if greater attention and finances were dedicated to the plan? Mr Rowbotham explained that it was necessary to follow a sequence in order to ensure that new services were built and established before others were dismantled. To do this whilst maintaining quality of services and avoiding risk would take time.
- ii. Cllr Emmett welcomed the emphasis on the importance of Community Hospitals and in particular Rutland Memorial Hospital.
- iii. The general public and interests groups would have the opportunity to be involved and put forward their views in two events organised by Health Watch Rutland in August.
- iv. Assurances were sought that the strategy would take account of the demographics of Rutland and the opportunity for people in Rutland to receive healthcare in neighbouring areas. It was confirmed that similar work was being carried out in neighbouring areas and that programme governance and commissioning would provide a link and the opportunity to share ideas outside of the boundaries. NHS England would also have an overarching responsibility to provide an oversight and assurance role.

RESOLVED:

- a) The Board noted the LLR draft 5 year directional strategic health and social care plan;
- b) The Board noted the involvement input of Chief Executive, strategy and finance leaders and other colleagues from Leicester City CCG, East Leicestershire and Rutland CCG, West Leicestershire CCG, Leicester City Council, Leicestershire County Council, Rutland County Council, Leicestershire Partnership NHS Trust, University Hospitals of Leicester NHS Trust and NHS England Lincolnshire and Leicestershire Area Team in development of the draft plan;
- c) The Board noted the involvement of the Clinical Reference Group and Patient and Public Involvement Reference Group and representatives from patient, carer and the voluntary sectors in the development of the plan; and

- d) The Board agreed that it would give feedback on the plan during the “discussion and review” period (June to September) and that the plan would be referred back to the Board for formal approval at a date to be agreed.

174 BETTER CARE FUND WORKSTREAMS UPDATE

Mrs Grainger presented a summary of the Better Care Fund in working with Rutland County Council and the Rutland Clinical Commissioning Group to establish a commitment to developing integrated health and social care services and the work streams that were currently in progress with regard to the Integrated Care Project, Integrated Crisis Response and Telecare and Telehealth.

Miss Reid introduced the report on the Integrated Care Project and outlined the multi-agency approach to identifying people with long term health conditions using the risk stratification model in order to reduce the risk of hospital admissions.

A number of comments were noted as follows:

- i Tracking and collating information and evidence in support of positive outcomes was essential in order to build a business case and comprehensive evaluation of the project.
- ii Mrs Grainger confirmed that evidence was being collated and an evaluation of the project would take place at the end of the year.

Mrs Grainger presented the report on Telecare and Telehealth which promotes the use of assistive technology to avoid hospital admission and promote independent living and the Crisis Response Pilot which would utilise enhanced Reablement services seven days a week to deliver prevention and early intervention services.

A number of comments were noted as follows:

- i In order to achieve economies of scale, consistency and uniformity in functionality of equipment it would be advisable to keep providers to a minimum.
- ii Focus was on Telecare at present, Telehealth was to be developed at a later date.

RESOLVED:

- a) The Board noted the Update on Better Care Fund Work Streams

175 PETITIONS, DEPUTATIONS AND QUESTIONS

A question had been received from Healthwatch Rutland regarding the provision of dementia screening in NHS Health checks in Rutland.

A written response was provided by the Public Health Department Leicestershire County Council to members as below:

From April 2013, local authorities have been mandated to offer dementia awareness and signposting to those individuals aged 65 to 74 years who are undergoing an NHS Health Check. The dementia element is one of 13 components that constitute a full health check. This is specified nationally and does not include formal screening for dementia or any formal assessment or testing of memory. Its purpose is to raise awareness of dementia and inform patients of the existence of local memory clinics should they wish to discuss this with their general practitioner (GP). In addition to raising awareness of dementia, GPs are encouraged to highlight the relationship between cardiovascular risk factors and those risk factors associated with dementia. Some initial results from the dementia implementation study have demonstrated that this could be a positive message in encouraging behaviour change. The key messages to be included in the dementia component include:

- * Why people aged 65-74 are being given dementia information
- * Key signs and symptoms of dementia
- * Reinforcement of behavioural and physiological risk factor management
- * How to access further information and support

In 2013-14 for Rutland:

2463 people aged 40-74 years were invited to have a NHS Health check

1684 people aged 40-74 years received an NHS Health check

The age of patients that receive the check is not currently reported. We are currently exploring means by which we can improve the quality of the data we receive in order to identify groups of the eligible population who are not benefiting from health checks and exploring alternative methods of delivery for them.

Rutland continues to perform well in delivery of NHS Health checks and was recently highlighted as an area performing well in a Diabetes UK report, ranked 8th best performing authority nationally.

The delivery of NHS Health checks for Leicestershire and Rutland is currently out to tender as a lot within the procurement of Community Based Services (Former LES) from 1 October 2104.

During discussion it was noted:

- i The voluntary sector had an important role to play in fundraising and awareness of dementia.

Mr Sacks introduced the report which details the expression of interest put forward by East Leicestershire and Rutland Clinical Commissioning Group in assuming responsibility for co-commissioning of primary medical care services.

The following comments in relation to the report were made:

- i The results of an online questionnaire issued to GP Practices, PRG's and Stakeholders indicated a high level of local support for the CCG taking on additional responsibilities for primary medical care services.
- ii Any anxiety regarding potential for conflict of interest had been addressed as part of the paper with a stringent and transparent policy on Governance and assurance.

RESOLVED:

- a) The Board noted the contents of the report and support the phased transfer and shadow running prior to assuming full delegation.

177 20:20 HEALTH – OBESITY

Cllr Emmett gave a verbal update regarding the work being done at this "Think Tank" on the use of sugar in foods and corresponding levels of obesity and how this area might be regulated. Cllr invited comments from Members of the board within 3 weeks of the meeting to take forward to the next 20:20 meeting.

178 PUBLIC HEALTH OUTCOMES FRAMEWORK PERFORMANCE DASHBOARD

Mr Sandys introduced the report the purpose of which was to summarise public health performance on a subset of Public Health Outcome Framework for Rutland County.

The following comments in relation to the report were made:

- i) Compared to neighbouring authorities the results were largely good.
- ii) It would be useful for the Board to focus on particular areas.

RESOLVED:

- a) The Board noted Rutland's performance for the subset of indicators; and
- b) The Board agreed that they would focus on any particular trends/areas of interest as highlighted by Mr Sandy's each quarter.

179 PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

A hard copy of the report was provided to members at the meeting.

Mr Sandys introduced the report, the purpose of which was to highlight the statutory responsibility of the Health and Well Being Board to prepare a Pharmaceutical Needs Assessment (PNA) for Rutland and publish it by March 2015 and present information regarding the background and purpose, governance, consultation requirements and overview of proposed content and timescales.

RESOLVED:

- a) The Board noted the report; and
- b) The Board agreed to receive further reports on progress and the final PNA report for approval in March 2015.

180 ANY OTHER URGENT BUSINESS

Mrs Rhodes-White requested that some of the work streams and issues arising out of the Children's and Young People's Trust be considered by the Board in order to give an overarching strategic view. Some of the subject areas requiring focus were obesity and links to longer-term conditions, dental and oral health, emotional well-being and mental health.

RESOLVED:

- a) The Board agreed to consider items brought to it by the Children's and Young People's Trust.

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The Chair declared the meeting closed at 17.50pm

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