

+



# Rutland County Council

---

Catmose Oakham Rutland LE15 6HP

Telephone 01572 722577 Facsimile 01572 758307 DX 28340 Oakham

Record of a meeting of the **HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, at 2.00pm on **Tuesday 27 January 2015**

<b>PRESENT:</b>	Councillor Christine Emmett	Chair and Portfolio Holder
	Councillor Roger Begy	Leader of Rutland County Council (RCC)
	Helen Briggs	Chief Executive, RCC
	Dr Andy Ker	Vice Chair East Leicestershire and Rutland Clinical Commissioning Group
	Katy Sagoe	Director of Housing Services, Spire Homes
	Jane Clayton-Jones	CEO of Rutland Citizen Advice Bureau
	Tim Sacks	Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
<b>Also in Attendance:</b>	Julian Mallinson	Consultant in Public Health
	Dr Tim O'Neill	Deputy Chief Executive and Director for People, RCC
	Viv Robbins	Public Health Speciality Registrar
	Yasmin Sidyot	Head of Strategy and Planning for East Leicestershire and Rutland Clinical Commissioning Group
<b>OFFICERS PRESENT:</b>	Mark Andrews	Deputy Director for People
	Julia Eames	Project Manager Health and Social Care Integration
	Jason Haynes	Performance and Application Support Team Manager
	Katy Lynch	Health and Social Care Integration Project Manager
	Mark Naylor	Head of Delivery (Ageing Well)
	Vicky Todd	Head of Delivery (Specialist)
	Marcelle Gamston	Corporate Support Officer

## **APOLOGIES:**

### **663 MINUTES OF THE MEETING HELD 2 DECEMBER 2014**

The minutes of the meeting held on 2 December 2014 were taken as read, confirmed and signed.

### **664 DECLARATIONS OF INTEREST**

Councillor Emmett declared that she undertakes work for the National Health

Service and the Department of Health.

## **665 PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations or questions were received.

## **666 BETTER CARE FUND UPDATE**

Miss Lynch updated the Board on the Better Care Fund Plan progress.

During discussion it was noted:

- i. The plan had received full approval in December 2014;
- ii. That one of the conditions of approval was that the baseline for non-elective hospital admissions was reviewed. A report was to be brought to the next meeting of the Board with the revised baseline;
- iii. That a report on the outstanding business cases requiring approval would be brought to the next meeting of the Board;
- iv. That work was in progress to finalise the Section 75 agreement between East Leicestershire and Rutland Clinical Commissioning Group and Rutland County Council.

## **667 INTEGRATED DEMENTIA PATHWAYS**

Mr Naylor introduced the report the purpose of which was to seek the Board's approval of the business case for the Integrated Dementia Pathways scheme.

During discussion the following points were noted:

- i. That the report outlined the ways of delivery including specialist services, for example, a Rutland Dementia Mobile Hub was to be developed to support people living with dementia and their families.
- ii. The Local Authority was to employ a dedicated Memory Advisor to offer intensive support over a six week period to family, carers and people with dementia. This would be a new provision in Rutland.
- iii. The Memory Advisor post was to be a two year fixed term contract; it was recognised that there was a risk around funding for 2016/17 if Better Care Funding not available.
- iv. That ground floor accommodation might be available at the Victoria Hall, Oakham for the Memory Café. Mr Naylor agreed to pursue this.
- v. Intensive 1:1 targeted support service to be developed through the contract with the Alzheimer's Society.
- vi. Details to be sought from the Alzheimer's Society regarding the success of "Dementia Friends" in the county. Spire Homes to supply RCC with details of training for staff and tenants.
- vii. Patients diagnosed with dementia were being discharged by hospitals to GPs where their care would include two annual check-ups.
- viii. The prevalence of dementia in Rutland was close to the expected level.
- ix. That dementia awareness was built into health checks.

RESOLVED:

1. The Board noted and approved the Integrated Dementia Pathways Business Case.
2. The Board endorsed the exit strategy for this scheme.

3. The Board to receive quarterly performance updates on scheme effectiveness from the Project Lead.

## **668 ASSISTIVE TECHNOLOGY**

Mrs Eames updated the Board on Better Care Fund Scheme for Assistive Technology which aimed to enable people in need of support to use assistive technology to maintain their independence, health and wellbeing and reduce the reliance on other care services.

During discussion it was noted:

- i. That the main groups of service users likely to benefit from the scheme were people at risk of falling, people with dementia and people with a learning disability.
- ii. A six month pilot had commenced on 1<sup>st</sup> December 2014 with Olympus Care to promote the use of this technology.
- iii. An interest group had been established to promote shared learning.
- iv. That there was a need to look to a future service, how to take forward and link into prevention strategies and contract.
- v. That the vast majority of 999 calls where a service user was taken to hospital via an ambulance were received from warden controlled care homes and related to falls.

### **RESOLVED**

1. The Board noted the contents of the report and the business plan.
2. To identify opportunities for supporting the plan's objectives by various stakeholder groups, including the role of the voluntary sector and wider community services, to support delivery.
3. To note the time pressures for delivering a contract to have a service provider in place to underpin the delivery of the assistive technology service.

## **669 LEARNING DISABILITY – PROPOSAL TO REALLOCATE SCHEME FUNDS**

Mrs Todd introduced the report the purpose of which was to present the Board with a revised plan for the Better Care Fund Learning Disabilities (LD) Scheme as supported by the Integration Executive.

The following points were noted:

- i. The original proposal was for £84k.
- ii. Alternative plan would reserve £10k to support the Better Care Together work stream with a specific focus on market development and reallocate £74k to other schemes including, the detail of which was still to be worked up:
- iii. That market development would be per cent (%) of population per capita therefore would be less than £10k for Rutland.
- iv. The Learning Disabilities theme would be retained through embedding support for those with Learning Disabilities through a number of other schemes currently being developed including:
  - Integrated Dementia Pathways
  - Community Agents
  - Assistive Technology

It was noted that training with the workforce would be necessary to ensure that these schemes are in a position to support and target individuals with Learning Disabilities.

- v. Schemes to be monitored to demonstrate value for money and provide oversight of need being met.

#### RESOLVED

1. The Board approved the plan to discard the existing Learning Disability Scheme stated in the approved Better Care Fund Plan which included an "Out of County Link Worker".
2. The Board supported the plan to incorporate support for those with LD into a number of planned schemes as follows:
  - a) Assistive technology
  - b) Community Agents
  - c) Integrated Dementia Pathway
3. The Board agreed to reserve a small proportion to support developments within Better Care Together linked to LD.
4. The Board agreed to redirect the remaining allocation of £74K to new scheme(s) that will have a greater impact on the health and social care system.
5. The Board agreed to receive a progress update at the next Health and Wellbeing Board meeting on 24 March 2015.

### **670 PERFORMANCE REPORTING FRAMEWORK**

Miss Lynch and Mr Haynes presented the report to the Board. The report provided the Board with the opportunity to comment on the proposed approach.

The following points were raised:

- i. That the following alterations be made to the information presented:
  - a) Savings – did not need to be included as not controlled by the Board
  - b) Metrics on RAG – already covered therefore not necessary
- ii. That back up data could be requested, if required, by the Board.
- iii. That Metric 3 – Delayed Transfers of Care remain in the report.
- iv. That an exception report to highlight major changes be included at the beginning of future performance reports.

#### RESOLVED

1. The Board endorsed the performance schedule attached at Appendix A with the changes outlined above.
2. The Board noted the performance information provided at Appendices B-D.

### **671 COMMUNITY SERVICES STRATEGY**

Ms Sidyot introduced the report on the Draft Integrated Services Strategy of the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG).

The following comments in relation to the report were made:

- i. That some of the comment of the draft strategy was illegible so unable to comment. Ms Sidyot undertook to look into this.
- ii. That the ELRCCG did not have the capacity to produce a Rutland specific strategy but could provide a separate schedule to show engagement in Rutland.
- iii. The purpose of the strategy was to provide an overview of work being undertaken and was linked to the Joint Strategic Needs Assessment through the commissioning cycle.
- iv. That this was not a public consultation; it was a direction of travel. There was an agreement of understanding from stakeholders on how it linked to the third sector.
- v. That detail about Rutland needed to be part of the strategy; that there should be a pause in the process to allow genuine engagement with Rutland as a key partner.
- vi. That the document could be more targeted with reference to other documents rather than include in full.

**RESOLVED:**

1. The Board noted the publication and content of the Community Services Strategy.
2. That the comments of the Board be noted.

**672 BETTER CARE TOGETHER – SOCIAL CARE STRATEGY**

Mrs Briggs informed the Board that she had been appointed as the Rutland Senior Responsible Owner for the Social Care Strategy, Leicester City, Leicestershire and Rutland. Members were advised that a workshop to revisit the existing draft was to be held on 6 February 2015. This would be brought back to the next Board meeting.

**673 NHS PLANNING GUIDANCE**

Ms Sidyot introduced a report and guidance the aim of which was to co-ordinate and establish a firm foundation for longer term transformation of the NHS and would support commissioners and providers to deliver the objectives of the NHS Five Year Forward View.

The following points were noted:

- i. That the ELRCCG was in the process of refreshing its Two Year Operational Plan for 2015/16; around prevention and linking in with public health and local authorities around delivering.
- ii. That Rutland would be keen to pilot. ELRCCG would welcome working with Rutland if able to work together to fulfil. Ms Sidyot to forward NHS England expression of interest information to Mr Andrews.
- iii. That the NHS was working closely with universities in the East Midlands to change their curriculum and to ensure that undergraduates went into local practice.

**RESOLVED:**

1. The Board noted the contents of the Briefing.

**674 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2014 – THE**

## **WIDER DETERMINANTS OF HEALTH**

Mr Mallinson introduced the report on behalf of the Director of Public Health, Mr Sandys. The aim of the report was to raise awareness of the role that other departments of the County Council and partners had in improving the health of the population and to look to adopt the World Health Organisation's "Health in All Policies" approach to embed health as a central consideration for all policies developed by Rutland County Council.

The following comments in relation to the report were made:

- i. The report had been developed by the Public Health team and leads across RCC.
- ii. The report contained the nine areas, as stated in the King's Fund report, where local authorities had the largest impact.
- iii. That there had been five years of massive expenditure on housing with work being undertaken to look at the quantitative health benefits. Public Health to be provided with this information.
- iv. That heating and insulation had a significant impact on health with extra funds being put into working with families and how this impacted on them.
- v. It was noted that oral health of children by age 5 and babies being breastfed at 6-8 weeks after birth was lower than the national average for England. There was an expectation that the new health visitor would examine this and that there would be better data regarding Early Years during next year.
- vi. That on page 25 "less than 5 people who were unemployed" was incorrect. Mr Mallinson to clarify. Mr Begy advised the Board that there were 326 people unemployed, 0.8% claiming Job Seekers Allowance.

**RESOLVED:**

1. The Board noted the contents of the report.
2. The Board supported the recommendations in the report.

## **675 LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH PROTECTION BOARD ANNUAL REPORT 2013-14**

Ms Robbins introduced the report on behalf of the Director of Public Health, Mr Sandys. The purpose of the report was to inform the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland (LLR) that the Health Protection Board was delivering its statutory functions and to provide them with them with the assurance regarding the whole system for health protection across LLR.

The following comments in relation to the report were made:

- i. The local authority had greater responsibility for ensuring that relevant organisations plans were in place.
- ii. The purpose of the report was to assure the Board that the health protection agenda was being addressed.
- iii. There had been a 52% take up of the nasal flu immunisation piloted in Rutland last year.

- iv. That page 21, point 7 worked in practice with well-established protocols being in place. It was felt that this could be better worded within the document.
- v. That the Annual Report for this financial year would have greater clarity.
- vi. In response to the query relating to whether it was documented anywhere what would happen in the case of default; Dr O'Neill agreed to produce a flowchart highlighting who does what and who contacts who to be brought back to the Board.

RESOLVED:

- 1. The Board noted the contents of the report.

**676 ANY OTHER URGENT BUSINESS**

No other urgent items of business were raised.

**677 DATES AND TIMES OF FUTURE MEETINGS**

Tuesday 24 March 2015 – 2.00pm

---oOo---

The Chair declared the meeting closed at 3.47pm.

---oOo---