Rutland County Council



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Minutes of the **MEETING of the HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 28th June, 2016 at 2.00 pm

PRESENT:

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| 1. | Richard Clifton (Vice Chair) | Portfolio Holder for Health and Adult Social Care |
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| 2. | Alastair Mann | Alternative Portfolio Holder for Health and Adult Social Care |
| 3. | Mark Andrews | Deputy Director for People, RCC |
| 4. | Jane Clayton-Jones | CEO of Rutland Citizens Advice |
| 5. | Jennifer Fenelon | Chair, Healthwatch Rutland |
| 6. | Mike Sandys | Director of Public Health, Leicestershire and Rutland |
| 7. | Tim Sacks | Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) |
| 8. | Wendy Hoult (rep. Trish Thompson) | Better Care Manager for the East Midlands, NHS England Local Area Team |
| 9. | Sandra Taylor | Health and Social Care Integration Project Manager, RCC |
| IN ATTENDANCE: | | |
| 10. | Bernadette Caffrey | Head of Families Support – Early Intervention, RCC |
| OFFICERS PRESENT: | | |
| 11. | Jane Narey | Corporate Support Officer (minutes), RCC |
| APOLOGIES | | |
| 12. | Amy Laurie (nee Callaway) | Head of Community Support Services, Spire Homes |
| 13. | Helen Briggs | Chief Executive, RCC |
| 14. | Rachel Dewar | Leicestershire Partnership NHS Trust |
| 15. | Inspector Gavin Drummond | Leicestershire Constabulary |
| 16. | Dr Andy Ker | Vice Chair, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) |
| 17. | Karen Kibblewhite | Head of Commissioning, RCC |
| 18. | Terry King (Chair) | Leader of Rutland County Council |
| 19. | Dr Tim O'Neill | Deputy Chief Executive and Director for People, RCC |
| 20. | Emma Jane Perkins | Service Manager, Adult Social Care |
| 21. | Trish Thompson | NHS England Local Area Team |
| 22. | Yasmin Sidyot | Head of Strategy and Planning, East |
| | | Leicestershire and Rutland Clinical |

Commissioning Group (ELRCCG)

---0Oo---In the absence of Mr King as Chair; the Vice-Chair, Mr Clifton chaired the meeting. ---0Oo---

71 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Well-being Board held on the 22nd March 2016, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

72 DECLARATIONS OF INTEREST

No declarations of interest were received

73 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received from members of the public.

74 BETTER CARE FUND 2016-2017

Report No. 123/2016 was received from Ms Taylor. The purpose of the report was to update the Board on the progress made with the 2016-17 BCF Plan and to review and approve the business cases.

The Board was asked to consider the following three questions:

- i. Which aspects of the new programme does the HWB feel are the most significant to improving the quality and sustainability of health and care services in Rutland?
- ii. Over the last few months, Rutland has used BCF funding to pilot fresh approaches to avoiding delayed transfers of care (DTOCs). This demonstrates the potential for using the area as an agile test bed for system changes. In which other areas would the HWB like the further potential for this way of working explored?
- iii. Are there other elements of health and social care integration, outside of the BCF, which the HWB would like to see a greater focus on?

During discussion the following points were noted:

- a) The Rutland BCF Plan had been approved by central government following some minor amendments.
- b) The Section 75 agreement had now been agreed by Cabinet and the Clinical Commissioning Group (CCG).
- c) The programme's focus on prevention was highlighted by Wendy Hoult (for NHS England) as a distinctive and welcome feature of the Rutland programme, and something other areas were likely to be interested in.
- d) A communication plan was being drafted to better inform and therefore engage service users and providers. There is a need to communicate the programme's 'bigger picture' aims.
- e) Real-time feedback would be sought from service users regarding the different projects.
- f) There was agreed to be potential to run more pilot projects in Rutland, building on the DTOC reduction experience.

- g) The role of the Integration Executive Group would be reviewed regarding its purpose and how it relates/links into other groups/boards. The group should review and manage timescales, deadlines and results of the BCF business cases.
- h) The role of the Health and Wellbeing Board would also be reviewed as it needs to focus on certain issues rather than try to cover everything.
- i) All the business cases look very positive but they need to be managed as a whole and not as individual cases.
- j) Service users should be included in the re-naming process of the 'Urgent Care Centres'.
- k) Many organisations are involved in providing information to end users. It needs to be easier to access information and and the information needs to be more consistent. A coordination and communication project is being set up under the Prevention priority to progress this aim with BCF partners.

AGREED:

- 1. The Board **NOTED** the progress on finalising and starting to deliver the Rutland 2016-17 Better Care Fund plan.
- 2. The Board **REVIEWED** and **APPROVED** the four BCF priority level business plans.

75 CHILDREN, YOUNG PEOPLE AND FAMILIES PLAN 2016-2019

Report No. 124/2016 was presented by Mrs Caffrey. The purpose of the report was to inform the Board of the agreed vision and priorities for the Children's Trust partnership for 2016 to 2019.

During discussion the following points were noted:

- a) The plan had 4 key themes:
 - i. Keeping children well and safe
 - ii. Fair society
 - iii. Listening
 - iv. Efficiency
- b) Health was a major priority in the plan, as detailed in Key Theme 1
- c) Partnership working was needed to ensure success.
- d) It was proposed that outside partners be invited to the Rutland Health and Wellbeing Board development session on the 7th July so as to be included in the discussion regarding the role, purpose and development of the Board.

AGREED:

- 1. The Board **NOTED** the contents of the Children, Young People and Families Plan and especially the priority actions for 2016 / 2017
- 2. The Board **AGREED** to receive a progress report on the achievement against the priority actions at the November 2016 meeting of the Board.

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At the request of the Chair, Agenda Item 8 was discussed before Agenda Item 7 ----000----

76 NATIONAL DEVELOPMENT TEAM FOR INCLUSION (NTDI) SEND REVIEW

Report No. 125/2016 was presented by Mrs Caffrey. The purpose of the report was to inform the Board of the outcome of the recent SEND (special educational needs and disability) review recently undertaken by the National Development Team for Inclusion (NDTi).

During discussion the following points were noted:

- a) The review last two days (31 March 2016 1 April 2016) and was a positive experience.
- b) SEND needed more inclusion and better discussion at the Rutland Health and Wellbeing Board as the issue included people up to the age of 25 years.
- c) Rutland County Council is expecting an imminent Ofsted area inspection on SEND services across the partnership.
- d) It was suggested that the Board should review the SEND Improvement Plan which would be produced following the recent 2-day review and in preparation for the SEND area inspection.

AGREED:

- 1. The Board **NOTED** the contents of the report.
- 2. The Board requested that the progress on the SEND Development Plan be reported to the Board at a future meeting.

---0Oo---Mrs Caffrey left the meeting at 3.14 p.m. ---0Oo---

77 UPDATE ON EMERGENCY CARE AND THE LEICESTERSHIRE, LEICESTER AND RUTLAND (LLR) VANGUARD

Report No. 130/2016 was presented by Mr Sacks. The purpose of the report was to update the Board on the Urgent Care Improvement work including the LLR Urgent Care Vanguard, the work being undertaken by ELRCCG and how this impacted on and benefited the patients of Rutland.

During discussion the following points were noted:

- a) The Vanguard programme consisted of 6 strands.
- b) Strand 1 Integrated Community Urgent Care would be the main issue for Rutland
- c) The Vanguard programme would cover all of the East Midlands and must be commissioned and in place by April 2017.
- d) A clinical navigation hub would be established to deal with non-clinical triage.
- e) The following information was required in order to move the programme forward:
 - i. What do we count as 'in-hours provision' and what do we count as 'out-of-hours provision'?
 - ii. What cover do we provide between 8 a.m. to 8 p.m. and what cover do we provide between 8 p.m. and 8 a.m.?
 - iii. What hours do we cover on a Saturday and Sunday?
 - iv. What services do we provide on a Saturday and Sunday?
 - v. What do we mean by 'Urgent Care Centre'?
 - vi. What does an 'Urgent Care Centre' actually do?

AGREED:

1. The Board **NOTED** the update from the East Leicestershire and Rutland Clinical Commissioning Group

78 NHS QUALITY PREMIUM 2016-2017

Report No. 126/2016 was presented by Mr Sacks. The purpose of the report was to provide the Board with information on specific indicators that related to the Quality Premium 2016/17 and to confirm specific indicators, where choices had been made in agreement with NHS England.

During discussion the following points were noted:

- a) The Quality Premium for 2016/17 was intended to reward Clinical Commissioning Groups for improvements in the quality of the services that they had commissioned and for associated improvements in health outcomes.
- b) There were three local priorities:
 - i. Cancer % of lung cancers detected at an early stage (1 or 2)
 - ii. Mental Health Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression
 - iii. Mental Health Reported numbers of dementia on GP registers as a % of estimated prevalence
- c) Targets for the three local priorities were set above the national standards.
- d) A discussion between the Board and the Clinical Commissioning Group (CCG) could be held next year prior to the CCG's discussion with NHS England to identify future local priorities.
- e) The Board should identify how it can help the CCG achieve the targets of the quality premium.

AGREED:

1. The Board **NOTED** the report from the East Leicestershire and Rutland Clinical Commissioning Group

79 INTEGRATING LEICESTERSHIRE, LEICESTER AND RUTLAND (LLR) POINTS OF ACCESS

Report No. 127/2016 was presented by Mr Andrews. The purpose of the report was to inform members of the Committee of the Business Case which had been developed for Integrating LLR Points of Access across health and social care partners.

During discussion the following points were noted:

- a) The costs and benefits stated in the business case do not relate to Rutland.
- b) The business case needs amending particularly the costings and financial return figures as it was not a viable option in its current state.
- c) The report would not be presented to any other boards/groups as Rutland County Council was unable to support the business case. However, the Council did support the 'principle' behind the business case.

AGREED:

- 1. The Board **NOTED** the report from the Transformation Unit at Leicestershire County Council.
- 2. The Board **AGREED** to only engage in Phase 1 of the programme.

80 ANY URGENT BUSINESS

There was no urgent business

81 DATE AND ITEMS FOR NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be on Tuesday, 27 September 2016 at 2.00 p.m. in the Council Chamber, Catmose.

AGREED:

The following items would be included on the next agenda:

- Rutland Health and Wellbeing Board: Terms of Reference review To review/update the TOR for the HWB Report from Mark Andrews
- 2. Rutland Local Safeguarding Children's Board and Safeguarding Adults Board: ANNUAL REPORTS

Presentation of the finalised annual report for information and discussion Report from Paul Burnett

> ---0Oo---The Chairman declared the meeting closed at 4.02 pm. ---0Oo---