



# 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, 29th November, 2016 at 2.00 pm

<b>PRESENT:</b>		
1.	Richard Clifton (Chair)	Portfolio Holder for Health and Adult Social Care
2.	Fiona Taylor	Care Business Manager, Spire Homes
3.	Jane Clayton-Jones	CEO of Rutland Citizens Advice
4.	Jennifer Fenelon	Chair, Healthwatch Rutland
5.	Mike Sandys	Director of Public Health, RCC
6.	Tim Sacks	Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
7.	Wendy Houlton (rep. Trish Thompson)	Better Care Manager for the East Midlands, NHS England Local Area Team
8.	Alastair Mann	Alternative Portfolio Holder for Health and Adult Social Care
9.	Karen Kibblewhite	Head of Commissioning, RCC
10.	Sandra Taylor	Health and Social Care Integration Manager, RCC

<b>IN ATTENDANCE:</b>		
11.	Mark Gregory	General Manager, East Midlands Ambulance Service Leicester, Leicestershire and Rutland

<b>OFFICERS PRESENT:</b>		
12.	Mark Fowler	Head of Learning and Skills. RCC
13.	Marcelle Gamston	Corporate Support Officer (minutes), RCC

## 423 APOLOGIES

14.	Dr Andy Ker	Vice Chair, East Leicestershire & Rutland Clinical Commissioning Group
15.	Inspector Gavin Drummond	Leicestershire Police
16.	Helen Briggs	Chief Executive, RCC
17.	Rachel Dewar	Head of Community Health Services, Leicestershire Partnership NHS Trust
18.	Trish Thompson	NHS England Local Area Team
19.	Dr Tim O'Neill	Deputy Chief Executive and Director for People, RCC
20.	Mark Andrews	Deputy Director for People, RC

#### **424 RECORD OF MEETING**

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 27<sup>th</sup> September 2016, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

#### **425 DECLARATIONS OF INTEREST**

No declarations of interest were received.

#### **426 PETITIONS, DEPUTATIONS AND QUESTIONS**

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

#### **427 LEICESTER, LEICESTERSHIRE & RUTLAND SUSTAINABILITY AND TRANSFORMATION PLAN**

A verbal update was received from Tim Sacks, chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group.

During discussion the following points were noted:

- a) NHS England had identified three main gaps in the current healthcare services:
  - i. Health and Wellbeing
  - ii. Quality of care and services
  - iii. Finances and efficiency
- b) New model of care “Home First” principle focused on significantly enhancing the present service. To support this Leicester, Leicestershire and Rutland (LLR) were working on an integrated team approach.
- c) Urgent and emergency healthcare services – linked all of the main services.
- d) Significant pressure on the General Practice (GP) service – looking at ways to recruit doctors, special nurses and pharmacists to ensure patients receive appropriate care.
- e) Planned care – 42,000 new or repeat outpatient appointments per year for Rutland residents. The majority of which are in Peterborough or Leicester, looking to increase the number of appointments available locally.
- f) Subject to public consultation LLR plan to reconfigure the services of the city hospitals; Leicester General Hospital would not remain as an acute site.
- g) Community Hospitals – clear evidence for stroke rehabilitation and sub-acute care. Propose reducing beds across LLR including Rutland subject to a formal public consultation.
- h) Pathway/Clinical redesign – looking at how health working with public health and social care.
- i) Rutland – one element reorganised: System Leadership Team to be held to account by the Health and Wellbeing Board.
- j) Future plans:
  - i. Focusing very clearly on Home First Model – clinical workshop to be held for the public.
  - ii. New integrated service model for urgent and out-of-hours care – will be consulting with the public.

- iii. Integrated Health Care Services – joint posts already funding and working. Plan pushed by Rutland County Council to maximise opportunities for high quality patient benefits.
- k) Rutland Memorial Hospital (RMH) site – consulting on whether or not the ward will remain open as Home First Model; increased primary care access as well as weekend and out-of-hours access.
- l) Access to GP Services – Rutland patients’ access higher than the national average. Need to ensure appropriate facilities and health care staff. Commissioning doctor based in locality weekend and out-of-hours service.
- m) Planned events:
  1. Healthwatch Rutland Event – 7 December – Oakham Castle
  2. Health Care Path Workshops – January 2017
  3. Healthwatch Rutland Event – February 2017
  4. Questionnaires/radio/social media/etc.
  5. During discussion Tim Sacks gave an assurance that materials for consultation would include details of proposed services at Rutland Memorial and also the new models of care evidence supporting the proposed reduction of 463 beds.

**AGREED:**

1. The Board **AGREED** that the Sustainability and Transformation Plans for Leicester, Leicestershire and Rutland and Cambridgeshire and Peterborough would be discussed at the next Board meeting on the 31<sup>st</sup> January 2017.

**428 EAST MIDLANDS AMBULANCE SERVICE: RUTLAND LISTENING EVENT - FINAL REPORT**

Report No. 213/2016 was received from Jennifer Fenelon, Chair, Healthwatch Rutland and Mark Gregory, General Manager, East Midlands Ambulance Service Leicester, Leicestershire and Rutland (LLR). The purpose of the report was to bring to the Health and Wellbeing Board’s attention the outcomes of the EMAS Rutland Listening Event hosted by Healthwatch Rutland on 22<sup>nd</sup> July 2016.

During discussion the following points were noted:

- a) Rutland was the worst performing area in the East Midlands with residents expressing concern about response times; the actual waiting times were not yet available.
- b) Residents praised the service received from the paramedics.
- c) Rutland Rural Response Model – trialled to reduce response times. Resource held in Rutland area for most critically unwell (Red1/Red2). Next phase was to liaise with health partners in Rutland. In August Red 1 response rate was in excess of 75% (national standard), a clear benefit of having a resource available; Red 2 response rate was 42% against a contractual target of 54%. Performance had fallen with the resource being moved away from Rutland, to cover Leicestershire and Stamford as required. Leicester Royal Infirmary continued to be a challenge.
- d) The Ambulance Response Programme was changing the codes describing a patient’s condition enabling the targeting of the right resource to the patient.
- e) European Heart Day was a key piece of work with schools to deliver CPR training.

- f) The Rutland area contained 39 defibrillators; EMAS staff able to direct callers towards these.
- g) LLR had the highest level of Red calls in the East Midlands. Possible causes for this were being looked into.
- h) Leicester Clinical Commissioning Group had the highest call volumes in the region which impacted on the rest of the region. 65% of 999 calls fell into a Red category.

**AGREED:**

- 1. The Board **NOTED** the recommendations in the report made by Healthwatch Rutland and the responses from EMAS.
- 2. The Board would receive a progress report on what recommendations in the report had been addressed by EMAS in approximately 6 months.

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3.15 pm Mrs Fenelon, Mr Gregory and Ms Sandra Taylor left the meeting  
3.18 pm Ms Sandra Taylor re-joined the meeting

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**429 SPECIAL EDUCATIONAL NEEDS & DISABILITY STRATEGY**

Report No. 215/2016 was received from Mark Fowler, Interim Head of Learning and Skills. The purpose of the report was to consult the Board on the draft strategy.

Mr Fowler gave a presentation to the Board on the draft strategy.

During discussion the following points were noted:

- a) System Leadership Team and key Champions to be created:
  - Political Champion – Councillor Richard Foster
  - Parent Champion – to be appointed
  - Professional Champion – to be appointed
- b) Special Educational Needs would be inspected by OFSTED as an area of service.
- c) Four key messages from the Rutland SEND self-evaluation:
  - i. Improve outcomes
  - ii. Give prominence to the child's voice
  - iii. Engage and support parents better
  - iv. Educate closer to home
- d) In Rutland 8% SEND children, nationally this was 15%. However, in Rutland 3.5% of SEND children have a plan against the national average of 2.7%.
- e) In conclusion:
  - i. Identify any changes/amendments especially around targets
  - ii. Looking for buy-in to strategy from key players
  - iii. Looking to develop System Leadership Team
  - iv. Looking for suggestions for Parent and Professional Champions

- f) Consideration being given to a SEND Hub, virtual and real, to help integrate into education. Three companies (schools) had offered locations and provision of satellite services.
- g) Designated Service Provision (DSP) often not full. Places funded in advance but not taken therefore encouraging a change of entry criteria.
- h) Develop capability for schools to handle SEN education.
- i) Family support was a fundamental first step. Previous work had emphasised working with families: Early Years and Health.
- j) The strategy was a robust statement around use of pooled budget in the education plan; a key short term objective. Looking to substantially increase the use of personal budgets.
- k) That the Strategy appended to this report was for professionals. Different documents would be presented to other audiences.
- l) That it was important to get the messages across to parents and families. To provide a robust SEN handbook.
- m) That the Children's Trust was the appropriate forum for the strategy to be considered at; and reported back on to the Board.

**AGREED:**

- 1. That the Board was consulted on the draft strategy.
- 2. The Board would **NOTIFY** of any changes or amendments to the draft Special Educational Needs and Disability Strategy made by the Children's Trust.

**430 HEALTH AND WELLBEING BOARD: TERMS OF REFERENCE - UPDATE**

To receive a verbal update regarding the revised Terms of Reference for the Rutland Health and Wellbeing Board, from Karen Kibblewhite, Head of Commissioning. Copies of the Terms of Reference were distributed.

During discussion the following points were noted:

- a) Terms of Reference agreed by Council on 14 November 2016.
- b) Revised version of the HWB and LSCB/SAB Joint Protocol attached as Appendix A.

**AGREED:**

- 1. The Board would **NOTIFY** Karen Kibblewhite of any queries or concerns regarding the revised HWB and LSCB/SAB Joint Protocol.

**431 ANY URGENT BUSINESS**

There was no urgent business.

**432 DATE OF NEXT MEETING**

The next meeting of the Rutland Health and Wellbeing Board would be on Tuesday 31<sup>st</sup> January 2017 at 2.00 p.m. in the Council Chamber, Catmose.

**AGREED:**

The following items would be included on the next agenda:

- 1. Leicester, Leicestershire and Rutland Sustainability and Transformation Plan**  
To receive a report from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group
- 2. Cambridgeshire and Peterborough Sustainability and Transformation Plan**  
To receive an overview of the priorities of the sustainability and transformation plan for Cambridgeshire and Peterborough lead by Jo Fallon, Workstream Support Manager, Cambridgeshire and Peterborough Health and Care system
- 3. Congenital Heart Surgery (CHS) Services in Leicester**  
Discussion relating to the issues relating to CHS services in Leicester led by Will Huxter, Regional Director of Specialised Commissioning, NHS England.
- 4. Children, Young People and Families Plan 2016-19: Progress Report**  
To receive a progress report on the achievement against the priority actions detailed in the plan from Bernadette Caffrey, Head of Families Support – Early Intervention. Papers will be circulated with the agenda for feedback but the item will not be discussed in the actual meeting.

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**The Chairman declared the meeting closed at 4.00 pm.**

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