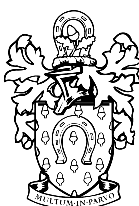

Rutland County Council

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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 March 2017 at 2.00 pm

PRESENT:		
1.	Richard Clifton (Chair)	Portfolio Holder for Health and Adult Social Care
2.	Alastair Mann	Alternative Portfolio Holder for Health and Adult Social Care
3.	Dr Andy Ker	Vice Chair, East Leicestershire & Rutland Clinical Commissioning Group
4.	Fiona Taylor	Care Business Manager, Spire Homes
5.	Helen Briggs	Chief Executive, RCC
6.	Jennifer Fenelon	Chair, Healthwatch Rutland
7.	Mike Sandys	Director of Public Health, RCC
8.	Dr Tim O'Neill	Deputy Chief Executive and Director for People, RCC
9.	Simon Mutsaars	CEO of Rutland Citizens Advice

IN ATTENDANCE:		
10.	James Fox	Safeguarding Boards Business Office Manager
11.	Will Huxter	Regional Director of Specialised Commissioning, NHS England
12.	Chris West	Director of Nursing and Quality, NHS Leicester City Clinical Commissioning Group

OFFICERS PRESENT:		
13.	Karen Kibblewhite	Head of Commissioning, RCC
14.	Sandra Taylor	Health and Social Care Integration Manager, RCC

694 APOLOGIES

15.	Insp. Gavin Drummond	Leicestershire Police
16.	Rachel Dewar	Head of Community Health Services, Leicestershire Partnership NHS Trust
17.	Roz Lindridge	Locality Director, NHS England Local Area Team
18.	Tim Sacks	Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)

695 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 31st January 2017, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

696 DECLARATIONS OF INTEREST

Dr Ker declared a conflict of interest in Agenda Item No. 9 as was a GP in a Rutland medical practice.

697 PETITIONS, DEPUTATIONS AND QUESTIONS

Two questions had been received from Mrs K Reynolds and Dr J Higgo regarding the Proposals to Implement Congenital Heart Disease Services for Children and Adults in England. At the suggestion of the Chair and with the agreement of the Board and Mrs Reynolds and Dr Higgo, it was decided to discuss the questions within Agenda Item 6, after the presentation by Mr Huxter.

698 LOCAL SAFEGUARDING CHILDREN'S BOARD AND SAFEGUARDING ADULTS BOARD: BUSINESS PLANS

Report no. 71/2017 was received from Paul Burnett, Chair of the Leicestershire and Rutland Safeguarding Children and Adults Boards and was presented by James Fox, Safeguarding Boards Business Office Manager.

During discussion the following points were noted:

1 The report gave an overview of the draft proposed Business Plan priorities for the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB) and the Leicestershire and Rutland Safeguarding Adult Board (LRSAB) for 2017/18.
2 More detailed action plans would be presented to the LRLSCB and the LRSAB on Friday, 31st March 2017.
3 The development priorities for the LRSAB would be:

1. Prevention
2. Making Safeguarding Personal (MSP)
3. Thresholds
4. Self-Neglect

4 The development priorities for the LRLSCB would be:

1. CSE, Trafficking and Missing
2. Children with Disabilities
3. Signs of Safety

5 The Joint Development Priorities would be:

1. The Toxic Trio
2. Participation and Engagement
3. Emotional Health and Well Being
4. Multi-Agency risk management and supervision

6 The procedures for processing safeguarding issues would be reviewed as any concerns raised regarding a child or children had to be recorded in writing. This was not currently the case for adults.

AGREED:

1. The Board **NOTED** the proposed Business Plan priorities 2017/18 for the LRLSCB and LRSAB, particularly in relation to the most appropriate route for assurance

regarding the safeguarding implications and impacts of the Better Care Together and Sustainability and Transformation Plan programmes.

699 PROPOSALS TO IMPLEMENT CONGENITAL HEART DISEASE SERVICES FOR CHILDREN AND ADULTS IN ENGLAND

Report No. 60/2017 was received from Will Huxter, Regional Director of Specialised Commissioning, NHS England

During discussion the following points were noted:

a) The consultation process would run from the 9th February until the 5th June 2017.
b) It was proposed to implement national service standards at every hospital that provided congenital heart disease (CHD) services. This would result in some hospitals carrying out more CHD surgery while other hospitals would stop this work.
c) University Hospitals of Leicester (UHL) NHS Trust did not and would not meet the minimum number of cases required by the national service standards – 375 cases by April 2016 and 500 cases by April 2021. It was therefore proposed that surgery and interventional cardiology for children and adults at this hospital should cease.
d) It was proposed that children and adults who would receive surgery and/or interventional cardiology at University Hospitals of Leicester would in future receive their care at either Birmingham Children's Hospital NHS Foundation Trust or University Hospitals Birmingham NHS Foundation Trust. Some Leicester patients could also choose Leeds Teaching Hospitals NHS Trust, if this was closer for them than Birmingham, or any other commissioned centre. NHS England would not direct patients to attend particular centres.

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The Chair agreed to take the questions from Mrs K Reynolds and Dr J Higgo
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QUESTION 1 – from Mrs K Reynolds
Can NHS England assure the patients and their families in the East Midlands that the risks associated with the implementation of the proposal to decommission CHD services at Leicester, will NOT exceed any known/ evidenced based risk associated with giving EMCHC sufficient time to meet the standards, as has been offered to Newcastle?

Background:
The East Midlands Congenital Heart Centre (EMCHC,) is a high quality Level 1 centre that provides Congenital Heart Disease (CHD) Surgery and all related medical CHD services for the population of the East Midlands. It also provides the majority of extracorporeal membrane oxygenation (ECMO) services for the entire UK.
Its latest CQC inspection rated the EMCHC as Outstanding for effectiveness. Its latest results show they are performing above expectations in many areas such as Better that Expected Surgical Survival Rates, low waits for surgery and a 99% recommendation rate on Family & Friends Test. The EMCHC is up there with the best, but the constant uncertainty surrounding the unit will undermine the confidence of both the staff working within the unit and of those clinicians sending patients to it, in case it might not be there in 18 months.

Question:
It is known from National Institute for Cardiovascular Outcomes Research (NICOR) data that the East Midlands already delivers over 500 cases of Congenital Heart Disease (CHD) surgery per annum, and based on Office for National Statistics (ONS) population growth this caseload is expected to rise. The EMCHC believes with time they will be able to facilitate relationships and referrals from within the East Midlands that will meet the 2021 case load standard. The proposal from NHS England will mean significant change for patients in the East Midlands and we all recognise that there are significant risks associated with transition, it rarely goes as smoothly as the proposal suggests and that means it will impact patient care, safety and experience.
Can NHS England assure the patients and their families in the East Midlands that the risks associated with the implementation of the proposal to decommission CHD services at Leicester, will NOT exceed any known/ evidenced based risk associated with giving EMCHC sufficient time to meet the standards, as has been offered to Newcastle?

RESPONSE 1 – from Mr Huxter
UHL does not meet the current surgical activity requirement. Based on the latest available data, none of its three surgeons is undertaking more than the minimum 125 operations per year.

NHS England's analysis shows that the population within the area for which UHL is the closest L1 centre would be expected to require over 500 operations per year.

We expect that at some point within the next few years UHL will meet the standard that came into effect in April 2016, which will require it to undertake at least 375 operations.

We recognise that UHL believes that it will be able to attract referrals that will lead to a level of surgical activity that would meet the 2021 requirement of four surgeons each undertaking 125 operations a year, but it has not provided a robust plan that demonstrates to us how this will be achieved, nor any certainty about when it will be achieved in relation to the requirements of the standards.

Our aim is to assure patients that the care they receive meets the standards. We cannot rely on aspirations or beliefs that are not backed up by robust plans that we can be assured can and will be delivered.

When NHS England's board makes its decisions it will take account of the risks associated with change as well as the benefits of any proposed change.

QUESTION 2 – from Dr J Higgo
At the meeting NHS England held on 9th March at Tigers Conference Facilities in Leicester, as part of the Consultation, a number of questions were raised. Mr Huxter indicated he would provide answers. It is my understanding that no answers have been received as of 24/3/17. As the questions were on key areas of information answers are required to give a balanced picture and so will allow carers members of the public full participation in the Consultation. Just one example of an outstanding reply, Mr Huxter said he would make available the data used to calculate travel time, which is very important for those living in Rutland and the East Midlands as the figures quoted in their Consultation

document would be impossible to meet even in light traffic. I ask for Mr Huxter's assurance that a prompt response will be forthcoming

RESPONSE 2 – from Mr Huxter

We calculated the travel times by looking at all the patients admitted for surgery relating to congenital heart disease in England between 2006/07 and 2014/15. We looked at where those patients lived and calculated their journey time to their current level 1 centre. We then calculated their journey time to their nearest centre if our proposals were to be implemented. From these figures we calculated average (median) journey times and the maximum travel time experienced by 90% of patients. We then compared journey times for the current arrangement of services and for the arrangement of services if our proposals are implemented (i.e. without level 1 services in Manchester, Leicester and at the Royal Brompton in London).

Patient locations were based on the MSOA of residence rather than their actual address. Super Output Areas are a geography used by government for statistical comparison. Middle Layer Super Output Areas (MSOAs) have an average population size of 7,500. We used MSOAs rather than actual addresses because of information governance restrictions on the use of patient identifiable data.

Information on admissions was taken from the HES dataset (Hospital Episode Statistics: the NHS standard data source for information about hospital activity). We used HES because this gave us both the means to identify hospital activity as related to CHD (using procedure and diagnosis codes) and the means to derive the MSOA in which the patients were resident.

The journey times used in the calculations were from Google Maps (using the Google Maps API - Application Programming Interface).

In considering these journey time calculations it is worth remembering that not all patients currently receive their care from their closest centre. So when looking at how journey times would change if our proposals are implemented, those patients currently using a centre that is not their closest would, in our calculations, see a reduced travel time if that centre ceased providing L1 care, because we assume they would in future go to their nearest centre. And those patients living near a centre that could cease providing L1 care, but who currently travel elsewhere for their care, would be modelled as having no change in their journey time, because we assume that they would not change centre.

During discussion the following points were noted:

e) The family members of patients were the ones undertaking numerous visits to and from hospitals. Had public transport been taken into account when calculating travel times? The availability of public transport could be problematic in rural areas such as Rutland. Mr Huxter acknowledged this, and confirmed that NHS England would look at public transport as well as car journey time when looking at the impact of its proposals.
f) While all hospitals providing CHD services must meet the national standards or cease this work, there was one exception – Newcastle upon Tyne Hospitals NHS Foundation Trust – where it is proposed that the Trust is given longer to meet the standards. This was because the hospital had a unique, strategic position in

delivering care for CHD patients with advanced heart failure and one of only two providers of paediatric heart transplantation.

g) Population growth had been taken into account when calculating catchment area numbers but not all patients attend the hospital located within their catchment area.
h) Emergency ambulance transportation was discussed as the current EMAS figures for Rutland were not as good as preferred. Travel times would take even longer if access to CHD services was now further away.
i) The national CHD standards include overnight accommodation for parents, and capacity would be increased accordingly at sites which would be undertaking additional work if the current proposals were implemented. What impact would these proposed changes have on the Sustainability and Transformation Plan? Both projects have different timescales but they need to be joined up as they will both have an impact on each other.
j) The area was a rural area with a low population so it could not meet the national service standards. It was therefore being penalised for being a rural area. Mr Huxter disputed this. He pointed out that there was sufficient activity in the East Midlands for Leicester to meet the standards, but that roughly 1 in 3 patients from the East Midlands choose to access care at other centres.

AGREED:

1. The Board **NOTED** the report on the Proposals to Implement Standards for Congenital Heart Disease for Children and Adults in England – Consultation Document from NHS England.
2. The Board **AGREED** that it would provide formal feedback to NHS England via the Chair of the Rutland Health and Wellbeing Board.

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2.50 pm Mr Huxter left the meeting
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700 TRANSFORMATION PLAN FOR MENTAL HEALTH AND WELLBEING FOR CHILDREN AND YOUNG PEOPLE

Report No. 61/2017 was received from Chris West, Director of Nursing and Quality and Tim O'Neill Director for People and Deputy CEO for Rutland County Council

During discussion the following points were noted:

a) The refreshed Transformation Plan for mental health and wellbeing services for children and young people (Oct 2016), sets out Leicester, Leicestershire and Rutland's (LLR) multi-agency Transformational Plan to improve the mental health and wellbeing of children and young people (C&YP) up to the age of 25
b) The procurement process for the Early Help Services had been unsuccessful but good progress had been made in the other areas.
c) Healthwatch was in discussions with Rutland County Council to continue the work that Healthwatch had been doing with children and young people in Rutland.
d) Support services were in place for children and young people with self-harm issues.
e) The money allocated was ear-marked, not ring-fenced. Discussions were ongoing with the Clinical Commissioning Group regarding the remainder of the ear-marked money.

AGREED:

1. The Board **NOTED** the content of the refreshed transformation plan.
2. The Board **APPROVED** the document prior to publication on the CCG and LA website.

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3.10 pm Chris West and James Fox left the meeting
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701 SPORT ENGLAND LOCAL DELIVERY PILOT BID

Report no. 69/2017 was received from Mike Sandys, Director for Public Health. During discussion the following points were noted:

a) The report outlined the emerging bid for Rutland to join in partnership with Leicestershire to be a Sport England Local Delivery Pilot site.
b) The aim of Local Delivery Pilots was to help test what works to get the most inactive people to be more active.
c) 18% of people in Rutland do less than 30 minutes of activity per week. There is substantial scope to target this segment of the population, reduce the proportion of inactive people and improve the overall health and wellbeing of our population.
d) Exercise needs to be part of people's everyday lives rather than just organised groups.
e) The bid would be seeking funding from Sport England in the region of £13-15m to support walking programme delivery, volunteer training, website/digital platform development and capital investments in walking infrastructure.
f) The deadline for expressions of interest was 5 p.m., Friday, 31st March 2017.
g) If the bid was successful then it would progress to Stage 2 in May 2017.
h) Concern was expressed about the amount of actual funding Rutland would receive.

AGREED:

1. The Board **AGREED** to support the bid and initial expression of interest but **NOTED** that it had concerns

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3.37 pm Maria Smith left the meeting
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702 PHARMACEUTICAL NEEDS ASSESSMENT

Report no. 70/2017 was received from Mike Sandys, Director for Public Health. During discussion the following points were noted:

a) The Health and Well Being Board had a statutory responsibility to prepare and publish a Pharmaceutical Needs Assessment (PNA) every 3 years.
b) The draft PNA would be discussed at a meeting of the Integration Executive Group before going out for consultation.
c) The finished PNA would then be re-submitted to the Rutland Health and Wellbeing Board for final approval before March 2018.

d) It was proposed that the PNA should be more Rutland focussed and should include what effect, if any, the military personnel and families had on the PNA.

AGREED:

1. The Board **NOTED** the report.
2. The Board **APPROVED** the proposal to form an interagency LLR wide Working Group and the draft terms of reference for the project team.
3. The Board **AGREED** to receive further reports on progress and the final PNA report for approval in March 2018.

703 SUSTAINABILITY AND TRANSFORMATION PLAN: UPDATE

A verbal update was received from Dr Ker, Vice Chair, East Leicestershire & Rutland Clinical Commissioning Group. During discussion the following points were noted:

a) The draft Sustainability and Transformation Plan (STP) had been sent to NHS England for review.
b) Notification of comments would be received from NHS England in due course.
c) The Rutland Health and Wellbeing Board would have a governance role for Rutland Memorial Hospital and integrated community services.
d) The Chairs of each Health and Wellbeing Board (Leicester, Leicestershire and Rutland) now meet in order to have a co-ordinated approach to the STP.
e) The STP: Rutland Memorial Hospital and STP: Integrated Community Services will be standing items on future Board agenda's on a rotation basis.
f) The STP is ultimately the responsibility of the Clinical Commissioning Group and not the Health and Wellbeing Boards.

AGREED:

1. The Board **AGREED** that the 'STP: Rutland Memorial Hospital' and the 'STP: Integrated Community Services' would be standing items on future Board agenda's on a rotation basis.
2. The Board **AGREED** that the Chair and Dr O'Neill would draft a response to NHS England on behalf of the Health and Wellbeing Board. The draft would be circulated to board members for approval before sending to NHS England.

704 ANY URGENT BUSINESS

There was no urgent business.

705 DATE OF NEXT MEETING

The proposed date for the next meeting of the Rutland Health and Wellbeing Board would be on Tuesday 27th June 2017 at 2.00 p.m. in the Council Chamber, Catmose.

AGREED:

The following items would be included on the next agenda:

1. Director of Public Health: Annual Report

Report from Mike Sandys, Director of Public Health for Leicestershire & Rutland

2. Health Protection Board: Annual Report
   Report from Vivienne Robbins, Consultant in Public Health.
   Annual report to provide assurance from the LLR Health Protection Board that it is meeting its statutory functions

3. General Practice Five Year Forward View
   Report from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

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The Chairman declared the meeting closed at 3.56 pm.

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