



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, 31st January, 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.	Jane Clayton-Jones	CEO of Rutland Citizens Advice
6.	Jennifer Fenelon	Chair, Healthwatch Rutland
7.	Mike Sandys	Director of Public Health, RCC
8.	Rachel Dewar	Head of Community Health Services, Leicestershire Partnership NHS Trust
9.	Tim Sacks	Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
10.	Roz Lindridge	Locality Director, NHS England Local Area Team

IN ATTENDANCE:		
11.	David Astley	Independent Chair, Sustainability and Transformation Programme System Delivery Unit, Cambridgeshire and Peterborough NHS Trust
12.	Aidan Fallon	Senior Communications and Engagement Manager, Sustainability and Transformation Programme System Delivery Unit, Cambridgeshire and Peterborough NHS Trust
13.	Maria Smith	Strategic Lead for Personal Health Budgets On Behalf of Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Group

OFFICERS PRESENT:		
14.	Karen Kibblewhite	Head of Commissioning, RCC
15.	Mark Andrews	Deputy Director for People, RC
16.	Sandra Taylor	Health and Social Care Integration Manager, RCC

532 APOLOGIES

17.	Insp. Gavin Drummond	Leicestershire Police
18.	Helen Briggs	Chief Executive, RCC
19.	Dr Tim O'Neill	Deputy Chief Executive and Director for People, RCC

533 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 29th November 2016, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

534 DECLARATIONS OF INTEREST

No declarations of interest were received.

535 PETITIONS, DEPUTATIONS AND QUESTIONS

One question had been received from Mrs K Reynolds regarding the Leicester, Leicestershire & Rutland Sustainability and Transformation Plan. At the suggestion of the Chair and with the agreement of the Board and Mrs Reynolds, it was decided to discuss the question after the updates regarding the Leicester, Leicestershire and Rutland and the Cambridgeshire and Peterborough Sustainability and Transformation Plans.

536 LEICESTER, LEICESTERSHIRE & RUTLAND SUSTAINABILITY AND TRANSFORMATION PLAN

Report no. 31/2017 was received from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group.

During discussion the following points were noted:

- a) The Sustainability and Transformation Plan (STP) would focus very clearly on the 'Home First Model' with a new integrated service model for urgent and out-of-hours care.
- b) The STP proposed to move maternity services to one site namely Leicester Royal Infirmary (LRI). Integrated health care services would maximise opportunities for high quality patient benefits.

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2.10 pm Dr Tim O'Neill joined the meeting

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- c) The aim was to ensure a single system for patients as regards details of who to contact, how and where to access services etc.
- d) The need to use money more effectively was emphasised rather than cut funding.
- e) Two engagement events had been held (24th and 26th January) both of which had been well attended.
- f) It was noted that this was still a draft plan in the early stages of consultation. Public consultation should hopefully begin in summer 2017.

AGREED:

1. The Board **NOTED** the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland.

Report No. 32/2017 was received from David Astley, Independent Chair and Aidan Fallon, Senior Communications and Engagement Manager from the Sustainability and Transformation Programme System Delivery Unit, Cambridgeshire and Peterborough NHS Trust. During discussion the following points were noted:

- a) The Cambridgeshire and Peterborough STP had the same drivers as the Leicester, Leicestershire and Rutland STP with both locations facing financial challenges.
- b) The plan was to bring together 'health' and 'local government' in the provision of services to the public.
- c) The aim was to avoid hospital admissions where necessary and instead deliver care to people through other means e.g. at home, health centres or GP surgeries.
- d) There was a need to reinvigorate primary care.
- e) A governance group had been established to manage the delivery of the STP.
- f) A local 'Urgent Care Board' had also been established which included colleagues from Leicestershire, Rutland, Cambridgeshire and Lincolnshire in order to ensure integrated working.

AGREED:

1. The Board **NOTED** the Cambridgeshire and Peterborough Sustainability Transformation Plan.

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The Chair agreed to take the question from Mrs K Reynolds

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QUESTION

Could the Health and Wellbeing Board please explore the rationale behind the maternity proposals?

The STP say they follow NICE Guidelines and of course 2016 saw Baroness Cumberlege's recommendations in Better Births, both are clear women should be given a full choice of place of birth. But the STP appears to restrict choice to a centralised LRI hub catering for almost 10,000 births per year, a Home birth or a very ambiguous suggestion that there might be a midwife led unit at Leicester General Hospital. Is the desire to ensure greater equality of access to services across the City and Counties actually reducing choice and access for those living in Rutland and Melton?

RESPONSE

Tim Sacks informed attendees that he had spoken with Ian Scudamore, Divisional Director for Women's and Children's Services at University Hospitals of Leicester (UHL) and could confirm the following:

- a) The proposal was for one single unit at LRI to include a labour ward and a midwife led service.
- b) This proposal would meet NICE guidelines on how and where you have your birth i.e. home or LRI.
- c) An additional site for a midwifery led unit had been discussed but this would in

effect be the same as a 'home' birth with the patient being taken to LRI should any issues arise.

- d) The patient could still choose any hospital i.e. Peterborough City Hospital, LRI, UHL, Hinchingbrooke Hospital or Kettering General Hospital for their pre-birth and birth treatments.
- e) No Peterborough Consultant currently holds surgeries in Rutland. If a patient wanted treatment at Peterborough City Hospital, they would first be seen by a Leicestershire Consultant who would then refer the patient to a Peterborough Consultant. This was national policy and not just local practice.

AGREED:

- 1. The Board **AGREED** that Tim Sacks and David Astley would arrange discussions between Cambridgeshire and Peterborough Clinical Commissioning Group and East Leicestershire and Rutland Clinical Commissioning Group regarding integrated working.
- 2. The Board **AGREED** that Tim Sacks would update the board at the next meeting.

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2.54 pm David Astley and Aidan Fallon left the meeting

At the request of the Chair and with agreement of the Board, Item 8 on the agenda was discussed next.

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538 BETTER CARE FUND PROGRAMME UPDATE

Report No. 39/2017 was received from Sandra Taylor, Health and Social Care Integration Project Manager and was presented by Mark Andrews, Deputy Director for People. During discussion the following points were noted:

- a) All targets were on track. Delayed Transfers of Care (DTC) figures had risen in the last quarter but upon analysis this was an issue with the recording of mental health patients, which had now been resolved.
- b) A second IN Reach Nurse was now employed and good links had been established with Leicestershire and Peterborough.
- c) There were some issues regarding Lincolnshire but discussions were ongoing regarding costs.
- d) A Better Care Fund (BCF) Workshop had been held on the 5th January 2017 in order to review the impact of the Rutland BCF programme activity so far and to feed into future priorities for the 2017-19 programme. Feedback had been very positive.
- e) There would be no increase in the budget for the BCF for Rutland.
- f) There was a need to integrate fully with primary care.
- g) The integration of services done so far had been very successful and positively received.
- h) The four GP services in Rutland had been successful in their 'Vanguard' bid. This was a good example of integration work providing joint frontline patient services. The four services merging to become one 'multi-speciality provider', was being investigated with great enthusiasm by the Rutland GP's. This was excellent work in progress.
- i) The provision of mental health services needed to be kept as a priority.

AGREED:

1. The Board **NOTED** the report.
2. The Board **AGREED** the need to publicize the successes of the BCF programme.

539 LEICESTER CITY, WEST LEICESTERSHIRE AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS: PERSONAL HEALTH BUDGETS (PHB) LOCAL OFFER

Report no. 33/2017 was received from Maria Smith, Strategic Lead for Personal Health Budgets on behalf of Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Group. During discussion the following points were noted:

- a) Personal Health Budgets are an alternative way of using existing resources within healthcare services. Careful planning and a phased approach have been taken to implement personal health budgets in order to maintain financial stability and the sustainability of services.
- b) From 1st April 2016 those with Learning Disability and/or Autism who had a Significant Health Need were able to request a PHB and CCGs were required to continue to support the process for Education Health and Care Plans, ensuring that those that are eligible for a personal health budget are offered this as part the process, to be integrated with personal budgets from education and social care.
- c) The report stated that the CCG's uptake of PHB's within Continuing Healthcare (CHC) was currently 13.8% of all individuals eligible for CHC and living in the community including Fast Track patients. Maria clarified that this related to a number of 758 CHC eligible individuals across LLR living in the community, of which 105 adults currently have PHBs. However, the report explained that fast track eligible individuals would not routinely be offered a PHB. Therefore if these individuals are removed from the figures there are 420 individuals remaining. This meant that the percentage of these individuals who were both eligible and most likely to benefit was a PHB that were already in receipt of one is 25%. These figures did not represent the total number of people receiving CHC funding. These figures were the number of people (as at October 2016) who lived in the community and were therefore most likely to benefit from a PHB. It did not include those people living in residential or nursing homes.
- d) Section 117's current packages were being reviewed which would take time so PHB's were not being considered but could be in the future.
- e) It was confirmed that a Rutland County Council representative (the Head of Families Support) attended PHB meetings.
- f) A 'GP Champion' would be recruited to discuss PHB's with GP's and how work from a budget perspective.

AGREED:

1. The Board **NOTED** the progress made in relation to the local personal health budget offer
2. The Board **AGREED** the plan for further expansion of the personal health budget/integrated personal budget offer into 2017 and beyond
3. The Board **AGREED** that Tim Sacks and Maria Smith would meet to further discuss the role of 'GP Champion'.

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3.37 pm Maria Smith left the meeting

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540 REGISTER OF MEMBERS' INTERESTS

Jane Narey reminded members that they (excluding current Councillors of Rutland County Council) would need to re-new their Register of Members' Interests form.

AGREED:

1. The Board **AGREED** that Jane would email members a Word version of the form for them to complete and return to her.

541 ANY URGENT BUSINESS

There was no urgent business.

542 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be on Tuesday 28th March 2017 at 2.00 p.m. in the Council Chamber, Catmose.

AGREED:

The following items would be included on the next agenda:

1. Local Safeguarding Children's Board and Safeguarding Adults' Board: Business Plans
Report from Paul Burnett, Chair of the Leicestershire and Rutland Safeguarding Children and Adults Boards
Consultation and input required for the proposed safeguarding business plans
2. Director of Public Health: Annual Report
Report from Mike Sandys, Director of Public Health for Leicestershire & Rutland
3. 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
4. Congenital Heart Surgery (CHS) Services in Leicester
Report from Will Huxter, Regional Director of Specialised Commissioning (London), NHS England.
Discussion regarding the issues relating to the CHS service in Leicester
5. End of Life Care
Verbal update from Mark Andrews, Deputy Director for People, Rutland County Council
Discussion regarding the letter from the Department of Health in response to the independent review of choice in end of life care

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The Chairman declared the meeting closed at 3.40 pm.

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