



Rutland County Council

Catmose Oakham Rutland LE15 6HP.

Telephone 01572 722577 Facsimile 01572 75307 DX28340 Oakham

Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 5th December, 2017 at 2.00 pm

PRESENT:		
1.	Alan Walters (Chair)	Portfolio Holder for Health and Social Care
2.	Tony Mathias	Leader, Rutland County Council
3.	Dr Hiliary Fox	East Leicestershire & Rutland Clinical Commissioning Group
4.	Miles Williamson-Noble	Healthwatch Rutland
5.	Mike Sandys	Director of Public Health for Leicestershire & Rutland
6.	Simon Mutsaars	CEO of Rutland Citizens Advice
7.	Tim Sacks	Chief Operating Officer, East Leicestershire & Rutland Clinical Commissioning Group
8.	Wendy Hoult	Better Care Manager for the East Midlands, NHS England

IN ATTENDANCE:		
9.	Cassy Rowe Haynes	LOROS/CCG Palliative Medicine Consultant

OFFICERS PRESENT:		
10.	Mark Andrews	Deputy Director for People, RCC
11.	Karen Kibblewhite	Head of Commissioning, RCC
12.	Sandra Taylor	Health and Social Care Integration Project Manager, RCC

443 APOLOGIES

13.	Helen Briggs	Chief Executive, Rutland County Council
14.	Rachel Dewar	Head of Community Health Services, Leicestershire Partnership NHS Trust
15.	Insp. Gavin Drummond	Leicestershire Police
16.	Amy Laurie	Spire Homes
17.	Dr Tim O'Neill	Director for People, Rutland County Council
18.	Simon Westwood	Independent Chair of the Leicestershire and Rutland Local Safeguarding Children and Adults Board
19.	Roz Lindridge	HNS England Local Area Team

444 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 26 September 2017, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

445 DECLARATIONS OF INTEREST

Miles Williamson-Noble	Agenda Item 9 Healthwatch Procurement Update	Mr Williamson-Noble declared on the grounds of probity as Healthwatch Rutland had submitted a tender. Mr Williamson-Noble stated that he would remain for the update as the tender could not be altered; and if actual figures were not quoted.
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446 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received.

447 INTEGRATED POINTS OF ACCESS PROGRAMME UPDATE

Report No. 215/2017 was received from Mark Dewick, Programme Manager for Leicester, Leicestershire and Rutland Integrated Health and Social Care Points of Access Project and was presented by Mark Andrews, Deputy Director for People and Programme Board Member for Rutland Adult Social Care.

During discussion the following points were noted:

- a) This Board had previously discussed this Programme.
- b) There were concerns regarding Adult Social Care (ASC) integration; therefore looking to go down more local lines of access. RCC did not want ASC to be part of the integration.
- c) Within in the Gateway Review Leicestershire had decided to integrate with the LPT and UHL. This would be of benefit to some of Rutland's health services.
- d) Leicester City was open to discussion regarding elements around a Single Point of Access for professional referrals.
- e) RCC was open to the option around professional referrals.
- f) ASC not being in the programme meant that none of the costs would affect RCC funds.
- g) That there was a lot of work still to be undertaken in putting in place a single Point of Access rather than multi points. ELRCCG would only need to consider funding costs when absolutely clear; currently not too concerned in that sense.

AGREED:

1. The Board **NOTED** the key findings of the gateway review (Appendix 2 to Report No. 215/2017), including the recommendation to refresh the business case.
2. The Board **NOTED** the option appraisal completed in support of the business case (Appendix 3 to Report No. 215/2017).
3. The Board **NOTED** the significant risk to the programme continuing owing to the key partner's challenging internal financial constraints.
4. The Board **AGREED** Rutland Adult Social Care's position of wanting its service access to be close to the community and looking at an integrated access for a

specific Rutland integrated health and social care team, which would include primary care.

5. The Board **AGREED** to maintaining a link with the Integrated Points of Access (IPOA) Programme for professional access so there was “no wrong door” in the future and for access to wider services suitable for Rutland residents that were not integrated locally and for which the IPOA would be the access point.

448 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GENERAL PRACTICE FIVE YEAR FORWARD VIEW AND END OF LIFE SERVICE

A verbal update on the General Practice Workforce Plan was received from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG); and presentation on the Leicester, Leicestershire and Rutland (LLR) End of Life Service Redesign Work was given Dr Cassy Rowe-Haynes, LOROS/CCG, Palliative Medicine Consultant.

Mr Sacks informed the Board that the Partnership was in the process of putting together a clear and detailed plan which would cover all elements of health and care services for Rutland including the Hub and One Public Estate. This would be brought to the next meeting.

General Practice Five Year Forward View

During discussion the following points were noted:

- a) The Workforce Plan provided a clear understanding of the current workforce.
- b) NHS England was committed to increasing the number of General Practitioners (GPs) by 5,000 including overseas doctors; and Clinical and Advance Care Practitioners.
- c) Concerns that there had been a 5% drop in sessions done by GPs in the last two years. The number of the GPs had remained static.
- d) NHS England target of 0.58 GP per 1,000 population. East Leicestershire and Rutland much closer to this target than Leicester City.
- e) East Leicestershire and Rutland had more nursing and clinical staff than any other part of Leicester, Leicestershire and Rutland.
- f) Need to consider what could be done to enable and support GPs.
- g) NHS England had a clear drive to look at other models of care: Clinical Pharmacists, Advanced Nurse Practitioners to allow GPs to deal with complex cases.
- h) Consideration needed to be given to joint working with Primary Care Home given the geographical area and Practice locations within Rutland.
- i) NHS England proposing to spend £100m on GPs from Europe to England. 22 practices (out of 139) in the LLR area were interested in this proposal. There were sustainability issues: with additional training and support it could be up to two years before these GPs are fully trained.
- j) The Modelling of Supply and Demand within the Plan would not meet the need due to an increase in the number of GPs retiring or reducing hours or becoming Locum doctors.
- k) 70% of Health Care funding was spent on staffing in Leicester, Leicestershire and Rutland.
- l) Need to ensure an increase in funding GP service, both national funding and existing funding received.
- m) Need HNS England to support rather than just set targets.

- n) Make sure the whole of the system responds, with appropriate skills to see patients.
- o) That the Plan was aspirational not many new people were coming through the system so needed to make LLR an attractive area to work.
- p) The Plan focused on practices within the Leicester, Leicestershire and Rutland area rather than the population; with 15% of the population registered outside the area.
- q) That if looking at new models of care there was an assumption that the area did not have the level of GPs and clinical staff that it aspired to.
- r) The future delivery of clinical care would require GPs to have the capacity to look after very ill patients therefore there was a need to co-educate/co-design the way delivered.
- s) The engagement from Rutland County Council to support Primary Care Home; moving towards a level of integration to have an impact.

End of Life Service

(Presentation attached)

During discussion the following points were noted:

- a) 'Hospice at Home' offered a minimum of two calls a day. To be provided by already commissioned services.
- b) Work being undertaken by the End of Life Programme Board on how to improve End of Life care generally not just palliative care.
- c) It was important to recognise that patients dying required palliative care.
- d) LOROS Outreach Clinics offering specialist palliative care outpatient services were held in Rutland.
- e) That resources were small in terms of investment. Current resources were being used inefficiently; with integration there were possible efficiencies to be made.
- f) Evaluating and testing of carers giving injections, etc. at the end of life was being undertaken.
- g) Looking to reduce inappropriate admission.
- h) It was envisaged that Domiciliary Care would have to alter. Better Care together was looking at more highly trained assistance for carers, offering greater opportunity to fit into model, giving more flexibility for approaching.
- i) Trialling a holistic home care pilot until March.
- j) Full integration of operational service: March 2019

449 LOCAL SAFEGUARDING CHILDREN'S BOARD AND SAFEGUARDING ADULTS BOARD ANNUAL REPORTS

Report No. 218/2017 was received from Simon Westwood, Independent Chair of the Leicestershire and Rutland Local Safeguarding Children and Adults Boards.

Mr Andrews advised the Board that Mr Westwood was unable to attend the meeting. Mr Andrews requested that members of the Board noted the reports and that questions or comments could be forwarded.

Mr Andrews put it to the Board that Mr Westwood be invited to a future meeting for a more general discussion on the Local Safeguarding Boards. The Board was in agreement with an invitation being issued.

AGREED:

1. The Board **NOTED** the content and key messages of the Local Safeguarding Children Board and Safeguarding Adults Board Annual Reports.
2. The Board **AGREED** that Mr Westwood be invited to a future meeting.

450 BETTER CARE FUND PROGRAMME 2017-19

Report No. 217/2017 was received from Sandra Taylor, Health and Social Care Integration Manager and was presented by Mark Andrews, Deputy Director for People.

During discussion the following points were noted:

- a) The Council had accepted the Delayed Transfer of Care (DToC) target to avoid punitive measures. Month on month reduction to the target had been agreed; Rutland on track overall.
- b) NHS England set performance by November DToC rates. November had been a positive month for the Council; however there was still the possibility of hidden delays.
- c) The Programme was performing well against all targets.
- d) Reablement - there had been a local issue with the number of people who had died before being at home for 91 days, as still had to count the 91 days. This had resulted in the lower than usual rate of 84% against the target rate of 89%.
- e) November's DYOC performance will be scrutinised by NHS England when the data is finalised in January. However, LLR areas have made sufficient progress that their 2018-19 IBCF and LLR allocations will not be reduced at this point.

AGREED:

1. The Board **NOTED** the report setting out progress against the Rutland Better Care Fund programme 2017-19.

451 HEALTHWATCH PROCUREMENT UPDATE

A verbal update was received from Karen Kibblewhite, Head of Commissioning Health and Wellbeing.

During discussion the following points were made:

- a) Limited information could be provided as mid procurement.
- b) The contract should have been awarded before the next Board meeting.
- c) The contract was grant funded.
- d) Options had been appraised and a public consultation had taken place during October.
- e) Decision made to retain a standalone Healthwatch.
- f) Procurement process to award contact had been undertaken and the tender had now closed.
- g) Hoped to award the contract by mid-February to commence 1st April.
- h) Three year contact with annual options to extend up to a further three years.
- i) Members of the Evaluation Panel were: Head of Commissioning, RCC; Health and Social Care Integration Project Manager, RCC and Head of Service Early

Intervention SEND and Inclusion, RCC. Mr Sacks enquired about the panel for evaluating the bids and whether there was any health representation. Ms Kibblewhite clarified that this was not the case, but they would consider whether this was appropriate.

452 LEICESTER-SHIRE & RUTLAND PHYSICAL ACTIVITY & SPORT STRATEGY 2017-2021

Report No. 216/2017 was received from Robert Clayton, Head of Culture and Registration and was presented by Mike Sandys, Director of Public Health.

During discussion the following points were noted:

- a) The main vision of making Leicestershire, Leicester and Rutland the most physically active and sporting place in England was underpinned by four ambitions:
 - i. Get Active
 - ii. Stay Active
 - iii. Active Places
 - iv. Active Economy
- b) Delivering the Strategy would help to achieve local outcomes and ambitions.
- c) Rutland had the highest percentage of adults in the sub-region (64%) achieving the Chief Medical Officer guideline for being active.
- d) Funded by the Public Health Grant.
- e) Public Health Grant extended to April 2019.
- f) RCC was reviewing all Public Health Grants to ensure the meeting of key priorities as a partnership. There had been no decision to reduce grants; that would be a decision made by Cabinet.
- g) The focus was primarily on physical activity. There would be strands of work concentrating on the less active.
- h) There were initiatives, such as the Workplace Challenge, that encouraged people to become more active.
- i) That the work being undertaken by Active Rutland was not necessarily in the Strategy. Active Rutland was engaging with older and less active people.
- j) Physical activity was the most significant factor in increasing the health of the population.
- k) The biggest health gains were for older people, for example, reduction in the number of falls.
- l) The document was aimed at partners; primarily to be put to Sport England when bidding.
- m) A further report would be brought to the Board.

AGREED:

1. The Board **NOTED** the contents of the Leicestershire & Rutland Physical Activity & Sport Strategy 2017-2021.
2. The Board **NOTED** the local work to achieve the delivery of the Ambitions and Foundations outlined by the Strategy.

453 ANY URGENT BUSINESS

Transforming Children and Young People's Mental Health Provision

Mr Andrews informed the Board that a Green Paper had been published on Transforming Children and Young People's Mental Health Provision. The Paper was being consulted on until March 2018. Funding of £300m would be available.

Mr Andrews advised that the Children's Trust Board, a sub-group to this Board, had undertaken a substantial amount of work around this area; and recommended this work should be delegated to that Board with joint responsibility and consult remotely during the process.

454 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be on Tuesday 6 March 2018 at 2.00pm in the Council Chamber, Catmose.

Proposed Agenda Items:

1. Urgent Response – New Services: New Crisis Response Service
2. Sustainability and Transformation Partnership Update
3. Sustainability and Transformation Partnership Business: Leicester, Leicestershire and Rutland Dementia Strategy
4. Sustainability and Transformation Partnership Business: Leicester, Leicestershire and Rutland Carers Strategy
5. Better Care Fund: Quarter 3 Update
6. Rutland Health and Care Service Review
7. Director of Public Health: Annual Report
8. Routine Patient Transport Contract

Proposed Agenda Items for Future Meetings:

1. Leicestershire and Rutland Local Children and Adults Boards
2. Leicester, Leicestershire and Rutland End of Life Programme
3. Leicester-Shire & Rutland Physical Activity & Sport Strategy 2017-2021 Update

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Chairman closed the meeting at 3.42 pm.

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“As organisations with experience of, and responsibility for, palliative and end of life care we have made a collective decision to act together to do all we can to achieve for everyone what we would want for our own families.”

LLR End of Life Programme Board – Strategic Case for Change 2017 -2022

What are we trying to do?

1. Develop an Integrated Community LLR Palliative Care Team that provides timely access to individualised care and support responding to complex needs of patients with multiple morbidities.
2. This team will provide coordinated, patient centred care for patients that are identified as needing End of Life /Palliative Care and are in the last weeks or days of life (GSF - Amber and Red) or are “unstable” or have complex needs and so need additional specialist support.
3. There will be a new ‘Hospice at Home’ offer allowing for the delivery of both generalist and specialist care day and night based on need and will support core services in delivering “low level” nursing care

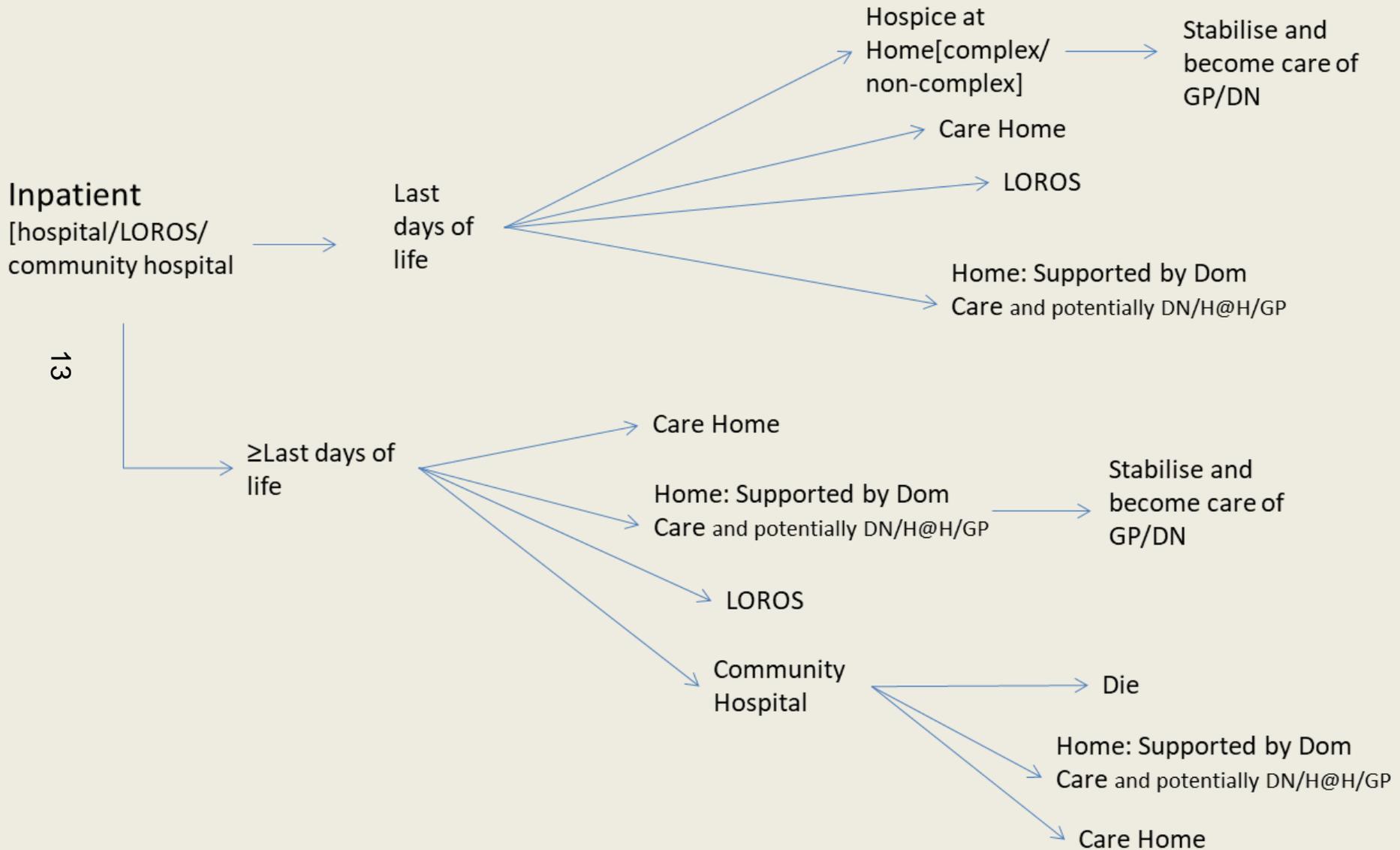
Why do anything?

The Current Pathway Step Down

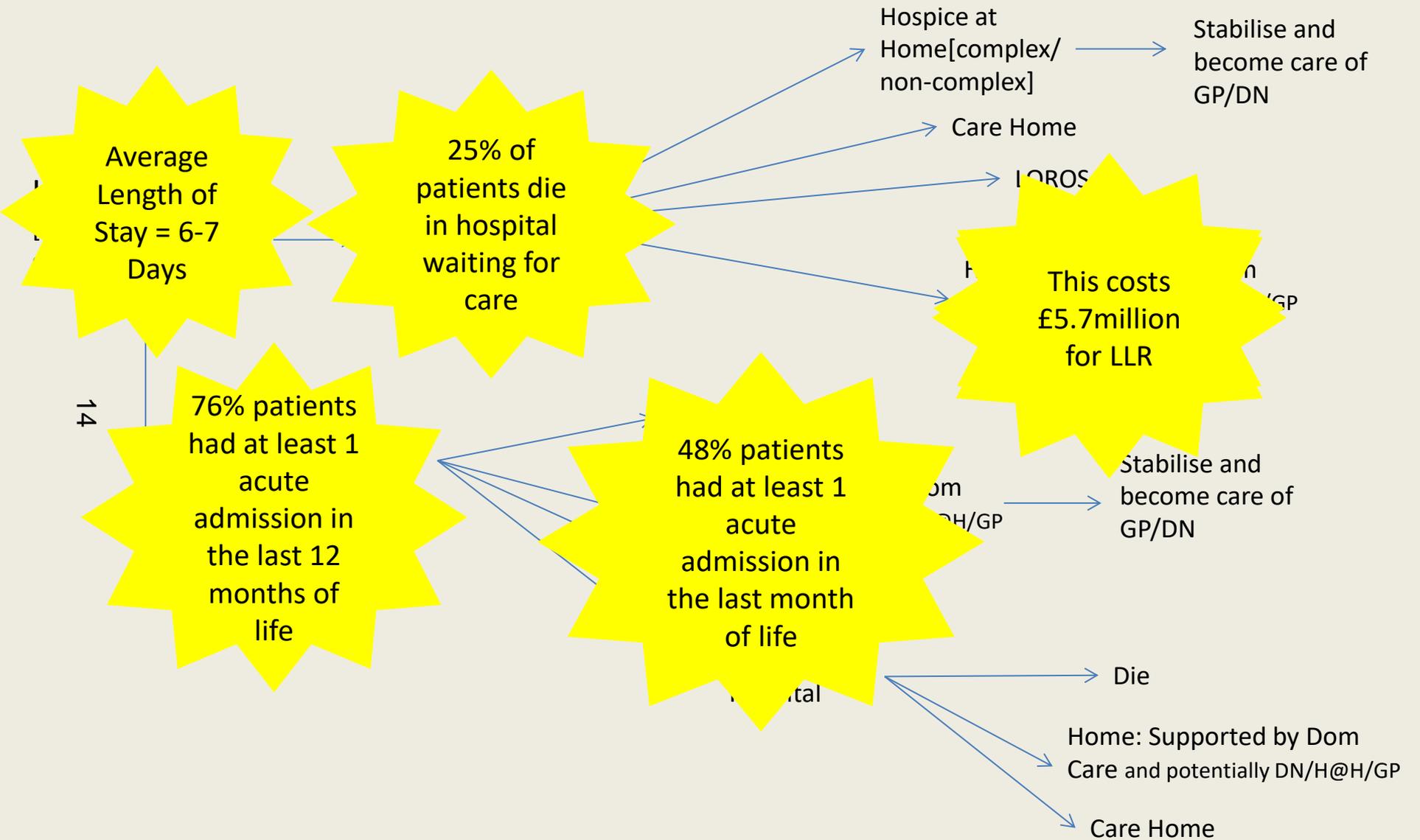


Better care together

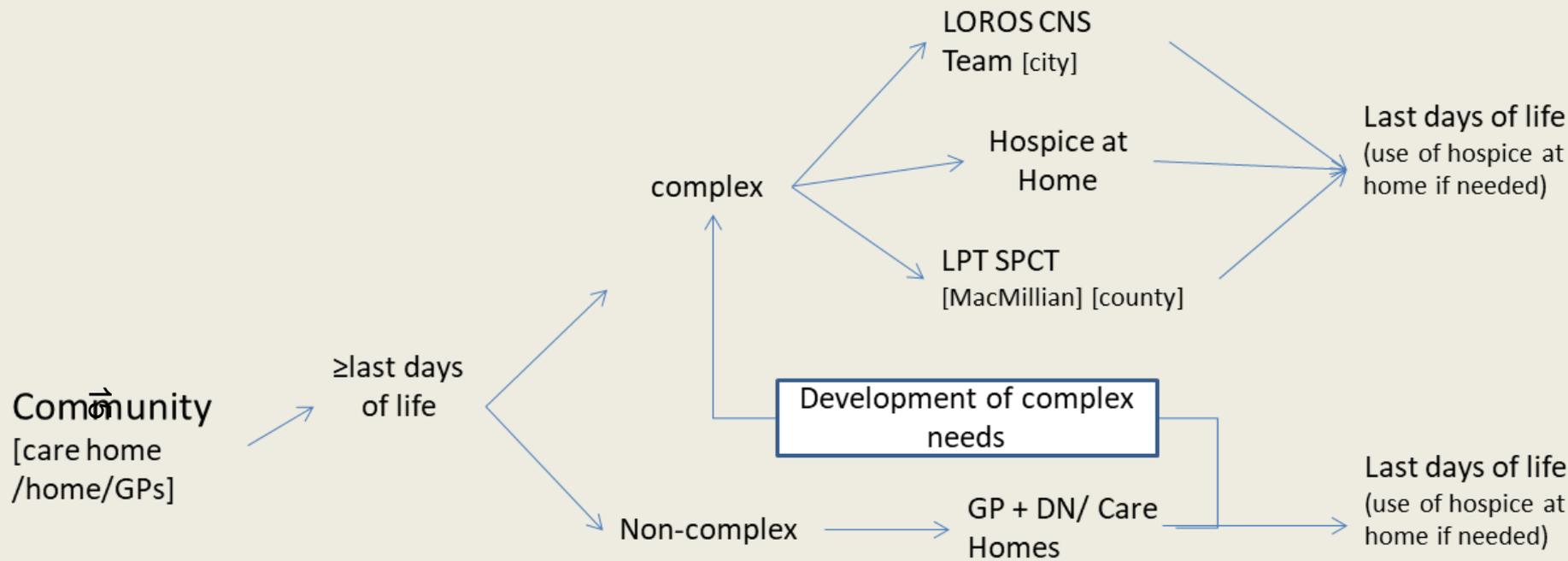
Leicester, Leicestershire & Rutland health and social care

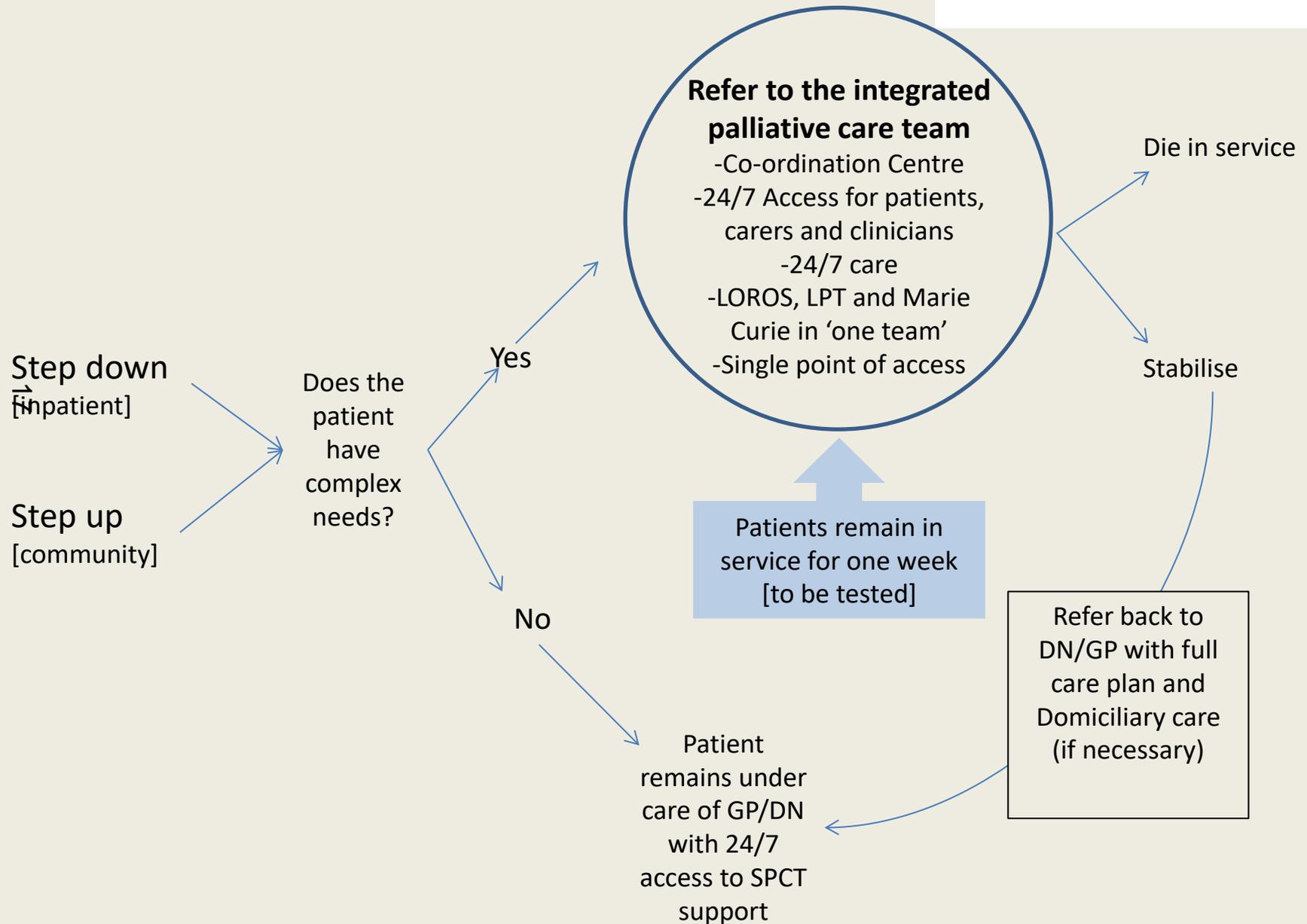


The Current Pathway Step Down



The Current Pathway Step Up





How will we know we've succeeded



Right care at right time in response to need



Support patients to die in their place of choice



Joined up care for patients



Increasing capacity by effective use of our resources