



Rutland County Council

Catmose Oakham Rutland LE15 6HP.

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Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 6th March, 2018 at 2.00 pm

PRESENT:		
1.	Alan Walters (Chair)	Portfolio Holder for Health and Social Care
2.	Dr Hilary Fox	East Leicestershire & Rutland Clinical Commissioning Group
3.	Simon Mutsaers	CEO of Rutland Citizens Advice
4.	Dr Tim O'Neill	Director for People, Rutland County Council
5.	Tim Sacks	Chief Operating Officer, East Leicestershire & Rutland Clinical Commissioning Group
6.	Mike Sandys	Director of Public Health, Rutland County Council
7.	Miles Williamson-Noble	Healthwatch Rutland

OFFICERS PRESENT:		
8.	Mark Andrews	Deputy Director for People, RCC
9.	Karen Kibblewhite	Head of Commissioning, RCC
10.	Kit Silcock	Governance Officer

IN ATTENDANCE:		
11.	Joanna Clinton	Leicester, Leicestershire and Rutland Clinical Commissioning Groups
12.	Tracy Hodgkiss	TASL
13.	Jo Mulvey	TASL
14.	Gordon Brown	Ward Member for Ketton
15.	Gary Conde	Ward Member for Ketton

655 APOLOGIES

16.	Rachel Dewar	Head of Community Health Services, Leicestershire Partnership NHS Trust
17.	Insp. Gavin Drummond	Leicestershire Police

656 RECORD OF MEETING

The Record of the meeting of the Rutland Health and Wellbeing Board held on 5 December 2017 were confirmed as a correct record and were signed by the Chair.

657 DECLARATIONS OF INTEREST

Dr Hilary Fox declared an interest in item 5 of the agenda as she was a partner at Uppingham Surgery until December 2017.

Mr Tim Sacks declared an interest in item 5 of the agenda as he was a resident of Ketton.

658 PETITIONS, DEPUTATIONS AND QUESTIONS

Two questions had been received from Mr Nancarrow. The Chair was asked to answer the following questions.

Question 1:

Was the Board aware of the content of the survey questionnaire issues in hard copy and on line by the Uppingham Surgery?

Question 2:

Does the Board agree that the questionnaire is not fit for purpose for any one of more of the following reasons:

- There is no indication of where the respondent lives, which seems to be essential for the evaluation of the responses.
- There is no mechanism to prevent fraudulent responses. There is no reference to the impact of public transport timetables, which are crucial for those without their own transport.
- No alternative is suggested other than complete closure of the facility.
- The link originally given to the on-line questionnaire was incorrect, so that the full consultation period for those wishing to respond on-line was circulated.

The Chair, Mr Walters, responded to the questions. The response is shown below.

Answer

Question 1:

The Board was made aware of the consultation and the content of the survey questions by Uppingham Surgery when the consultation began on 1 February.

The Board was not aware of the content of the survey questionnaire ahead of the consultation. As the HWB does not have auditing role, we didn't expect to have sight of the survey ahead of the consultation.

The Board is aware that Rutland County Council was informed of the process and the decision made by the CCG to allow the practice to begin a public consultation.

Question 2:

It is not the responsibility of HWB to agree or disagree with the questions being asked in the survey. However, we have passed those questions to the CCG and practice and would urge them to consider the concerns of local residents. We have received the following statement from the practice and CCG:

The survey questions were put together by the practice and checked over by CCG and NHS England staff with expertise in communications and consultation. The practice designed the questions to:

- Find out whether respondents are in favour of the proposed move
- Identify any risks or concerns that people have for example, in relation to transport and putting measures in place where possible, to mitigate these if a decision is made to close the branch surgery
- Find out from respondents what services they currently use and gather this information to make decisions on how services can be delivered more efficiently and utilising GP time more effectively.
- Gather data to ensure that any decision supports the sustainability of the branch surgery and Uppingham Surgery.

In light of feedback in relation to the survey the practice and CCG will undertake a review and provide a formal response in due course.

659 PROPOSED CLOSURE OF KETTON SURGERY

Mr Tim Sacks, Chief Operating Officer, East Leicestershire & Rutland Clinical Commissioning Group, introduced the report, the purpose of which was to provide the Health and Wellbeing Board with a framework on the Uppingham Surgery Business Case presented to East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) on the proposal to close their branch location.

During discussion the following points were noted:

- i. Mr Williamson-Noble, Healthwatch Rutland, noted that he had attended a drop-in session held at Ketton surgery as part of the consultation, where many valid points were raised. Mr Williamson-Noble would like to see re-issue of the questionnaire that was sent out, with careful thought as to what was included. It was also noted that Healthwatch Rutland had offered to contribute to the questionnaire, however the offer was declined.
- ii. It was noted that at the most recent Adults and Health Scrutiny Panel it was agreed that there would be a special Scrutiny Panel dedicated to discussion regarding the proposed closure, with Uppingham Surgery in attendance.
- iii. Mr Sacks noted he had been in contact with the surgery and asked if they would be able to attend the Parish Council meeting in Ketton.

The Chair invited Mr Gary Conde, Ward Member for Ketton, to comment

Mr Conde noted that there was no public transport from Ketton to Empingham, and also commended and endorsed Mr Nancarrow's questions.

AGREED

That the Board **NOTED** the report.

660 ROUTINE PATIENT TRANSPORT CONTRACT

A presentation was received from Tracy Hodgkiss, Jo Mulvey, and Joanna Clinton from TASL. The presentation can be found attached to the minutes.

During discussion the following points were noted:

- i. There was discussion as to who was responsible for booking patient journeys. Mr Williamson-Noble raised an issue regarding Rutland residents registered with GPs outside of Rutland not being able to book transport. Ms Clinton confirmed that patient transport continued to be commissioned on a 'registered' population, therefore Rutland residents registered with GPs outside of Rutland would still have access to transport as it would be booked by their GP from that local area's provider.
- ii. Improvement had been seen in the past 4-6 weeks, but it was still a work in progress.
- iii. It was noted that their biggest concern was quality, they had not been assured of quality assurance as no reports had been received. There had also been a lot of changes in terms of staffing which needed to be strengthened.
- iv. Ms Hodgkiss noted they needed to get smarter with cross boundary journeys.
- v. It was noted that all improvements would be taken into effect by June 2018.

661 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: UPDATE

Mr Sacks provided a verbal update. There was nothing further in the public domain, but a lot of re-working had been done. There was a revised chapter on community hospitals with links to the one public estate project and plan for community beds. Government policy was still being awaited, there was no indication as to when consultation would take place.

662 DIRECTOR OF PUBLIC HEALTH: ANNUAL REPORT

Mr Mike Sandys, Director for Public Health, introduced the report, the purpose of which was to improve the health and wellbeing of the people of Rutland.

The recommendations within the report reflected discussion that was held at the Adults and Health Scrutiny Panel, Informal Cabinet, and the Strategic Management Team meeting.

During discussion the following points were noted:

- i. Work was being done with the housing and planning teams within RCC to work on demographics in regards to impact in relation to the St George's Barracks project.

AGREED

That the Board **SUPPORT** the recommendations within the report.

663 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: LEICESTER, LEICESTERSHIRE AND RUTLAND CARERS STRATEGY

Mr Andrews introduced the report, the purpose of which was to seeks to respond to the issues related to caring that have been highlighted locally and set out how the partners signed up to the strategy would work together to address them.

Mr Andrews noted that when it was taken to the Adults and Health Scrutiny Panel in November, a number of changes were suggested, the Scrutiny Panel supported the vision of the strategy and thought it would be beneficial to have a Rutland specific delivery plan produced which may add weight to priorities that were not specifically highlighted in this strategy.

AGREED

The Board **NOTED** the report and **AGREED** for a delivery plan to be brought back to the Board.

664 PHARMACEUTICAL NEEDS ASSESSMENT 2018

Mr Sandys introduced the report, the purpose of which was to inform on the findings of the Pharmaceutical Needs Assessment (PNA) and to submit the report to be published for approval.

During discussion the following points were noted:

- i. Dr Fox enquired about the role of Dispensing Doctors. While it was included in some aspects of the report, the Doctors would also be doing reviews. Dr Fox also suggested there be detail regarding who had access to the Dispensing Doctors. Mr Sandys would check to see if there was a comprehensive picture of dispensing surgeries.
- ii. Mr Williamson-Noble noted that a number of residents in Rutland would get their prescriptions outside of Rutland and whether this was included in the statistics. Mr Sandys confirmed that the software used for collecting data could not record those going outside of the border.

AGREED

That the Board **NOTED** the report.

That the Board **APPROVED** the publication of the Pharmaceutical Needs Assessment 2018 subject to changes asked by the Board.

665 JOINT STRATEGIC NEEDS ASSESSMENT 2018

Mr Sandys introduced the report, the purpose of which was to highlight the responsibility of the Health and Wellbeing Board to publish a Joint Strategic Needs Assessment (JSNA), the timescale to do so, and the proposed governance structure to enable production of the JSNA.

During discussion the following points were noted:

- i. Mr Sacks noted he would welcome being a member of the JSNA Reference Group as suggested in the report.
- ii. Dr O'Neill suggested that Community Safety could be tied in to the JSNA. Mr Sandys welcomed the idea and asked whether it would be worthwhile taking the report to the Community Safety Board.

AGREED

That the Board **NOTED** the report.

That the Board **APPROVED** the proposal to form a JSNA Reference Group and the draft terms of reference for the JSNA Reference Group.

666 BETTER CARE FUND: QUARTER 3 UPDATE

Mr Andrews introduced the report, the purpose of which was to update the Health and Wellbeing Board on progress with the 2017-19 Better Care Fund Programme.

During discussion the following points were noted:

- i. Dr Fox asked whether those that had fallen had been on falls prevention. Mr Andrews noted it was difficult to say due to the data they received. It was noted that further data may be able to be sought for the next Health and Wellbeing Board meeting.

AGREED

That the Board **NOTED** the report.

667 ANY URGENT BUSINESS

The Chair asked the Board for comments on proposed items for the next meeting.

During discussion the following points were noted:

- i. Mr Williamson-Noble suggested that assuming the bid for Rutland Armed Forces role was successful, it would be appropriate for a talk regarding plans for this.

- ii. Dr O'Neill suggested the Board could look at the Children's Mental Health Transformation Plan which had previously gone to the Children and Young People Scrutiny Panel.

668 DATE OF NEXT MEETING

The dates of future meetings would be decided at the Annual Council meeting on Monday 14 May 2018.

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Chairman closed the meeting at 3.46pm.

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Meeting with Rutland Health & Wellbeing Board
Rutland County Council, Oakham
Tuesday 6 March 2018

WHO ARE TASL

- Operating since 1985 – originally Canvey Island, Essex
- Became TAS from 1998
- Acquired by current management 2013
- Headquarters & Control in Lincoln
- 21 Operational Bases
- 500,000 patient journeys annually
- 350 Vehicles
- 800+ Staff
- £25m turnover
- Leicester, Leicestershire & Rutland 1st October



Public entities



Private sector



Where are we now

- ▶ The Management of the Group are meeting weekly with the TASL Executive Board
- ▶ TASL has appointed Tim Lynch, Tim has been tasked with reviewing the action plans to ensure they drive improvement in performance.
- ▶ TASL has reorganised and reinforced the Regional Management Team by contracting Mike Casey.
- ▶ TASL is actively recruiting a Operational Lead, this will provide assurance and operational improvements across the board.
- ▶ TASL have made system improvements and increased the number of staff handling complaints against all contracts
- ▶ TASL has appointed Derek Laird as their Chief Executive Officer

LLR Where are we now

- ▶ Every KPI has hit agreed trajectory with the exception of;
 - ▶ Answering calls within 60 seconds, however there has been an increase since Oct of 28.5 %
 - ▶ Abandoned calls now within KPI with reduction of 30% since Oct
- ▶ 86% Renal patients arrive on time for appointment
- ▶ 23% increase in activity in LRI discharge's, despite this increase in activity performance improved by 16%, 95% collected within 150 minutes
- ▶ For Inward journeys, the percentage of patients arriving on time for their appointment has increased by 21%
- ▶ Percentage of patients arriving more than an hour late for their appointment has significantly reduced from 12.5% in October 2017 to 0.9% in February 2018
- ▶ Percentage of patients collected more than 2 hours after the appointment has reduced from 18.1% in October 2017 to 1.3% in February 2018
- ▶ Concentration on renal with patient app and active visibility and contact.

LLR Focus

- ▶ Aborts; some concerns around this
- ▶ Outpatients 3% arriving more than an hour late for appointment
- ▶ Non capture data specifically in discharges and Renal
- ▶ HDU working out of A & E
- ▶ Concerns around reasons for cancellations
- ▶ Renal work on early evenings
- ▶ Renal patient app roll out and FFT/improvement questionnaire
- ▶ Health cab usage & benefits
- ▶ Structural changes
- ▶ Operational Focus and Grip

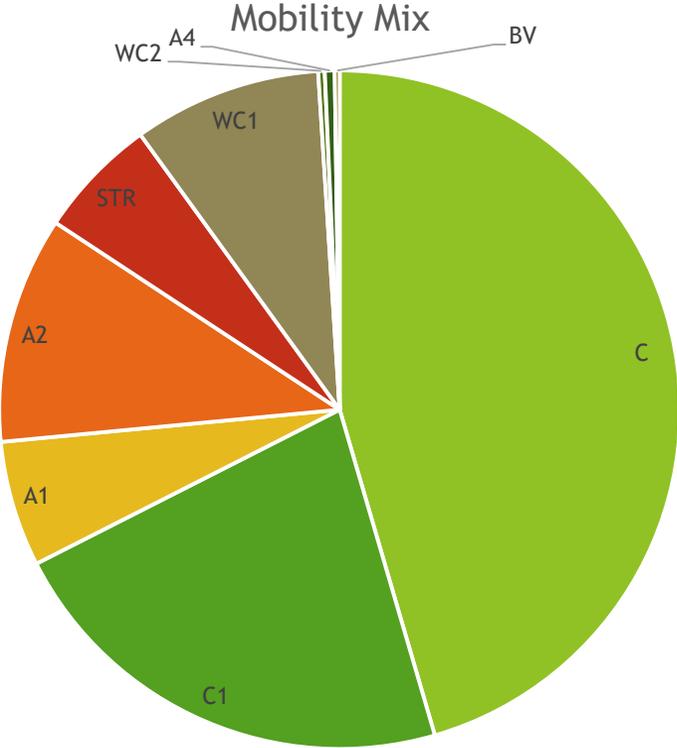
LLR KPI's

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Key Performance Indicators		Oct	Nov	Dec	Jan	Key Performance Indicators		Oct	Nov	Dec	Jan
LPR1	Application of eligibility criteria	16075	15410	14160	14995	LPR14	Collection within 60 mins (Outpatients)	1379	1677	1169	1766
		16075	15410	14160	14995			808	910	628	1052
		100%	100%	100%	100%			59%	54%	54%	60%
LPR2	Booking Portal Usage			9004		LPR15	Collection within 120 mins (Excluding LRI)	1194	2453	2032	1576
				4917				862	1689	1475	1230
				55%				72%	69%	73%	78%
LPR5	Journey Time < 60 mins for a journey < 10 miles	1637	1812	1380	1168	LPR17	Collection within 120 mins - Discharge - Vehicle off site	335	405	495	748
		1598	1746	1307	1121			202	251	344	634
		98%	96%	95%	96%			60%	62%	69%	85%
LPR7	Journey Time < 90 mins for a journey 10-35 miles	1529	1692	999	784	LPR21	Arrive up-to 30 mins early (Renal)	1848	1846	1814	2025
		1486	1640	954	765			1358	1325	1276	1301
		97%	97%	95%	98%			73%	72%	70%	64%
LPR9	Journey Time < 120 mins for a journey 35-80 miles	63	42	48	45	LPR30	Waiting up-to 30 mins (Renal)	1500	1661	1712	1832
		54	38	37	41			873	954	1114	1335
		86%	90%	77%	91%			58%	57%	65%	73%
Journeys > 80 miles		17	16	6	13	LPR32	Journey Time less than 30 mins (Renal)	3334	3493	3496	3849
LPR11	Arrival up-to 60 mins of appointment time (Outpatients)	2010	2139	1517	2006			2329	2343	2253	2586
		978	1114	836	1299			70%	67%	64%	67%
		49%	52%	55%	65%						
LPR13	Arrive on time for appointment (All journeys)	2837	3969	3318	4017	LPR33	Performance improvement areas - Aborted journeys	16075	15410	14160	14995
		2386	2528	2303	3158			1942	1391	937	1019
		84%	64%	69%	79%			12.08%	9.03%	6.62%	6.80%

Rutland Specific

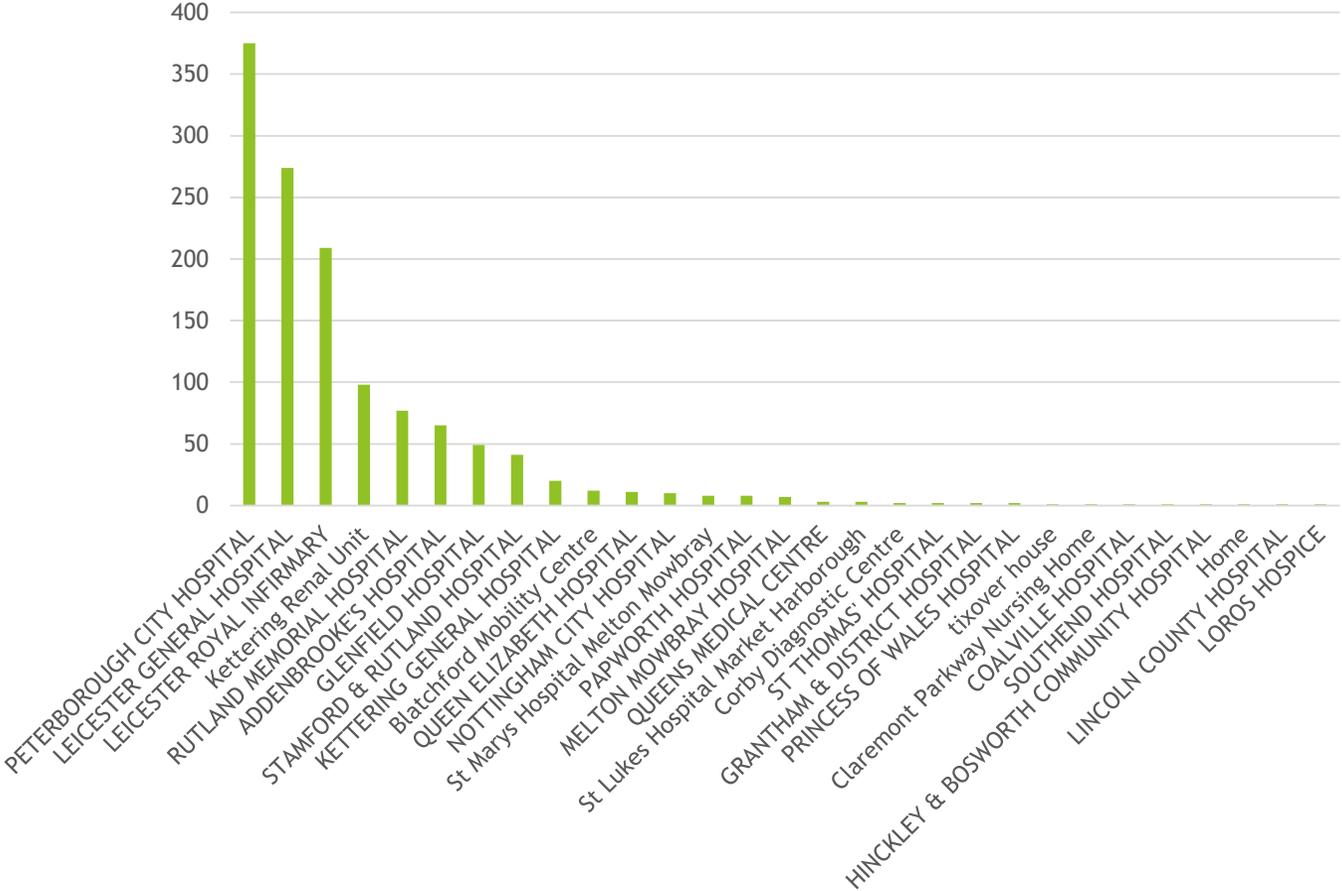
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- C ■ C1
- A1 ■ A2
- STR ■ WC1
- WC2 ■ A4
- BV

Rutland Specific

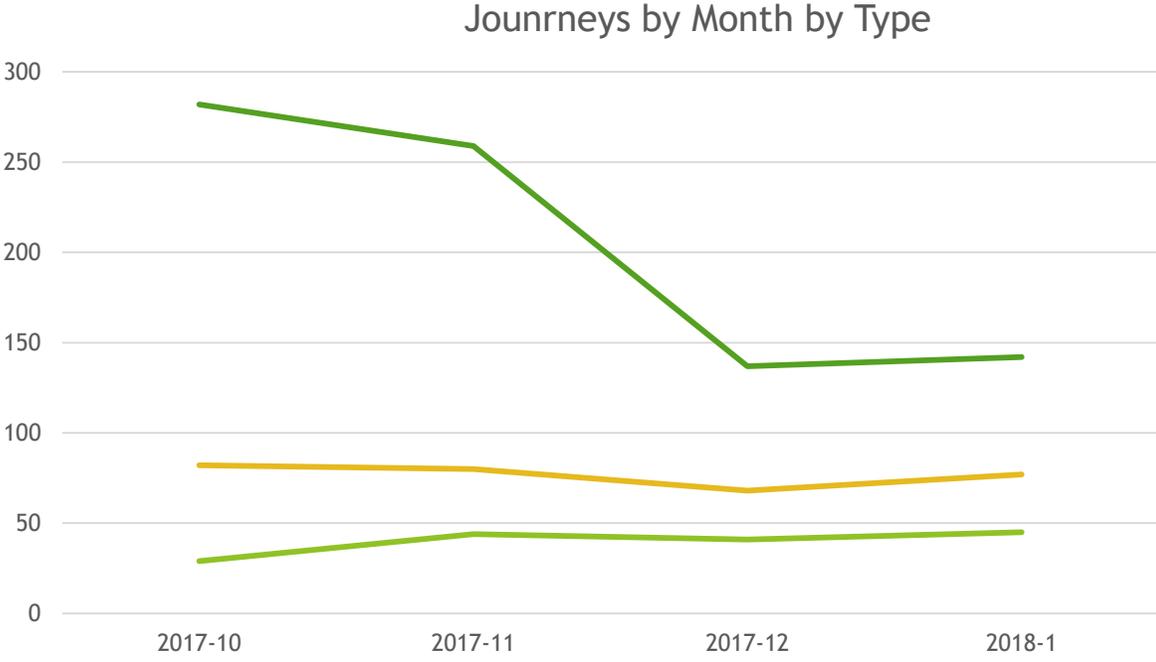
Total Journeys by Location



■ Total

Rutland Specific

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- Discharges
- Outpatients
- Renal

What does success look like

TRUSTWORTHY - TRANSPARENT - TIMELY

- ▶ Improved Delivery of Service
- ▶ Improved use of Resources
- ▶ Improved Communications - Public Relations - MP relationships - Commissioners - Being Open
- ▶ Improved Efficiencies
- ▶ Improved use of technology
- ▶ Stronger presence in the health community
- ▶ Improved Local and Regional Engagement such as HOSC - Healthwatch and PALS
- ▶ Better use of the voluntary sector
- ▶ Better Quality and Governance structures
- ▶ Clinically Excellent Staff

Questions?

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