



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, 26th September, 2017 at 2.00 pm

PRESENT:		
1.	Richard Clifton (Chair)	Portfolio Holder for Health and Adult Social Care
2.	Tony Mathias	Leader, Rutland County Council
3.	Fiona Taylor	Care Business Manager, Spire Homes
4.	Miles Williamson-Noble	Deputy Chair, Healthwatch Rutland
5.	Mike Sandys	Director of Public Health, Rutland County Council
6.	Paula Vaughan	Deputy Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group
7.	Simon Mutsaars	CEO of Rutland Citizens Advice
8.	Dr Tim O'Neill	Director for People, Rutland County Council

IN ATTENDANCE:		
9.	Mark Gregory	General Manager, East Midlands Ambulance Service NHS Trust
10.	Dr Tim Daniel	Consultant in Public Health Medicine, ELRCCG
11.	Danah Cadman	Project Manager – Planned Care

OFFICERS PRESENT:		
12.	Mark Andrews	Deputy Director for People, RCC
13.	Sandra Taylor	Health and Social Care Integration Manager, RCC
14.	Bernadette Caffrey	Head of Early Intervention, SEND & Inclusion, RCC

292 APOLOGIES

15.	Dr Andy Ker	Vice Chair, East Leicestershire and Rutland Clinical Commissioning Group
16.	Insp. Gavin Drummond	Leicestershire Police
17.	Helen Briggs	Chief Executive, Rutland County Council
18.	Rachel Dewar	Head of Community Health Services, Leicestershire Partnership NHS Trust
19.	Roz Lindridge	Locality Director, NHS England Local Area Team
20.	Tim Sacks	Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

293 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 30 June 2017, copies of which had been previously circulated, were confirmed as a correct record and signed by the Chair.

294 DECLARATIONS OF INTEREST

No declarations of interest were received.

295 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received.

296 SUSTAINABILITY AND TRANSFORMATION PLAN: PROGRAMME UPDATE

A verbal update was received from Paula Vaughan, Deputy Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group. During discussion the following points were noted:

- a) Sustainability and Transformation Plan now re-named Sustainability and Transformation Partnership.
- b) A paper was presented at the System Leadership Team meeting held on the 21st September which gave an overview of the complex models of care in relation to the community hospital inpatient beds.
- c) The direction of travel has resulted in more beds for Rutland but the location of these beds had not yet been decided.

AGREED:

1. The Board **AGREED** that more 'concrete' information should be presented at the next meeting.
2. The Board **AGREED** that all Health and Wellbeing Boards need to be consulted with much earlier in the process rather than just being informed of what would be happening.

297 GENERAL PRACTICE FIVE YEAR FORWARD VIEW

A verbal update was received from Paula Vaughan, Deputy Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group. During discussion the following points were noted:

- a) The 'General Practice Development Programme' was a five year programme aimed at responding to the opportunities and challenges identified with the General Practice Forward View.
- b) This was a huge document produced by NHS England. It was not very descriptive but it did outline the substantial investment available for primary care.
- c) The main aim of the programme was to ensure day-to-day access to primary care for all.
- d) Consultation with GP's and patients would start in the near future in order to ascertain what they believed was needed i.e. what service(s) should be delivered/available to access etc.

AGREED:

1. The Board **AGREED** that case study examples of access to primary care should be presented at the next meeting.

298 EAST MIDLANDS AMBULANCE SERVICE: LISTENING EVENT - FINAL REPORT

A presentation was received from Mark Gregory, General Manager, East Midlands Ambulance Service NHS Trust. During discussion the following points were noted:

- a) EMAS joined a trial called the Ambulance Response Programme (ARP) on the 19th July 2017.
- b) Targets for ambulance response times have been amended. Target for a Category 1 call had been 8 minutes, target was now to achieve an average of 7 minutes, with 90% of calls being answered within 15 minutes. Target for a Category 2 call had been 8 minutes, target was now to achieve an average of 18 minutes, with 90% of calls answered within 40 minutes. These new targets are anticipated to be better aligned to improving the overall speed and quality of the emergency response.
- c) EMAS was working closely with colleagues in order to increase the access to alternative treatment sources for lower priority calls i.e. urgent treatment centres, crisis response vehicles.
- d) EMAS were considering a more robust educational programme in order to deliver prevention.
- e) Actual response times were now being sorted by county area and would be notified to all colleagues.
- f) A paramedic was not always the right person to treat a patient. Alternative pathways such as community nurses were being investigated.

AGREED:

1. The Board **AGREED** that Trish Crowson, Senior Manager in Public Health would arrange for the EMAS presentation to be presented to the Integration Executive Group.
2. The Board **AGREED** that Mark Andrews would arrange a scoping meeting (RCC, EMAS, ELRCCG, Public Health, LPT, HealthWatch) to discuss prevention and alternative pathways.

---oOo---

Mark Gregory left the meeting and Danah Cadman and Dr Tim Daniel joined the meeting at 3.00 p.m.

---oOo---

299 DE-COMMISSIONING OF NON-EVIDENCED BASED TREATMENTS FOR LOWER BACK PAIN, WITH OR WITHOUT SCIATICA

A report was received from Helen Mather, Planned Care Implementation Lead at Leicester City Clinical Commissioning Group and was presented by Dr Tim Daniel, Consultant in Public Health Medicine and Danah Cadman, Project Manager – Planned Care.

During discussion the following points were noted:

- a) The three clinical commissioning groups across Leicester, Leicestershire and Rutland planned to decommission a number of interventions for the treatment of lower back pain, with or without sciatica, in line with National Institute for Health and Care Excellence (NICE) guidance published in November 2016.

b) As from the 1st November 2017, the following services would be better integrated into a pathway offered to patients:

- Self-Management
- Exercise
- Psychological therapy
- Combined physical and psychological programmes (multidisciplinary biopsychosocial “functional” rehabilitation)
- Return to work programmes
- Radiofrequency denervation
- Epidural
- Spinal decompression

c) As from the 1st November 2017, the following services would not be offered to patients:

- Orthotics
 - Belts or corsets
 - Foot orthotics
 - Rocker sole shoes
- Manual therapies
 - Traction
 - Manual therapy e.g. massage, spinal manipulation and mobilisation carried out by chiropractors, osteopaths and physiotherapists
- Acupuncture
- Electrotherapies
 - Ultrasound
 - Percutaneous electrical nerve stimulation (PENS)
 - Transcutaneous electrical nerve stimulation (TENS)
 - Interferential therapy
- Pharmacological interventions
- Spinal injections (facet joint injections, trigger point injections, prolotherapy)
- Spinal fusion

d) The number of Rutland residents directly affected by the decommissioning of acupuncture and other treatments (currently either receiving or awaiting treatment) would be less than 20 patients, but the overall population of residents who would be accessing the range of new services in the future (based around exercise/return to work and self-management etc.) would be considerably larger as non-specific low back pain was a common condition in the community.

e) An 8 week engagement period, starting from the 25th September 2017, would be held in order to gain views on what impact the removal of these services would have on patients and what additional support would be needed.

f) The alternative services provided would be commissioned by Rutland County Council through Public Health so a plan of ‘joined up’ working would be required.

AGREED:

1. The Board **AGREED** that Miles Williamson-Noble would contact Dr Tim Daniel in order for details regarding the changes to be displayed on Healthwatch Rutland's website.
2. The Board **AGREED** that Dr Tim Daniel would contact Mike Sandys to discuss the plan for joint working.
3. The Board **NOTED** the change to the NHS funded treatments that would be offered to patients with lower back pain, in line with NICE guidance.
4. The Board **NOTED** the timeline for public engagement and how patients would be informed of the implications.

---oOo---

Danah Cadman and Dr Tim Daniel left the meeting and Bernadette Caffrey joined the meeting at 3.22 p.m.

---oOo---

300 SEND OFSTED/CQC INSPECTION OUTCOME

A report was received from Bernadette Caffrey, Head of Early Intervention, SEND & Inclusion and a presentation was given to the Board. During discussion the following points were noted:

- a) Ofsted inspection carried out from the 10th to the 14th July 2017 and focused on three key areas:
 1. The effectiveness of the area in identifying the needs of children
 2. The effectiveness of the area in assessing and meeting needs
 3. The evidence of improved outcomes for children and young people
- b) The inspection findings and subsequent report found that the strengths significantly outweigh the areas for development and the report is exceptionally good when compared to other Local Authority inspections.
- c) A SEND Strategic Group had been established to drive the key actions and which comprises school representatives, health commissioners and parent /carer representatives.
- d) Key actions would include developing provision to enable children to be educated and enjoy family life closer to home and to improve the communication regarding the local offer.
- e) Placement contracts re being reviewed to get the best quality provision for children and families and best value for money service for the Council.
- f) It was noted that funding for employers to engage young people and adults with SEND will be withdrawn but what effect, if any, this would have on Rutland citizens was unclear.

AGREED:

1. The Board **NOTED** the recommendations for future action.

---oOo---

Bernadette Caffrey left the meeting at 3.39 p.m.

---oOo---

301 RUTLAND BETTER CARE FUND 2017-19 PLAN - ASSURANCE AND APPROVAL PROCESS

A verbal update was received from Mark Andrews, Deputy Director for People and a presentation was given to the Board. During discussion the following points were noted:

- a) Delayed Transfers of Care (DToC's) have been rising for some time.
- b) A new national target had been set to ensure that 3.5% or less of available hospital bed capacity was lost to discharge delays on any given day.
- c) This national target figure had not been distributed equally across all counties. Instead each county's target was set from their DToC figure from February 2017 as this had been deemed a bad month for DToC figures. However, Rutland had a very good month in February 2017 when it came to their DToC figure. This had resulted in Rutland being set a completely unachievable DToC target figure.
- d) ADASS were petitioning against NHS England's target setting and the LGA had withdrawn support from the BCF framework due to disagreement with the target process. Seventy local authorities were in the same position as Rutland.
- e) RCC was trying to engage NHS England in dialogue regarding a proposal to set the DToC target figure on the quarterly average figure.
- f) Two options:
 1. Agree the unachievable DToC target set by NHS England and risk future I-BCF funding, or
 2. Refuse the unachievable DToC target set by NHS England and risk current funding and programme continuity.

AGREED:

1. The Board **AGREED** to hold RCC's position, refuse the unachievable DToC target set by NHS England BUT to continue negotiations with them.
2. The Board **AGREED** that Cllr Clifton would ask Sir Alan Duncan to raise the matter in Parliament.

302 ANY URGENT BUSINESS

- a) Miles Williamson-Noble informed attendees that the Cambridgeshire and Peterborough Clinical Commissioning Group over-spend had been capped. This had resulted in no patients being seen by services in under 12 weeks. Paula agreed to monitor the situation and notify the Board.
- b) A Health and Wellbeing Board Development Session had been arranged for Tuesday, 31st October 2017, 2.00 – 4.00 p.m. in the Council Chamber.

303 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be on Tuesday, 5th December 2017 at 2.00 p.m. in the Council Chamber, Catmose.

---oOo---

Chairman closed the meeting at 4.06 pm.

---oOo---