



# 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 June, 2018 at 2.00 pm.

**PRESENT:**

1.	Alan Walters (Chair)	Portfolio Holder for Health and Social Care
2.	Gary Conde	Councillor , Rutland County Council
2.	Dr Hilary Fox	East Leicestershire & Rutland Clinical Commissioning Group
3.	Simon Mutsaars	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.	Fiona Taylor	Spire Homes

**OFFICERS PRESENT:**

8.	Karen Kibblewhite	Head of Commissioning, RCC
9.	Emma-Jane Perkins	Senior Service Manager – Adult Social Care
10.	Kim Sorsky	Service Manager – Adult Social Care
11.	Joanna Morley	Governance Officer

**IN ATTENDANCE:**

12.	Kate Holt	CEO Connected Together provider of Healthwatch
13.	Dr Mike McHugh	Consultant in Public Health
14.	Simon Westwood	Chair of the Leicestershire and Rutland Safeguarding Children Board

**80. APOLOGIES FOR ABSENCE**

Apologies were received from Mrs Helen Briggs, Mr Mark Andrews, Ms Roz Lindridge, Mr Robert Lake and Mr Will Pope. Ms Karen Kibblewhite and Ms Kate Holt attended as substitutes.

**81. RECORD OF MEETING**

The minutes of the meeting of the Rutland Health and Wellbeing Board held on 6 March 2018 were confirmed as a correct record and were signed by the Chair

## **82. DECLARATIONS OF INTEREST**

No declarations of interest were received.

## **83. PETITIONS, DEPUTATIONS AND QUESTIONS**

No petitions, deputations or questions were received.

## **84. RUTLAND LOCALITY PLAN**

Report No. 117/2018 was received from the Chief Executive Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG).

Mr Tim Sacks presented the report, the purpose of which was to identify the healthcare and physical challenges faced by the locality in delivering healthcare in a collaborative way. The report provided the health building block for future work on planning collaborative health and social care delivery in Rutland.

During discussion the following points were noted:

- The report was a high level overview and a sharing of a first draft and was not a replacement of the Sustainable Transformation Plan (STP) document. Instead the report was a starting point from which partners could ask what could be influenced specifically for Rutland and an opportunity to do something differently for the people of Rutland. There was not the ability to commission just for Rutland on such things, for example, as ambulance services but local services such as mental health services could be influenced.
- Although not mentioned in the report, consideration would be given to the Rutland Hub project but from a CCG perspective, what services would be delivered in Rutland would not be dependent on what building they could go in.
- The community provision for Rutland such as the number of available nurses needed to be defined in more detail.
- The St Georges Development would have a major effect on Uppingham and Empingham surgeries.
- When designing something for long term future need, more collaboration with Joint Strategic Needs Assessment (JSNA) colleagues would be sought.
- The ELR CCG would still be commissioning services from the Corby Urgent Care Centre as 940 Rutland patients had accessed services from Corby.
- The Save Corby Urgent Care Centre Action Group had just had the go ahead for a judicial review against their local CCG because they had not held a thorough public consultation about their plans.
- A number of different models were being proposed by the government; amongst these were the ACO (Accountable Care Organisations) model which would mean that services and the budget would be commissioned and managed by Rutland and the multi specialist provider (MSP) model which would mean a pooling of funding and commissioning for all non-acute services and would provide for a broader range of more integrated services in the community. Partners would have to consider what services could be included and what services could be 'repatriated' from hospitals so that people did not have to travel.

- The Integrated Locality Team (ILT) which looked at providing more care and support in the community than in the acute sector, would welcome input from voluntary groups on their work.
- The ILT held monthly meeting with GPs so that they could take ownership and look at the design of commissioning models.
- If clinic provision within Rutland was improved it would greatly enhance the patient provision.
- There was a need to look at what was possible and if not, why not. Members felt that understanding the timescales involved would help in terms of the engagement process.
- The CEO of ELR CCG highlighted that the STP process nationally had not produced what the Government was expecting and that although it seemed that there was somewhat of a hiatus around health planning, there were still things that could be commissioned and driven forward.
- Social prescribing was not mentioned and Members pointed out that it did not always have to be clinical services that were commissioned.
- Councillor Walters would send questions to the CCG to help inform the next stage.

#### **AGREED:**

1. The Board **NOTED** and commented on the report
2. The Board **AGREED** that the Sustainable Transformation Partnership would provide more detail on the existing community provision for Rutland

#### **85. LEICESTERSHIRE SAFEGUARDING CHILDREN BOARD BUSINESS PLAN**

Report No. 106/2018 was received from Simon Westwood, Chair of the Leicestershire and Rutland Safeguarding Children Board (LRSCB).

During discussion the following points were noted:

- The current form of the board was going to be abolished and would be replaced by multiagency safeguarding arrangements in 2019. The LSCB were working to an ambitious target of having the arrangements in place by April 2019. Until that came into place however the Board had to abide by its statutory requirements and work to current regulations.
- The priorities for the LRSCB included partnership transition, the impact of multiple risk factors on children, making sure there were effective pathways and access to services, safeguarding against child exploitation and improving the approach to safeguarding children with Special Educational Needs and Disabilities (SEND).
- It was noted that responsibility for the Child Death Overview Panel had now moved to Public Health, and that LSCB Members believed this would be in line with the new guidelines.
- There was now a Young Persons Advisory Group to the Board which had identified some areas of work. The make-up of this group was a mixture with some children in the mainstream, some with care experience and some who were members of the Youth Council. Young people from Rutland were directly involved in this group.

- The LRSCB had not specifically mentioned children's mental health issues as it did not want to duplicate efforts and overlap the work of other boards in this area. Although the Board was keen to hear from them they did not feel that they should lead on this work.
- The presentation on suicide which was to be given to the Health and Wellbeing Board later in the meeting had already fed into the LRSCB.

**AGREED:**

1. The Board **NOTED** the LRLSCB Business Plan for 2018/19.
2. The Board **REQUESTED** that the LRSCB passes on to the RCC Director for People the names of the Rutland young people involved in the Advisory Group.

**86. LEICESTERSHIRE SAFEGUARDING ADULTS BOARD BUSINESS PLAN**

A report was received from Mr Robert Lake, Chair of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) As Mr Lake was unable to attend the meeting, Mr Westwood, Chair of the Safeguarding Children's Board, delivered the report to the Board.

During discussion the following points were noted:

- This year there were no shared priorities with the Children's Safeguarding Board and because of the statutory changes to the Children's board it would have been very difficult to align work strands.
- There were joint areas of concern between the boards such as adult mental health issues and the issue of domestic violence on children but the boards did not work together on them.
- The board had been involved in partnership work with carers on the issue of consent.

**AGREED:**

1. The Board **NOTED** the LRSAB Business Plan for 2018/19.

**87. LLR DEMENTIA STRATEGY: DELIVERY PLAN FOR RUTLAND**

A presentation (appended to the minutes) was received from Ms Kim Sorsky, Service Manager, Adult Social Care. The presentation gave an update on the delivery plan for Rutland.

During discussion the following points were noted:

- The strategy was very broad and had 20 action points but officers wanted to fine tune it for Rutland residents and what it would mean for them.
- The Admiral Nurse Service for Rutland had been launched on March 21 of this year and was proving very successful.
- Care navigation following diagnosis meant that there would be a named person that could be contacted about an individual's care.

- Service users were being supported to establish DEEP (Dementia, Empowerment and Engagement Project), that enabled dementia patients and their families to tell the services what support they needed.
- The role of physical activity in the prevention of the disease and the slowing of its progression was well known and officers had started to make links with Active Rutland which would be built on.
- Rutland had a clinical lead in the social care setting which enabled the co-ordination between services to work. This was different to the arrangement in Leicester City and Leicestershire.
- Closer working with GP surgeries would lead to better outcomes.
- The service hoped to unlock community resources and have community led groups organizing activities for those with Dementia.
- The strategy was in the process of being finalised.

#### **AGREED:**

1. That the Board **NOTED** the presentation.
2. That the Board **AGREED** that the Dementia Strategy would be shared with the Board before its final approval.

#### **88. LLR CARERS STRATEGY: DELIVERY PLAN FOR RUTLAND**

A presentation (appended to the minutes) was received from Ms Emmajane Perkins, Senior Service Manager – Adult Social Care. The presentation gave an update on the Carers Strategy delivery plan for Rutland.

During discussion the following points were noted:

- The Carers Strategy was running to a similar timescale as the Dementia Strategy and had been to Scrutiny and out to consultation
- It was important to ensure that carers had a life outside of their caring responsibilities
- The right support, at the right time, had to be available to carers
- Everyone in the wider community needed to be upskilled so that they could recognize what and who a carer was. The number of carers would increase if the community were actively identifying them.
- Housing MOT's were available which looked at people's home environments to help alleviate carers' burden by providing, for example, a home safety check, warm home/energy advice, minor adaptations and assistive technology.
- The Council had to ensure that young carers' education and employment opportunities were not being compromised.
- Social housing providers had worked very closely with housing MOT assessors and had looked at covering the costs involved going forward, including the maintenance of items such as Homeline.

**AGREED:**

1. That the Board **NOTED** the presentation
2. That the Board **AGREED** that a report on the Carers Strategy would be shared with the Board before its final approval.

**89. CLOSURE OF THE INTEGRATED POINTS OF ACCESS PROGRAMME**

A verbal update on the closure of the Integrated Points of Access Programme (IPOA) was received from Ms Karen Kibblewhite, Head of Commissioning on behalf of Mr Mark Andrews, Deputy Director for People.

The following points were noted:

- The Board had previously discussed this project and had noted that the Council did not believe Rutland would benefit from participating in the IPOA.
- The business case for the IPOA had been completed and had not proved viable so the programme as a whole was not being taken forward.

**AGREED:**

1. The Board **NOTED** the update on the IPOA

**90. JOINT STRATEGIC NEEDS ASSESSMENT**

A verbal update on the Joint Strategic Needs Assessment (JSNA) was received from Mike Sandys, Director of Public Health.

During discussion the following points were noted:

- The Board had a statutory responsibility to produce a JSNA. The last one was completed in 2015 and was due to be refreshed; a new JSNA would therefore be completed for December of this year.
- The JSNA reference group were overseeing the JSNA process and the Integration Executive would approve the draft version of the Rutland JSNA
- A draft version of the JSNA 2018 would be ready for the September meeting of the Health and Wellbeing Board and comment by Board members.
- Members requested that the draft JSNA went to Scrutiny for comment before final approval.

**AGREED:**

1. The Board **NOTED** the verbal update on the JSNA
2. The Board **AGREED** that the draft JSNA would be presented at the Health and Wellbeing Board meeting on 18 September 2018.

3. The Board **AGREED** that the draft JSNA should go to Scrutiny before its final approval at the end of the year.

## 91. LLR SUICIDE PREVENTION PROGRAMME

Report No. 108/2018 was received from Dr. Mike McHugh, Consultant in Public Health.

During discussion the following points were noted:

- Suicide was an incredibly complex issue and as such many organisations were involved in tackling it.
- Both the Health and Wellbeing Board and Scrutiny Panels were involved in the governance of the Suicide Prevention Programme.
- Suicide was not inevitable and work was concentrated on preventative measures.
- Overall suicide rates had been in decline until the onset of the recession about ten years ago and since then it had started to creep up again.
- The latest focus of the programme was on a STOP Suicide Leicester, Leicestershire and Rutland (LLR) task and finish group which was developing a website to capture all of the preventative work that was happening.
- Leicestershire County Council Public Health had been challenged to reduce suicide deaths further by adopting and learning from the STOP suicide prevention programme that Peterborough and Cambridgeshire had developed.
- The LLR STOP programme would have a dedicated co-ordinator that would join up with the work of the Audit and Prevention group as well as external organisations such as the Police.
- Members wanted to know whether Rutland, in light of the fact that the County had less deprivation and less of the 30-54 demographic that made up the majority of suicides, was faring worse or better than neighbouring Councils.
- Sessions of awareness training regarding suicide and self-harm had been funded for those who worked with children and young people.
- It was extremely difficult to measure the impact of different preventative measures and as such the only valid measure was seeing a reduction in the rate of death by suicide.
- The STOP campaign would have the same targeting challenges faced by any other preventative area.
- There would be representatives from Rutland involved in the campaign so that any risk factors or particular triggers because of the county's rurality would not be ignored or neglected.
- The STOP campaign was about targeting people before they got to crisis point and the campaign wanted to have an organisational pledge from Rutland County Council to support its work looking at risk factors.
- There would be no cost to Rutland County Council of being involved in the campaign as the costs were already being borne by Leicestershire County Council.
- The campaign would mean that there would be extra resources for the partners involved in the campaign and the work would be carried out alongside wider suicide prevention activities.

**AGREED:**

1. The Board **NOTED** the purpose and work of the LLR Suicide Audit and Prevention Group
2. The Board **NOTED** and **APPROVED** the LLR Suicide Prevention Strategy and Action Plans (2017-20)
3. The Board **NOTED** the creation and development of the STOP Suicide Leicester, Leicestershire and Rutland programme and **AGREED** that an additional report should be presented to the Adults and Health Scrutiny Panel for comment and approval before the full support of Rutland County Council could be pledged.

**92. CHILDREN'S TRUST BOARD - UPDATE ON THE CHILDREN, YOUNG PEOPLE & FAMILIES PLAN: 2017/2018 ACTIONS**

Report no. 110/2018 was received from Bernadette Caffrey, Head of Service: Early Intervention, SEND and Inclusion.

The report was taken without debate.

**93. ANY URGENT BUSINESS**

There was no urgent business.

**94. DATE OF NEXT MEETING**

The next meeting of the Rutland Health and Wellbeing Board would be held on Tuesday 18 September 2018 at 2.00pm in the Council Chamber, Catmose.

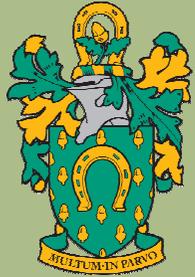
Proposed Agenda Items:

- Children's Mental Health Transformation Plan: Future In Minds
- Health and Wellbeing Board Annual Report
- Draft JSNA

---oOo---

The Chairman closed the meeting at 4.10pm

---oOo---



Rutland  
County Council

# Leicester, Leicestershire and Rutland Dementia Strategy 2019-2022





## The Well Pathway for Dementia

- Preventing Well, encouraging assessment, identifying risk, carer engagement
- Diagnosing Well, concerns investigated, timely diagnosis, care navigation
- Supporting Well, case management, psychological interventions
- Living Well, coordination of services, symptom management, supporting families living with dementia
- Dying Well, advanced care planning, bereavement support



Rutland  
County Council

## Rutland's Priorities

⇒

- Admiral Nurse Service
- Supporting families living with dementia
- Co ordinated Dementia Service across health, social care and voluntary sectors
- Care Navigation following diagnosis
- Supporting community led groups
- End of Life specialist support
- Dementia Friendly Council and Communities
- Providing quality dementia training
- Improving Information

This page is intentionally left blank



**Rutland**  
County Council

# **Leicester, Leicestershire & Rutland Carers strategy 2018 - 2021**





## **8 Priorities**

- 1. Carers are identified early and recognised**
- 2. Carers are valued and involved**
- 3. Carers are informed**
- 4. Carer friendly communities**
- 5. Carers have a life alongside caring**
- 6. Carers have access to assistive technology products**
- 7. Carers can access the right support at the right time**
- 8. Support for young carers**



## It is important that carers are recognised and supported

Who can support to identify carers?

- Community health services
- GPs
- Schools/academies
- Health and social care professionals
- Voluntary sector
- People in the community

Questions to ask

- Do you look after someone who couldn't manage without your help and support?
- Will you need extra support to manage your own health needs or medical appointments?
- Are you willing/able to carry on with your caring role?
- Are the children in the household involved in caring?



## How will we know if we have achieved our priorities?

1. Increased number of carers identified
2. Carers report that they feel satisfied in the next national survey
3. Carers tell us that they are find it easy to gather information about support and services
4. Carers tell us that they are able to access services and support easily
5. Carers report that they have a life outside of their caring role
6. There is an increase in the minor adaptations and assistive technology used
7. There is an increase in the number of carers assessments undertaken
8. Young carers have improved outcomes at home, school and employment opportunities