



Rutland County Council

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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, 4th
December, 2018 at 2.00 pm

PRESENT:

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| Mr Alan Walters (Chair) | Portfolio Holder for Health and Social Care |
| Mr Gary Conde | Councillor, Rutland County Council |
| Dr Hilary Fox | East Leicestershire & Rutland Clinical Commissioning Group |
| Mr Simon Mutsaars | CEO of Rutland Citizens Advice |
| Dr Tim O'Neill | Director for People, Rutland County Council |
| Mr Tim Sacks | Chief Operating Officer, East Leicestershire & Rutland Clinical Commissioning Group |
| Mr Mike Sandys | Director of Public Health, Rutland County Council |
| Ms Fiona Taylor | Spire Homes |

OFFICERS PRESENT:

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| Mark Andrews | Director for People (DAS) |
| Karen Kibblewhite | Head of Commissioning, RCC |
| Robert Clayton | Head of Culture & Registration RCC |
| Joanna Morley | Governance Officer |

IN ATTENDANCE:

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| Ms Sarah Hughes | Head of Operations & Delivery, NHS England - Midlands |
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450 APOLOGIES

Apologies were received from Ms Roz Lindridge and Professor Will Pope. Ms Sarah Hughes attended as a substitute for Ms. Lindridge.

451 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on 18 September 2018 were confirmed as a correct record and signed by the Chairman.

452 DECLARATIONS OF INTEREST

No declarations of interest were received.

453 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received.

454 PHYSICAL ACTIVITY TO SUPPORT PEOPLE'S HEALTH

Report No.225/2018 was received from the Director of Public Health.

Mr Robert Clayton presented the report, the purpose of which was to inform the Board of the importance of physical activity opportunities to support people's health and to outline the work currently being undertaken in Rutland in pursuit of this agenda.

During the discussion the following points were noted:

- At the same time that exercise referrals were rising, activity levels were falling which suggested that perhaps services were not referring the right people to the right provision.
- There were six falls prevention classes running and generally positive outcomes were being recorded but the programme now needed to move to the next stage and target everyone simultaneously.
- The number of falls was actually increasing so Public Health needed to find out how the exercise classes sat within the whole prevention of falls model.
- Feedback from residents who had attended a falls prevention class was that they wanted to have something in place when the course ended, such as a peer support group, so that they could maintain their good work.
- There was an initiative for GPs to suggest things such as community walks, park runs and garden projects rather than giving out a prescription.
- The Active Life Survey had measured the amount of people who would cycle and walk not only for leisure but also for getting to work and Rutland figures had been encouraging. Significant inroads into increasing the amount of exercise that people took had been made in places eg. Manchester where they had joined up the available programmes for both active life and active travel.
- The Head of Culture and Registration would provide a breakdown of the number of GP exercise referrals by practices in Rutland.
- The Public Health Grant which covered the cost of the referral scheme was in place until 2020 and was being considered as part of the comprehensive spending review.

AGREED:

1. The Board **NOTED** the contents of the report regarding the importance of physical activity to support people's health.
2. The Board **NOTED** the attached Rutland Performance Update on the LRS Physical Activity & Sports Strategy 2017-2021.

455 CARDIOVASCULAR DISEASE IN RUTLAND

Report No. 228/2018 was received from the Director of Public Health.

Mr Mike Sandys introduced the report, the purpose of which was to summarise a profile of cardiovascular disease in Rutland and provide context within Rutland and at the STP system level as to the work going on around prevention and management of cardiovascular disease in Rutland.

During discussion the following points were noted:

- Although initially it was alarming to note that the level of cardiovascular disease was higher in Rutland than the national average this was primarily because Rutland had a much older population than other areas and could also be due to much more proactive case finding and diagnosis. In the younger age group, those aged less than 75 years, deaths from cardiovascular disease were significantly lower than the national average.
- Lifestyle behaviours, particularly obesity in Rutland, were a major risk factor in developing heart disease.
- There was a real drive across the CCG to look at the five key conditions for cardiovascular disease: hypertension, diabetes, dementia, chronic pulmonary disease and atrial fibrillation.
- An end-to-end pathway review of cardiovascular disease management and cardiology services was being undertaken jointly by the CCGs, primary and secondary care, and Public Health. Public Health would nominate a representative to sit on the cardiology working party.
- The report concentrated primarily on adults but members questioned how developments in children's health could go on to affect adult lifestyles and the reported figures and suggested that all the dots around transition needed to be joined up.
- The impact of the increased availability of defibrillators on reducing deaths by cardiovascular disease, was less than 10%. 65% of the decline was due to changes in lifestyle and 25% was down to the work of GPs. The Director of Public Health recognised that, in general, people valued more what had saved their life at the end, rather than the primary prevention work.
- Councillor Conde asked who was responsible for the access codes for defibrillators in public places in Rutland. Public Health would find out and report back to the Board.
- The number of health checks offered was less than the national offer but the uptake was good when they were offered.
- Public Health preferred that health checks were carried out by GPs so that data was recorded and the information captured was of a high standard.
- The payment structure for GPs to undertake health checks changed a couple of years ago and this may have impacted on the number of health checks offered.

AGREED:

The Board:

1. **NOTED** the work being done on developing a joined up prevention system and would welcome further reports on any future developments.

2. **NOTED** the work being done to enable an integrated communications system to support the prevention system in Rutland.
3. **ENDORSED** the hypertension prevention programme being led by the Leicester, Leicestershire and Rutland Prevention Programme Board as part of the LLR STP.

456 RUTLAND JOINT STRATEGIC NEEDS ASSESSMENT 2018

Report No.229/2018 was received from the Director of Public Health.

Mr Mike Sandys introduced the report the purpose of which was to seek approval by the Rutland Health and Wellbeing Board of the Joint Strategic Needs Assessment (JSNA) 2018. The attached chapters to the report had been amended in light of comments from the Board and other stakeholders.

During discussion the following points were noted:

- Work was taking place on a Military Health Needs Assessment which would be incorporated into the main JSNA in due course. Initially the needs assessment would be done on serving personnel and their dependents with veterans being added later in the year.
- Healthwatch were conducting a separate survey looking at veterans' health needs. The information gathered from this would be used in the military health needs assessment as the work progressed.

AGREED:

1. The Health and Wellbeing Board Members agreed and **APPROVED** the publication of the Rutland JSNA 2018 by the end of December 2018.

457 ANY URGENT BUSINESS

No urgent business had been received.

458 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be held on Tuesday, 5 March 2019 at 2.00pm in the Council Chamber, Catmose.

Proposed Agenda Items:

- Update on CAMHS and the transition from children's to adults' mental health services
- Report from the Scrutiny Mental Health Task and Finish Group
- Report on the CYP Local Transformation Plan
- Director of Public Health Annual Report

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The Chairman closed the meeting at 2.50 pm

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