



Rutland County Council

Catmose Oakham Rutland LE15 6HP.

Telephone 01572 722577 Email: governance@rutland.gov.uk

Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 25th June, 2019 at 2.00 pm

PRESENT:

Cllr Alan Walters (Chair)	Portfolio Holder for Health and Social Care
Cllr Samantha Harvey	Councillor, Rutland County Council
Dr Hilary Fox	East Leicestershire & Rutland Clinical Commissioning Group (ELR CCG)
Dr Janet Underwood	Chair of Healthwatch Rutland
Tim Sacks	Chief Operating Officer, ELR CCG
Melanie Thwaites	Associate Director – Children and Families, Leicester City CCG
Mark Andrews	Strategic Director for People, Rutland County Council

IN ATTENDANCE:

Dr Kath Packham	Consultant In Public Health
Wendy Hoult	Better Care Manager for the East Midlands, NHS England

OFFICERS PRESENT:

Sandra Taylor	Health and Social Care Integration Project Manager
Karen Kibblewhite	Head of Commissioning
Joanna Morley	Governance Officer

64 APOLOGIES

Apologies were received from Mike Sandys, Director of Public Health, and Frances Shattock, Director of Strategic Transformation NHS England – Midlands. Dr Kath Packham was in attendance for Mike Sandys and Wendy Hoult was in attendance for Frances Shattock. Apologies were also received from Simon Mutsaars, CEO of Citizens Advice Rutland, Rachel Dewar, Head of Community Services, Leicestershire Partnership Trust and Dawn Richards, Senior Service Manager, Spire Homes.

65 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on 5 March 2019 were confirmed as a correct record and signed by the Chairman.

66 DECLARATIONS OF INTEREST

No declarations were received.

67 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received.

68 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018

Report No.96/2019 was received from the Director of Public Health. Dr Kath Packham, Consultant in Public Health, gave a presentation (appended to the minutes) and introduced the Annual Report.

During discussion the following points were noted:

- Multi-morbidity meant having two or more chronic conditions eg. a mental health issue, hypertension or diabetes. In general people were living for more years in poorer health with an increasing number of health conditions.
- Over the next twenty years older people would have longer life expectancies and therefore there would be an increase in the number of people living with multiple conditions.
- The annual report revisited recommendations from last year's report as well as promoting the following new ones; tackling loneliness, promoting social prescribing, reducing falls and increasing physical activity, supporting carers and supporting the health system to treat the person rather than the condition.
- The statistics were based on residents that were registered with Rutland practices but Public Health needed to be mindful that many Rutland residents were registered with out of county practices.
- The Healthy Life goals should also give a measure of quality of life. At the moment healthy life expectancy just meant lived in good health. The Strategic Director for People was pleased that the Director of Public Health's recommendations could help to improve the quality of life.
- Although the report primarily looked at adults there had been specific child-focused chapters included in the Joint Strategic Needs Assessment Report at the end of last year.
- The NHS were increasingly recognising the value of social prescribing and a new primary care contract that was starting in July would enable GPs to utilise it more often.
- There were several different social prescribing models; some restrictive, where the individual had to be over 65 and the programme lasted for only 12 weeks, and others that were more wide reaching. Officers were pulling together a social prescribing network so that that they could understand whether there were the right things in place to offer people.
- GP practices were meeting during the week to talk about the social prescriber role and would be looking to develop something in conjunction with the Council.

AGREED:

The Board **NOTED** the Director of Public Health Annual Report 2018 and **SUPPORTED** the report's recommendations.

69 HEALTH PROTECTION ASSURANCE BOARD ANNUAL REPORT 2018

Report No.97/2019 was received from the Director of Public Health. Dr Kath Packham introduced the report the purpose of which was to provide a summary of the assurance functions of the Leicestershire, Leicester and Rutland (LLR) Health Protection Assurance Board. It also updated the Health and Wellbeing Board on Health Protection performance, key incidents and risks and other significant matters considered in the past year that have emerged from January 2018 to December 2018.

During discussion the following points were noted:

- The Local Authority did not commission the majority of services which contributed to protecting the health of the population.
- There was a lower prevalence of chlamydia in Rutland but also lower screening rates. Those most at risk from preventable diseases needed to be targeted so that resources were used most effectively.
- The coverage for the Measles, Mumps and Rubella (MMR) vaccine was below what was needed to get 'herd' immunity so that there was protection when there was an outbreak. Protection was for those who were not vaccinated because of medical reasons or for those where it had been because of parental choice.
- Officers would ask the NHS team to supply the Board with the numbers for those not vaccinated as it appeared that there were still many parents who chose not to vaccinate their children. Italy was cited as a country where children could not attend school if they had not been vaccinated.
- Making Every Contact Count plus was about reinforcing the message at every contact made with the patient.
- Public Health were about to embark on a refresh of the sexual health strategy. No evidence had been found to suggest a disproportionate amount of sexual health issues in the military population.
- Tuberculosis vaccines (TB) were not routinely given unless there were areas of the country eg. Leicester, where there had been a high incidence of the disease.
- Members felt that behaviour change was the bigger challenge, rather than the building of infrastructure, when trying to get more people to walk and cycle in an effort to improve air quality.
- The Local Transport Plan would look at combating 'idling' or waiting cars, as they greatly added to air pollution.

AGREED:

The Board **NOTED:**

1. The specific health protection issues that had arisen locally and the steps taken to deal with them.
2. The focus for particular areas of work in the coming year.

70 JOINT HEALTH AND WELLBEING STRATEGY DISCUSSION

A presentation on developing the joint Health and Wellbeing Strategy 2019-2022 was received from Dr Kath Packham.

During discussion the following points were noted:

- The Strategy should drive and support the agenda and work of the Health and Wellbeing Board.
- The Health and Wellbeing Board needed to contribute to the development of Integrated Care Systems.
- Dr Packham introduced four options for approaching the strategy: by the wider determinants of health and wellbeing, a life course approach, by illness and disease areas or by lifestyle factors. In light of the Director of Public Health's Annual Report and the need to treat the whole person rather than the individual conditions, the option of approaching the strategy by illness and disease areas was discounted.
- The majority of Members were in favour of a life course approach in order to look at the needs of each of the different age groups. Although there would be common factors the differences could also be explored.
- Members were concerned that strategies got written but not necessarily enacted and although enough aims and priorities needed to be included to reflect the Board's wishes, it should not become so aspirational that it became unachievable.
- The recommendations from the Joint Strategic Needs Assessment (JSNA) and priorities from each organisation could be woven into the life course approach to the strategy.
- The Primary Care Networks would want to be able to influence the Strategy.
- Prevention and the importance of physical activity at every age needed to be brought into the life course approach.

AGREED:

The Board **AGREED** that Officers would work on putting together a draft strategy which adopted the life course approach, drawing out the recommendations from the JSNA. Engagement with wider partners would also be undertaken and an update would be presented to the Board at the next meeting.

71 RUTLAND BETTER CARE FUND PROGRAMME 2018-19 AND 2019-20

Report No.87/2019 was received from the Strategic Director for People.

Sandra Taylor, Health and Social Care Integration Manager introduced the report the purpose of which was to update the Health and Wellbeing Board on Better Care Fund (BCF) progress and performance in 2018-19 and to review and endorse proposals for 2019-20. The report also recommended that authority be delegated to the Strategic Director for People in consultation with the Chair of the Health and Wellbeing board to approve the 2019/20 BCF programme for submission to NHS England.

During discussion the following points were noted:

- The Better Care Fund Programme had made excellent progress and its impact had been positive in a number of areas.
- The figures for Delayed Transfer of Care (DToC) had struggled, mainly because of mental health issues and also because of having to rely on other counties to organise care.
- There had been changes to the way the Disabled Facilities Grant was being used as it was no longer means tested. The grant was used to make small adaptations

to people's homes and this had had a hugely positive effect on post hospital outcomes.

- Falls still remained an issue. Although it was less likely that falls would occur, those that did often resulted in hip fractures.
- There was no screening for osteoporosis as what had been found to be most effective was weight bearing exercise programmes which not only improved people's bone density but also strengthened muscles and therefore stability. Medicine management intervention eg. calcium being given in care homes, was not found to be that effective.
- Wendy Hoult, Better Care Manager for the East Midlands, reported that Rutland was the best performer in the East Midlands because of the funding and emphasis it placed on prevention and lower level schemes. A lot of other areas had removed these schemes because of financial restraints but Rutland had reaped the benefits of this type of approach.
- Going forward the programme would not differ substantially but would have an emphasis on reducing, rather than better managing, hospital admissions

AGREED:

The Board:

1. **NOTED** the progress and performance of the 2018-19 BCF programme
2. **ENDORSED** the direction of the 2019-20 BCF programme.
3. **DELEGATED** authority to the Strategic Director for People, in consultation with the Chair of the Rutland Health and Wellbeing Board, to approve the 2019/20 BCF programme for submission to NHS England.

72 ANY URGENT BUSINESS

No urgent business had been received.

73 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board will be held on Tuesday, 1 October 2019 at 2.00pm in the Council Chamber, Catmose.

---oOo---

Chairman closed the meeting at 3.34pm

---oOo---