

Rutland County Council

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Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD**
held as a virtual meeting via Zoom on Tuesday, 22nd June, 2021 at 2.00 pm.

PRESENT:

Cllr Alan Walters (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
Cllr David Wilby	Portfolio Holder for Education and Children's Services
Ms Fay Bayliss	Deputy Director of Integration and Transformation LLR CCGs
Dr Hilary Fox	Clinical Director, Rutland Health Primary Care Network
Dr Janet Underwood	Chair of Healthwatch Rutland
Mike Sandys	Director of Public Health
Rachel Dewar	Head of Community Health Services, Leicestershire Partnership Trust

IN ATTENDANCE:

Sarah Prema	Executive Director for Strategy and Planning at LLR CCGs
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OFFICERS PRESENT:

John Morley	Director – Adult Services and Health (Interim)
Joanna Morley	Governance Manager (Interim)

1 APOLOGIES

Apologies were received from Insp. Audrey Danvers, Sheila Fletcher, Louise Platt and Mel Thwaites. Mina Bhavsar attended for Mel Thwaites.

2 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on 12 January 2021 were confirmed as a correct record.

3 DECLARATIONS OF INTEREST

No declarations of interest were received.

4 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions had been received.

5 MATTERS ARISING

John Morley, Director for Adult Services and Health, updated the Board on the Joint Health and Wellbeing Strategy which would now become the Place Plan and would be one document. The Plan was currently being worked on by the Integrated Delivery Group (IDG) and subgroups, and a detailed outline would be submitted to the Adults and Health Scrutiny Committee for consideration before coming back to the next Health and Wellbeing Board in a draft format.

An update on the engagement strategy was provided by Healthwatch. Data collection began in April which comprised of interviews with individuals and groups, both face to face where possible, and by telephone. The information gained from these interviews would be shared as a draft report with the Portfolio Holder, once agreed with Healthwatch officials. Issues identified include primary care access, cross boundary services, lack of public visibility in the development of plans, learning disability services, transport difficulties and the need for a more local hemodialysis service.

Dr Underwood also confirmed that a representative from Healthwatch had been appointed to the IDG.

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Agenda items 6 and 7 were amalgamated into one agenda item.

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6 OUR APPROACH TO INTEGRATING CARE AND THE INTEGRATED CARE SYSTEM

A joint presentation (appended to the minutes) was received from Sarah Prema, Fay Bayliss and John Morley.

During discussion the following points were noted:

- Issues had been identified with those living on or around the county borders accessing the healthcare offering within Rutland due to being registered with GPs out of county. This was also true in reverse with patients registered with Rutland GPs not matching criteria within their county of residence to access services provided by their local healthcare providers. An example of this was access to Admiral Nurses for dementia patients; Rutland criteria was based on residency in the county but across the Northamptonshire border it was based on GP registration, this meant that if a Northamptonshire resident was registered with a Rutland GP they did not qualify for Admiral support in either provision.
- Rutland would be happy to engage with other Integrated Care System (ICS) groups to try and put into place some mutual arrangements for healthcare, in order to prioritise people rather than borders.
- The CCG needed to work on publicising the extent of its healthcare provision as it was noted that residents previously interviewed were not generally aware of the range of services offered. It was noted that 90% of the healthcare provided in Rutland was done so locally.

7 THE INTEGRATED CARE SYSTEM JOURNEY

This item has been included in the previous minute text.

8 WORKING INSIDE OUT

A presentation (appended to the minutes) was received from Emma-Jane Perkins, Head of Service – Community Care Services. The presentation covered supporting people's independence and helping them stay at home, or at the least allow them to return home from acute care settings more quickly by utilizing informal and formal networks, as well as an element of self-management with regard to healthcare and integrated community health and social care networks available.

During discussion the following points were noted:

- Communication would be the key to community encouragement to get behind the initiative and the HWB should work on this.
- Following their success, RISE and MiCare could be expanded to offer more services to aid the initiative.
- Focus should be on encouraging people to work as a strength base approach working on things that are good in the community and that people can access and support. This could prevent more expensive longer term and crisis response.
- The engagement interviews conducted by Healthwatch also indicated that a greater sense of community was felt in Rutland villages.
- The initiative was a great way forward but there was still work to be done to make it viable in practice.

9 BETTER CARE FUND UPDATE

Report No. 81/2021 was received from the Director of Adult Services and Health.

During discussion the following points were noted:

- There was an opportunity for the Health and Wellbeing Board to develop a strategy for obesity given that weight management was now a priority for Primary Care Networks. It was suggested that this should form part of the grand plan for Rutland and should be considered by the IDG as partners who could facilitate services across the Tiered system were already around the table.
- Community wellbeing should be about promoting activity and healthy lifestyles.
- There was a need to approach surrounding counties in regard to the BCF provision they had in order to ensure no-one living around borders was disadvantaged.

10 ANY URGENT BUSINESS

There was no urgent business.

11 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be on Tuesday, 5 October at 2.00pm.

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The Chairman closed the meeting at 3.49pm.

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Rutland Health and Wellbeing Board

Leicester, Leicestershire and Rutland Integrated Care System

22nd June 2021



Leicester, Leicestershire and Rutland Integrated Care System

Integrated Care Systems – What are they?

Enabling transformation of health and care:

- Joining up and co-ordination of health and care
- Proactive and preventative in focus
- Responsive to the needs of local populations

Grounded in the following:

- Planning for populations and population health outcomes and reducing inequalities and unwarranted variation
- Building on system and place based partnerships
- Subsidiarity and local flexibility
- Collaboration

Integrated Care Systems will:

- Improve outcomes in the population
- Tackle inequalities in outcomes, experience and access
- Support partners input into the broader social and economic development of the area through an anchor approach
- Enhance productivity and value for money

Our system

Integrated Care System: Leicester, Leicestershire and Rutland

Place

Leicester

Leicestershire

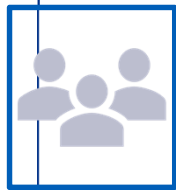
Rutland

Neighbourhoods

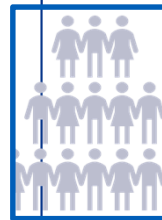
Place	Local Integration Hubs
Leicester	Central; South; North West; North East
Leicestershire	North West Leicestershire; Hinckley; Blaby & Lutterworth; Charnwood; Melton & Rutland; Harborough, Oadby & Wigston
Rutland	Rutland

What does this mean for Rutland

This is not a new approach – it is a continuation of what we have been doing:



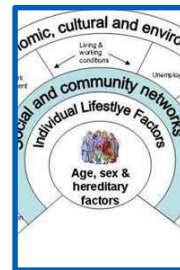
Understanding and working with communities



Population health management approach



Joining up and coordinating services



Addressing social and economic determinants of health and wellbeing and reducing health inequalities

An example of what we have achieved

- RISE Team
- Integrated Hospital Team
- Admiral Nursing
- MiCare
- Third Sector Engagement

What matters most to the people of Rutland:

Access

- c69% of patients accessing same day minor illness and injury NHS services are seen and treated in sites in Rutland
- 89% of patients accessing an NHS community inpatient service are seen and treated at Rutland Memorial with a small proportion of these at Stamford, the below table details all of the services that are currently provided within Rutland and will continue to be
- 100% of patients registered with Rutland practices can access joint NHS and County council in-home services following discharge via the Home First model of care

Care close to home

Alliance Speciality clinics	LPT community clinics
Cardiology	Podiatry
Dermatology	Adult Audiology
Diabetology / Integrated Medicine	Occupational health
ENT	Community Mental Health Services
General Surgery	Adult Mental Health Services – Memory Clinic
Geriatric Medicine	Adult Improving Access to Psychological Therapy
Gynaecology	Cognitive Behavioural Services
Ophthalmology	Children’s Speech and Language Therapy
Phlebotomy	Children’s Audiology
Plastic Surgery	Continence Clinic
Podiatric Surgery	Diabetic Clinic
Rheumatology	Health Visitors Service
Thoracic Medicine	Midwife Services Ultra Sound Services
Urology	Infant Feeding Services
	Leg Ulcer
	X-ray department

What further ambition do we have for Rutland?

- Improve access to primary care
- Integrated professional community teams
- Single therapy offer
- Single nursing offer
- Joint commissioning
- Develop joined up IT systems
- Closer working relationships with Police and Fire services.

Overview of ICS infrastructure



Place infrastructure

Governance at 'place'

Clinically led with an 'independent' chair, multi-professional



Stronger representation from ICS GP's / PCN colleagues

Place programme lead, tied into ICS and each design group

Stronger leadership from primary care to ensure place outcomes are met

"Integrating care" Nov 2020

The ambition is to create an **offer to the local population of each place**, to ensure that in that place everyone is able to:

1. Access clear advice on **staying well**;
2. Access a range of **preventative services**;
3. Access **simple, joined-up care and treatment** when they need it;
4. Access digital services (with non-digital alternatives) that put the citizen at the heart of their own care;
5. Access proactive support to keep as well as possible, where people have **additional needs or at high risk**; and
6. To expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in **social and economic development** and **environmental sustainability**

System infrastructure

Integrated Care System

Accountable for improving the health outcomes of the population

LLR ICS NHS Board

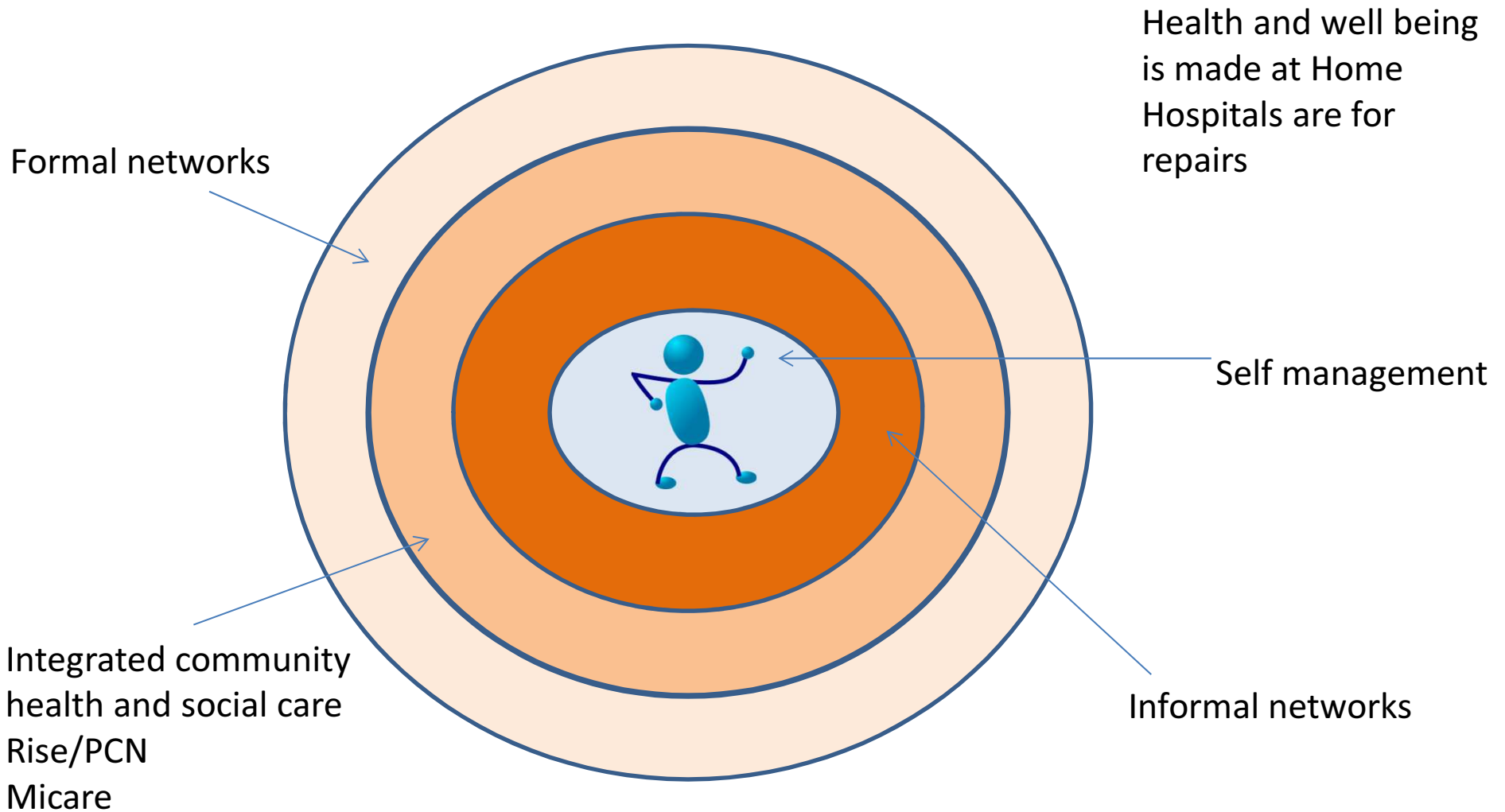
- Takes on CCG statutory responsibilities
- Lead integration within the NHS
- Bring together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population
- Joint working arrangements should be the norm
- Shared strategic priorities within the NHS
- Wider partnership working to tackle population health and enhance health and care services

LLR ICS Health and Care Partnership

- NHS and local government as equal partners
- Joint action to improve health and care services
- Influence the wider determinants of health and broader social and economic development
- Develop an integrated care strategy for whole population
- Support place and neighbourhood-level engagement

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Working Inside Out supporting independence



Formal networks Statutory services

Emotional and social needs are as important as physical needs



Little choice about when something happens within your day

- Primary care
- Secondary acute care
- Social care



Deliver the care plan as a framework for delivery rather than prescriptive tasks

- Social care – stay in so I can support you to shower or have breakfast
- Health - stay in so I can change your dressing

Relationship based support

Empowering the person to seek and access informal and community support networks

Strength based care is:-

- Starting conversations about peoples strengths and best outcomes
- Focusing on opportunities and networks In the community
- Supporting people to develop their own potential and take positive risks
- People having their own answers alongside proportionate support
- Helping people to have control over their lives and make decisions

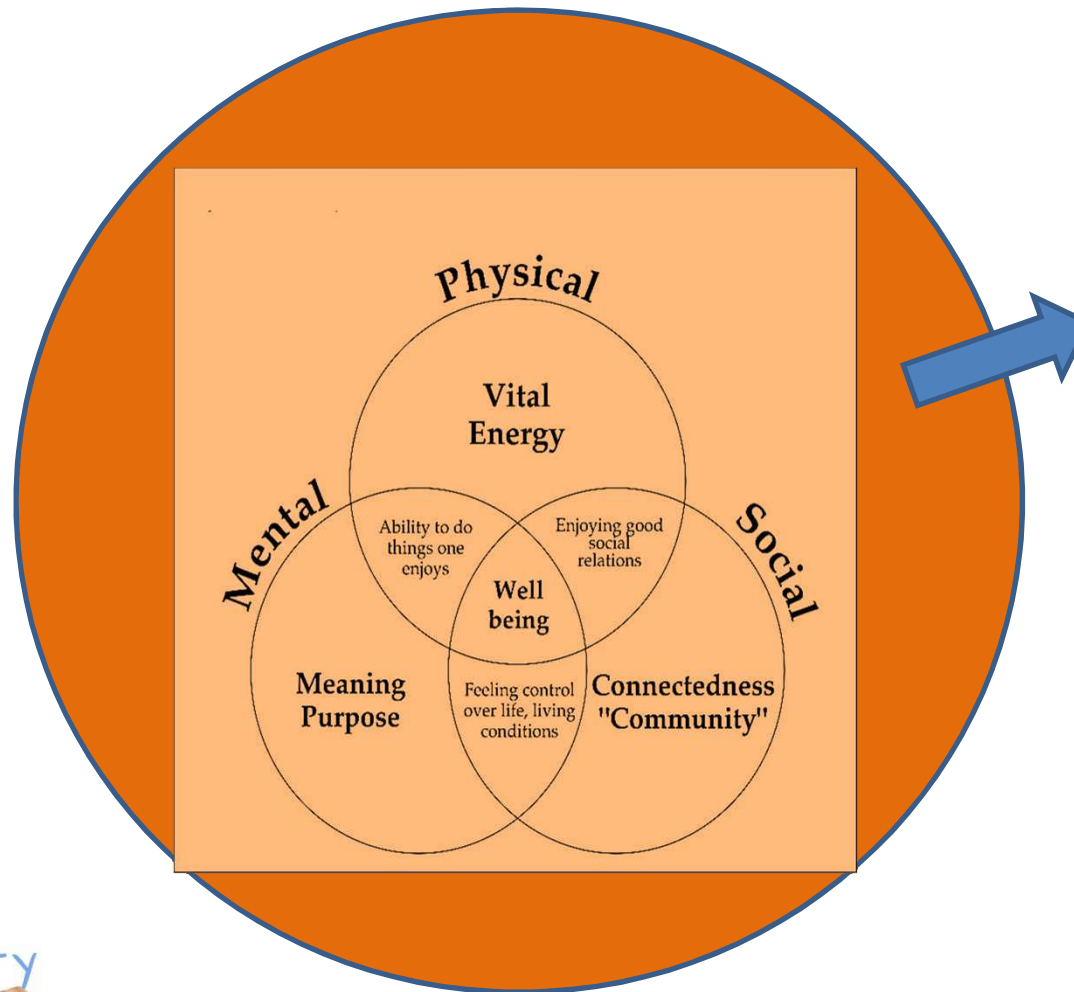
Support/care not based on time and task
Staff have autonomy to support service users choices

Step up and step down – delegation of health and social care – shared case management

Integrated community teams
RISE/PCN
MICARE
Health & Social care

Integrated health and social care staff working alongside the vol and community sector

Community and informal networks



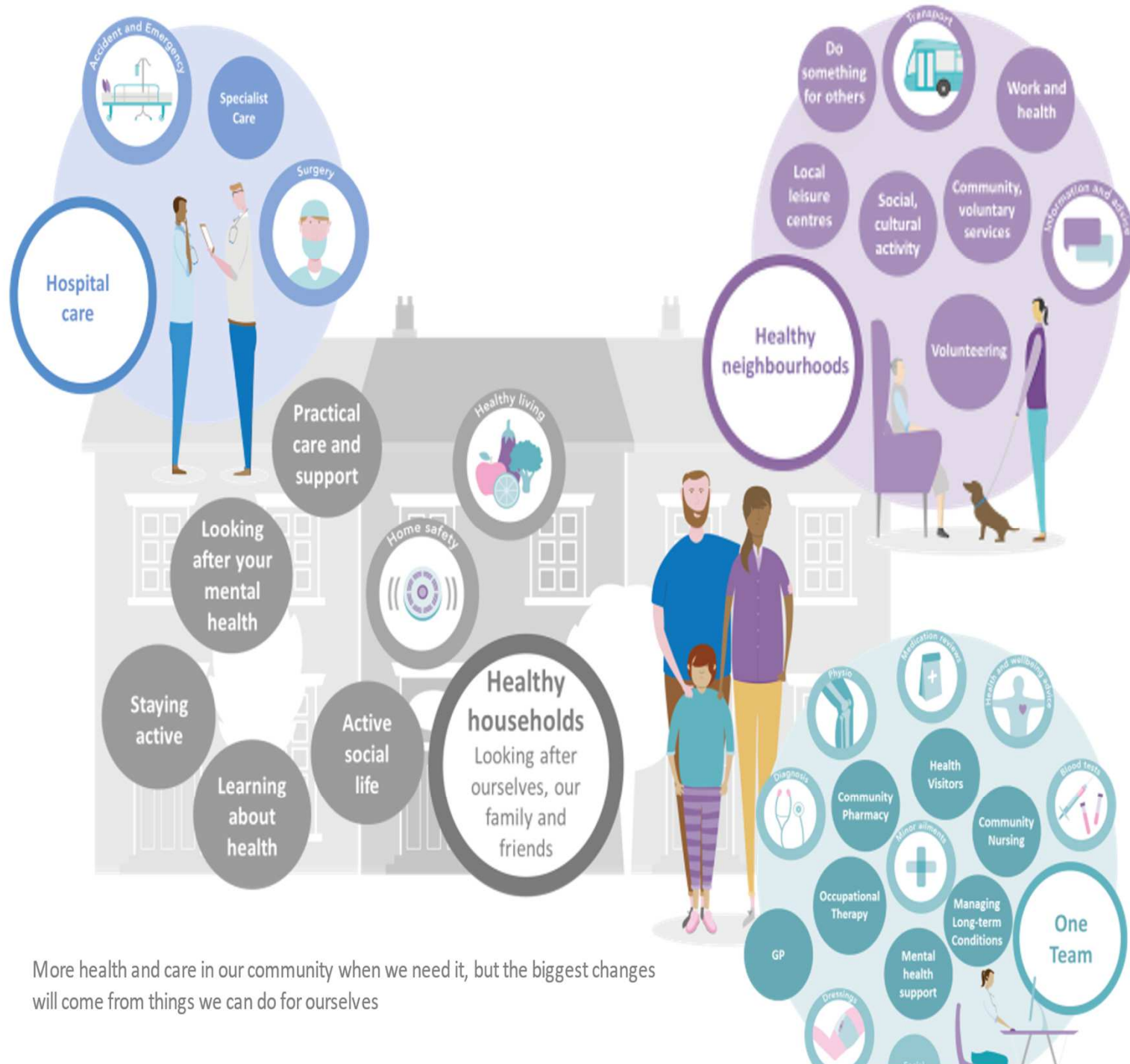
These networks are more important to individuals than formal organisational structures

- Being part of a community
- Achieving well being
- sense of worth

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COMMUNITY





More health and care in our community when we need it, but the biggest changes will come from things we can do for ourselves

Self management - independence

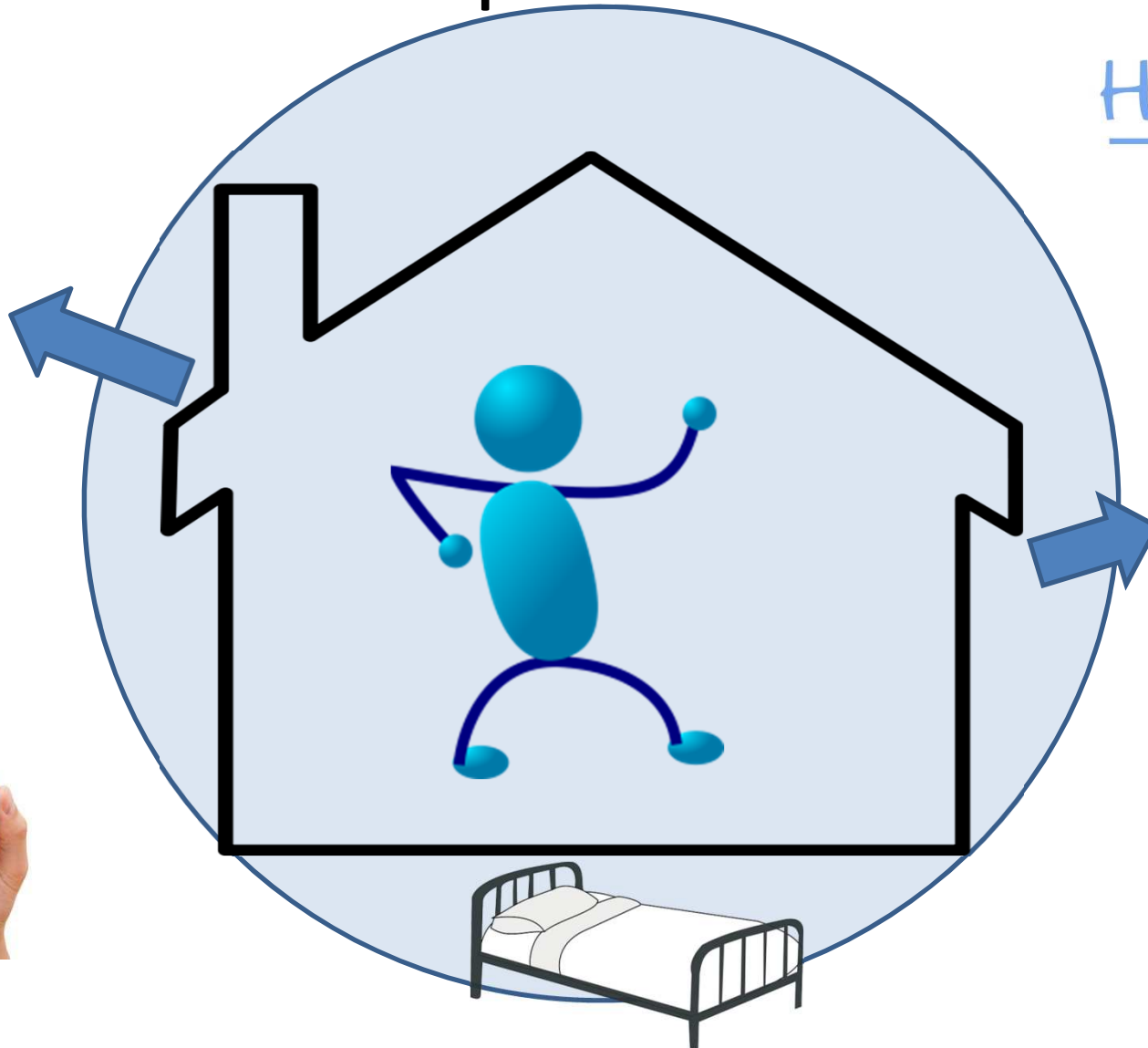
What matters to me and what support do I need to stay at/return home?

HOPE



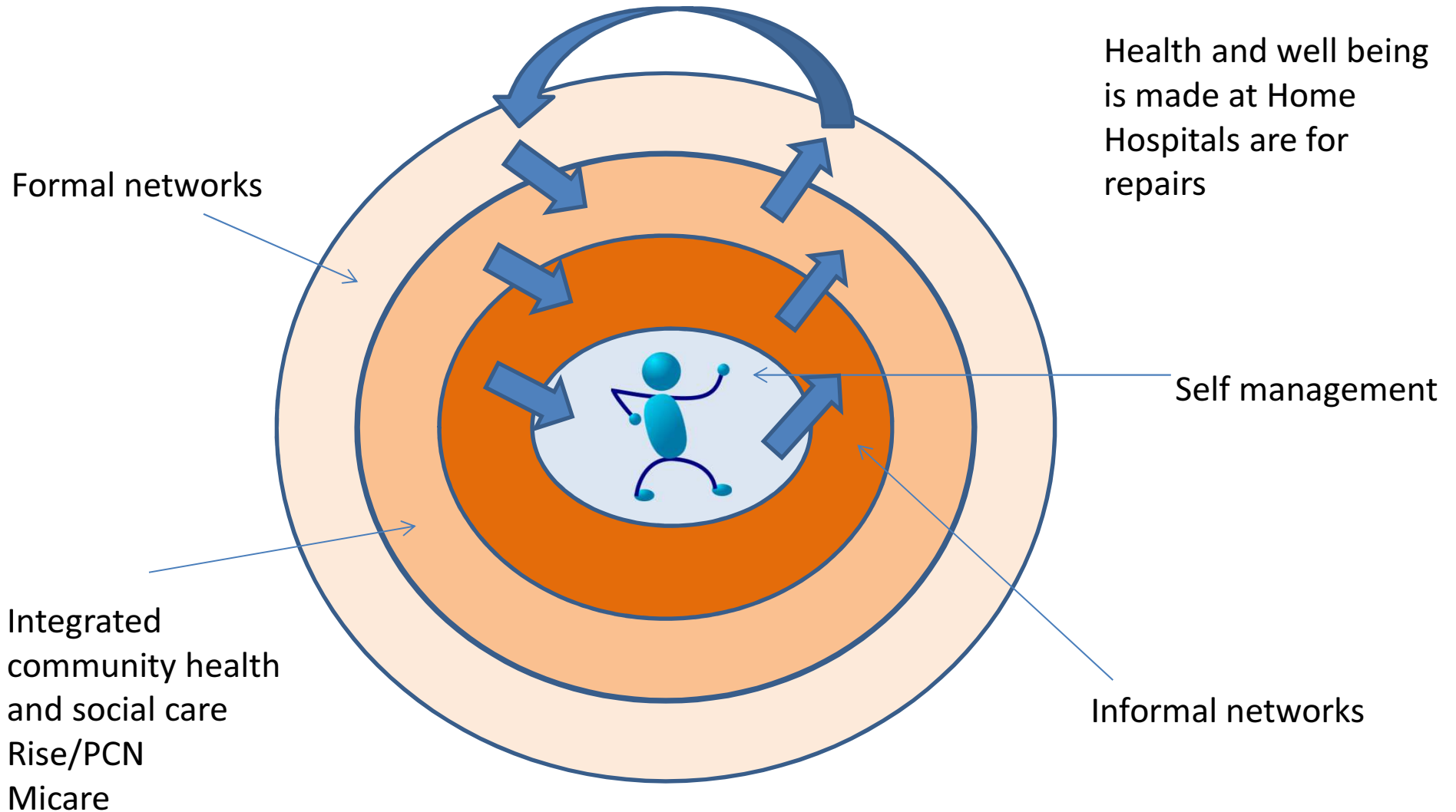
Enable people to take responsibility for their own lives

TRUST



Working Inside Out supporting independence

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