



Rutland County Council

Catmose Oakham Rutland LE15 6HP
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Minutes of the **MEETING of the HEALTH AND WELLBEING BOARD** held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on Tuesday, 26th January, 2016 at 2.00 pm

PRESENT:

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| 1. | Richard Clifton (Vice Chair) | Portfolio Holder for Health and Adult Social Care |
| 2. | Alastair Mann | Alternative Portfolio Holder for Health and Adult Social Care |
| 3. | Dr Andy Ker | Vice Chair, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) |
| 4. | Helen Briggs | Chief Executive, RCC |
| 5. | Jennifer Fenelon | Chair, Healthwatch Rutland |
| 6. | Mike Sandys | Director of Public Health, Leicestershire and Rutland |
| 7. | Rachel Dewar | Leicestershire Partnership NHS Trust |
| 8. | Tim Sacks | Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) |
| 9. | Sarah Theaker (rep. Trish Thompson) | Head of Operations & Delivery, NHS England Local Area Team |

IN ATTENDANCE:

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| 10. | Dr Ann Williams | Leader of Youth Team, Healthwatch Rutland |
| 11. | Richard Foster | Portfolio Holder for Safeguarding Children and Young People |
| 12. | Paul Burnett | Chair of the Leicestershire and Rutland Safeguarding Adults Board and the Children Board. |

OFFICERS PRESENT:

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| 13. | Mark Andrews | Deputy Director for People, RCC |
| 14. | Jane Narey | Corporate Support Officer (minutes), RCC |
| 15. | Karen Kibblewhite | Head of Commissioning, RCC |
| 16. | Sandra Taylor | Health and Social Care Integration Project Manager, RCC |

538 APOLOGIES

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| 17. | Roger Begy (Chair) | Leader of Rutland County Council |
| 18. | Amy Calloway | Head of Community Support Services, Spire Homes |
| 19. | Jane Clayton-Jones | CEO of Rutland Citizens Advice |
| 20. | Inspector Lou Cordiner | Leicestershire Constabulary |
| 21. | Dr Tim O'Neill | Deputy Chief Executive and Director for People, |

22. Trish Thompson
23. Yasmin Sidyot

RCC
NHS England Local Area Team
Head of Strategy and Planning, East
Leicestershire and Rutland Clinical
Commissioning Group (ELRCCG)

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In the absence of Mr Begy as Chair; the Vice-Chair, Mr Clifton chaired the meeting.

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539 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on the 17th November 2015, copies of which had been previously circulated, were confirmed and signed by the Chair.

540 DECLARATIONS OF INTEREST

No declarations of interest were received

541 PETITIONS, DEPUTATIONS AND QUESTIONS

No petitions, deputations or questions were received from members of the public.

542 BCF 2016-17 PROGRAMME - FIRST VERSION

Report No. 26/2015 was presented by Mr Andrews which briefed the attendees on the current draft of the Better Care Fund plan and budget for 2016-17.

During discussion the following points were noted:

- a) The first draft of the plan was due for submission on the 8th February 2016 BUT as yet no guidance had been received regarding the plan so the submission date might change.
- b) The plan contained one major change – ‘non-elective admissions’ are no longer subject to the national ‘payment for performance’ arrangement. The national focus is shifting to reducing ‘delayed transfers of care’, with some of the details of requirements here still to be announced in the national technical guidance. Building on progress to date, the draft programme itself also includes a stronger focus on communication, self-care and the management of long term conditions.

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Ms Dewar joined the meeting at 2.06 p.m.

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- c) The questions listed on page 11 (item 3.3) were discussed as follows:
 - i) Does the revised Better Care Fund vision reflect Rutland’s health and social care needs and aims? **YES**

- ii) Are the proposed priorities clear, coherent, relevant, ambitious and realistic? **YES** Is anything missing from the programme? **Workforce development needs to be stronger.**
 - iii) Is the Better Care plan brave enough (pace, scope, innovation)? **YES**
 - iv) Are we clear on the key success factors and are they in place e.g. does programme governance need to change to drive the programme more effectively and to connect into wider programmes of change (e.g. BCT and the Vanguard)? Does the partnership want to consider a risk sharing agreement for DTOC? **The indicators don't need major changes but they do need amending slightly.**
- d) A summary of the discussion at the Integration Executive Group meeting on the 21st January 2016 regarding the BCF Plan 2016-17, was distributed to attendees for their attention.

AGREED:

1. The Board **NOTED** the process for drawing up the 2016-17 Better Care Fund plan; the associated national timetable and the Board's role in approving the plan.
2. The Board **NOTED** that the current draft Better Care Fund plan was provisional and might be subject to change as national technical guidance and funding allocations were still to be published.
3. The Board **ENDORSED** the current draft Better Care Fund plan and budget for 2016-17 for initial submission.
4. The Board **AGREED** the final approval process for the plan which might require the HWB to approve the plan outside its normal meeting timetable.

543 LOCAL SAFEGUARDING CHILDREN BOARD AND SAFEGUARDING ADULTS BOARD: BUSINESS PLANS

Report No. 23/2016 was presented by Mr Burnett and he invited attendees to consult and comment on any implications that the proposed business plans might have for the health and wellbeing strategy.

During discussion the following points were noted:

- a) There were three business plans:
 - i) The Safeguarding Adults Board Business Plan
 - ii) The Safeguarding Children Board Business Plan
 - iii) Joint Business Plan for the Safeguarding Adults Board and the Safeguarding Children Board.
- b) There were 5 priorities for the Safeguarding Adults Board:
 - i) Building Resilient Communities – that can safeguard themselves but know how to report risk when it arises
 - ii) Securing consistent application of safeguarding thresholds
 - iii) Championing and securing the extension of 'Making Safeguarding Personal' across the partnership to improve service quality and outcomes for service users
 - iv) Assuring robust safeguarding in care settings – including health care at home, residential and nursing care settings

- v) Tackling neglect and omission
- c) There were 6 priorities for the Safeguarding Children Board:
- i) Early Help
 - ii) Evidencing the impact of the threshold protocol and outcomes from our Learning and Improvement Framework (including Serious Case Reviews [SCRs] and Domestic Homicide Reviews [DHRs])
 - iii) Local Authority Thresholds
 - iv) Signs of Safety
 - v) CSE
 - vi) Neglect.
- d) There were 3 priorities shared between the Safeguarding Children Board and the Safeguarding Adults Board:
- i) Domestic Abuse
 - ii) Reducing safeguarding risk arising from mental health issues – including monitoring of the implementation of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and its application to 16-18 year olds
 - iii) Prevent Strategy
- a) All the business plans linked with the priorities in the Better Care Fund.
 - b) There were ongoing concerns regarding issues at CAMHS.
 - c) Service user perspective was difficult to obtain. The Safeguarding Boards had worked with Healthwatch but would like to work with other partnerships.
 - d) The delay in processing Deprivation of Liberty Safeguards (DoLS) was a key issue but significant investment was being made into the DoLS Team at Leicestershire County Council.
 - e) The transition between children's services and adults' services needed to be flexible.
 - f) The Business Plans needed to focus on key objectives and how these objectives were measured.

AGREED:

1. The Board **NOTED** the attached Business Plans for 2016/17

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Mr Burnett left the meeting at 2.40 p.m.

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544 PUBLIC HEALTH: SEXUAL HEALTH STRATEGY

Report No. 25/2016 was presented by Mike Sandys and he briefed attendees on the Sexual Health Strategy executive summary which was specific to Rutland.

During discussion the following points were noted:

- a) The changes to the strategy proposed specific service implications:
 - i) Work with local clinical commissioning groups (CCGs) and NHS England commissioners to reduce fragmentation across the system. Development of a bi-annual sexual health commissioners meeting.

- ii) Agreement of a local tariff arrangement for out of area specialist sexual health services in particular Peterborough services.
 - iii) An increased role of primary care in delivering uncomplicated sexual health services (in particular contraception).
 - iv) Reduction in opportunistic chlamydia screening and conversion into a full online STI screening service.
 - v) Provision of parity across LLR for young people's sexual health services including development of an LLR C-Card (condom distribution scheme) and increased Rutland access into the core integrated sexual health service.
 - vi) Increased focus on groups at high risk of poor sexual health especially on men who have sex with men.
 - vii) Increased focus on relationship and sex education across Rutland schools, including utilisation of the Leicestershire and Rutland RSE toolkit.
 - viii) Increased access to HIV testing for at-risk groups (including men who have sex with men).
- b) A large number of GPs would be coming up to retirement age in the near future. New staff would need to be recruited and trained but using existing sexual health centres and expanding staff hours was discussed as an alternative.
- c) The sexual health consultation details can be found on the web at:

http://www.rutland.gov.uk/health_and_social_care/sexual_health_consultation.aspx

AGREED:

1. The Board **APPROVED** the Rutland Sexual Health Needs Assessment.
2. The Board **SUPPORTED** implementation of the recommendations across portfolio areas (in particular CCG support, children's, substance misuse etc.)
3. The Board **APPROVED** the Sexual Health Needs Assessment and draft strategy for public consultation.

545 CHILDREN'S PUBLIC HEALTH: TRANSFER OF RESPONSIBILITY

Mike Sandy briefed attendees on the plans and strategy for the new service.

During discussion the following points were noted:

- a) The new service comes into effect in April 2017.
- b) A new contract for school nursing has been negotiated.
- c) It is planned that school nurses and health visitors would become more community centred so that they work together as an integrated 0-19 service. This would lead to a more coherent service whilst decreasing costs.
- d) The changes in the school nursing service have been positively received by staff and pupils.
- e) Do the school nurses link with their equivalent in the private schools?

546 ANY URGENT BUSINESS

No urgent business

547 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board would be on Tuesday, 22nd March 2016 at 2.00 p.m. in the Council Chamber, Catmose.

AGREED:

The following items would be included on the next agenda:

- 1. Better Care Fund 2016-17 – final submission**
Final Better Care Fund 2016-17 plan for the Health and Wellbeing Board to sign off, following regional review and assurance.
- 2. Learning Disability Self-Assessment: ANNUAL REPORT**
Results of the Rutland LA & CCG annual self-assessment submitted to Public Health England
Report from Emma Jane Perkins
- 3. Director of Public Health: Annual Report 2015**
This year's report describes the role of communities and community centred approaches to improving health and wellbeing in Rutland.
Report from Mike Sandys
- 4. Personal Health Budgets Strategy**
CCG Strategy on the implementation and extension of Personal Health Budgets 2016-2020
Report from Yasmin Sidyot
- 5. Rutland Health and Wellbeing Board: Future Priorities and Planning for the Development Session**
Item requested for discussion at the HWB meeting held on the 17th November 2015
Report from Karen Kibblewhite
- 6. EMAS: Quality Accounts**
Report from Annie Palmer, External Relations and Engagement Manager, East Midlands Ambulance Service NHS Trust

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The Chairman declared the meeting closed at 3.07 pm.

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