HEALTH AND WELLBEING BOARD
6th June, 2012

Present:-

Members

Councillor Wyatt	**in the Chair**
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, CCG/NHSR
Ian Jerrams	RDaSH
Councillor Lakin	Cabinet Member, Children, Young People and Families Services
Dr. David Polkinghorn	CCG
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director CYPS
Janet Wheatley	VAR

Officers:-

Tracy Holmes	Communications, RMBC
Shona McFarlane	Director of Health and Wellbeing, NAS
Jason Page	CCG
Chrissy Wright	Strategic Commissioning Manager, Resources
Dawn Mitchell	Democratic Services

Apologies for absence were received from Karl Battersby, Christine Boswell, Phil Foster, Matt Gladstone and Martin Kimber.

S1. MINUTES OF PREVIOUS MEETING

Agreed:- That the minutes be approved as a true record.

S2. JOINT HEALTH AND WELLBEING STRATEGY

The Board considered the circulated draft Joint Health and Wellbeing Strategy. An officer group had been established to support the Board's work programme particularly development of the Strategy and had supported the 2 stakeholder workshops.

At the first workshop, held on 26th March, Board members and partners had been presented with the headlines from the Joint Strategic Needs Assessment along with the outcomes from the local health inequalities consultation. 5 strategic themes had been agreed which would form the basis of the local Strategy:-

- Prevention and early intervention
- Expectations and aspirations
- Dependence to independence
- Healthy lifestyles
- Long term conditions
- Poverty

The officer group had then developed the themes into strategic outcomes which presented a desired state for what Rotherham should look like in 3 years.

The second workshop held on 11th April provided an opportunity for partners to agree the 'outcomes' and wording and used then to consider appropriate actions which would be required over the next 3 years to bring about step changes to reduce health inequalities in Rotherham.

If supported by the Board, the Strategy would then be considered by Cabinet for adoption as Council Policy and by the CCG to inform the authorisation process for the Rotherham Clinical Commissioning Group.

Discussion ensued as follows:-

- Consultation - Press release emphasising that it was a draft Strategy - included on partners' websites
- The document would satisfy requirements for the CCG authorisation process
- Voluntary and community sector would be very interested in the actions and how they could be involved

Agreed;- (1) That the draft Joint Health and Wellbeing Strategy be agreed and submitted to the Cabinet for recommendation to Council for adoption as Policy.

(2) That all partner agencies post the document on their respective websites.

(3) That the document be proof read by an appropriate organisation to ensure it was readable by all sectors of the community.

(4) That any comments on the document be forwarded to Kate Green.

(5) That consultation takes place including a consultation event, liaison to take place with LINks

(6) That Tracy Holmes arrange for a press release to be issued.

S3. CLINICAL COMMISSIONING GROUP AUTHORISATION

Chris Edwards, CCG/NHSR reported that there were 212 CCGs in England split into 4 "waves" between the end of July and September, 2012, for the authorisation process. The first wave contained 40 of which Rotherham was 1.

The CCG had submitted all its documentation in accordance with the deadline and had received 363 feedbacks. In September there would be a visit from the Commissioning Board followed by communication in October as it whether it had been authorised. If successful, the CCG would be operating formally from 1st April, 2013.

Rotherham was well ahead of other CCGs.

Chris thanked everyone who had been involved so far.

Agreed:- (1) That the report be noted.

(2) That the CCG constitution, once authorised, be submitted to the Board for information together with a list of the appropriate policies and procedures.

(3) That a presentation be made to a future Board meeting on the CCG.

(JANET WHEATLEY DECLARED A PERSONAL INTEREST IN THE FOLLOWING 2 ITEMS)

S4. UPDATE ON HEALTHWATCH

The Board received, for information, the latest LGiU Policy Briefing on HealthWatch issued 14th May, 2012.

It gave an overview of the Legislation and the practicalities of HealthWatch England and Local HealthWatch.

The Care Quality Commission had indicated that HealthWatch England would be set up in October, 2012, and, following representations from local authorities and LINks, the start date for Local HealthWatch had been put back from April, 2012 to April, 2013.

The Act imposed a duty on upper tier and unitary local authorities to contract with a Local Health Watch organisation for the involvement of local people in the commissioning, provision and scrutiny of health and social services. These arrangements should include reporting arrangements to HealthWatch England. The Act also made provision for contractual arrangements between local authorities and Local HealthWatch which much be a social enterprise.

Local HealthWatch organisations must produce an annual report on their activities and finance and had regard to any guidance from the Secretary of State in preparing the reports.

Health and Wellbeing Boards were required to have a representative of Local HealthWatch amongst their members.

The Government currently allocated £27M each year to local authorities for LINks through the Local Government Formula Grant. In 2012/13 an additional £3.2M would be made available to support start-up costs for Local HealthWatch. In 2013/14 the current £27M for LINks would become funding for Local HealthWatch organisations each year. Additional funding would also be made available to local authorities from 2013/14 to support both the information function that Local HealthWatch would have and also for commissioning NHS Complaints Advocacy.

Agreed:- That the briefing be noted.

S5. ROTHERHAM HEALTH WATCH

Chrissy Wright submitted proposals for the preferred option for an organisational model for Rotherham's HealthWatch.

Local authorities were responsible for commissioning and procuring an efficient and effective Local HealthWatch organisation by 1st April, 2013. It was intended that a formal procurement approach be undertaken given the range of functions for HealthWatch.

Once the preferred provider had been appointed, the annual programme of work would be developed in partnership with Health Watch Rotherham (HWR) in line with the Health and Wellbeing Board priorities.

The options for the organisational model were:-

1. a contract with the 1 provider to deliver all HealthWatch functions – this could be a social enterprise
2 a contract with the 1 provider who may sub-contract to other organisations to deliver certain elements of HealthWatch – this could be a social enterprise
3. a contract with a consortium arrangement who had experience of providing specialist functions
4. a contract with a number of different providers with specialist knowledge but they were required to work in partnership to deliver the local HealthWatch brand
5. a contract with a specific provider. This could be LINks (grant in aid could be provided) or a group of other people within the community

The benefits of working with 1 provider, as per either option 1 or 2, were improved partnership working, customers able to access 1 provider easily and ease of contract monitoring and management.

The report also set out a detailed timeline for the commissioning of HealthWatch Rotherham.

The Health and Social Care Act 2012 included the provision that the NHS Complaints Advocacy Service must be commissioned by the local authority, either as part of the specification or the local HealthWatch contract, or as a separate contract with another organisation. The proposals were currently being discussed with NHSR.

Discussion ensued on the report:-

- Disappointment expressed at the delay in the implementation date. It was hoped that once the contract had been awarded that Rotherham may be able to accelerate the start date
- Rotherham was ahead of others in the region in setting up HealthWatch
- The tendering process must meet EU procurement rules in terms of the timeline for evaluation and awarding of the contract
- Desire for it to be driven by raising the consumer and patient voice improving the experience of patients and service users
- Consultation was to take place with key stakeholders on the model and specification
- Specification would include voice and influence of children and young people
- Possible TUPE implications – to be built into the tendering process

Agreed:- (1) That the Board's preferred organisational model options be 1 and 2.

(2) That a further report be submitted once the consultation on the organisational model and specification had been completed.

(3) That the Board supports the inclusion of the NHS Complaints Advocacy Service and that a further report be submitted thereon.

(4) That the minimum and maximum level of funding available and activities set out in the action plan be noted.

(5) That the Board supports the commencement of Rotherham HealthWatch as soon as practicable.

S6. COMMUNICATIONS

The Chairman reported that John Wilderspin, Department of Health, Health and Wellbeing Boards Implementation, had written to him stating he wished to visit Rotherham to look for examples of good practice. He wanted to attend a Board meeting to meet Board members, discuss the relationship between Select Commission, CCG and the wider health community.

The Chairman had invited him to either the July or September meeting.

S7. DATE OF FUTURE MEETINGS 2012/13

Agreed:- That meetings of the Health and Wellbeing Board be held on Wednesdays commencing at 1.00 p.m. in the Rotherham Town Hall during 2012/13 as follows:-

11th July, 2012
5th September
24th October
28th November
16th January, 2013
27th February
10th April