HEALTH AND WELLBEING BOARD
31st October, 2012

Present:-

Members:-

Ken Wyatt	Cabinet Member for Health and Wellbeing **In the Chair**
Jo Abbott	Public Health Consultant
Karl Battersby	Strategic Director, Environment and Development Services, RMBC
John Doyle	Cabinet Member, Adult Social Care
Phil Foster	NHS Commissioning Board
Brian James	Rotherham Foundation Trust
Paul Lakin	Cabinet Member, Children, Young People and Families Services
Shona McFarlane	Director of Health and Wellbeing
David Polkinghorn	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Officers:-

Kate Green	Policy Officer, RMBC
Fiona Topliss	Communications, NHS Rotherham
Howard Woolfenden	Director of Safeguarding, Children and Families, RMBC

Together with:-

Robin Carlisle	Rotherham Clinical Commissioning Group
Nick Hunter	Chief Officer, Rotherham Local Pharmaceutical Committee
Mike Wilkerson	Chief Executive, Rotherham Hospice

Apologies for absence were received from Chris Bowell, Tom Cray, Andrew Denniff, Chris Edwards, Martin Kimber, John Radford, Joyce Thacker,

S32. MINUTES OF PREVIOUS MEETING

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

Arising from Minute No. S29 (Rotherham HealthWatch), it was reported that the specification for HealthWatch commissioning had been agreed.

S33. COMMUNICATIONS

Welfare and Benefit Reform Roadshow
The Rotherham Partnership Governance Board was to host the above Roadshow at RCAT on 30th November, 2012. The Welfare and Benefit Reforms would affect Rotherham greatly and had become a priority for the Partnership. Organisations would be welcome to send a representative if they so wished.

Fluoridisation
The Health Select Commission had set up a small group of Members to look at the consultation arrangements for Fluoridisation.

S34. JOINT COMMUNICATIONS PLAN

Fiona Topliss, NHS Communications, reported that a meeting had taken place with the Council's Communications lead to discuss the above. A report would be submitted to the next Board meeting.

Due to the diminishing resources of both organisations, it was important to work together to maximise what was available and avoid duplication.

Resolved:- That a report be submitted to the next meeting of the Board.

S35. HEALTH AND WELLBEING MEMBERS' GROUP

The notes of the first regional network for Health and Wellbeing members meeting held on 1st October, 2012, in Wakefield, were submitted for information.

S36. POLICE AND CRIME COMMISSIONER

The Board considered a report submitted by Marie Carroll, Partnership Officer, South Yorkshire Joint Secretariat, on the role of the Police and Crime Commissioner.

The Commissioner, unlike the Police Authority, would not be a statutory partner on Community Safety Partnerships (CSPs) but must co-operate with and have regard to their priorities in the Policing area. Chairs of all CSPs could be called together to discuss specific issues and may require a CSP to provide a written report around a specific issue if the Commissioner was not satisfied that it was meeting its duties.

The Police Authority had developed an awareness raising campaign which endeavoured to engage members of the public and partners around the generalities of the election and what the change in police governance might mean to them (http://www.southyorks.gov.uk/thinkpcc/home.aspx).

As part of the wider "& Crime" element of their role, Commissioners would consider the impact other partnerships, statutory boards and criminal justice organisations/partnerships may have on policing and crime in that area.

The Police and Crime Commissioner was obligated to publish a 5 year Police and Crime Plan by March, 2013, setting out the priorities for policing and crime in the force area. This would be key in holding the Chief Constable to account for delivery against the Commissioner's priorities and would outline allocation of resources along with local priorities. Consultations with partners and partnerships were ongoing and the priorities of other organisations and/or partnerships, where available, would be taken into consideration. A copy of the Rotherham Health and Wellbeing Strategy had been provided for consideration.

It was noted that the Commissioner would be attending a Board meeting in the New Year.

Resolved:- That the report be noted.

S37. NORTH TRENT NETWORK OF CARDIAC CARE AND NORTH TRENT STROKE STRATEGY PROJECT

Dr. Phil Foster presented the annual report of the major Cardiac and Stroke work undertaken by the Network from April, 2011 to March, 2012, highlighting key achievements and outcomes:-

Cardiac Care

- Collaborative project with the Yorkshire and the Humber Specialised Commissioners, the West Yorkshire and North East Yorkshire and Northern Lincolnshire Networks to develop 3 Clinical Thresholds for Revascularisation – aim to develop a set of clinical guidelines and thresholds, based on evidence-based best clinical practice, to reduce the variation

- As a result of the above, guidelines and thresholds developed and agreed and to be implemented during 2012/13

- The Network User Group now influenced the development of Network strategic plans in order to improve the experience and outcomes for future cardiac patients

- Reviewing and developing Heart Failure Services, closer working with the tertiary centre on the PPCI pathway and efficient tertiary centre referral

- Agreed procedures for the introduction of new drug treatments and improving the patient/carer engagement and interaction

- Focus on improving the patient experience in relation to the Heart Failure pathway

- Provides peer support and guidance for managers

- Close work with the Stroke Strategy Project

- Successfully implemented NICE Guidance for a range of drugs including Ticagrelor and development of a clinical consensus approach towards the implementation of NICE guidance for new oral anticoagulants

Stroke Strategy Project

- Successful implementation of the Peer Review process

- Introduction of 24/7 acute thrombolysis service across North Trent

- Stroke Telemedicine project introduced in February, 2010, to support delivery of the Hyperacute Stroke Pathway specifically thrombolysis

- For the period 9th January-30th June, 2012, 94 patients had been admitted out of hours, 17 patients benefitted from an analaysis of thrombolysis and 7 patients were thrombolysed with an age range from 23 years to 89 years

– National Stroke Strategy launched in December, 2007, providing a national quality framework through which local services could, over a 10 year period, secure improvements across the stroke pathway against quality markers

– All 5 local hospitals had achieved accreditation for their Stroke Assurance Framework plans

– Stroke Improvement Programme launched in 2009 as a national initiative designed to accelerate improvement of services across the whole pathway of stroke and TIA care

– Work on stroke fell into 3 domains – prevention, acute care, post hospital and long term care

Resolved:- That the report be received.

S38. HEALTH AND WELLBEING STRATEGY

Kate Green, Policy Officer, presented the final version of the Joint Health and Wellbeing Strategy including the outline implementation plan which included the role of the Health and Wellbeing Strategy Steering Group and proposals for the Health and Wellbeing Board's work plan.

The document had been amended following the consultation, mainly the language, but also the inclusion of "Ageing and Dying Well" within the Live Course Framework and also an acknowledgement that people died over the whole life course and not just over 65. The actions were now all listed under their respective Strategic Priority and not given a specific year to be achieved; it would be for the individuals within that workstream to determine how their actions would be achieved/prioritised as long as they were within the 3 year Strategy.

Each of the 6 Strategy priorities now had a strategic lead who would co-ordinate and provide leadership to the workstreams, ensure work plans aligned and implement new ways of working to bring about culture change.

The Steering Group was made up of the 6 lead officers plus representatives from the Council's Policy, Performance and Commissioning Team, Public Health and the NHS. The Group would co-ordinate and lead the Strategy implementation plan, be accountable to the Board and provide assurance in relation to delivering Strategy outcomes.

The draft work plan had been developed from the outcomes of the self-assessment process and feedback from the Department of Health representative.

Due to it being a "living" document there would not be a significant number of copies produced but a current version would be available on the website.

Discussion ensued on the need for the Board to receive the 2013 Public Health Commissioning Plan although it was acknowledged that the settlement for Public Health was still awaited. The statutory duties would be included but

until the funding was known nothing else could be planned.

Resolved:- (1) That the Joint Health and Wellbeing Strategy be approved for submission to Cabinet for recommendation to Council for adoption.

(2) That the format of the 2012/13 Health and Wellbeing Board work plan be approved.

(3) That the Strategy implementation plan be noted.

(4) That the 2013 Public Health Commissioning Plan be submitted to the January, 2013 Board meeting.

S39. 'END OF LIFE'

Mike Wilkerson, Chief Executive, Rotherham Hospice, stated that he had been invited to the Board to address how the Board could help deliver end of life care and was pleased to see the inclusion of "Dying Well" in the Joint Health and Wellbeing Strategy.

The end of life experience for some was not always appropriate; patients were sometimes admitted to Casualty when it would have been better for them to have remained at home.

Discussion ensued with the following issues raised/highlighted:-

- There had been stories in the press recently about Liverpool Care Pathway. It was used in the Hospice and by the Rotherham Foundation Trust as well as in people's homes

- The vast majority of people wanted to remain at home to die but that was not being delivered

- Care packages (including Liverpool Care Pathway) had been thought out very carefully and adapted to the patient. The patient and their carer(s) signed up to it

- Feedback from the Patient Representative Group was good - it allowed people to die with dignity and ideally at home

- Very effective tool for the last days of a patient's live and allowed families to be actively involved in the care

- Dying was 1 of the remaining taboo subjects and people should be encouraged to talk about it and what they wanted to happen when their time came

- There should be a common approach

- As well as the medical aspect there were the emotional and practical issues, such as wills and probate, which were not talked about and assumption that everyone knew what to do and where to go. A package of care encompassing all the aspects was required

– The Pathway was really a checklist/reference point which highlighted the important elements to address for patients and carers

– Rotherham Case Management pilot for End of Life Care for those most at risk of admission to hospital

– The Hospice was working with the CCG on Integrated End of Life pathway

– Acknowledgement that some died in hospital because they were frightened to die at home or their carers were frightened/could not cope

Brian James felt that there was a need for a discussion/review on how partner agencies could improve co-ordination around this topic. Robin Carlisle reported that the Unscheduled Care Group had carried out such a review in the Summer, the results of which were to be submitted to the Group shortly.

Resolved:- (1) That the inclusion of "Dying Well" in the Joint Health and Wellbeing Strategy be noted.

(2) That the outcome of the Unscheduled Care Group review be submitted to a future meeting of the Board.

S40. COMMUNITY PHARMACY IN ROTHERHAM

Nick Hunter, Chief Officer, Rotherham Local Pharmaceutical Committee, gave the following powerpoint presentation:-

Introduction to the Profession
Medicines

– Medicines still the most common therapeutic intervention but 30-50% were not taken as intended and 4-5% of hospital admissions were due to preventable adverse effects of medicines. However, 41% of patients: little or no explanation of side effects
– 961.5M NHS prescriptions dispensed in England by community pharmacies (2011) – 3.8% increase on previous year

Pharmacist Education

– 23 Schools of Pharmacy
– 4 year MPharm Degree
– Pre-registration year in practice
– GPhC Exams
– Registration

Rotherham Local Pharmaceutical Committee

– Body recognised in statute since the beginning of the NHS
– Support community pharmacists in doing their job
– Work with the NHS to co-ordinate local service provision
– Coterminous with RMBC
– Provide expertise and experience
– Elected by local professionals

Pharmacy and the NHS
- Community pharmacies are independent contractors
- Each pharmacy enters into a 'contract' with the NHS
- Control of entry
- Only a handful of pharmacies without NHS contracts
- Terms of Service set down in legislation

Working Together
- Community pharmacies located in the heart of every community
- Unique access to the well
- Support development of the JSNA and PNA
- Understanding of the profession

Community Pharmacy in Rotherham
- 63 pharmacies
- Half were national multiples
- Quarter were regional multiples
- Quarter were independents
- NHS income accounted for >90% of turnover

Pharmacy Support Staff
- Medicines Counter Assistants
- Dispensers
- Pharmacy Technicians
- 'Checking Technicians'

Essential Services
- Dispensing
- Repeat Dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Healthy Lifestyles service (Public Health)
- Waste medication disposal
- Clinical governance including audit

Public Health Campaigns
- Early diagnosis
- Stopober
- Early detection of bowel cancer
- Breastfeeding

Advanced Services
- Medicines Use Review
- New Medicine Service

Public Health/Wellbeing Services
- Sexual health
- NHS Health Check

- Weight management
- Stop smoking services
- Immunisation
- Alcohol screening and support
- Substance misuse

Discussion ensued with the following highlighted:-

- Contracted for 6 Public Health campaigns a year – get smarter and plan ahead - South Yorkshire approach?

- It was originally supported by Department of Health grants to pilot a number of aspects 1 of which was to create a brand or image to enable marketing for using pharmacies for more than collecting prescriptions

- National programme but very much for local delivery and local use as to what went in it with a national set of quality criteria

- 900 consultations a day in the community pharmacies for lifestyle advice

- The Pharmacy Needs Assessment by Statute had to be done, traditionally, under the PCT. That was transferring with Public Health into the Local Authority. The Medicine Management Team would have worked on it but they were staying with the CCG to look at commissioning the work

- From a NHS Commissioning Board point of view, the relationships between Public Health, Local Pharmaceutical Committee and the Clinical Commissioning Group would be quite challenging and the Board had a role to play in holding the system to account

- Wastage of prescriptions/repeat prescriptions was a big issue

- There were no sites currently in Rotherham operating electronic patient prescription

Nick was thanked for his presentation.

S41. ANY OTHER BUSINESS

Robin Carlisle, CCG, presented an update on Rotherham Clinical Commissioning Group's 2013 Annual Commissioning Plan.

Discussions had commenced with its members practices, the public, stakeholders and providers on the Annual Plan.

It was expected to receive the annual mandate for the NHS Commissioning Board around the 12th December, 2012, which would set out national expectations on the Clinical Commissioning Group and financial and contracting rules. Around the same time, the Group also expected to receive its financial allocation.

It was hoped that it would be submitted to the January Board meeting for approval.

S42. DATE OF NEXT MEETING

Agreed:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 28th November, 2012, commencing at 1.00 p.m. in the Rotherham Town Hall.