HEALTH AND WELLBEING BOARD
16th January, 2013

Present:-
Members:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing **(in the Chair)**
Karl Battersby	Strategic Director, Environment and Development Services
Tracy Clarke	RDaSH
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Clinical Commissioning Group/NHS Rotherham
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Dr. David Polkinghorn	Rotherham Clinical Commissioning Group
Clare Pyper	Children, Young People and Families, RMBC
Dr. John Radford	Director of Public Health
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Officers:-

Kate Green	Policy Officer, RMBC
Tracy Holmes	Communications, RMBC
Fiona Topliss	Communications, NHS Rotherham

Also present:-

Anne Charlesworth	Partnership Lead, Public Health
Gordon Laidlaw	Rotherham NHS

Apologies for absence were received from Chris Boswell, Phil Foster, Martin Kimber, Matthew Lowry and Joyce Thacker.

S54. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- (1) That the minutes be approved as a true record subject to the following clerical correction:-

S48 (Health and Wellbeing Performance Management Framework) Resolved:- That each meeting of the Health and Wellbeing Board consider two Priority themes (Smoking, Alcohol, Obesity, Dementia, NEETS and Fuel Poverty), with the Priority theme's Lead Officer invited to attend the relevant meeting.

Arising from Minute No. S49 (Overarching Information Sharing Protocol), discussion ensued on how the matter was to be progressed.

Resolved:- (2) That each Board member ensure their organisation had signed off the Protocol and report accordingly to the next Board meeting.

(3) That the Overarching Information Sharing Protocol be submitted to the Cabinet for approval.

Arising from Minute No. 53 (Unscheduled Care Review), it was noted that arrangements had been made for an Elected Member Seminar to be held on 13th February, 2013.

S55. COMMUNICATIONS

(a) Challenge on Dementia/Dementia Strategy
The Board noted a letter that had been sent to Chairs of Health and Wellbeing Boards from the co-Chairs of the Health and Care Sub-Group requesting commitment to the Dementia Challenge and assistance in taking the agenda forward.

Dementia was 1 of the Board's Priorities in its Health and Wellbeing Strategy.

Central Government had announced that Clinical Commissioning Groups had to have a Dementia Strategy and included on its website. Due to the timescale given, there had been insufficient time to co-ordinate across the health and social care community. A draft Strategy had been published on the CCG website by 31st December, 2012, in line with the Yorkshire and Humber Strategic Health Authority requirement.

(b) Friends and Family Test
The Board noted the forthcoming mandatory 'Friends and Family' Test and Rotherham Foundation Trust's implementation plans to achieve full coverage of prescribed areas. From April, 2013, a short survey had to be completed upon a patient's discharge, or within 48 hours of discharge, to ascertain their rating of care about the Ward/Department they had spent the most time in. The Trust would be required to submit data returns which would be published nationally.

The report set out the actions the Trust would undertake to fulfill this requirement.

(c) Conference
'Tackling Health Inequalities in the North' – 8th March, 2013 – Durham
Details of the above conference were submitted for the information of the Board.

(d) ROSPA Big Book of Accident Prevention
Copies of the above were circulated to Board Members.

(e) Local Medical Committee
The Chair reported receipt of a request from Dr. Thorman, Secretary of the Local Medical Committee, seeking representation on the Board.

Discussion ensued on the request. It was felt that there was GP representation on the Board through the CCG which could reflect General Practices' views and beliefs. It was a public meeting that was open to members of the public to attend and observe if they so wished.

Resolved:- (1) That Dr. Thorman be thanked for his interest in the Board but the request for representation be declined at the present time.

(2) That a copy of the Board minutes be supplied for information.

(Dr. Tooth declared an interest in the above and did not take part in the discussion.)

S56. ROTHERHAM CLINICAL COMMISSIONING GROUP ANNUAL COMMISSIONING PLAN

Dr. Tooth presented the draft CCG Annual Commissioning Plan which it was required to formally submit to the NHS Commissioning Board Area Team by 25th January, 2013. The core aim was to ensure that the needs of the citizens of Rotherham, as set out in the Joint Strategic Needs Assessment and reflected in the Health and Wellbeing Strategy, were captured.

Unfortunately, due to the timescale for submission it had not been possible to include any Public Health, Council etc. commissioning proposals as the timelines had not corresponded.

It was queried whether it would be possible for the Council and Public Health commissioning proposals to be submitted to the Board before the end of March to ensure alignment with the Health and Wellbeing Strategy?

The Council had to formally set its budget first but work was well advanced on its commissioning intentions to which Public Health would now be added. There was a opportunity to identify areas where it was possible to pool budgets for better value for money or more consistent outcomes delivered by commissioning more intelligently.

It was noted that a number of agencies had already submitted their feedback on the document.

Resolved:- That the Rotherham Clinical Commissioning Group Annual Commissioning Plan be endorsed for submission to the NHS Commissioning Board Area Team.

S57. PERFORMANCE MANAGEMENT FRAMEWORK

Further to Minute No. 48 of the previous meeting, John Radford, Director of Public Health, reported that it had been hoped to submit a suite of

Indicators for consideration to the meeting, however, it had proved to be more difficult than envisaged. He gave the following presentation:-

System Change
- System accountability
- Local delivery prevention interventions
- NHS, RMBC, Commissioning Board and CCG
- Engagement private and third sector
- Public engagement
- Resources
- Service Activity
- Behaviour Change
- Mortality
- Commissioning for outcomes
- Profile \media\social media
- Disease Information

Outcomes Framework Annual Reporting
- Local Priorities agreed by Board.
- Align with Outcome Frameworks
- Need to agree specific outcomes for each priority
- Identify specific outcome measures that will progress over time
- Board to review its progress

Local Priorities
- Need to identify local (outputs) measures that help monitor progress bi-monthly throughout 3 year period of the strategy
- Report back next time with proposed outcome and output measures

The Board then received Anne Charlesworth's presentation (see Minute No. 58 Priority Measure: Alcohol) and discussion on the possible Performance Indicators for that Priority.

Discussion ensued on the way forward for all 6 Priority Themes:-

- The Board had agreed 6 Priorities that would make the biggest difference to the health and wellbeing of Rotherham citizens and reduce health inequalities
- Definition of the desired outcomes for each Priority required
- Need to decide where to focus activity and then outcome measures and outputs would follow
- Better definition of what want to achieve
- Engagement and commitment from all partners to drive the agenda within their Services

Resolved:- That each of the 6 Priority Leads submit a suite of Indictors for their respective Priority Theme to the next Board meeting.

S58. PRIORITY MEASURE: ALCOHOL

Anne Charlesworth, Partnership Lead, Public Health, gave the following presentation on the Alcohol Priority:-

The Vision
- 1 in 4 of Rotherham's adults drink above recommended safe levels
- To challenge the culture of binge drinking
- To deliver the messages about risks to those adults who drink at risky levels

Rotherham Adult Population
- Drinking above low risk levels 26.2% (51,569)
- Drinking at harmful levels 5.3% (10,432)
- Depend upon alcohol 3.6% (7,068)

National Strategy
- Change behaviour so people think it was not acceptable to drink in ways that cause themselves or others harm
- Reduce alcohol-fuelled violent crime
- Reduce the number of adults drinking above NHS guidelines
- Reduce the number of people binge drinking
- Reduce the number of alcohol related deaths
- Sustain reduction in both the numbers of 11-15 year olds drinking and the amounts they consume

Local Strategy
- Programme of alcohol social marketing interventions using the 'single message' including E-learning packages and workplace interventions
- Trialling Community Alcohol Partnerships
- Identification of premises which cause problems and taking effective partnership action
- Identifying individuals who cause repeated issues e.g. using Fixed Penalty Notices to attend alcohol awareness

Treatment System Priorities
- To increase numbers seen in primary and secondary care by:-
  Increased screening in GP practices – now also in Health Check
  Re-commission Tier 2 provision and include more work on population awareness, screening and workplace initiatives
  Gaps in provision against NICE Guidance
  Keeping waiting times low
  Payments by Results – Rotherham was 1 of only 4 pilots

Alcohol-related Hospital Admissions
- 53,689 alcohol-related hospital admissions – significantly higher than the national average. Between 2010-11 and 2011-12 Rotherham's rate had increased

- 28,827A&E – the relative position in terms of all 326 local authorities had remained the same (in the highest 25% of rates)
- 6,587 In-patients – Mortality from chronic liver disease – Rotherham's rate was similar to England (not statistically different)
- 18,257 Out-patients – In 2010-11 Rotherham's rate was lower than England but increase in 2011-12 and was now higher than England (but still similar). Rotherham ranked in the highest 50-70% of all local authorities (Quartile 3)

Hospital
- Hospital-based services – one of the Department of Health 'hi impact changes'
- Already have an A&E pathway targeting young people
- 1 specialist nurse working on admissions
- Work with Ambulance Service and RFT on 'frequent flyers' and high volume users of hospital front line services. Some were already known to services but not all
- Protocol which allowed those detoxing to be discharged early to their GP
- CCG proposing to invest in a new Service.

Opportunities
- Every organisation had to recognise the costs of alcohol and contribute to prevention
- The Public Health budget may offer opportunities to increase prevention – there had been no budget for this in the past
- How was each organisation addressing the issues through the themes:-
  Prevention and Early Intervention
  Expectations and Aspirations
  Dependence to Independence
  Healthy Lifestyles
  Long Term Conditions
  Poverty

Discussion ensued on possible outcomes that could be measured including:-

- Number of parents whose children were included on the Child Protection Register/came into care due to alcohol related conditions
- Danger that the specialist treatment services would not be able to cope with the increased referrals
- Indicators important in terms of how Services were delivered
- Measure self-harm, behaviour in Town Centre, effect of families by domestic violence
- Every patient use Audit Check

The Board discussed this item and the previous item together. Please see Minute No. S57).

S59. EXCLUSION OF THE PRESS AND PUBLIC

Resolved: - That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (as amended 2006 – information relates to finance and business affairs).

S60. ROTHERHAM HEALTH WATCH

Clare Burton, Operational Commissioner, presented an update on the recent OJEU tender process for Healthwatch Rotherham.

A preferred provider had not been appointed as there had been no bids of sufficient quality to move to the awarding of a contract. A proposed way forward was set out in the report submitted to ensure that there was a Healthwatch Rotherham in place by the 1st April, 2013.

Resolved:- (1) That the outcome of the OJEU tender process be noted.

(2) That the proposal to re-tender the Service, as set out in the report submitted, be approved.

(3) That further progress reports be submitted in due course.

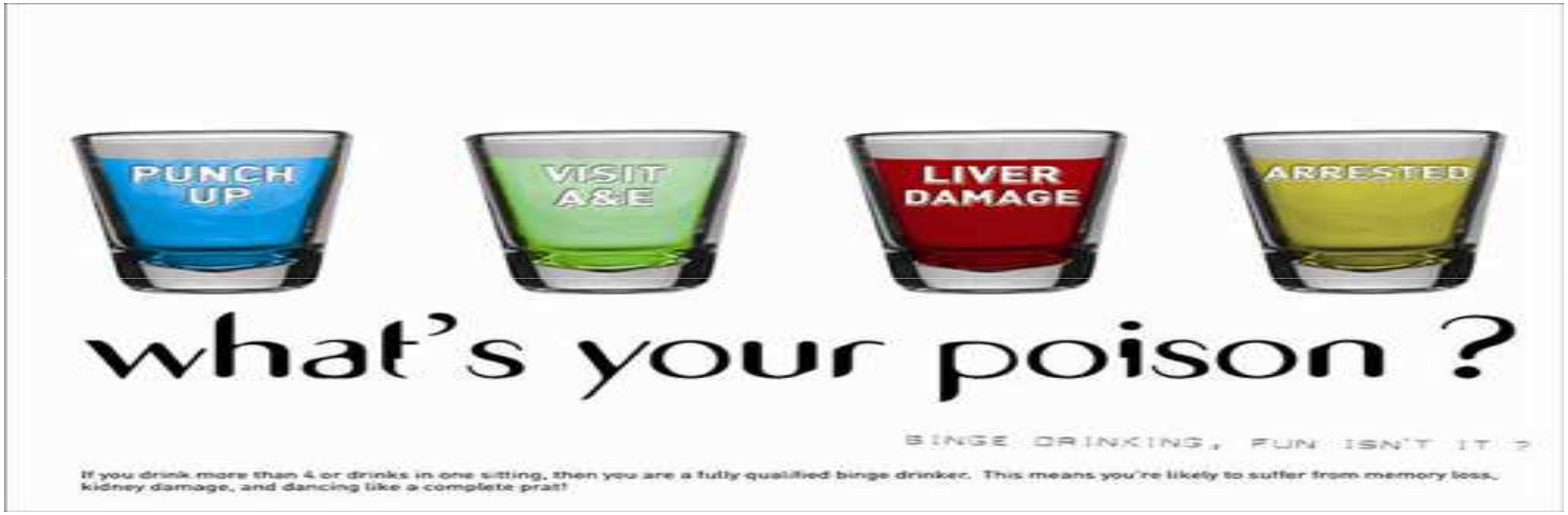
(Janet Wheatley and Gordon Laidlaw disclosed disclosable pecuniary interests in the above item and withdrew from the meeting.)

S61. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th February, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall,

Rotherham Metropolitan Borough Council
Where Everyone Matters

Alcohol in Rotherham



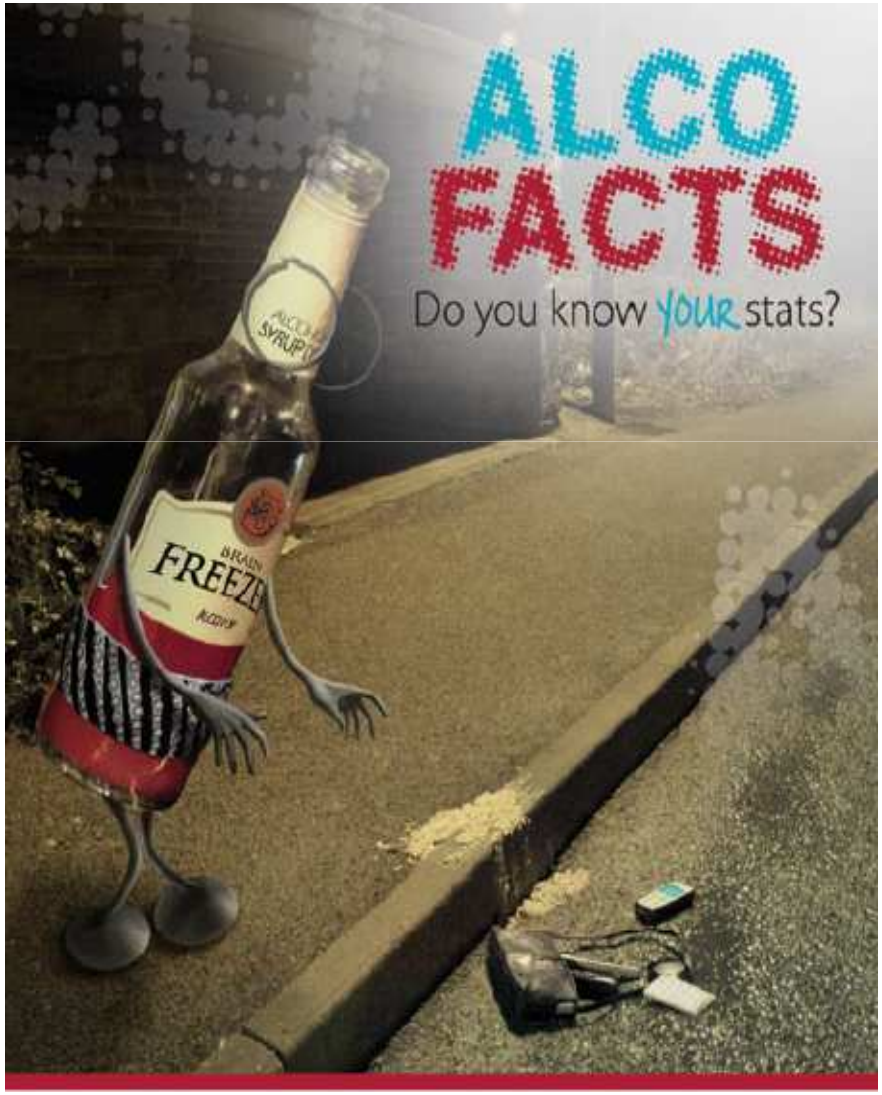
Anne Charlesworth
Partnership Lead, Public Health

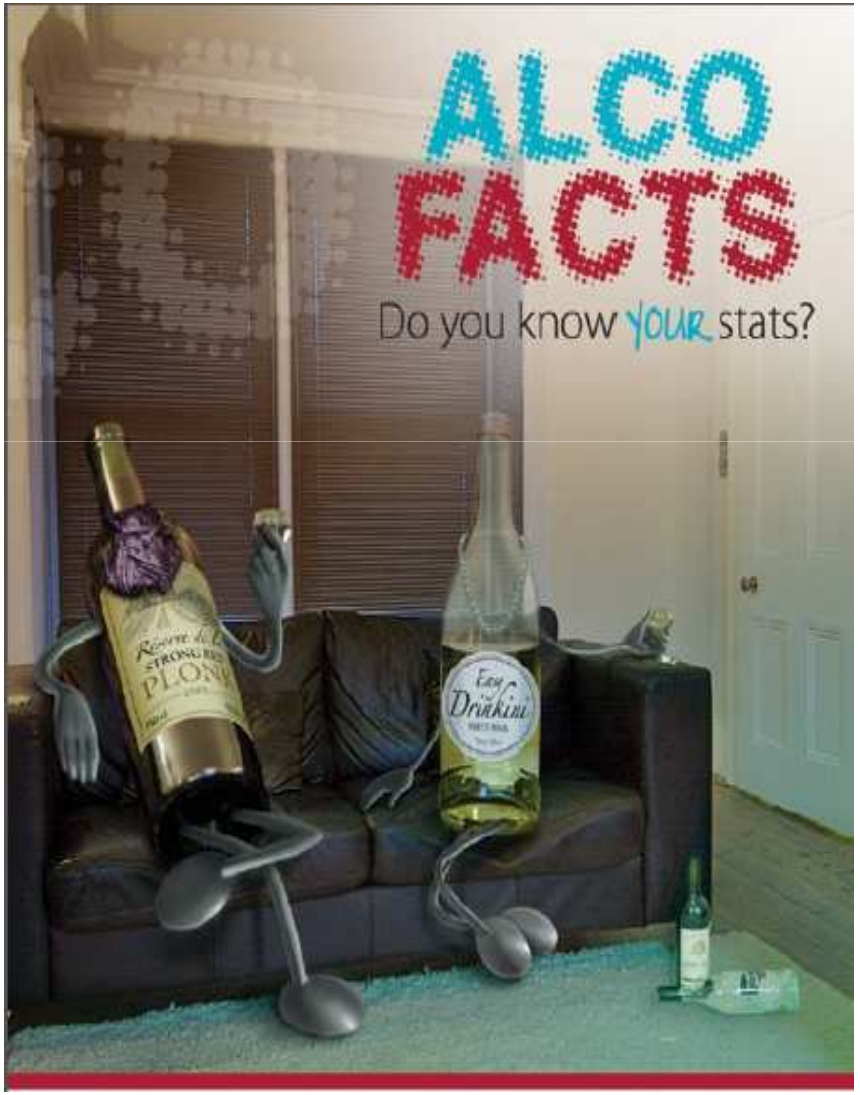
Rotherham Metropolitan Borough Council
Where Everyone Matters

THE VISION

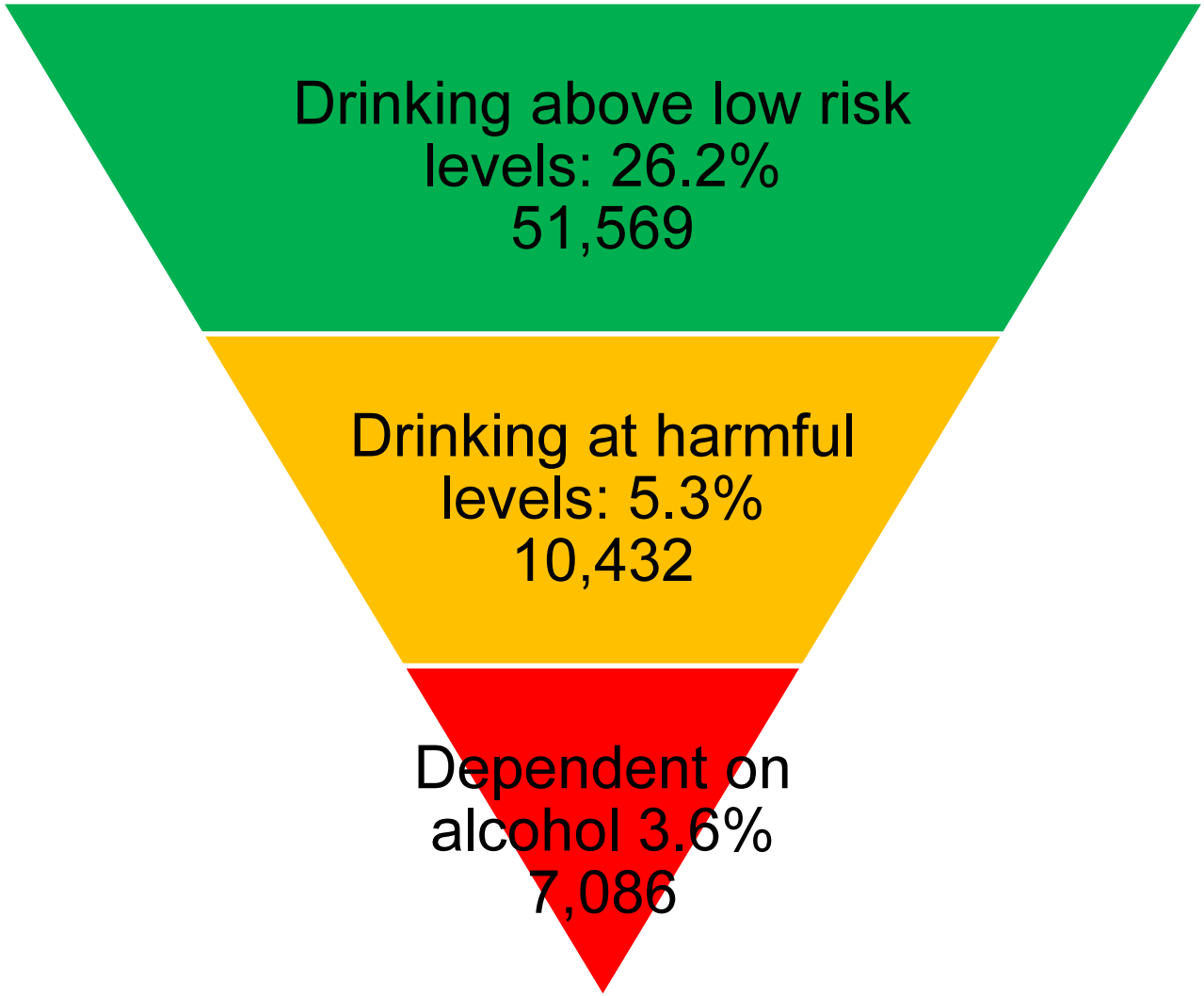
- One in 4 of Rotherham's adults drink above recommended safe levels
- To challenge the culture of binge drinking
- To deliver the messages about risks to those adults who drink at risky levels

BINGE DRINKING





ROTHERHAM ADULT POPULATION



Social marketing, website, opportunistic screening, etc

seek treatment at Tier 2 each year: total 2040

In treatment at Tier 3: total 743

NATIONAL STRATEGY

- change behaviour so people think it is not acceptable to drink in ways that cause themselves or others harm
- reduce alcohol-fuelled violent crime
- reduce the number of adults drinking above NHS guidelines
- reduce the number of people ‘binge drinking’
- reduce the number of alcohol related deaths and
- sustain reduction in both the numbers of 11-15 years olds drinking and the amounts they consume

The Government’s Alcohol Strategy

Local Strategy, lead By South Yorkshire Police and Public Health, which also reports to Safer Rotherham Partnership

Programme of alcohol social marketing interventions, using the ‘single message’ including E learning packages and workplace interventions

Trialling Community Alcohol Partnerships

Identification of premises which cause problems and taking effective partnership action

Identifying individuals who cause repeated issues eg, using Fixed Penalty Notices to attend alcohol awareness

TREATMENT SYSTEM PRIORITIES

To increase numbers seen in primary and secondary care by

- Increased screening in GP practices – now also in health check
- Re-commission Tier 2 provision , and include more work on population awareness, screening and workplace initiatives
- Gaps in provision against NICE Guidance
- Keeping waiting times low
- Payment by Results – Rotherham is one of only 4 national pilots

ALCOHOL RELATED HOSPITAL ADMISSIONS

Rotherham Metropolitan Borough Council
Where Everyone Matters

53,689 alcohol related hospital admissions	Significantly higher than the England average Between 2010-11 and 2011-12 Rotherham's rate has increased
28,827 A&E	The relative position in terms of all 326 local authorities has remained the same (in the highest 25% of rates)
6,587 in-patients	Mortality from chronic liver disease – Rotherham's rate is similar to England (not statistically different)
18,257 out-patients	In 2010-11 Rotherham's rate was lower than England but increased in 2011-12 and is now higher than England (but still similar). Rotherham ranks in the highest 50-75% of all local authorities (quartile 3)

HOSPITAL

Hospital based services – one of the DH ‘hi impact changes’

Already have an A and E pathway targeting young people.

One specialist nurse working on admissions

Work with Ambulance service and RFT on ‘frequent flyers’ and high volume users of hospital front line services. Some are already known to services but not all.

Protocol which allows those detoxing to be discharged early to their GP

CCG proposing to invest in a new service . Business case for potential investment to be produced for CCG by mid February, for a new service to offer interventions at the point of admission for all patients

OPPORTUNITIES

Every Organisation has to recognise the costs of Alcohol and Contribute to prevention

The Public Health Budget may offer opportunities to increase prevention , there has been no budget for this in the past

How is each organisation addressing the issue through the themes

Prevention and Early Intervention
Expectations and Aspirations
Dependence to Independence
Healthy Lifestyles
Long Term Conditions
Poverty

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive

REMAINING AUDIT QUESTIONS

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence

TOTAL

LOCAL LEARNING - PBR

Rotherham Metropolitan Borough Council
Where Everyone Matters

Service doesn't distinguish clearly enough at each intervention what was delivered, eg 'key working ' so we cant see what works best

BUT – more resource has been needed to collect this information
Improvements in clusters 2 and 3 can be seen in first 6 weeks , so re –designing care pathways with more intensive input in this time period.

Too many really poorly people – alcohol services cant do palliative care

If re do audit at end its not best indicator of progress, many of our patients didn't appear to reduce their drinking as much as we thought.

NICE guidance
12 week structured day package for clusters 2 and 3 – current gap. Current model can do 4 weeks this but would reduce throughput and increase waiting times significantly

PAYMENT BY RESULTS

Rotherham is one of 4 national DH pilots

Introduced and confirmed the clustering ,model

Uses 4 tools to give a reliable indicator of the problem which then directs the patient to the right care pathway

Ironed out glitches with the tool, eg safeguarding scores, and it will come into national use next year.

RDASH continue to use it for all new patients and are currently clustering all remaining patients so that we can commission the right level of packages and ensure no-one is in a specialist system that could be elsewhere

Waiting for DoH to confirm tariffs using local data, and comparing to mental health

ROTHERHAM		
How many people are drinking too much	20% - are drinking at level which increases the risk of damaging their health	22% are drinking at a level which increases the risk of damaging their health (regional average in Yorkshire and The Humber
Alcohol-related hospital admissions	53,689 alcohol-related hospital admissions. A and E 28,827/ in P 6,587/out P 18,275	72,821 alcohol-related hospital admissions (regional average in Yorkshire and The Humber)
Alcohol-related healthcare costs	£87 per adult Alcohol misuse costs in Rotherham	£78 per adult Alcohol misuse costs (regional average in Yorkshire and The Humber
Alcohol-related deaths	71 people died from alcohol-related causes	105 people died from alcohol-related causes (regional average in Yorkshire and The Humber)