HEALTH AND WELLBEING BOARD

Venue: **Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH**

Date: **Wednesday, 18th December, 2013**

Time: **1.00 p.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.

3. Minutes of Previous Meeting and Matters Arising (Pages 1 - 6)

4. Communications:-
   - Minutes of the Obesity Strategy Group held on 23rd October, 2013 (Pages 7-10)
   - Winter Pressures Grant (Pages 11-15)
   - Yorkshire and the Humber Clinical Senate (Pages 16-19)

For Discussion:-

5. Joint Strategic Needs Assessment - Refresh (Pages 20 - 26)
   - Chrissy Wright to present

6. Integration Transformation Fund (Pages 27 - 29)
   - report attached

7. Date of Next Meeting
   - Wednesday, 22nd January, 2014, commencing at **9.30 a.m.**
   - Wednesday, 19th February, 2014, commencing at 1.00 p.m.
   - March and April to be agreed

HEALTH AND WELLBEING BOARD
27th November, 2013

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing **(in the Chair)**
Louise Barnett	Rotherham Foundation Trust
Karl Battersby	Strategic Director, Environment and Development Services
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	CCG
Ian Jerrams	RDaSH
Naveen Judah	Rotherham Healthwatch
Martin Kimber	Chief Executive, RMBC
Julie Kiltowski	CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Acting CI Paul McCurry	South Yorkshire Police
Shona McFarlane	Director of Health and Wellbeing
Dr. David Polkinghorn	CCG
Dr. John Radford	Director of Public Health
Laura Sherburn	NHS England
Joyce Thacker	Strategic Director, Children, Young People and Families
Janet Wheatley	VAR

Also Present:-

Kate Green	Policy Officer, RMBC
Tracy Holmes	Communications and Marketing, RMBC
Sarah Whittle	CC
Chrissy Wright	Commissioning, RMBC

Apologies for absence were submitted from Chris Bain, Jason Harwin and Brian Hughes.

S51. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

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

Arising from Minute No. S47(4) (Healthwatch Rotherham), Naveen Judah reported that 7 responses had been received of which 2 had met the criteria.

1 project was the Development of an Integrated Health, Social Care and Education Service for Children with Disabilities and/or Special Educational Needs sponsored by Joyce Thacker.

The second project was a proposal by the CCG to identify methods of getting care leavers to access services in a more constructive manner.

Updates would be submitted to the Board as well as the work being performance managed and quality assured as part of the contract arrangements.

S52. COMMUNICATIONS

The Chairman reported receipt of the following correspondence:-

"Think Pharmacy" – following on from the 2 successful events held in September, information packs were available.

Derbyshire Advocacy Service had submitted a funding application to the Big Lottery Fund.

Shaping our Lives – a partnership with Disability Rights UK and Change which included a brief guide to commissioning user-led services. It was agreed that the letter be forwarded to the Health and Wellbeing Steering Group for consideration.

S53. INTEGRATION TRANSFORMATION FUND

Tom Cray presented information that had been received from NHS England with regard to the above Fund.

Planning guidance would be issued on 16th December, 2013, but 10 key points had been highlighted:-

- Improving outcomes
- Strategic and operational plans
- Allocations for CCGs
- Tariff
- Integration Transformation Fund
- Developing integration plans
- Working together
- Competition
- Local innovation
- Immediate actions

There was a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that would have benefits beyond the effective use of the mandated pooled fund. The plan would start in 2014 and form part of a 5 year strategy. The £3.8B national pool brought together NHS and Local Authority resources that were already committed to existing core activity. The Council and CCG would, therefore, have to redirect funds from the activities to shared programmes that delivered better outcomes for individuals.

Discussion ensued with the following issues raised:-

- Discussions had commenced looking at how the Council and CCG could agree an intervention approach to transform services to keep people out of hospital and early discharge

- Of the £3.8B national fund Rotherham would receive approximately £20M, £10M of which was mandated funding streams. The remaining £10M would be for the CCG to identify, and agree with the Council, services that should be decommissioned and a plan developed to decommission and transformation

- A number of conditions attached to the Fund that had to be satisfied some of which gave clear indications as to what areas change and intervention was expected depending upon local conditions

- The Cabinet had agreed that a simple local vision be developed supporting the delivery of locally determined priorities and was consistent with the national definition

- Adopt a programme management approach with NHS Commissioners to produce a 5 year strategic plan informed by the priorities set out in the JSNA

- Joint review of the existing pooled budget arrangements to help agree a 2 year operational plan

- Develop a single framework that ensured the views of providers from the health and social care economy drove change

- Synchronicity of planning and commissioning arrangements that operated to similar timetables

- Understanding the operation of the different markets and developing a single market position statement to provide clarity on how the needs of the local population were met

- Development of a shared risk register

- All had to be consistent with the work of the JSNA and Health and Wellbeing Strategy

- Initial draft strategic plan had to be submitted by 14th February, 2014

- Other health communities in the region were at the same position as Rotherham

Laura Sherburn reported that NHS England would be responsible for the overall governance and assurance role. If agreement was not reached, NHS England would likely be put into a dispute resolution role so,

therefore, should not be involved in any Steering Group established but would need to see its Terms of Reference.

Resolved:- (1) That a Task and Finish Group, comprising 3 representatives from the CCG and 3 from the Local Authority, be established and meet as a matter of urgency.

(2) That NHS England be provided with a copy of the Task and Finish Group's Terms of Reference.

(3) That a Risk Register be developed and submitted to the December Board meeting.

S54. PUBLIC HEALTH OUTCOMES FRAMEWORK

Dr. John Radford reported that Public Health England monitored the Council's new statutory functions, including health protection and health improvement, through the Public Health Outcomes Framework (PHOF) which focussed on the causes of premature mortality. Rotherham's Health and Wellbeing strategy supported early intervention and prevention as part of improving performance against the PHOF and the key lifestyle factors that influenced avoidable mortality.

The Framework needed to be reviewed quarterly to drive improvements in performance. Public Health would lead the agenda and report to Cabinet by exception and agree with partners action plans to address under performance. Where indicators were significantly underperforming, discussion would take place at the Health and Wellbeing Board followed by a performance clinic to develop a remedial action plan to engage action by partners.

66 indicators had been identified, grouped into 4 domains to deliver the 2 high level incomes of increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities:-

- Improving the wider determinants of health (19)
- Health improvement (24)
- Health protection (7)
- Healthcare public health and preventing premature mortality (16)

Current performance against the England average had highlighted several areas where there was under performance and a downward trend. There needed to be an agreed reporting structure to ensure performance was monitored effectively.

There would be a comprehensive monitoring process initiated for those indicators off track including performance clinics to review change. The process would be directed by the multi-agency Health and Wellbeing Steering Group.

Discussion ensued with the following issues raised/clarified:-

- Public Health would examine each indicators and produce a report setting out where there were clear performance issues to be escalated to the Steering Group/performance clinic for action

- Should also consider if/what the trends were within the priorities

- Was the data compared against England data or other areas that Rotherham was always compared against?

- Were there areas that could be "quick wins?"

- Need to focus on issues that would make a difference in the 6 Priority areas

Resolved:- (1) That the proposed Framework to address under performance be approved.

(2) That mechanism to deliver the Health and Wellbeing Strategy aim of moving to Prevention and Early Intervention be supported.

(3) That the proposed Framework be submitted to the Cabinet for consideration.

S55. FLU VACCINATION PROGRAMME

Discussion ensued on the flu vaccination uptake this Winter as follows:-

- The Council had a programme for offering vaccination to all staff in high risk categories/customer facing - much better uptake this year to the offer which had been co-ordinated by Public Health
- Vaccination of pregnant women was above the national average but could be better – some general practices offered the vaccination alongside Midwifery and some were not
- 54.2% of RFT staff had taken up the vaccination – second highest in the region

Laura Sherburn reported that the first data collection (vaccines given in September and October) showed:-

Over 65s	63.6%
Under 65 at risk	41.8%
All pregnant women	31.6%
All 2 year olds	31.9%
TRFT Staff	54.2%

Rotherham had the best figures in South Yorkshire and Bassetlaw region currently for patient vaccination uptake and second best in the region for Trust staff uptake.

The Primary Care information was:-

GPs	55%
PNs	68%
Non-Qualified Clinical Support	65%
Other Qualified Healthcare Professionals/AHPs	14%
Admin/Reception	58%
Number of staff reported as Declined	101

Resolved:- That the report be noted.

S56. FREQUENCY AND FORMAT OF BOARD MEETINGS

Further to the discussion at the previous meeting (Minute No. S42 refers), it was felt that, due to the workload of the Board, that the Board continue to meet on a monthly basis. However, the Board would shortly be reviewing its governance arrangements when frequency of meetings would be considered.

It was felt that a reflective meeting would be useful and that there should be an annual public event.

Resolved:- That the Board's work programme and governance arrangements be submitted to the next meeting.

S57. MATTERS ARISING FROM INFORMATION ITEMS CIRCULATED

It was noted that the following items had been circulated for information prior to the meeting:-

Cost of Alcohol
Autism Self Evaluation
National Energy Action
Woodlands Trust – Healthy Woods-Health Lives

S58. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 18th December, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall.

Agenda Item 4

Rotherham Metropolitan Borough Council
Where Everyone Matters

Minutes	**Title of Meeting**:	**Obesity Strategy Group**
	Time:	**9.30 a.m.**
	Date:	**Wednesday, 23rd October 2013**
	Venue:	**Rotherham Institute for Obesity, Clifton Lane Medical Centre**
	Reference:	**JS/JP**
	Chairman:	**Councillor Ken Wyatt**

Present: Councillor Ken Wyatt, Hayley Mills, Joanna Saunders, Jill Ward, Jackie Lothian, Lynn Senior, Sarah Groom, Kay Denton-Tarn & Janet Payne (minutes)

Apologies: Councillor Judy Dalton, Matt Capehorn, Chris Siddall, Linda Jarrold, Adrian Hobson, Rich Cowley, Rebecca Atchinson and Cath Homer

Item	*Description*	*Action*
2013/57	***Welcome/Introductions/Apologies*** KW welcomed everyone to the meeting. Apologies were noted.	
2013/58	***Minutes of the meeting held on 31st July 2013 and matters arising*** The minutes were agreed as a correct record. The following matters were discussed: *National Obesity Week (13th-19th January 2014)* - KW asked if the 'flash mob' idea was going ahead as he thought it would have been a good idea. However it was recognised that it would need a lot of preparation and organisation. However, HM informed the group that DC Leisure have purchased a smoothie bike and it was agreed that a programme for the bike and press release would be organised. Venues suggested included The Town Hall, Riverside House, RFT Foyer, CCG (Oak House) and Leisure Centres across the Borough. HM and JS to agree programme and notify the group. Discussion took place around how this worked and the source of the fruit. JS to speak to Ron Parry. KW suggested there would be photo opportunities both at the Town Hall and the Maltby area was suggested too and that a link might be made with the BHF Heart Town initiative. *Heath & Wellbeing Board event for SY (19th September)* – KW commented that the event had been useful and well attended. There had been a useful dialogue with NHS England.	**HM/JS**
2013/59	***Update on re-commissioning of the Healthy Weight Framework services*** JS updated the group on the regional and national disucssions	

	regarding the commissioning of T3 services. MC had attended the national meeting and provided an update on the discussions. There continued to be different views and he and others represented the local view that Tiers 1-3 should continue to be commissioned by Local Authorities. JS stated that NICE guidance on managing overweight and obesity in adults – lifestyle weight management services (T2 in the Rotherham model) was out to consultation – a link to the document had been provided with the agenda. All members are invited to submit their feedback to JS by the end of November for collation into a Rotherham response. To date no service benchmarking has been produced therefore there was nothing to benchmark Rotherham's performance against. However, there continues to be considerable interest in our progress and we are regularly asked to share our experience and results. JS had been invited to speak at 2 national events since the previous meeting. Discussion took place around the setting of targets for the future contracting period - these will be reduced from the initial targets set by NHS Rotherham, which were recognised to be extremely ambitious and difficult to achieve. low to be attainable as we need to be realistic.	**All/JS**
2013/60	***Health and Wellbeing Strategy update*** KW updated the group on the review of performance across all areas of the strategy which had taken place at the October meeting, commenting that it was still difficult to get a grip on the progress of the strategy because of all the different work that is going on and the challenge of measuring activity which may not show it's impact in the short term. There had been discussion of the "So What" question and it was agreed that there needed to be quick wins as well as long term achievements.	
2013/61	***Physical Activity Update, including referral pathway work*** JS informed the group that a bid to Sport England for £250k including some match from Public Health had been successful – the work would focus in 3 deprived neighbourhoods (Canklow, East Herringthorpe and Dalton/Thrybergh). JS to circulate a summary of the programme. In addition, schools are commissioning support for capacity building for sport and physical activity – this had been ongoing since the Summer/start of the Autumn term.	**JS**
2013/62	***Updates from service providers*** Sarah Groom and Jill Ward reported that ***Reshape*** have 44 groups running presently and the attrition rate has reduced and completion rate increased. Success (clients achieving at least 3% body weight) has increased to 44%. She noted that 88% lose some weight and that 96% had reduced their waist measurement. There will be marketing and promotion work done around Halloween and Christmas. She stated that they had been mentioned in the RFT Proud Awards recently.	

	A Diabetes Day was to be held on Saturday 16th November at the Carlton Park Hotel and all service providers were engaged. JS to circulate information to all members. Lynn Senior updated the group on the performance of ***Rotherham Institute for Obesity***. She had recently collated the 2012 data (RIO monitor their activity by calendar year internally) – there had been 1,386 adult referrals to the service in 2012, with 515 completing the programme. Of these 425 lost weight. The data is not yet complete. LS commented that increasing numbers of clients were using very low calorie diets to lose weight. Jackie Lothian reported on how well the ***MoreLife Residential Camp*** had gone this year – 20 children had attended and some individuals had achieved considerable weight loss. The residential campers have all been offered support in the MoreLife Clubs back in Rotherham. A detailed report has been sent to JS. She commented that the process of selection and referral through to camp had been much smoother and resulted in more children settling very quickly. There were some excellent case studies within the report and JS agreed to share these with the group. Discussion took place on how well the camp had gone and that although two children had been replaced, the replacement boys were a little older and had been to camp before so knew what it was about and settled quickly. They had shown particular motivation to want to improved their health. There had even been TV coverage which included local children. Hayley Mills provided the update for ***MoreLife Clubs***, indicating that the recruitment to the current cohort had increased from 59 in the previous cohort to 79 and they were now focussing on keeping everyone motivated towards the Christmas period. Fit4Health was progressing well with 91 referrals so far and it is hoped to be launched in the Wath area in the new year. Discounted offers were a benefit to all participants in the weight management services.	**JS** **JS**
2013/60	***Update on Health Trainer Service*** Unfortunately Phill Spencer could not attend today, so this item will be deferred to the next Agenda.	
2013/61	***Draft NICE guidance on Lifestyle on weight management for overweight and obese adults*** Already discussed above.	
2013/62	***Any Other Business*** There was none	
2013/63	***Dates of future meetings*** The next meeting will be at RIO on Wednesday, 5th February 2014 at 9.30 am.	

	Further meeting dates were agreed as follows: Wednesday, 7th May 2014 Wednesday, 30th July 2014 Wednesday, 22nd October 2014 All to be held at RIO from 9.30-11.00 am	

Joanna Saunders
24th October 2013

Publications Gateway Reference No: 00806

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To: CCG Clinical Leads

CC: CCG Accountable Officers
NHS England Regional Directors
NHS England Area Directors
Chief Executives of upper tier Local Authorities
Chief Executives of NHS acute Trusts

29 November 2013

Dear colleagues

Allocation of additional winter monies

I wrote to you recently regarding the importance of preparing for winter and delivering consistently high quality services for patients over the winter period. It is essential that our patients have good access to services and an excellent experience of care, even at times of increased demand for services.

I know that you have been working hard with local partners through Urgent Care Working Groups (UCWGs) to put plans in place for winter. Thank you for all the excellent work that you have all done to ensure that the NHS can deliver great care for our patients over the coming months.

You will be aware that £250m of non-recurrent funding was made available for use in 2013-14. These resources were targeted at those health economies that were assessed as being at greatest risk of failing to sustain services over the winter period. I am confident that this investment will make a real difference to patients in the relevant localities.

The additional funding is being put to good use, with the aim being to ensure that our patients can access the treatment they need in the appropriate settings throughout the winter period. The health economies that did not receive additional funding have been working equally hard on their plans and we are aware that they too would benefit from additional resources.

NHS England is therefore making an additional £150m of non-recurrent funding available to the NHS to support effective delivery of winter plans. We are distributing the majority of the additional funding on a ‘fair shares’ basis to the health economies that have not yet received any additional funding, to support their investment in preparations for the winter period and to support their continued delivery of high quality services for their patients. Resources are being distributed via lead commissioners.

As with the earlier investment of £250m, the additional resources should be used to secure resilient delivery of the services to patients through the winter, and will involve:

- Schemes to minimise A&E attendance and hospital admissions.
- Improvements to system flow through 7 day working across hospital, community, primary and social care with innovative solutions to tackle delayed discharges.
- Specific plans to support high risk groups.

As with the previous funding, we expect that the use of this money will be fully agreed through UCWGs, with particular attention given to addressing those issues which the chief executives of the relevant acute providers see as key to reducing pressures on A&E departments. It will also be important that all the vital stakeholders are consulted, especially leaders of ambulance and mental health services, Local Authority chief executives and representatives of the independent and voluntary sector.

The spreadsheet shown at the Appendix below identifies the allocation of the additional resources to CCGs.

Once again, thank you for the work you have been doing locally and collectively to prepare for winter.

Yours faithfully

Sir David Nicholson
Chief Executive

Appendix

Lead CCG	Name of Trust at centre of Targeted System	Winter Pressures Tranche 2 Allocation £000
Aylesbury Vale CCG	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	1,342
Barnet CCG	ROYAL FREE LONDON NHS FOUNDATION TRUST	1,609
Barnsley CCG	BARNSLEY HOSPITAL NHS FOUNDATION TRUST	1,294
Birmingham CrossCity CCG	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	1,685
Birmingham South and Central CCG	BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST	855
Blackpool CCG	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	1,385
Bolton CCG	BOLTON NHS FOUNDATION TRUST	1,881
Bradford District CCG	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	2,146
Bristol CCG	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	1,668
Bury CCG	PENNINE ACUTE HOSPITALS NHS TRUST	4,088
Cambridge & Peterborough CCG	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1,820
Cambridge & Peterborough CCG	HINCHINGBROOKE HEALTH CARE NHS TRUST	611
Camden CCG	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	2,180
Canterbury and Coastal CCG	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	2,324
Central Manchester CCG	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	3,037
City and Hackney CCG	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	2,041
Coastal West Sussex CCG	WESTERN SUSSEX HOSPITALS NHS TRUST	2,218
Crawley CCG	SURREY AND SUSSEX HEALTHCARE NHS TRUST	1,350
Doncaster CCG	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	2,349
Dorset CCG	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	679
Dorset CCG	POOLE HOSPITAL NHS FOUNDATION TRUST	996
Dorset CCG	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	1,130
Dudley CCG	THE DUDLEY GROUP NHS FOUNDATION TRUST	1,548
Durham Dales, Easington and Sedgefield CCG	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	2,121
East and North Hertfordshire CCG	EAST AND NORTH HERTFORDSHIRE NHS TRUST	2,055
East Staffordshire CCG	BURTON HOSPITALS NHS FOUNDATION TRUST	965
Eastern Cheshire CCG	EAST CHESHIRE NHS TRUST	821
Gateshead CCG	GATESHEAD HEALTH NHS FOUNDATION TRUST	1,109

Gloucestershire CCG	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	2,023
Great Yarmouth & Waveney CCG	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1,082
Greater Huddersfield CCG	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	2,304
Greater Preston CCG	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	282
Guildford & Waverley CCG	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	1,058
Hammersmith and Fulham CCG	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	2,254
Harrogate and Rural District CCG	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	729
Hartlepool and Stockton-on-Tees CCG	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	1,167
Herefordshire CCG	WYE VALLEY NHS TRUST	769
Herts Valleys CCG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	1,411
Hillingdon CCG	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	886
Hull CCG	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	1,979
Ipswich & East Suffolk CCG	IPSWICH HOSPITAL NHS TRUST	1,329
Isle of Wight CCG	ISLE OF WIGHT NHS TRUST	631
Kernow CCG	ROYAL CORNWALL HOSPITALS NHS TRUST	825
Kingston CCG	KINGSTON HOSPITAL NHS TRUST	1,716
Lambeth CCG	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	2,385
Leeds West CCG	LEEDS TEACHING HOSPITALS NHS TRUST	54
Liverpool CCG	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	942
Liverpool CCG	ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,546
Luton CCG	LUTON AND DUNSTABLE HOSPITAL NHS FOUNDATION TRUST	1,350
Mansfield and Ashfield CCG	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	1,633
Newcastle North & East CCG	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2,015
North Derbyshire CCG	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	1,131
North East Essex CCG	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	1,299
North East Hampshire and Farnham CCG	FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST	1,644
North Lincolnshire CCG	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	116
North West Surrey CCG	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	1,585
North, East, West Devon CCG	NORTHERN DEVON HEALTHCARE NHS TRUST	691
North, East, West Devon CCG	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	1,668
Northumberland CCG	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	2,355
Norwich CCG	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1,609

Nottingham West CCG	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	2,864
Rotherham CCG	THE ROTHERHAM NHS FOUNDATION TRUST	1,228
Salford CCG	SALFORD ROYAL NHS FOUNDATION TRUST	1,462
Sheffield CCG	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	834
Sheffield CCG	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	2,049
Somerset CCG	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	965
Somerset CCG	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	762
South Cheshire CCG	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	1,088
South Devon and Torbay CCG	SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST	1,299
South Manchester CCG	UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	1,523
South Tees CCG	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	2,148
South Tyneside CCG	SOUTH TYNESIDE NHS FOUNDATION TRUST	1,029
South Warwickshire CCG	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	904
South Worcestershire CCG	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	125
Southampton CCG	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	1,608
Southend CCG	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	1,481
St Helens CCG	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,601
Sunderland CCG	CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	1,106
Sutton CCG	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	2,244
Swindon CCG	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	1,208
Wakefield CCG	MID YORKSHIRE HOSPITALS NHS TRUST	3,576
Walsall CCG	WALSALL HEALTHCARE NHS TRUST	1,597
Wandsworth CCG	ST GEORGE'S HEALTHCARE NHS TRUST	2,279
Warrington CCG	WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	1,400
Warwickshire North CCG	GEORGE ELIOT HOSPITAL NHS TRUST	1,070
West Cheshire CCG	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	1,132
West Kent CCG	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	2,055
West London (K&C & QPP) CCG	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	1,923
West Suffolk CCG	WEST SUFFOLK NHS FOUNDATION TRUST	946
Wigan Borough CCG	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,464
Wiltshire CCG	SALISBURY NHS FOUNDATION TRUST	711
Wirral CCG	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	1,570
Wokingham CCG	ROYAL BERKSHIRE NHS FOUNDATION TRUST	1,682
Wolverhampton CCG	THE ROYAL WOLVERHAMPTON NHS TRUST	1,869
		140,577

Yorkshire and the Humber Clinical Senate

December 2013

1. Introduction

This paper is to provide an update to Rotherham Health and Wellbeing Board on the development of the Yorkshire and the Humber Clinical Senate.

2. Purpose of the Senate

2.1 The national guidance states that the aim of the Senate is for it to provide credible clinical leadership and independent clinical advice and recommendations to CCGs, HWBs and NHS England to support commissioners in making the best decisions about health care for the populations they represent. The Yorkshire and Humber Senate will therefore need to provide a broad, strategic view on the totality of healthcare within Yorkshire and Humber bringing together experts to understand the impact of any one single initiative, or group of initiatives, upon the wider geographical area. The aim is for it to be a well-respected organisation whose judgements are trusted by commissioners. Commissioners will call upon the Senate on issues ranging from quality standards, quality inconsistencies, the development of care pathways or reconfiguration proposals. The nature of clinical Senate activity could include:

- Engaging with commissioners to identify aspects of health care where there is potential to improve outcomes and value
- Providing advice about areas for inquiry or collaboration, and areas for further analysis of current evidence and practice
- Mediating about the implementation of best practice and what is acceptable variation
- Providing a public profile, based on evidence and expertise, on service changes
- Providing clinical leadership and credibility
- Understanding why clinical services are achieving the level of clinical outcomes, advising on potential for improvement through reconfiguration of services
- Proactively promoting and overseeing major service change, for example on complex and challenging issues that arise from reconfiguration
- Linking clinical expertise with local knowledge, such as advising on clinical pathways where there is a lack of consensus in the local health system
- Supporting spread of innovation and good ideas, with AHSNs and SCNs

3. National Policy

3.1 The national meeting to discuss Senate development was held on 17th September. The meeting confirmed that the national team see Senates as being central to the transformation of services. The key points to note from Sir Bruce Keogh's speech are:

- There is a grand vision for the Senates. Economics determine that transformation of services is required and Senates are seen as fundamental to those discussions. They are not about chipping away at the edges of the system, they are key to region wide service change
- We need to put some pace into their development so that they can input into the next commissioning round
- NCAT funding is ending in March 2014 and Senates may take over that role (this is to be confirmed)

3.2 It is important to obtain confirmation of whether Senates are to take over the role of NCAT from April 2014. If this is confirmed, Senates will become a central part of the service change process.

3.3 The next national meeting is scheduled for 22nd January 2014.

4. Local Developments

Consultation

4.1 We have been very keen to ensure that we develop the Senate in collaboration with our key stakeholders and our focus continues to be on engaging with commissioning colleagues across the region to ensure that they understand the role of the Senate and its potential in helping them to improve the quality of care for their local populations.

Work Programme

4.2 Wakefield CCG has confirmed that they want the Senate to review the final business case proposals for "Meeting the Challenge" to confirm that they fit with best national practice and that they stack up in terms of quality, safety and sustainability. The advice needs to be completed by end January 2014. In the absence of a Senate Council we are developing a Senate Panel which mirrors the membership of a Council, representing the spectrum of health care and is independent to the issues being discussed. We are utilising clinical leads across the region and approaching National Clinical Directors, local CRG representatives and regional advisors to the Royal Colleges. This work will be an important part of the Senate development and will enable us to test out some of the Senate principles and ways of working to inform the Council development.

4.3 Northern Lincolnshire CCGs have confirmed that they want Senate involvement in "Healthy Lives, Healthy Futures", a reconfiguration of services across Northern Lincolnshire. This work is scheduled for April 2014.

4.4 Discussions with specialised services colleagues has identified the need for the Senate to be involved in the discussions regarding the B4 and B5 categories of derogation where there is a lack of compliance with the service standards or a provider landscape issue. The details of this will become clearer in the New Year.

Local Structure

4.5 The national accountability and governance document suggests that the Senate will be made up of a Senate Council and a Senate Assembly. Yorkshire and the Humber is following the nationally proposed structure.

4.6 The Senate Council will be a core multi-disciplinary steering group to oversee Senate business, receive objective data and information and co-ordinate the formation of advice by seeking and obtaining views, perspectives and expert opinions. Council members will have appropriate experience, be held in high regard in their respective fields, and have proven evidence of strategic abilities.

4.7 The Senate Council will comprise of the following posts:

Appointed Members (by formal process)

Clinical Senate Chair
Clinical commissioners x 3
Director of Social Care x 1
Additional clinical experts x 8 or more to include the following perspectives: ▪ Primary Care ▪ Community Care ▪ Hospital/Specialist Care ▪ Midwife ▪ General Practitioner (GP) ▪ Nurses ▪ Scientist ▪ Allied Health Professional (AHP) ▪ Mental Health Clinician (all positions to be appointed)

Nominated Members

NHS England Area Team Medical Director x 1
NHS England Area Team Director of Nursing x 1
Academic Health Science Network (AHSN) within the geography of the Senate x 1
Local Education and Training Board (LETB) within the geography of the Senate x 1

Other Members

Members from patients/the public
Public health member x 1

4.8 The Senate Assembly will be a diverse multi professional forum that will provide perspectives, ideas and expert opinions encompassing the birth to death spectrum and provide a source of experts for the Senate Council to draw from. Due to its size it would need to operate as a virtual forum. The Council would need to agree who is required from the wider Assembly and pull those individuals together to address the question brought to the Senate.

Local Appointments

4.9 Interviews for the Senate Chair position are being held on 10th December 2014 and we therefore hope to announce the name of the Senate Chair very shortly.

4.10 With regards to the Council membership, the process for applications to the clinical expert positions on the Council has closed and I am currently in the process of working through those applications. We will be conducting a short telephone interview with applicants to confirm the selection. There are some positions on the Council that will remain unfilled after this round of recruitment e.g. clinical commissioners and nursing representatives due to lack of applications and we will therefore need to go out for a second round of targeted recruitment for these positions.

4.11 The nominated positions for all except the AHSN have been filled and I will be able to announce those names shortly. John Radford, Rotherham MBC has been confirmed as the Public Health representative on the Council.

4.12 The majority of the Council members will therefore be confirmed by the end of the year and the first Council meeting will be scheduled for January/ early February. A suite of documents including terms of reference, principles and values and conflict of interest policy will be developed for that first meeting. Under the Chair's leadership the Senate will need to give thought to its topic selection.

4.13 The Senate will turn to the recruitment process for the Assembly once the recruitment for the Council has been completed and its first meeting held.

5. Key Priorities

5.1 The following areas are the immediate priorities for the Yorkshire and the Humber Senate:

- Advising on the Meeting the Challenge business case by mid-January
- Completing the recruitment to the Senate Council positions and ensuring that the Council is representative of the region and all parts of the health system.
- Obtaining confirmation from the national team on several key points including whether the Senate will be replacing the National Clinical Advisory Team
- Developing a better understanding of our potential work programme in discussion with CCGs, the Area Teams and colleagues within specialised services.
- Ensuring we continue to engage with all our stakeholders to continue to promote understanding of the role of the Senate and it potential to assist commissioners.
- To ensure across the Area Teams within South Yorkshire and Bassetlaw and within Regional Office that we have a shared understanding of the role of the Senate.

6 Issues for Rotherham HWBB to consider

6.1 The majority of the applications for the Senate Council positions are from the West and East of the Yorkshire and Humber region. We are very keen to secure a nursing representative and a clinical commissioner from within South Yorkshire and Bassetlaw and would encourage any of your nursing colleagues or clinicians within the CCG who may be interested to contact me on joanne.poole1@nhs.net. In addition, if you have any clinicians from any disciplines who may have missed the deadline for Council applications but would be interested in submitting a late application, please also ask them to contact me.

6.2 The Senate is still developing its work programme. If there are any topics that you would like the Senate to consider over the forthcoming months please let me know and I am happy to discuss this with you further.

Joanne Poole
Senate Manager
December 2013

ROTHERHAM BOROUGH COUNCIL – REPORT TO
Health and Wellbeing Board

1.	**Meeting**	**Health and Well Being Board**
2.	**Date:**	**18th December 2013**
3.	**Title**	**JSNA Refresh**
4.	**Programme Area:**	**NAS**

5. Summary

The JSNA is a statutory duty of the Health and Wellbeing Board (HWBB) to evidence the needs of the citizens of the borough. It is critical for the development of commissioning plans for health and social care services in Rotherham and for providers in developing their service offers.

The JSNA was reviewed and revised at the end of 2011. A refresh was required as agreed at the March 2013 HWBB.

This report sets out the final draft of the refresh and if endorsed will be distributed for consultation with stakeholders. A final JSNA will be presented to the HWBB in February 2014 incorporating the contributions from consultation. The refreshed JSNA includes the sections on user perspective and a Directory of Assets, which consists of community assets, physical infrastructure and individuals and as such meets the latest government guidance on JSNA content. This will be included in the final version of the JSNA.

A web based approach has been adopted and this is presented for the HWBB. Updates of the data in the JSNA will be via a formal process taking place each quarter. Significant changes will be reported to the HWBB.

6. Recommendations

6.1 Endorse the draft JSNA for consultation

6.2 Receive a further report post consultation in February 2014 of the refreshed JSNA

7. Introduction

7.1 Background

The Joint Strategic Needs Analysis (JSNA) is a statutory duty of the Health and Wellbeing Board (HWBB) under the Health Act (2007) and is jointly developed across the council, the Rotherham Clinical Commissioning Group (RCCG), the Voluntary Community Services (VCS) and Healthwatch Rotherham (HWR). The JSNA delivers a comprehensive needs analysis for the borough and is critical to understanding the demographics and needs of citizens, the data and information is utilised by commissioners in the development of service specifications and by providers in developing their service offers to commissioners and the citizens of Rotherham.

The JSNA was reviewed and revised at the end of 2011. A further refresh was required as agreed at the HWBB March 2013; an update was reported in October 2013. This report sets out the final draft prior to dissemination for consultation to all stakeholders whose comments and amendments will contribute to a final refreshed JSNA that will be presented to the HWBB in February 2014.

It is intended that the JSNA has primacy as the data resource for Rotherham and that reports or other documents produced by colleagues include data from the JSNA and do not refer to other resources. The objective is to have a coordinated and consistent approach to data and information that has been validated and is evidence based.

7.2 JSNA as an online resource

7.2.i Online resource

A web based approach has been adopted rather than hard copy, this has several benefits including:

- Maximisation of the opportunity for referencing more timely and contemporary data
- Accessibility to a much wider audience than is possible with a paper report
- Hyperlinks from strategies, source data, reports and other relevant documents rather than duplication
- Timelier updating of content when new information becomes available rather than being tied to a bi-annual refresh
- The HWBB will be alerted to significant changes in needs much earlier than was possible before
- Scope to grow the JSNA based on feedback and policy change, for example growth of the asset register
- Enhanced accountability to citizens in Rotherham by provision of objective data on health needs

The JSNA has the unique address of: rotherham.gov/jsna. During 2014 as part of the council's website refresh the technology will be utilised to improve and enhance the JSNA website including use of images.

The resource will include a Directory of Assets, which takes account of community assets, physical infrastructure and individuals and as such will meet the latest government guidance on JSNA content. This will be included in the final version of the JSNA.

The JSNA website content includes:

- **Home page** – the welcome page provides links to a background to the JSNA process, a statement of the current priorities identified within the Joint Health and Wellbeing HWBS, links to FAQs, downloads (including a content pack containing all the sections of the website for offline use), links to resources, feedback form and news.

There are 7 main headings, accessed via the tabs along the top of the page:

- **People** – provides information about the demography of Rotherham's population including numbers, age, gender, ethnicity, vital statistics and detailed information about specific communities of interest
- **Places** – sub-district profiles and asset register
- **Economy** – data on poverty, housing, work and worklessness
- **Staying Safe** – Adults and Children, adult abuse, CSE, child protection
- **Healthy living** – contains epidemiological information about lifestyles and behaviours such as tobacco use, alcohol misuse, substance misuse, teenage pregnancy, obesity (including eating habits and physical activity) education, and inequalities
- **Ill health** - contains epidemiological information about the major causes of disease and infirmity in Rotherham
- **Services** – describes the performance of and user satisfaction with existing services

The user is able to drill down from each of these areas into relevant information, for example to find data for Child Sexual Exploitation this is in Children's safeguarding under Staying Safe.

In consultation with subject matter experts, analysis of the available information focussed on answering three key questions:

1. Why is this an issue?
2. What is the local picture and how do we compare?
3. What is the trend and what can we predict will happen over time?

This approach will enable the board to easily identify and prioritise the key current and emerging issues affecting health and wellbeing in the borough.

Updates of the data in the JSNA will be via a formal process taking place each quarter. This will be managed within the Strategic Commissioning function of the council.

7.2.ii Directory of Assets

This is a new requirement for the JSNA as set out in the latest government guidance and includes a register of community assets, physical infrastructure and individuals.

The asset register as described in previous reports to HWBB will be progressed in 2014 with a pilot in Canklow. Assets include individual people, community resources, groups and physical buildings. Further reports will be presented to HWBB on the set up, progress and lessons learned from the pilot.

7.2.iii Consultation

This report sets out the final draft of the refresh and presents the JSNA for consultation to members of the HWBB. Should this final draft be endorsed there will be a period of consultation with stakeholders from the 30th of December 2013 through January 2014 with comments and amendments contributing to a final version for presentation to HWBB in February 2014. This is a 6 week consultation period.

Consultation on this JSNA will include, but not be restricted to, the following communication vehicles:

- Feedback button on JSNA website
- VCS bulletin
- Contracting for Care adult care provider forum
- Children's consortium
- RCCG, RMBC,VCS websites
- User groups forums
- Questions to deliver relevant responses on key areas of the JSNA

8. Key Emerging Issues

Set out below are the key emerging issues as identified for Rotherham in this refresh of the JSNA. These are set out against the key life stages. A number of issues affect more than one life stage; examples are included here with fuller information appended to this report.

The key emerging issues will be summarised on the website, for each of the life stages, under a quick link on the home page (shown in appendix A)

It is noted here that most of these issues continue to be the same ones which have been highlighted in previous editions of the JSNA.

- Growing ethnic diversity is changing some local communities and the customer profile, particularly for children and young people's services.
- There will not be enough informal carers to meet the need for care from Rotherham's growing older and disabled population.

- Household growth continues to outstrip population growth and long term demand for housing and household related services (e.g. refuse collection) will increase.
- Sharp increase in number of people aged 65+ living alone is likely to have a significant impact on and increase the need for adult social care and sheltered housing in the future.
- High levels of worklessness mainly due to long term sickness and long term unemployment.
- High levels of youth unemployment double the average rate.
- Loss of benefit income for long term sick people after ESA assessment
- Pressures to downsize within social rented housing
- Rising levels of unsustainable personal debt and vulnerability to high cost lending
- Growing number of people in financial crisis and in need of emergency food
- The number of individuals with learning disabilities is increasing, with an estimated 6,800 in Rotherham in 2012. These include 965 adults with learning disabilities over the age of 65 and this number is projected to reach 1,114 by 2020 (+15%).
- 41% of adults with a learning disability living in an informal family setting, over 100 with carers aged over 65.
- 58% of people aged 65+ have a limiting long term illness
- 17,000 older people feel lonely each week (36%) and 4,500 each day
- Increase in the number of school age children with autistic spectrum disorders, some of whom have learning disabilities (12%) and a greater prevalence of learning disabilities among the South Asian population.
- 27% of young people (years 7 and 10) provide some form of care

9. Finance

There are no financial implications arising from this report

10. Risks and Uncertainties

That should the JSNA not be refreshed and constantly updated then the Health and Wellbeing Strategy becomes invalid and no longer fit for purpose.

That should partners not fully participate or provide capacity of service experts then the JSNA will not be of the required standard.

11. Policy and Performance Agenda Implications

The JSNA is a statutory responsibility of the Health and Wellbeing Board

12. Background Papers and Consultation

Health Act 2007
Health and Wellbeing Strategy 2012
JSNA 2011
JSNA refresh Health and Wellbeing Board report March 2013

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Appendix A

LIFE STAGES

Starting well	Developing well	Living and working well	Ageing and Dying well
• Low birth weight & high infant mortality • High smoking rates in pregnancy • Low breastfeeding rates • High teenage conceptions • High obesity rates • High levels of oral disease	• Low attainment, skills and aspirations in more deprived areas • High youth unemployment • Low levels of physical activity • High levels of lifestyle risks – alcohol, smoking, substance misuse, obesity • High rates of teenage pregnancy • High rates of emotional, behavioural or attention deficit disorders • High emergency admissions • A quarter of young people provide some form of care • Meeting the diverse needs of minority ethnic and new migrant children and young people • *High levels of oral disease*	• High levels of lifestyle risks – smoking, alcohol, diet, obesity • High levels of worklessness and benefit dependency • Low levels of physical activity • Low adult qualification and skill levels • High levels of depression and anxiety • High levels of deprivation • Rising fuel poverty • High levels of unsustainable debt • Growing numbers of people needing help in crisis situations • High rates of disability • Increasing need for carer support • Meeting the needs of increasingly diverse minority ethnic and new migrant communities	• Increasing numbers of older people, especially in the oldest age groups • Increase in age related conditions such as; dementia, mobility & hearing impairment, diabetes and falls • Majority of older people (65+) have a long term illness or disability • High levels of depression • Low levels of physical activity • Rising number of older people living alone & isolated • A third of older people feeling lonely • Ageing carers providing more care • Growing gap between numbers in need of care and those providing care • High pensioner poverty

Integration Transformation Fund

Task Group Terms of Reference

December 2013

Context

The £3.8bn Integration Transformation Fund (ITF) was announced by the Government to ensure a transformation in integrated health and social care. The 'Integration Transformation Fund' is a single pooled budget to support health and social care services to work more closely together in local areas.

Aims and objectives

These terms of reference set out how the Rotherham ITF task group will operate to meet the requirement of developing a joint ITF plan which is endorsed and adopted by the HWBB by April 2014.

- To work with members of the HWBB, to understand and interpret the requirements of the IFT.
- To develop a local jointly agreed vision for integration.
- To develop a plan to be signed–off by the HWBB and submitted to NHS England by 14 February.
- To do any necessary further work to ensure the plan is adopted and being monitored by April 2014.

Membership, roles and responsibilities

3 x officers from RMBC (to be agreed by Martin Kimber)
3 x officers from CCG (to be agreed by Chris Edwards)

Operating principles

It will be important for the group to have some agreed business principles to aid decision making and discussion:

a) To work in collaboration to ensure the key objective is met by the deadline
b) To work in the best interests of the Rotherham community
c) To give due regard to the agreed strategic outcomes of the HWB strategy and emerging issues from the refreshed JSNA
d) To work to a set of agreed communication standards, including openness and transparency; clarity and use of plain English; consistency, co-ordination and timeliness
e) To engage with other relevant officers as required across the organisations to ensure appropriate development of the plan

Meeting arrangements

To be agreed.

Governance and reporting timescale

Task group will be accountable to the HWBB.

To be supported by the health and wellbeing steering group.

Timeline:

18 December 2013 – risk register and terms of reference reported to HWBB.

18 Dec – early Feb 2014 – task group to develop plan

18 Dec – 27 Jan 2014 – Healthwatch to consult with local people

By 31 Jan 2014 – provider engagement in development of the plan

22 Jan – progress report at HWBB meeting

Early Feb 2014 (to agree special meeting) – HealthWatch and provider consultation outcomes to be presented back to HWBB and plan submitted for sign-off

14 February 2014 – plan submitted to NHS England.

Overall objective: To produce a joint plan for the Integration Transformation Fund (ITF), to be submitted by 14 Feb 2014					
Ref.	**Risk**	**Lead**	**Rating**	**Action/s needed**	**Completion Date**
1	Establish a joint task group to progress this work	Martin Kimber & Chris Edwards	Green	Agree representatives from each organisation to form a task group	18 Dec 13
2	Agree the principles and vision on which our local approach to integration is based	Task group	Amber	Task group to agree a vision based on outcomes of the HWBB workshop	10 Jan 14
3	Need to engage with citizens about the aims of the ITF and the things that will bring about the most improvement	Kate Green (with Mel Hall, Healthwatch)	Amber	HealthWatch to be commissioned to carry out this task	27 Jan 14
4	Need to engage with providers about the aims of the ITF and the things that will bring about the most improvement	Janine Parkin, RMBC Chris Edwards, CCG	Amber	CCG and RMBC to use existing provider forums to engage using one common set of questions	31 Jan 14
5	Evaluate the contribution of existing services and projects to develop an integrated approach based around the needs of citizens	Task group	Amber	Task group to jointly assess the effectiveness of services and consider alternative options	31 Jan 14
6	Reach agreement about funding streams and disinvestments	Task group	Red	Task group to agree taking into account the final guidance	7 Feb 14
7	Submit a jointly agreed plan, which is endorsed and signed-off by the HWBB	Task group	Red	Task group to submit plan to HWBB at special meeting early Feb (TBA)	14 Feb 2014
8	Failure to receive the 50% of the pay-for-performance element at the beginning of 2015/16 due to the HWBB not adopting a plan that meets the national conditions by April 2014.	HWBB	Red	HWBB to ensure plan meets the national requirements and is fully adopted by April, Performance requirements met throughout the year (yet to be agreed)	April 14 Details to be agreed
9	Failure to receive the remaining 50% of the pay-for-performance element mid 2015/16 due to not meeting the in-year performance targets.	HWBB	Red	PMF to be developed for the approval of the task group	Requirements yet to be agreed