HEALTH AND WELLBEING BOARD
21st January, 2015

Present:-

Councillor Doyle	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Dr. Tony Baxter	Interim Director of Public Health
Chris Edwards	Rotherham Clinical Commissioning Group
Jason Harwin	South Yorkshire Police
Councillor Hoddinott	Deputy Leader
Shona McFarlane	Director of Adult Social Services
Dr. Jason Page	Executive Lead for Referrals and Pathways Rotherham Clinical Commissioning Group (representing Julie Kitlowski)
Ian Thomas	Interim Strategic Director, Children's and Young Peoples Services
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Tony Clabby	Rotherham HealthWatch (representing Naveen Judah)
Dr. D. Donoghue	Interim Director, Rotherham Foundation Trust (representing Louise Barnett)
Michael Holmes	Policy and Partnerships Officer, RMBC
Alison Illiff	Public Health Specialist, Public Health
Joanna Saunders	Head of Health Improvement, Public Health
Chrissy Wright	Strategic Commissioning Manager, RMBC

Apologies for absence were received from Chris Bain, Louise Barnett, Councillor Beaumont, Naveen Judah, Julie Kitlowski and Carol Stubley

S52. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no members of the press and public present at the meeting.

S53. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 3rd December, 2014, be approved as a correct record.

Arising from Minute No. S48 (Commissioning Framework) it was noted that consultation feedback was still awaited. Chrissy Wright was to meet with the Leader later that day to progress it.

S54. CARE ACT TRAINING SCHEDULE

The Authority was going to hold a training session on the Act. Details would be circulated to anyone interested.

S55. PHARMACY FIRST

Jason Page reported that the initiative was about working together with local pharmacists and them providing certain medications to the general public without having to see their GP.

If someone did not normally pay the NHS prescription charge then any medicine supplied under the Pharmacy First scheme would also be free.

All pharmacists were signed up and there would be 1 participating in each area.

A publicity campaign was always run at this time of the year to publicise the service.

Agencies could assist with publicising the service on their respective websites and communication channels.

S56. BETTER CARE FUND

Chris Edwards, Rotherham Clinical Commissioning Group, reported that informal communication had been received regarding Rotherham's submission but official written confirmation was awaited.

S57. YORKSHIRE AND HUMBER INTEGRATION EVENT

Shona McFarlane, Director of Adult Social Services, referred to the programme submitted for the ADASS integration event to be held on 6th March, 2015.

If any Board member wished to attend they should contact Shona before the end of January.

S58. GET HEALTHY GET ACTIVE FUND

The above funding application had been submitted through Public Health for research into the benefits of an active lifestyle particularly for people with long term conditions.

It was noted that a significant bid had been submitted by Age UK in reaching communities so the 2 needed to be joined up as well as linking up with the Police.

Resolved:- That the Board support the submitted funding bid as well as the project governance scheme associated with the application.

S59. HEALTH AND WELLBEING STRATEGY REFRESH WORKSHOP

The Chairman referred to the original intention of holding a ½ day development session on 13th February, 2015, for the Health and Wellbeing Strategy refresh. However, an offer had been received for external facilitation by the Local Government Association of a more indepth look at the Strategy.

It was suggested that the ½ day session could bring all the workstreams together and review them in anticipation of the new Strategy.

Discussion ensued with the following issues raised:-

- An opportunity to revisit the objectives and strengthen the support for children

- The original intention had been for the 13th February session to discuss a 1 vision for Rotherham and how to maximise the Strategy

- The ½ day session could be used to look back on the success/challenges faced by the Board during its first couple of years of operation as well as identifying what future challenges it faced

- The proposed facilitator had worked with many authorities across the country

- The 4 days facilitation would involve meeting with some Board members to get a feeling of where things had been, how the Board had been operating, clarity about the process and return at a later date to help to flesh out the Strategy and how the Board wanted to operate in the future.

- The Peer Review was suspended in September for 6 months due to the publication of the Alex Jay report. It had been the intention to use that resource to review the Strategy and there was a danger of duplication. Some of the preliminary work on the Review had already taken place

- A view was expressed that the Peer Review was about the system and not just the Board. The Board should use the Local Government Association (LGA) support to refresh the Strategy and the Peer Review used to look at how the system would operate to make the Strategy happen – the Peer Review should not take place until the Board understood where its business was going in the future

- The Rotherham Clinical Commissioning Group was of the view that the current delivery mechanisms were not fit for purpose and there was some urgency to the issue

- Both the LGA offer of facilitation and the Peer Review were real opportunities to be taken advantage of but they needed to be integrated

- National guidance that Health and Wellbeing Boards now had to operate to had been released but that could be subject to change dependent upon the outcome of the General Election

- Any refresh also had to take account of the forthcoming Corporate Governance Inspection report

Resolved:- (1) That, given the concerns raised, discussion take place with the Local Government Association regarding the Peer Review to clarify when this could be rescheduled for.

(2) That a separate meeting be held to agree how the peer review and separate Local Government Association facilitated support sessions could best be utilised to support Board and strategy development and strengthen governance.

(3) That Board members be notified of the outcome of (1) above.

S60. HEALTH AND WELLBEING PERFORMANCE UPDATE

Tony Baxter, Interim Director of Public Health, presented an update on the performance of the Health and Wellbeing Strategy with attention drawn to the following red rate Indicators:-

Priority 1 Smoking

- Smoking at delivery rates rose slightly during 2013/14 – anticipated continued fall. A number of factors could have influenced this including transition of Service from the Stop Smoking Service to Midwifery, specialist midwife sickness during Q4 affecting capacity, inaccurate recording of smoking at delivery status and uncertainty of Midwifery staff about how to record smoking status of women who switch to electronic cigarettes during pregnancy
- New systems put into place since the team moved to Midwifery including electronic booking of stop smoking appointments by Community Midwives, clinic lists and test appointment reminders.
- An audit of smoking at booking and smoking at delivery recording was planned as this had been shown to be inaccurate in other areas in Yorkshire and Humber with appropriate follow-up dependent upon results

Priority 2 Alcohol

- The Team to deliver this piece of work had now been selected with work scheduled to begin in October/November 2013 but this was delayed until Q4. Due to the late start the 2013/14 target was adjusted to maintain 2012/13 level with the 20% reduction set as the 2014/15 target

- Although not demonstrating reductions in admissions overall, reductions for the cohort of 3+ admitters were now in evidence and the length of stay significantly reduced
- Programme was making good progress to reduce the length of stay but as overall admissions had increased the figure had also increased
- There was evidence that the programme was reducing admissions for the specified cohort

Priority 3 Obesity

- 2012/13 and 2013/14 data for overweight and obese children in Reception/Y6 data was higher than for 2011/12 especially for Reception. Once detailed data was available for 2012/13 it would be analysed to highlight the reasons behind the increased
- No further Healthy Eating Prevalence data after the 2011/12 baseline. Indicator replaced by Excess Weight in Adults in Local Authority health profiles
- Indicator was to be included in the Public Health Outcomes Framework similar to 'healthy eating prevalence', data to be collected via the Active People Survey from late 2014 and hoped to be published in February or May, 2015

Priority 4 NEET

- Of the cohort of 28:-
  14 (50%) were aged 18 and 19 – they were able to claim benefit in their own right and live independently – an extremely hard group to engage in any form of learning
  9 (33%) were Y13 - 6 resident outside of Rotherham
  5 (17%) had all recently left compulsory education and had a range of complex needs. 2 were resident outside of Rotherham but still supported by the Service, 1 in temporary accommodation at Rush House with intensive support from the Service, 1 had health issues which prevented engagement in Learning, 1 had never engaged despite persistent attempts whilst the remaining 1 was current engaging with the Service and moving towards a learning outcome
- IYSS currently revisiting its approach to working with the LAC/CL group with a view to a more Locality based model and strengthened working relationship with the Care Leaver Team

Priority 5 Fuel Poverty

- Funding available to utility providers (earmarked for 2012/13) rolled over into 2013/14
- Anticipated target of 1,285 not met as CESP had come to an end
- Utility providers had made the required carbon savings on other earlier national schemes

Resolved:- That the report be noted.

S61. HEALTH AND WELLBEING STRATEGY: SMOKING AND HEALTHY LIFESTYLES PROGRESS UPDATE

Joanna Saunders, Head of Health Improvement, and Alison Illiff, Public Health Principal (Health Improvement), gave the following powerpoint presentation:-

Overarching Outcome in Healthy Lifestyles Theme

- People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles

Priorities in Healthy Lifestyles Theme

- We will work together to understand our community assets; identifying what and where they are across the borough and how we use them effectively
- We will use the Health and Wellbeing Strategy to influence local planning and transport services to help us promote healthy lifestyles
- We will promote active leisure and ensure those who wish to are able to access affordable, accessible leisure centres and activities

The Determinants of Health (1992)

- General socioeconomic, Cultural and Environmental Conditions
- Agriculture and food production
- Education
- Work environment
- Living and working conditions
- Unemployment
- Water and sanitation
- Health care services
- Housing
- Social and Community networks
- Individual lifestyle factors
- Age, sex and hereditary factors

Healthy Lifestyles Work Plan

- Specific actions for overarching outcome and priorities – most not target driven
- Headline achievements
- Challenges
- What do we need to do next?

Achievements – Overarching Outcome

- Tobacco Control and Weight Management Services recommissioned in 2014/15
- Strengthening performance management through data management systems and reporting/review
- Promotion of social norms and social marketing – linking with national programmes and local ones

- Higher profile for public Mental health linked to Welfare Reform Programme and self-harm

Achievements – Priorities
- Increased awareness of behaviour change services in communities – networks, marketing and social media) links with EI&P theme)
- Service review following feedback (links with Expectations and Aspirations theme)
- Building community capacity to support behaviour change (links with Dependence-Independence theme)
- Stronger links with Planning Department and health proofing of local plan
- National recognition (academic and policy publications) of Affordable Warmth Programme including social marketing tools (links with Poverty theme)
- Successful Safer Roads Partnership and Casualty Reduction Programme
- Increased opportunities for accessible and affordable physical activity
- Physical activity rehabilitation programmes (links with Long Term Conditions theme)
- Successful bids for external funding to support physical activity programmes

Challenges
- Premature mortality and years of life lost
- Challenges of measuring improvements
- Progressing Making Every Contact Count
- Sustaining investment in health improvement/prevention programmes

What could we do in a refreshed strategy?
- Review priorities (within this theme/strategy priorities)
- Still about investment in prevention and early intervention
- Mandated Public Health priorities
- Local priorities
- Early diagnosis and referral to treatment
- Continued role for partners

Tobacco Control Priority
A smokefree town
- Goal 1: Preventing the initiation of tobacco use among children and young people
- Goal 2: Reducing harm to adults from tobacco consumption
- Specific actions and targets for each goal
- Headline achievements
- Challenges
- What do we need to do next

Achievements

- New suite of Tobacco Control Services commissioned
- Joint commissioning across South Yorkshire to provide best value for money and economies of scale

Performance
- Adult smoking prevalence 2013: 18.9% (England: 18.4%) – lowest ever rate for the Borough
- Smoking at delivery 2013/14: 19.9% (England: 12%) – 6.2% point reduction over 5 years (England: 2% point reduction)
- Regular smoking rate in Year 10: 9.1% (England: 8% at age 15) – rate in Years 7 and 10 static according to local Lifestyle Survey results

Challenges
- Smoking at delivery rates – reductions have stalled following significant drop between 2009 and 2013
- Nicotine delivery devices (electronic cigarettes) – renormalisation/glamourisation of smoking? Use among young people
- Using cheap and illicit tobacco is a 'Robin Hood' crime
- Changing behaviour in our most vulnerable communities

What do we need to do next?
- Focus on the prevention of uptake
- Extend smokefree spaces to promote non-smoking as the social norm
- Promote harm reduction messages
- Continue to innovate in-service delivery and development – vaper-friendly stop smoking services?
- Embed stop smoking support in clinical pathways – opt out referral into Service for certain key conditions

Discussion ensued with the following issues raised/clarified:-

- Safer Roads - the Transportation Planning Team had identified areas across the Borough where there had been accidents and there were a number of programmes in delivery. However, there was no clear message nationally on what the best method was and the Police did not have the resources for enforcement action. It was about creating a culture where everyone recognised areas where children played and people exercised outside and drivers drove more slowly

- Although not fitting into the Strategy, promotion of Mental Health and Wellbeing was carried out. There was an excellent programme of training, Mental Health First Aid, and work around assisting prevention carried out by very small resources within Public Health. It was seen as a much bigger priority going forward

- There were increased numbers of people living alone with 1 of the biggest contributors to poor healthy lifestyles being isolation and loneliness particularly in elderly people. This had featured in the

Expectations and Aspirations Theme and work carried out with Age UK about recognising the impact of social isolation and loneliness particularly in older adults and the impact it had in terms of higher risk and potential higher use of health services

- Should be a continued prioritisation to catch people at the points in their life when something changed. If they could be caught at that point with social prescribers it would have an impact on admissions to hospital which translated into cost savings

- In the Jay report it stated that 1/3 of the girls suffered mental health issues which was consistent with the Serious Case Reviews findings as well as drugs, alcohol and substance misuse. Joint commissioning was the way forward in an attempt to reduce births of babies with complex needs. A behaviour pathway needed to be developed to identify the critical signs and signpost children and families

- The update raised questions as to what should be included in the Strategy refresh and how collectively the Board determined and agreed what those priorities were. There also needed to be a sharing of what partners were doing separately which contributed to the health and wellbeing of the people of Rotherham and what they were doing well

- There was a lot of good work taking place in Smoking, Obesity and Alcohol but there were no agreed trajectories to measure even though they had been priorities for 2 years. These were needed by the end of February

- There had been some confusion amongst practitioners when the new Smoking Service had started. A single provider was now commissioned who then sub-contracted to GPs. The agreement was agreed by the Local Medical Council in Doncaster but rejected by Rotherham, however, they had contacted all practices in Rotherham to ascertain if they wished to continue with Stop Smoking support. 5 practices in Rotherham had agreed to provide the support as well as a number of pharmacies. The LMCs in both areas had agreed 42-45 pharmacies across both areas so far. The number that would have been expected to receive support in Primary Care had reduced as a result, however, provision had been made to ensure referrals were made and there was capacity in GP services to provide the support. In the last couple of years a number of GP practices had said that the time and effort required to provide the service directly was not sufficient for the income they achieved and a number had ceased and arranged for Smoking Services to come into their practices to deliver instead

- Tobacco was still the single biggest killer in Rotherham. The work carried out across South Yorkshire, with the support of Public Health and Public Health England, had been innovative

- There was a lot more support for and recognition of electronic cigarettes. The long term effects were not known but it could be said that they were safer than tobacco. If people were not looking to quit they would be the approach to reduce the harm

- Rotherham United was a member of the Tobacco Liaison Group. The Club carried out a number of diversionary activities and activities that related to smoking. The leisure centres had lifestyle agendas and would promote No Smoking Day etc. and encourage people, however, there was more that could be done

- An additional Trading Standards Officer was funded to enable more work on tobacco control. There was a Service Level Agreement with a certain number of activities that were required over a 12 months period which could be educational and informational activities

Joanna and Alison were thanked for their presentation.

S62. URGENT CARE PERFORMANCE

Chris Edwards, Rotherham Clinical Commissioning Group, presented a summary of performance across Urgent Health Care Services in Rotherham identifying poor performance and setting out remedial actions as follows:-

Accident and Emergency
- There had been a consistent increase in attendances each month in 2014/15 compared to 2012/13 and 2013/14 – 5.2% increase
- From August to November, 2014, A&E had failed to achieve the 95% target for patients who had been waiting for treatment
- It was clear that a contributing factor was the increase in demand at A&E as well as increased acuity of patients and difficulties in the recruiting of doctors
- Performance was currently around 94%
- Second best performing Trust out of the 4 in South Yorkshire
- National pressure on A&E

Walk-In Centre
- The maximum activity target for the Service was 1,000 per week – attendances had fallen just below this form July, 2014
- The fall in referrals was the result of a range of demand management initiatives that had been introduced by Care UK with the support of Rotherham Clinical Commissioning Group
- Rotherham Clinical Commissioning group had also recently realigned the contract removing incentives for Care UK to generate additional activity

NHS111

- The number of calls had increased by 37% probably due to the transfer of GP Out-of-Hours calls to NHS 11 that took place in 2014
- The proportion of calls transferred to a clinical adviser dropped by 1.7%
- Proportion of call backs within 10 minutes had reduced by 7.6%
- Proportion of calls being diverted to A&E or 999 had reduced by 1.4% compared to 2013/14
- A larger proportion of calls were being diverted to the GP Out-of-Hours Service

Yorkshire Ambulance Service

- Continued struggle with performance on Red call-outs
- Good Governance Institute recently conducted a review of performance detailing a number of recommendations for both Commissioners and the Service:-
  - Commissioners should design a 3 year service model for urgent and emergency care
  - Commissioners needed to clarify the lines of accountability for the Service and indicate whether and in what circumstances a locality approach should be taken outside of the overall Yorkshire and Humber approach
  - The Service needed to consolidate senior leadership team and appoint a Director of Operations to strengthen leadership
  - The Service was to understand a thorough review of middle management arrangements
  - A large scale cost and efficiency approach should be considered to support future service models
  - Develop a sustainable workforce strategy that addressed the sickness rate and overtime costs
- A Recovery Plan recently implemented aimed at reversing the trajectory on Red calls
- Despite this the Ambulance Service unlikely to achieve the 75% required performance for 2014/15
- Compares relatively favourably with other ambulance services
- Nation-wide issue
- Rotherham Clinical Commissioning Group had requested assistance from NHS England

Care Co-ordination Centre

- The number of patients managed by the Service continues to rise

Summary of Remedial Actions agreed by the System Resilience Group to improve performance on A&E waiting times and Yorkshire Ambulance Service 999 response times

A&E Waiting Times

- Targeted work with GP practices who have high rates of A&E attendance
- Extend opening hours for GP practices during the Winter period
- Ensure that clinical reviews of patients at A&E are carried out by senior doctors before decision to admit
- Explore strategies for joint working with the Walk-in Centre and GP Out-of-Hours Service
- Implement supported discharge care pathways to improve patient flow
- Introduce regular MDT meetings for medical wards and long stay patients

Yorkshire Ambulance Service 999 Response Times

- Introduction of an urgent Care Practitioner Service in Rotherham during the Winter period
- Increased clinician support for NHS 111 to reduce the number of calls transferred to the 999 Service
- Effective case management of high intensity users of the 999 Service
- Development of the Yorkshire Ambulance Service Pathfinder Programme which is successfully diverting patients from A&E

Discussion ensued with the following issues raised/clarified:-

- The current category 8 target (very serious cases – seen within 8 minutes) was 75% - Rotherham's performance was in the very low 60s. There was analysis which showed that every minute after the 8 minutes the majority were seen within 15 minutes. There was assurance that patient harm had not been increased as a result of the performance targets

- In the last 3 months there had been more elderly people and people with Dementia going to A&E

- The Trust had put a huge amount of effort in during the last 4 weeks to manage the through flow at the hospital. There was a consistent story that they were elderly dependent multi-condition patients that the hospital struggled to discharge which then had a knock on effect onto A&E. This was a reflection of how successful services had been in keeping people alive longer during the periods of ill health who then returned to hospital 2/3 times and was a demographic pressure that was not being kept up with

- The Trust needed to plan for next year's additional burden rather than just meeting the current year's demand. There was more joined up care to be done particularly with Social Services and Intermediate Care, not actually focussing on the patient but more on the needs of the system to get patients out of hospital as well as co-ordination and personalisation

- Creative solutions needed to be considered and discussions held with voluntary sector organisations as there were some really effective discharge schemes. It was about looking at wider partner involvement and working with the Trust to support people when they got home and putting that initial support in which was not medical related but something that if it was not done it would affect their medical condition

- There was no planning from the moment a patient comes into hospital when there should be a clear idea of where the patient would be going once their condition had been treated

- Concern regarding the Ambulance Service's performance and the demands on the Police Service in transporting people to hospital on a regular basis

- Issues regarding people being discharged from hospital, early help and prevention, stopping people from getting into hospital experienced in Rotherham may be worth contributing to the national debate. The Local Government Association had been very critical about cuts in Adult Social Care and was now starting to see the impact of such

- The Government had announced funding for Social Care and Discharge from Hospitals for 68 authorities but Rotherham had not been contacted so it was felt unlikely it would be receiving any of the money. Those local authorities that had significant issues regarding delayed discharges had been selected which was an area Rotherham was performing relatively well in

- Wakefield was the lead commissioner for the 23 Clinical Commissioning Groups. The Care Quality Commission had had a review of the Ambulance Service and Rotherham had commissioned the Good Governance Institute which had given a partial reassurance that the Service would fulfil the action plan It was believed that the plan was fit for purpose but no assurance that Rotherham would meet the 75% target as would nowhere else in the country. It was not known whether nationally the target figures would be redefined as they were not fit for purpose or change the tariff. There were also issues with the Trade Unions to resolve. The significant industrial action over the last 6 months had harmed performance

- The Board could assist in communicating to the public about accessing the Ambulance Service appropriately

Resolved:- That the report be noted.

S63. PHARMACEUTICAL NEEDS ASSESSMENT

Dr. Tony Baxter, Interim Director of Public Health, presented the Pharmaceutical Needs Assessment (PNA) which had been subject to a 60 days public consultation and was submitted for ratification by the Board.

The Board was legally bound to publish its PNA BY 1st April, 2015.

Rotherham was a relatively deprived population which was well provided with community pharmacies. The overall coverage for access to medicines in and out of hours had increased since 2010 with the number of pharmacies per 100,000 population greater than the national average. Access to community pharmacies across Rotherham was well provided for during core and supplementary opening hours with access to 8 100 hour pharmacies 1 of which was open 365 days a year.

The document would be reviewed in a year or sooner if necessary to ensure progress was being taken or should there be any significant changes in Legislation or commissioning intentions.

Resolved:- (1) That the Pharmaceutical needs Assessment be approved.

(2) That an annual review of pharmaceutical developments against the current Pharmaceutical Needs Assessment recommendations be undertaken and where there were any changes to current Services, notifications (supplementary statements) should be made available on the Council's Pharmaceutical Needs Assessment website page.

(3) That where any changes were considered significant, a full review and rewrite of the Pharmaceutical Needs Assessment would be required following the Regulatory Framework.

(4) That the Director of Public Health be delegated the responsibility for the ongoing management of the document who would submit the necessary updates to the Board.

S64. DATE OF NEXT MEETING

Resolved:- That a meeting of the Health and Wellbeing Board be held on Wednesday, 18th February, 2015, commencing at 11.00 a.m. in the Rotherham Town Hall.