

HEALTH AND WELLBEING BOARD
22nd April, 2015

Present:-

Councillor Roche	Advisory Cabinet Member, Adult Social Care and Health (in the Chair)
Graeme Betts	Interim Director of Adult Social Services
Tony Clabby	Healthwatch Rotherham
Tracey Clarke	RDaSH
David Clitheroe	SCE Executive GP, lead for Children's and Urgent Care
Chris Edwards	Chief Officer, Rotherham Clinical Commissioning Group
Jason Harwin	South Yorkshire Police
Michael Holmes	Policy and Partnerships, RMBC
Justin Homer	Head of Policy and Partnerships
Julie Kitlowski	Chair, Rotherham Clinical commissioning Group
Carol Levelle	NHS England
Stella Manzie	Managing Director Commissioner
Tracey McErlain-Burns	Chief Nurse, Rotherham Foundation Trust
David McWilliams	Director of Commissioning and Performance Management
Terri Roche	Incoming Director of Public Health
Joanna Saunders	Public Health
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were submitted by Ian Thomas.

S81. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from the member of the public present at the meeting.

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There were no questions from the member of the public present at the meeting.

S73. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 19th March, 2015, be approved as a correct record.

Arising from Minute No. S76 (Joint Commitment to share information effectively for the Protection of Children), it was noted that the overarching information sharing protocol was in the process of development taking into account Government guidance issued in March.

Once a draft was ready to be shared, it would be sent to partners, highlighting key changes, for comment prior to submission to the Board for approval.

Arising from Minute No. 78 (CSE Strategy Update), it was noted that the Strategy was almost complete subject to input from Commissioner Newsam and Ian Thomas (Strategic Director Children and Young People's Services). The document would be circulated for discussion and comment.

Janet Wheatley reported that second element of the combined funding bid had been successful. The 1 year funding of £262,000 was to be used to set up a series of bases across the Borough and, although the official letter awarding the funding had not been received as yet, the recruitment of staff had commenced.

S74. COMMUNICATIONS

Attention was drawn to the "Weigh Up Event" which was the launch of the newly commissioned Weight Management Services on 24th April, 2015.

S75. CONSULTATION ON DRUGS AND ALCOHOL PUBLIC HEALTH EXPENDITURE

Joanna Saunders, Public Health, presented a report on proposals to commence consultation with partners on the proposed changes to the Drugs and Alcohol Services from 1st October, 2015.

As part of its budget review exercises during 2014/15, the Council had identified the potential for efficiency savings through the Drugs and Alcohol Public Health Programme Area. The former Cabinet had agreed the outline proposals in principle and it was now proposed that a wider consultation process commence in May.

The local voluntary sector alcohol provider, Lifeline, had been successful together with Public Health Commissioning, in obtaining a large Department of Health capital grant for the development of a local Recovery Hub. This had provided an opportunity to develop the proposed amalgamation of some services.

Creation of such a Hub would include peer support work being delivered in a different way, therefore, it would be proposed to increase the amount of group work delivery and decrease the amount of individual one-to-one client work undertaken by the existing service provider. If agreed this may require changes to the staffing structure within RDaSH in order to reshape service delivery in line with the new recovery agenda whilst retaining a clinically safe and effective service which prioritised those at the highest risk both to themselves and to the community.

Discussion ensued on the proposals with the following points raised:-

- Consultation with users, carers, providers and partners to ensure good feedback with regard to improving the Service. It would also attempt to provide reassurance that there was recognition that the

Service was valued and that any new provision would be an improvement on the existing

- It had to be made clear to those organisations that provided the Services that a decision had not been made as yet
- Concern of the workers that the suggested proposals would result in job losses - already some were looking for alternative employment
- Historically there had been excellent take up of the Service delivered by Primary Care to the sector and fear that the proposals would be catastrophic for the patients of Rotherham – a good evidence base was required to justify the change
- At a recent meeting of the Local Medical Council GPs had expressed concern about the possible loss of their Workers. There had been a consensus that they would consider withdrawing from the shared provision
- The proposed consultation would take place during the middle of May. The documents would set out the evidence base and best practice used elsewhere
- The DAT and DAT Management Board had thought the decision had already been made so would welcome consultation. A reduction in provision would result in more people being vulnerable
- RDaSH had commenced consultation with staff
- The outcome of the consultation will be considered by the Board

Resolved:- (1) That a detailed formal consultation process with users and carers, partners in care and Health and Community Safety and providers, be launched in mid-May for 3 months.

(2) That, in light of the concern being expressed by Service users and Workers, a letter be sent by Commissioner Manzie and the Director of Adult Social Care, in consultation with the Clinical Commissioning Group, explaining the purpose of the consultation.

S76. HEALTH AND WELLBEING BOARD GOVERNANCE

Commissioner Manzie presented a report incorporating the actions and updates thereon agreed at the workshop held on 19th March and subsequent discussions held with Chris Edwards, Clinical Commissioning Group.

There had been discussions with the Leader of the Council regarding Councillor Roche, Advisory Cabinet Member for Health and Wellbeing, becoming the Chairman of the Board and Julie Kitlowski, Chair of the

Clinical Commissioning Group to act as Vice-Chair. Role descriptions and protocols would be developed.

The proposed changes were welcomed by Board members and, although a standing Committee of the Council, it now felt that it was a true partnership Board.

Discussion ensued on the membership of the Board. When the Board had been set up originally, the membership had been very prescriptive with some partners being “full” members and others not. It was felt that providers should be “full” members but declare an interest wherever appropriate. The Board needed to focus on its priorities and required proper representation.

The Board also needed to align with the Children and Young People’s and Adult Safeguarding Boards as per the national guidance. This would be discussed further in the next item.

Resolved:- (1) That meetings of the Board move locations from the Council Chamber.

(2) That Board meetings be held every 2 months (6 core meetings a year), the format to be agreed depending upon issues at the time, but with the opportunity to call special meetings in the month inbetween.

(3) That agendas for the meeting be contributed to by any partner with the Council’s Managing Director and Clinical Commissioning Group Chief Officer to sign off.

(4) That further work be carried out on the secretariat arrangements between the Council’s Democratic Services, Resources and Public Health Teams.

(5) That more formal agenda setting discussions take place with planned single issue meetings on items of major importance.

(6) That the Council report back to the Board on possible Vice-Chairing or Co-Chairing of the Board by the Chair of the Clinical Commissioning Group working with the Advisory Cabinet Member for Health and Wellbeing.

(7) That the future format of the Health and Wellbeing Board items be discussed with the Secretariat.

(8) That consideration be given to the membership taking into account the Statute setting up Health and Wellbeing Boards.

(9) That Declarations of Interest be included on future agendas.

S77. UPDATE ON THE NEW HEALTH AND WELLBEING STRATEGY

Michael Holmes, Policy Officer, gave the following presentation:-

Strategic Framework – Where does it fit?

- Rotherham Vision and Community Strategy
- Health and Wellbeing Strategy
- Economic Growth Plan
- Safer Rotherham Partnership Plan

Strategy in Action

- Children and Young People's Improvement Board
- Safer Rotherham Partnership
- Rotherham Local Safeguarding Children Board
- Schools Forum
- Children and Young People's Strategic Partnership
- Rotherham Partnership
- Health and Wellbeing Board
- Economy Board
- Rotherham Safeguarding Adults Board
- Adult and Social Care Partnership Arrangements

Timetable

- Develop and agree draft structure for new Strategy – April
- Initial consultation – May-June
- Produce first draft of Strategy – end June
- Follow up Partner Workshop – July
- Final drafting of Strategy – August/September
- Approve Strategy – September
- Launch of Strategy – October

Joint Strategic Needs Assessment (JSNA) - used to inform Strategy but needs to be more user friendly

- Short summary of key issues
- Increased emphasis on children and young people
- Understand when key statistics are updated
- Review content to ensure consistent focus on needs
- Annual report to Health and Wellbeing Board

National NHS Context

- NHS Forward View
 - Health and Wellbeing: need a radical upgrade in prevention to maintain progress on healthy life expectancy and reduce inequalities
 - Empower patients and engage communities
 - Care and quality: a menu of care models for local areas to consider – integrate services around the patient

- Funding gap – focus on demand and prevention, efficiency gains from new care models, additional funding from Government
- NHS Mandate
 - Preventing premature death and enhancing quality of life for people with long term conditions
 - Helping people to recover from episodes of ill health or following injury
 - Ensuring people have a positive experience of care in a safe environment
 - Freeing the NHS to innovate
- Change of Government

Key Questions

- What are our aspirations for Health and Wellbeing in Rotherham?
- How do we fully understand children's issues and ensure they are at the centre of the Strategy whilst recognising other priorities e.g. older people?
- How will the Strategy add value and complement the efforts of other strategic boards?
- How will it drive system change e.g. prevention and early intervention, dependence to independence, integration?
- What does meaningful community engagement look like?
- Measuring performance – ready to strike a balance between affecting long term trends and assessing short term progress

In September, 2015

- Health and Wellbeing Board approve Strategy including the long term strategic outcomes
- In context of Rotherham Partnership renewal and fresh vision for the Borough
- Performance management arrangements agreed

After September

- Annual delivery plan informed by outcomes and indicators with associated performance measures
- Detailed delivery plans for specific themes/programmes, linked to wider partnership delivery structures (clear accountability and oversight)

Discussion ensued:-

- The Strategy had to be based on the JSNA, but also look ahead to future issues e.g. ageing population. Community engagement critical and this needs to be part of an overarching strategy, not just for health and wellbeing. Mental health and alcohol and drugs are other key issues
- The Police would be happy to be involved in the strategy task group

- Was the timing right for the consultation? Should it be at the beginning with a blank sheet of paper asking for submissions or work on a draft first then consult on it?
 - Look at the JSNA and select a small number of priorities and metrics on which to focus. This should include metrics for obesity, smoking and premature death / healthy years of life. Outcomes had to be evidence-based and measurable
 - Look at what other parts of the country are doing
 - Rather than one-off consultation, it should be seen as ongoing engagement with communities and built into everything the Board does going forward
 - JSNA helps us understand what the challenges are, but now need input from and co-production with communities to address them. Theme of building resilience should be built into everything we do.
 - Early engagement important – run a workshop with members of the community and partners
 - Start with what the data and evidence tells us, but supplement this by talking to communities/service users and make a commitment to follow up and keep people informed
 - Use the assets already in the community
- Don't duplicate consultation that has already been carried out e.g. speak to existing forums such as Rotherham Older People's Forum and Disability Forum
- RDaSH are conducting some work with the CCG at their AGM in June. Healthwatch could facilitate consultation on the Strategy.
- Careful consideration to be given to what the document should look like with sufficient time giving to the writing of the Strategy as well as the consultation. Possibly a lengthy document, but with a summarised version for public consultation.
- Clarification of the membership of the Task and Finish Group required

Resolved:- (1) That the report and presentation be noted.

(2) That the Task and Finish Group membership be:-

Dr. Robin Carlisle, Rotherham CCG
 Joanna Saunders, Public Health
 Graeme Betts, Adult Social Care
 David McWilliams, Children and Young People's Services
 Carol Haywood, Policy and Partnerships Manager
 Janet Wheatley, Voluntary Action Rotherham
 Healthwatch Rotherham

(3) That the Task and Finish Group produce a programme of which user groups, data sources and other sources were going to be drawn upon, which were being written to and which were to be visited, along with a project plan for draft production by 22nd May.

(4) That the presentation be circulated to members of the Board.

S78. BETTER CARE FUND - OPERATIONAL GUIDANCE AND SECTION 75 AGREEMENT

Partnership Agreement

Lynda Bowan presented a report outlining progress made on the development of the Section 75 (of the NHS Act 2006) Partnership Framework Agreement.

The Section 75 Agreement had established 2 pooled budgets with each authority hosting 1 fund (CCG - £13,245M and the Council - £10,071M). A performance management programme had been developed which would allow a close focus on each of the 15 schemes. The schemes had been mapped into 2 pools to allow similar services to explore opportunities for further integrated working and to collect and monitor data ensuring double counting was avoided.

A revised Terms of Reference for the Better Care Fund governance had been included within the Section 75 Agreement. The existing governance had been updated to move on from the development of the plan into arrangements focussing on the implementation. There would be a BCF Operational Group which would meet, review and interpret performance data and ensure targets were monitored and met. A second group, the BCF Executive Group, would be the body which would have strategic oversight of the whole BCF plan. Terms of Reference for each of the groups were set out in Schedule 2 of the Section 75 Agreement.

The model would ensure that there was maximum focus on reducing the number of non-elective admissions and, therefore, meet the pay for performance element of the Fund. In 2015/16 £0.4M of the £23M BCF funding was paid only if Rotherham reduced its current rate of non-elective admissions. The CCG and Council had agreed a risk fund, spread across the 2 pooled budgets, which would be used to fund any shortfall due to targets being missed or unexpected overspends. The risk pool would be overseen by the BCF Executive Group and attributed on a 50/50 basis.

There were no material changes in the workstreams.

It was a 1 year Agreement only should there be any further Guidance beyond 2015/16 as well as progress of the schemes.

The Board agreed that there had been a lot of good collaborative work to get to where it was now and a sound base for moving forward and developing services/improvements and achieving the goals desired for the people of Rotherham. The challenge would be the “so what” test.

It was felt that there should be a 6 monthly review but in practice there may be individual reports on services due to developments that required reporting.

There were certain schemes where there were opportunities for commissioning and the Social Value Act would have full effect.

Resolved:- (1) That the Better Care Fund Section 75 Agreement be approved in principle subject to minor amendments being signed off by Chris Edwards and Graeme Betts.

(2) That the Interim Better Care Fund Executive and Operational Groups' Terms of Reference, as outlined in Schedule 2 of the above Plan, be approved.

Operational Guidance

Lynda Bowan presented an update on the publication by NHS England “The Operationalisation of the Better Care Fund in 2015/16” and the implications for Health and Wellbeing Boards.

The Guidance set out NHSE's expectations for how localities would measure, manage and report performance and the reporting timeframe. It particularly clarified the pay for performance element of the Better Care Fund.

NHSE had developed a quarterly reporting template which included income and expenditure, payment for performance, the supporting metrics and the national conditions. An annual report would also be required but as yet the draft format had not been devised. The Guidance suggested that the reports were discussed and signed off by Health and Wellbeing Boards.

Quarterly reports were due as follows:-

- 29th May, 2015 – for the period January to March, 2015
- 28th August, 2015 – for the period April to June, 2015
- 27th November, 2015 – for the period July to September, 2015
- 26th February, 2016 – for the period October to December, 2015
- 27th March, 2016 – for the period January to March, 2016

Resolved:- (1) That the NHSE document Better Care Fund: Guidance for the Operationalisation of the Better Care Fund in 2015/15, published on 26th March, 2015, be noted.

- (2) That the requirement to send quarterly reports and an annual report to NHSE be noted.
- (3) That the Better Care Fund Operating Group consider the performance of schemes and be signed off by the Executive Group with any major strategic issues being submitted to the Board for consideration.
- (4) That the suggested format for the Better Care Fund quarterly report be approved and officers develop an appropriate report format for Rotherham ensuring the NHSE requirements were fully met.
- (5) That the BCF Operational Executive be approved to sign off the first quarterly Better Care Fund return, due for submission to NHSE in May, 2015, and receive a report at the next Health and Wellbeing Board thereon.

S79. SUPPORT FOR CHILD SEXUAL EXPLOITATION VICTIMS AND SURVIVORS

Commissioner Manzie gave a verbal report on the interim solutions that had been put into place, the various groups that had received Council commissioned funding or other funding and the NSPCC telephone line.

There was now a formal governance structure with Commissioner Newsam being the designated lead.

There would need to be some elements of potential joint commissioning or partner activity, a governance structure for which was being set up in Commissioning to pull together. Initially it would be supported by Graeme Betts until Terri Roche took up position as Director of Public Health on 29th June.

The first Improvement Board meeting would be held shortly but the invitees would be kept tight so as to make progress. It would have a clear commissioning role in terms of projects to improve the position for survivors. There would also be a broader group of people from groups/organisations that it was important to engage with.

Information had been pushed out into the community as to what was happening with information on the website and newsletters but it was really important that thought was given to how everybody was reached who needed to be.

There was need to ensure that the Strategies were in place as soon as possible and that the Board did not delay things happening.

David McWilliams reported that it was the intention to award the Post-Abuse Support contract on 1st July, 2015 and was ready to go out to invitation to tender. Public Health had conducted an excellence piece of work and there was a very strong evidence base.

S80. DATE OF SPECIAL MEETING

Resolved:- That a special meeting be held on Monday, 18th May, 2015, commencing at 2.30 p.m.