

HEALTH AND WELLBEING BOARD
20th September, 2017

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Jo Abbott	Public Health, RMBC (representing Terri Roche)
Ian Atkinson	Rotherham Clinical Commissioning Group (representing Chris Edwards)
Louise Barnett	Chief Executive, Rotherham Foundation Trust
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Social Care
Dr. Jason Page	Governance Lead, Rotherham Clinical Commissioning Group
Kathryn Singh	Chief Executive, RDaSH
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley	Voluntary Action Rotherham

Report Presenters:-

Nathan Atkinson	Assistant Director, Strategic Commissioning, RMBC
Giles Ratcliffe	Public Health, RMBC
Sarah Watts	RMBC

Also Present:-

Councillor S. Evans	Chair, Health Select Commission
Lydia George	Rotherham Clinical Commissioning Group
Councillor P. Short	Vice-Chair, Health Select Commission
Tracey Liversidge	Public Health, RMBC
Councillor J. Mallinder	Chair, Improving Places Select Commission
Janet Spurling	Scrutiny Officer, RMBC

Apologies for absence were received from Chris Edwards (Chief Operating Officer, Rotherham CCG), Kate Green (Policy Officers, RMBC), Sharon Kemp (Chief Executive, RMBC), Terri Roche (Director of Public Health, RMBC) and Councillor G. Watson (Deputy Leader).

23. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

24. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

25. MINUTES OF THE PREVIOUS MEETING 5TH JULY, 2017

The minutes of the previous meeting of the Health and Wellbeing Board held on 5th July, 2017, were considered.

Mr. N. Atkinson (RMBC Assistant Director of Strategic Commissioning) was to be included in the list of persons present at the meeting.

With reference to Minute No. 17 (Rotherham Place Board and Accountable Care System):-

(a) it was noted that during September 2017 there was to be a re-advertisement for the recruitment to the new post of Deputy Director of Adult Social Care; and

(b) it was suggested that the arrangement of an annual health conference, jointly by the Rotherham Clinical Commissioning Group and the Borough Council, might serve to increase public interest and participation in health and social care issues.

Resolved:- That the minutes of the previous meeting held on 5th July, 2017, be approved as a correct record.

26. COMMUNICATIONS

There were no matters to report.

27. SOUTH YORKSHIRE AND BASSETLAW HOSPITAL REVIEW

The Health and Wellbeing Board welcomed Mrs. Alexandra Norrish, Programme Director, South Yorkshire and Bassetlaw Hospital Services Review, who gave the following presentation about the Hospital Services Review which had been established at the end of June, 2017:-

- The Accountable Care System - South Yorkshire and Bassetlaw have been identified as one of the first 'Exemplar' Accountable Care Systems; the Hospital Services Review will focus on improving the acute sector
- Objectives of the Hospital Services Review : agreement of criteria; identification of unsustainable services; suggesting a future service delivery model; considering the future role of a District General Hospital
- Design principles and 'future-proofing' of services;
- At the end of the Review, to provide (i) a detailed list of exactly which services ought to be provided on each site in South Yorkshire and Bassetlaw; and (ii) a detailed financial or activity model;

- Details of progress to date with the Review, including engagement of patients and of the general public; a number of public events are arranged in co-operation with the Healthwatch organisation;
- launch of the Review during October 2017 and its conclusion before the end of March 2018;
- Engagement of service staff and clinicians - Medical Directors to be involved throughout as the Review Steering Group; Clinical Working Groups will be established for every service that is chosen for the review to focus on;
- Engagement of Members of Parliament and Elected Members of the Local Authorities; involvement of the Local Authority overview and scrutiny committees;
- Public involvement via Healthwatch events; also, patients' participation groups and citizens forum; ensuring that the opinions of children and young people are able to be heard;
- Actions in the next few weeks : (i) confirm which services are in scope for the Review (Oversight and Assurance Group in October 2017); (ii) take forward clinical working groups for the services in Scope (October and November 2017); (iii) take forward public engagement events (October and November 2017);
- formal public consultation on the outcome of the Review (March and April 2018).

Mrs. Norrish was thanked for her informative presentation and asked to provide details of progress with the Review for consideration at future meetings of the Health and Wellbeing Board.

28. HEALTH AND WELLBEING STRATEGY AIM 4 UPDATE

Dr. Richard Cullen and Giles Ratcliffe, Public Health Consultant, presented an update on the Health and Wellbeing Strategy Aim 4 "healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing".

It was noted that there was very good progress being made with the strategy and that further work was required on these two specific issues:-

(a) Communications programme delivered to promote Health Checks in relevant communities; and

(b) Establish a task and finish group to look at 'self-care' and the appropriate actions needed.

Resolved:- That the progress report about the Health and Wellbeing Strategy Aim 4, as now submitted, be received and its contents noted.

29. REFRESHING THE HEALTH AND WELLBEING STRATEGY AND INTEGRATED HEALTH AND SOCIAL CARE PLAN - 'PLAN FOR A PLAN'

The Chair, Councillor Roche, presented a proposed plan and timeline for refreshing the local Health and Wellbeing Strategy and aligning the Strategy to the Integrated Health and Social Care Place Plan.

The existing Strategy was in place until the end of 2018. However, there had been a number of national and local strategic drivers influencing the role of the Health and Wellbeing Board. The refresh would ensure the Strategy remained fit for purpose and would strengthen the Board's role in relation to high level assurance and holding partners to account, as well as influencing commissioning across the health and social care system and wider determinants of health.

Rotherham's Integrated Health and Social Care Place Plan (the Place Plan) was also due to be refreshed, where necessary and it had been agreed that the two documents be refreshed together and be better aligned.

The contents of Appendix A of the submitted report demonstrated how the alignment would look and Appendix B set out a timeline of activity for both the Strategy and Place Plan refresh.

Councillor Roche made reference to a meeting of the Chairs of Health and Wellbeing Boards, due to take place in Leeds on Friday, 22nd September, 2017, at which there would be discussion about the Integrated Health and Social Care Place Plans.

Resolved:- (1) That the proposed plan for refreshing and aligning the Health and Wellbeing Strategy and Place Plan (as set out in Appendix A), including governance arrangements, be approved.

(2) That the proposed timescales for this work, as set out in Appendix B, be approved.

30. PLAN FOR PRODUCING THE CCG COMMISSIONING PLAN

Ian Atkinson, Rotherham Clinical Commissioning Group, presented the plan for producing the 2018/19 Clinical Commissioning Group commissioning plan which, once complete, required the endorsement of the Health and Wellbeing Board and was then subject to discussion with NHS England.

In light of the organisational and leadership changes across Rotherham, the Clinical Commissioning Group felt it was important to set out the timelines the CCG would work to in the 2018/19 planning round so that stakeholders could input effectively.

The landscape had changed significantly since the current commissioning plan was produced. The planning process had been built around Sustainable Transformation Plans so that the commitments and changes coming out of them translated fully into operational plans and contracts. It was, therefore, important that the CCGs commissioning plan aligned to the Place Plan and the Health and Wellbeing Plan.

Early discussions had taken place on the update and alignment of the Health and Wellbeing Strategy and the Integrated Health and Social Care Place Plan.

Reference was made to the implications of the Public Services (Social Value) Act 2012 which required those who commissioned public services to think about how they can also secure wider social, economic and environmental benefits. It was agreed that these implications would be factored in to the plan.

Resolved:- That the plan for producing the 2018/19 CCG commissioning plan and the timescales for consultation be noted.

31. HOUSING STRATEGY

The Health and Wellbeing Board welcomed Mrs. Sarah Watts, Housing Intelligence Officer, who gave the following presentation on the Borough Council's Housing Strategy:-

- Emphasis on Children and Young People : healthy childhood and transition to adulthood; scrutiny reviews with young tenants of Council housing; Move-on Panel; Residential Development Programme; Helping Hands Project (repairs and maintenance); work with schools; Early Help referral process;
- Decent housing to be available in well-managed neighbourhoods, which contributes to good mental health;
- Helping people to remain independent in their own homes e.g.: Rothercare (available to public and private sector tenants) and aids and adaptations in the home;
- The correct specialist housing should be available, including necessary adaptations;

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- Healthy Life Expectancy : energy efficiency and reducing fuel poverty; joined-up working to reduce isolation and loneliness; Dementia friends; Safeguarding training for staff; inclusive housing growth: helping to reduce the gap between the most and the least deprived areas; appropriate support for the ageing population;
- Investment in housing stock and reduction/removal of sub-standard housing; provision of safe homes and communities; provision of high quality green spaces; joined-up services in localities; balance between enforcement and support;
- RotherFed organisation – strengthening tenants' and residents' associations.

After the presentation, discussion took place on the following matters:-

- the availability of suitable accommodation for key workers (eg: at hospitals and as part of the development of the university campus near to the Rotherham town centre);
- suggestion of a study of the provision of social housing, perhaps involving the voluntary and community sector organisations;
- addressing the regional inequalities in the provision of housing.

The Health and Wellbeing Board thanked Mrs. Sarah Watts for her informative presentation.

32. HEALTHWATCH ROTHERHAM ANNUAL REPORT

Tony Clabby, Healthwatch Rotherham, presented the organisation's fourth annual report (year 2016/17) and drew attention to the following:-

- Production of a Mental Health Services directory and a General Health and Social Care directory;
- 24 volunteers had supported Healthwatch during the year;
- Volunteers gave Healthwatch Rotherham 792 hours of exceptional service;
- Healthwatch supported 116 advocacy cases;
- 27,859 comments gathered in the past twelve months about health and social care in Rotherham;
- Met with hundreds of local people at community events during the year;

- Healthwatch Rotherham was organising three public events due to take place during October 2017, including the Older People's Conference to be held at the Fitzwilliam Arms Hotel, Parkgate, on 30th October, 2017;
- Mrs. Joanna Saunders had been appointed as the Chair of Healthwatch Rotherham in July 2017, succeeding Naveen Judah;
- Good relations were once again maintained with the Health Services and with the Local Authority services in Rotherham.

Resolved:- That the Healthwatch Rotherham annual report 2016/17 be received and its contents noted.

33. EQUITY OF PUBLIC HEALTH SERVICES

Giles Ratcliffe, Public Health Consultant, reported that, as part of the action plan for Aim 4 of the Health and Wellbeing Strategy, it had been agreed that Public Health would undertake an Equity Audit of its commissioned services. This would review the equity of access for people from some of the most deprived areas of Rotherham.

Accordingly, the commissioned Public Health Services in Rotherham were formally contacted to complete an audit of metrics agreed in advance with the service lead commissioning officer. Data was received and analysed from eleven services; nine services were unable to provide data and three services included in the audit had since been decommissioned and their results omitted from the report.

The data requested and received was from three of the most deprived areas of Rotherham (Eastwood, Canklow and the Town Centre and Ferham and Masbrough). The data was analysed against available population data for Rotherham to find out whether service accessibility was/equitable', 'equal' or 'unequal'. To improve health in the three deprived areas i.e. equitable access, the audit would need to show by statistics that there were significantly more clients from those areas.

Nine of the services were at the minimum expected level of equality of access in terms of service delivery, with six at a sufficiently higher level that was potentially improving the health of three of the most deprived areas of Rotherham.

Two services were failing to deliver equality of access to three of the most deprived areas of Rotherham. These services were likely to be contributing to increasing health inequalities between the three areas and Rotherham as a whole. The services had been commissioned by Public Health to reduce inequalities, although the audit had shown that this was not the case. This could also be the case across other services in Rotherham.

The resulting key actions were:-

- Public Health to use the findings to inform future commissioning, contracting and performance monitoring. Public Health to pick up the results with the services to ensure they were equitable going forward;
- Other organisations to undertake similar audits of services especially services that had the potential to reduce or add to inequalities;
- Commissioning and contracting smarter to ensure organisations/services put in place commissioning and contracting systems to ensure future services were not inequitable.

Discussion took place on the equity of access to public health services by persons who have a hearing impairment.

The Health and Wellbeing Board also requested that an update be provided, at the next meeting, of progress with the preparation of the profiles of the individual Borough Council electoral Wards.

Resolved:- (1) That the equity audit, its findings and the actions taken within Public Health as a result be noted.

(2) That other organisations/services consider undertaking similar audits to understand the contribution they were making to reducing/increasing deprivation-based inequalities.

(3) That all partners consider their future service delivery, commissioning and performance monitoring to ensure that they were able to determine whether or not a given service was in fact reducing or contributing to health inequalities.

34. BETTER CARE FUND (BCF) PLAN 2017-19

Mr. N. Atkinson (RMBC Assistant Director of Strategic Commissioning) presented an update of the current status of the Better Care Fund Plan 2017/19.

The final version of the Plan had been updated in line with the 2017/19 Integration and Better Care Policy Framework published in July 2017 and Key Lines of Enquiries (KLOE's) released in August 2017 which would support assurance of the planning requirements.

A final version of the Better Care Fund Plan 2017/19 (Appendix 1 of the report submitted) and planning template (Appendix 2 had been submitted to NHS England on 11th September, 2017.

The final version of the Better Care Fund Plan had been updated to include:-

- Accountable Care System
- Improved Better Care Fund
- High Impact Change Model and Delayed Transfers of Care Plan
- An updated Summary of Financial Plan and Summary of Investment Profile Services
- Confirmation that contribution to Social Care Services had some health benefit by reducing hospital admissions and reducing Delayed Transfers of Care (DToC)
- Description of how progress would continue on the former 3 national conditions
- Case studies to provide evidence-based impact on local vision and improving outcomes
- Capturing and sharing learning regionally and nationally around monitoring underperforming schemes
- Better Care Fund metrics
- Delayed Transfer of Care – includes narrative and reference to A&E delivery plan
- Finance

The submission and assurance process would follow the timetable set out in the report. The timetable stated that on 30th November, 2017, the Government would consider a review of 2018-19 allocations of the Improved Better Care Fund grant provided at the Spring Budget 2017 for areas that are performing poorly. This funding would all remain with local government, to be used for adult social care.

Resolved:- That the contents of the Better Care Fund Plan and planning template for 2017/19 be noted.

35. ROTHERHAM CAMHS LOCAL TRANSFORMATION PLAN - UPDATE - SEPTEMBER 2017

Ian Atkinson (Rotherham Clinical Commissioning Group) presented, for information, updates for Quarter 4 of 2016/17 and Quarter 1 of 2017/18 for Rotherham Child and Adolescent Mental Health (CAMHS) Local Transformation Plan (LTP).

Progress continued to be closely monitored through the LTP action plan which was updated on a bi-monthly basis and published on the NHS Rotherham Clinical Commissioning Group website alongside the LTP itself. It reflected all the proposed developments in “Future in Mind” report and included the specific priority development areas outlined in the LTP and to which extra funding was attached. The format of the action plan was being improved to ensure that appropriate governance was in place.

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Resolved:- That the contents report be noted and a further progress report be submitted to a meeting of the Health and Wellbeing Board during the Spring, 2018.

36. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 15th November, 2017, commencing at 9.00 a.m., at a venue to be confirmed.