

HEALTH AND WELLBEING BOARD
Wednesday, 18th January, 2012

Councillor Wyatt	IN THE CHAIR
David Barker	Communications, RMBC
Anne Charlesworth	Head of Alcohol & Drugs Strategy Team, NHS Rotherham
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor Doyle	Cabinet Member, Adult Social Care
Chris Edwards	NSHR/RCCG
Kate Green	Scrutiny and Policy Officer, RMBC
Caroline Hill	RDaSH
Martin Kimber	Chief Executive, RMBC
Councillor Lakin	Cabinet Member, Safeguarding Children and Adults
Shona McFarlane	Director of Health and Wellbeing, RMBC
Mike Pinkerton	Rotherham Foundation Trust
Dr. David Polkinghorn	CCG
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children and Young Peoples' Services, RMBC
Alan Tolhurst	NHS South Yorkshire and Bassetlaw
Dr. David Tooth	Chair, Rotherham CCG
Janet Wheatley	VAR
Dawn Mitchell	Committee Services, RMBC
Councillor Jack	Observer

Apologies for absence were received from Christine Boswell, Matt Gladstone and Brian James.

S35. BRITISH HEART FOUNDATION

Prior to the start of the meeting, the Council had signed up to become a British Heart Foundation Heart Town.

Jo Ward (National Ambassador, Mending Broken Hearts Appeal), Lauren Mallinson (Fund Raising Volunteer Manager) and June Thomas (Lead Volunteer) introduced themselves to the meeting and gave a brief outline of their involvement with the initiative.

S36. MINUTES OF PREVIOUS MEETING

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

Arising from Minute No. S23, it was noted that the Armed Forces Community Covenant was to be signed by the Council and partners on 20th January, 2012.

Arising from Minute No. S24 (Mexborough Montague Hospital), it was reported that emergency light access to beds had ceased on 8th December, 2011. The beds were still open but their access had changed with emergencies now being via Doncaster and Bassetlaw hospital. There were lessons to be learnt in terms of the consultation.

S37. DRINKING ALCOHOL IN ROTHERHAM

Anne Charlesworth, Head of Alcohol and Drug Strategy Team, Public Health, gave the following powerpoint presentation:-

- Specialist Alcohol Commissioning Feedback highlighting the strengths in Rotherham
 - o Strong commissioning profile which had facilitated excellent engagement across primary care
 - o Integration across all substance misuse provision raising the skills and competencies of the workforce
 - o Embracing a clear recovery orientated vision at both strategic and delivery level
 - o Clear clinical pathways supported by regular and robust negotiations with partners
 - o A shared sense of responsibility had been fostered which had improved joint working
 - o Improving outcomes despite significant increases in demand
- Benchmark activity
- Latest initiatives
 - o Call it a Night website
 - o Picking up young people presenting at A&E and ensuring School Nursing follow up (or specialist services if aged 16-18 years)
 - o Alcohol Awareness Week
 - o Staff training
 - o Identifying alcohol use levels via Police Custody Suite
 - o Street Pastors
- Alcohol Services
 - o 1 of 4 areas undertaking National Payment by Result pilot for Department of Health
 - o Increased target to include 'problem' drinkers and more 'Tier 2' intervention
 - o Staff numbers reduced
 - o Primary Care Scheme now included all but 5 practices
 - o Lifeline continued to exceed targets to offer assessments and interventions
 - o Case management of high impact users of hospital and ambulance services
 - o Improved collaboration between hospital care and specialist services

Discussion ensued on the presentation:-

- Yorkshire and the Humber was the worst region in the country for young drinkers but the number had increased nationally
- Those that were presented at hospital were normally known to other services
- Evidence showed that the relative costs of alcohol and the amount of alcohol consumed at home had exceeded expectations. Scotland had brought in unit pricing and taxation which was a very good first step
- Need to refresh the commitment of all partners

- Research in the big cities had ascertained that young people found drinking alcohol enjoyable and enjoyed the sensation of getting drunk
- Key source of alcohol was from the home followed by purchase of an older person
- The definition of “binge” drinking was actually ½ of the weekly limit i.e. 7 units
- Need to be included in the JSNA and HWB Strategy
- The need for partners to review outcomes from the measures implemented and improve future targeting

Anne was thanked for her presentation.

Resolved:- That the CCG evaluate the effectiveness of existing actions to improve impact and report back to this Board thereon.

S38. ROTHERHAM COLD WEATHER PLAN

John Radford, Director of Public Health, submitted, for information, the winter planning arrangements for health and social care in Rotherham. It incorporated Rotherham’s response to the Cold Weather Plan, issued in October, 2011. The Affordable Warmth Strategy was currently being refreshed and had been incorporated into the document ensuring all plans were integrated.

It was noted that the Plan had also been considered by the Adults Board.

Resolved:- (1) That the Rotherham Winter Plan be endorsed.

(2) That the arrangements that had been put in place to cover winter pressures and extreme weather be noted.

(3) That the year round arrangements in place via the Affordable Warmth Strategy be noted.

S39. PIP BREAST IMPLANTS

The Chairman reported that the Cluster was in the process of producing a local statement which would cover the issues of concern of Rotherham women who may be affected.

There was 1 provider in the local area who currently was not giving clear advice to patients. However, any woman who had worries associated with their breast implant(s) should consult their GP.

S40. CHILDREN AND YOUNG PEOPLE'S PLAN 2010-13 PROGRESS REPORT

Joyce Thacker, Strategic Director of Children’s and Young Peoples Services, presented, for information, a progress update on activities identified in the Children and Young People’s Plan (CYPP) as published by the Children’s Trust Board in July, 2010.

The CYPP set the strategic priorities for the work of partners on the Trust Board and provided the framework for commissioning decisions as well as 9

areas of focus for priority action. 6 action plans had been published to accompany the Plan, however, the Trust Board had recently revised them and would be disestablished in light of changed statutory requirements and the need for more streamlined working practice across the Children and Young People's Partnership.

The CYPP identified 'four big things' that would be central to business of the Partnership – keeping children and young people safe, prevention and early intervention, tackling inequalities and transforming Rotherham learning.

The CYPTB Commissioning Plan would respond to the identified priority areas. The Commissioning Team had commenced a needs analysis, a summary of which was attached to the report submitted.

The areas of focus that fell outside the priorities were looked after children, understanding and responding to the needs of migrant communities, 14-19 and post-16 opportunities for young people with learning difficulties and disabilities. These were being monitored elsewhere.

Resolved:- (1) That the progress made against the key areas of focus identified in the Children and Young People's Plan be noted.

(2) That efforts be made to ensure that the Health and Wellbeing Strategy was aligned with the Children and Young People's Plan.

(3) That the governance arrangements, in particular for the areas of focus most closely linked to the health and wellbeing agenda, giving babies the best start in life, obesity and alcohol, be noted.

S41. NHS OPERATING FRAMEWORK

Chris Edwards, Chief Operating Officer, NHS Rotherham, presented, for information, a briefing on the Operating Framework for the NHS 2012/13, the first full year of the transition to the proposed new structure for the NHS and believed that its focus would help the NHS shift into implementation mode.

Rotherham's interpretation of how it would be operated in practice would be part of the 2012/13 Strategic Plan.

Resolved:- That the report be noted.

S42. NHS NATIONAL OUTCOMES

Chris Edwards, Chief Operating Officer, NHS Rotherham, directed Board Members to the stated website for early sight of the NHS Outcomes for 2012/13. How they were to be integrated into Rotherham would be included in the forthcoming Strategic Plan.

John Radford reported that Public Health had new Outcomes Indicators also, the majority of which would prove extremely difficult to measure. They did offer a different emphasis in terms of equality of care which was important in terms of people's perceptions but would be difficult to capture.

The Council's responsibility to Public Health Framework had yet to be published.

The Social Care Outcome Framework was published.

Resolved:- That the report be noted.

S43. HEALTH AND WELLBEING BOARD WORK PROGRAMME AND SUPPORT AND DEVELOPMENT PLAN

Shona McFarlane, Director of Health and Wellbeing, presented the draft work programme for the Board's first year of operation.

The Plan had been developed to address the challenges set out by the network of early implementers of Boards which had identified a number of challenges which Boards were facing.

The work programme was underpinned by a support and development plan which used the Good Governance Institutes Board Assurance Prompt toolkit to becoming an exemplar Board by December, 2012. It set out the key actions that needed to be delivered in the first 12 months of the Board focusing on ensuring that it was fit for purpose and could deliver its core functions:-

- Assess the needs of the population through the Joint Strategic Needs Assessment
- Agree and produce a Health and Wellbeing Strategy to address needs which commissioners would need to have regard of in developing commissioning plans for health care, social care and public health
- Promote joint commissioning
- Promote integrated provision, joining up social care, public health and NHS services with wider local authority services
- Involvement in the development of CCG commissioning plans
- Provide advice to the NHS Commissioning Board in authorising CCGs

The report set out:-

- Overarching crosscutting 'impact' performance measures
- Work Programme Year 1 (October, 2011-September, 2012)
- Development Excellence Plan
 - Purpose and Vision
 - Strategy
 - Leadership of the local healthcare economy
 - Governance
 - Information and intelligence
 - Expertise and skills

Discussion ensued on the document as follows:-

- o The team leading on the development of the HWB Strategy had asked for agreement to the attached Indicators for them to map the outcome measures and develop the Outcome-based Performance Indicator Framework that would support the health and wellbeing strategy
- o The impact measures were the minimum Indicator Sets (as recommended by the Department of Health etc.) which would underpin the work of Boards

- nationally
- The final draft of the JSNA was awaited which would then require discussion/approval of agencies to the amendments proposed
- the indicator suite contains a requirement for safety incidents in hospital to be reported- it was noted that Safety incidents were not just reported by hospitals
- How could meaningful public engagement be undertaken – discussion required before June, 2012
- The CCG will soon be presenting a Single Integrated Plan (SIP) which will be address the health needs of the population. In the meantime there should be a strategic co-ordinated approach and not organisations producing individual plans
- The need for clarity of the relationship between the Board and LSP

Resolved:- That the work programme and support and development plan be approved.

S44. EARLY IMPLEMENTER NATIONAL LEARNING SETS

Shona McFarlane, Director of Health and Wellbeing, presented a report on Accelerated Learning Sets, launched by the Government in November, 2011, to help emerging Health and Wellbeing Boards work together on the biggest challenges that faced them on their way to statutory running from April, 2013.

More than 90 out of 152 emerging HWBs from across England were represented in the 11 Learning Sets. The Sets were focussed on themes that early implementers had said were of most interest and importance to HWB members including:-

- Improving the health of the population (2 Sets)
- Bringing collaborative leadership to major service reconfiguration (2 Sets)
- Creating effective governance arrangements
- How do we ‘hard wire’ public engagement into the work of the Board
- Raising the bar on JSNA’s and joint health and wellbeing strategies
- Improving services through more effective joint working
- Making the best of collective resources

Each Learning Set included members from local government and NHS organisations with a nominated lead, policy lead and appointed facilitator.

Rotherham was represented on the Learning Sets by Shona who was Set Lead for “Brining collaborative leadership to major service reconfiguration”

Outputs from the Sets would be published in March but the Communities of Practice website was providing a virtual engagement mechanism in the meantime.

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

(2) That Board members be encouraged to join the Department of Health Communities of Practice website for further information, dialogue and debate.

S45. APPOINTMENT TO HEALTH AND WELLBEING BOARD

The Chairman reported receipt of 2 requests for representation on the HWBB.

Discussion ensued on the requests.

Resolved:- [1] That the Board consider the issue of a Reference Group of Special Interest to which a representative from South Yorkshire Fire and Rescue Service could be invited.

[2] That the Chamber of Commerce be invited to attend future meetings in the capacity of observer.

S46. COMMUNICATIONS

The Chairman drew attention to the fact that there were 22 Parish Councils in the Borough of Rotherham the majority of which would produce newsletters/bulletins, websites etc. that could be used as a means of communication.

Janet Wheatley, Voluntary Action Rotherham, reported that they also had a network that they send out to weekly that could be used.

S47. DATE OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 29th February, 2012, commencing at 1.00 p.m.