HEALTH AND WELLBEING BOARD
5th September, 2012

Present:-

Members:-

Councillor Wyatt	**In the Chair**
Karl Battersby	Strategic Director, Environment and Development Services, RMBC
Tracey Clarke	RDaSH
Tom Cray	Strategic Director, Neighbourhoods and Adult Services, RMBC
Councillor Doyle	Cabinet Member, Adult Social Care
Shaliq Hussain	Voluntary Action Rotherham
Brian James	Rotherham Foundation Trust
Martin Kimber	Chief Executive, RMBC
Councillor Lakin	Cabinet Member, Children, Young People and Families Services
Shona McFarlane	Director of Health and Wellbeing
Jason Paige	CCG
David Polkinghorn	CCG
John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children, Young People and Families, RMBC
Sarah Whittle	CCG/NHS Rotherham

Officers:-

Clare Burton	Commissioning, Policy and Performance, RMBC
Matt Gladstone	Director, Commissioning, Policy and Performance
Kate Green	Policy Officer, RMBC
Chrissy Wright	Commissioning, Policy and Performance, RMBC

Together with:-

Anne Charlesworth	NHS Rotherham
David Plews	National Commissioning Board
Kathy Wakefield	NHS Rotherham
John Wilderspin	Department of Health

Apologies for absence were received from Chris Boswell, Chris Edwards, Tracy Holmes, Fiona Topliss, David Tooth, Janet Wheatley,

S21. WELCOME AND INTRODUCTIONS

The Chairman welcomed John Wilderspin, National Director, Health and Wellbeing Board Implementation, Department of Health, to the meeting and introductions were made.

S22. MINUTES OF PREVIOUS MEETING

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

S23. COMMUNICATIONS

(a) Communications Plan
It was noted that a meeting was to be held between the Borough Council, NHS Rotherham and hopefully Rotherham Foundation Trust's Communication leads to discuss the development of a 12 month Health and Wellbeing Community Plan linking in possibly with the campaign that pharmacies were contracted to do.

(b) South Yorkshire Police and Crime Commissioner
It was noted that the Officer who would be supporting the Commissioner once appointed was to attend the October Board meeting to discuss how they would relate to the Health and Wellbeing agenda. The February Board meeting had already been logged in the diary for attendance by the Commissioner.

The paper circulated was a document that would be available on the Police and Crime Commissioner's website for any organisation to raise issues with the Commissioner.

(c) "Implementing Health and Wellbeing Boards" Capita Conference to be held in Central London on 17th October, 2010
Anyone interested in attending the above conference should notify the Chairman.

S24. ALCOHOL STRATEGY - LOCAL IMPLEMENTATION

Anne Charlesworth, Drug Strategy Manager, NHS Rotherham, presented a report on the proposed local implementation of the Alcohol Strategy launched by the Government in April.

Following a partnership meeting in July, an action plan had been compiled to deliver all aspects of the Strategy. The key aims were:-

- Develop 'Community Alcohol Partnerships' (CAPs) including Responsible Retailer Scheme
- Make those who caused the harm face the consequences both individuals and premises
- Make 'every contact count' in delivering the culture change required.

Following the first meeting, there had been a disappointing response with regard to individuals committing themselves to the timelines.

It had not been appreciated that the boundaries of the CAPs were slightly different to those identified by the Council as areas of deprivation so there would be a slight amendment. Dinnington had been identified as having significant issues with alcohol. However, with the resources available, there would not be sufficient to do all areas simultaneously.

Discussion ensued with the following issues raised:-

- Whilst under taking the 2 pilot areas give consideration to the 11 deprived areas and Community First due to the overlap. There were approximately 15 areas warranting special attention and also featuring alcohol issues

- If tackling areas of deprivation you were dealing with people that were very difficult to change
- Visibility – it was easy to see street drinking but the problem of home drinking was of much more significance and was not restricted to deprived parts of the Borough
- Modest approach with the resources available. If the Board prioritised alcohol it would have to identify resources across the agencies
- Many associated issues with alcohol misuse – domestic abuse, neglect, anti-social behaviour etc.
- Utilise Elected Members who had local knowledge and Neighbourhood Champions

Agreed:- (1) That Community Alcohol Partnerships commence in Dinnington and East Herringthorpe and rolled out to all 11 Disadvantaged Areas alternative substantial alcohol initiatives were already underway.

(2) That the remaining recommendations set out in the report be referred to the Chief Executive Officers Group for support.

(3) That a further report be submitted in 3 months.

S25. INFECTION PREVENTION AND HEALTH PROTECTION ANNUAL REPORT 2011/12

Kathy Wakefield, Health Protection Manager, presented the Infection Prevention and Health Protection 2011/12 Annual Report.

Whilst there was no legal requirement for commissioning organisations to have a nominated Director of Infection Prevention and Control (DIPC), it was seen as good practice. This function was fulfilled by the Director of Public Health supported by the Health Protection Manager. All providers commissioned by NHS Rotherham had nominated DIPCs or Infection prevention leads and were members of the Strategic Infection Prevention and Control Committee.

The Committee had met throughout the reportable period providing assurance regarding compliance with all relevant Guidance and Quality Management Group, respective contract quality review meetings or relevant member of the CCG. Its purpose was not performance management. An annual programme based on the NHS Operating Framework and local priorities was developed, agreed and monitored by the Committee escalating concerns as appropriate.

Kathy drew attention to:-

- Health Care Associated Infections
  Both the provider (RFT) and NHSR as commissioning organisation had to have an Annual Plan to achieve and sustain a reduction in the number of MRSA bacteraemia and C.difficile infections

- Outbreaks
  Flu like/confirmed Influenza - 4 outbreaks of – 3 in care homes and 1 at a primary school

E.coli 0157 – family outbreak excluding food handlers. No implications for the wider community
Water Quality Incident – a family with raised blood lead levels. Work in conjunction with Health Protection Agency and YWA. No identified ill health affects. Changes made to the practice of reporting from YWA to Environmental Health and the Local Authority

- Influenza
  Slightly higher numbers of GP consultations from early January to mid-March compared to other areas across the region.
  Overall hospital admissions had remained low for the season
  There had been 1 death (Asthmatic patient). The patient had been invited by the GP on 2 occasions for vaccination but had not attended

- Influenza Immunisation Vaccination Programme
  Over 65s – Target of 75% - achieved 76%
  At Risk Groups including Pregnant Women – Target 60% - achieved 53.6%

- Food Borne Illness
  Largely unchanged

- Vaccination and Immunisation
  Continued improvement across all vaccination programmes specifically in relation to the Childhood Programme (0-5 years) and School Booster

- Areas of concern
  MMR – continuing work to encourage uptake particularly 5-24 year olds
  HPV Vaccine – delivered as part of School-based Programme. Failed to achieve 90% (84.4%). Work taking place on a delivery plan with providers
  Pneumococcal Immunisation for the under 65s – review and agreed to continue with programme
  Respiratory Syncytial Virus affecting Younger Children – targeted vaccination programme with 26 children vaccinated (increase of 11)
  Infection Prevention and Control in Care Homes – close work commenced with Contract Monitoring Officers to improve standards across all the care home

Brian James, Rotherham Foundation Trust, reported that infection control remained a high priority for the Trust and was performing well nationally with the support of colleagues in managing infection control but there was no room for complacency.

Discussion ensued on the report particularly on the death of the patient who had failed to attend for influenza vaccination and what efforts the GP practice/how far a GP could go to ensure a patient attended an appointment.

Agreed:- That the Infection Prevention and Health Protection Annual report for 2011/12 be noted.

S26. HEALTH AND WELLBEING STRATEGY

Kate Green, Policy Officer, reported that the consultation period had now closed.

There had been a broad range of feedback – e-mail, engagement with colleagues across partner organisations and the very well attended consultation event hosted by Voluntary Action Rotherham and LINks.

Comments had been positive and the outcomes/approach welcomed and if achieved would have a huge impact on the people of Rotherham. The language used was felt to need some rewording.

There had been concerns, particularly from the VAR event, that the voluntary and community sector had not been mentioned as specific partners within the Strategy document. This had been taken on board, however, it was felt that the Strategy referred to the specific statutory agencies with responsibility for delivering the Strategy; the voluntary and community sector was not necessarily responsible for delivery but were key partners in making sure that it was delivered and supported its implementation. This would be added to the document.

The Strategy would be revised in light of all the comments and circulated to Board members.

A draft document showing the work streams was distributed. There were 6 lead officers together with representatives from the CCG and Commissioning, Policy and Performance. The strategic group had held their initial meeting and would continue to meet to ensure implementation of the Strategy.

Agreed:- That a further report and final strategy document be submitted to the next meeting.

S27. CLINICAL COMMISSIONING GROUP ANNUAL COMMISSIONING PLAN

Sarah Whittle, NHS Rotherham, presented the proposed development and timetable of the 2013/14 Clinical Commissioning Group Annual Commissioning Plan.

It was the intention to produce a CCG Annual Commissioning Plan (ACP) by mid-March, 2013 and an Annual Report by the end of June, 2013.

It was felt that other annual Plans of the Local Authority and Foundation Trust should also be submitted to the Board to ensure they all had the "golden thread" and priorities. Hopefully it would also eliminate any duplication.

Agreed:- That the proposed development of a CCG Annual Commissioning Plan be noted.

S28. NHS COMMISSIONING BOARD UPDATE

David Plews, National Commissioning Board, gave the following update:-

- Andy Buck had been appointed as the leader of the Local Area Team. Other appointments to follow
- Organisational structure to be finalised
- Transferring of functions in progress

- Discussions on roles and responsibilities
- Local Area Team working with National Commissioning Board and Department of Health on indicative Indicator Sets
- The Local Area Team was not a designated body as yet
- The National Commissioning Board would be the commissioning board – there would be a single process across the country to reduce variation in contract
- Local Area Team not just about Primary Care but would have a substantial function in commissioning Specialist Services and the Prison Service

Agreed:- That the update be noted.

S29. ROTHERHAM HEALTHWATCH UPDATE

Clare Burton, Commissioning, Policy and Performance, presented a progress report in relation to commissioning HealthWatch Rotherham together with an update on Government guidance, funding and secondary Regulations as follows:-

Secondary Regulations

- These were still being developed by the Department of Health however Children and Young People were now included in the HealthWatch requirements. The Department of Health's Summary Report key issues were set out as:-

    - The organisation did not need to be a social enterprise but must have the principles of 1 with at least 50% of profit/surplus reinvested to further the social objective
    - The constitution of the organisation must state that the main objective was to benefit the community
    - The secondary regulations would include further criteria about having lay people and volunteers in the local HealthWatch
    - In relation to the contract between the local authority and HealthWatch, the details of the 2008 Regulations would be carried forward with the intention of ensuring that the local HealthWatch operated in an open and transparent way
    - Requirement still for providers to respond to reports, recommendations and information requests including children's social care
    - Referrals to scrutiny committee would be carried forward into HealthWatch
    - 2008 Entry Regulations which set out the duty of Service-providers to allow entry to residential care provision would be carried forward including in relation to "excluded activities" (children's social care)
    - Directions in relation to what should be addressed in the local HealthWatch annual report

- The Regulations would be laid in October (contracts element) and November (enter and view elements) and come into force on 1st April, 2013.

Progress

- The local HealthWatch would be a member of the Health and Wellbeing Board and integral to the preparation of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy together with any priority setting on which local commissioning decisions would be based. It was proposed that an Elected Member also be a member of the HealthWatch Board of Trustees

- HealthWatch Project Group – The Commissioning Project Group included representatives from the Local Authority and Rotherham Clinical Commissioning Group
    - A vision had been developed and included in the consultation. Information on HealthWatch had been added to the website and 2 surveys issued to members of the public, Health and Social Care Service users, voluntary and community sector network and community interest groups
    - TUPE Arrangements – Discussions had taken place with the CCG with regard to 2 members of staff; other roles that were subject to TUPE would be considered
    - Service mapping – completed
    - Commissioning and Procurement Plan – the Pre-Qualification Questionnaire would be issued on 3rd September, 2012
    - NHS Complaints Advocacy – HealthWatch would be requested to provide at all levels of complaint process to ensure value for money
    - Funding – the current LINKs funding would become available for HealthWatch until 2014/15. Additional funding would be made available to local authorities from 2013/14 to support both the information/signposting functions but also for commissioning NHS complaints advocacy. The Department of Health had issued further guidance on the level of funding which was reduced from the original indication. The revised funding level would be included in the specification and tendering documentation

Discussion ensued on the report. It was felt that HealthWatch would have a big workload without the matching resources so it was imperative that work was not duplicated.

Resolved:- (1) That the progress achieve in relation to commissioning HealthWatch Rotherham be noted.

(2) That the intentions of the Department of Health in relation to the secondary Regulations be noted.

(3) That the proposal for an Elected Member to be a trustee on the Rotherham HealthWatch Board of Trustees be given further consideration.

(4) That the revised level of funding available be noted.

(5) That further reports be submitted on the outcome of the tendering process including the outcome of the evaluation process and the recommended provider.

S30. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT

In accordance with Minute No. 15, Kate Green, Policy Officer, submitted the responses that had been received to the questionnaires completed by all Board members relating to the Board's operation, Strategy and delivery.

The Local Government Association had worked with the NHS Leadership Academy, other national organisations and representatives of Health and Wellbeing Boards to co-produce a new development tool for Boards. It could be used to measure levels of preparedness through a 'maturity matrix' which allowed Boards to track their progress over time.

John Wilderspin praised the Board for having the courage to self-assess as well as doing so before a self-assessment tool had been produced. He particularly drew attention to:-

- Good quality reports
- Clarity of the Terms of Reference
- Too ambitious?
- Do not underestimate the challenge of getting different representatives from different organisations and having similar priorities
- Consider concentrating on achieving a couple of priorities in the first year
- Ask difficult questions

Agreed:- That a special meeting be convened to discuss the self-assessment results and the way forward.

S31. DATE OF NEXT MEETING

Agreed:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 31st October, 2012, commencing at 1.00 p.m. in the Rotherham Town Hall.