

**HEALTH AND WELLBEING BOARD**  
**8th May, 2013**

**Present:-****Members**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing <b>(in the Chair)</b>
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Brian Hughes	Director of Performance and Accountability, National Commissioning Board
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

**Also Present:-**

Stuart Booth	Director of Financial Services
Alison Iliff	Public Health Specialist
Ian Jerrams	RDaSH
Clair Pyper	Interim Director, Safeguarding Children and Families
Dr. Richard Turner	Rotherham Clinical Commissioning Group
Chrissy Wright	Commissioning Manager, RMBC

**Observers:-**

Penny Fairman, local pharmaceutical company  
Richard Hackett, Rotherham Local Pharmaceutical Committee  
Dr. Kamal, CCG representative for Yorkshire and Humber  
Natalie Yarrow  
Sharon Hellewell, Supporter

**Officers:-**

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications, NHS Rotherham
Dawn Mitchell	Democratic Services, RMBC

**S85. MINUTES OF PREVIOUS MEETING**

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

Arising from Minute No. S76 (Healthwatch), it was noted that the interviews for the position of Chair were to be held the following week.

Arising from Minute No. S80 (Joint Strategic Needs Assessment), Councillor Lakin questioned whether the refresh should look at Planning

and Licensing policies and procedures for fastfood outlets and the sale of alcohol.

John Radford reported that discussions were underway on this issue with a report to be submitted to a future meeting.

Arising from Minute No. S81 (Making Every Contact Count), it was reported that the steering group had met to work through the practicalities of what would be appropriate intervention/sign posting/advice given the different professionals that were involved. An action plan was being drawn up, which would be submitted to a future meeting, containing the outcomes and outputs that contributed to the health and wellbeing of the Borough.

## **S86. COMMUNICATIONS**

### **(1) Disabled Children's Charter**

A request had been received from The Children's Trust Tadworth that the Board sign the Disabled Children's Charter.

Claire Pyper, Interim Director, Safeguarding Children and Families, reported that the Authority already had a Charter for Disabled Children which had been agreed with the Parents and Carers Forum.

The Disabled Children's Charter was being developed nationally for Health and Wellbeing Boards to ensure that they had integrated services for disabled children within their Priorities. It recognised the additional support that parents and carers of disabled children/young people needed together with the universal services they were entitled to as well and the link into transitional services into Adult Services. It stressed the importance of good governance but also placed real emphasis on making sure Boards focussed on the Charter and within the Joint Strategic Needs Assessment so there was an awareness of the needs in the area.

It was proposed that work would take place on ensuring that Rotherham's current Charter linked with the national Charter.

It was noted that the Charter had not been considered by the Children, Young People and Families Partnership as yet.

Resolved:- (a) That the Disabled Children's Charter be submitted to the next meeting of the Children, Young People and Families Partnership.

(b) That, subject to the agreement of the Children, Young People and Families Partnership, the Board be minded to sign the Disabled Children's Charter.

### **(2) Teenage Pregnancy Conference**

Board members were provided with a report on the above conference attended by Councillor Dalton.

The report was also to be forwarded to the Health and Improving Lives Select Commissions for information.

## **S87. NHS ENGLAND**

Brian Hughes, National Commissioning Board, presented a report on NHS England (formerly the NHS Commissioning Board) which had become operative as from 1<sup>st</sup> April, 2013, illustrating:-

### Purpose

- Create the culture and conditions for health and care services and staff to deliver the highest standard of care
- Ensure that valuable public resources were used effectively to get the best outcomes for individuals, communities and society for now and for future generations

### Objectives

- Priority – improving patient satisfaction
- Priority – improving staff satisfaction
- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring people had a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Promoting equality and reducing inequalities in health outcomes
- Enabling more people to know their NHS Constitution rights and pledges
- Becoming an excellent organisation
- Ensuring quality financial management

### Functions

- Oversight, facilitation, co-ordination and leadership
- Direct commissioning
- Supporting the commissioning system
- Emergency planning, resilience and response

### Organisation

- 1 national public body working to 1 operating model
- 1 national support centre, 4 regions and 37 Area Teams – South Yorkshire and Bassetlaw covered Rotherham
- Specialised commissioning was carried out by 10 of the 27 teams

Discussion ensued with the following issues raised:-

- Was there sufficient dental provision within Rotherham compared to other areas?
- Was the number of GP practices in Rotherham comparable with other areas?

Brian undertook to look into the 2 matters and report back to the Chairman.

Resolved:- That the report be noted.

## **S88. COMMISSIONING PLANS**

### **Council's Budget 2013/14**

In accordance with Minute No. S74, Stuart Booth, Director of Financial Services, gave the following powerpoint presentation:-

### **Meeting the Financial Challenge – An overview of the Council's Budget 2013/14 and beyond**

- The scale of financial challenges/risks facing local government was set to continue for at least until 2017 (possibly a decade)
- Increasing financial risk transferred to local councils through the Local Government Finance and Welfare Changes and restrictions on finances
- Sustainable medium/long term financial planning was now even more critical
- The lack of financial certainty e.g. the next Spending Review was only to be announced in late June, 2013, and the likelihood of further finance reform/restrictions made financial planning extremely difficult

### **What this meant for Rotherham**

- Never faced such financial challenges before...
  - 2010/11 £5m (emergency budget)
  - 2011/12 £30m
  - 2012/13 £20m
  - 2013/14 £20m
  - 2014/15 £20m+?
  - 2015/16 £??m
- Localisation could have significant, adverse impact on future Council resources

### **Approach Taken**

- Established a **clear set** of budget principles
- **Started early** in redesigning services and budget.....reduced head count in last 2 years by over 1,000 and had pushed back the financial 'cliff edge' into later years (2015/16?)
- **Strategic re-positioning** and re-integration of its partnerships e.g. RBT and 2010 Rotherham allowing further savings to be made

- Focus on reducing the 'back office' to a minimum level – over 15% reduction in last 2 years
- Concentrated on **reducing management** posts which had reduced by 26% at Director level and 43% from next tier - overall management reduction of 19%; while front line reduction has only been 8%.

### Rotherham's 2013/14 Budget Challenge

- **Initial Funding Gap in MTFS**           **£14.1m**
- Additional challenges (October):
  - o Specific grants rolled into Formula Grant at reduced levels (net)
    - +£2.9m
  - o Freezing Council Tax                   +£2.2m
  - o CTRS 8.5% max pass through to working age claimants
    - +£1.0m
- **Revised Funding Gap**               **£20.2m**

### Meeting the Challenge

- By working together with a clear set of budget principles, we have managed to meet the budget challenge while protecting front line services and those most in need in the Borough, and minimising job losses .....
- Over 70% (c£14M) of savings proposals did not affect front line service delivery - key examples being:
  - Reviewing inflationary assumptions (£4M) and MTFS assumptions (£0.9m)
  - Further back office streamlining (£2.2M)
  - Rationalising customer access (£0.5M)
  - Realising benefits from improved cash flow management (£2.4M)
  - Maximising opportunities through joint working on Public Health/NHS (£0.8M)
  - Working with partner organisations to improve efficiency (£1M)
  - Maximise income from other sources (£0.8M)
- The remaining savings would come from:
  - Front Line Services:
  - Children and Young Peoples                   £1.776M
  - Neighbourhoods and Adult Social Care       £2.974M
  - EDS (excl Customer contact)               £1.000M
  - Staff savings to be agreed with TUs       £0.300M
  - Critical Friend Reviews of Front line services   £0.341M
- Further job losses expected to be contained at 50 to 60 FTEs
- Accepted the Council Tax Freeze Scheme – to protect low income families who were vulnerable in the Borough
- Designed Council Tax Reduction Scheme (CTRS) to protect vulnerable groups by retaining income disregards, allowances and premiums and by taking up the Government's Transitional Grant Support Scheme.
- Used reform of Council Tax discounts and exemptions to minimise cost of CTRS to working age claimants – likely cost £1.56 per week in a Band A property

- Maintaining Financial Resilience through:
  - Sustainable budgeting
  - Effective, medium term management of reserves to meet future significant risks – circa £7M General Reserve

#### RMBC Revenue Expenditure 2013/14

			Summary
Directorate	Gross Expenditure	Gross Income	Net Expenditure
CYPS	276,238,494	-230,824,494	45,414,000
EDS	80,133,120	-29,462,201	50,670,920
NAS	125,248,989	-50,291,989	74,957,000
Resources	156,392,212	-129,777,697	26,614,516
Central	35,417,273	-11,599,708	23,817,565
	673,430,087	-451,956,689	221,474,000

#### RMBC Directorate's Net Revenue Budget 2013/14 £221.474m

- Children and Young Peoples Services £45.4M
- Environment and Development Services £34.8M
- Neighbourhoods and Adult Services £75M
- Resources £24M
- Levies etc. £19.2M
- Other Services £23.1M

#### RMBC Income 2013/14

- Dedicated Schools Grant 27.7%
- Formula Grant 20.85%
- Council Tax Reduction Scheme Transitional Grant 0.07%
- Fees, Charges and other Grants 39.84% (includes Public Health grant £13.78M)
- Collection Fund Surplus 0.21%
- Council Tax 11.62%
- Council Tax Freeze Grant 0.14%

#### Future Years – Financial Challenge

- Significant reductions in resources were anticipated for 2014/15 nationally - a reduction of 8.6% was planned - in Rotherham 9.1%
- Next Spending Review to be announced ...by end June 2013
- Chancellors view.....austerity programme needed to be extended until (at least) 2018 – Autumn Statement
- Further restrictions on finances may come forward – e.g. more stringent Council Tax referenda principles for those **not accepting** Council Tax Freeze grant have been muted
- Further reform of Local Government Finance bringing about a further transfer of risk to Local Government Finances
- Impact of localisation of Business Rates – first year?
- Other likely Formula Funding changes e.g. Education, Social Care

- Impact on local economy of Welfare Reform changes e.g. Council Tax Reform Scheme, Bedroom Tax etc. including need to annually review Council Tax Reform Scheme; loss of Transitional Grant (£0.5m); introduction of Universal Credits
- Impact of Triennial Revaluation of LG Pension Fund – April 2014
- Pressure to prioritise local economic growth initiatives to stimulate the local economy

Discussion ensued on the presentation with the following issues raised/clarified:-

- The impact of the Bedroom Tax was not known as yet
- Evidence had shown that incoming Governments did not reverse the spending plans of the previous Government
- High Needs Block in CYPS (Special Educational Needs, Behavioural Support Services etc.) had been identified as under pressure in the region of £.5M. This could be further challenged when assessments of children had been carried out as part of the new academic year

Stuart was thanked for his presentation.

### **Public Health**

Dr. John Radford presented the 2013/14 Spending Plan and the Plan for Developing 2014/15 Commissioning Intentions as follows:-

#### 2013/14 Spending Plan

- Total Income £13,983,338
- Public Health Grant £13,790,300
- Other Income £193,038

#### Planned Spending

- Total £13,983,338
- Contracted Services £11,996,638
- Advice Functions £1,112,706
- In-House Services £322,420
- Running Costs £551,573

#### Breakdown of Planned Spending

- Drug and Alcohol advice 2%
- Drug and Alcohol Contracts 30%
- Health Improvement Contracts 23%
- Health Improvement advice 2%
- Health Improvement services 1%
- Health Protection Contracts 27%
- Health Protection advice 1%
- Other Contracts 5%
- Other 9%
  - Healthcare Public Health Contracts 1%
  - Healthcare Public Health Advice 2%

- Creative Media Services 1%
- Director of Public Health 1%
- Running Costs 4%

Running Costs - £551,573

- Pay 25%
- Non-pay 26%
- Central Charges/Overheads 49%

Discussion ensued on the presentation with the following issues raised/clarified:-

- The Department of Health Grant had to be separately accounted for by the Council
- Need to review how contracts were placed and the way Services were delivered for 2014/15
- In 2014/15 needed to balance drug and alcohol spend – currently the majority of spend was currently on Drug Treatment Services and whether that needed realigning more towards prevention services and the very small amount currently spent on Alcohol Services
- NHS Health Checks were very important and could make a significant impact on identifying people with existing conditions. Performance was very good but people were not systematically identified and offered a Health Check
- There had been quite a wide range of work going on over the Authority as a whole in connection with Roma/Slovakian health issues. Rotherham had lead on a Yorkshire and Humber-wide funded pilot programme for Roma health champions which had just finished. A report would be produced on what the benefits had been and what had not worked so well. At the moment there was no identified funding. It was included in the Joint Strategic Needs Assessment as a priority

John was thanked for his presentation.

### **RMBC Commissioning Priorities**

Chrissy Wright, Strategic Commissioning Manager, presented a report setting out the proposals for the 2013/14 Council commissioning priorities that met the identified priorities for the Council's Directorates, Children, Young People and Families Partnership and Adult Partnership and aligned to the Health and Wellbeing Strategy.

The focus of the commissioning priorities were as follows:-

Children and Young People Services – Starting Well and Developing Well  
Adult Services – Living and Working Well and Aging and Dying Well

For 2013/14 all commissioning activity and reviews not included in the priorities would be set out in Strategic Commissioning work plans. The plans would grow with new activities and change as work progressed.

Discussion ensued on the report with the following issue raised/clarified:-

- Work on the Dementia Strategy was underway but was a very complex area of work

Discussion ensued on the need to ensure alignment for commissioning, rationalise how and what was commissioned and how to create efficiencies in the system as well as learning from the successes there currently was in terms of commissioning. It was suggested that a steering group be established to ensure linkage of activity to achieve the different objectives.

Resolved:- (1) That representatives from the Health and Well Being Steering Group are asked identify a set of overarching principles to establish better alignment and coherence of commissioning activities.

(2) That Kate Green be congratulated on her efforts in organising the Heart Town Run in Clifton Park.

#### **S89. WORKSTREAM PROGRESS - DEPENDENCE TO INDEPENDENCE**

Shona McFarlane, Director of Health and Wellbeing gave the following powerpoint presentation:-

Dependence-Independence

- Rotherham people and families would increasingly identify their own needs and choose solutions which were best suited to their personal circumstances

What needs to change to achieve this?

- A significant shift towards self-care and self-management and use of Assistive Technology/Telehealth
- Commissioners to review and evaluate plans and approaches to ensure that independence was promoted
- A defined and agreed approach to risk taking, risk sharing. Needed to move away from defensive decisions which historically had focused on avoiding risk and towards defensible decisions. A critical shift in thinking
- Co-production, customers at the centre

#### Priority One

We will change the culture of staff from simply 'doing' things for people to encourage and prolong independence and self-care

##### Actions

- Personal health budgets workstream was on target
- Assistive Technology Strategy had been drafted
- Self-Care work group initiated

##### Progress

- We will embed a culture through the development of workforce development strategies shared by all relevant agencies that emphasises the promotion of independence and social inclusion – started
- Benchmark workforce development plans
- Identify tools available to support staff to achieve independence and supported risk-taking
- Empower people to remain in control of their lives by embedding approaches such as self-care, self-directed support and personal health budgets

#### Priority Two

We will seek out the community champions and support them with appropriate resources, to take action and organise activities

##### Progress

- Engage with key community groups to identify current activity
- Ageing Better bid to Lottery Fund

#### Priority Three

We will support and enable people to step up and step down through a range of statutory, voluntary and community services, appropriate to their needs

##### Progress

- We will check and challenge commissioning strategies to ensure they reflect this aspiration – programme in place
- Engagement with voluntary sector taking place

#### Priority Four

We will properly enable people to become independent and celebrate independence. A longer term goal but some areas have begun to work this object in already

##### Action

- Young People's Achievements, conference, apprenticeship celebration event
- Reshape News
- Making recovery (alcohol) more visible through events such as Recoverfest

#### Health and Wellbeing Board Actions

- Commissioners needed to ensure that all commissioning strategies reflect and enable this outcome consistently

- Commissioners needed to find ways to incentivise providers to promote/achieve independence with customers and providers
- Having a shared commitment to the risks and opportunities that the commitment provided – helping people to help themselves could mean saying 'no' to some
- Ensuring that the significant culture change was embedded

#### Challenges

- Achieving significant culture change at a time where Welfare Reforms may be driving dependence
- Partners having a consistent approach to customers and understanding when one part of the system said no
- Understanding the behaviours that underpinned and drove dependence
- Engaging effectively and honestly with citizens

Shona was thanked for her presentation.

### **S90.      LOCALLY DETERMINED PRIORITY MEASURE: SMOKING**

Alison Iliff, Public Health Specialist, gave the following powerpoint presentation:-

#### Why is tobacco a priority?

- Smoking rates were above the national average and had plateaued
- Young people's smoking rates were higher than the national average
- Smoking in pregnancy rate were still very high
- Could have serious health consequences and impacts on the economy
- Tobacco was the only product that, when used as the manufacturer directs, killed 50% of its consumers

#### Health Consequences: Preventable Deaths in Rotherham 2011

- Smoking 488
- Obesity 171
- Alcohol 36
- Suicide 16
- Traffic 4
- Assault 5

#### Tobacco: Intervention Pyramid

- Social norms
- Restrict supply
- Health intervention
- Illness treatment

What do we need to do?

- Deliver and fund a comprehensive programme of tobacco control:-
  - Raise public awareness
  - De-normalise smoking – smoke-free homes, smoke-free play areas
  - Prevent access to cheap and illicit tobacco
  - Stop children and young people starting to smoke
  - Help smokers to stop and to engage with services

Challenges

- Changing behaviour amongst those that most need to change
- Believe that cheap and illicit tobacco was a 'Robin Hood' crime
- Electronic cigarettes – less known harms than smoking but long term safety unclear
- Acceptance that the current service provision needed radical change

Rotherham Tobacco Control Alliance wanted Board members to:-

- Recognise that smoking was not only a Public Health issue but should also be part of funded clinical treatment pathways
- Support collaborative commissioning across South Yorkshire

Discussion ensued with the following issues raised/clarified:-

- Nothing in Queen's Speech about "plain" packaging for cigarettes – Legislation about "plain" packaging would boost the work of local authorities/Tobacco Alliance
- Electronic cigarettes – less known harms but long term safety was not known
- Smoke Free Charter – all organisations would sign up to 4/5 key points around smoking and tobacco control which were very achievable with regard to promoting support for stopping smoking, the risks of second hand smoke and a Smoke Free Champion in the workforce. Most of the Charters included a clause where staff visiting a client's home, a requirement that the client would be asked to make the room to be visited smoke free for 30 minutes prior to the visit taking place

Alison was thanked for her presentation.

Resolved:- (1) That partners should contribute to the prevention of uptake in children and young people through the promotion of smoke-free spaces and smoke-free social norms.

(2) That a Rotherham Smokefree Charter be adopted and promoted.

(3) That minutes of the Tobacco Control Alliance be submitted to the Board in future.

**S91. DATE OF NEXT MEETING**

Agreed:- That further meetings of the Health and Wellbeing Board for 2013 be held on Wednesdays, commencing at 1.00 p.m. in the Rotherham Town Hall as follows:-

12<sup>th</sup> June  
10<sup>th</sup> July  
25<sup>th</sup> September  
23<sup>rd</sup> October  
27<sup>th</sup> November  
18<sup>th</sup> December  
22<sup>nd</sup> January, 2014 (9.30 a.m.)  
19<sup>th</sup> February  
26<sup>th</sup> March  
30<sup>th</sup> April