

HEALTH AND WELLBEING BOARD
16th October, 2013

Present:-

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| Councillor John Doyle | Cabinet Member, Adult Social Care (in the Chair) |
| Tom Cray | Strategic Director, Neighbourhoods and Adult Services |
| Chris Edwards | Chief Operating Officer, Rotherham CCG |
| Jason Harwin | South Yorkshire Police |
| Naveen Judah | Healthwatch Rotherham |
| Dr. Julie Kitlowski | Rotherham CCG |
| Councillor Paul Lakin | Cabinet Member, Children, Young People and Families Services |
| Dr. David Polkinghorn | Rotherham CCG |
| Dr. John Radford | Director of Public Health |
| Janet Wheatley | Voluntary Action Rotherham |
| Councillor Ken Wyatt | Cabinet Member Health and Wellbeing/Finance |

Also Present:-

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| Dr. Trisha Bain | Rotherham Foundation Trust |
| Chris Bland | Rotherham Local Pharmaceutical Committee |
| Dominic Blaydon | |
| Claire Burton | Commissioning, RMBC |
| Kate Green | Policy Officer, RMBC |
| Dr. Nagpal Hoysal | Public Health |
| Ian Jerams | RDaSH |
| Laura Sherburn | NHS England |
| Dorothy Smith | Children, Young People and Families services |
| Chrissy Wright | Commissioning, RMBC |

Apologies for absence were submitted by Karl Battersby, Brian Hughes, Chris Bain, Gordon Laidlaw, Tracy Holmes, Martin Kimber, Shona McFarlane, Michael Morgan and Joyce Thacker.

S39. SOUTH YORKSHIRE POLICE

The Board considered a proposal that South Yorkshire Police be formally represented on the Board.

Discussion ensued on the proposal and the benefits of having Police representation. Cognisance was taken of previous requests received from other partner organisations for membership of the Board that had been refused.

Resolved:- (1) That, by exception, South Yorkshire Police be appointed as a member of the Health and Wellbeing Board.

(2) That a review of the Board's Terms of Reference and membership be undertaken in May, 2014.

(Jason Harwin, South Yorkshire Police, was welcomed to the meeting as a formal Board member.)

S40. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

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

S41. COMMUNICATIONS

(a) Rotherham Foundation Trust

Dr. Trisha Bain reported that an Interim Chief Executive (Louise Barnett) had been recruited and would be taking up the appointment on 18th November, 2013. A Deputy Chief Executive had also been recruited.

(b) British Heart Foundation

Councillor Wyatt reported receipt of a letter from Simon Gillespie, Chief Executive, British Heart Foundation, offering support towards Rotherham's application for the Local Government Chronicle Award in the category of Public-Public Partnerships, for the strong partnership Rotherham had created for the Heart Town.

Resolved:- That a copy of the letter be circulated to all members of the Board.

S42. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT

Kate Green, Policy Officer, reported on the responses that had been received from Board members to the self-assessment questionnaire.

The report summarised the 13 responses received and outlined the key comments/issues raised which included:-

- Whether members of the public, front line staff and manager understood the Board's governance structure or appreciated the Board's significance
- Clarity required regarding decision making and where the Board fit within certain Service areas
- The breadth of the membership and effective collaborative working were particular strengths of the Rotherham Board
- There were good examples of integrated working but a need to share commissioning and budget plans to ensure alignment of priorities and spending
- Positive work in key areas but no evidence as yet of any significant changes being made
- Consideration should be given to the frequency of meetings and the contents of the agendas to allow focus on key priorities
- Providers were able to make significant contributions to the work of the Board and were often key to the delivery of the Strategy

Discussion ensued on the responses received:-

- The Chair had now limited the number of presentations to be made at a Board meeting. Presentations would be made if a decision was required or guidance on the direction of travel; other presentations would be sent electronically to enable members to consider the information prior to a meeting and issues arising included on the next Board agenda
- Consideration given to presenting issues differently
- Neighbouring Boards met bi-monthly with the intervening month being a workshop style meeting
- Sharper focus on performance management
- More time required for focussed debate. A lot of time was spent analysing problems but now needed to look at solutions

Resolved:- That consideration be given to the points made above with regard to the style and content of future meetings.

S43. HEALTH AND WELLBEING BOARD - ANNUAL REPORT

Kate Green, Policy Officer, submitted an update on the 6 strategic outcomes of the Health and Wellbeing Strategy. Each workstream lead had attended a Board meeting to present their action plan and progress.

The report provided an overview of progress on key actions and future challenges. The Board was requested to consider how it wished to receive future progress reports and any necessary actions required to ensure workstream leads achieved their outcomes.

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

- Workstream 1 – Prevention and Early Intervention
There was a comprehensive refresh of the Obesity Framework and contracts. Consideration was being given to streamlining the pathways to make it much more effective
- Workstream 2 – Expectations and Aspirations
There had been a small amount of funding identified. If there were any areas of work that required small amounts of funds for projects how could a workstream lead take that forward?
- How were the workstreams to be performance managed?

Resolved:- (1) That the progress made on each of the workstreams be noted.

(2) That the membership of the Health and Wellbeing Steering Group be reviewed and consideration given to the inclusion of NHS England, RDaSH and VAR.

S44. JOINT STRATEGIC NEEDS ASSESSMENT REFRESH

Chrissy Wright, Strategic Commissioning Manager, submitted a report setting out the progress to date to achieve the refresh of the Joint Strategic Needs Assessment by early 2014. The refreshed document must now include user's perspectives and a Directory of Assets which includes community assets, physical infrastructure, networks and individuals and as such would meet the latest Government guidance on JSNA content.

An online format was proposed including a breakdown of information across separate pages within the website and links to further information (Rotherham.gov.uk/jsna). In due course, there would be an opportunity for users to register with the site for updates and when new information was published and content was refreshed. This would also provide a mechanism for monitoring and evaluation of the impact of the JSNA across the Borough.

The refresh had included work to extend the content of the JSNA including:-

- Roma population needs analysis
- Women's health
- LGBT needs analysis
- Eye Health
- Domestic Abuse

A presentation was given of the online format.

Discussion ensued on the report:-

- The Board needed to agree a point in time that all partners could base their commissioning/spending plans for 2014/15
- The online facility was a requirement of the Guidance
- The importance of the JSNA was to give a position in time, however, what happened beyond that time was even more important and why there needed to be a mechanism for challenging and appraisal of future planning. Partners could then co-ordinate better on forward planning groups and what could be done to challenge the provision and ascertain if the best options were being utilised
- Canklow was proposed as the pilot area for the development of an asset register where all individual community assets would be mapped and evaluated before branching out across the Borough

- Consultation on the refresh document was a requirement, not just with stakeholders but also with the public

Resolved:- (1) That the progress made in achieving a refresh of the JSNA be noted.

(2) That all partners commit to being full participants in the ongoing development of the document.

(3) That all partners be informed as soon as possible as to what information was required to populate the JSNA to enable it to be submitted to the 18th December Board meeting so as to fit with partner organisations' deadlines for submission of their 2014/15 commissioning/spending plans.

(4) That consultation upon the refreshed document commence in early 2014.

S45. PERFORMANCE MANAGEMENT FRAMEWORK

Consideration was given to a report, presented by the Director of Public Health, containing the second formal performance report to the Health and Wellbeing Board about each of the six priority measures that the Board determined were key to the delivery of the Joint Health and Wellbeing Strategy. Performance details in respect of each one of the priority measures were included in the submitted report.

Discussion took place on the report including:-

- The Planning Service's request for the Board's view with regard to fast food outlets near schools/within deprived areas
- Inclusion in the report of why certain Priorities were not meeting their outcomes

Resolved:- (1) That the report be received and its contents noted.

(2) That the Planning Service be informed of the Board's 6 Priorities.

(3) That the performance report format in future include analysis of failing to meet outcomes particularly in comparison with statistical neighbours and nationally.

S46. SOCIAL CARE SUPPORT GRANT

Dominic Blaydon, Head of Long Term Conditions and Urgent Care, reported on the transfer to the Council of the Social Care Support Grant.

NHS England would transfer £481M for 2013/14 to the Authority via an agreement under Section 256 of the 2006 NHS Act. The agreement would be administered by the NHS England Area Team and would only pass over to the Authority once the agreement had been signed by both parties.

The Grant must be used to support Adult Social Care Services that delivered a health benefit. The Guidance required NHS England to ensure that the Local Authority agreed with its local health partners on how the funding was best used. Health and Wellbeing Boards would be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. It would also be a condition of the transfer that the local authority and RCGG had regard to the Joint Strategic Needs Assessment for their local population.

It was proposed that the funding focus on:-

- Additional short term residential care places or respite and intermediate care
- Increased capacity for Home Care Support, investment in equipment, adaptations and telecare
- Investment in Crisis Response Teams and Preventative Services to avoid hospital admission
- Further investment in Reablement Services to help regain their independence.

Resolved (1) That the programme of expenditure as set out in the Appendix submitted be approved.

(2) That the development of a light touch performance framework for the Grant be approved.

S47. HEALTHWATCH ROTHERHAM OUTCOMES FRAMEWORK AND WORK PLAN

Claire Burton, Operational Commissioner, submitted a report on the Outcomes Framework and work plan for Healthwatch Rotherham.

Parkwood Healthcare Ltd. had been awarded the Healthwatch Rotherham contract which commenced on 1st April, 2013. Contract monitoring arrangements had been established including an outcomes framework which required performance against the outcomes to be achieved, as detailed within the contract, to be monitored and reported against on a monthly basis.

The work plan detailed the specific pieces of work that Healthwatch would undertake, or contribute to, in line with their role. It was based upon the Health and Wellbeing Strategy priorities as well as local intelligence gathered with regard to health and social care services in Rotherham.

There was capacity within the work plan for Healthwatch to respond to the number of ever increasing enquiries/issues from members of the public or to undertake specific consultation with members of the public as determined appropriate.

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

- Volume of monthly reporting required – this was due to Healthwatch being new and the complexities surrounding it. Their database would produce quarterly monitoring reports
- Healthwatch was crucial as the patient voice increased
- Quality assurance was as critical as the Service itself
- Healthwatch was very new and at the time the document had been drawn up the Chair had not been in position. It was recognised, however, that the Healthwatch Manager had been involved in its development. It was a working document and would be reviewed regularly.

Resolved:- (1) That the Outcomes Framework and Work Plan, 1st September, 2013 to 31st March, 2014, for Healthwatch Rotherham be approved.

(2) That exception reports on performance and programme against the Outcomes Framework and Work Plan be submitted as and when necessary.

(3) That liaison take place with the CCG with regard to the possibility of Healthwatch Rotherham setting up an e-mail group that could be used as a feedback facility.

(4) That members of the Board e-mail Naveen Judah with any proposals that Healthwatch could undertake on their behalf.

S48. ANNUAL LOCAL SAFEGUARDING CHILDREN'S BOARD REPORT AND BUSINESS PLAN

The Board received the Rotherham's Local Safeguarding Children Board Annual Report 2012/13 which was submitted for information.

S49. NUMBER OF GP AND DENTAL PRACTICES IN ROTHERHAM

In accordance with Minute No. S87 of the meeting held on 8th May, 2013, information was submitted regarding the GP and Dental Practices for information.

S50. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th November, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall,