

**HEALTH AND WELLBEING BOARD**  
**27th November, 2013**

**Present:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing ( <b>in the Chair</b> )
Louise Barnett	Rotherham Foundation Trust
Karl Battersby	Strategic Director, Environment and Development Services
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	CCG
Ian Jerrams	RDaSH
Naveen Judah	Rotherham Healthwatch
Martin Kimber	Chief Executive, RMBC
Julie Kiltowski	CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Acting CI Paul McCurry	South Yorkshire Police
Shona McFarlane	Director of Health and Wellbeing
Dr. David Polkinghorn	CCG
Dr. John Radford	Director of Public Health
Laura Sherburn	NHS England
Joyce Thacker	Strategic Director, Children, Young People and Families
Janet Wheatley	VAR

**Also Present:-**

Kate Green	Policy Officer, RMBC
Tracy Holmes	Communications and Marketing, RMBC
Sarah Whittle	CC
Chrissy Wright	Commissioning, RMBC

Apologies for absence were submitted from Chris Bain, Jason Harwin and Brian Hughes.

**S51. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

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

Arising from Minute No. S47(4) (Healthwatch Rotherham), Naveen Judah reported that 7 responses had been received of which 2 had met the criteria.

1 project was the Development of an Integrated Health, Social Care and Education Service for Children with Disabilities and/or Special Educational Needs sponsored by Joyce Thacker.

The second project was a proposal by the CCG to identify methods of getting care leavers to access services in a more constructive manner.

Updates would be submitted to the Board as well as the work being performance managed and quality assured as part of the contract arrangements.

## **S52. COMMUNICATIONS**

The Chairman reported receipt of the following correspondence:-

“Think Pharmacy” – following on from the 2 successful events held in September, information packs were available.

Derbyshire Advocacy Service had submitted a funding application to the Big Lottery Fund.

Shaping our Lives – a partnership with Disability Rights UK and Change which included a brief guide to commissioning user-led services. It was agreed that the letter be forwarded to the Health and Wellbeing Steering Group for consideration.

## **S53. INTEGRATION TRANSFORMATION FUND**

Tom Cray presented information that had been received from NHS England with regard to the above Fund.

Planning guidance would be issued on 16<sup>th</sup> December, 2013, but 10 key points had been highlighted:-

- Improving outcomes
- Strategic and operational plans
- Allocations for CCGs
- Tariff
- Integration Transformation Fund
- Developing integration plans
- Working together
- Competition
- Local innovation
- Immediate actions

There was a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that would have benefits beyond the effective use of the mandated pooled fund. The plan would start in 2014 and form part of a 5 year strategy. The £3.8B national pool brought together NHS and Local Authority resources that were already committed to existing core activity. The Council and CCG would, therefore, have to redirect funds from the activities to shared programmes that delivered better outcomes for individuals.

Discussion ensued with the following issues raised:-

- Discussions had commenced looking at how the Council and CCG could agree an intervention approach to transform services to keep people out of hospital and early discharge
- Of the £3.8B national fund Rotherham would receive approximately £20M, £10M of which was mandated funding streams. The remaining £10M would be for the CCG to identify, and agree with the Council, services that should be decommissioned and a plan developed to decommission and transformation
- A number of conditions attached to the Fund that had to be satisfied some of which gave clear indications as to what areas change and intervention was expected depending upon local conditions
- The Cabinet had agreed that a simple local vision be developed supporting the delivery of locally determined priorities and was consistent with the national definition
- Adopt a programme management approach with NHS Commissioners to produce a 5 year strategic plan informed by the priorities set out in the JSNA
- Joint review of the existing pooled budget arrangements to help agree a 2 year operational plan
- Develop a single framework that ensured the views of providers from the health and social care economy drove change
- Synchronicity of planning and commissioning arrangements that operated to similar timetables
- Understanding the operation of the different markets and developing a single market position statement to provide clarity on how the needs of the local population were met
- Development of a shared risk register
- All had to be consistent with the work of the JSNA and Health and Wellbeing Strategy
- Initial draft strategic plan had to be submitted by 14<sup>th</sup> February, 2014
- Other health communities in the region were at the same position as Rotherham

Laura Sherburn reported that NHS England would be responsible for the overall governance and assurance role. If agreement was not reached, NHS England would likely be put into a dispute resolution role so,

therefore, should not be involved in any Steering Group established but would need to see its Terms of Reference.

Resolved:- (1) That a Task and Finish Group, comprising 3 representatives from the CCG and 3 from the Local Authority, be established and meet as a matter of urgency.

(2) That NHS England be provided with a copy of the Task and Finish Group's Terms of Reference.

(3) That a Risk Register be developed and submitted to the December Board meeting.

#### **S54. PUBLIC HEALTH OUTCOMES FRAMEWORK**

Dr. John Radford reported that Public Health England monitored the Council's new statutory functions, including health protection and health improvement, through the Public Health Outcomes Framework (PHOF) which focussed on the causes of premature mortality. Rotherham's Health and Wellbeing strategy supported early intervention and prevention as part of improving performance against the PHOF and the key lifestyle factors that influenced avoidable mortality.

The Framework needed to be reviewed quarterly to drive improvements in performance. Public Health would lead the agenda and report to Cabinet by exception and agree with partners action plans to address under performance. Where indicators were significantly underperforming, discussion would take place at the Health and Wellbeing Board followed by a performance clinic to develop a remedial action plan to engage action by partners.

66 indicators had been identified, grouped into 4 domains to deliver the 2 high level incomes of increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities:-

- Improving the wider determinants of health (19)
- Health improvement (24)
- Health protection (7)
- Healthcare public health and preventing premature mortality (16)

Current performance against the England average had highlighted several areas where there was under performance and a downward trend. There needed to be an agreed reporting structure to ensure performance was monitored effectively.

There would be a comprehensive monitoring process initiated for those indicators off track including performance clinics to review change. The process would be directed by the multi-agency Health and Wellbeing Steering Group.

Discussion ensued with the following issues raised/clarified:-

- Public Health would examine each indicators and produce a report setting out where there were clear performance issues to be escalated to the Steering Group/performance clinic for action
- Should also consider if/what the trends were within the priorities
- Was the data compared against England data or other areas that Rotherham was always compared against?
- Were there areas that could be “quick wins?”
- Need to focus on issues that would make a difference in the 6 Priority areas

Resolved:- (1) That the proposed Framework to address under performance be approved.

(2) That mechanism to deliver the Health and Wellbeing Strategy aim of moving to Prevention and Early Intervention be supported.

(3) That the proposed Framework be submitted to the Cabinet for consideration.

## **S55. FLU VACCINATION PROGRAMME**

Discussion ensued on the flu vaccination uptake this Winter as follows:-

- The Council had a programme for offering vaccination to all staff in high risk categories/customer facing - much better uptake this year to the offer which had been co-ordinated by Public Health
- Vaccination of pregnant women was above the national average but could be better – some general practices offered the vaccination alongside Midwifery and some were not
- 54.2% of RFT staff had taken up the vaccination – second highest in the region

Laura Sherburn reported that the first data collection (vaccines given in September and October) showed:-

Over 65s	63.6%
Under 65 at risk	41.8%
All pregnant women	31.6%
All 2 year olds	31.9%
TRFT Staff	54.2%

Rotherham had the best figures in South Yorkshire and Bassetlaw region currently for patient vaccination uptake and second best in the region for Trust staff uptake.

The Primary Care information was:-

GPs	55%
PNs	68%
Non-Qualified Clinical Support	65%
Other Qualified Healthcare Professionals/AHPs	14%
Admin/Reception	58%
Number of staff reported as Declined	101

Resolved:- That the report be noted.

#### **S56. FREQUENCY AND FORMAT OF BOARD MEETINGS**

Further to the discussion at the previous meeting (Minute No. S42 refers), it was felt that, due to the workload of the Board, that the Board continue to meet on a monthly basis. However, the Board would shortly be reviewing its governance arrangements when frequency of meetings would be considered.

It was felt that a reflective meeting would be useful and that there should be an annual public event.

Resolved:- That the Board's work programme and governance arrangements be submitted to the next meeting.

#### **S57. MATTERS ARISING FROM INFORMATION ITEMS CIRCULATED**

It was noted that the following items had been circulated for information prior to the meeting:-

Cost of Alcohol  
Autism Self Evaluation  
National Energy Action  
Woodlands Trust – Healthy Woods-Health Lives

#### **S58. DATE OF NEXT MEETING**

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 18<sup>th</sup> December, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall.