

HEALTH AND WELLBEING BOARD
22nd January, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Chris Bain	RDaSH
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	Chief Commissioning Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. David Polkinghorn	Rotherham CCG
Joyce Thacker	Strategic Director, Children, Young People and Families
Janet Wheatley	Voluntary Action Rotherham

Also in attendance:-

Robin Carlisle	Rotherham CCG
Kate Green	Policy Officer, RMBC
Melanie Hall	Healthwatch Rotherham (rep. Naveen Judah)
Pete Hudson	Chief Finance Manager, RMBC
Shona McFarlane	Director of Health and Wellbeing, RMBC
Phil Morris	Rotherham Local Safeguarding board
Joanna Saunders	Department of Public Health (rep. Dr. Radford)
Chrissy Wright	Strategic Commissioning Manager, RMBC

Apologies for absence were submitted by Brian Hughes, Naveen Judah, Martin Kimber and Tracy Holmes.

S64. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

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

Arising from Minute No. S59 (Flu Vaccination Programme), Joanna Saunders reported that there was no further national information. There was a national meeting convened for the following week from which feedback would be received.

Arising from Minute No. 61 (Joint Strategic Needs Assessment), Chrissy Wright gave clarification of the website address. A report would be submitted in due course on uptake.

Janet Wheatley reported that a consultation event was to take place on 27th January at the Unity centre for the voluntary and community sector.

S65. COMMUNICATIONS

The following were reported:-

- (1) Attendance at a meeting of specialist commissioners by Councillor Dalton.
- (2) NHS England's Commissioning intentions had been received and would be circulated.
- (3) Rotherham was 1 of 6 areas in the country that had successfully secured funding from the local area CCG and the Police and Crime Commissioners for a pilot initiative for mental health patients in custody. There had been some recruitment of staff and there would be mental health practitioners working alongside the Police and Council employees to identify those with possible mental health issues. An update would be submitted in due course.
- (4) "Ramp up the Red" – a national Heart Town initiative – would run through the month of February.

S66. RMBC BUDGET - MEETING THE CHALLENGE

Pete Hudson, Chief Finance Manager, gave the following powerpoint presentation:-

The Financial Challenge

- The scale of financial challenges/risks facing local government was set to continue at least until 2017 (possibly a decade)
- From 2013/14 there had been increased financial risk transferred to local councils through the Local Government Finance and Welfare Reform challenges and restrictions on finances e.g. Council Tax Referenda
- Sustainable medium/long term financial planning was now even more critical

What this meant for Rotherham

- 2010/11 £5M (emergency budget)
- 2011/12 £30M
- 2012/13 £20M
- 2013/14 £20M
- 2014/15 £23M
- 2015/16 £23M (estimate)

Old Budget Principles

- Previous budget principles services the Council well in the past, however, in the context of the Government's Finance and Welfare Reform changes, a new approach was essential to meet future financial challenges:-
Support Services pared to a minimum

Staff headcount reduced by over 1,000 and management posts reduced by 19%

Lean Council

No longer 'salami slice' services

New Budget Principles

The Council's budget had been developed to:-

- Focus on the things most important to local people
- Help people to help themselves wherever possible
- Provide early support to prevent needs becoming more serious
- Shift scarce resources to areas of greatest need including targeting services and rationing services to a greater extent than at present

What this meant for Rotherham

- Need to create an Investment Fund to focus on delivering Business Growth
- Not doing everything, providing fewer services directly and supporting more people needing help through forging partnerships with other public sector stakeholders, communities, businesses and citizens to help them to do more for themselves
- Using the limited and shrinking resources to tackle the biggest problems for the most needy, focussing on the 11 most deprived areas, accepting some would need to get less or less frequently
- Achieving the best quality, safest, most reliable outcome via the most affordable service delivery method
- Direct provision of service only where the Council was the cheapest/best quality solution to meet the critical needs of its citizens

Rotherham's 2014/15 Budget Challenge

Initial Funding Gap in Medium Term Financial Strategy

£19.1M

- June Spending Round adjustments
+1.0M
- July Technical Consultation adjustments
£0.4M

Additional Pressures

- New Government announcements
+0.7M
(reduced Housing Benefit grant/reduced Education Support Grant)
- Pensions Triennial Revaluation
+1.5M
- Undelivered savings target 2013/14
+0.3M

Revised Funding Gap

£23.0M

Meeting the Challenge: Savings Proposals 2014/15

- Directorate Savings Proposals
£15.6M
- Central Savings Proposals
£5.3M
- Revisions to Planning Assumptions
£2.1M
- Total
£23.0M

It was noted that the budget proposals were to be considered by Cabinet 5th March, 2014.

Discussion ensued on the presentation with the following comments made:-

- Important for all parties to share their budget proposals to enable collaborative working and achieve maximum impact for the funding available – also to ensure partners did not make budget cuts in the same areas
- Once the full list of all the saving proposals had been compiled Impact Assessments would be worked up to accompany the report to Cabinet to enable Members to be aware of the effect of the savings

Pete was thanked for his presentation.

S67. RMBC COMMISSIONING INTENTIONS FOR ADULTS AND CHILDREN'S SERVICES

Chrissy Wright, Strategic Commissioning Manager, gave the following powerpoint presentation:-

The Big Things – Adult Social Care and CYPS

- Early Intervention and Prevention
- Dependence to Independence
- Joint Commissioning and Integration
- Achieving Financial Efficiencies

Alignment with Health and Wellbeing Strategic Priorities

- Priority 1 – Prevention and Early Intervention
- Priority 2 – Expectations and Aspirations
- Priority 3 – Dependence to Independence
- Priority 4 – Healthy Lifestyles
- Priority 5 – Long Term Conditions
- Priority 6 – Poverty

Adult Social Care – Priority Activities

- Early Intervention and Prevention
- Growth of Connect to Support
- Dependence to Independence

- Disinvest in residential care placements and invest in community-based services
- Joint Commissioning and Integration
Better Care Fund identify current joint work and opportunities for a pooled budget with alignment with RCCG
- Achieving Financial Efficiencies
Delivering the identified savings in the budget matrix

CYPS Social Care – Priority Activities

- Early Intervention and Prevention
Partnership with Public health on breast feeding and smoking cessation in pregnancy
- Dependence to Independence
Deliver Support and Aspiration SEND reforms
- Joint Commissioning and Integration
Building transition into the Better Care Fund programme
- Achieving Financial Efficiencies
Deliver the strategic transformation intentions e.g. reconfiguration of Children's Centres

Discussion ensued on the presentation with the following comments made:-

- Children's Centres had been a flagship for the previous Government, however, the current Government had not provided funding for them. Due to the critical financial challenges faced by the Council, there was only funding for 1 more year
- Given the support for the 11 most deprived areas, many of which had Children's Centres and were a model of good practice, it was felt that closing them would be disastrous
- Just working in the 11 most deprived areas would not achieve the aims/aspirations across the board

Chrissy was thanked for her presentation.

S68. ROTHERHAM CCG PLAN 2014/2015

Robin Carlisle, Deputy Chief Officer, Rotherham CCG, presented the CCG's 5 year commissioning plan for endorsement prior to submission to NHS England on 14th February, 2014.

The plan had been developed in discussion with member GP practices, other Rotherham commissioners (RMBC and NHS England) and providers of health services in Rotherham (including TRFT and RDASH) and circulated to stakeholders. Comments received and the requirements of the planning guidance "Everyone Counts" had been incorporated into the draft.

Comments by Board members would be welcomed particularly on the following:-

- 5 year vision
- Plan on a page
- QIPP (Quality, Innovation, Productivity and Prevention) both Provider and System Wide

There was still work required by the February deadline with regard to financial implications, levels of ambition for outcome measures and Rotherham's approach to the Better Care Fund.

Discussion ensued on the document with the following comments made:-

- Important for all Service providers to understand/know the detail of what the implications were for their particular services and the chance to be involved
- Need to sure all the plans being submitted to the various bodies all aligned and did not forget the transformational time required to make the plans happen

Resolved:- (1) That any comments on the plan be submitted to the CCG as a matter of urgency to enable the plan to be submitted to NHS England by the 14th February, 2014, deadline.

(2) That the Council and NHS England, as co-commissioners, confirm that the plan was complementary with their own commissioning plans.

(3) That TRFT and RDASH, as substantial providers of health services within Rotherham, confirm that the financial, activity and strategic vision in the plan triangulated with their 5 year organisational plans.

S69. BETTER CARE FUND

Tom Cray, Strategic Director Neighbourhoods and Adult Services, gave the following powerpoint presentation;-

Task Group Terms of Reference

- To work members of the Health and Wellbeing Board to understand and interpret the requirements of the Better Care Fund
- To develop a local jointly agreed vision for integration
- To develop a plan to be signed off by the Health and Wellbeing Board and submitted to NHS England by 14th February
- To do any necessary further work to ensure the plan was adopted and being monitored by April, 2014

We Are Here:-

- The Health and Wellbeing Board has developed good relationships across the new health and care landscape
- Already agreed the joint priorities through the Health and Wellbeing Strategy informed by the JSNA

- The Health and Wellbeing Board have made a commitment to integration through the local Strategy
- Clear links to what needs to be delivered as part of the Better Care Fund
- Better Care Fund Plan would help deliver the Health and Wellbeing Strategy

Definition of Integration

- Adopt the nationally recognised definition of Integration:
“I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me” (‘National Voices’)

Vision

- Overarching vision of Health and Wellbeing Board: To improve health and reduce health inequalities across the whole of Rotherham
- The Better Care Fund would contribute to 4 of the strategic outcomes of the Health and Wellbeing Strategy:
 - Prevention and Early Intervention – Rotherham people will get help early to stay health and increase their independence
 - Expectations and Aspirations – all Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community
 - Dependence to Independence – Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances
 - Long-term Conditions – Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life

Measuring Success

- Develop ‘I statements’ as a common narrative to help us
 - Keep the voice of Rotherham people at the heart
 - Understand what integration feels like for service users/patients/carers
- Based on what people tell us – way of ‘making it real’
- Influencing change through people’s experiences
- Adopt this as a principle with aim to implement at a later date (drawing on lessons learned from national consultation)

Criteria for Selection of One Local Measure

Must have:-

- A clear, demonstrable link with the Joint Health and Wellbeing Strategy
- Data which was robust and reliable with no major data quality issues (e.g. not subject to small numbers – see “statistical significance” in next section)
- An established, reliable (ideally published) source
- Timely data available, in line with requirements for pay for

performance – this meant that baseline data must be available in 2013-14 and that the data must be collected more frequently than annually

- A numerator and a meaningful denominator available to allow the metric to be produced as a meaningful proportion or a rate
- A challenging locally set plan for achievement
- A metric which created the right incentives

Local Measure (choose 1 from 9 or select own)

- NHS Outcome Framework
 - Proportion of people feeling supported to manage their (long term) condition
 - Diagnosis rate for people with Dementia
 - Proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at 120 days
- Adult Social Care Outcomes Framework
 - Social care related quality of life
 - Carer reported quality of life
 - Proportion of adults in contact with secondary, mental health services living independently, with or without support
- Public Health Outcomes Framework
 - Proportion of adult social care users who have as much social contacts as they would like
 - Proportion of adults classified as inactive
 - Injuries due to falls in people aged 65 or over (Persons)

Does the Local Measure meet the Better Care Fund Criteria?

Local Measure – suggested option

- NHS Outcome Framework
 - Possible new local measure
Health Related Quality of Life for people with long term conditions, Indicator E.A.2 from the “Everyone Counts”
 - Proportion of people feeling supported to manage their (long term) condition

Next Steps

- To have a clear commitment from all partners to provide data and information as and when required
- To agree the local measure for pay-for-performance element
- Joint offer working group (LA/CCG/NHSE) to ensure we are meeting all national conditions
- Consultation with user/patients/providers
- Next Task Group meeting 31st January to look at:-
 - What is currently commissioned that does not improve Better Care Fund measures
 - What needs to be commissioned to meet the Better Care Fund measures and estimated costs
 - First draft of Better Care Fund Plan

Discussion ensued with the following points raised/clarified:-

- The task group comprised of Martin Kimber, Chris Edwards, Julie Kitlowski, Councillor John Doyle, John Radford and Tom Cray
- It was not new money but the funding currently allocated to the Local Authority and the CCG for Services provided to patients and the citizens of Rotherham
- A regional event had shown that Rotherham had made similar levels of progress as others with regard to the submission
- Challenge was to ascertain which Services met the outcomes and then how to prioritise to meet the Services currently commissioned

Tom was thanked for his presentation.

S70. JOINT PROTOCOL BETWEEN HEALTH AND WELLBEING BOARD AND CHILDREN'S SAFEGUARDING BOARD

Phil Morris, Rotherham Local Safeguarding Children Board (RLSB), submitted a proposed Protocol which outlined and confirmed the functions and responsibilities of Rotherham's key strategic partnerships i.e. the RLSB, the Children, Young People and Families Partnership (CYPFSP) and the Health and Wellbeing Board. It also set out the relationship between them, providing clarity and ensuring that the needs of children and young people in the Borough were identified and addressed at a strategic level:-

- The CYPFSP will formally report to the HWBB on the progress update against the relevant priorities (in line with the Health and Wellbeing Strategy) of both the CYPFSP and the key milestones and targets within the Children and Young People's Commissioning Plan
- The RLSCB will submit its Annual Report of the Health and Wellbeing Board
- The Health and Wellbeing Board will ensure that:
The Joint Strategic Needs Assessment takes account of key areas for vulnerable children identified via the RLSCB Annual Report and the CYPFSP key priorities. The Director of Public Health had specific responsibility for this
- The Health and Wellbeing Board may also request that the CYPFSP and/or the RLSCB to consider issues for development, action or scrutiny

Resolved:- That the Protocol be approved and be put into operation with immediate effect.

S71. DATE OF NEXT MEETING

Resolved:- That a Special meeting of the Health and Wellbeing Board be held on Tuesday, 11th February, 2014, commencing at 9.30 a.m. in the Rotherham Town Hall.