

HEALTH AND WELLBEING BOARD
11th February, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
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
Brian Hughes	NHS England
Naveen Judah	Healthwatch Rotherham
Martin Kimber	Chief Executive, RMBC
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. John Radford	Director of Public Health
Janet Wheatley	Voluntary Action Rotherham

Also in attendance:-

Helen Dabbs	RDaSH
Kate Green	Policy Officer, RMBC
Shona McFarlane	Director of Health and Wellbeing
Clair Pyper	Director of Safeguarding
Chrissy Wright	Strategic Commissioning Manager, RMBC
Keely Firth	CCG

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Tracy Holmes, Julie Kitlowski, Dr. David Polkinghorn and Joyce Thacker.

S72. BETTER CARE FUND

Kate Green, Policy Officer, presented Rotherham's Better Care Fund plan for approval by the Board, prior to submission to NHS England by 14th February. The documents to be submitted included:-

- Planning Template Part 1 –
- Planning Template Part 2
- Appendix 1 - Summary of consultation
- Appendix 2 - Rotherham Better Care fund Action Plan
- Appendix 3 – Health and Wellbeing Strategy
- Appendix 4 – Joint Strategic Needs Assessment
- Appendix 5 – Overarching Information Sharing Protocol

Kate drew attention to the following:-

- A huge amount of work had been put in by officers from all agencies
- The work had been developed by a multi-agency officer group overseen by the Task Group which provided the strategic overview of the work

- Negotiations had taken place by both the Local Authority and CCG in order to produce a plan and action plan that both partners were fully signed up and committed to
- A range of consultation activity and engagement had taken place as well as collating information from previous consultation. This had included:-
 - Commissioning of Healthwatch Rotherham to conduct consultation with the local community on the envisaged transformation of services. The survey had been completed by 42 people between 31st December, 2014 and 14th January, 2014
 - 12 Council Customer Inspectors were asked a series of questions focussed around the proposed vision including the 4 Health and Wellbeing priorities
 - Emails sent to 305 social care providers in Rotherham inviting them to take part in a survey
 - The results from the Health and Wellbeing Strategy consultation that took place between July-August, 2012 to help shape the priorities
 - Patient Participation Network
 - Mystery shopper volunteers looking at the provision vision, priorities and seeking their advice on Health and Wellbeing activities
 - Discussions at the Adult Partnership Board
- The findings from the consultation activity were used to develop a set of “I” statements , which demonstrate outcomes that local people want from integrated working:
 - I am in control of my care
 - I only have to tell my story once
 - I feel part of my community which helps me to stay healthy and independent
 - I am listened to and supported at an early stage to avoid a crisis
 - I am able to access information, advice and support early that helps me to make choices about my health and wellbeing
 - I feel safe and am able to live independently where I choose
- The vision for the plan had been based on the local Health and Wellbeing Strategy, A lot of work had gone into developing the local strategy which was being used to influence the plans of a range of partner organisations. The Better Care Fund, if used effectively, should contribute significantly to delivering against the Strategy's outcomes:
 - Prevention and Early Intervention
 - Expectations and Aspirations
 - Dependence to Independence
 - Long term Conditions

- The 12 schemes in the action plan (appendix 2) had been divided under the above 4 themes and the plan demonstrated which BCF outcome measures the schemes would help achieve
- Much more work was now required to add detail to the plan before final submission on 4th April, but the first draft provided the foundation to work from

Finance and Measures (Template 2)

- The funding information mapped directly to the action plan
- For each Metric other than patient experience, it detailed the expected outcomes and benefits of the scheme and how they would be measured
- There were 5 nationally prescribed metrics and one locally agreed measure:-
 - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
 - Delayed transfer of care from hospital per 100,000 population (average per month)
 - Avoidable emergency admissions
 - Patient/service user experience
 - Emergency re-admissions (local measure)
- Targets had been set based on the national guidance provided. Further work would be required on them before the final submission in April

Next Steps

- The documents would be submitted to NHS England in accordance with the 14th February deadline with feedback expected by the end of February
- The officer group would continue to meet on a regular basis to further develop the plan and look specifically at the schemes, developing an action and delivery plan for each, identification of leads and timescales.
- The Task Group would also meet to give a strategic overview of the work and the financial plan which had to be submitted by 4th April

Brian Hughes, NHS England, stated that the process followed by Rotherham was what would have been expected. The assessment process was currently in the process of being finalised and once complete, he would ensure that Rotherham received it.

Every bid would have an initial assessment and then subject to a thorough assessment. Brian stated that he would give feedback by 28th February on Rotherham's submission. The bid may not have gone through the national or regional peer process by that date but it would have been subject to the joint assessment by ADAS and NHS England.

Discussion ensued on the presentation with the following issues highlighted:-

- Careful consideration should be given to the emergency readmission measure. It was noted that nationally a lot of Services were taken out of the metric. This has been highlighted on the Risk Register
- Monitoring of the action plan

The Chairman emphasised that it was not new money but money that was already in the system.

He thanked Healthwatch Rotherham, the mystery shoppers and the Patient Participation Group for their assistance in the consultation.

Resolved:- (1) That the Better Care Fund application and supporting documentation be approved for submission to NHS England in accordance with their 14th February deadline.

(2) That Councillor Wyatt, Martin Kimber and Chris Edwards sign off the submission.

(3) That an All Members Seminar be convened to ensure Members were fully informed with regard to the Better Care Fund.

(4) That consideration be given to monitoring of the action plan be given at the next Health and Wellbeing Board.

(5) That a press release be issued on Rotherham's submission.

S73. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 19th February, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.