HEALTH AND WELLBEING BOARD
23rd April, 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 Officer, Rotherham CCG
Melanie Hall	Healthwatch Rotherham (representing Naveen Judah)
Julie Kitlowski	Clinical Chair, Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Jenny Lax	South Yorkshire Police (representing Jason Harwin)
Clair Pyper	Interim Director, Safeguarding (representing Joyce Thacker)
Dr. John Radford	Director of Public Health

Also in Attendance:-

Louise Barnett	Chief Executive, Rotherham Foundation Trust
Kate Green	Policy Officer, RMBC
Ian Jerrams	RDaSH (representing Chris Bain)
Paul Stinson	Commissioning, RMBC (representing Chrissy Wright
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were received from Chris Bain, Karl Battersby, Jason Harwin, Tracy Holmes, Brian Hughes, Naveen Judah, Martin Kimber, Gordon Laidlaw, Joyce Thacker and Chrissy Wright.

S93. QUESTIONS FROM THE PRESS AND PUBLIC

No members of the press and public were present at the meeting.

S94. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 26th March, 2014, be approved as a correct record.

Arising from Minute No. S95(d) (Motor Neurone Disease Charter), it was noted that the CCG had not agreed with the signing of the Charter due to it being prescriptive with regard to the drug stated within the document.

The CCG followed NICE Guidance and as such prescribed medication best suited to the patient which may not be the same as the Charter.

It was agreed that the CCG would discuss with its members signing of the Charter with the caveat “subject to NICE Guidance on prescribing”.

S95. COMMUNICATIONS

(a) Public Health Commissioning Plan

John Radford, Director of Public Health, submitted for information the local framework for the use of the Public Health Grant to support the Council's statutory functions of Health Improvement, Health Protection and Healthcare Public Health advice to the Rotherham Clinical Commissioning Group.

(b) National Child Measurement Data

John Radford, Director of Public Health, submitted for information the above update. Obesity was 1 of the largest Public Health issues for the future. The appendices illustrated the difference across Rotherham in terms of the prevalence of obesity and needed to be addressed as an urgent priority. It had been agreed as a priority in terms of the Outcomes Framework in ascertaining what services were commissioned, policies and procedures, what was happening in schools, GP practices, hospital etc. across the Local Authority.

Discussion ensued with the following issues raised:-

- Clarification of what was work was taking place with schools and local supermarkets
- Work of the Healthy Schools Initiative
- Work with children to gain their views
- Statutory Local Authority function to weigh and measure children in School at Reception and Y6 – the introduction of school meals next year would show if a difference had been made

Resolved:- That the Obesity Strategy Group be requested to convene a task groups to consider the issues.

(c) Healthwatch Rotherham

Melanie Hall, Healthwatch Rotherham Manager, reported that the Healthwatch premises had suffered a flood and would be out of action for a number of weeks. Alternative premises were being sought urgently.

The annual report would be available in June, 2014.

S96. ADMIRAL NURSES

The Chairman welcomed Len Wilson (Rotherham Rotary Club), Jenny and Tony Drew (Stag Medical Centre Patient Participation Group), Hilda Mayo and Wendy Wagner (Dementia UK) who gave the following powerpoint presentation:-

Why we need Admiral Nurses in Rotherham

- Admiral Nurses were Registered Mental Health Nurses who worked with family carers and people with dementia, in the community and other settings

- Working collaboratively with other professionals, they sought to improve the quality of life for people with dementia and their carers
- They used a range of interventions that helped people live positively with the condition and develop skills to improve communication and maintain relationships
- They could reduce admissions to hospital and residential care, reduce the costs of delays in transfers of care, reduce carers' need to access GP care as a result of their caring role as well as reducing the overall spending on care
- CCGs had a duty to engage the local population (including carers) and professionals in shaping local health services and to commission services for people in local areas
- Improving the diagnosis, treatment and care of people with dementia in England and support for their carers was a key part of the NHS Mandate and one of the Secretary of State's key priorities
- One of the key improvement areas under Domain 2 of the Clinical Commissioning Group Outcomes Indicator Set (CCGOIS) 2013/2014 was Enhancing quality of life for people with dementia (NHS England 2013)

The Problem
- Funding had to be sustainable after a Project
- Making a case that had credibility
- Ensure academic support to carry out a service evaluation
- The service needed to be in Primary Care

The Size of the Problem
- There were currently over 820,000 people living in the UK with dementia
- Two thirds of people with dementia lived at home and most were supported by unpaid carers.
- Carers for people with dementia saved the UK over £8B
- The economic cost of Dementia care was more than cancer, heart disease or stroke

It is a Lottery
- Only 117 Admiral Nurses in the UK for 820,000 people diagnosed with dementia
- Families in need had a 1:7000 chance of accessing this critical service

How many Admiral Nurses do we need?
- As a guide, Dementia UK would recommend one Admiral Nurse to each 10,000 of the population aged over 65
- The Rotherham population aged over 65 was approximately 45,600
- The projected population aged 65 and over to 2015 was 47,800

But we must not forget

- People in Rotherham aged 30-64 predicted to have early onset dementia, projected to 2015 was 69

Carers' Needs

- Critical points when carers' need for information, advice and help were particularly acute….these were also points at which they were likely to encounter professionals and service providers
- Failure to recognise carers' needs at these points risked the breakdown of care-giving and the carer's health and other costs for carers and wider society

Need to Shift

- We also need to shift the perceptions of dementia from being 'just mental health' to that of a 'life limiting neurological condition'

Need to Adopt

- A palliative care approach from diagnosis to end of life care and afterwards - Nice Dementia Guidance 2006

There is a Saving

- Admiral Nurse Services were associated with lower distress scores over an 8 month period - Woods et al (2003)
- The person with dementia remained at home for longer, admissions to acute hospital and long term care were reduced, reduced demand on CMHTs, improved care co-ordination and that there was also added 'brand value'

Less Stress for Carers and Professionals

- "Identified a 31% reduction in stress for carers since we introduced the service in 2010" - Knowsley Admiral Nurse Service (2013)
- "…eased the load on other Professionals" - East Flintshire Admiral Nurse Evaluation (2009)

Academic Credibility

- Enlisted Professor Kate Gerrish from the Collaboration for Leadership in Applied Health Research and Care [CLAHRC] to agree to do a small scale service evaluation when we get an Admiral Nurse (s) in post
- Would progress with a costing for the research when a Service was up and running
- In any event our enquiry had spurred Sheffield Mental Health Services to look at the provision of Admiral Nurses
- Commitment to research the cost effectiveness of Admiral Nurses in Rotherham when the time came

Request the CCG to Commission Admiral Nurse Provision in Rotherham

- Ensure the new nurse provision was trialled in the Community/Primary Care
- Make funding available on a trial basis to identify if the dependency on secondary care provision for people and families living with dementia was reduced
- Seconding an Admiral Nurse (s) for a trial period to assess the outcomes of employing Admiral Nurses in Rotherham and carry out a service evaluation

And Finally

- This was the sort of work that raised awareness, educated positively and reduced stigma and fundamentally supported the intentions of the Dementia Challenge
- £100,000 would fund 2 Admiral Nurses to run a pilot for 1 year which would include the Service evaluation

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

- Highlighted the level of need/increasing need
- A Dementia Advisor could network, signpost and give advice and support but an Admiral Nurse, who was a medically specialised nurse, worked with a family suffering from the complexities of Dementia i.e. relationship difficulties, family breakdown, support someone in employment, preventing a person going into longer term care sooner than necessary
- An Admiral Nurse received professional development and competency assessment throughout their career on an annual basis and monthly top ups. They were also clinically supervised
- Work was taking place on smoothing the pathway for those suffering with Dementia and seeking help from the most appropriate agency when required
- Evidence collected by Healthwatch Rotherham showed that the public felt the number of people crossing their doorstep to be a challenge – would an Admiral Nurse be another person added to that number
- Admiral Nurses worked with the high need complex cases and the family unit rather than just the person themselves
- Once allocated an Admiral Nurse you were never discharged from the Service but dipped in and out as required

The Chairman thanked Len, Jenny, Tony, Hilda and Wendy for their presentation.

S97. BETTER CARE FUND

In accordance with Minute No. 87 of the previous meeting, a copy of the bid submission made to NHS England was submitted for information.

The issues raised in the initial feedback had been addressed and submitted in accordance with the deadline; no feedback had been received as yet although the deadline had passed for NHS England and the Peer Review.

It was noted that the BCF Task Group would monitor the delivery of the BCF through quarterly meetings, ensuring targets were being met, schemes delivered and additional action put in place where the plan resulted in any unintended consequences. The Task Group would report directly to the Board.

As part of the application, the Council and CCG had to ensure that all partners were fully informed of the impact of the Fund. Accordingly a meeting was planned the following week with the Hospital and RDaSH.

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

- Each workstream now had an identified lead. A BCF Operational Group had been established consisting of the leads plus support team which would report to the Task Group
- The workstream leads had been tasked with providing a detailed action plan for their particular workstream
- Work was still to take place with Healthwatch Rotherham regarding consultation
- The need to tie in BCF01 Mental Health Service with the Director of Public Health's annual report

Resolved:- (1) That the report be noted.

(2) That the feedback from NHS England be reported to the Board.

(3) That a quarterly Better Care Fund Plan update be submitted to the Board.

(4) That BCF01 Mental Health Service be the first review to be carried out.

(5) That Healthwatch Rotherham report back on the situation nationally regarding the Better Care Fund through Healthwatch England.

(6) That, if possible, work on the Better Care Fund be included in the conference to be held in July.

S98. PUBLIC HEALTH OUTCOMES FRAMEWORK

Dr. John Radford, Director of Public Health, submitted a report on the above Framework which would require reviewing quarterly to drive improvements in performance.

The Framework focussed on the 2 high level outcomes which were intended to be achieved across the Public Health system and beyond:-

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The Performance Framework had a clear link to the Health and Wellbeing Strategy and the Integrated Health and Social Care Fund (IHSCF). The effectiveness of the local management of the IHSCF would be judged against impact on avoidable mortality as measured in the PHOF.

The wide range of Indicators required feedback to a range of Directorate Leadership Teams within the Council who would receive exception reports. There would be a comprehensive monitoring process initiated for those Outcomes offtrack including performance clinics to review change. There would be a strong focus on addressing the prevention and early intervention opportunities within the remedial action plan to make long term impact.

The current performance against the England average had highlighted several areas where there was under performance and a downward trend (Appendix 2 of the report submitted).

The report set out current performance by domain all of which would be subject to an action plan to explore the reasons for underperformance and identify measurable outputs. Some may also require a performance clinic.

It had been agreed at Minute No. 95(b) that Obesity was to be the first Indicator to be reviewed.

Discussion ensued with the following issues raised/clarified:-

- Feedback from GPs expressing concern with regard to the new Smoking and Tobacco Control Programme – felt it was a reduction in service
- The Service was now contracted directly with GP practices for them to decide who received it or not – due to the complexity would practices decide they no longer wished to provide the Service
- The new contract focussed on prevention rather than quitting – the Outcome Indicator was for smoking prevalence. If smoking prevalence increased it indicated that what was hoped to be achieved was not

Resolved:- (1) That the Framework to address performance on the Public Health Outcomes Framework and the reporting structures be approved.

(2) That the mechanism to deliver the Health and Wellbeing Strategy aim of moving services to prevention and early intervention be supported.

(3) That a report be submitted on smoking prevalence.

S99. HEALTH AND WELLBEING BOARD PERFORMANCE MANAGEMENT FRAMEWORK

Dr. John Radford, Director of Public Health, presented the Health and Wellbeing Strategy Reporting Framework.

It was noted that for a number of the Indicators, no 2013/14 target had been set but targets had been proposed for 2013 onwards.

A number of local measures were also in the National Outcomes Frameworks achievement of which would be key to receiving the Health Premium Incentive and meeting NHS and Department of Health targets.

There were limitations on the availability of data for several Indicators including some key local measures that were also in the Public Health Outcomes Framework.

Resolved:- That the report be noted.

S100. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Dr. John Radford, Director of Public Health, submitted for information the Rotherham Public Health Annual Report 2014.

The report included sections on:-

- Public Health Outcomes Framework
- Children and Young People's Health
- Life Expectancy and Cause of Death
- Heart Disease and Stroke
- Cancer
- Liver Disease and other Digestive Disease
- Mental Wellbeing
- Respiratory Disease
- Mortality from Infectious Disease

Resolved:- That the report be noted.

S101. HEALTH AND WELLBEING STRATEGY REFRESH TIMETABLE/PEER REVIEW CHALLENGE

Kate Green Policy Officer, reported that the Health and Wellbeing Strategy ran until the end of 2015 but consideration was needed with regard to a refresh, how that would be carried out and whether it should be aligned to the potential LGA Peer Review Challenge.

Contact with the Local Government Association had established that the peer challenge would involve a team of 5 spending 4 days in Rotherham. There would be approximately a 6 month lead in period due to capacity of the LGA and in order to carry out background research work, prior to coming on-site. Realistically, this meant the review may not be carried out until early 2015.

Discussion ensued on the estimated timetable. The CCG in particular commenced their planning cycle in September and would need as up-to-date Health and Wellbeing Strategy as possible upon which to inform their commissioning plans. It was noted that a progress report on the refresh of the Joint Strategic Needs Assessment before September would pick up any issues that had arisen to enable appropriate planning. It was also noted that an annual review of the Strategy would take place during September as part of the agreed Strategy implementation process with a full re-write of the document taking place during 2015.

Concerns were also expressed regarding the potential lead in time and the preparations needed before the review could take place. It was felt that there more detail needed to be sought from the LGA and that there may be alternative options available to conduct a peer review.

Resolved:- (1) That alternative methods of conducting a Peer Review Challenge be sought and consideration given to their suitability for Rotherham.

(2) That a progress update on the strategy and JSNA be brought to board during August/September.

(3) That work to fully refresh/re-write the Health and Wellbeing Strategy commence in early 2015.

S102. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 4th June, 2014, commencing at 9.00 a.m. in the Rotherham Town Hall.