HEALTH AND WELLBEING BOARD
Wednesday, 2nd July, 2014

Present:-

Members

Councillor John Doyle	Cabinet Member for Adult Social Care **(in the Chair)**
Chris Edwards	Chief Operating Officer, Rotherham CCG
Naveen Judah	Rotherham Healthwatch
Dr. Julie Kitlowski	
Councillor Paul Lakin	Deputy Leader
Chief Supt Paul McCurry	South Yorkshire Police
Shona McFarlane	Director of Health and Wellbeing, RMBC
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director of

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Tracy Clark	RDaSH
Dr. David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Sharon Schofield	CAMHS
Carol Stubley	Director of Finance, NHS England
Janet Wheatley	Rotherham Voluntary Action Rotherham

Apologies for absence were submitted by Tom Cray, Councillor Amy Rushforth, Chris Bain, Louise Barnett, Kate Green, Jason Harwin and Martin Kimber.

S1. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from the press and public,

S2. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 4th June, 2014, be approved as a correct record.

S3. COMMUNICATIONS

(a) Carers Review

Janet Wheatley asked if the voluntary sector and multi-agency working group had been set up and, if so, who was the contact.

Shona McFarlane reported that the Service Manager would be Janine Moorcroft. The Steering Group for Carers at present had no 3rd sector representative but it was being refreshed. There would be an invitation extended to VAR and others to take part in that process.

Councillor Jenny Andrews was the Champion for Carers.

(b) Dalton and Treeton Health Centres

Prior to the PCT reorganisation last year, 2 capital projects had been agreed in Rotherham (replacement of 2 ageing health centres in Dalton and Treeton). However, no progress had been made.

In the reorganisation it had been passed to Propgo and it was believed there was still the intention to proceed with the development.

Resolved:- That Carol Stubley, NHS England, submit a progress report to the next Board meeting.

S4. PERFORMANCE MANAGEMENT OUTCOMES FRAMEWORK

Dr. John Radford, Director of Public Health, gave the following powerpoint presentation on Performance Management:-

Performance Management

- Clear accountability for each performance measure – 1 accountable lead
- Targets, action plans and milestones track progress and direction of travel
- Performance monitoring – current performance, RAG status and direction of travel
- Governance arrangements play a fundamental role managing performance/risk
- Concerns and outliers are identified to prompt necessary action including clinics
- Trigger points for a performance clinic:
  - If performance is below target/is predicted to not meet the year end target
  - On target but due to a known event/issue is predicted to n ot meet the year end target
- The clinic will develop and agree a remedial action plan with the accountable lead
- Service improvement work takes place immediately upon agreement of the plan
- Progress monitored and reported to provide assurances that issue is under control necessary improvements in performance are delivered
- Latest available Public Health data used as a 'can opener' to prompt where performance clinics could take place

Public Health Outcome Framework Scorecard Summary – 110 National Public Health Outcome Framework Measures

- National Benchmark RAG Status
  - 32 Indicates rated Red
  - 27 Indicators rated Amber
  - 35 Indicators rated Green
- Regional Benchmark RAG Status
  - 23 Indicators rated Red
  - 46 Indicators rated Amber

- 24 Indicators rated Green

Green Measures

- Wider determinants of health
  1.02i/ii School Readiness
  1.06i LD Settle Accommodation
  1.06II MH Settled Accommodation
  1.06ii LD/MH Employment (Gap)
  1.10 Killed and Seriously injured casualties on England's roads
  1.15i/ii Statutory Homelessness – Acceptances/Households in temporary accommodation
  1.17 Fuel Poverty
  1.18i Social Isolation

- Health improvement
  2.07ii Rate of Emergency Admissions caused by unintentional and deliberate injuries in young people aged 15-24 years
  2.20i/ii Cancer Screening Coverage (Breast/Cervical)
  2.22i/ii NHS Health Checks – Take up/Offered
  2.24i/ii/iii Injuries due to falls in people aged 65 and over

- Health protection
  3.02i/ii chlamydia Diagnoses (15-24 year olds)
  3.03iii/iv/v/vivii/x/xii/xiii/xiv/xv Vaccination Coverage
  3.05ii Incidence of TB

- Healthcare and premature mortality
  4.1 Suicide Rate

Amber Measures

- Wider determinants of health
  1.09i Sickness Absence – the % of employees who had at least 1 day off in the previous week
  1.18ii Loneliness and Isolation Carers

- Health improvement
  2.04 Teenage Conceptions
  2.06i Excess Weight in 45 year olds
  2.07i Rate of Emergency Admissions caused by unintentional and deliberate injuries in children aged 0-14 years
  2.12 Excess Weight in Adults
  2.13i % of physical active and inactive adults – active adults
  2.15ii Successful completion of Drug Treatment – non-opiate users
  2.18 Alcohol-related Hospital Admissions
  2.23i/ii/iii/iv Wellbeing response from Integrated Household Survey

- Health protection
  3.03viii/ix MMR Vaccination Coverage
  3.04 People presenting with HIV at a late stage of infection

- Healthcare and premature mortality
  4.01 Infant Mortality
  4.06i/ii U-75 Mortality Rate from Liver Disease/considered preventable
  4.07ii U-75 Mortality Rate from Respiratory Diseased considered preventable
  4.14i/ii/iii Hip Fractures in People aged 65 and over
  4.15i/ii/iii/iv Excess Winter Deaths Index

Red Measures

- Overarching Indicators
  0.1i/ii Health Life Expectancy at Birth
  0.2i/ii Life Expectancy at Birth
  0.2 vi Gap in Live Expectancy at Birth between each Local Authority and England as a whole

- Wider Determinants of Health
  1.01ii % of all dependent children under 20 in relative poverty
  1.02ii School Readiness (Y1 pupils)
  1.09ii Sickness absence - % of working days lost to sickness absence
  1.12i Violent crime (including sexual violence) – hospital admissions for violence
  1.14 % of the population affected by noise
  1.16 Utilisation of outdoor space for exercise/health reasons

- Health Improvement
  2.01 % of all live births at term with low birth weight
  2.02i/ii Breastfeeding initiation/prevalence
  2.03 Rate of smoking at time of delivery per 100 maternities
  2.06ii Excess weight in 10-11 year olds
  2.13ii % of physically active and inactive adults – inactive adults
  2.14 Smoking prevalence (adults) over 18
  2.15i Successful completion of drug treatment – opiate users
  2.17 Recorded diabetes
  2.21 vii Access to non-cancer screening programmes – diabetic retinopathy

- Healthcare and Premature Mortality
- 4.02 Tooth decay in children aged 5
- 4.03 Mortality rate from causes considered preventable
- 4.04i/ii U-75 mortality rate from all cardiovascular disease/considered preventable
- 4.05i/ii U-75 mortality rate from cancer/considered preventable
- 4.07i U-75 mortality rate from respiratory disease
- 4.08 mortality from communicable diseases
- 4.11 Emergency readmissions within 30 days of discharge

Health and Wellbeing Board Priorities – Red Measures
Smoking

- % smoking at delivery

2012-13 outturn (19.2%)
Last update Q3 2013/14 (21.1%) against a target of 18.2%

Alcohol

- Number of FPN waivers which result in attendance at binge drinking course
  2012-13 outturn (86)
  Last update Q3 2013/14 (17)
  Lower than last year

Fuel Poverty

- The number of properties receiving energy efficiency measures through Community Energy Saving Programme (CESP)
  A3 2014-14 (16) against a target of 236
- The number of properties receiving energy efficiency measures through Department of Energy and Climate Change (DECC)
  Q2 2013-14 (68) against a target of 320

Obesity

- Percentage of overweight and obese children in Reception
  2011-12 outturn (16.1%)
  Last update 2012-13 (22.2%)
  2013-14 not available but deterioration in direction of travel between 2011-12 and 2012-13
- Percentage of overweight and obese children in Year 6
  2011-12 outturn (33.0%)
  Last update 2012-13 (35.2%)
  2013-14 not available but deterioration in direction of travel between 2011-12 and 2012-13
- Healthy eating prevalence (Integrated Household Survey/Active People Survey)
  2011-12 outturn 21.3% against a target of 28.7%

Future Performance Clinics

- The following Indicators have been identified as requiring focus/action – either Red or Amber with deterioration and/or in the bottom quartile regionally:-
  Obesity
  Low birth weight babies
  Breastfeeding
  Drug treatment
  School readiness
  Emergency readmissions
  Sickness absence
  Smoking
  Mortality
  Access to non-cancer screening programmes
  Children in poverty
  Violent crime
  Noise

Tooth decay
Alcohol (binge drinking course)
Energy Efficiency

- 3 areas identified as priority areas for first performance clinics – Obesity, Drug Treatment and Breast Feeding
- Obesity and Drug Treatment had taken place during May, 2014 and Breastfeeding to be held shortly

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

- Importance of joint working to develop strategies
- Need to work with the voluntary sector to ascertain what was available in the community in order to maximise resources
- Possible use of local businesses/supermarkets
- The need to think differently/interventions that would hopefully reduce the need for urgent health care
- Engagement with Parish Councils and inclusion in Parish Plans
- Need for performance clinics to be radical – "what would the effect be if stop doing what we are doing?"
- Hold current structures to account – there were a whole host of disparate processes across the Local Authority and partners. Engaging Scrutiny would be extremely positive as they gave a fresh view on issues
- Performance clinic to be held on Maternity Health

Chris Edwards reported that NHS England had requested the CCG to set up a System Resilience Group on which all partners were represented. The membership was clearly defined.

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

(2) That the results of performance clinics, the procedures followed and the work undertaken be reported to future Board meetings.

(3) That a report be submitted to the next Board meeting on the System Resilience Group.

(4) That NHS England submit a report to the next Board meeting on Diabetic Retinopathy screening.

S5. BETTER CARE FUND

Chris Edwards reported that the final submission had been due to be made to NHS England. However, NHS England had requested that the 10 exemplar areas test out the system which would then be rolled out to the remaining 200.

Rotherham had been selected as of the exemplar areas as its plan was judged to be 1 of the most developed plans and fit for purpose.

The new submission date for the return was now 9th July, 2014.

Discussions had taken place and it was felt the deadline would be achievable with the return being submitted to the August Board meeting.

A telephone conference call to the 10 areas was taking place that morning.

Rotherham had no option to conform to this request.

Naveen Judah reported that from a national point of view, it seemed that a number of plans submitted were not considered realistic or achievable.

It was noted that the requirement for further work would place a burden on the resources of Adult Social Care who were currently working on the significant changes brought about by the Care Act and the Local Authority's budget process.

Chris Edwards stated that no additional work was required and the return would have to have been made but was now to a different timescale and on a different template.

The Chairman stated that no decision would be made until the results of the telephone conference was reported to the next Board meeting.

S6. CAMHS

Naveen Judah, Chair of Healthwatch Rotherham, presented the report produced in partnership with a group of local parents into the work of the Children and Adolescent Mental Health Services

Nationally, health and social care provision was being evaluated in light of the Francis report as well as a national review of CAMHS as part of the Children's Plan.

In Rotherham stakeholders had come together to produce and deliver the Rotherham Emotional Wellbeing and Mental Health Strategy for children and young people. The Strategy would inform service planning and commissioning for the next 5 years. The aims of the investigation were to:-

- Seek views on how local people believed the culture of CAMHS was affecting Service delivery
- Obtain views and ideas as to how things could be done better
- To share the views of local people with the provider and commissioners of CAMHS
- Ensure local people in Rotherham knew about the activity

To enable Healthwatch to achieve the above, 3 methodologies were used:-

- A purpose designed survey
- A public 2 day event gathering views on themed topics
- A review of the Healthwatch Rotherham Database

From all the statements made it could be concluded:-

- that there was a high level of dissatisfaction with the Service provided
- parents/carers did not feel listened to
- felt blamed for the problems they and their child were experiencing
- did not feel included or able to participate
- no clarity on what to expect from CAMHS and what services they provided
- difficult to make a complaint
- complaints were not handled consistently or in a timely manner
- waiting times to be seen were too long leaving families feeling unsupported
- when children were discharged from the service it did not always include families and they were unaware they had been discharged
- no crisis planning leaving families feeling unsupported and not sure what to do

When the concerns had first been raised, Healthwatch had looked at the work being done so as to avoid any duplication and to tackle the area of how Services users were feeling/being treat as opposed to diagnosis and pathways.

It was very important that CAMHS communicate and set out the correct expectations from the community. Services users often thought that CAMHS would be there throughout the process when in actual fact they may only be involved at the referral stage and then someone else took over resulting in CAMHS being wrongfully blamed for everything that subsequently went wrong.

Sharon Schofield, CAMHS, apologised that the carers and children had not received the service they felt they should have received from the Service. It was a small number given the numbers that used the Service nevertheless it was important that the best possible care was given to everybody.

A lot of work had taken place, supported by CCG commissioners, to improve both the processes in terms of looking at how appointments were made in a timely way and working within the issues of capacity and demands. In some cases the professionals that would have been there to support CAMHS in the past had unfortunately due to budget cuts etc. were no longer there. Sharon had also stated the Service's intention to

meet with all the parents who were unhappy on an individual basis to understand what their issues were in an attempt to resolve them.

Julie Kitlowski reported that the GPs had been extremely concerned and had carried out a lot of work together with RDaSH. A survey monkey had been sent to GPs to ascertain what their concerns were. CAMHS had developed an action log which they monitored which would hopefully include additional input in terms of the consultants they had and also to reduce the confusion as to who prioritised what as some of the Services expected of them were not actually delivered by them. A second survey to GPs had reported significant improvement. The situation would be monitored but satisfied they had a robust action log which would significantly improve the Service.

Chrissy Wright stated that RDaSH had been served with a Default Notice with regard to issues relating to the CAMHS Service. There had been a review by Attain commissioned by the CCG which had been helpful and the agreed Strategy was to be considered by the Health Select Commission on 11th July. There was now a partnership agreement with the CCG on behalf of the Council on how to work in localities.

Healthwatch Rotherham had agreed to revisit CAMHS in a year's time.

Resolved:- That the report be noted.

S7. RFT PATIENT RECORD SYSTEM

Chris Edwards reported that from the commissioner's point of view, they were receiving reports from GPs that the Patient Record system was working in an acceptable manner and had no current concerns.

David Hicks stated that the Trust had requested Monitor to lift the Enforcement in this area. The response had been quite encouraging when they had last visited and expected to hear formally very shortly as to whether the request had been acceded to.

Resolved:- That the report be noted.

S8. VACCINATIONS AND IMMUNISATIONS

Fiona Jordan, Consultant in Public Health and Vaccinations and Immunisations, presented a report on Rotherham's performance against the Public Health Outcomes Framework in terms of vaccinations and immunisations.

She drew attention to the following areas:-

- Men C – the red Indicator was due to a problem with data and not performance. The schedule had changed from 2 does to 1 does but the IT system still counted dose 2 as a missed appointment. This was

expected to be rectified for Quarter 1

- Neonal Hep B – the new local service specification from April, 2014, included data collection. Intensive work was taking place to ensure that every baby involved received the correct dosage etc. and on time
- Pertussis vaccination in pregnant women – there was currently a 50% standard against this indicator due to it being relatively new. Locally this was being pushed with GPs, however, there was a problem in that the IT systems between Maternity and GPs did not always link up in specific time for the practice to pick up that a vaccination was required. Work was taking place with Maternity Services and GP practices to try and ensure a more rigorous call and recall programme. Discussions had taken place with the Foundation Trust that the Midwives would be best placed to administer the injection

Resolved:- That the report be noted.

S9. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 27th August, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.