

HEALTH AND WELLBEING BOARD
1st October, 2014

Present:-

Councillor Doyle	Cabinet Member for Adult Social Care and Health (in the Chair)
Councillor Beaumont	Cabinet Member for Children and Education Services
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Fiona Jordan	NHS England (representing Carol Stubley)
Martin Kimber	Chief Executive
Dr. Julie Kitlowski	Clinical Chair, Rotherham CCG
Jason Page	Executive Lead, Referrals and Pathways, Rotherham CCG
Dr. John Radford	Director of Public Health
Dorothy Smith	Director of Schools and Lifelong Learning, RMBC

Also in Attendance:-

Richard Butterworth	South Yorkshire Police
David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Michael Holmes	Policy Officer, RMBC
Ian Jerrams	RDaSH
Shona McFarlane	Director of Health and Wellbeing, RMBC
Donald Rae	Special Education Needs and Disability Strategic Lead
Mark Scarrott	Finance Manager, RMBC
Janet Wheatley	Voluntary Action Rotherham
Chrissy Wright	Strategic Commissioner, RMBC

Apologies for absence were received from Councillor Emma Hoddinott, Chris Bain, Tracy Holmes, Naveen Judah and Carol Stubley.

S21. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from the member of the public present at the meeting.

S22. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 27th August, 2014, be approved as a correct record.

Arising from Minute No. S15 (Peer Challenge), it was noted that the Peer Challenge had been deferred in light of the corporate governance inspection taking place. It would be arranged at some point in the future.

S23. COMMUNICATIONS**Peer Challenge**

See Minute No. 22 above.

Pharmaceutical Needs Assessment (PNA)

Dr. John Radford, Director of Public Health, reported that a draft PNA had been produced in line with the statutory requirement for the Board to produce such a document before April, 2015.

A PNA was a tool required by NHS England to allow new pharmacies or changes in pharmacies across the Borough. It was a legal framework for pharmacies to enter the market place. This would be of particular importance in the town centre when the new emergency and urgent care centre at the Hospital opened and the maintenance of a pharmacy over that period.

The document would be circulated to Board Members as part of the 2 months consultation period with comments submitted to the Board. Once finalised and published there will be a process to update whenever required.

CAMHS Strategy

This item would now be discussed at the November Board meeting together with the Emotional Health and Wellbeing Strategy.

Alex Jay Independent Inquiry

A special Board meeting was to be held on 24th October at 1.00 p.m. to discuss the report.

S24. BETTER CARE FUND

Chris Edwards, CCG, reported that the Task Group had communicated via e-mail due to there being no significant changes to be made to the submission. A joint tele-conference had taken place with NHS England to provide external assurances.

No significant feedback had been received as yet but a report would be received as to whether NHSE's requirements had been met.

Resolved:- That the report be noted.

S25. SOCIAL CARE SUPPORT GRANT 2014-15

Shona McFarlane, Director of Health and Wellbeing, presented a report on the transfer to the Local Authority of the above Grant, details of the local allocations and the recommendations on how it could be spent for the 2014/15 financial year. NHS England would transfer £6.166M to the Council which included an increase of £1.351M from 2013/14.

Payment of the Social Care Support Grant was to be made via an Agreement under Section 256 of the 2006 NHS Act. The Agreement would be administered by the NHS England Area Team and would only pass over to local authorities once the Section 256 Agreement had been signed by both parties.

The Grant must be used to support Adult Social Care Services that delivered a health benefit. However, beyond that broad definition, NHS England wanted to provide flexibility for local areas to determine how the investment in Social Care Services was best used.

Guidance required NHS England to ensure that the local authority agreed with its local health partners on how the funding was best used. Health and Wellbeing Boards would be the forum for discussions between the Area Teams, CCGs and local authorities on how the funding should be spent. NHS England would make it a condition of the transfer that RMBC and RCCG had regard to the Joint Strategic Needs Assessment for their local population. It would also be a condition that RMBC demonstrated how the funding transfer would make a positive difference to Service users.

The Fund would be overseen by a robust joint governance framework which supported achievement of the following:-

- Reduction in emergency admissions
- Reduction in delayed transfers of care from hospital
- Proportion of older people still at home 91 days after hospital discharge into rehabilitation
- Number of re-admissions to hospital within 30 days of discharge

It was proposed that the Grant be used to support existing Services and Transformation Programmes where such services or programmes were of benefit to the wider health and care system:-

- Additional short term residential care places or respite and intermediate care
- Increased capacity for home care support, investment in equipment, adaptations and telecare
- Investment in crisis response teams and preventative services to avoid hospital admission
- Further investment in reablement services to help people regain their independence

The appendix to the report submitted set out the proposed spending programme.

Discussion ensued on the proposed spending programme with the following issues raised:-

- Would consideration be given to the individuals entering the criminal justice system as part of the Mental Health Service?
- Was there sufficient funding for the development of community based Dementia Care
- RDaSH would be evaluating their triage project which had been running in conjunction with the Police

Resolved:- (1) That the programme of expenditure set out in the report be approved.

(2) That the development of a light-touch performance framework for the Grant be approved.

(3) That as part of the Board review, the processes and sub-groups be reviewed together with the appropriateness of the memberships.

S26. PERFORMANCE MANAGEMENT FRAMEWORK

Dr. John Radford, Director of Public Health, presented the current position on the reporting framework for 6 Priorities of the Health and Wellbeing Strategy drawing attention to:-

- Reducing hospital admissions due to alcohol related illness – activity had worsened. Although it reflected an increase in hospital admissions it was not an accurate figure. The CCG were carrying out work to understand the issues and had a pilot in place to reduce alcohol related hospital admissions
- Discussions were taking place with South Yorkshire Police regarding the number of FPN waivers which resulted in attendance at binge drinking courses – it was believed that the number was higher than reported
- The trend in terms of healthy life expectancy in Rotherham was improving. There were issues in relation to childhood obesity and very high levels of inactivity in Rotherham than elsewhere in the country

Discussion ensued with the following issue raised/clarified:-

- There was poor dental health in children of 2-5 years. Public Health England had been asked to submit a report setting out the trends. It again raised the issue of fluoridation and persuading parents to give their children water/milk rather than sugary drinks

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

(2) That a report be submitted to a future Board meeting in relation to the trends associated with Priority 2 particularly relating to reduced hospital admissions due to alcohol related illness, the number of FPN waivers and children's dental health.

(3) That future performance management reports highlight any indicators off target together with the reasons for such performance.

S27. HEALTHWATCH ROTHERHAM

Further to Minute No. 88 of 26th March, 2014, Chrissy Wright, Strategic Commissioning Manager, reported that the contract for Healthwatch Rotherham had terminated with Parkwood Healthcare Ltd. on 31st August, 2014, and the contract commenced with the social enterprise Rotherham Healthwatch Ltd. on 1st September.

Rotherham Healthwatch would continue to deliver the service under the same terms and conditions as the previous provider using the original specification for the service and the existing staffing arrangements. All existing staff had been transferred to Rotherham Healthwatch Ltd. under TUPE regulations.

The report also set out performance for the first half of the year as well as future work for the remainder of the year.

As of yet it was not known whether there would be Government funding post-March, 2015. If funding was forthcoming it was the intention to recommission the social enterprise.

Discussion ensued with the following issues raised/clarified:-

- The contract was currently until April, 2015
- Healthwatch had also work on the Mental Health Review and the SEND Review
- The social enterprise had been fully aware of the risk of the possibility of no further funding when the contract had been signed
- The decrease in the number of volunteer hours and volunteers used during July

Resolved:- (1) That the setting up of the social enterprise Rotherham Healthwatch Ltd. be noted.

(2) That the termination of the contract with Parkwood Healthcare Ltd. and the transfer of the rights and obligations of the Healthwatch Rotherham Service to Rotherham Healthwatch Ltd. be noted.

(3) That the progress achieved be noted.

(4) That further updates be submitted in due course.

(5) That the reduction in the number of volunteer hours and volunteers used be referred to the Chief Executive of Rotherham Healthwatch Ltd. for comment.

(6) That the Board's congratulations be conveyed to those concerned in achieving social enterprise status and wished well for the future.

S28. VACCINATIONS AND IMMUNISATIONS FOR PREGNANT WOMEN

Further to Minute No. S11. Dr. Julie Kitlowski, CCG, reported that agreement had now been reached and that midwives would be trained to give vaccinations but not until next year.

David Hicks, TRFT, stated that there were issues around training, resources and the timing of when vaccinations were due, however, it was the Trust's intention to implement the programme next year.

An action plan would be drawn up. It was imperative that any barriers to implementation were raised so agencies could work together and agree a way forward.

Fiona Jordan, Screening Officer, NHS, reported that a lot of work was carried out with GP practices and the hospital emphasising the need to increase the uptake of the Pertussis. There was a need to ensure that all pregnant women were offered the vaccination by their GP or midwife and that the statistics were captured of those who refused the offer. Weekly e-mails were sent to practices to reiterate the message.

Resolved:- That an update be submitted to the next Board meeting.

S29. DIABETIC RETINOPATHY SCREENING

Jacky Mason, NHS England, reported that the NHS Diabetic Eye Screening Programme had been introduced to reduce the risk of vision loss in people with Diabetes. Everyone with Diabetes who was 12 years of age or over should have their eyes screened once per year to check for signs of Diabetic Retinopathy.

The joint Barnsley and Rotherham Programme was commissioned in 2007 and provided by Barnsley Hospital Foundation Trust. In line with the national trend, the diabetic population in Barnsley and Rotherham was increasing year on year. It currently had 27,707 registered patients 25,906 of which were eligible for screening. Those not eligible were managed in line with the national programme guidance and reviewed and validated every 3 months to ensure they still met the exclusion/suspension criteria.

The programme was currently commissioned on behalf of Public Health England via NHS England South Yorkshire and Bassetlaw Area Team to the national service specification for Diabetic Eye Screening.

Programme performance was reported nationally on a quarterly basis and also into the quarterly Programme Board. Any performance issues were escalated to the SYB Screening and Immunisation Advisory Group NHS England Public Health Commissioning Local Delivery Group and South Yorkshire Commissioners Group.

The programme in Rotherham was currently underperforming in some areas. These were being monitored by an action plan with a monthly update submitted to the SYB Screening and Immunisation Team.

The combined programme update was currently above the Public Health Outcomes Framework standard of 70% but below the stretch achievable target of 80%. Each individual programme showed a similar picture. In attempting to address, patients who had DNA had been surveyed and some of the findings acted upon including offering clinics at evenings and weekends.

All cancer and non-cancer screening programmes were subject to an external quality assurance review. The Barnsley and Rotherham review was planned for October, 2014 and would be the first programme in SYB to be quality assured in this manner.

Resolved:- That the report be noted.

S30. SPECIAL EDUCATIONAL NEEDS AND DISABILITY TRANSFORMATION

Further to Minute No. 107 of 4th June, 2014, Donald Rae, Special Education Needs and Disability Strategic Lead, presented an update on the implementation of the Reforms to support children and young people with special educational needs and a disability.

The 'In It Together' event held on 4th July, 2014, had attracted over 500 parents and young people who were able to gather information from education, health and care providers and attend workshops to discuss how best to introduce a more personalised approach/how the new assessment model was developing. It is expected that it will become an annual event not least to ascertain the views of children, young people and parents about Rotherham's SEND Local Offer website.

The 2 key tasks required to be in place by 1st September had been met i.e.:-

- Rotherham's SEND Local Offer Website (www.rotherhamsendlocaloffer.org). The site aimed to provide as much information as possible within the site and not a link to other sites

- New assessment system for those with special educational needs and disability bringing together separate systems for early years, schools and colleges. SEN Statements and Learning Difficulty Assessments had been replaced by Education Health and Care Plans and a timetable had been published showing how the Statements would transfer to the new EHC Plan

The report also set out a range of actions that had been agreed by the Special Educational Needs and Disability Transformation Commissioning Group. Whilst some of the actions would be delivered quickly others were more long term reflecting that the transformation of services would take up to 3 years.

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

- The new working practice was much more focussed on what was best for the parent and the young person particularly those aged 16-25 years.
- A further major change was how the plans the plans were reviewed, how schools were involved, care professionals working in a different way and how the plan was progressing particularly as a young child became a young person
- The new model had to have the parent and young person at the heart and deliver what they wanted
- There had been implications for the training and supporting of staff
- The new care plans included input from all professionals that represented the needs of the individual
- The CCG was fully engaged with the new way of working
- There was an issue that health data tended to be 4-5 years out of date but work was taking place on how to gather information through the health system much earlier so that babies with complex needs and the implications thereof were known throughout the system
- The Joint Strategic Needs Assessment had a particular section containing all the SEND details and was monitored as part of the regular scheduled updates
- Rotherham's SEND Local Offer website was continually updated with any links to organisations of interest some of which were suggestions from parents. There was a danger of putting too many onto the website but if it came from a recommendation it was included
- The website had been built on the same platform as Connect to Support
- The new system allowed a much more open assessment with regard to how resources would be allocated and how much was available

Resolved:- (1) That the progress made be noted.

(2) That an update be submitted in 12 months.

S31. DATE OF NEXT MEETING

Resolved:- (1) That a special meeting be held on Friday, 24th October at 1.00 p.m.

(2) That a meeting of the Health and Wellbeing Board be held on Wednesday, 12th November, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.