

## HEALTH AND WELLBEING BOARD 27th August, 2014

**Present:-****Members**

Councillor John Doyle	Cabinet Member for Adult Social Care ( <b>in the Chair</b> )
CI Richard Butterworth	South Yorkshire Police (representing South Yorkshire Police)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Officer, Rotherham CCG
Melanie Hall	Rotherham Healthwatch (representing Naveen Judah)
Dr. Julie Kitlowski	Clinical Chair, Rotherham CCG
Councillor Paul Lakin	Deputy Leader
Carol Stubley	NHS England
Joyce Thacker	Strategic Director, Children Young People and Families Services

**Also in attendance:**

Tracy Clark	RDaSH (representing Chris Bain)
Miles Crompton	Policy and Partnerships
Kate Green	Policy Officer
Martin Havenhand	Rotherham Foundation Trust (representing Louise Barnett)
Michael Holmes	Policy and Partnerships
Shafiq Hussain	Voluntary Action Rotherham (representing Janet Wheatley)
Satvinder Rana	Local Government Association
Jasmine Swallow	Performance Officer
Sue Wilson	Performance and Quality Manager
Chrissy Wright	Strategic Commissioner, RMBC

Apologies for absence were received from Councillor Amy Rushforth, Chris Bain, Louise Barnett, Jason Harwin, Naveen Judah, Martin Kimber, Dr. John Radford and Janet Wheatley.

**S10. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC**

There were no questions from the press and public,

**S11. MINUTES OF PREVIOUS MEETING**

Resolved:- That the minutes of the meeting held on 2nd July, 2014, be approved as a correct record subject to the inclusion of the following addition:-

S5 (Better Care Fund) "Rotherham had no option but to conform to this request according to current information".

Arising from Minute No. S3 (Dalton and Treeton Health Centres), Carol Stubley gave the following update:-

The former NHS Rotherham Board had approved, in principle, the development of new medical centres at Dalton and Treeton with tender processes to commence subject to funding being available and re-confirmation by the Board.

With regard to the Dalton Health Centre, all the legal and lease agreements had been signed on 19<sup>th</sup> August and contractors would be on site to commence the build at the end of September, 2014 with an estimated build time of 9 months.

The timescale with regard to the Treeton Health Centre was less clear at the present time. The next stage was to start work on a detailed project plan and time frame. An update would be given to a future meeting.

Arising from Minute No. S8 (Vaccinations and Immunisations), Dr. Kitlowski reported that a meeting had taken place with all the partners with regard to vaccinations and immunisations in pregnant women for influenza and whooping cough. The plan was to hopefully to implement it from 2015. An action plan would be submitted to the next Board meeting.

## **S12. INDEPENDENT INQUIRY INTO CHILD SEXUAL EXPLOITATION IN ROTHERHAM**

The Chairman referred to the recent publication of the above Inquiry report which had yet to be considered by the Council and partners.

He felt that the Board needed to be satisfied that the systems in place were as robust as possible and fit for purpose. Accordingly he proposed that all partners consider the report and report back to the Board.

Although it was the ultimate responsibility of the Rotherham Local Safeguarding Children Board there was the governance relationship between the 2 Boards. It was noted that the Safeguarding Board was to convene a special meeting to consider the report.

Resolved:- That the Chairman of the Rotherham Local Safeguarding Children Board be invited to a future meeting of this Board.

## **S13. COMMUNICATIONS**

### **Better Care Fund**

The Board considered 2 letters that had been received from the Departments of Health and Communities and Local Government and the BCF Programme Director, both dated 11<sup>th</sup> July, 2014, which gave a general update with regard to the funding and the new BCF Programme Team.

A further letter had since been received which gave much more detail and included the new updated guidance and deadlines for resubmitting plans.

**S14. BETTER CARE FUND**

The Chairman reported that the latest letter received from NHS England dated 25<sup>th</sup> July set out the changes to the Fund.

The most important change was that in relation to the previous £1bn Payment for Performance Framework which had now been revised so that the proportion linked to performance was dependent solely upon an area's scale of ambition in setting a planned level of reduction in total emergency admissions i.e. general and acute non-elective activity.

Nationally the assumption was that this would be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. If this was achieved, it would equate to a national payment for performance pool of around £300M. The remaining £700M would be available upfront in 2015/16 to be invested in NHS commissioned out-of-hospital services. The detail would be subject to local agreement.

Although Rotherham had been selected as 1 of the fasttracked 15, it had been decided not to proceed due to the unknown/unquantified burden and the changes that were being made almost on a daily basis. The present scheme was significantly changed from what had originally been proposed.

The Fund had caused tensions between the Local Authority and CCG and it was important that lessons were learnt as a result. Locally there had been groundbreaking work around integration which the Fund had diverted the partners from and it was crucial that the partnership and direction of travel was not lost.

The submission now had to be submitted by 19<sup>th</sup> September which was before the next scheduled Board meeting.

The CCG had reduced its non-elective admissions by 10% during the last 2 years; its ambition was to maintain the non-emergency admissions at the 2008/09 levels. This was part of the 5 year plan which they had widely consulted upon. NHS England would be looking for a 5.8% reduction but the CCG would strongly argue that they had already achieved the reduction and making the case of maintaining that reduction.

It was proposed that the Task Group be delegated authority to complete and submit the application by the September deadline.

Resolved:- That, subject to no significant changes being made, the Task Group be delegated the authority to complete the submission and submit to NHS England by the 17<sup>th</sup> September, 2014, deadline.

**S15. HWB PEER CHALLENGE**

Satvinder Rana from the Local Government Association, reported that the Peer Challenge team would be on site from 9<sup>th</sup>-12<sup>th</sup> September.

Background work had been undertaken with the questionnaires previously supplied to members analysed. Statistics had been collated and documentation reviewed by the team.

Once on site, discussions would be held with Board members/stakeholders in the health and wellbeing system to ascertain how things were going. There was a suite of core questions in addition to the direction supplied on the type of things the Board wanted the team to focus upon.

It must be remembered it was not an inspection. The team consisted of practitioners i.e. someone from health and wellbeing, a Chief Executive from a Council, Director of Public Health etc. each bringing their experiences and feeding back on what they saw.

After the 4 days the findings would be fed back. There would be a presentation on the Friday morning followed by a report in 2 weeks later. The Board would have the opportunity to comment upon the report and, once signed off, would be published.

The Chairman encouraged members to be open about their experiences within the Board. It was hoped the Peer Challenge would be a constructive and positive process and provide recommendations to continued development.

All Board members would be invited to the presentation on the 12<sup>th</sup> September and requested that responses be provided to the invitation.

Resolved:- That the report be noted.

**S16. JOINT STRATEGIC NEEDS ASSESSMENT**

Chrissy Wright, Strategic Commissioner, submitted a report on the progress made in updating the Joint Strategic Needs Assessment (JSNA).

The JSNA was reviewed and revised at the end of 2011, however, a further refresh was required to meet Government guidance and a new online version developed and agreed in February, 2014. The JSNA process was a co-ordinated and consistent approach to data and information that had been validated and was evidence based.

All those who had contributed to the 2013 JSNA refresh were asked to provide any changes or additions to the information previously provided. In most cases the changes so far had been minor and the key issues emerging remain as previously reported.

Revised population projections now suggested that Rotherham would have 2,500 (1%) fewer residents by 2021 than previously projected. The reduction mainly affected people of working age whilst the expected numbers of older people aged 65+ and 75+ were slightly higher than previously projected. This illustrated the value of being able to update the JSNA so that new information could quickly be made available online.

A new requirement was for an Asset Register for the Borough such as physical community resources, leisure facilities and individual community resources. Compiling the Register had been a substantial piece of work but the information could be interrogated as required by the user to identify the resource sought. It was proposed that the Asset Register be used alongside the events and organisations information database on Connect to Support. The Register was in the process of being uploaded to the JSNA website.

Discussion ensued with the following comments made:-

- The document would become increasingly important particularly for commissioners as well as the move to more community-based services and integrated working
- Similarly the Asset Register for interested parties/communities linking into case management plans and single patient records so every locality knew exactly what resources each had in their community
- It was particularly important to understand what the voluntary sector had in place so it was essential it was refreshed on a regular basis. There were champions in each organisation whose responsibility it was to feed updated information through which would then feed into the Board 6 monthly updates
- VAR had a directory of 600 organisations which spelt out which provided what services in each area
- The JSNA featured in RDASH's 5 year strategic plan of services
- A meeting had been arranged to discuss how Healthwatch and the public could feed into the process
- RFT had found it extremely valuable when producing their 5 year strategy

Resolved:- (1) That the progress made in relation to the updating of the Joint Strategic Needs Assessment and the establishment of the Asset Register be noted.

(2) That further updates be submitted twice a year (September and March) and by exception if so required.

**S17. COMMISSIONING PLANNING CYCLE**

Discussion ensued on the partners' commissioning cycles and the commitment made previously to share plans as soon as possible.

However, it was noted that all of the organisation's commissioning cycles were different. The CCG was about to start consultation with their GP members shortly with a view to getting draft plans out to stakeholders in November and formally to their Board in February, 2015.

It was suggested that by January, 2015, all organisations should have a draft commissioning plan.

Resolved:- That commissioning plans be submitted to the Board in January, 2015.

**S18. OPERATIONAL RESILIENCE IN 2014/15**

In accordance with Minute No. S4, Chris Edwards presented a report on Operational Resilience in 2014/15.

Following direction from NHS England, Rotherham CCG had set up a System Resilience Group which would build on the successful work in 2013/14 through the Urgent Care Working Group. The membership of the former Group had been widened to include a mental health provider (RDaSH).

The role of the Group was to inform and advise NHS England how it managed allocations on NHS waiting lists and System Resilience monies for Winter. It reported to NHS England and it was proposed that the minutes of the Group be circulated to the Board.

Discussion ensued on the Group with the following issues raised:-

- It was not just a change of name but change of tenure for the Group
- Need to ensure the representatives present had the delegated authority and, if unable to attend, the appropriate deputy attended
- Due to the short timescales that were normally associated with funding i.e. Winter pressures, decisions were needed within a few days not allowing representatives to take it back through their own governance structures
- Unrealistic tight timescales for important decision to be made for Winter Resilience Monies

Resolved:- That the minutes of the Group be circulated to enable Board members to gain an understanding of what was discussed at the meeting and, if required, a meeting be convened to discuss the matter further.

**S19. CUSTOMER CHARTER (EXPECTATIONS AND ASPIRATIONS WORKSTREAM)**

Sue Wilson (Performance and Quality Manager) and Jasmine Swallow (Performance Officer) presented a report setting out an overview of the consultation process undertaken to develop the customer standards, suggestions for monitoring performance and future plans for launching and embedding with employees and customers.

Initial consultation to identify the top priorities had narrowed the 36 Service standards to 15 priorities which had been further consulted on at the 2013 Rotherham Show. This had identified the top 5 promises which were the most important to customers/potential customers when accessing services across the Partnership. These were:-

‘Our Promises to you’ Customer Charter:

- We will make it easy for you to find out what services are available
- We will aim to be flexible if you need to meet with us
- We will actively listen to you and treat you with dignity and respect
- We will be honest about what we can do to help you
- We will ensure the services we provide are timely

It had also been suggested that a strapline within individual organisations’ version of the Customer Charter be included.

The concept of the design of the Charter was that the jigsaw pieces fitted together to provide a partnership commitment to promising and delivering against standards for customer service. There was a clear indication of who the Health and Wellbeing partners were which was reflected in the prominence of the logo, use of colours and each organisation’s logo within one jigsaw piece.

It was proposed that monitoring performance through annual satisfaction surveys be conducted at the Rotherham Show. It was anticipated that the baseline performance would be gained at the 2014 Show as part of a ‘You told us...We have...’ campaign. Monitoring activity would be co-ordinated through Performance and Quality at the Expectations and Aspirations Workstream Group with results reported to the Health and Wellbeing Board and communicated to the public.

A Communications and Marketing Plan was being developed to ensure the customer standards reached a wide audience, informing customers about the standards they should expect and demand when accessing services and providing consistent standards for employees to work to assuring the best customer service possible.

It was hoped that a formal launch would be held at the New York Stadium which would see the ‘jigsaw’ brought to life recreating the logo as an enlarged puzzle for the photo call.

There was also a further Priority 2 action within the work plan to develop generic customer care training. This would be a further opportunity to work in partnership to provide a co-ordinated approach to embed the single set of customer standards into working practices.

Each partner gave a brief report on their involvement in the workstream:-

- VAR – involved in the development of the Charter as well as its member organisations in the development of the Standards. There was nothing contained within it they would not be able to aspire to. The VAR Board and a number of VCS networks had supported and endorsed it
- SYP – consulted/contributed as part of the process and very supportive in relation to the Standards. Unfortunately, it was a county-wide organisation of which Rotherham was an element but would initiate work with officers and staff in terms of the Standards. Feedback was already being received from Your Voice Counts but the Charter would be used as a template to get more feedback and engagement from the public on the services delivered and to what standard they were delivered to
- RFT – meeting held with Chief Executive and Communications and Marketing Manager. There had been issues with regard to the NHS Constitution but since then it had been agreed and understood that the Standards were very much complimentary and supplementary
- RDASH – meeting held with representative of organisation and further work carried out during August. The Charter and Standards were similar to the organisation's set of values. It had not been through their governance process as yet
- CCG – some of the wording had been subtly changed to meet NHS guidance and would be used as a complimentary document
- CYPS – the Directorate had signed up to the Charter
- Healthwatch – had been part of the process and provided support at the Rotherham Show

Sue and Jasmine were thanked for their work in producing a fit for purpose and meaningful document.

Resolved:- (1) That the single set of customer Standards 'Our Promises to you' (Customer Charter) be approved and endorsed.

(2) That the partnership approach for monitoring performance, as set out in the report, be approved.



(3) That information be submitted regarding additional monitoring activities which single organisations could adopted.

**S20. DATE OF NEXT MEETING**

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 1st October, 2014, commencing at 9.00 a.m. in the Rotherham Town Hall.