HEALTH AND WELLBEING BOARD
10th April, 2013

Present:-

Members

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing **(in the Chair)**
Tracy Clarke	RDaSH
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Brian Hughes	Director of Performance and Accountability, National Commissioning Board
Martin Kimber	Chief Executive, Rotherham Borough Council
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Dr. David Polkinghorn	Rotherham Clinical Commissioning Group
Clair Pyper	Interim Director of Safeguarding Children and Families
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Colette Bailey	Integrated Youth Support Services, RMBC
Clare Davis	Parkwood Healthcare
Gavin Drogomirecki	Police and Crime Commissioner's Office
Tony Hewitt	Parkwood Healthcare
Dr. Nagpal Hoysal	Consultant in Public Health Medicine
Sue Wilson	Performance and Quality Manager, RMBC
Shaun Wright	Police and Crime Commissioner

Officers:-

Kate Green	Policy Officer, RMBC
Tracy Holmes	Communications and Marketing, RMBC
Dawn Mitchell	Democratic Services, RMBC

Apologies for absence were submitted from Karl Battersby, Gordon Laidlaw, Michael Morgan, Dr. John Radford and Joyce Thacker.

S74. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- (1) That the minutes be approved as a true record.

Arising from Minute No. S66 (Robert Francis Inquiry) it was noted that a Council Seminar was to be held on 18th April, 2013.

Arising from Minute No. 69 (Healthy Lifestyles, Prevention and Early Intervention), disappointment was expressed that details of the 2013/14 budget for Public Health and the Council was not included on the agenda.

It was noted that the Council had approved its 2013/14 budget and was a matter of public record.

Resolved:- (2) That the 2013/14 commissioning plans for Public Health and the Council be submitted to the next meeting of this Board.

(3) That the Director of Finance be invited to the meeting to present the information.

Arising from Minute No. S72 (Food for People in Crisis Partnership) it was noted that work was ongoing on this matter.

S75. COMMUNICATIONS

Local Government Association Conference – Teenage Pregnancy
London – 23rd April, 2013

Resolved:- That the conference be referred to the Health Select Commission for attendance.

The Chairman and Dr. Tooth had recently met with representatives from South Yorkshire's branch of the Department for Work and Pensions. A briefing note would be prepared for the Governance Board.

S76. LOCAL HEALTHWATCH

The Chairman welcomed Tony Hewitt, Director of Parkwood Healthcare, and Claire Davis, Operations Manager, to the meeting. Tony and Claire gave the following report:-

- The company's head office was in Lancashire and had been involved in the healthcare market for the last 15 years
- Parkwood had won a number of Healthwatch contracts including Doncaster
- The contract had been signed and a social enterprise established in Rotherham to operate in the Borough
- Interviews had taken place and hoped to appoint a Healthwatch Manager very shortly. A Chairperson and a Board of Directors would be next
- An interviewing panel had been confirmed for the recruitment of the Chairperson. The advert would be explicit that the role was different to that of the Trust and LiNK
- Hoped to be located in the town centre
- Bespoke company database which would be developed and used to collate evidence and undertake research and able to produce a number reports
- In the interim, a Healthwatch service was still provided through the website, e-mail and telephone as well as ongoing work with the PALS Team and Advocacy provider to ensure a seamless transition

It was noted that there had been no TUPE issues as the staff had all secured other employment.

There was a position on the Health and Wellbeing Board for the Chair of Healthwatch once elected. It was suggested that Claire Davies act as representative until such an appointment had been made.

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

(2) That Claire Davies, Operations Manager, represent Rotherham Healthwatch on the Health and Wellbeing Board until a Chairperson had been appointed.

S77. POLICE AND CRIME COMMISSIONER

Shaun Wright, Police and Crime Commissioner for South Yorkshire, attended the meeting and gave a report on his work as Commissioner:-

- Community Safety required a partnership approach – seek to endeavour to align all agencies/services, pooling budgets and jointly commissioning services thereby maximising ever decreasing resources

- The Police and Crime Plan was a key document for the Commissioner and hopefully for partners to ensure alignment to the key areas

- Drug addiction, alcohol and mental health issues were all significant issues impacting on crime and community safety. Whilst substantial funding was being directed to drug interventions, unless the re-offending link to mental health issues and drug/alcohol abuse was addressed, no significant impact would be made

- 90% of prisoners had at least 1 mental health problem. 1/3 of all incidents responded to by the Police were linked to someone suffering with mental health problems. Mental Health Services were very stretched and had been underfunded for a significant time – need to work smarter with the resources available

- Keenness to align the Commissioner Office and South Yorkshire Police with the Board

- The Police were a significant recipient of the Commissioner's funding but he could commission any service he so wished. Keen to tackle reoffending rates

- A certain amount of the budget would be safeguarded for Prevention and Early Intervention as a baseline that could be built upon

- Hallam University had been commissioned to map out current funding and partnerships within South Yorkshire which directly contributed to Community Safety which would feed into the commissioning decisions and the update of the Police and Crime Plan

Discussion ensued with the following points raised:-

- Prevention and Early Intervention was a priority. Work was required to create governance for the budget setting and commissioning strategy for 2014/15

- The need to involve the Commissioner in the consultation on CCG plans

Shaun was thanked for his attendance.

S78. PRIORITY MEASURE - NEETS

Collette Bailey, Integrated Youth support Services, gave the following presentation on the NEET Priority:-

What is the Issue?
- No real improvement in unemployment rate (NEET) for 16-18 year olds
- Vulnerable groups were 3 times more likely to be NEET than the wider cohort
- The NEET group were from poorer soci-economic backgrounds and had worse GCSE attainment

What is the current position?
- 1 in 8 of all 18-24 year olds were unemployed
- 719 young people academic age 16-18 were NEET 7.2%
- Much worse picture for vulnerable 16-19 year olds NEET
  13.% of people with learning difficulties
  29% of care leavers
  74% of teenage mothers
  50% of young offenders in the criminal justice systems

What are we trying to achieve?
- Improving percentage of young people overall and those on FSM achieving good GCSE including Maths and English
- Achieving zero NEET for all 16 year olds by 2013
- All young people in learning until their 18th birthday by 2015
- Improving percentage of young people achieving level 2 and level 3 qualifications at 19

Ongoing impact of being NEET
- Lack of work experience and employability skills meant that young people were not able to compete for available jobs

- Low or no qualifications made work harder to find
- Low income jobs unless upskilled
- Progression into adulthood and becoming parents living in poverty
- Low self-esteem and lack of hope resulted in poor mental health and wider health issues
- Poor/lower outcomes for children in terms of learning and achievement
- Inter-generational unemployment

What helped young people to stay in learning and work?

- Making the right realistic choices at 16 – careers guidance
- Sufficient suitable education and training provision for young people at aged 16 with clear 2 year pathways leading to a relevant qualification for the marketplace
- If you became NEET and had achieved a good range of GCSEs you were more likely to secure learning or work
- Target support towards vulnerable young people to encourage, enable or assist them to participate and remain in education or training
- Strong supportive families or role models with a good work/learning ethic

What do we need to do?

Create an outcome related intervention with a focus on prevention of NEET prevention/recovery was crucial

- Build the key basic numeracy and literacy skills needed to succeed in further education, training or the world of work
- Co-ordinated transitions at 16 for at risk students identified by the Risk of NEET Indicator (RONI)
- Early identification of post-16 students at risk of becoming NEET (drop out) and the co-ordination of support to ensure no break in learning
- Co-ordinated approach to young people who disengaged at the age of 17 after completing 1 year learning programmes
- Whole family approach in situations of high presenting needs – Families for Change/Family Common Assessment Framework

Challenges

- Lack of ownership of the NEET agenda that existed in the current setting from schools, colleges and learning providers
- Focusing on complex needs of individuals and families limited time available to spend with NEET churn
- Creating an outcome related intervention with a focus on prevention rather than recovery was essential – service pressures could limit this
- Poverty – lack of financial incentives to engage young people – limited access to work experience or part-time work whilst in learning – limits breadth of skills base and employability

- Alternative options to the basic academic route were fundamental in terms of giving those most at risk a clear pathway with achievable goals
- The recession – young people were unable to compete for fewer opportunities

What can the Health and Wellbeing Board do?

- Training for Integrated Youth Support Services staff on cross cutting themes
- We were all targeting with the same families - partnership could extend both reach and impact
- Support tracking of outcomes for young people
- Offer opportunities for work experience for vulnerable young people
- Offer employment opportunities/apprenticeships for vulnerable groups e.g. care leavers

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

- The presentation outlined the importance of getting the early offer right and making contact with families. If families could be identified early and work take place with them, hopefully, in the long term the cycle could be broken
- If funding was removed from Early Intervention it would result in more families coming into the Service
- The Council had done a massive piece of work of opportunities that could link young people into the work taking place around Deprived Communities
- Major employers should be urged to sign up offering work experience opportunities/employment opportunities/apprenticeships for vulnerable young people
- Current Human Resources Policies imposed barriers to those young people with no qualifications or experience. Unless they were changed to facilitate creation of those opportunities nothing would change
- Statistical analysis showed that the longer a person was out of employment there was less likelihood of being able to do so in later life
- There were more opportunities created for young people than for older people
- Had to get it right in schools. Young people had to leave school with some form of qualification
- The Council had committed to helping care leavers get used to the world of work that quite often their parents were not in a position to help them with

Resolved:- (1) That the Health and Wellbeing Board's commitment to the offer of opportunities for work experience for vulnerable young people and the offer of employment opportunities/apprenticeships for vulnerable

groups be noted and that Board members be requested to seek their respective organisations' endorsement.

(2) That consideration be given by partner agencies to the barriers imposed by current Human Resources Policies in relation to young people that had no qualifications or work experience.

S79. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Kate Green, Policy Officer, reported that as from 1st April, 2013, the Board had become an official sub-committee of the Council taking on full statutory duties as set out in the Health and Social Care Act 2012.

To ensure Rotherham's Board was operating in line with the duties, the Terms of Reference which had been previously developed for the Shadow Board, had been updated.

Discussion ensued with the amendments suggested to No. 6 Governance and Reporting Structures.

Resolved:- (1) That the updated Terms of Reference, as amended, be approved.

(2) That the Council's Code of Conduct for Members and Co-opted Members be noted.

(3) That Board Members submit Declarations of Interest for inclusion on the website.

S80. JOINT STRATEGIC NEEDS ASSESSMENT REFRESH

Chrissy Wright, Strategic Commissioning Manager, reported that the Joint Strategic Needs Assessment (JSNA) was last reviewed and revised in 2011 and a further refresh now required. In accordance with Government Guidance, the refreshed document must now include a Directory of Assets which meant community assets, physical infrastructure and individuals.

The report set out the proposed structure of the refreshed document as follows:-

Section 1

- Overarching cross-cutting areas
  Demographics
  Health conditions
  Lifestyle and population behaviours
  Wider determinants of health
  Communities of interest
  National Policy drivers

- Life Stages (as set out in the Health and Wellbeing Strategy)
  0-3 starting well
  4-19 developing well
  20-64 living and working well
  65+ ageing and dying well

- Assets
  Physical infrastructure e.g. buildings, green spaces
  Social and community networks e.g. VCS
  Individuals e.g. Neighbourhood Champions

Section 2

- Directory of Needs Analysis
  Many analyses undertaken by statutory organisations but no repository for all the documents. It would be a resource which all agencies should be mandated to contribute to, a resource that could be accessed by all agencies, enabled an information and data gap analysis and reduced duplication. The Directory would be accessed from the Council home page

Section 3

- Frequency of JSNA
  It would be constantly updated. It was proposed that 2013 would be the last full refresh, subject to future Government guidance, with a 6 monthly update submitted to the Board on any additions/variations to the data

Discussion ensued on the document with the following comments/issues raised:-

- A micro site to be set up where all the information could be collated
- "Final" refresh gave the impression that it was never to be refreshed when this was not the case. It would be continually updated
- A point in time e.g. September for agencies to base their forthcoming commissioning plans
- The voice of the child was fundamental to the document
- Need to get the media involved

Resolved:- (1) That the proposals set out in the report for the refresh of the Joint Strategic Needs Assessment be approved.

(2) That the document be amended to reflect the comments made with regard to the word "final".

(3) That further reports be submitted on a six monthly basis.

S81. MAKING EVERY CONTACT COUNTS

The Board was shown a video of how Making Every Contact Count worked in Salford.

The programme had been developed in 2009 by NHS Yorkshire and the Humber to give staff the skills to talk to individuals about their health and wellbeing. It had been adopted in other NHS regions.

Frontline staff were trained to raise healthy lifestyles issues opportunistically in a conversational manner. It involved giving information about the importance of behaviour change and simple advice and signposting to appropriate lifestyle services for support. It encouraged individuals to

- Stop smoking
- Eat healthily
- Maintain a healthy weight
- Drink alcohol within the recommended daily limits
- Undertake the recommended amount of physical activity
- Improve their mental health and wellbeing

However, the wider social determinants of health were core to the MECC approach as the intervention started from where the person was rather than dealing with a condition, illness or label. It could, therefore, also support individuals to access services such as housing or financial support which may be barriers to making a healthy lifestyle choice.

Discussion ensued with the following issues raised/clarified:-

- Where were the boundaries?
- Principle sound but fine tuning required
- Appropriateness/nature of the professional contact
- The initiative had been around for some time and a lot of time spent in Health mapping the principles – what was MECC trying to achieve?
- Should be part of practitioners every day job
- Going the extra mile and listening to what members of the public said in conversation
- Did not want to commit limited staffing resources if it involved mandatory training taking up valuable time

Resolved:- That Tom Cray, John Radford and Nagpal Hoysal discuss further taking on board the points made above and report to a future meeting

S82. PERFORMANCE MANAGEMENT FRAMEWORK

Further to Minute No. S69(4) of the meeting held on 27th February, 2013, Dr. Nagpal Hoysal presented proposed key measures and quarterly proxy measures for each of the Indicators within the 6 Priority areas.

Each Priority had a high level aspiration of what the Board wanted it to achieve. Under each Priority, Key Measures National or Local Indicators were set which were often only measured annually and would enable the Board to monitor progress or consider further action.

There were limitations on the availability of data for several Indicators, including some Key Measures that were also in the Public Health Outcomes Framework. Progress was expected in the next few months on how the information would be collected.

Discussion ensued on each of the Indicators. The following were raised/clarified:-

- There were no new Indicators – they would be picked up as part of Making Every Contact Count

- A number of the Indicators would be delivered by the Tobacco Control Alliance with regard to Priority 1 – Smoking

- Would the effectiveness of Community Alcohol Partnerships be diluted in introducing them throughout the Borough? The 11 Deprived Areas would be the primary focus

- Alcohol consumption profile of parents of looked after children as measured by audit of CAF required further consideration

- Further information had been received since the agenda was compiled for Priority 5 – Fuel Poverty

- Priority 6 – Dementia – it had now been ascertained that information would be available for a number of the Indicators, however, it was felt that the measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life would be a challenge

- Need to ensure the Priority 6 Indicators aligned with the national Dementia Challenge

Resolved:- (1) That the reporting Framework and targets for 2013/14 onwards be supported.

(2) That, with regard to new Indicators, the Board's support and commitment for data collection for key areas such as Every Contact Counts or brief interventions be confirmed due to the real Service change/Service measurement that will be required to deliver the targets.

S83. WORKSTREAM PROGRESS - EXPECTATIONS AND ASPIRATIONS

Sue Wilson, Performance and Quality Officer, gave the following powerpoint presentation on the Expectations and Aspirations workstream:-

Expectations and Aspirations
"All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances."

Priority One – We will provide much clearer information about the standards people should expect and demand
Progress
- Complaints baseline
- Service Standards baseline
- Our Pledge
- Young People's Pledge
- Staff Prompt card

Our Pledge
- We will always be helpful and timely; all people are important to us
- We will be patient and listen to you
- We will communicate with you clearly
  We will be clear about the service that you can expect and you should never feel afraid to share your views and opinions
- We will not pass you from pillar to post; we will try to simplify what we do
- We will treat you fairly and with respect

Young Person's Pledge
- We will talk to each other in a way that we both understand
- We will be patient, listen to each other and not interrupt
- We will respect each others views and feelings
- We will be polite about each others opinions – challenge the opinion not the person
- We will care about each other and be helpful with each others needs

Staff Prompt Card
- First impressions count
  Be positive and helpful; people should feel they are important to you
- Listen to people
  Be polite and patient and ensure you understand peoples' needs
- Communicate clearly

Stick to plain language and check that people understand the service they can expect
- Make things simple
  Do not pass people from pillar to post; try to simplify working practice
- Be respectful
  Be friendly and treat people fairly including colleagues

Action
- Further work around a "single standard" across all the organisations working around Health and Wellbeing
- To include information around what people can expect, demand and that it is okay to feedback or complain about the service

Priority Two – We will train all people who work towards reducing health inequalities to respond to the circumstances of individual people, families and the local community
Action
- Customer Care training will be developed including specific training for staff in Deprived Neighbourhoods

Priority Three – We will ensure all our workforce routinely prompt, help and signpost people to key services and programmes
Progress
- Audit of online directories and services across partners
- Information sharing event planned for 16th May for practitioners working in East Herringthorpe/Dalton and Thrybergh regarding Employment and Health

Priority Four – We will co-produce with Rotherham people the way services are delivered to communities facing challenging conditions
Action
- Consultative work and co-production of services will be developed across agencies

Challenges
- Continued commitment and engagement from all organisations around the work of the workstream
- Role of Healthwatch alongside the workstream
- Common Set of Standards – was this acceptable and achievable
- Resources
  Budget
  Staff time
  Attendance at training

Discussion ensued with the following issues highlighted/clarified:-

- Members of the public did not know what standard of service/response should be provided by agencies

- A commitment was required from agencies to provide a Common Set of Standards so communities would have the confidence to use the services and confidence to complain and hold agencies to account

- The working group had been established but there had been some issues with regard to attendance

- Plan on a Page developed identifying how the workstream was working with the 6 Strategic Leads of the Priority areas

- The role of Healthwatch aligned closely with the work of the workstream particularly in relation to customer standards and satisfaction levels

- Currently there was no budget associated with the work of the group and the modest costs associated with the work

Resolved:- (1) That the progress being made by the Expectations and Aspirations workstream be noted.

(2) That the issue of commitment to the Expectations and Aspirations workstream, the funding for the modest costs associated with the work and attendance at meetings of the multi-agency group, be raised and discussed at the Chief Executives Group.

S84. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 8th May, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall.