

**HEALTH AND WELLBEING BOARD**  
**4th June, 2014**

**Present:-**

Councillor John Doyle	Cabinet Member for Adult Social Care <b>(in the Chair)</b>
Dr. David Clitheroe	SCE Executive Lead, Children's and Urgent Care, Rotherham CCG
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Chief Officer, Rotherham CCG
Naveen Judah	Rotherham Healthwatch
Julie Kitlowski	Clinical Chair, Rotherham CCG
Councillor Paul Lakin	Deputy Leader
Jenny Lax	South Yorkshire Police (in attendance for Jason Harwin)
Carole Lavelle	NHS England (in attendance for Brian Hughes)
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children's and Young Peoples Services

**Also in Attendance:-**

Tracey Clark	RDaSH (representing Chris Bain)
David Hicks	Rotherham Foundation Trust (in attendance for Louise Barnett)
Councillor Rushforth	Cabinet Member for Education and Public Health
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were received from Chris Bain, Louise Barnett, Kate Green, Jason Harwin, Brian Hughes, Martin Kimber, Chrissy Wright and Councillor Ken Wyatt.

**S103. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC**

There were no questions from the member of the public.

**S104. MINUTES OF PREVIOUS MEETING**

Resolved:- That the minutes of the meeting held on 23<sup>rd</sup> April, 2014, be approved as a correct record.

Arising from Minute No. S96 (Admiral Nurses), it was noted that the CCG were currently undertaking a community transformation project in an attempt to rationalise and evaluate all the nursing services required. The discussions would also include specialist nursing for Dementia patients, case management and the use of VAR and be guided as to what services were required.

Arising from Minute No. S101 (Peer Review), it was noted that a LGA review would take place in September, 2014. Scoping meetings were to

take place in June for Board members to formulate what the review should consist of.

## **S105. COMMUNICATIONS**

### **(a) Rotherham Tobacco Control Alliance**

The notes of the meeting held on 17<sup>th</sup> April, 2014, were noted.

### **(b) Integrated Youth Support Services**

A report was submitted for information on the progress achieved by the Integrated Youth Support Service and its partners in relation to progression and retention in learning and employment for young people, academic age 16-18 years.

### **(c) Data Sharing Protocol – Request from South Yorkshire Fire and Rescue Service**

A request had been received from the South Yorkshire Fire and Rescue Service to sign up to the Data Sharing Protocol.

Resolved:- That South Yorkshire Fire and Rescue Service sign the Data Sharing Protocol.

## **S106. BETTER CARE FUND**

Tom Cray, Strategic Director, Housing and Neighbourhood Services, presented a report which provided a brief overview of the process undertaken to date, NHS England feedback received to the bid and how the plan would now be implemented.

Discussion ensued with attention drawn to the following:-

- Attached to the report was the Risk Register and a summary of each of the 12 schemes which made up the programme
- The new Care Bill was ranked as a “red” risk as the final detail was awaited. Once known, the detail would have to be evaluated to ensure no deviation from the intended funding outcomes
- Amendment to the wording to reflect “continuing engagement with all providers”
- Concern that there was little mention of how Healthwatch would engage in the process. Reassurances were given that the role of Healthwatch, its added value and independence, had not been deliberately omitted but acknowledgement that ideally discussions should have taken place with regard to their role. However, time constraints dictated by NHS England’s deadlines had prevented them from happening. Healthwatch would have a great part to play in consulting with patients and the general public with regard to the rolling out of the plan, how it was monitored and its evaluation. As

part of Healthwatch's funding arrangement, there would be specific pieces of work required to feed into the customer experiences

- There may be a solution with regard to data sharing that would allow the whole community to access patients' records. By the end of June there would be the ability to access EMS and Patient 1 records which would be a massive step forward with a view to a single care plan

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

(2) That quarterly reports from the Better Care Fund Task Group be submitted.

## **S107. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES**

Joyce Thacker, Strategic Director, Children and Young People's Services, and Donald Rae, SEND Strategic Lead, presented an update on the preparations to implement the Special Educational Needs and Disability Reforms in Rotherham.

The Children and Families Bill was enacted in March and a new version of the SEND Code of Practice published with the final version expected shortly.

This was the largest reform of how information and support was provided to children and young people with special educational needs and disabilities for over 20 years. It brought together the different systems in Early Years, Schools and Colleges and ensured better integration with health and care. It aimed to improve the support provided so that children and young people were able to live independent and fulfilling lives in adulthood. Placing the needs of parents and young people at its heart, the new system focussed on those aged 0-25 with new duties for local authorities, Clinical Commissioning Groups and Early Years Providers, Schools (of all types) and FE Colleges. Late amendments to the Bill had increased the role of the local authority in providing Mediation Services for education, care and health as well as bringing young people within Youth Offending institutions into the scope of the Act.

Organisations in Rotherham, including parents and young people, continued to work in partnership to implement the reforms. Key tasks which needed to be completed before September, 2014 included:-

- Putting children, parents and carers and young people at the heart of the new system
- Publish a Local SEND Offer
- Establish a new SEND Assessment Pathway for all of those aged 0-25 with Special Educational Needs or a disability, including plans to transfer those with a SEN Statement or Learning Difficulty Assessment (LDA) to the new Education Health and Care Plan

- Set up a new structure with the CCG to jointly commission education, care and health services for those with special educational needs or a disability
- Ensure parents and young people can receive support through a personalised budget if they request one
- Consultation on Rotherham's SEND Aspiration and Mission

Whilst the SEND Reforms were part of national legislation, it was important to be clear about what this meant for the children and young people in Rotherham. To help this process, consideration was being given to developing a consensus about the purpose of the SEND Reforms. Building on the Government's stated aims, the following have been proposed and discussion already started with many groups with the aim of reaching a final version in July, 2014:-

#### Rotherham's SEND Aspiration

"Rotherham children and young people with Special Educational Needs will achieve well in their early years, at school and in college; lead happy and fulfilled lives and have choice and control"

#### Rotherham's Special Educational Needs and Disability Mission

"Rotherham education, health and care services will create an integrated system from birth to 25. Help will be offered at the earliest possible point, with children and young people with special needs and their parents or carers fully involved in decisions about their support and aspirations"

This was a huge piece of work for all partners. Feedback from a visit from the DfE to establish Rotherham's preparations for the reforms had stated that all the correct structures, systems and personnel were in place to take them forward and impressed by the working relationship with the CCG.

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

- The DfE had recently visited to ascertain the Authority's readiness to implement the reforms. The visit had confirmed that the key structures were in place and that relationships with parents, Health and post-16 links were strong
- The SEND Commissioning Group had been established in January to provide the direction for the SEND reforms in Rotherham
- An event was to be held in Rotherham on 4<sup>th</sup> July entitled "In It together", co-hosted and planned by Rotherham's Parents Forum, the Local Authority and Health
- Consideration was being given to extending the Rotherham Charter to services and settings supporting children and young people from birth to 25

- The reforms were a long term programme which the Authority had to have started in September
- Caution must be exercised as to how it was presented to the community to ensure expectations were not raised unrealistically
- The Commissioning Group had met recently and formal plans would be submitted to the Board. The issues to be considered further:-

Do we understand the demographics of children and young people and SEN in Rotherham?

Have we sufficient places whether in schools, education or health to meet their needs?

- Essential that all data was collated due to the impact it would have throughout the system
- There was a sub-regional group that met to bring issues together primarily from an education point of view

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

(2) That the Risk Register be submitted to a future Board meeting.

## **S108. SECTOR LED IMPROVEMENT**

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

### Sector Led Improvement Pilot

- Organisations are responsible for their own performance
- Across organisation influence on performance
- Recognise collective responsibility for performance
- Board role overview of performance across sectors
- Properly functioning, it will support management of external inspections

### Public Accountability

- Public bodies are accountable to local communities
- Health and Wellbeing Board oversight
- Recognise the role of Scrutiny – accountability of all public bodies organisations to scrutiny
- Healthwatch

### 3 Outcome Frameworks

- Identification of performance issues
  - By organisation
  - By Scrutiny Select Commission

- Long term intractable
- Deciding when the performance would benefit from a multi-sectoral approach
- Supportive peer challenge process
- Actions
- Review

### 3 Levels

- Single organisation
- Across Rotherham
- Challenge – Cabinet Member/Scrutiny/Peer Cabinet Member

### Multi-Organisational Pilot

- Delayed Discharges
- Breastfeeding

An example was then given of the Public Health performance clinics held on Obesity and Drug Treatment where the key actions agreed were:-

### Obesity

- Better management of information needed to track improvement
- Development of wider Council policies to prevent obesity
- Better information to all Services
- Developing Single Point of access to Weight Management Services
- Targeting children in Reception years
- Increase in prevention/lower level interventions
- CAF for children identified as needing support
- Active partnership with Green Spaces

### Drug Treatment

- Work with GPs to increase support
- Deliver the new recovery hub
- Targeted action at GPs with high volumes of users and new entrances – top 5 priority areas
- Improve housing advice
- Need only 20 more successful treatments to be national average

Discussion ensued with the following issues raised/clarified:-

- Performance clinics were led by a Director not directly responsible for the Service and could be widened to other organisations within Rotherham. They acted as a “critical friend”
- Performance management arrangements for BCF were clearly set out, however, the overall activity within the 6 Board priorities was not. A focus on outcomes was essential

- The 2 pilot performance clinics had involved partners
- Whilst the proposed pilot of Delayed Discharges was connected to the BCF was Breastfeeding a priority? In terms of giving every child the best start in life, breastfeeding fit with the Board's priorities as well as the Borough having lower than average breastfeeding rates. It was also an important priority in the Children and Young People's Plan

Resolved:- That the report be noted.

### **S109. FUTURE BOARD AGENDAS**

The Chairman reported that, due to a reshuffling of Cabinet Member portfolios, he would now be the Chairman of the Board.

He outlined his proposals for future Board agendas which he proposed should consist of:-

Decision  
Direction  
Discussion

Issues that were for raising awareness/information/interest would be sent to Board members and would not be discussed unless there was an issue a member wished to raise.

Members of the Board were asked as to what they would like to see on future agendas:-

- Discuss 1 of the 6 priorities a month to gain a full understanding of the issues and subject it to a "so what" test
- Health inequalities/specific work with the more deprived areas of the Borough
- Standing agenda items so as to aid measurement of improvement
- SMART actions

Resolved:- That the above comments be taken into consideration when agenda setting for future meetings of the Board.

### **S110. DATE OF NEXT MEETING**

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 2nd July, 2014, commencing at 9.00 a.m. in the Rotherham Town Hall.