

**HEALTH AND WELLBEING BOARD**  
**19th March, 2015**

**Present:-**

Commissioner Manzie	<b>in the Chair</b>
Tony Baxter	Interim Director of Public Health
Chris Edwards	Chief Officer, Rotherham Clinical Commissioning Group
Jason Harwin	District Commander, South Yorkshire Police
Shona McFarlane	Director of Adult Social Care, RMBC
David McWilliams	Director of Commissioning and Performance Management, RMBC

**Also Present:-**

Jo Abbot	Public Health
Steve Ashley	Chair, Rotherham Safeguarding Young People Board
Tony Clabby	Healthwatch Rotherham
Tracey Clarke	RDaSH (representing Chris Bain)
Anne Crompton	Rotherham Foundation Trust
Michael Holmes	Policy Officer, RMBC
Catherine Homer	Public Health
Justin Homer	Head of Policy and Partnerships, RMBC
Tracy McErlain-Burns	Rotherham Foundation Trust (representing Louise Barnett)
Councillor Roche	Advisory Cabinet Member, Health and Adult Social Care
Janet Wheatley	Voluntary Action Rotherham
Sarah Whittle	Rotherham Clinical Commissioning Group

Apologies for absence were submitted by Chris Bain, Louise Barnett, Dr. David Clitherow, Naveen Judah, Dr. Julie Kitlowski and Chrissy Wright.

**S65. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC**

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

**S66. UPDATE ON RMBC GOVERNANCE ARRANGEMENTS**

Commissioner Manzie welcomed attendees to the formal Board meeting.

She explained that the 5 Commissioners had been appointed by the Secretary of State for Communities and Local Government and the Secretary of State for Education. A primary part of their role was, for as the Secretary of State felt fit and/or until the Commissioners made recommendations otherwise, to take some of the Executive decisions that would ultimately have been made by Members of the Council. It was not the intention to ignore Elected Members or not involve them. The Commissioners would work with the Councillors in an advisory role, however, there were some Local Government functions that had to be taken by the Council i.e. setting the budget.

The various themes had been divided between the Commissioners with Commissioner Manzie having the responsibility for the decision making functions for Adult Services, Public Health and Education. She also had the role of being the full-time Managing Director and performing most of the Chief Executive functions.

Resolved:- That the Statement of Rotherham Commissioners' mission be circulated to all Board members.

## **S67. COMMUNICATIONS**

### **Joint commitment to share information effectively for the protection of children**

Correspondence had been sent to all local authority Chief Executives, Directors of Children's Services, Police and Crime Commissioners, Local Safeguarding Children's Boards, Health and Wellbeing Boards and GPs setting out how and when personal information should be shared in light of the Alexia Jay and Louise Casey reports.

An overview of the existing Legislation and guidance on information sharing was annexed to the letter together with a summary of the package of cross-Government information sharing guidance which would be published by the end of March, 2015.

Nothing should stand in the way of sharing information relating to child sexual abuse even where there were issues with consent. Failures to share information were not just due to legal barriers and there was a need for genuine integrated multi-agency approaches to underpin information sharing. Local processes or model must ensure that the right input from the right agencies was reflected and considered as part of risk assessments at the right time and in the right way with jointly agreed and executed actions.

It was noted that the Board had signed up to an Information Sharing Protocol in 2014. However, it may be timely to revisit the protocol to ascertain if any changes were required.

Resolved:- That an item on the Information Sharing Protocol be included on the April Board meeting setting out what the current position was and if any changes were required.

## **S68. BETTER CARE FUND SECTION 75 AGREEMENT**

Following the informal meeting held on 18<sup>th</sup> February, 2015, Chris Edwards (Rotherham Clinical Commissioning Group) and Jan Ormondroyd (Interim Chief Executive) had had discussions regarding the Better Care Fund and the £23M pooled budget. Work had taken place on looking at how other areas had worked with the budget and the legal options available.

The current line of thinking was that there would be 1 Section 75 Agreement with 2 pools of funding beneath, 1 hosted by the Council and 1 hosted by the Clinical Commissioning Group. However, the precise legal details were still being worked on.

Board members were reassured that, in terms of the content of the Better Care Fund, there had been no material change to either the scheme or investments.

Resolved:- That the proposed arrangements for the Section 75 Agreement be approved subject to Chris Edwards (Clinical Commissioning Group) and Shona McFarlane (Director of Adult Social Care), finalising the legal details.

#### **S69. CSE STRATEGY UPDATE**

Steve Ashley (Chair, Local Safeguarding Children's Board) reported that the Board had revised its Strategy which was currently out for consultation with the Commissioners and would then go out to partners.

Commissioner Manzie reported that some changes had been made to the document and, as a result of discussions with Ian Thomas (Interim Strategic Director, Children and Young People's Services) an event was to be held on 2<sup>nd</sup> April 9.00 a.m.-12.00 Noon. It would be a partnership session with a framework based on some of the work the Safeguarding Board had been doing and enable discussion/brainstorming. It was essential that the Board had a robust Strategy that all partners played a part in.

A future agenda item for the Health and Wellbeing Board to consider was with regard to the issue of victims and survivors. The Board needed to ensure that the proper support was available for victims many of whom may have their own children now. It may involve joint commissioning/pooling of money including the potential funding as stated in the Direction by the Secretary of State for Communities and Local Government

Discussion ensued with the following issues raised:-

- Information arising from the recent Health-led CSE event would be available for the 2<sup>nd</sup> April event – Chris Edwards to liaise with Ian Thomas
- Work was already underway on the Needs Assessment i.e. the need not to separately commission the same work – also needed to be fed into the event
- There was a combined bid into the Home Office by the voluntary sector around the needs of victims and survivors – 1 year funding of £500,000 to set up a series of bases across the Borough. There were 2 bids submitted from Rotherham, 1 by the Rotherham Women's

Counselling Service (£160,000) and the consortia bid under 2 themes. The outcome would be known by the end of March

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

(2) That Commissioner Manzie ascertain who was to be invited to the 2<sup>nd</sup> April event.

## **S70. SELF-HARM PRACTICE GUIDELINES**

Ruth Fletcher-Brown, Public Health Specialist (Mental Health) presented the Self-Harm Practice Guidance for approval and adoption by the Board.

The Rotherham Youth Cabinet had looked at the subject of self-harm as part of its 2013/14 Manifesto and recognised that, as well as local, it was a national issue.

In conjunction with this work, partner organisations had begun work drafting self-harm guidance for all staff working with children and young people recognising that it was an emotive issue for those staff supporting young people.

The purpose of the Guidance was to promote a safe, timely and effective response to children and young people who harmed themselves or were at risk of harming themselves. It was intended for use with children and young people up to the age of 25 years and did not supersede Safeguarding procedures. It had been written to reflect the development of the self-harm pathway and would appear on the CAMHS website once developed.

The Guidance incorporated the findings from the work of the Rotherham Youth Cabinet, including the voice of young people who self-harmed in Rotherham, and expertise from partners.

Adoption of the Guidance needed to be supported by a robust training programme to ensure that workers felt confident and able to support young people and referring on when appropriate.

If approved, the Guidance would be launched and rolled out to all organisations that worked with young people.

Discussion ensued with the following issues raised/clarified:-

- Some organisations would require the Guidance in hardcopy form but it was the intention for it to be included on all organisations' websites
- Suggestion that the paragraphs be numbered to enable quicker reference and that the "How to Help" be grouped under related headings to allow easier access
- A meeting had been held with all Safeguarding leads to publicise the document and it was hoped to meet similarly with all Head Teachers

- Capacity to deliver the robust training and that of CAMHS' capacity to respond to the inevitable surge of demands for support

The Clinical Commissioning Group supported the document and had circulated it to GPs who were similarly in support but had raised the issue of faith.

Tony Clabby, Healthwatch Rotherham, reported that they were in discussion with the Clinical Commissioning Group with regard to developing a Young Healthwatch Ambassadors pilot, which was hoped would lead to peer-to-peer support, for young people who did not feel comfortable talking to adults. This was in development with the schools.

Ruth acknowledged that there was a great demand for support and training around mental health. It was hoped that the Guidance would also reassure frontline workers that they did not necessarily need to refer everyone through to CAMHS. Professionals needed to carry out a risk assessment as not all young people who self-harmed would need a referral.

CAMHS had worked very closely with the production of the Guidance.

A further issue for consideration was the wellbeing of staff in schools whom were increasingly dealing with contentious issues and needed support.

Resolved:- (1) That the Self-Harm Practice Guidance be approved and adopted for use across all Services who worked with children and young people both within the statutory and voluntary sector.

(2) That the Youth Cabinet and other partners involved in the production of the Guidance be thanked for their work.

(3) That the Board be informed when the Guidance was to be launched.

(4) That further work take place with regard to training and that the Board consider the financial implications of a robust training programme.

## **S71. DATE OF NEXT MEETING**

Resolved:- That a meeting of the Health and Wellbeing Board be held on Wednesday, 22nd April, 2015, commencing at 9.00 a.m.