

HEALTH AND WELLBEING BOARD
21st September, 2016

Present:-

Councillor Roche	Cabinet Member for Adult Social Care and Health (in the Chair)
Tony Clabby	Healthwatch Rotherham
Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Chris Holt	TRFT (representing Louise Barnett)
Shafiq Hussain	VAR (representing Janet Wheatley)
Anne Marie Lubanski	Strategic Director of Adult Care and Housing
Councillor Mallinder	Chair, Improving Lives Select Commission
Zena Robertson	NHS England (representing Carole Lavelle)
Terri Roche	Director of Public Health
Kathryn Singh	RDaSH
Ian Thomas	Strategic Director, CYPS
Councillor Watson	Deputy Leader

Report Presenters:-

Dominic Blaydon	Rotherham CCG
Christine Cassell	Chair, Rotherham Local Safeguarding Children Board
Lydia George	Rotherham CCG

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications, Rotherham CCG
Dawn Mitchell	Democratic Services, RMBC
Phil Morris	Business Manager, Rotherham Local Safeguarding Children Board

Observers:-

Chris Bland	Rotherham Pharmaceutical Committee
Councillor Short	Vice-Chairman, Health Select Commission
Janet Spurling	Scrutiny Officer, RMBC

Apologies were received from Louise Barnett (TRFT), Sharon Kemp (RMBC), Julie Kitlowski (Rotherham CCG), Carole Lavelle (NHS England), Robert Odell (SYP), Councillor Sansome, Janet Wheatley (VAR) and Councillor Yasseen.

21. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

22. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press in attendance.

23. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 13th July, 2016, were considered.

Resolved:- That the minutes of the previous meeting of the Board, held on 13th July, 2016, be approved as a correct record with the inclusion of Councillor Watson's apologies.

24. HEALTH AND WELLBEING STRATEGY

The Chairman reported that the presentation on Aim 1 – All children get the best start in life – was to be deferred to a future meeting.

Ian Thomas, Strategic Director, Children and Young People's Service, and Shafiq Hussain, VAR, gave the following powerpoint presentation on Aim 2: Children and young people achieve their potential and have a healthy adolescence and early adulthood:-

Board Sponsor: Ian Thomas RMBC

Supported by: Shafiq Hussain, VAR, and Tracy Guest, YWCA

- Reduce the number of young people at risk of child sexual exploitation
- Reduce the number of young people experiencing neglect
- Reduce the risk of self-harm and suicide among young people
- Increase the number of young people in education, employment or training
- Reduce the number of young people who are overweight and obese
- Reduce risky healthy behaviours in young people

The story in Rotherham

Reduce the number of young people at risk of child sexual exploitation

- The Jay Report (2014) Independent Rotherham CSE Inquiry (1997-2013)
- Responding to historical shortcomings
- Some indications that 'on line' and street grooming increasing
- Number of children and young people presenting at risk of CSE: 352 (2015/16)
- Governance: Improvement Board/Plan, Safeguarding Children's Board, CSE sub-group
- Services: MASH, Evolve, VCS commissioned services, Barnardos 'Reach Out'

Reduce the number of young people experiencing neglect

- Approximately 10% of new referrals to Social Care have primary reason neglect (455 in 2015/16)
- Reality much higher. Other factors for neglect: domestic violence, parental substance misuse and mental health issues
- Neglect: 'rungs of ladder/ continuum of need'

HEALTH AND WELLBEING BOARD - 21/09/16

- 2,231 open children's social care cases at the end of 2015/16 (1,430 Children in Need, 369 Child Protection Plans, 432 Looked After Children)
- Child Protection Plans (CPPs) started in the year where neglect is main category or a feature, 304 (2015/16) 51.9% of all new CPPs
- Services not specifically designed for 'neglect'

Reduce the risk of self-harm and suicide among young people

- Mortality from Suicide and Injury Undetermined 2010-2014 in 0-19 years: 5 males 0 females
- Self-harm is recognised in Rotherham as an area of concern particularly among healthy professionals and young people
- However, nationally data collected suggests we do well compared to England averages for self-harm although suicide is slightly above average

Increase the number of young people in education, employment or training

2015/16	2016/17 (June, 2016)
Rotherham 5.26%	5.6%
Statistical neighbours 5.16%	5.6%
Regional 4.76%	4.9%
National 4.2%	4.5%

Rotherham NEET Cohort as at 1st August, 2016

525: 273 (52%) male
252 (48%) female

Reduce the number of young people who are overweight and obese

- In Rotherham 9.9% of 4-5 year olds were identified as obese (2014/15) higher than the England average of 9.1%
- This figure more than doubles at Year 6 as 21.6% of 10-11 year old pupils in Rotherham were identified as obese, worse than the England average of 19.1%
- Rotherham ranks similarly among Children's Services statistical neighbours (6th of 11 including Rotherham at Reception, 2nd highest at Year 6)

Reduce risky health behaviours in young people

Some of the contributory factors:

- Sexual Health – Chlamydia 1,738 per 100K (national average 1,887, target 2,300) aged 15-24 in 2015
- Teenage pregnancy – 28.9 per 1,000 (national average 26.4) aged 15-17 in 2014
- Alcohol and Drugs – 3 year average 21.4 hospital admissions for alcohol per 100K (national average 36.6) aged 0-17, 2012/15
- Smoking – 7.2% regular smokers (national average 5.5%) aged 15, 2014/15
- Self-esteem

HEALTH AND WELLBEING BOARD - 21/09/16

- Self-harm – 312 hospital admissions per 100K (national average 399) aged 10-24 in 2014/15
- School absence – 5.3% (national average 4.6%) aged 5-15 in 2014/15
- Domestic abuse (general) – 30 per 1,000 population (national average 20.4) aged 16+ 2014/15

Aim 2: Workshop 5th August, 2016

- Over 40 attendees from across partnership including representatives from RMBC, Police, Healthwatch, Public Health, voluntary and community sector and training providers
- Six focus group workshops considered each objective:
What's the situation in Rotherham
What currently works well
Are there any gaps
Priority area
- Participants came up with key actions for each objective:-

Reduce the number of children and young people experiencing neglect

- Develop a consistent understanding of identifying neglect
- Develop assessment tool/shared responsibility
- Think Family Model

Reduce the risk of self-harm and suicide amongst young people

- Targeting young people at key transition points in their lives by linking through peer support

Increase the number of young people in education, employment or training

- NEETs case conference approach supported by Early Help
- All providers 'around the table' focusing on NEETs
- Pre-16 alternative provision – partners around the table working collaboratively to provide a suitable offer

Reduce the number of children and young people who are overweight and obese

- School Pilot: a different approach than the existing weight screening programme using a 'whole school approach'

Reduce risky health behaviours in young people

- Campaign that addresses 'respect' both for self and others: e.g. personal space, community
- Resilience: encourage all adults in child's life to address resilience with young people
- Organise a similar event as today's workshop with schools: open dialogue and encourage conversation

Discussion

- Do these actions feel correct?
- Is there one or two areas that the Board think should be prioritised?
- What can partners offer to support the priorities?

Discussion ensued with the following issues raised/highlighted:-

- Testing for Chlamydia was still carried out but there were fewer numbers of young people who had contracted it which was why the target had not been reached
- Schools should be encouraged to be more proactive with regard to PHSE; the Council had been lobbying the Government to make age appropriate PHSE compulsory rather than mandatory. This also contributed to raising self-esteem in young people
- Concern regarding the hidden levels of self-harm which did not present itself in the statistics of hospital admissions
- The national obesity rate which doubled between the ages of 5-10 years. Increased work was required at a much earlier stage including the ante-natal pathway
- Emerging theme of raising aspirations and self-esteem that the Board may wish to look at in more detail with links into children's mental health

Resolved:- (1) That the plan for Aim 2 be noted.

(2) That the Board sponsor and lead officers develop the plan in relation to Aim 2 including actions for improving self-esteem and report this to the Children and Young People's Partnership Board.

ACTION: Ian Thomas

25. BETTER CARE FUND

Chris Edwards, Rotherham CCG, presented the first quarterly report to NHS England regarding the performance of Rotherham's Better Care Fund in 2016/17.

Rotherham was fully meeting 7 out of the 8 national conditions as follows:-

- Plans were still jointly agreed between the Local Authority and the Clinical Commissioning Group
- Maintaining provision of Social Care Services (not spending)
- A joint approach to assessments and care planning were taking place and, where funding was being used for integrated packages of care, there was an accountable professional
- An agreement on the consequential impact of changes on the providers that were predicted to be substantially affected by the plans
- Agreement to invest in NHS commissioned out-of-hospital services
- Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan

- 7 day services to support patients being discharged and prevents unnecessary admissions at weekends in place

Rotherham was currently partly meeting 1 out of the 8 national conditions which comprised of 2 elements as follows:-

- The first element (fully met) included better data sharing between Health and Social Care based on the NHS Number (NHSN). This was being used as primary identifier for Health and Social Care Services and work was now complete to ensure better sharing between the 2.
- The second element (partly met) was better data sharing including whether it was ensured that patients/service users had clarity about how data about them was used, who may have access and how they could exercise their legal rights. This second element had been introduced since August, 2016

It was noted that Rotherham's Locality Plan was being used as best practice in the Yorkshire and Humber district.

Performance showed that emergency re-admissions to hospital was currently off track and required further investigation. However, this was a similar picture across the country. Work was taking place in Rotherham to ascertain the cause for the increased numbers. The outcome of the investigations would be reported to the BCF Executive Group.

Resolved:- That the report be noted.

NO ACTION

26. SUSTAINABILITY AND TRANSFORMATION PLAN

The Chairman reported that some initial feedback had been received from the LGA and it was hoped to have a further report back to the next meeting. They had been very impressed by the dedication, investment and commitment of partners to move forward on the locality plan. Rotherham was one of the leaders in the country on this initiative.

Chris Edwards, Rotherham CCG, presented an update on the development of the latest version of Rotherham's Integrated Health and Social Care Place Plan which formed part of the wider South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

It had been submitted in accordance with the 30th June deadline. The next stage was to present a business case by 21st October. It was noted that currently that all plans were confidential as imposed by NHS England; it was anticipated that they would become public documents after the October deadline.

HEALTH AND WELLBEING BOARD - 21/09/16

The latest version demonstrated the commitment across the STP partners in Rotherham to the direction of travel for Rotherham. The Plan provided for the continuation of collaborative and transformational activity across the whole health and care system. Additional transformation funding from the STP would enable the proposed priority areas to go further and faster.

Lydia George, Rotherham CCG, presented the Rotherham Integrated Health and Social Care Place Plan which would form part of the STP to be submitted to NHS England in October.

The Chairman commented that he was pleased that a full copy of the Plan would be submitted to a future meeting as there was a lot of concern that the Plan was confidential and there had been heavy criticism by the Unions.

It was noted that the draft governance of the Locality Plan would be submitted to the Board; the Board would play a key role in driving forward the accountability of the Plan.

There was concern nationally that local authorities would have to sign off their part of the STP which had had very little involvement of Elected Member in the development thereof.

It was noted that an All Member Seminar was to be held on 13th October on Locality Working (Health and Social Care).

A lot of work had already taken place in terms of how the Plan was going to be communicated to the general public.

Tony Clabby, Healthwatch Rotherham, commented that it might be a public friendly document but it was after the event; there was concern that there had been no public involvement because of the timescales. You could not publicise a plan to the public when they had not been involved and not expect resistance and protest. The positive consultation and development that had taken place previously would need to be stressed.

Chris Edwards replied that it had not been possible because of the timescales and the confidentiality imposed by NHS England. There was nothing in the Local Plan that would be of a surprise or concern but it may be not the same for the regional plan.

Dr. Cullen also expressed concern that GPs had not had involvement in the Plan.

Chris Edwards undertook to feed back the concerns regarding the lack of consultation to the STP Executive Group.

Resolved:- (1) That the progress be noted and responsibility be delegated to the individual organisations to sign off the October submission.

Action:- Chris Edwards/Sharon Kemp

(2) That a draft proposed governance structure for the Locality Plan be submitted to the next Board meeting.

Action:- Chris Edwards/Sharon Kemp

(3) That Chris Edwards feed back to the STP Executive Group the concerns regarding the lack of consultation and that the Board would like consultation to take place as soon as possible.

Action:- Chris Edwards

(4) That the Board discuss the STP in detail once the document was in the public domain.

Action:- Chris Edwards/Kate Green

27. COMMUNITY TRANSFORMATION

Dominic Blaydon, Rotherham CCG, reported on the progress of the Community Transformation Programme.

The Programme was set up in 2013 to facilitate the transfer of care from hospital to the community. The priorities reflected many of those already identified in the Better Care Fund Plan and was overseen by a multi-agency Transformation Board.

The Board was focussing on the following key workstreams:-

- Integrated Health and Social Care Teams
- A Reablement Hub incorporating Intermediate Care
- A Multi-Disciplinary Integrated Rapid Response Service
- A single Health and Social Care Plan for People with Long Term Conditions
- A joint approach to Care Home Support
- A shared approach to Delayed Transfers of Care

The report submitted highlighted the work taking place under each workstream.

Discussion ensued with the following issues raised/highlighted:-

- NHSE were very interested in the integrated localities model being implemented in Rotherham and was putting it forward as the second wave of vanguards
- Consideration was being given to having Care Co-ordinators/Key Workers who would take overall responsibility for those clients who were at high risk of hospital admission and provide them with continuity. It was not thought that additional resources would be required but would be an issue of skill

Resolved:- That the report be noted.

No Action

28. SAFEGUARDING CHILDREN ANNUAL REPORT

Christine Cassell, Chair of the Rotherham Local Safeguarding Children's Board, presented the Board's annual report 2015-16 and a powerpoint presentation:-

The presentation referred to:-

Board Effectiveness

- Partners increased the resources available to the Board
- Comprehensive Performance Management Framework now in place
- Increased audit activity
- Stronger scrutiny and challenge

Safeguarding Improvements

- Strong response to CSE
- 'compliance' with statutory requirements e.g. timeliness of assessments
- MASH arrangements
- Early Help re-launch

Safeguarding Challenges

- Quality of frontline practice
- Decision making
- Multi-agency understanding and application of thresholds
- Organisations leading on delivery of Early Help

Priorities for 2016/17

- Governance and accountability
- Community engagement and the voice of children
- Scrutinising front-line practice including Early Help
- Safeguarding Children Looked After
- CSE and children who go missing
- Neglect

Safeguarding is everybody's business

- Council
- Statutory and non-statutory partners
- Voluntary and community organisations
- The wider community

What should the Health and Wellbeing Board to?

- Ensure a Safeguarding focus in commissioning decisions
- Support LSCB priorities through the implementation of the Health and Wellbeing Strategy
- Undertake Safeguarding impact assessments on major budget and organisational change
- Reports back to the LSCB on the impact of its works in support of LSCB priorities

Resolved:- (1) That the Board ensure a focus on Safeguarding children in its commissioning decisions.

(2) That the Board supports the Local Safeguarding Children's Board through the implementation of the Health and Wellbeing Strategy.

(3) That the Board undertakes Safeguarding impact assessments on major budget and organisational changes.

(4) That the Executive Group considers how the Board reports back to the Local Safeguarding Children's Board on the impact of its work in support of the LSCB priorities.

Action:- Kate Green/Health and Wellbeing Executive Group

29. HEALTHWATCH ROTHERHAM ANNUAL REPORT

Tony Clabby, Healthwatch Rotherham, presented the organisation's third annual report 2015/16. He drew attention to the following:-

- Investment in a new Customer Management System which had given a massive boost in gaining the views and opinions on Social Care – increase from 1,400 to 4,500
- Signposting clients to other services
- Resolution of cases without the need to proceed to the Local Government Ombudsman/legal action
- Supported 114 advocacy cases
- Extending access to Learning Disability Services
- Discussions taking place with the Council and CCG with regard to the development of an Autism Strategy

Resolved:- That the report be noted.

No Action

30. SEND JOINT COMMISSIONING STRATEGY

This item was deferred to a future meeting.

31. UPDATE FROM SELF-ASSESSMENT WORKSHOP

Kate Green, Policy Officer, presented the outcome of the Board development session held on 13th July, 2016.

Board members had discussed the responses to the questionnaire looking at the strengths, weaknesses and challengers. A summary was attached at Appendix A of the report.

A draft action plan was also attached at Appendix B for discussion around timescales and resources.

Chris Edwards felt that the reference to 'Navigators/Champions' should be followed by the words "subject to funding".

Terri Roche stated that discussions had taken place with Janet Wheatley, VAR, regarding Navigators and it had been felt that there was a need for more support generally and that consideration should be given to linking in with Social Prescribing. A plan would be submitted to the November meeting.

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

(2) That a report be submitted to the November Board meeting on the alternative model to Navigators and possible resources.

Action: Terri Roche

(3) That a Task and Finish Group be established comprising Councillor Mallinder, Director of Adult Social Services, Director of Public Health, Healthwatch Rotherham, CCG, VAR and a communications lead to consider the action plan.

Action: Kate Green

32. COMMUNICATIONS

Older Person's Month - October

Healthwatch Rotherham and Age UK were to hold a conference on 1st October.

There was to be an Older People's Summit held on 7th October at the New York Stadium.

Crossroads

Crossroads, a local care provider, had been nominated as a finalist as the best care provider. One of their officers has also been nominated as best officer in their field.

Parliamentary Review – A Year in Perspective

The Rotherham CCG featured in the 2015/16 Healthcare edition.

33. DATE, TIME AND VENUE OF THE NEXT MEETING

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday 16th November, 2016, commencing at 9.00 a.m. venue to be confirmed.

(2) That future meetings take place on: -

- 11th January, 2017;
- 8th March, 2017.