

HEALTH AND WELLBEING BOARD
16th November, 2016

Present:-

Members:-

Councillor Roche	Cabinet Member for Adult Social Care and Health (in the Chair)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Chris Holt	Rotherham Foundation Trust (representing Louise Barnett)
Sharon Kemp	Chief Executive, RMBC
Dr. Julie Kitlowski	Clinical Chair, Rotherham CCG
Carole Lavelle	NHS England
Sam Newton	Head of Service, Health and Wellbeing (representing AnneMarie Lubanski)
Robert Odell	South Yorkshire Police
Giles Ratcliffe	Public Health Consultant (representing Terri Roche)
Kathryn Singh	RDaSH
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley	Voluntary Action Rotherham

Report Presenters:-

Ian Atkinson	Lead Officer, Health and Wellbeing Strategy Aim 2
Karla Capstick	Lead Officer, Health and Wellbeing Strategy Aim 1
Sarah Farragher	Head of Service Independent and Support Planning
Sandi Keene	Chair, Rotherham Safeguarding Adults Board

Officers:-

Kate Green	Policy Officer, RMBC
Dawn Mitchell	Democratic Services, RMBC

Observers:-

Jo Parkinson	Communications, Public Health
Councillor Sansome	Chair, Health Select Commission
Janet Spurling	Scrutiny Officer, RMBC
Councillor Yasseen	

Apologies for absence were received from Louise Barnett (TRFT), AnneMarie Lubanski (RMBC), Councillor Mallinder, Terri Roche (RMBC) and Councillor Watson.

34. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

36. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 21st September, 2016, were considered.

Matters arising updates were provided in relation to the following items -

Arising from Minute No. 24(2) (Health and Wellbeing Strategy), it was noted that the Executive Group felt that plans should be ready for all 5 strategic aims so that progress could be made.

Arising from Minute No. 28(4) (Safeguarding Children Annual Report), the Executive Group had considered the issue of reporting to the Local Safeguarding Board but had not felt that was the correct process. Board members were reminded that discussions had taken place on the governance and the relationship between the Board and the Local Safeguarding Board and the Safeguarding Adults Board both of which were statutory Boards and independent.

Sharon Kemp reported that she was to meet with the Independent Chairs of both Boards with regard to their respective roles and governance. The comments made by the Board would be fed into the meeting as well as the previous discussions.

Arising from Minute No. 31 (Update from Self-Assessment Workshop), it was noted a report would be submitted to the next meeting.

It needed to be clear that there was only one discussion on Care Navigators and from the Health and Primary care setting perspective.

It was also important that the Task and Finish Group met as soon as possible and included public involvement in Board meetings as part of their discussions.

Resolved:- (1) That the minutes of the previous meeting of the Board, held on 21st September, 2016, be approved as a correct record.

(2) That Sharon Kemp report back to the Board on the outcome of her discussions with the Independent Chairs of the Local Safeguarding Adults and Safeguarding Children's Boards.

Action:- Sharon Kemp

37. COMMUNICATIONS/UPDATES

The Chair reported the following:-

- Correspondence received from the Secretary of State for Health and the Police Service suggesting that there should be representation from the Police on Health and Wellbeing Boards
- Copy of the latest Health and Wellbeing Board Bulletin had been circulated
- The Council had successfully passed a motion supporting the local pharmacies and the retainment of the national funding and had requested the Government to reverse the proposals
- The Sustainability and Transformation Plan had been published on 11th November and was now out for consultation.

Resolved:- That half of the Board meeting on 11th January, 2017, be devoted to the Sustainability and Transformation Plan.

38. HEALTH AND WELLBEING STRATEGY AIM 1 - ALL CHILDREN GET THE BEST START IN LIFE

Dr. Richard Cullen, CCG, and Karla Capstick, Lead Officer Aim 1, gave the following powerpoint presentation:-

Aim 1 – All children get the best start in life

Objectives

- Improve emotional health and wellbeing for children and young people
- Improve health outcomes for children and young people through integrated commissioning and service delivery
- Ensure children and young people are healthier and happier

Issues

- Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing
- In Rotherham average 3,000 births each year – too many are not getting the best start
- In Rotherham % of children living in poverty is higher than national and regional averages
- More than 1/6 of babies are born to mothers who smoke or drink alcohol during pregnancy
- Breastfeeding rates and time spent breastfeeding is shorter than national average
- Rotherham has higher than regional and national average levels of tooth decay in 3 and 5 year olds

Actions to Date

- Early Help Service – went live January 2016 – integrated previously separate services into 9 Early Help Teams with a ‘team around the community approach’ in partnership with schools, Health including CAMHS, Police, voluntary sector, Housing etc.
- Single ‘Front Door’ for early help requests for support – includes RMBC, CAMHS, Barnardos Reach Out and Housing Officer
- Public Health – commissioned an integrated Public Health Service for 0-19 year olds – contract awarded. Will create opportunities for greater integration with Health and Early Help, joint delivery of services and a shared assessment
- Paediatrics outreach clinics due to be piloted soon (Dinnington first area)
- Reinvigorated breastfeeding support offer in partnership with Health, Early Help and building capacity with community volunteers
- Oral Health Strategy developed in partnership
- Benefits Cap – awareness raising across the partnership to support those affected by the benefits cap

Shared Strategy – Aim 1 was closely aligned to (shared priorities)

- The Children and Young People’s Plan – in particular Outcome 1: Children, Young People and their Families are Healthy and Safe from Harm
- The Rotherham Together Partnership – delivering improvements for local people and communities through the Rotherham Together Partnership Plan
- The Rotherham Safeguarding Children Board

What we will do

Action 1

- We will refresh and re-establish a ‘Best Start’ Partnership to include representatives from Health, Early Help, Early Years, Public Health, CCG, Child Development Centre, Disability Services, Education and the voluntary sector
- The Partnership will develop a Best Start Action Plan and ‘Strategy’ that focuses on: delivering better together; transition points and improved opportunities for co-working, reduced duplication and improving outcomes for children and families
- The first Partnership Group is scheduled to meet at the end of November/early December 2016 – this session will begin discussions around a shared understanding of ‘Best Start/ and taking frontline staff to consult as part of Action 2

Action 2

- We will work together to engage Rotherham parents, children and young people and consult fully with them
- We will consult through frontline practitioners, through social media and other media. This will commence in January, 2017

- We will consult, engage and listen to develop a shared understanding of ..
What is 'a best start in life?'
What do we mean by 'happier?'
What is 'emotional health?'
What does 'school readiness' look like?
- This consultation will guide further actions/Strategy of the Best Start Partnership

Action 3

- Look across the UK (and wider) for examples of innovative practice to see if any of these could be adapted and adopted to work in Rotherham
- Particular interest and focus will be on the 5 Local Area Partnerships who received additional Big Lottery Funding for 'Better Start'
- Explore opportunities for improved use of ICT such as use of digital apps, opportunities to digitise child records etc.

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

- There had been a number of "best start" programmes in Rotherham previously; it was proposed that all the professionals in 0-5 and the pre-birth age group be pulled together to ascertain what each provided, avoid duplication and develop 1 action plan that covered the whole 0-5 agenda
- There was a possible link between the lower breastfeeding rates/lower time spent breastfeeding and the higher oral decay rates
- Rotherham should have a more innovative approach which includes access to cultural and wellbeing activities along with health and medical services
- Work was taking place at City Region level around developing a Wellbeing Indicator and looking at the health of people in work and poverty
- The effects of drinking during pregnancy was not fully understood
- Public Health were revisiting their smoking cessation and alcohol screening work
- The Early Help Strategy consultation had gone live

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

(2) That Children and Young People's Services submit proposals to the next Board meeting regarding raising aspirations and addressing the social issues.

Action: Ian Thomas

(3) That the Early Help Strategy be circulated to Board Members as part of the consultation process.

Action:- Kate Green

39. HEALTH AND WELLBEING STRATEGY AIM 3 - ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

Kathryn Singh, RDaSH, and Ian Atkinson, Rotherham CCG, gave the following powerpoint presentation:-

Aim 3: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

We will

- Improve support for people with enduring mental health needs, including Dementia, to help them live healthier lives
- Reduce the occurrence of common mental health problems
- Reduce social isolation

Joint Strategic Needs Assessment – Mental Health

- 1 in every 4 people in the United Kingdom suffer a mental health problem in the course of a year
- People with serious mental health problems have their lives shortened by 14-18 years on average
- Mental health problems are often found co-existing with physical health problems such as Diabetes and circulatory problems
- Quality of life has a major influence over the development of mental health problems
- Healthy living can help to protect against mental health problems. It is associated with significant economic impacts to the individual and wider society
- Dealing with mental illness is one of the major areas of expenditure for the NHS

Joint Strategic Needs Assessment – Focus on Dementia

- The estimated national diagnosis rate for Dementia as at April 2016 was 66.4% - Yorkshire and Humber it is 69.8%
- The Dementia diagnosis rate in Rotherham (2016) is estimated to be 73.3% which is higher than the regional or national average with Rotherham rated 8th highest in the region and 51st highest in England (out of 209 CCGs) for diagnostic rates

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- An estimated 3,239 people aged 65+ in Rotherham were predicted to have Dementia in 2015 of whom 64% are women. 2,260 people aged 65+ have been diagnosed with Dementia in Rotherham in April 2016
- 42% of people aged 65+ with Dementia over 85 years and the condition affects 24% of all people aged 85+ in Rotherham

Mental Health and Wellbeing Workshop – February 2016 (25 attendees)

- Priorities workplace health and wellbeing
- Improving resilience in the community
- Making Every Contact Count
- Introduce Mental Health Impact Assessments

What has changed over the last 12 months

- Prevention
 - Partners now signed up to Making Every Contact Count
 - Range of healthy workforce initiatives e.g. Mindfulness Mental Health First Aid, CCG, RDaSH Healthy Workforce, TRFT incentive through CQUIN
 - Continue to deliver Suicide Prevention Strategy
 - Currently developing the Public Mental Health Strategy – led by RMBC
- Service Improvements
 - Introduction of Dementia diagnosis in Primary Care – July 2016
 - Social Prescribing model rolled out to Mental Health – great success
 - Enhanced Mental Health liaison in the hospital setting
 - Continued focus on improving access to psychological therapies
 - Align Service provision to focus on physical and mental health e.g. locality working and Woodlands (inpatient)
 - Significant investment in Rotherham CAMHS - £620,000
 - Locality working – mental health colleagues working alongside other parents crosscutting work e.g. Diabetes care/respiratory
 - Starting to harness new ways of working with voluntary sector through Social Prescribing to tackle isolation
 - Reconfiguration of RDaSH Mental Health Services into localities

What Next

- Continue to focus on improving Rotherham CAMHS
- Plan to very challenging national targets for IAPT and Early Intervention Psychosis
- Continue to consider different uses for Social Prescribing for prevention and to tackle isolation
- Roll out of Making Every Contact Count
- Continue to build on the positive work taking place around workforce health and wellbeing
- Joint approach to developing a new Autism Strategy for Rotherham

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

- The nature of the Making Every Contact Count model to be adopted by all partners
- The need for the Board and partners to agree a common approach that over the next 12 months they would work with their own staff and partners and give simple health prevention messages
- Mental Health was a key driver of Rotherham's Locality Plan
- The Strategic Director for Adult Care and Housing was working on an all age Autism Strategy with input from Children and Young People's Services
- Additional funding was being put into CAMHS transition services. The services provided for Adults had to be matched to those provided for Children. Consideration would be given to any bespoke responses that were required as part of the CAMHS transformation work
- The Strategic Directors for Adult Care and Housing and Children and Young People's Services were leading on a piece of work about transitions

Giles Ratcliffe, Public Health, reported that Aim 4 (reducing inequalities and increasing life expectancy) was bringing together a cross-partnership strategic steering group for MECC which would hopefully soon agree the principles/2-3 messages.

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

(2) That Aim 3 develop an action plan for presentation to the Board in April, 2017.

Action:- Ian Atkinson, Kathryn Singh

(3) That the Strategic Directors for Adult Care and Housing and Children and Young People's Services link in with RDaSH with regard to the transition from Children to Adult Services.

Action:- AnneMarie Lubanski/Ian Thomas

40. SUSTAINABILITY AND TRANSFORMATION PLAN

Chris Edward, CCG, reported that the Plan had been published on Friday afternoon (11th November) in accordance with NHS England's agreement.

The Plan's ambition, vision and priorities were supported by himself, the Council, Foundation Trust and RDaSH but recognised that it now needed to be considered through the formal governance processes as part of the consultation period.

Sharon Kemp stated that all the ambitions contained therein were supported but there was no specific detail behind them and until there was that further detail, it was not possible to consider the position of how the actions and priorities be achieved. The key issue for each of the organisations was to ensure Member involvement and the opportunity to reflect and consider.

The Chairman reported that Sir Andrew Cash had called together all Health and Wellbeing Board Chairs across South Yorkshire and Bassetlaw. It was acknowledged that there were some very good principles in the document which could be signed off but the Appendices containing the financial information and outcomes had not been seen as yet.

There was a meeting the following day of the regional Chairs and other senior members of Health and Wellbeing Boards, where the STP was the main agenda item.. The importance of Health and Wellbeing Boards and their role and what it meant in practice had yet to be fully revealed.

Resolved:- That the update be noted and a dedicated slot on the next meeting be allocated to look at the SRP in more detail.

41. ROTHERHAM PLACE PLAN

Chris Edwards, Chief Officer Rotherham CCG, presented an update on the development of the latest iteration of Rotherham's Integrated Health and Social Care Place Plan.

The report set out the amendments that had been made since the September Board meeting.

The Board also received the finalised 3 minute animation which told the story of innovations within the Rotherham Place Plan.

It was noted that the governance structure continued to evolve with further discussions with partners taking place before final approval and that the overall financial gap and elements of estimated savings were still to be confirmed.

It was a good news story for Rotherham and ways had to be found of communicating it to the wider public.

Discussion ensued with the following issues raised:-

- Elected Members should be included in the further work with the Rotherham Together Partnership
- The need to access any funding stream available. A recent visit had been made to Morecambe, a vanguard, who were 2 years further

down the integrated way of working than Rotherham was trying to achieve, but had received funding of £10M; Rotherham was remodelling with no additional funding

- Rather than 6 localities there would be 7 footprints each with its own way of serving its own particular footprint and its health needs
- The need for the Board to see the governance structure
- The Plan clearly stated what could be done with existing resources and the time it would take if no additional funding was provided
- It was known that the outcome of the pilot may result in a change to Services
- It was not known how the Place Plan would be treated within the STP process but should not prevent it from being promoted
- The need to involve children and young people who had very clear ideas and would be an ideal resource
- The need for a “name” for the Place Plan

Resolved:- (1) That the progress made be noted.

(2) That Carole Lavelle ascertain if there was any NHS England funding streams available that Rotherham could access.

Action:- Carole Lavelle

(3) That the Foundation Trust, CCG and Council Barnett, Julie Kitlowski, Chris Edwards and Sharon Kemp discuss how to capitalise upon the impact of the Place Plan.

Action:- Louise Barnett, Chris Edwards, Julie Kitlowski and Sharon Kemp

42. RDASH INSPECTION

Kathryn Singh, RDaSH, submitted an update on the progress that the Rotherham Doncaster and South Humber (RDaSH) Foundation Trust had made following its CQC inspection and the re-inspection undertaken in October, 2016.

During September, 2015, RDaSH had received a Comprehensive Trust-wide inspection with the following ratings received across the 5 domains:-

Safe – requires improvement
Effective – requires improvement
Caring – good
Responsive – good
Well led – good

Each of the 18 Services had also been visited and received 4 requiring improvement, good in 12 and outstanding in 2.

In the summer of 2016 notification had been received that a planned re-inspection would be undertaken via a series of unplanned or short notice visits to the 4 Services areas that required improvement i.e. Learning Disability Community Services, CAMHS, Adult Mental Health Community Services and Drug and Alcohol Services.

To secure a change to its overall rating, an organisation had to have a well-led review undertaken.

The Trust now awaited the outcome of the most re-inspection and was expecting to receive individual Service reports (for those Services re-inspected). An overall summary report was anticipated by the end of December, 2016/early January, 2017.

Building on the work undertaken following the 2015 inspection, known as Phase 1 in the Trust, work had started on developing a Phase 2 Sustainable Improvement Plan that focussed on embedding improvements, themes and triangulation of work that had been completed across the organisation.

It was noted that an action plan had been developed and was available on RDaSH's website.

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

(2) That the action plan be circulated to all Board Members.

Action:- Kate Green

43. HEALTHY AGEING FRAMEWORK UPDATE

Giles Ratcliffe, Public Health, presented a progress report which included the consultation schedule and the proposed changes to the Healthy Ageing Framework. The Framework aimed to develop a co-ordinated strategic approach to commissioning and delivering services for Rotherham's ageing population.

Consultation sessions had been held in the late summer/Autumn with findings provided by over 50 Rotherham residents. The need for a co-ordinated approach and the development of the Framework had been welcomed, however, it had been suggested that a more easy to read document with less system-wide jargon be developed. It had also been discussed with voluntary sector groups and Healthwatch.

During the development and consultation, the World Health Organisations "Age friendly cities and communities" programme had been shared with Rotherham stakeholders. The WHO programme allowed communities to

tap in to the potential of older people and ensure that developments were suitable for Rotherham's ageing population. The programme was an internationally recognised approach.

Tony Clabby reported that, from the events held during the recent Older People's month, there was an overwhelming view that people wanted to get behind the concept of an age friendly town.

The Chair commented that there were numerous strategies but there was a need for them to fit into the frameworks.

The Rotherham Together Partnership would be the appropriate facility for the discussion regarding work across the piste and the Borough.

Resolved:- (1) That the consultation findings and the changes to the Healthy Ageing Framework be noted.

(2) That the Framework be used as part of the commissioning and planning of services for Rotherham's ageing population.

(3) That Public Health identify the similarities and differences in the Healthy Ageing Framework, Child Centred Borough and WHO Age Friendly Cities/Communities to identify high level actions that supported the health and wellbeing of all residents.

Action: Giles Ratcliffe

(4) That the Rotherham Together Partnership discuss the bringing together of strategies and frameworks with the aim of an age friendly community.

Action:- Sharon Kemp

44. CARING TOGETHER - THE ROTHERHAM CARERS' STRATEGY

Sarah Farragher, Adult Social Care and Housing, presented the Rotherham Carers' Strategy.

It was a partnership Strategy which had engaged with Rotherham Age UK, the Adult Services Consortium, Rotherham Carers Forum, Voluntary Action Rotherham, the Council and the CCG. Unfortunately it had not engaged with the Foundation Trust but there was still time to do so.

The Strategy had been developed in 2 stages; firstly the development of the Young Carers section which had been led by Linda Harper in conjunction with Barnados and the second stage the carers in conjunction with the partners listed above.

The Strategy had 6 outcomes:-

- Carers in Rotherham are more resilient
- The caring role is manageable and sustainable
- Carers in Rotherham have their needs understood and their wellbeing promoted
- Families with young carers are consistently identified early in Rotherham to prevent problems from occurring and getting worse and that there is shared responsibility across partners for this early identification
- Our children are recognised and safeguarded in their challenging role and receive appropriate intervention and support at the right time
- Children and young people in Rotherham that have young carer roles have access to and experience the same outcomes as their peers

It was recognised that informal carers were the backbone of the health and social care economy and that enabling them to continue in the role was vital. It was important that all carers, including young and hidden carers, were identified and supported.

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

- Pleasing to see the important emphasis given to young carers which was a big issue and who needed all the support available
- The impact of some of the transformation programme which would impact on some carers particularly those caring for someone with learning disabilities
- The Hospital often felt the impact when a carer was unwell resulting in the cared person being admitted
- A number of GP surgeries now had carers clinics – it was an aspiration to have a Children's Champion in every surgery
- The carers/hidden carers were the ones left with the cared for person when the Services had gone and some support had to be found to help them to avoid crises situations

It was noted that the report would be submitted to Cabinet for endorsement. It was suggested that it then be submitted back to the Board for sign off in January.

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

(2) That a meeting be held as soon as possible between the Foundation Trust and Sarah Farragher for their input to the Strategy.

Action:- Sarah Farragher

45. ROTHERHAM SAFEGUARDING ADULT BOARD 2015-16 ANNUAL REPORT

Sandie Keene, Chair of Rotherham Safeguarding Adult Board, presented the Board's 2015-16 annual report.

Whilst good progress had been made there was still much to do. It was the Board's aim to ensure that everyone in the Borough shared its zero tolerance of neglect and abuse of individuals with care and support needs whether in a family, community or care setting.

Sandie highlighted:-

- The Board had reviewed its membership and agreed its priorities
- Insufficient knowledge about the trends and comparisons on safeguarding issues in the Borough in comparison to other areas
- Performance information beginning to grow and develop
- Increased quality assurance of individual cases required
- Emerging Safeguarding Adult Reviews of historical cases
- Discussion regarding creation of a budget for 2017-18 with possible contributions from agencies

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

- There was a backlog in the number of Mental Capacity Act and Deprivation of Liberty Safeguards assessments that the Council had to carry out. Adult Social Care was looking to resolve the situation as soon as possible
- Care homes continued to be of concern with regard to the quality of safeguarding issues which hopefully the alignment of homes to GP practices would ease
- How could care home staff be upskilled to add to the quality of care without funding or resources? (It was hoped to have a representative from the providers on the Board in the future)
- It had been apparent at the Older People's Summit that people were not aware what the Safeguarding Adults Board was

It was noted that the Strategic Director for Adult Care and Housing was conducting a piece of work on care homes and planning for the future as well as the Local Authority and statutory organisation having a duty with regard to adult safeguarding.

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

(2) That Sharon Kemp discuss with AnneMarie Lubanski and the CCG to improve the quality of care and the provision of care homes for the future.

Action:- Sharon Kemp

46. CAMHS PLAN

The Board noted the refresh of the CAMHS Transformation Plan for Rotherham.

47. DATE, TIME AND VENUE OF THE FUTURE MEETINGS

Resolved:- (1) That future meetings take place on: -

- 11th January, 2017 (9.00-11.30 a.m. extended meeting to include the Sustainability and Transformation Plan)
- 8th March, 2017.