

HEALTH AND WELLBEING BOARD
8th July, 2015

Present:-

Councillor David Roche	Advisory Cabinet Member (Adult Social Care and Health) (Chair)
Councillor Gordon Watson	Advisory Cabinet Member (Deputy Leader)
Councillor Taiba Yasseen	RMBC Appointed Member
Stella Manzie	Commissioner and Managing Director
Ian Thomas	Strategic Director, Children and Young People's Services
Professor Graeme Betts	Interim Director of Adult Social Services
Terri Roche	Director of Public Health
Michael Holmes	Policy Officer
Dr. Julie Kitlowski	Vice-Chair, Rotherham Clinical Commissioning Group
Chris Edwards	Chief Operating Officer, Rotherham CCG
Chief Superintendent Jason Harwin	Rotherham District Commander, South Yorkshire Police
Tony Clabby	Chief Executive, Healthwatch Rotherham
Shafiq Hussain	Voluntary Action Rotherham
Tracey Clarke	RDaSH
Zena Robertson	NHS England (Yorkshire and Humberside)
Lynda Bowen	Public Health
Councillor Stuart Sansome	Chair – Health Select Commission (observer)

Apologies for absence were received from Jo Abbott (Public Health), Steve Ashley (Rotherham Local Safeguarding Children Board), Louise Barnett and Tracey McErlain-Burns (NHS Rotherham Foundation Trust) and Janet Wheatley (Voluntary Action Rotherham).

1. WELCOME TO NEW MEMBERS

The Health and Wellbeing Board welcomed new members to their first meeting : Councillor Yasseen, Terri Roche (Director of Public Health) and Zena Robertson (NHS England, Yorkshire and Humberside).

2. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC

There were no questions from members of the public or the press.

3. MINUTES OF PREVIOUS MEETING

Resolved:- (1) That the minutes of the meeting held on 22nd April, 2015 and of the special meeting held 18th May, 2015, be approved as correct records.

(2) That the progress of the following matters be noted:-

(a) Minute No. S75 (22 April 2015 – Consultation of Drugs and Alcohol Public Expenditure) – the recovery hub located at Carnson House, close to the Rotherham town centre, will be opened very soon; the beginning of the public consultation exercise (originally scheduled for October 2014) had been delayed and Board Members will be informed of the revised timetable;

(b) Minutes of the special meeting held on 18 May 2015 – Board Members noted that there has been further dialogue between the Borough Council and the Head Teacher and the Chair of the Governing Body of School A. The dialogue had been positive and the reference to Government Ministers would be a last resort, to be used only if the dialogue with School A did not progress satisfactorily.

(c) Minutes of the special meeting held on 18 May 2015 – Board Members noted that the mental health awareness training courses being arranged are all being well-attended.

4. COMMUNICATIONS

(1) Board Members were reminded of the revised arrangement whereby Councillor David Roche, Advisory Cabinet Member for Health and Wellbeing, is the Chair of the Health and Wellbeing Board, with Dr. Julie Kitlowski, Chair of the Rotherham Clinical Commissioning Group as Vice-Chair.

(2) First anniversary of the report by Professor Alexis Jay on Child Sexual Exploitation - the Borough Council will be issuing appropriate press releases in respect of progress made since the publication of Professor Alexis Jay's report (August 2014) and in order to minimise any negative publicity. This item will be considered further at the next meeting of the Health and Wellbeing Board.

5. CARE ACT PROGRESS REVIEW

Professor Graeme Betts, Interim Director of Adult Social Care, reported on the most recent stocktake which had taken place in June, 2015, on behalf of the Association of Directors of Adult Social Services and the Local Government Association.

The stocktake had highlighted that during April and May, 2015, Rotherham had:-

- undertaken 215 Social Care Assessments, under the Care Act 2014 eligibility
- introduced the Deferred Payments Scheme in June, 2015
- 145 Carers' Assessments under Care Act 2014 eligibility
- 50 customers had requested an assessment as self-funders

The report also stated that:-

- A cap on care costs, set at £72,000 for the over-65s, would come into effect from April, 2016. How the cap would work for younger people still had to be finalised
- The Care Act's emphasis on prevention and wellbeing was driving forward changes as to how Services were accessed and delivered including improvements in:-
 - : Connect to Support – now being developed to ensure customer could access Care Act 2014 compliance information and advice including a wider breadth of community-based assets;
 - : Commissioning of Advocacy Support via the Council was underway and would ensure that customers could access independent advocacy which had been identified as an area of urgent need; and
 - : the Liquid Logic IT System would become the Council's main operating system for Services from April, 2016 and would enable the accurate collation of data to ensure resources were targeted appropriately

Resolved:- (1) That the report be received and its contents noted.

(2) That the following actions be agreed:-

- (a) details shall be reported to a future meeting of this Board, during the Autumn, 2015, explaining the timescale for implementation of the changes and including the average time taken for the processing of claims; and
- (b) the ICT Strategy Group shall examine the way in which the Liquid Logic IT System shall integrate adequately with partner organisations' ICT systems.

6. RMBC INTEGRATED SERVICES - ADULT MENTAL HEALTH REVIEW

Consideration was given to a report, presented by Professor Graeme Betts, proposing that the partnership agreement between the Council and RDaSH be renegotiated due to the gradual loss of social care focus and the priority given to complex mental health issues.

A strengthened social care model was an essential element within an integrated approach to mental health. The current model of integration had failed to fully utilise the benefits of working together. It was timely to review the current partnership agreed to explore alternative integrated working with health partners.

Rotherham was working with commissioning colleagues in North Lincolnshire and Doncaster to develop a core Service Level Agreement. This would ensure that local authorities had a unified approach to commissioning services from RDaSH, that there would be a clear social care voice existing within the integrated Mental Health Service and also ensure control over the Council elements of staff and management.

Emphasis was placed on the multi-agency approach to this issue and it was agreed that South Yorkshire Police shall be included in the membership of the multi-agency group alongside the Clinical Commissioning Group, the Borough Council and RDaSH

Discussion took place on the circumstances of young people who have mental health issues and the support available from the Child and Adolescent Mental Health Services (CAMHS). Such individuals may eventually undertake the transition to Adult Social Care.

The Board agreed that the provision of mental health services required a much broader approach than has previously been the case in the Rotherham Borough area. The availability of appropriate support services from within the voluntary and community sector, for people suffering mental illness, was acknowledged and would be the subject of further consideration by this Board.

Resolved:- (1) That the report be received and its contents noted.

(2) That there shall be a partnership approach to the examination of the cases of young people in the Rotherham Borough area, who are suffering mental illness, to ensure that they shall have an orderly transition to the mental health services available from Adult Social Care.

7. HEALTH AND WELLBEING BOARD GOVERNANCE AND FORWARD PLAN

Further to Minute No. S76 of the meeting of the Health and Wellbeing Board held on 22nd April, 2015, Dr. Julie Kitlowski, as Vice-Chair of the Board, introduced the submitted report about the updated terms of

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reference of the Health and Wellbeing Board and its forward plan of agenda items which would be considered at future meetings. Copies of both draft documents were appended to the report. The report and subsequent discussion highlighted the following salient issues:-

: the Vice-Chair of the Board will be someone not connected to the Borough Council;

: changes to the membership of the Board were noted, with all members (ie: elected people and paid officials) having equal status and voting entitlement;

: meetings of the Board – their frequency and use of alternative venues;

: Better Care Fund – the Board has a role in ensuring the effective delivery of Rotherham's Better Care Fund plan;

: learning from the good practice of other local authorities' Health and Wellbeing Boards;

: ensuring that all members of the Health and Wellbeing Board exercise due diligence in avoiding any conflicts of interest with regard to the issues under consideration;

: the involvement of the press and public in meetings of the Health and Wellbeing Board and the use of the various social media (eg: Twitter account) to publicise the Board's work and role;

: arrangements for the future webcasting of meetings of the Health and Wellbeing Board and the necessary equipment and facilities required (currently, webcasting would only occur for meetings held in the Council Chamber of the Rotherham Town Hall).

Resolved:- (1) That the report be received and its contents noted.

(2) That the draft terms of reference of the Health and Wellbeing Board, as now submitted, be approved.

(3) That the Health and Wellbeing Board's forward plan of agenda items for the 2015/16 Municipal Year, as now submitted, be approved.

(4) That the Health and Wellbeing Board declares its agreement, in principle, to the webcasting of the Board's future meetings and the Board shall undertake further consideration of the equipment, facilities and finances required.

8. HEALTH AND WELLBEING STRATEGY

Further to Minute No. S77 of the meeting of the Health and Wellbeing Board held on 22nd April, 2015, it was noted that the draft of the Health and Wellbeing Strategy will be distributed to all Members of the Board during July 2015. The Strategy will be considered by partner organisations and at some Borough Council internal meetings and there will be further discussion at the next meeting of this Board, prior to formal approval of the Strategy in September 2015.

9. BETTER CARE FUND

Further to Minute No. S78 of the meeting of the Health and Wellbeing Board held on 22nd April, 2015, Lynda Bowen gave an update on the performance of the Section 75 Agreement and the Better Care Fund (BCF) Plan for Rotherham.

A reporting and monitoring timetable had been developed for the Section 75 Agreement including reporting to the Health and Wellbeing Board to ensure the BCF national conditions for accountability were full met and ensured the Authority met the NHS England requirements and timescales for submitting quarterly returns.

The Section 75 Agreement set out two pooled funds comprising a total of 72 separate schemes not all of which were fully operational. The BCF Operational Group was ensuring progress was being made to implement the few remaining schemes still in the planning stage.

A joint review was underway on BCF scheme 13 which was the largest of the 16 schemes and contained some projects which may need to be refocused to relate more closely to BCF strategic priorities. Currently some major projects received a small portion of BCF funding yet had a major impact on the delivery of the BCF targets. It may be that reprioritising existing projects could see a simplified, streamlined and more effective way of reporting and monitoring how Rotherham was focussing on BCF metrics especially on reducing non-elective admissions and increasing patient and customer satisfaction.

The review of service focussed upon the appropriateness for BCF funding, patient and customer satisfaction, monitoring and metrics, accountability and reporting, value for money and Service delivery. It should be completed by the early Autumn with a report being submitted to the Board at that time.

The Quarter 4 (2014/15) monitoring report had been submitted to NHS England in accordance with the timetable. Performance had been in line with expectations and, although the target for reducing non-elective admissions had not been reached, it had been anticipated as the BCF plan was not fully implemented in the quarter.

Resolved:- (1) That the progress that had been made in projects, plans and the Section 75 Agreement for the Rotherham Better Care Fund, including closer and more integrated joint working between health and social care and revised and strengthened governance for the BCF, be noted.

(2) That the quarterly report submitted to NHS England relating to the performance of the Better Care Fund plan for Rotherham during the last quarter of 2014/15, as set out in Appendix 1 to the submitted report, be noted.

(3) That the reporting timelines for future submissions of returns to NHS England, as set out in Appendix 2 to the submitted report, be noted.

10. HEALTH SELECT COMMISSION UPDATE

The Chair introduced items which have been considered by the Borough Council's Health Select Commission, as part of the scrutiny process:-

(1) Scrutiny Review of Access to GPs

Discussion took place on the following recommendations of the Borough Council Scrutiny Review about Access to GPs, which have been referred to the Health and Wellbeing Board for response:-

(i) Health and Wellbeing Board should consider developing a Borough-wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments.

Initial Response – the Borough Council's Communications Team will prepare an appropriate document for consideration.

(ii) Health and Wellbeing Board should consider revisiting the "Choose Well" campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations.

Initial Response – a number of initiatives are already underway, including a campaign being broadcast by Radio Hallam. Details will be provided to operators of the South Yorkshire Police emergency response telephone system, enabling operators to respond with appropriate health information to '999' calls.

(iii) In light of the future challenges for Rotherham outlined in the report the Review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care

Initial Response – Rotherham has 58 GPs per 1,000 population, which is similar to the average figure for the Yorkshire and Humberside region. Therefore, Rotherham is unlikely to attract the incentive payment for the recruitment of GPs. Appropriate marketing will continue to take place in order to recruit GPs and Social Workers to the Rotherham Borough area.

The following scrutiny recommendation was also discussed:-

Rotherham MBC, when considering its response to the Scrutiny Review of supporting the local economy, should ensure health partners are invited by the Planning Department to be part of the multi-disciplinary approach to proposed new developments.

Initial Response – there should be dialogue between the Health Services and Planning Officers in terms of the design of residential areas, so as to include health benefits (eg: walking routes; fitness trails). In addition, there should be discussion about the appropriate level of provision of health services for Rotherham's new communities (eg: the Waverley development and the proposed future development of Bassingthorpe Farm, Greasbrough).

(2) Scrutiny Reviews of CAMHS

Discussion took place on the 12 recommendations of the Borough Council Scrutiny Review of CAMHS, the Child and Adolescent Mental Health Services.

It was noted that the multi-agency Mental Health Working Group will be considering a detailed response to the recommendations. Both RDaSH and the Rotherham Clinical Commissioning Group have begun joint working on the development of a clearer breakdown of costs and on the definitions of treatment, so as to inform future outcome measures.

11. LOCAL GOVERNMENT ASSOCIATION - OFFER OF SUPPORT ON HEALTH AND SOCIAL CARE

Consideration was given to correspondence from the Local Government Association concerning the range of social care improvement and health integration programmes, initiated by the Department of Health and with the aim of providing support for Health and Wellbeing Boards. The correspondence described the range of support being made available for Health and Wellbeing Boards, especially in supporting systems leaders to be effective in their role and to plan ahead.

A limited amount of funding was being provided to each region to enable co-operative working to support the delivery of the Programme. The Department of Health will also provide additional funds specifically to support the implementation of the Care Act 2014 and the NHS will allocate funding to NHS regions to support the implementation of the Better Care Fund in partnership with local government.

It was agreed that members of the Health and Wellbeing Board be invited to make suggestions of suitable projects for which bids might be made by the Board for the funding available from the Local Government Association (Michael Holmes will issue the invitation and collect responses).

12. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held at Oak House, Moorhead Way, Bramley, on Wednesday, 26th August, 2015, commencing at 9.00 a.m.