

HEALTH AND WELLBEING BOARD
26th August, 2015

Present:-

Councillor David Roche	Advisory Cabinet Member (Adult Social Care and Health) (in the Chair for Minute Nos. 13-19)
Dr. Julie Kitlowski	Vice-Chair, Rotherham Clinical Commissioning Group (in the Chair for Minute Nos. 20-24)
Stephen Ashley	Safeguarding Children's Board
Lynda Bowen	Public Health, RMBC
Sue Cassin	Rotherham Clinical Commissioning Group
Sarah Farragher	Health and Wellbeing, RMBC
Ruth Fletcher-Brown	Public Health, RMBC
Jason Harwin	South Yorkshire Police
Michael Holmes	Policy Officer, RMBC
Shafiq Hussain	Voluntary Action Rotherham
Alison Iliff	Public Health, RMBC
Gordon Laidlaw	Rotherham Clinical Commissioning Group
Stella Manzie	Commissioner and Managing Director, RMBC
Zena Robertson	NHS England (Yorkshire and Humberside)
Teresa Roche	Director of Public Health
Councillor Stuart Sansome	Chair, Health Select Commission
Kathryn Singh	RDaSH
Ian Thomas	Interim Strategic Director, Children and Young People's Services, RMBC
Councillor Gordon Watson	Deputy Leader
Conrad Woreham	Rotherham Foundation Trust
Councillor Taiba Yasseen	
Chris Bland	(Observer)
Councillor John Turner	

Apologies for absence were received from Louise Barnett (Rotherham Foundation Trust), Graeme Betts (Adult Social Services, RMBC), Tony Clabby (Healthwatch Rotherham), Chris Edwards (Rotherham Clinical Commissioning Group), Tracey McErlain-Burns (Rotherham Foundation Trust) and Janet Wheatley (Voluntary Action Rotherham).

13. DECLARATIONS OF INTEREST

Shafiq Hussain (Voluntary Action Rotherham) declared a personal interest at the meeting in relation to Minute No. 15 due to a family member working at the organisation concerned.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the press and public present.

15. SUPPORTING BME WOMEN IN ROTHERHAM

Stella Manzie referred to the recent press coverage relating to Apna Haq, an organisation in Rotherham that for a number of years had provided floating support services. Unfortunately the organisation had been unsuccessful in securing a contract during the recent re-tendering exercise. The Council was confident that it had been a fair process and all tender submissions scrutinised very closely. Consideration was being given to possible alternative provision which the organisation may be able to provide.

16. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 8th July, 2015, be approved as a correct record.

The Chairman drew attention to the following matters :-

(a) Street Play – Board Members had been invited to a Health and Wellbeing Seminar to be held in Leeds on 21st September, 2015 by Play England.

The objective of the seminar was to support Health and Wellbeing and Transport stakeholders from across the North to understand how Street Play was helping to achieve Public Health outcomes in the community. The project was growing with residents in 35 local authority areas now being supported to activate Street Play in their community and more than 300 streets closed by residents for street play sessions every week in England.

(b) CaMHS were currently implementing its Transformation Plan and would need to be signed off by the Board and the CCG. The Board would hopefully do this at its 30th September meeting

(c) The British Medical Association had issued a press release on 10th August regarding GP numbers and recruitment in the context of introducing 7 day working.

The Health Select Commission had carried out a Scrutiny Review on Access to GPs (Minute No. 10 of 8th July refers). Councillor Sansome, Chair of the Select Commission, offered to circulate a copy of the Commission's final report to Board members.

Julie Kitlowski reported that Jacqui Tuffnell, Primary Care Co-Commissioning Team, was to attend a future Board meeting and present the CCG Strategy on how to attempt to manage this serious problem both

nationally and locally. The Strategy would talk about how other professionals could/should be used to step into the workforce until the appropriate number of GPs were trained/recruited. Rotherham in theory, in terms of numbers, was not under number.

A wider issue the Board ought to consider was how to make Rotherham a more attractive place to live and work not just for GPs but Public Health professionals, teachers, social workers etc.

(d) A letter had been drafted to the Local Government Association in relation to their offer for support on health and social care (Minute No. 11 of 8th July refers). The Chair and Vice was to meet with the Systems Specialist Group in September.

(e) It was noted that the Adult Social Services Working Party had arranged a series of visits including North-East Lincs and Barnsley to see good practice. An invitation to join the visits had been extended to the Health Select Commission and to Board members.

(f) It was noted that consultation on Drugs and Alcohol Public Expenditure had commenced with details on the website. Terri Roche would ascertain if partners had been notified of the revised timetable.

(Following the meeting it was established that consultation would be commencing with key stakeholders on 7th September which would include Board members, the Safer Rotherham Partnership, providers of Drugs and Alcohol Services in Rotherham, GPs, Pharmacists, LMC and LPC members, Service User Forum, Commissioning Group members and members of the Recovery Hub Management Group.

The consultation would focus upon the proposal to commission a Recovery Service that combined the current Service with the Peer Mentor Service, making efficiencies with that integration and the proposal to reduce shared care provision in Primary Care for drug users by the amalgamation of up to 11 practices (48 patients) into the remaining 17 practice clinics.

Stakeholders would receive an e-mail with a link to further information and an online survey to complete. The consultation was for 12 weeks (up to the end of November). As the on-line element was being managed by the Website Team, reminders would be issued to those who had not accessed the initial e-mail periodically.)

(g) Gordon Laidlaw would ascertain that details of the Choose Well campaign had been provided to the South Yorkshire Police emergency response telephone operators.

17. CARE QUALITY COMMISSION

Rotherham NHS Foundation Trust

Sue Cassin, Rotherham Clinical Commissioning Group, reported on the findings of the Care Quality Commission (CQC) following their inspection visit to the Rotherham NHS Foundation Trust between 23rd and 27th February, 2015.

The Trust had achieved an overall rating of 'requires improvement' with the ratings for main services being as follows:-

- Urgent and Emergency Services – requires improvement
- Medical Care – requires improvement
- Surgery – requires improvement
- Critical Care – requires improvement
- Maternity and Gynaecology – requires improvement
- Services for Children and Young People – inadequate
- End of Life Care – good
- Outpatients and Diagnostic Imaging – good

The Trust had agreed a detailed and comprehensive action plan to address the findings and recommendations. The CCG would monitor compliance through monthly contract quality meetings and any items of concern/escalation would be forwarded to the CCG's Operational Executive to be taken up with the Foundation Trust's Board.

Zena Robertson reported that she had attended the CQC Risk Summit following publication of the report. The CQC had stated they had been encouraged at the openness and transparency of the Trust in terms of engaging with them in the inspection as well as their willingness and speed in which they put some of the mitigation around the areas that had been picked up.

Discussion ensued on the bringing of action plans together in general with the following issues raised:-

- There would be targeted themed inspections with Ofsted leading the inspections through the emerging themes of CSE and Missing and would inform the inspection regime
- Following from the Robert Francis report, NHS England had been charged to establish Quality Assurance Groups bringing Regulators, Healthwatch, commissioners together to get a view of the whole picture. Discussions were ongoing with the CCG to revamp the South Yorkshire Group due to the changes in health and social care and would look much more at care homes, Children's Services, vulnerable adults. The Group would benefit from Local Authority attendance

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- The Board may be the most appropriate forum for partners' to bring their plans to facilitate a strategic discussion and partner engagement
- Compilation of a complete schedule of inspection regimes across all partners to understand the linkages and reporting arrangements

Resolved:- (1) That the arrangements for Rotherham CCG to provide assurance that the Rotherham Foundation Trust implemented changes based upon the findings of the Care Quality Commission be noted.

(2) That regular updates be submitted on progress against the plan.

(3) That the action plan be circulated to Board members and be included on the November agenda.

The Role of Health Services in Safeguarding and Looked after Children Services in Rotherham

Sue Cassin, Rotherham Clinical Commissioning Group, reported on the findings of the recent CQC review of Services for Children Looked After and Safeguarding held between 23rd and 27th February, 2015.

The CQC had tracked 84 individual cases where there had been Safeguarding concerns including 8 that had undergone a multi-disciplinary chronology denoting healthcare delivery. It looked at the pathway of the child through the system and tried to look very carefully at different pathways of different children in the system.

Each partner organisation in response to the inspection report developed their own very comprehensive action plans which fed into the overall action plan to address the CQC's 24 recommendations, some of which applied to all partner agencies and some to individual partner agencies.

A Task and Finish Group had been established prior to the visit to prepare/work closely together and had continued post-inspection to ensure the action plan addressed all of the recommendations. Each action had a lead officer and each agency organisation had their own Task and Finish Group reviewing their own actions in detail.

Terrie Roche reported that there had been many comments made by the CQC which had not formed part of the recommendations that were also being taken forward.

It was agreed that Stella Manzie discuss with Michael Holmes the appropriate reporting mechanism for inspections.

18. HEALTH AND WELLBEING BOARD COMMUNICATIONS

Further to Minute No. 10(1) (Access to GPs Scrutiny Review), Michael Holmes presented a report proposing the development of a Board Communications Plan based broadly on:-

- Providing health messages to the general public including linking to and raising awareness of national campaigns and utilising an “every contact counts” approach via frontline staff
- Promoting the work of the Board and its partner organisations including local initiatives and success stories that help to raise Rotherham’s profile and improve its image

The Health and Wellbeing Partners website could be a central element of the communications plan. The site would need to be developed and maintained as an up-to-date source of information on Board meetings and delivery of activity linked to the Health and Wellbeing Strategy. It could also feature Public Health and other campaigns relevant to health and wellbeing as well as blogs and other interesting content.

To ensure effective communication remained central to the Board’s operation, the following would be implemented immediately:-

- The Council or Clinical Commissioning Group’s communication leads to attend Board meetings on an alternating basis
- A communications summary to be prepared after each meeting incorporating messages that needed to be fed back to individual organisations via Board members and also key messages to the public about the Board that would go on the website or be publicised by the communication leads

It was also highlighted that:-

- The Choose Well brand/strapline was not being phased out due to the national Winter Campaign coming on board “Right Care First Time”. The aim of the new campaign was getting people to the right place for attention at the first attempt particularly in light of the new Emergency Care Centre opening next year. Work was taking place with the voluntary sector on getting the message out as well as a proposal put together for the Behaviour Campaign to understand why people attended where they did for medical attention
- Involvement of the Planning Department regarding new housing developments and the need for the provision of new GP practices in a timely manner rather than waiting for the whole development to be completed
- The need to ensure there was no duplication of information on websites
- The website should be “added value”
- Messages should be kept simple

Resolved:- (1) That the outline Communications Plan be endorsed.

(2) That the Health and Wellbeing partner website be further developed and utilised as a central plank of Board communications.

(3) That a communications summary be prepared after each Board meeting with clear messages for all Board members to disseminate within their respective organisations/departments.

19. CHILD SEXUAL EXPLOITATION (CSE) IN ROTHERHAM

The Chairman reported that it was the anniversary of the publication of the Jay report. Some very good and positive work had been done in the last year and things were moving forward.

Ian Thomas concurred that there was a lot to celebrate but there was still a lot more to do. It had only been since the Commissioners had joined the Council in February that work had had a chance to be started. This work had included:-

- The CSE Team was now stronger and there was also a multi-agency team with Police, Barnardos and Health colleagues which was managing 73 cases at the current time, of a total of 2,300 across the service.
- New working protocols agreed with the Police
- Establishment of a Multi-Agency Risk Assessment Panel
- New governance arrangements in place that had led to improvements and how to manage operations
- Operation Clover was delivering results, as well as 4 other live operations that were not in the public domain as yet, which reflected different levels of complexity
- Taxi Licensing was much more robust
- An Ofsted visit had recently occurred to look at Services in terms of improvement and audited 6 cases across Social Care. 1 of the cases had been a CSE case and rated Good which was testament of the ongoing work
- Council had given over £500K to the voluntary sector to support victims and survivors, also partners have invested to respond to CSE
- A further £262K had been made available in the voluntary sector from the Ministry of Justice to help those people coming forward where they needed counselling and support
- 300 people supported through the above contracts
- Successful in securing DfE Innovation Funding of £1.2M across the sub-region to recruit specialist foster carers for children who experienced or were at risk of suffering CSE
- £3.1M funding for an Outreach Project – Barnardos to replicate much of what was good about the former Risky Business project

Jason Harwin gave the following update:-

- Operation Clover – so far 8 people had been charged with over 109 offences
- Over the last 12 months 54 had been charged with offences in South Yorkshire, 11 with multiple offences and 22 in Rotherham
- Abduction Notices was a tool in the Police's armoury – 36 had been issued in the last 6 months
- Linkages with survivors – once the criminal proceedings had been concluded there would be the opportunity to offer services

Resolved:- That the update be noted.

The Chair vacated the Chair at this point.

The Vice-Chair assumed the Chair.

(Julie Kitlowski in the Chair)

20. BETTER CARE FUND QUARTERLY MONITORING RETURN AND PROGRESS UPDATE

Lynda Bowen presented an update on the performance of the Section 75 Partnership Agreement and the proposed submission of the Better Care Fund Quarter 1 Performance Return to NHS England for consideration.

Since the update to the 8th July Board meeting:-

- Section 74 Partnership Agreement signed and working effectively
- Implementation of governance structure as well as the creation of a "vision" group within the BCF Executive which met to explore further opportunities for health and social care integration
- Joint review of BCF13 which had highlighted some parallel but insufficiently linked projects and areas for development. The review had now been extended to thoroughly review each element of funding to ensure greater strategic focus and prioritisation on earlier intervention, reducing non-elective emergency admissions and on value for money
- Realignment of the baseline position on the performance metrics of 2014/15
- The first quarter of the first year of BCF had now been completed (Appendix 1 of the report submitted) with performance close to target. Rotherham had met in full 4 of the 6 National Conditions and still working on 2 conditions:-

- 7 day services – continued progress on plans to provide 7 day support from the Hospital Social Worker Team and had designated support to deliver by April, 2016
 - Requirement for the NHS number to be used as the primary identifier with Health and Social Care IT systems – current issues with the migration of Social Care data to a new database had caused delay but the condition was expected to be met in full before the end of the year
- Concern had been expressed across the country that NHS England had set submission dates for the BCF returns which required NHS data to be submitted before validation. Some slight adjustments may be needed in Quarter 2 particularly with regard to the number of non-elective admissions

NHS England had offered all authorities the opportunity to bid for practical hands-on technical or delivery assistance and support. It was proposed that Rotherham bid for assistance and support with 2 of the 6 themes – “developing underpinning integrated datasets and information systems” and “measuring success”. Both would contribute to Rotherham’s work on meeting national conditions.

Resolved:- (1) That the progress made including more integrated joint working between Health and Social Care and revised/strengthened governance for the Better Care Fund, be noted.

(2) That the submission to NHS England by the 28th August, 2015, deadline be approved.

21. ROTHERHAM'S NEW HEALTH AND WELLBEING STRATEGY 2015-2018

Alison Iloff, Public Health Specialist, presented the draft revised Health and Wellbeing Strategy which would run from 2015-2018 and had been informed by stakeholder and public consultation events.

It had 5 key aims each underpinned by a comprehensive action plan:-

- All children get the best start in life
- Children and young people achieve their potential and have a healthy adolescence and early adulthood
- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing
- Rotherham has healthy, safe and sustainable communities and places

A number of 'indicator bundles' and data sources were currently being identified which would help measure progress. A sub-group of the Health and Wellbeing Board was to be established to ensure delivery against the action plans.

The draft Strategy had been amended to incorporate comments received which included:-

- Reference to National Policy re. Children and Young People's Services
- Clear and explicit linkages between aims 2 (children and young people achieve their potential and have a healthy adolescence and early adulthood) and 3 (all Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life)
- Increased focus on early help, child neglect and how they related to CSE
- Underpinning principal around community resilience and harnessing assets in the local community

Consultation on the draft Strategy would take place prior to its final approval with the final sign off week beginning 28th September.

It was felt that the focus on mental health was critical. The Youth Cabinet had identified it as 1 of their primary priorities going forward and its known links to CSE, suicides and bullying.

The workshop style Board meeting on 30th September would hopefully provide the "so what" to the Strategy before its final sign off.

Resolved:- That any final comments on the draft Health and Wellbeing Strategy be conveyed to Alison Iliff by 4th September.

22. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information likely to reveal the identity of individuals).

23. SUICIDE PREVENTION AND SELF-HARM PLAN UPDATE

Ruth Fletcher-Brown, Public Health Specialist, presented an update on the incidents of suicides and self-harm in the Borough from January-July, 2015.

The work and training that had taken place was highlighted.

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Discussion ensued on the need for a Community Response Plan for Adults and the gap in the bereavement pathway for adults when a suicide occurred.

It was noted that a further report was to be submitted to the November Board meeting.

Resolved:- That the report be noted.

24. DATE, TIME AND VENUE OF THE NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 30th September, 2015, commencing at 9.00 a.m. at Voluntary Action Rotherham.