

**HEALTH AND WELLBEING BOARD
25th November, 2015**

Present:-

Councillor David Roche	Advisory Cabinet Member, Adult Social Care and Health (in the Chair)
Louise Barnett	Rotherham Foundation Trust
Graeme Betts	Interim Director Adult Care and Housing
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Clinical Executive, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Ruth Fletcher Brown	Public Health Specialist, RMBC
Kate Green	Policy Officer, RMBC
Michael Holmes	Policy Officer, RMBC
Tracy Holmes	Communications and Marketing, RMBC
Alison Iliff	Public Health Specialist, RMBC
Stella Manzie	Commissioner and Managing Director, RMBC
Paul McCurry	South Yorkshire Police (representing Jason Harwin)
Tracey McErlain-Burns	Chief Nurse, Rotherham Foundation Trust
Zena Robertson	NHS England (Yorkshire and Humber)
Councillor Stuart Sansome	Chair, Health Select Commission
Kathryn Singh	RDaSH
Jon Tomlinson	Better Care Fund, RMBC
Councillor Gordon Watson	Deputy Leader
Janet Wheatley	Chief Executive, Voluntary Action Rotherham
Sue Wilson	Performance and Planning, RMBC
Councillor Taiba Yasseen	

Observers:-

Chris Bland	
Sandi Keene	Chair, Adult Safeguarding Board
Councillor John Turner	

Apologies for absence for absence were received from Jason Harwin, (South Yorkshire Police), Julie Kitlowski (Rotherham CCG), Ian Thomas (RMBC).

31. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

32. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

33. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the meetings held on 26th August and 30th September, 2015, be approved as a correct record subject to the correction of Conrad Woreham to Conrad Wareham.

Further to Minute No. 16(b), it was reported that confirmation had been received from NHS England that the CaMHS Transformation Plan had been fully signed off.

34. FOR INFORMATION

CAMHS Transformation Plan

As reported at Minute No. 33, the Plan had been signed off.

Communications

A new Twitter account was now active and would be used during the meeting to tweet updates and share information on what the Board was discussing. Any further suggestions on how to effectively engage with the public would be welcomed.

The Board's website was out of date and need a refresh. Consideration was being given as to how best to do this ensuring it was useful and engaging for the public and stakeholders.

Discussions were taking place with regard to the development of a local newsletter to share work of the Board with the public and stakeholders.

Physical Activity Event

Physical activity in Rotherham had recently received financial support from Sport England to develop a range of partnership projects.

There had been a wide range of regional sessions/literature referencing the positive approaches and outcomes achieved by local authorities who had focussed on increasing physical activity. As a result it was hoped to hold a local event to share good practice with support and funding from the LGA.

Health and Wellbeing Board Member Survey

The LGA had produced a survey for Health and Wellbeing Board members.

It was not felt appropriate at the current time given the development the Board had just undergone but could be used in 6 months' time.

Additional Health and Wellbeing Board

An additional meeting was to be held on 13th January, 2016 and would have a Children and Young People focus.

Health and Wellbeing Board Chairs

A network of Board Chairs was to be set up for the Yorkshire region.

Healthwatch Rotherham

Tony Clabby reported concerns with regard to CaMHS and the eligibility threshold for Learning Disability Services in Rotherham. These issues would be picked up outside of the meeting.

35. HEALTH AND WELLBEING STRATEGY

Further to the meeting on 30th September, 2015, Alison Iliff, Public Health, reported that discussions had taken place with regard to the mechanism for implementation of the Strategy ensuring a commitment across all partner organisations and maximised use of existing partnerships to deliver the Strategy aims.

The report highlighted:-

- Development of the Strategy action plan
The Children's Partnership Board action plan would also form the action plan for Aims 1 and 2 of the Strategy. The Board sponsor for the two aims (who would likely to also sit on the Children's Trust Board) would use the wider Children's Partnership to help deliver the Strategy action plans

Work would take place to identify any existing partnership actions relating to Aims 3, 4 and 5 and, to help identify where the Health and Wellbeing Board could add value to specific actions and consider what was already in place locally, a series of one-off development workshops were proposed. Aim 3: Mental and Emotional Health and Wellbeing would be trialled first.

- Role of Board members
A Board sponsor to be nominated for each of the Strategy aims who would champion the topic, work at a strategic level to raise the profile of the work being done, drive local delivery, address barriers and ensure strategic links/connections were made and exploited. The sponsor would retain ultimate responsibility for the delivery of their aim(s).

Board sponsors would be asked to nominate a representative on the Steering Group for their aim.

- Health and Wellbeing Steering Group
Would support and steer the work of the Board, co-ordinate the work of the Strategy and action plans and inform the Board's future work programme.

Healthwatch Rotherham would also be represented to ensure connection with local people and it would be chaired by the Director of Public Health.

It was proposed that the Steering Group be divided into two, the first as above and the second being a much smaller group to develop the work programme.

Discussion ensued on the report with the following comments made:-

- Ian Thomas, Interim Strategic Director, Children and Young People's Services, would be the link between the Children and Young People's Partnership Board and the Health and Wellbeing Board
- Should the nominated representative come from a different organisation than the Board Sponsor?
- Ensure that reports submitted were specifically for the Board only and not being discussed on multiple occasions by other meetings

Resolved:- (1) That the implementation plan and governance arrangements for the Health and Wellbeing Board 2015-18 be approved.

(2) That nominations for Board sponsors and nominated person be forwarded to Kate Green by Friday, 4th December, 2015.

(3) That the first development workshop be held on Aim 3: Mental and Emotional Health and Wellbeing.

(4) That the Health and Wellbeing Strategy be circulated with any comments thereon submitted to Kate Green by Friday, 4th December, 2015.

36. BETTER CARE FUND

Chris Edwards, Rotherham CCG, submitted the second quarterly Better Care Fund report which was due for submission to NHS England on or before 27th November, 2015.

Following the submission of the first quarter information, NHS England had completed a regional feedback on BCF performance. This showed that Rotherham was not an outlier in any areas of the BCF and, in line with just under half the localities, were still working towards two of the national conditions i.e. implementing seven day working and using the NHS identifier.

The quarterly return showed that Rotherham's plans to meet the two outstanding national conditions were on track and that performance on most metrics (where data was available) were on target. However, performance on preventing non-elective emergency admissions (target of 7,382) had not been to plan and there had been an increase (7,503) rather than the planned decrease. As a result no performance related pay had been awarded. However, it was a reduction on the previous quarter's performance (7,745).

Resolved:- (1) That the second quarter report be approved for submission to NHS England in accordance with the 27th November, 2015, deadline.

(2) That the regional feedback from NHS England on quarter one be noted.

37. SUICIDE PREVENTION AND SELF-HARM ACTION PLAN UPDATE

Further to Minute No. 81 of the meeting held on 18th May, 2015, Ruth Fletcher-Brown, Public Health Specialist, presented a progress report on the actions detailed in the Rotherham Suicide Prevention and Self Harm Action Plan.

The report set out the actions/areas of development undertaken under each of the eight areas:-

- Increase local level of understanding suicide and establish reporting mechanisms to strategic partners
- Reduce risk in high risk groups – children and young people
- Tailor approaches to improve mental health in specific groups
- Reduce access to medication
- Better information and support to those bereaved by suicide
- Support media in delivering sensitive approaches to suicide and suicidal behaviour
- Data collection and monitoring
- Workforce development

Discussion ensued with the following highlighted/raised:-

- A meeting with Head Teachers was still awaited to discuss the response plan – information had been sent to Safeguarding leads
- The social marketing campaign for young people had been developed and was awaiting graphics
- The Rotherham Self-Harm Practice Guidance 2015 was ready for circulation
- Mental Health First Aid was a nationally recognised course for anyone working with adults or young people. Funding had been received from the CCG and Public Health for 2015/16 but no commitment going forward
- Training and workforce development was an issue - there were only 2 Youth trainers and 3 Adult trainers in the whole of Rotherham. Part of the CaMHS work was to look at workforce learning and a more robust co-ordinated approach to training. It was very important to get youth trainers in place
- Promotion of the training to employers

- Samaritans were used as a support organisation but there were resource issues
- Publicity campaigns were with the Graphic Team for finalisation and once complete would have a scheduled timetable against them
- Death by suicide was a long term issue for families who needed long term support. The pathway for adults needed to be looked at as it was quite often a year after the death that an inquest was held. A leaflet had been drafted which contained all the detail of the services available as well as discussions with South Yorkshire Police who were looking at services Force-wide.
- Information available to support witnesses/bystanders
- Consideration should be given to the many other opportunities for offering advice including Councillors
- National resource, "Help is at Hand", had been sent to all GP surgeries
- When there had been a self-harm incident/suspected suicide within a school and the Community Response Plan activated, partners had worked together very effectively and a multi-agency meeting held. The feedback from the schools involved had been really appreciative and they had felt fully supported and equipped to deal with the incident

Resolved:- (1) That the actions taken by the Rotherham Suicide Prevention and Self Harm Group be noted.

(2) That the Office of National Statistics data on suicides and undetermined deaths from 2009-2014 be noted.

(3) That the recommendations for future activity be endorsed.

(4) That the Suicide and Self-Harm Community Response Plan be included on the agenda for the next available Head Teachers' meeting.

(5) That discussion take place on promotion of the training available to employers with a report back to the next Board meeting.

(6) That an All Member seminar be held on Mental Health.

38. CQC INSPECTION ACTION PLAN FOR ROTHERHAM NHS FOUNDATION TRUST

Tracey McErlain-Burns, Chief Nurse, gave a powerpoint presentation on the CQC Improvement Plan as follows:-

Inspection Ratings

- Overall rating – requirements improvement
- Safe – requires improvement
- Effective – requires improvement
- Caring – good
- Responsive – requires improvement
- Well-led – requires improvement
- Overview of ratings:-
 - 26 Good
 - 33 Requires improvement
 - 5 Inadequate

Detailing ratings: Core Service Level

- Community Care Services
 - Community Health Services for Adults – overall requires improvement
 - Community Health Services for Children, Young People and Families – overall requires improvement
 - Community End of Life Care – Overall requires improvement
 - Community Dental Services – overall good
 - Community Health Inpatient Services – overall requires improvement
- Acute Core Services
 - Urgent and Emergency Services – overall requirements improvement
 - Medical Care – overall requires improvement
 - Surgery – overall requires improvement
 - Critical Care – overall requirement
 - Maternity and Gynaecology – overall requires improvement
 - Services for Children and Young People – overall inadequate
 - End of Life Care – overall good
 - Outpatients and Diagnostic Imaging – overall good

Improvement Action Plan

- Approved at Board of Directors in July 2015
- ‘Must Do’ actions from Requirement Notices
- ‘Should Do’ actions as advised by the CQC
- 17 ‘Must Do’ sections with 101 actions
- 12 ‘Should Do’ actions with 126 actions
- Each section has an Executive Lead and an Operational Lead responsible for delivering all actions in that section
- A Corporate Committee has oversight of all sections of the action plan

JSNA and CQC actions

- Starting Well
 - M7: Children’s Environments
 - M13: Infection Control in short break service
 - M14: medicines Management in short break service
- Developing Well
 - M15: Liaison between Contraception and Sexual Health Service and School Nursing Service

- Living and Working Well
M5: Elimination of Mixed Sex Accommodation
- Ageing Well
M2: Mental Capacity Act and Deprivation of Liberty Safeguards
M4: Do not attempt cardio-pulmonary resuscitation

Reporting Arrangements

- Monthly monitoring of all actions
- Updates against actions and evidence of completion of actions required from all Operational Leads monthly
- Board of Directors receives a monthly exception report of progress
- Corporate Committees monitor the progress against the sections for which they have oversight, escalating when required
- Progress is also tracked at the monthly Divisional Performance Meetings
- Weekly steering group meetings attended by all Operational Leads designed to assure the evidence of completion of actions and test that the outcome descriptors have been achieved
- Monthly progress updates on internet and intranet

Preparing for Re-inspection

- Mock inspections: 1 completed in November, another shortly
- 2 page staff briefings: pre-inspection briefings evaluated well so have been reintroduced highlighting the progress made since February 2015
- Challenging available evidence: via mock inspections, dip samples and the weekly steering group meetings
- Ensuring that completed actions deliver the outcomes required by CQC: via 1-2-1 meetings with Chief Nurse, mock inspections and dip samples
- Raising awareness: targeted communications campaign ensuring staff are mindful that CQC could re-inspect at any time

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

- The Trust overall faced capacity issues. There were shortages in certain occupation groups and a particular expertise set to lead the change that was expected
- Additional financial resources were being sought but the Trust was very committed and continually using innovative ways of working
- Volunteers from outside of the organisation were drawn upon for the mock inspections

Kathryn Singh, RDaSH, reported that the draft CQC report had been received. Due to the CQC's new working practice, the report would become a public document before the Quality Summit was held and an action plan produced. All partners would be briefed in advance.

Resolved:- (1) That the CQC Inspection Action Plan for the Rotherham NHS Foundation Trust be noted.

(2) That an update be submitted in 6 months dependent upon the timing of the re-inspection.

39. ADULT SOCIAL CARE VISION AND STRATEGY

Professor Graeme Betts, Interim Director of Adult Services, gave a presentation on the Vision and Strategy for Adult Social Care in Rotherham.

Adult Social Care

- Provision of Social Care for adults had undergone enormous change over the past generation with the pace of change accelerating over recent years as the demand for more personalised services continued to grow and traditional models of care seem to be outdated
- The approach was increasingly based on an asset model i.e. identifying with the person what they could do, what they had, who they knew and which community groups they were linked into, what their family and friends could do as carers and what the wider communities could offer
- Improving the help and support for individuals who needed it at any specific time benefited the whole community as they were likely to be family and friends of people requiring support or who may come to need it
- The changes had been reinforced by the introduction of the Care Act. There had been an increasing development of care based on a personalised model with people enabled to live in their own homes and to access services, facilities and buildings as part of the wider community
- The role of Adult Social Care had accordingly had to change and develop a strong partnership and influencing role.

Vision

- The ambition in Rotherham was that adults with disabilities, older people and their carers were supported to be independent and resilient with the desired outcomes, that they lived good quality lives and their health and wellbeing was maximised

- It was essential to recognise that during the course of someone's life there may be times when they required support and care and health services needed to be prepared to intervene on those occasions
- The aim should be to intervene appropriately to provide minimal support to enable the client to maintain their independence.

Strategy

- In order to achieve the vision it was fundamental that a network of support be created including Council services, health services, private and third sector services and voluntary, community and faith groups, as well as friends, family and neighbours
- Must recognise that the network of community resources needed development and investment and best delivered through a partnership with the third sector
- Need to ensure that there was a "front door" which listened and addressed what people were requesting in a way which would support them to take control of the situation for themselves e.g. provision of information/advice, equipment or undertaking of a self-assessment
- Aim of assessment to support the client to develop a solution which maximised them taking control and minimised interventions from the formal care sector
- Focus on building prevention, rehabilitation and enablement throughout the system as well as one-off interventions such as telecare to give people back control and independence
- Develop alternatives to traditional services e.g. promotion of Shared Lives, supported living, extracare schemes, homes suitable for older people, key ring schemes
- Seek to minimise the use of residential and nursing care whilst recognising that there was a place for it in a care and health economy
- Promote personalised services as alternatives to day services
- Promote the development of integrated commissioning and delivery of services
- Wide range of preventative services to reduce the need for intensive services plus investment in extra care and shared lives

Delivering the Strategy

- Need for a series of inter-related commissioning strategies to be developed involving Council services (especially Adults, Children's, Housing as well as Community Development and Community Safety), Health Services and other organisations where appropriate such as the Police
- The Health and Wellbeing and Adult Safeguarding Boards would own the Strategy and delivered through a range of Boards and groups
- The Department of Adult Social Services, as Statutory Office, would have responsibility for developing the Strategy and ensuring its delivery

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

- No decision had been made as yet but exploring different options for the service transformation
- The move to a locality model had started 18 months ago. Work was taking place with RDaSH who were configuring with the localities work
- There were 7/8 localities
- Role of the Safeguarding Adults Board to be extended

Resolved:- That the report be noted.

40. DATE, TIME AND VENUE OF THE NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 13th January, 2016, commencing at 2.00 p.m. at Oak House, Bramley.