

HEALTH AND WELLBEING BOARD
20th April, 2016

Present:-

Members

Councillor David Roche	Cabinet Member for Adult Social Care and Health (in the Chair)
Louise Barnett	Rotherham Foundation Trust
Graeme Betts	Acting Strategic Director, Adult Social Care and Housing
Karen Borthwick	Children and Young Peoples Services, RMBC
Tony Clabby	Healthwatch Rotherham
Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Julie Kitlowski	Clinical Chair, Rotherham CCG
Rob Odell	South Yorkshire Police
Teresa Roche	Director of Public Health, RMBC
Debbie Smith	RDaSH
Janet Wheatley	Voluntary Action Rotherham
Councillor Taiba Yasseen	Cabinet Member, Neighbourhood Working and Cultural Services

Report Presenters:-

Steve Helps	South Yorkshire Fire and Rescue Service
Gill Harrison	Public Health, RMBC
Richard Hart	Public Health, RMBC
Sally Jenks	Public Health, RMBC

Officers

Dominic Blaydon	Rotherham CCG
Kate Green	Policy Officer, Chief Executive's Office
Gordon Laidlaw	Communications, Rotherham CCG
Dawn Mitchell	Democratic Services, Assistant Chief Executive

Observers

Chris Bland	Rotherham Pharmaceutical Committee
Councillor Mallinder	Vice-Chair, Health Select Commission

Apologies for absence were received from Carole Lavelles, Councillor Sansome, Kathryn Singh, Ian Thomas and Councillor Watson.

67. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

68. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

69. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 24th February, 2016, be approved as a correct record subject to the following clerical amendments:-

Minute No. 56 (Update on the Health and Wellbeing Strategy Implementation)

“It was noted that a lead officer from Voluntary Action Rotherham had now been identified for aim 2 by Ian Thomas as the Board sponsor and Janet Wheatley”

Arising from Minute No. 63 (Transforming Services for People with a Learning Disability and/or Autism), it was noted that discussions had taken place between the CCG and the Council. As from 1st April, 2016, the threshold had changed and the diagnostic tool adjusted the IQ to 70 rather than 50.

Arising from Minute No. 62 (Adult Safeguarding Strategy), Julie Kitlowski reported that GP practices were aligning themselves to care homes which would improve the Health input and be more alert to any possible issues.

A meeting had taken place to discuss the issue and ensure that the CCG had early warnings of any concerns.

Arising from Minute No. 65 (Rotherham Get Active Event), it was noted that so far 50 had registered for the event. There were 10 further places available and anyone interested should contact Kate Green as soon as possible.

Tony Clabby also raised the possibility of receiving the minutes as soon as possible following a Board meeting rather than waiting for the next agenda.

Resolved:- That the draft minutes be circulated to Board members as soon as possible after a meeting.

Action:- Democratic Services

70. SOUTH YORKSHIRE FIRE AND RESCUE

Steve Helps, Area Manager, gave a powerpoint presentation and a video of the work of the South Yorkshire Fire and Rescue Service Safe and Well initiative:-

Change of Fire and Rescue Service Business Model

- Change to Fire Service Act 2004 to introduce statutory duty to provide Community Fire Safety Advice
- UK Fire and Rescue Service business model amended from a reactive lead service to one of proactive

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- The introduction of Home Safety Checks – approximately 670,000 completed annually across the United Kingdom – around 20,000 across South Yorkshire

Targeting the most vulnerable

- Are over 65 years of age
- Live alone
- Have a physical or learning disability
- Have a cognitive impairment including dementia or memory loss
- Have a mental health issue
- Have a substance or alcohol dependency
- Have Adult Social Care needs
- Are a smoker
- Are unable to protect themselves from harm for any reason

Safe and Well Visits

- In support of the 5 year forward plan CFOA, RSPH, NHS and Age UK published the consensus statement in 2015
- Move towards Safe and Well visits
- Doncaster pilot – Ageing Well, Falls questions, crime prevention, fire safety and crime private information
- Steering Group in Barnsley – work was progressing in Rotherham and Sheffield

Delivering a range of prevention initiatives

- Comprehensive schools educational programme
- Lifewise Centre introduced CPR awareness
- 7 Cadets Units routes4you
- Achieving Respect Confidence (ARC) courses
- Princes Trust Team Programme
- Eyesight tests RNIB Sheffield
- Boxing Clubs – Thorne and Moored
- Age UK Barnsley and Rotherham
- Eastwood in Rotherham and Great Places in Sheffield – cooking courses
- Rotherham Hospice
- Hotspots referral scheme
- Over 100 Safe and Well Referral Partnerships
- Investment in £1.7m through SSCR across over 30 community-based projects
- Winter warm packs
- Midwife lead prevention work through SSCR project
- Troubled Families Programme
- Supporting food banks
- Dementia Alliance funding/project
- Alzheimer's Memory Café

Fire Health Conference 2016

Recommendations

- The introduction of Safe and Well visits across South Yorkshire
- Partnership supporting and becoming Safe and Well referral partners allowing the most vulnerable within our communities to receive early interventions
- A mature conversation with partners to identify opportunities for data sharing to ensure limited resources are targeted at the most vulnerable through early intervention activities
- South Yorkshire Fire and Rescue Service to support the priorities of the Health and Wellbeing Boards and for Boards to recognise the varied activities that the Service undertake in support of the Health and Wellbeing agenda
- Commissioners and South Yorkshire Fire and Rescue Service to identify activities which the Service's assets could contribute to support early intervention or reduce demand on existing services

Safe and Well Referral Partnership

How you can assist

- To sign up to become a Safe and Well Partner please follow the links below
Website www.syfire.gov.uk/safe-well
Email Safe&well@syfire.gov.uk
Once you have made contact with us an Officer will follow up your enquiry to discuss further and process your application

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

- The fact that the Fire Service was a trusted service going into a property was very useful. For elderly people who were isolated and lonely, and by definition not engaging with services, the opportunity of Safe and Well visits linked up with social prescribing
- One of the biggest referrals from outside agencies was to the Fire Service
We see the benefits of working with the 3rd sector agencies and Age UK with the engagement programme
- The Service was doing this work but most of the agencies did not see/aware of it; the challenge was how to make that connection. Was a Safe and Well visit communicated to partners?
The referral pathway would enable the Service to report back the outcome and the number of visits made. If the visit resolved the issue that was the end of the matter but if it was more challenging and the resident was someone who had long term issues it would be escalated to a specialist Community Safety Officer. There would be a multi-agency approach with the right people around the table and

discuss the resident and every endeavour would be made to ensure that the resident was safe

- Were the red referral cards that a professional had to fill in still used?
The system had been found to be quite bureaucratic. A new simpler system was used for Safe and Well as well as a web portal
- If the Service was able to find a way of looking at/achieving risk reduction it would be helpful to the Foundation Trust
- The Trust was to start its next stage of community setting work which would include the Fire Service so there would be an opportunity to educate the Health side

Steve was thanked for his very informative presentation.

71. HEALTH AND WELLBEING STRATEGY

Julie Kitlowski report on the workshop held on 16th March to address health inequalities and healthy life expectancy. Key themes that were felt to make a difference if all partners were aware of the commitments were pulled together:-

Making Every Contact Counts issues – which should include encouraging the most deprived and hard to reach to go for Healthchecks and have Champions in the community who would be able to give their stories about how they had managed to make significant life changes by personal testimony

Community Champions – there were some really good stories of people from hard to reach communities standing up and being prepared to say how they had made a difference. The aim was to have health champions/more health ambassadors

Keeping Active – All partners knew exactly what was available so it was incumbent on them to pass that information onto their clients and staff and attempt to try and link up the education of what was available

It was important that employers, businesses, volunteers etc. worked together with the Partnership Group and business community or it would not progress in the way needed to make a difference in health inequalities. It was key to engage better with partners and businesses

Measure Outcomes – the number of patients having Healthchecks could be measured as well as the number of Community Champions and those that signed up the various activity events

Terri Roche reflected that the notes from the workshop did not have a strong emphasis on NHS Healthcheck but agreed that it was important that harder to reach communities had support had access to the right

health care services in a timely manner. This could include improving the uptake of national screening and vaccinations programmes and early presentation of symptoms at Primary Care.

Discussion ensued on employment and business and linking in with the discussions taking place around the Sheffield City Region (SCR). The most effective way of tackling inequalities was money and that usually came from employment. There was a danger if the Board did not influence the SCR agenda, access to employment for those who experienced barriers could make the inequalities worse.

Terri Roche reported that the working group for Theme 5 had not met as yet. There was an outcome based accountability Safer Rotherham Partnership workshop taking place on 26th April, 2016, and it was felt that some of the actions that needed to be in Health and Wellbeing Strategy would “fall” out of that. The group would then look at the gaps and who else needed to be pulled in

Chris Edwards and Louise Barnett gave a brief report on the Sustainability and Transformation Plan (South Yorkshire and Bassetlaw Equality Plan). Chris, Louise and Sharon Kemp were meeting on a weekly basis to pull the Plan together. It covered health and wellbeing and had links through the whole Sheffield City Region. There were very tight timescales for its submission which would not coincide with the meetings of the Board. A submission had been made on 15th April with a further submission required by the end of June. There was to be an engagement event on 25th April.

Resolved:- (1) That the update on the Health and Wellbeing Strategy be noted.

(2) That an update on the Sustainability and Transformation Plan be submitted to the next meeting of the Board.

Action: Chris Edwards, CCG

72. THE HEALTH PROTECTION COMMITTEE'S ANNUAL REPORT

Richard Hart, Health Protection Principal, presented the Health Protection Committee's 2015 annual report.

The Committee had made considerable progress in seeking assurance from organisations across the Borough on a range of controls associated with health protection. The report outlined the responsibilities of the Council, NHS England, the Clinical Commissioning Group, Public Health England, Foundation Trust and RDaSH. It also highlighted the work that had been done over the year and areas where further development was needed.

The following areas of progress were highlighted:-

- Clarifying health protection roles and responsibilities and the line of accountability between the Health Protection Committee and the Health and Wellbeing Board
- Maintaining effective working relationships and communications with Council staff, external agencies/professionals and the public
- Controlling the spread of TB and HIV through multi-agency incident meetings
- Providing local advice on national and local alerts on environmental hazards such as high level air pollution episodes
- Managing Health Care Associated Infections, MRSA bacteraemia and Clostridium Difficile Infections and engagement of the Hospital and Community Trusts
- Implementing the national childhood immunisation and seasonal flu programme across Rotherham
- Facilitation of training and simulation exercises run by the Emergency Planning Shared Service
- Local planning and response to Ebola and other emerging infections

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

- The CCG had employed an excellent Infection Prevention and Control Lead Nurse
- Was it appropriate to include issues that were pertinent to Rotherham e.g. poor air quality and how that impacted on respiratory indicators, the real improvements in antibiotic resistance and the supporting work carried out on Ebola
- Shade provision and reducing skin cancers – this did not come under the scope of Health Protection Committee but there was a need to revisit where that might fit particularly working with Children and Young Peoples Services

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

(2) That a report be submitted annually and exception reports as appropriate.

73. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) UPDATE 2016-17

Sally Jenks, Public Health Specialist, presented the refresh of the Pharmaceutical Needs Assessment (PNA) which had been subject to consultation with all the key stakeholders involved in the process of developing the PNA.

Producing and publishing a PNA fulfilled the legal requirements laid down in National Health Service (NHS) (Pharmaceutical Services) (Amendment) Regulations 2010.

The PNA would guide the opportunities for pharmacists to make a significant contribution to the health of the population of Rotherham.

The document linked to a number of other key Borough-wide strategies and plans including the Rotherham Joint Needs Assessment which provided the local data set used for informing pharmacy applications and pharmaceutical service commissioning.

The document would be reviewed in a year or sooner if necessary to ensure progress was being taken or should there be any significant changes in Legislation or commissioning intentions.

Resolved:- (1) That the Pharmaceutical Needs Assessment be approved.

(2) That it be noted that the process had been conducted within the regulatory framework.

(3) That it be noted that the key stakeholders who contributed to the development of the PNA had been involved in the review process as per the regulatory framework.

(4) That, unless a significant change occurred locally which would trigger a re-write of the document, a new PNA would need to be published on 1st April, 2018.

74. ROTHERHAM SEXUAL HEALTH STRATEGY 2015-17 UPDATE

Gill Harrison, Public Health Specialist, presented a progress report on the multi-agency Sexual Health Strategy and action plan.

In May 2013 the Health and Wellbeing Board had recommended the reconvening of a multi-agency Sexual Health Strategy Group to produce an updated comprehensive Strategy for Rotherham. The final Strategy was agreed in December, 2014.

One year into the delivery phase of the Strategy the following had been achieved:-

- The mapping of the provision of Sex and Relationship Education across Rotherham
An audit by the School Effectiveness Team had revealed that the provision varied but the majority of schools felt that it was an improving picture regarding time on the curriculum for Personal, Sexual and Health Education which was where relationships and Sexual Health Education would be taught

- CSE Theatre in Education (TiE)
The TiE 'Chelsea's Choice' had been funded by the Clinical Commissioning Group and Public Health and aimed at Y8 or Y9 pupils. All secondary and special schools and Pupil Referral Units engaged and there were a further two evening sessions for vulnerable young people (60 capacity) and parents/carers and siblings of vulnerable young people (126 booked, 117 attended). All performances received excellent evaluations
- Review of Sexual Health for Looked After Children (LAC) and Children Leaving Care
The multi-agency LAC Physical and Emotional Health Group now had a regular focus on sexual health with new training for carers being considered. A review of pathways into services was being undertaken
- Review of Youth Clinic Provision
The Rotherham Foundation Trust and Early Help and Family Engagement had undertaken a comprehensive review of all youth clinic provision and there had been a realignment of services to provide consistent delivery of services to young people on sites that were accessible by all within the community/locality and extended beyond the restrictions of term time only. Staffing provision had improved in each clinic and the partners were marketing the services and had developed stronger links and pathways between other areas such as family Nurse Partnership and School Nursing. Where footfall was poor and the more vulnerable were not engaging with the services, plans had been put into place for outreach work. Embedded into the core of the clinics were robust assessments for CSE and Safeguard and partner notification or sexually transmitted infections such as Chlamydia
- Review of delivery of Emergency Hormonal Contraception in the Community
Following a review, the CSE referral pathways had been updated and all pharmacists were undergoing extra training. An audit of activity had been undertaken and provision across Rotherham mapped. Data showed that the majority of women accessing this service were over the age of 20; this information would now help in the future commissioning processes
- Development of the Integrated Sexual Health Services
In line with national recommendations, the Council had commissioned an Integrated Sexual Health Service from the Foundation Trust to provide a full range of STI testing, HIV testing (not treatment) and comprehensive contraceptive services. At present, NHS England also commissioned HIV treatment from the Trust. The Trust had been working to an integration plan and developing their services. CSE referral pathways had been strengthened and the Service would be going out to tender during 2016 which would further strengthen the

process of integration to offer Rotherham residents a comprehensive sexual health offer

- Review of Primary Care Sexual Health Services
Existing provision had been mapped. Public Health and GP providers had been working towards ensuring that competencies were maintained and that there was a good service in place for all users. Audit of the Services had shown that they were mainly used by women over the age of 20
- New Service for HIV Prevention and Support
+Me had been commissioned to provide HIV education, awareness raising and prevention in the community as well as support with a regular drop-in service for people living with HIV. The third sector was actively promoting HIV testing and working closely with the Trust to help people access services. Although Rotherham did not score well on the Public Health Outcomes Framework measure for late diagnosis of HIV, it did score highly on uptake of testing within the Sexual Health Services. The newly commissioned Service should help improve diagnosis by promoting the Services and HIV testing

Proposed future activity was:-

- Although the audit of schools was positive, it was felt that the promotion of good practice should be continued. Many schools were providing excellent Relationship and Sex Education and this should be the 'gold standard' for all Rotherham schools
- The audit of primary care contraception provision showed that a few young people were accessing these services. More work needs to be done to ensure that our young people had the best possible access to contraception. This is especially important as, there was an increase in teenage conception rate in 2014 taking Rotherham once again above the rate for England. However, Rotherham still has the lowest rate among its closest statistical neighbours and the last two quarters of 2014 had rates well below those in England
- Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was considerably lower than in England. The earlier abortions were performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, was also cost effective and an indicator of service quality and increased choices around procedure. There was considerable room for improvement in earlier access to terminations in Rotherham. The commissioners (CCG), abortion providers and all referrers into the service needed to work to ensure earlier access

- Because of the complexity of the commissioning of Sexual Health Services, more work needed to be done to ensure that services provided were effective and provided services that were relevant to the needs of the population

Discussion ensued with the following issues raised/clarified:-

- The Group had felt there was a need to develop a specialist service to work with hard to reach vulnerable groups such as the Roma community and young people in care and adopt specific, evidence based targeted interventions but not necessarily to introduce a new service.
- Linking in with the locality theme work would be a good way of finding out what work was already taking place and ascertaining if there were any gaps
- There was a clearly defined action plan which was a living document used by the Strategy Group to monitor progress. This report was a summary of the things that had been achieved over the past year
- Teenage pregnancies had considerably decreased; the numbers had been slightly up at the beginning of last year but had reduced again and measured quite well with statistical neighbours. There were certain aspects of STI infection reports which were higher. However, the Chlamydia detection rate was good and providers of service were able to identify infection within the community
- In comparison with its statistical neighbours, Rotherham was the 3rd highest in Yorkshire and Humber with a tremendous difference between Rotherham and Wakefield and Doncaster
- How did diversity fit into the picture particularly in relation to commissioning?
- How was the work linked to deprivation particularly the effect of the Welfare Reforms?
- The Team participated in the work of the Health Protection Committee and did “deep dive” into infection. The Team tried to look at it from a Health Protection point of view of what was working well and how to address some of the issues
- The main provider of Sexual Health Services (Specialist Service) were required to report how many referrals they had made to the MASH
- Public Health England was looking at the early monitoring and early detection of STIs as a much earlier indication was required against what would normally be expected

- The report showed that there was progress of early testing of HIV but a high number of late diagnosis. HIV figures came out retrospectively so this was what had happened previously. Once patients were into the service, it was very good at offering the test and it being accepted. There was a need to get potential patients into the service and be tested earlier and was the reason why there was a group promoting HIV testing. A recent meeting had revealed that the measure of late diagnosis was reducing but more awareness raising was needed

Resolved:- (1) That the progress made against the suggested actions within the Sexual Health Strategy be endorsed.

(2) That the proposed future activity be endorsed.

75. ANY OTHER BUSINESS

(a) Self-Assessment

The Board would be undertaking a self-assessment which was being developed by the Local Government Association. A questionnaire would be sent to all Board members around 10th May with a return date of the end of May.

All responses would be anonymous and collated by the LGA. A facilitated session would be held on 13th July.

(b) Local Government Association Pilot

The LGA would be undertaking a pilot which would look at Health and Wellbeing Boards' transformation; Rotherham had been selected as a pilot area. The self-assessment (see (a) above) would take place and then look at how the Board could be best placed in terms of transformation. The LGA were looking at potentially holding workshops in September/October.

Resolved:- That a working group, consisting of the Chair, Terri Roche, Louise Barnett, Julie Kitlowski, meet to discuss integration.

Action: Kate Green

(c) Tony Clabby reported that he had recently attended the Health and Wellbeing Boards network event in York where the strategic transformation plans and devolution were discussed.

He has also attended the South Yorkshire and Bassetlaw Urgent and Emergency Care Network.

(d) Better Care Fund

Feedback on the recent BCF submission had been "assured with support" which was the best anyone had received in the South Yorkshire and Bassetlaw area.

76. DATE, TIME AND VENUE OF THE NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 24th February, 2016, commencing at 9.00 a.m. to be held at the Rotherham Town Hall.