HEALTH AND WELLBEING BOARD
13th January, 2016

Present:-

Councillor David Roche	Advisory Cabinet Member, (**in the Chair for Minute Nos. 41-45, 49-51)**
Dr. Julie Kitlowski	Vice-Chair, Rotherham CCG **(in the Chair for Minute Nos.46-48, 52)**
Tony Clabby	Healthwatch Rotherham
Miles Crompton	Policy, Improvement and Partnerships, RMBC
Dr. Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Kate Green	Policy Officer, RMBC
Alison Ilif	Public Health Specialist, RMBC
Gordon Laidlaw	Communications, Rotherham CCG
Carol Levelle	NHS England (representing Zena Robertson)
Councillor Jeanette Mallinder	Vice-Chair, Health Select Commission
Stella Manzie	Commissioner and Managing Director, RMBC
Paul McCurry	South Yorkshire Police (representing Jason Harwin)
Teresa Roche	Director of Public Health, RMBC
Councillor Stuart Sansome	Chair, Health Select Commission
Kathryn Singh	RDaSH
Ian Thomas	Strategic Director, Children and Young Peoples Services
Jon Tomlinson	Adult Care and Housing, RMBC
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were received from Jason Harwin, Zena Robertson, Councillors John Turner, Watson and Yasseen.

41. ROTHERHAM COUNCIL

The Chairman referred to the recent announcement regarding the potential restoration of some powers to the Council/Elected Members in February, 2016 as well as the appointment of Sharon Kemp as Chief Executive who would commence on 18th January, 2016 and attend future meetings of the Board.

He placed his thanks on record for the work of the Commissioners and in particular Commissioner Manzie for her efforts on behalf of the Health and Wellbeing Board.

42. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

43. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

44. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the meetings held on 25th November, 2015, be approved as a correct record.

Arising from Minute No. 34 (Communications), it was noted that an update would be given at the next meeting regarding the refresh of the Board's website.

Arising from Minute No. 37 (Suicide Prevention and Self-Harm), it was noted that meetings had taken place with 2 individual Head Teachers but not at the collective Head Teachers meeting. Commissioner Manzie undertook to raise this issue with the Head of School Effectiveness Service.

It was also noted that 2 training programmes had been publicised. Firstly the Applied Suicide Intervention Skills training to be held on 10th and 11th March, 2016 and secondly the Safe Talk Training to be held on 12th and 26th February, 2015. Both programme were to be held at the Brinsworth Training Centre. They were open to the general public as well as employers.

An All Members seminar was to be held on 5th April, 2016, on this issue.

45. FOR INFORMATION

Physical Activity Event
The Chairman reported that the event would now take place in May, date to be confirmed, at the New York Stadium.

Network Event
An event was to be held in York on 11th March for Health and Wellbeing Board Members and Support Officers. The Chair and Vice would be attending. There were a further two places available. Anyone interested in attending should contact Kate Green.

Better Care Fund
A progress report would be submitted to the February meeting. A meeting had taken place between the Council, CCG and Foundation Trust to discuss assurance that there was a shared approach from the Hospital, CCG and Council. A report would be submitted to the March meeting focussing on locality and a named key person to all the services the three organisations offered.

Julie Kitlowski reported that the Trust had developed a ten minute soundbite which talked about what 2016 for Rotherham was going to look like, the transformation plans, getting people out of hospital and looked after closer to home in their home and the locality model. It would need to be shared widely and hopefully would be presented to the next Board meeting. It was hoped to have a version that could be shared with the population of Rotherham.

(Julie Kitlowski assumed the Chair at this point in the meeting.)

46. UPDATE ON THE HEALTH AND WELLBEING STRATEGY IMPLEMENTATION

Further to Minute No. 35 of the meeting held on 25th November, 2015, Terri Roche, Director of Public Health, submitted an update on the progress made and the Board sponsors/lead officers as follows:-

Aim	**Proposed Board Sponsor**	**Lead Officer (to be nominated by Board sponsor – from different organisation)**
1. All children get the best start in life	Richard Cullen, CCG	Cara Milner, Matron, Children's Services, Rotherham Foundation Trust
2. Children and young people achieve their potential and have a healthy adolescence and early adulthood	Ian Thomas, CYPS	CCG to nominate representative (suggested Safeguarding lead)
3. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life	Kathryn Singh, RDASH	Ian Atkinson, CCG
4. Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing	Julie Kitlowski, CCG	Giles Ratcliffe, Public Health Consultant

5. Rotherham has healthy, safe and sustainable communities and places	Jason Harwin, SYP	Assistant Director of Community Safety and Neighbourhoods, RMBC (when appointed)

A series of development workshops would take place for aims 3, 4 and 5 to help identify where the Board could add value to specific actions and consider what was already in place locally.

Aims 1 and 2 would be led by the Children's Trust Board and was, therefore, suggested that the wider Children's Partnership be used to develop them rather than individual workshops.

Discussion ensued on the nomination of Lead Officers and the need to ensure a balance of organisations.

Resolved:- (1) That the Board sponsors and lead officers for each Strategy aim, as set out above, be approved.

(2) That a review of the nominated officers be reviewed as part of the LGA Peer Review.

(3) That discussions take place with Voluntary Action Rotherham with regard to possible nominated representation.

47. NHS PLANNING GUIDANCE 2016/17-20/21

The Chair drew the Board's attention to the recently published NHS Planning Guidance 2016/17-2020/21 which set out the steps to deliver a sustainable, transformed Health Service. It included the key priorities for the system, agreed by all national health and care bodies, plus the business rules and incentives that would support delivery.

The CCG would have to produce two plans as well as consult with the Board on the Rotherham Place Plan which was a five year plan and had to be produced by March, 2016. CCG's were also being instructed to produce a regional Sustainability and Transformation Plan which included sustainability across the hospital sector as well as the CCG. Debate was taking place as to whether this would include South Yorkshire and Bassetlaw or South Yorkshire, Bassetlaw and Derbyshire. Technical guidance was awaited and there would be timescale issues.

Discussion ensued with the following issues raised:-

- Possible alignment with the City Region – Health was not part of the South Yorkshire devolution
- It covered all ages and was all encompassing

Resolved:- That the report be noted and further updates be submitted as and when information becomes available.

48. INDICES OF MULTIPLE DEPRIVATION

Miles Crompton, Policy and Partnerships, gave the following presentation:-

Indices of Deprivation 2015

- Government measure produced by Oxford University
- Updates the previous ID2010
- 7 domains (37 Indicators) = Index of Multiple Deprivation (IMD) with 2013/14 baseline
- SOA Geography (167 in Rotherham and 32,844 in England)
- Average of SOA Scores measure – Rotherham increased from 53rd most deprived district in 2010 to 52nd in 2015 (326 districts)
- Minor changes to methodology

Rotherham Deprivation relative to England

% of Rotherham population within English IMD deciles	IMD 2004	IMD 2007	IMD 2010	IMD 2015
Most deprived 10%	12%	12%	18%	19.5%
Most deprived 20%	33%	32%	33%	31.5%
Most deprived 30%	49%	46%	46%	45%
Less deprived than national average	29%	35%	32%	37%

23.1% of children 0-15 live in 10% most deprived areas nationally (15.6% in 2007)

Rotherham's most deprived SOAs
All in top 2% of 32,844 English SOAs

SOA	Rank in 2010	Rank in 2015
Ferham	851	242 (+609)
East Herringthorpe North	230	257 (-27)
Eastwood Village	2,207	302 (+1,905)
Canklow North	434	315 (+119)
Eastwood East	641	323 (+318)
East Herringthorpe South	920	480 (+440)
Eastwood Central	1,089	500 (+589)
Maltby Birks Holt	1,207	597 (+610)
East Dene East	707	623 (+84)
Masbrough	847	634 (+213)

Deprivation by Domain

Domain	Top 10%	Change 2010-15	Top 20%	Top 50%
Education & Skills	24%	0	39%	69%
Employment	24%	+2%	42%	75%
Health & Disability	21%	-12%	40%	85%
Income	17%	+3%	33%	64%
Crime	15%	+4%	25%	65%
Living Environment	2%	-1%	4%	10%
"Barriers"	0%	0	2%	15%

40% of Rotherham is in the most deprived 20% nationally but none is in the least deprived 20%

Indices of Deprivation
Change in Health Indicators

Indicator	ID 2010	ID 2015	Change
Years of potential life lost	74.3	64.8	-9.5
Comparative illness & disability ratio (sickness & disability benefits)	147.1	142.5	-4.6
Acute morbidity (emergency admissions) 2006-8/2011-13	199.5	125.8	-73.7
Mood & anxiety disorders (Mental Health) 2006-8/2012-13	0.33	0.51	+0.18
Overall Health & Disability Score	0.84	0.64	-0.20

Average SOA scores (above) show improvement
Mental Health is worse – GP prescribing, hospital episodes, disability benefits and suicides
24.3% of children 0-15 are affected by low income

Income Deprivation affecting Children Index 2015

- Children 0-15 are 19% of population but 25% of those affected by low income
- 35% of children in low income families live in 10% most deprived nationally

Children and Young People's Attainment
Education Sub-Domain 2015

- 27% of children and young people live in 10% most deprived areas nationally
- 16% live in 5% most deprived areas

Comparison of Life Chances: Children

20 Contrasting Neighbourhoods	10 most deprived areas	10 least deprived areas
Total population (2013)	17,486	15,822
Children (aged 0-17)	5,870 (33.6%)	2,655 (16.8%)
Live in a family with 3+ dependent children	2,975 (50.7%)	470 (17.7%)
Good level of development at Foundation (2013)	117 (36.7%)	115 (73.2%)
Achieve Level 4 at Key Stage 2 (2011-13)	143 (56.7%)	135 (88.0%)
Achieve 5+ GSCEs A*-C inc English & maths (2011-13)	80 (32.7%)	141 (82.6%)
Be a Child in Need (Children Act 1989) (2014)	236 (4.0%)	21 (0.8%)
Be in contact with or supported by the CSE Team aged 13-16 (2012-14)	202 (20%)	31 (4.6%)

Comparison of Life Chances: Adults & General

20 Contrasting Neighbourhoods	10 most deprived areas	10 least deprived areas
Total population (2013)	17,486	15,822
Working Age Adults 18-64	9.732 (55.7%)	9,691 (61.3%)
Be unemployed, long term sick or FT carer	3,226 (33.1%)	505 (5.2%)
Be a disabled adult claiming DLA (2015)	1,460 (12.6%)	545 (4.1%)
Live in an overcrowded home (all households)	880 (12.6%)	114 (1.8%)
Recorded violent offences, burglary, theft and criminal damage (per 1,000 pop)	1,791 (102.4)	315 (19.9)
Older people aged 65+	1,884 (10.8%)	3,476 (22%)
Live in poverty as a pensioner	765 (40.6%)	222 (6.4%)
Male life expectancy	73.4	83
Female life expectancy	77.4	86.9

Key Messages

- Deprivation still top 20% nationally
- Employment and education deprivation most severe
- Improvements in health, crime and environment
- Most deprived areas getting worse
- Areas with average or low deprivation doing better
- Mental health getting worse
- Rising barriers to housing – affordability
- Polarisation on all domains except living environment
- 18.7% deprived of income

- 24.3% children v 16.5% working age adults
- Children more likely to be affected by deprivation

Policy Challenges
- Targeting the most deprived areas
  - Are we closing the gap? – no it is getting wider
  - Previous initiatives made little lasting impact
  - Welfare Reform exacerbating deprivation
  - Identify what works: evaluation and best practice
  - Joining-up services and targeting resources
- Improving education and skills in our most deprived areas
  - Raising school attainment and participation post-18
  - Higher adult qualifications and skills
  - Work readiness: basic life skills, welfare to work
  - Cultural shift towards learning and working

Discussion ensued with the following issues raised/highlighted:-

- Should the sub-groups target the top 10 most deprived areas rather trying to affect a change across the whole of the Borough? Or each individual sub-group look at the issues that relate specifically to their area?

- Need for the Local Strategic Partnership to link up activity – role of the Operational Chief Executive to draw up matrices of the different levels as well as the operational day-to-day co-ordination and deployment of resources both in terms of the partnership work and operationally

- Very good work was taking place in driving up the standard of education but what happened when a child left at the end of the school day? There was a whole raft of issues that needed to be picked up given the complexities of neighbourhoods

- A challenge for Health would be do they target more of their budget to localities? Equity v equality

- Consistency was key and not constant time limited initiatives

- "So what Test" - in a year need to be able to see a difference in the deprived areas for the resources that had been deployed

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

(2) That the Health and Wellbeing Strategy workshops give consideration to equity and "closing the gap".

(3) That a discussion take place between the Chair and Vice, the newly appointed Chief Executive and Chris Edwards on the way forward.

(4) That an All Members Seminar be held on this issue.

(Councillor Roche assumed the Chair)

49. CHILDREN'S STRATEGIC PARTNERSHIP ARRANGEMENTS

Ian Thomas, Strategic Director, Children and Young People's Services, gave a verbal report on the Children's Strategic Partnership.

The Partnership was strongly related to Aims 1 and 2 of the Health and Wellbeing Strategy. There had been two development days held so far with the first meeting of the refreshed Partnership taking place on 10th February where the Chair and Vice would be agreed as well as the Terms of Reference. The Partnership's key workstreams were:-

Early Help
Workforce Development across the system
Development of a Children and Young People's Plan

with the key headline outcomes of keeping children safe and keeping children and families safe, children ready to learn and children and their families ready for work.

The Partnership would meet bi-monthly and report into the Health and Wellbeing Board.

Resolved:- That the update be noted.

50. EARLY HELP PROGRESS REPORT - SEPTEMBER TO DECEMBER, 2015

Ian Thomas, Strategic Director, Children and Young Peoples Services, presented an update on the progress made in developing Rotherham's Early Help Offer.

The report highlighted:-

- Appointment to the posts of Assistant Director for Early Help, Heads of Service, Team Managers and Children Centre Leaders
- Transfer of staff into the new locality team on 5th October, 2015 and major review of all property in the Borough that would provide Early Help office space and Service delivery points
- In excess of 30 different referral routes into Early Help each with its own criteria, assessment and evaluation and recorded across 8 databases
- Review of the Early Help Assessment Team within the MASH and reconfiguration to secure more efficient and effective processes
- 0-19 Pathway almost complete. It would be launched as an interactive online tool for all partners and practitioners as part of the Early Help Offer website

- Progress in developing an online Early Help Offer with over 76 services and agencies having completed a service synopsis of what they offered and how it could be accessed
- Monthly reporting of performance measures. However, until the Case Management System (Liquid Logic) was operational it would continue to be an inefficient process with 7 different databases and systems to interrogate in order to extract the required data
- Finalised Early Help Quality Standards and a new electronic Case Audit tool development and introduced. All Team Managers and Heads of Service were required to undertake 1 Case Audit per month as part of the wider Early Help QA Framework

It was also noted that in October, 2015, the best ever NEET figures had been reported. Rotherham's final (NCCIS validated) figures were:-

Y11 98% offers made (against a national average of 97%)
Y12 97% offers made (against a national average of 91%)
Combined – 97.6% offers made (against a national average of 94.1%)

The Offer would go live on Monday, 18th January, 2016.

Discussion ensued with the following issues raised/clarified:-

- There were six Police Officers within the Integrated Youth Support Service. A Sergeant had also been recruited and a Missing from Home Officer who would sit within the Early Help Office

- The new Barnardos' service, although not live until later in the month, was already taking referrals – there would be fifteen additional bodies out and about raising awareness around CSE working with schools and communities

Resolved:- That the report be noted.

51. JOINT COMMISSIONING UPDATE

Ian Thomas, Strategic Director, Children and Young Peoples Services, presented a report outlining the progress that had be made on the Rotherham Joint Commissioning Strategy

The Strategy had been developed in partnership with young people as well as extensive consultation with parents, carers and stakeholders in the development of the 7 priorities i.e. SEND, Child Sexual Exploitation Post-Abuse Support Services, Early Help, Transition, Looked After Children – our Sufficiency Strategy in relation to Residential Care and Fostering Placements, CAMHS and 0-5 Years including Best Start.

Rotherham had suffered in the past as there had been no partnership working to deliver better outcomes for its communities. The Joint Commissioning Strategy aimed to impact positively on children and young

people through enhancement of current Mental Health Service provision. The priorities would bring about a positive contribution to promoting equality through improving access into service provision from disadvantaged and vulnerable groups.

Resolved:- That the report and progress made to date be noted.

(Julie Kitlowski assumed the Chair)

52. ROTHERHAM LOCAL SAFEGUARDING CHILDREN ANNUAL REPORT 2014-15

Christine Cassell, Independent Chair of the Rotherham Local Safeguarding Children Board, gave the following powerpoint presentation:-

Role of the Local Safeguarding Children Board

- Section 14 of the Children Act 2004 sets out the objectives of LSCBs which are:-
  - To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area
  - To ensure the effectiveness of what is done by each such person or body for those purposes

Relationship to the Health and Wellbeing Board
LSCBs

- Do not commission or deliver direct frontline services though they may provide training
- Should also work with the Health and Wellbeing Board, informing and drawing on the Joint Strategic Needs Assessment

(Working Together 2015)

LSCB Annual Report

- The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area (Working Together 2015)
- The report should be submitted to the Chair of the Health and Wellbeing Board (Working Together 2015)
- Inspectorates expect to see evidence of LSCB influence on the Health and Wellbeing Board

Rotherham LSCB Report 2014-15
Commentary by previous Chair on priorities

- Importance of Early Help strategy being refreshed
- Neglect and Domestic Abuse – strengthening Families Framework being introduced
- CSE Strategy refresh

Commentary on LSCB Improvements
- Performance, challenge and improvement
- Co-ordination with strategic commissioning activity
- Hearing and acting on the experience of others
- Learning and Development

Priorities for 2015-16
- Effectiveness of Early Help
- Effectiveness of the response to neglect
- Experience of Looked After Children
- Effectiveness of the multi-agency response to child sexual exploitation
- Continuing to improve the effectiveness of the LSCB

Safeguarding is everybody's business
- Council
- Statutory and non-statutory partners
- Voluntary and community organisations
- The wider community

What should the Health and Wellbeing Board do?
- Ensure a safeguarding focus in commissioning decisions
- Support LSCB priorities through the implementation of the Health and Wellbeing Strategy
- Undertake safeguarding impact assessments on major budget and organisational change
- Reports back to the LSCB on the impact of its work in support of LSCB priorities

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

- Further consideration was required to Impact Assessment in terms of the agencies' budgetary and organisational agendas

- To have an impact there had to be a baseline and once that discussion had been hade, how to get a collective view on what the impact was given agencies were driven by their own strategy and all measured outcomes differently; there had to be some commonality

Resolved:- (1) That the Health and Wellbeing Board:-

(a) Ensures a focus on safeguarding children in its commissioning decisions;

(b) Supports LSCB priorities through the implementation of the Health and Wellbeing Strategy

(3) That the issue of Impact Assessments be discussed at the Health and Wellbeing Board's Away Day and reported back to the Local Safeguarding Children Board.

53. 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.