

**HEALTH AND WELLBEING BOARD**  
**24th February, 2016**

**Board Members:-**

Councillor David Roche	Cabinet Member for Health and Adult Social Care (in the Chair)
Dr. Julie Kitlowski	Vice-Chair, Rotherham CCG
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Teresa Roche	Director of Public Health, RMBC
Kathryn Singh	Chief Executive, RDaSH
Janet Wheatley	Chief Executive, Voluntary Action Rotherham
Sharon Kemp	Chief Executive, Rotherham MBC
Louise Barnett	Chief Executive, Rotherham Foundation Trust
Councillor Taiba Yasseen	Cabinet Member for Neighbourhood Working and Cultural Services

**Observers: -**

Kate Green	Policy Officer, RMBC
Alison Iliff	Public Health Specialist, RMBC
J. Hartley	South Yorkshire Police (representing Jason Harwin)
Nicole Chavaudra	Representing the Strategic Director, Children and Young Peoples' Services
Graeme Betts	Interim Strategic Director, Adult Care and Housing
Sandie Keene	Chair of the Rotherham Safeguarding Adults Board
Jon Tomlinson	Adult Care and Housing, RMBC
Jackie Scantlebury	RMBC, Adult Safeguarding
Gemma Parkinson	RMBC, Communications
Jackie Tuffnell	Commissioner
Kate Tuffnell	Head of Contracts and Service Improvement, CCG
Ian Atkinson	Deputy Chief Officer, CCG

Apologies for absence were received from Ian Thomas and Jason Harwin (both represented).

**54. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**55. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no members of the public or the press in attendance.

**56. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board were considered.

Matters arising updates were provided in relation to the following: -

Minute No. 45 (For Information) – Councillor Roche reported that there would be a review/refresh of the content relating to Physical Activity, which would be agreed by the end of March. A meeting for headteachers to discuss the Rotherham Suicide and Self harm Community Response Plan had now been arranged; Councillor Roche had requested that the attendance and format of the meeting be reviewed to ensure that it had good attendance and engagement and alternative meetings be pursued if not.

Rotherham's representatives at the 11<sup>th</sup> March event in York for Health and Wellbeing Board Members and Support Officers would be Councillors Roche and Sansome, J. Kitlowski, K. Haines, T. Clabby and K. Green.

Under Minute No. 46 (Update on the Health and Wellbeing Strategy Implementation) it was noted that the Children and Young People's Services Directorate had identified a Lead and this would be nominated by the full Council.

Resolved:- That the minutes of the meeting held on 13<sup>th</sup> January, 2016, be approved as a correct record.

## **57. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION**

Further to Minute No. 46 of the meeting held on 13<sup>th</sup> January, 2016, Terri Roche, Director of Public Health, provided an update on the progress made to date. Terri confirmed that the first of the planned workshops had taken place for aim 3 (mental health) and Kathryn would provide an update on this (see below).

The second workshop would focus on aim 4 (health inequalities) and was taking place on 16 March. An update on this would be provided at the next meeting in April.

Aims 1 and 2 were being delivered by the Children and Young People's Partnership.

It was noted that each of the Strategy aims would be presented to a future Health and Wellbeing Board meeting in detail by the board sponsor and lead officer. The schedule of reporting would be as follows:

- 21<sup>st</sup> September, 2016 – (aim 1) All children get the best start in life, and (aim 2) Children and Young people achieve their potential and have a healthy adolescence and early adulthood;
- 16<sup>th</sup> November, 2016 – (aim 3) All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life;
- 11<sup>th</sup> January, 2017 – (aim 4) Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing;

- 8<sup>th</sup> March, 2017 – (aim 5) Rotherham has healthy, safe and sustainable communities and places.

Kathryn Singh, RDaSH, provided an update on the workshop which took place for aim 3.

- It had been a fantastic event that was a great credit to the participants and agencies represented;
- Outcomes based accountability principles were used
- All agencies who contributed worked with people with mental health issues;
- 4/5 key bell weather actions were agreed;
- Workplace health and wellbeing was highlighted as something that needed to have a bigger priority, including at the agencies represented;
- Community issues, including the identification of loneliness and the role of the erosion of community spirit in towns and communities;
- The importance of Making Every Contact Count;
- Language used around mental health descriptions tended to be negative and stigmatising;
- Wellness Impact Assessments;
- Communication and training.

Terri wished to place on record her thanks to South Yorkshire Fire Service for the use of their training room within their Fire and Rescue Training Centre.

Governance for the Implementation of the Health and Wellbeing Strategy was considered and regular reports would be provided, in addition to the annual report.

Resolved:- (1) That the update provided be noted.

(2) That further updates on the Health and Wellbeing Strategy Implementation be provided to future meetings.

## **58. WORKING TOWARDS INTEGRATION IN ROTHERHAM**

Graeme Betts, Interim Director of Adult Care and Housing, presented a report that covered the process of integration between Health and Social Care Services in Rotherham, including an integrated hub and team approach.

The report outlined the current areas of focus: -

- Development of integrated Health and Social Care Teams;
- Development of a reablement hub incorporating intermediate care beds;

- Community-based multi-professional teams based around practice populations;
- A focus on intermediate care, case management and support to home-based care;
- Joint care planning and co-ordinated assessment of care needs;
- Named care co-ordinators who retain responsibility throughout the patient journey;
- Clinical records shared across the multi-professional team.

Within one locality it was proposed that a fully integrated Health and Social Care Team would be developed. The Team would be co-located and would have a single line-management structure and joint service specification. It was proposed that a combined outcome framework be developed that supported the strategic objectives of both the Local Authority and the CCG.

The integrated approach aimed to: -

- Reduce hospital admissions;
- Help people remain in their own homes for longer;
- Create opportunities for efficiency savings.

Graeme explained that efforts were being made to identify venues to locate to.

Discussion followed, and the following issues were raised: -

- Louise Barnett believed that integration could support and contribute to the Sustainability and Transformation Plan and could attract additional funding;
- Mental Health Teams were being approached to consider how they could also become involved;
- Councillor Roche commended the good news story about integration;
- Julie Kitlowski asked for an update on progress to identifying a location: -
  - Chris Edwards explained that the central area of Rotherham was the focus for the first hub. It was envisaged that there would be seven localities in Rotherham, each serving approximately 30-40,000 people. The central area would be one of the largest localities. Whilst evaluation would be undertaken after the hub's first year of operation, this would be too long to wait to begin the other hubs. Therefore, periodical evaluation would be important.
- Councillor Yasseen asked that this be linked into the Area Assembly Review: -
  - Sharon Kemp wanted to capitalise on the commitment to conduct a piece of work on Early Help.
- Dr. Richard Cullen asked whether there could be any duplication between the emergency hub;

- Louise Barnett referred to the rapid pace of change and the impact that this would have on workforce planning, for example, recruiting a sufficient number of consultants;
- Tony Clabby asked whether the demographic in the central area of the Borough was ideally suited to an initiative that sought to reduce care home admissions. The central locality had higher numbers of younger people than other areas of the Borough: -
  - Terri Roche agreed that there were younger age profile to the Borough average in the central area. However hopefully the hub would also address and improve confidence and aid community cohesion.
- There was likely to be great pressure on the front door;
- Terri Roche asked that consideration be given to the creation of a Steering Group of the provider agencies, staff representatives and the client group. Customer feedback was important to seeing where the added value could be provided;
- There would be a valued role for social prescribing from the voluntary sector;
- Co-production.

Louise Barnett advised they were continuing development of an animation demonstrating transformation and integrated working. It was agreed for this to be presented to the next meeting of the Health and Wellbeing Board.

Resolved:- (1) That the plan to develop integrated Health and Social Care Teams be supported in principle.

(2) That the plan to develop a rehabilitation and reablement hub be supported in principle.

(3) That a detailed action plan on these two initiatives be received at a future meeting of the Health and Wellbeing Board.

## **59. BETTER CARE FUND QUARTER 3 SUBMISSION**

Consideration was given to the report that outlined the Quarter Three performance of Rotherham's Better Care Fund. The Q3 submission needed to be submitted to NHS England by 26<sup>th</sup> February, 2016.

A Section 75 Agreement had been signed between the Local Authority and the Clinical Commissioning Group to pool the Better Together Funds.

In Q2, Rotherham had met four of the six National Conditions. In Q3 Rotherham had met the remaining two: -

- 7 day services to support patients being discharged and prevent unnecessary admissions at weekends in place and delivering – Enabling and Domiciliary Services has been operating as the first phase of our 7 day services plan: -

- Rotherham had now implemented a 7 day working hospital discharge pilot from 1st December, 2015, which will complete the intentions for 7 day working set out in the Rotherham BCF plan.
- NHS number being used as the primary identifier for health and care services: -
  - Work was well underway to ensure better sharing between Health and Social Care. There were 5,495 adults who were in the scope of the NHS number matching project. By the end of February 2016 all in-scope BCF records would have an assigned NHS number. Training materials have been issued which demonstrate to practitioners in adult social care on how to use the NHS number field.

Rotherham's performance on most metrics was on target and commentary was provided about these. Recently introduced integration metrics relating to personal health budgets, use of prevalence of multi-disciplinary and integrated care teams and use of integrated digital care records across health and social care had been included and Rotherham could report favourably on the first two.

Discussion followed the report's presentation and it was requested that future reports include an overview summary. The governance of the Better Care Fund submission was considered and it was suggested that sign-off be delegated to the Health and Wellbeing Board's Executive Group. NHS England had confirmed that this was permissible.

Graeme Betts felt that it was important that the Health and Wellbeing Board continue to consider the reports as all providers were represented and engaged at the meeting. It was agreed that the Health and Wellbeing Board would continue to own the Better Care Fund submission return and consider the quarterly strategic return. The Health and Wellbeing Executive Group would monitor the report on a monthly basis.

Julie Kitlowski thanked all of the staff who had contributed to bringing the report together, and who would continue to do so. This represented a significant level of work and partnership working.

Resolved:- That the Better Care Fund Quarter 3 Submission be approved and be submitted to NHS England.

## **60. CCG COMMISSIONING PLAN**

Ian Atkinson, Deputy Chief Officer of the Rotherham CCG, gave a presentation on the annual review of the CCG's four-year Commissioning Plan. The starting point of the review was to consider the Joint Strategic Needs Assessment.

Key themes identified for further/specific discussion relating to the 2016/2017 Commissioning Plan were: -

- Approach to Joint Commissioning with RMBC, including the Better Care Fund;
- Commissioning of Children's Services;
- Response to Child Sexual Exploitation;
- Hospital and Community Services;
- Mental Health Services (including Learning Disability);
- Primary Care.

Ian's presentation included: -

- The key changes;
- The flow of the commissioning plan;
- Delivering the fifteen strategic priorities: -
  - Why is this a strategic priority?;
  - Five-year strategic direction;
  - Progress made in 2015/2016;
  - How will we achieve our intentions;
  - Quality improvements;
  - Innovation;
  - Alignment with the strategic aims of the Health and Wellbeing Strategy;
  - Addressing health inequalities;
  - Previous patient engagement leading to the plan/what patient engagement is planned in the area?.
- The end product: -
  - Succinct executive summary;
  - 50 page strategic plan (part 1);
  - 50-60 page detailed plan (part 2);
  - Easy to read public facing version.
- Drafting and approval would take place between February and March;
- Final version will be submitted to NHS England by 11<sup>th</sup> April.

Discussion followed Ian's presentation and the following questions and feedback were provided: -

- The 2016/2017 document should reflect the return of certain powers to Rotherham Council;
- The Health and Wellbeing Board did not current receive the SRG reports, although they were publically available;
- The role of social enterprise, development, engaging providers and public services users should be reflected;
- Making Every Contact Count;
- Safeguarding Adults;
- Learning disabilities and their thresholds;
- More explicit reference to Looked after Children would be beneficial.

Resolved: - (1) That the draft plan and feedback provided be noted.

(2) That, following appropriate governance, the plan be submitted to NHS England in April, 2016.

## 61. RDASH INSPECTION REPORT

Kathryn Singh, Chief Executive, RDaSH, gave a presentation to the Health and Wellbeing Board on the recent CQC inspection of her organisation.

The presentation covered: -

- The history of the organisation;
- The services provided to the different localities;
- Facts about RDaSH: -
  - 4, 3000 staff (3,700 whole time equivalent);
  - Around 200 volunteers;
  - £155m annual budget;
  - Commissioned by CCGs, Local Authorities, others such as the Drug Treatment Agency and NHS England.
  - 240 locations across 5 regional areas;
  - 347 beds on 21 wards;
  - 89 community teams across 5 localities;
  - Adult Social Care;
  - In 2014/2015 82,356 people accessed RDaSH services and there had been 912,409 face-to-face interactions. There had been a further 143, 363 non face-to-face patient contacts.

Submitted within the agenda pack, Kathryn explained the individual judgement against each of the RDaSH functions that had been inspected against the six criteria – ‘safe’, ‘effective’, ‘caring’, ‘responsive’, ‘well-led’ and ‘overall’ for each function.

The overall rating was that RDaSH ‘Requires Improvement’ (dated 19<sup>th</sup> January, 2016). Thirteen out of seventeen services were rated as good or outstanding. The overall judgement for each criteria was: -

- Safe – requires improvement;
- Effective – requires improvement;
- Caring – good;
- Responsive – good;
- Well-led – good.

The CQC provided information about what RDaSH was doing well.

Kathryn shared the action plan that was implemented following the inspection judgement. There were specific needs around the information technology systems used by RDaSH.



Discussion followed and the following points were raised: -

- Councillor Roche felt that the outstanding judgement in relation to Community Health Services for children, young people and families was excellent;
- He was concerned that the overall requires improvement related to Rotherham and Rotherham's CAMHS;
- Graeme Betts was pleased to note RDaSH's keenness to address the issues identified;
- Dr. Cullen asked that RDaSH's IT issues be addressed to suit what was best for patient care in Rotherham;
- Sharon Kemp asked that a Rotherham multi-agency group address and consider the IT issues. Chris Edwards explained how the Contract Quality Group was tasked with this;
- Tony Clabby pointed out that he had encountered inconsistencies in the recording of complaints and how these had made investigations more difficult.

Resolved: - (1) That the information about RDaSH's inspection outcome of 'Requires Improvement' (19<sup>th</sup> January, 2016), and the Organisation's action plan in response to this, be noted.

(2) That a progress report relating to Rotherham-specific services be presented to a meeting of the Health and Wellbeing Board in six months' time.

## **62. ADULT SAFEGUARDING STRATEGY**

Sandie Keene, the new Chair of the Rotherham Safeguarding Adults Board, was welcomed to the meeting and her new role in the Borough. Sandie had submitted the Rotherham Safeguarding Adults Board's Strategy 2016-2019. She welcomed Rotherham's keen commitment to Safeguarding.

Sandie described her priorities for the coming months: -

- Review and re-energise the Rotherham Safeguarding Adults Board;
- The review had demonstrated some good practice and that services were safe;
- Work to around culture and the governance frameworks that people were operating under;
- Key changes within the Care Act; the Board was now statutory although it had very little sub-structure;
- Getting nominees and finding dates was a challenge;
- Developing the Constitution meant that a budget was required.
- Bringing the public in and hearing their voice: - co-production, how was it for them? What could be done better next time? Public awareness: – do people know what the Board was here for? Differences between Adults and Children's Safeguarding Boards;

- Care Act Policy 'Making Safeguarding Personal' and Deprivation of Liberty Living Standards (DOLLS). Monitoring standards in care homes in a multi-agency way;
- Adult Exploitation relating to learning difficulties and mental health;
- Self-neglect;
- Co-ordination of responses;
- Learn lessons and be transparent;
- Performance framework and management information. South Yorkshire Police had offered to lead;
- Care homes located in Rotherham but did not have Rotherham residents in them.

Discussion followed Sandie's presentation and the following issues were raised: -

- Councillor Roche was witnessing cultural change and could see an impact following recent conversations with whistle blowers;
- Councillor Roche was concerned about the 1,669 reports of abuse within care homes;
- Councillor Roche referred to the early warning system relating to care homes that were becoming a concern. Some related to homes that were not controlled by the Council.
  - Sandie confirmed the monitoring the homes and actions being taken to support improvements in those homes would continue. Commissioning and contracting would be ongoing improvement actions;
  - Graeme Betts knew the Contract Compliance Team to be thorough and robust. They received information from Safeguarding;
  - Julie Kitlowski saw a role for Health in providing early warnings of issues;
  - Chris Edwards explained how there had been changes in the way that the CCG allocated care homes to GPs. One GP Practice was allocated to one care home, meaning there would be consistency in monitoring;
  - Tony Clabby referred to a strong use for soft intelligence and the power of Healthwatch to enter and view homes and escalate if necessary.
- Governance of the report should be undertaken on a multi-agency basis and the report considered and supported by Rotherham's Cabinet to demonstrate the organisation's commitment to safeguarding.

Resolved: - That the information shared be noted.

### 63. TRANSFORMING SERVICES FOR PEOPLE WITH A LEARNING DISABILITY AND/OR AUTISM

Kate Tuffnell, Head of Contracts and Service Improvement, MH, LD and EOLC, presented an update on the NHS England Learning Disability Transforming Care Partnership Programme and the implications for the Rotherham CCG, Council and partner organisations.

Key things to note about the programme included: -

- It was a population based approach which expects CCGs, LAs and NHS England specialised hubs to work together to look at what services were needed for the local population with a learning disability and/or autism across a TCP footprint area;
- It was a three year programme that focused on the provision of services to children, young people and adults;
- It was essential that as part of the TCP plans that the CCGs identify how they intend to extend their offer of Personal Health Budgets (PHB) for people with a Learning Disability beyond the current offer within CHC;
- It needed to be about Service transformation and pathway re-design (investing in preventative services/early intervention in the community) – not just ‘resettlement’ of current inpatients into the community;
- Rotherham was included in the Doncaster, Rotherham, North Lincolnshire and Sheffield TCP footprint in which Chris Stainforth; Doncaster CCG had been identified as the Senior Responsible Officer (SRO) and Phil Homes, Director of Adult Services Communities Portfolio, Sheffield City Council.

The timescale to implementation as currently planned: -

25 <sup>th</sup> January 2016	Finance & Activity template submission to Doncaster CCG (local milestone)
26 <sup>th</sup> January 2016	External Consultant Health Needs Assessment Workshops – funded by NHS England
8th February 2016	First Transforming Care Partnership (TCP) Plan submission
9 <sup>th</sup> February 2016	NHS England Expert panel reviews against the assessment framework
11 <sup>th</sup> February 2016	NHS England feedback collated to be shared with local TCPs
15 <sup>th</sup> & 16 <sup>th</sup> February 2016	NHS England will facilitate a discussion with the local panel for clarification, request further information etc.
22 <sup>nd</sup> February 2016	Revised TCPs to be resubmitted to the NHS England Regional office

24 <sup>th</sup> February 2016	Local TCP Plans to be reviewed for by NHS England Regional panel for sign-off. Potential outcomes – approved, approved with required revisions, not approved (it will then be escalated to the national team )
24 <sup>th</sup> March 2016	NHS Contract signature date
11 <sup>th</sup> April 2016	Implementation to commence (3 year programme from this date)

Discussion followed on the update: -

- Councillor Roche asked for a language check to be undertaken on the document;
- Would a member/representative of Children's Services be asked to join the Board?;
- There was concern that the Operational Board could be committing the Council to actions;
- Tony Clabby was uncomfortable with the concept of the Partnership working where there were different thresholds in use;
- Tony asked whether the governance structures would include patient or carer voice?
  - Kate explained that this had not been embedded yet; SpeakUp were informing this nationally and the Learning Disability Commissioning Executive would also be involved.

Resolved: - (1) That the work undertaken to date within the timescale be noted.

(2) That the Health and Wellbeing Board delegate the sign-off of the final plan to the Chair and Vice-Chair of the Health and Wellbeing Board.

#### **64. ROTHERHAM DEMENTIA ACTION ALLIANCE CO-ORDINATOR**

Councillor Roche referred to the Rotherham Dementia Action Alliance and referred to their excellent work. The organisation had submitted a proposal for continued funding.

Councillor Roche noted that this could not be achieved by the Health and Wellbeing Board but asked attendees to take the proposal and consider how the organisations they represented could help and support it.

#### **65. ROTHERHAM GET ACTIVE EVENT**

Councillor Roche referred to the draft agenda for the 'Rotherham Get Active' event planned for 11<sup>th</sup> May, 2016. The event would explore the role that sport and physical activity played in improving the health outcomes and wellbeing of people in Rotherham. Councillor Roche noted

that the keynote speaker, Karen Creavin, had been involved in developing physical activity initiatives in Birmingham and would hopefully be able to share her experiences and inspire the delegates.

**66. DATE, TIME AND VENUE OF THE NEXT MEETING AND FUTURE DATES FOR AGREEMENT**

Resolved: - (1) That a further meeting be held on Wednesday 20<sup>th</sup> April, 2016, commencing at 9.00 a.m. to be held at Oak House Bramley.

(2) That future meeting dates take place on: -

- 2<sup>nd</sup> June, 2016;
- 13<sup>th</sup> July, 2016;
- 21<sup>st</sup> September, 2016;
- 16<sup>th</sup> November, 2016;
- 11<sup>th</sup> January, 2017;
- 8<sup>th</sup> March, 2017.