

**HEALTH AND WELLBEING BOARD**  
**8th March, 2017**

Present:-

**Members:-**

Councillor D. Roche	Cabinet Member for Adult Social Care and Health <b>(in the Chair)</b>
Terri Roche	Director of Public Health, RMBC
Ian Thomas	Strategic Director, Children and Young Peoples' Services
Anne-Marie Lubanski	Strategic Director, Adult Social Care
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Dr. Julie Kitlowski	Clinical Chair, RCCG
Carole Lavelle	NHS England
Councillor J. Mallinder	Chair, Improving Places Select Commission, RMBC

**Report Presenters:-**

Nathan Atkinson	Assistant Director, Adult Social Care, RMBC
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**Officers:-**

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG
Dominic Blaydon	Associate Director of Transformation, Rotherham NHS Foundation Trust

**Observers:-**

Councillor S. Sansome	Chair, Health Select Commission, RMBC
Shafiq Hussain	Voluntary Action Rotherham
Debbie Smith	Rotherham NHS Foundation Trust
Chris Evans	Rotherham NHS Foundation Trust
J Mortimer	Rotherham NHS Foundation Trust

Apologies for absence were received from Councillor G, Watson, Sharon Kemp (Chief Executive, RMBC), Kathryn Singh (RDaSH), Superintendent Robert Odell (South Yorkshire Police), Louise Barnett (Rotherham NHS Foundation Trust) and Janet Wheatley (Voluntary Action Rotherham).

**58. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at this meeting.

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

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

**60. COMMUNICATIONS/UPDATES**

Discussion took place on the following items:-

(1) Dr. Julie Kitlowski - retirement

Members heard that this would be the last meeting of the Health and Wellbeing Board attended by the Vice-Chair, Dr. Julie Kitlowski, who would shortly be retiring.

Members placed on record their thanks and appreciation of the work of Dr. Kitlowski for the Health and Wellbeing Board and expressed their best wishes for a long and happy retirement. Dr. Kitlowski thanked the members for their kindness and wished the Board well in the future.

It was also noted that Dr. Richard Cullen was due to be appointed to the position of Chair of the Rotherham Clinical Commissioning Group and would consequently also assume the position of Vice-Chair of this Health and Wellbeing Board.

(2) Health and Wellbeing Board – Partnership Working

The Chair reported that both the Rotherham Clinical Commissioning Group and the Borough Council has expressed satisfaction in respect of the strong partnership working being effected by the Health and Wellbeing Board and that these views were supported by the Local Government Association.

(3) Adult Care Development Programme (Better Care Fund)

Reference was made to Minute No. 68 of the meeting of the Borough Council's Health Select Commission held on 19th January, 2017 and it was agreed that the possibility of Continuing Health Care funding being included as part of the Better Care Fund should be considered initially by the Better Care Fund Sub-Group of the Health and Wellbeing Board. The Sub-Group would consider examples and cases of individuals' health care needs not being properly assessed and would report its conclusions to a future meeting of the Health and Wellbeing Board.

(4) Better Care Fund – Draft Plan 2017 to 2019

Although the Better Care Fund Draft Plan 2017 to 2019 would be considered later in the agenda of this meeting (Minute No. 64 below refers), discussion took place on whether the Draft Plan ought to be submitted to the Borough Council's Health Select Commission for consideration. It was agreed that, whilst the Draft Plan could be submitted for discussion by the Health Select Commission, the ultimate responsibility for the sign-off of the Better Care Fund Plan (before its submission to NHS England) remained with the Health and Wellbeing Board.

(5) Scrutiny of the Health and Wellbeing Board - Concordat

Arising from discussion of item 60(4) above, it was agreed that, with regard to the relationship between the Borough Council scrutiny process and this Health and Wellbeing Board, the previously agreed joint protocol between this Health and Wellbeing Board, the Borough Council's Health Select Commission and Healthwatch Rotherham will be included on the agenda for the Board's next meeting, to enable the protocol to be reviewed and clarified.

**61. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board, held on 11<sup>th</sup> January, 2017, were considered.

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

(a) (Minute 50) – all sponsors and lead officers for the Health and Wellbeing Strategy have been notified of the timetable in respect of the action plans for the five Strategy Aims being presented to the next meeting of this Board, to be held on 17th May, 2017.

(b) (Minute 50) – it was noted that a new protocol had been developed between the two Rotherham Safeguarding Boards (ie: Adults and Children's) and the Health and Wellbeing Board, the Safer Rotherham Partnership and the Children and Young People's Partnership. This protocol was currently being considered by each of the Partnership Boards and would be circulated for comment and feedback after the meeting. Comments were requested to be sent to [kate.green@rotherham.gov.uk](mailto:kate.green@rotherham.gov.uk) by 31 March 2017.

(c) (Minute 50) - it was noted that work was underway to identify what was currently being delivered in relation to 'all-age friendly' communities. An update on this matter would be provided at the next meeting of the Health and Wellbeing Board, to be held on 17th May, 2017.

(d) (Minute 52(4)) – Both Tony Clabby and Janet Wheatley had now been advised of the key messages for engagement in respect of the Regional Sustainability and Transformation Plan and the Rotherham Place Plan.

(e) (Minute 55) The Rotherham Carers' Strategy – the requested discussions had now taken place between the Borough Council's Adult Social Care Service and the Rotherham Foundation Trust concerning the procedures for identifying 'hidden' carers upon admission to hospital. There had also been a suggestion that the Carers' Strategy should be officially launched.

(f) (Minute 56) Rotherham Public Mental Health and Wellbeing Strategy 2017-2020 – members of the Board had been asked for nominations to join the multi-agency working group to develop the action plan for this

Strategy. A number of nominations had been received already and any others should be sent to [kate.green@rotherham.gov.uk](mailto:kate.green@rotherham.gov.uk).

Resolved:- That the minutes of the meeting held on 11<sup>th</sup> January, 2017, be approved as a correct record.

**62. HEALTH AND WELLBEING STRATEGY AIM 5 - HEALTHY, SAFE AND SUSTAINABLE COMMUNITIES**

The Chair referred to a survey undertaken in 2011 by the former coalition Government about levels of happiness and anxiety within society. According to data held by the National Office for Statistics, Rotherham is placed in the top ten towns in the country which have the widest disparity between happiness and anxiety amongst its residents.

In that context, the Chair welcomed Mrs. Karen Hanson (Assistant Director, Community Safety and Street Scene, RMBC) and Superintendent Sarah Poolman (South Yorkshire Police), who gave the following presentation about the Health and Wellbeing Strategy Aim 5: Rotherham has healthy, safe and sustainable communities as places:-

Safer Rotherham Partnership – “Working together to make Rotherham Safe, to keep Rotherham safe and to ensure the communities of Rotherham feel safe

- Statutory partnership under the Crime and Disorder Act 1998
- Six responsible authorities (Local Authority, Police, Fire and Rescue Service, Probation Service, Community Rehabilitation Company, Clinical Commissioning Group);
- Statutory duty to develop an annual Joint Strategic Intelligence Assessment (JSIA)
- Requirement to develop and implement a partnership plan
- Safeguarding protocol linking Partnership Boards

Safer Rotherham Partnership Priorities

- Reducing the threat of child sexual exploitation and harm to victims and survivors
- Building confident and cohesive communities
- Reducing the threat of domestic abuse and harm to victims and survivors
- Reducing and managing anti-social behaviour and criminal damage
- Reducing the risk of becoming a victim of domestic burglary
- Reducing violent crime and sexual offences

Safer Rotherham Partnership Structure

- Safer Rotherham Partnership Board
- Performance and Delivery Group
- Priority Theme Groups
- Task and Finish Groups

- Other meetings and networks
  - Countywide meeting
  - CIMs
  - Area Assemblies

#### Reducing Crime and Anti-Social Behaviour

- Prevention
- Early Intervention
- Development of integrated neighbourhood model
- Enforcement
- Communication

#### Rotherham's Local Plan

- Health is a cross-cutting theme in Rotherham's Local Plan – which guides all future development in our Borough
- The Plan includes “Promoting Healthy Communities – Good Practice Guidance” which seeks to strengthen and integrate provision for health and wellbeing within the design of new development
- It highlights key health impacts and requires the consideration of health and wellbeing in planning applications to promote healthy communities and sustainable development
- Locating shops and services in accessible areas – can promote improved walking and cycling and use of public transport
- Providing and protecting green spaces near to home – enables greater use and enjoyment of the outdoor environment
- The Local Plan also has policies on the Natural and Historic Environment, Air Quality and creating Safe and Sustainable Communities
- Examples of specific policies (development with Public Health partners)
  - Promoting hot food takeaways (AP25) to limit their proximity to local schools and colleges, the impact they have on local amenity and their concentration within local areas

#### Opportunities for people in Rotherham to use outdoor space for improving their health and wellbeing

- Pensioners playgrounds
- New and improved children's play areas
- Allotments
- Improved changing rooms
- Tennis courts
- Footpaths
- Cycling
- Family friendly attractions
- Watersports
- Events and activities:-
  - Volunteer ramblers
  - Working with students
  - Park runs

Walking for Health Scheme  
Foot golf

Discussion took place on the multi-agency approach to improving the environment and reducing crime in the Eastwood area of Rotherham. The Board noted that the 'Eastwood Deal' had resulted in some positive changes to the local area and concentrated upon the health and wellbeing of local people as well as focusing on reducing crime. It was suggested that this approach should eventually be used in other areas of the Rotherham Borough (Dinnington was one suggestion). Later this year, in July 2017, there would be a multi-agency review of the work undertaken in Eastwood.

It was also noted that the appropriate Borough Council staff were available to attend a future meeting of the Health and Wellbeing Board for discussion of the detail of the Rotherham Local Plan.

There was also a brief mention of the continuing development of the new Waverley settlement, which will eventually include a local retail centre, a health centre and a primary school.

Other issues raised by members of the Board were:-

- serious crimes (eg: drugs, firearms, organised crime and gangs);
- selective licensing of private sector landlords (whether there was any evidence of landlords aiding and abetting crime);
- use of Police covert tactics to detect and disrupt crime;
- marches and demonstrations in the Rotherham town centre and the use of Public Space Protection Orders;
- displacement of crime from one area to another.

The Board thanked Mrs. Karen Hanson and Superintendent Sarah Poolman for their informative presentation.

It was noted that the action plans in respect of each of the aims of the Health and Wellbeing Strategy would be submitted to the next meeting of the Health and Wellbeing Board, to be held on 17th May, 2017.

**63. THE ROTHERHAM PLACE PLAN**

Further to Minute No. 52 of the meeting of the Health and Wellbeing Board held on 11th January, 2017, members of the Board heard that progress was being made with engagement and consultation in respect of the Rotherham Place Plan. It was noted that the governance arrangements had still to be finalised and that the aims of the Plan would have to be achieved within existing financial resources.

Resolved:- that the Rotherham Place Plan would be included on the agenda for consideration at the next meeting of the Health and Wellbeing Board, to be held on 17th May, 2017.

**ACTION: Chris Edwards**

**64. BETTER CARE FUND**

(a) Draft Plan 2017/19

Nathan Atkinson, Assistant Director of Strategic Commissioning (RMBC Adult Social Care), presented the draft version of the Better Care Fund Plan 2017-19 for information which incorporated feedback from the BCF Executive Group.

NHS England had requested a two year Better Care Fund plan covering the financial years 2017/18 and 2018/19. The intention was to “simplify the guidance and assurance process but plans are expected to be an evolution of the 2016/17 plan and not require significant rework”.

The number of National Conditions would be reduced to three from 2017/18:-

- A requirement for a jointly agreed plan, approved by the Health and Wellbeing Board.  
Rotherham - All minimum funding requirements had been achieved
- Real terms maintenance of transfer of funding from Health to support Adult Social Care  
Rotherham’s local plan was higher than the contribution required and there were no plans to reduce this. It continued to fund several Social Care Services which were strategically relevant and performing well, including Social Workers supporting A&E, case management and supported discharge
- Requirement to ring-fence a portion of the CCG minimum to invest in Out of Hospital services  
In Rotherham there were three admission, prevention and supported discharge pathways all supported by the Better Care Fund and backed by the wider initiatives within Rotherham’s Integrated Health and Social Care Place Plan

Rotherham’s BCF plan sets out key schemes, and how each would be measured and managed.

It has been confirmed that when guidance was published, a template would be issued, but that the use of it would not be mandatory. The current version had been adapted to include the recently issued guidance regarding the narrative plan. Once issued, there would be a minimum of six weeks to complete and submit the plan to NHS England.

The key priorities for 2017-19 were:-

- A single point of access into Health and Social Care Services
- Integrated Health and Social Care teams
- Development of preventative services that supported independence
- Reconfiguration of the Home Enabling Service and strengthening the seven day Social Work offer
- Consideration of a specialist reablement centre incorporating Intermediate Care
- A single Health and Social Care Plan for people with long term conditions
- A joint approach to care home support
- A shared approach to delayed transfers of care (DTC)

Discussion took place on the importance of assisting individuals in the self-management of conditions, without necessarily having recourse to personal budgets.

Members of the Board were asked to contact Nathan Atkinson and Karen Smith (RMBC Adult Social Care) with any further comments they wished to make on the draft Plan.

Resolved:- (1) That the current iteration of the draft Better Care Fund Plan 2017-2019 and the strategic direction be noted.

(2) That the formal approval of the Better Care Fund Plan 2017-2019 shall be delegated to the Better Care Fund Executive Group of this Health and Wellbeing Board.

(b) Better Care Fund Quarter 3 Submission (2016/17)

Nathan Atkinson, Assistant Director of Strategic Commissioning (RMBC Adult Social Care), presented the quarterly report to NHS England regarding the performance of Rotherham's Better Care Fund in 2016/17.

Rotherham was fully meeting seven out of the eight national conditions:-

1. Plans were still jointly agreed between the Local Authority and the Clinical Commissioning Group.
2. Maintaining provision of Social Care Services (not spending).
3. A joint approach to assessments and care planning were taking place and, where funding was being used for integrated packages of care, there was an accountable professional.
4. An agreement on the consequential impact of changes on the providers that were predicted to be substantially affected by the plans.



5. Agreement to invest in NHS commissioned out-of-hospital services.
6. Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan.
7. Seven day Social Care working was now in place and embedded at the hospital with on-site Social Care Assessment available to support patients. This had become "business as usual" from 3<sup>rd</sup> October, 2016, following the implementation of a Social care restructure. Support over the full seven days was provided by the same core team, ensuring that there was consistency of process over this period. Additional support over and above the dedicated resources identified could be accessed through the out of hours service on an as needed basis.

Rotherham was currently partly meeting one out of the eight national conditions which comprised of two elements as follows:-

- a. The first element (which was fully met) included better data sharing between Health and Social Care, based on the NHS Number (NHSN). This was being used as primary identifier for Health and Social Care Services. Work was now complete to ensure better sharing between Health and Social Care. There were 5,495 adults who were in the scope of the NHSN matching project and all BCF records now had a NHS number assigned. The new Social Care system would go "live" on 13th December, 2016, and included the facility to integrate with the NHS 'Patient Demographic Service' (PDS) – which would deliver the ability to quickly look up NHS numbers on the NHS spine. The NHSN number would be used on correspondence when the new Liquidlogic system was "live".
- b. The second element (which was partly met) was around better data sharing including whether we ensure that patients/service users have clarity about how data about them is used, who may have access and how they can exercise their legal rights. This second element of the national condition has recently been introduced since August 2016.

Significant progress was underway with an expected full implementation date of 31st May, 2017, to ensure that it fully met the national condition. The original date for full implementation was 31<sup>st</sup> January, 2017. The reasons behind the delay were set out in the report submitted.

A series of individual "deep dive" service reviews on BCF schemes was underway which would identify if there were any funding or performance issues or where there were concerns regarding strategic relevance.

Resolved:- (1) That the Better Care Fund Quarter 3 Submission (2016/17), as now submitted, be approved.

(2) That further information be provided for members of the Health and Wellbeing Board about data sharing between health and social care services.

**65. ROTHERHAM JOINT COMMISSIONING STRATEGY FOR CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND)**

The Strategic Director for Children and Young People's Services presented the Rotherham Joint Commissioning Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND). The Strategy provided an overview of how the joint commissioning of services for children and young people with SEND in Rotherham would be developed and implemented in line with the requirements of the Children's and Families Act 2014 and the associated Code of Practice for SEND.

The Strategy, through a mapping exercise, consultation and a review of transitions with parents/carers and stakeholders, had identified nine priority areas of work that would be implemented over the next three years:-

1. Create a joint SEND Education, Health and Social Care Assessment hub at Kimberworth Place.
2. Review and re-model services that provided support for children and young people with challenging behaviour.
3. Develop a Performance and Outcomes Framework that would be applied across all local authority and CCG SEND provision.
4. Align local authority and CCG Service Specifications for SEND Service provision, to facilitate commonality of practice and a consistent approach (thus reducing duplication, improving efficiencies and develop clearer pathways).
5. Audit the Education, Health and Care Planning (EHCP) process to look at how the assessment process (including the decision making process/panels and allocation of resources) could be streamlined, so as to reduce the multiple assessments that young people and their families had to undertake.
6. Ensure that there was a co-ordinated joint Workforce Development Plan.
7. Develop and implement Personal Budgets.
8. Develop pathways to adulthood.
9. Develop approaches to improving life experiences which were person centred.

The Strategy had been previously approved by the Clinical Commissioning Group's Operational Executive, the Council's Children and Young People's Services leadership team and the Children and Young People's Partnership Board, and endorsed for sharing with the Health and Wellbeing Board.

The full implementation of the Strategy would require a phased approach to move from the current position. Work had already commenced in taking forward a number of the priority areas, namely the creation of a joint SEND Assessment Hub, the re-modelling of services that provided support for children and young people with challenging behaviour, the development of personal budgets, the development of aligned Service Specifications for Education, health and social care services, and the development of pathways to adulthood.

Resolved:- That the refreshed Rotherham Joint Commissioning Strategy for Children and Young People with Special Educational Needs and/or Disabilities (SEND) be noted.

**66. SPECIALIST RESIDENTIAL AND NURSING CARE FOR ADULTS IN ROTHERHAM**

In accordance with Minute No. 50(3) of the meeting of this Board held on 11<sup>th</sup> January, 2017, the current position with regard to commissioned Care homes in Rotherham was submitted. The scope of the update included Residential, Nursing, Residential with Dementia Care and Nursing with Dementia Care for Adults i.e. 18-64 and older people.

There was a total of thirty-five independent sector care homes (owned by twenty-three organisations) contracted to support older people in Rotherham. They provided a range of care types categorised as Residential Care, Residential Care for people who were Elderly and Mentally Infirm, Nursing Care and Nursing Care for people who were Elderly and Mentally Infirm.

There was a total of thirty-six Independent sector homes (owned by twenty-four organisations) contracted to support Adults with specialist needs. They provided a range of care for Adults who lived with Learning Disabilities, Physical Disabilities, Mental Health and Sensory conditions (including Acquired Brain Injury).

The independent sector care home market in Rotherham supplied 1,779 beds and accommodated around 1,593 older people. The Council was the dominant purchaser with the majority of the population placed by the Council. There was currently a vacancy factor of 186 beds or 10.5% of the total capacity. It also supplied 397 beds and accommodated around 386 adults with specialist needs. The Council purchased 37% (145 beds) with the remaining 63% (252) beds occupied by residents who were fully funded by Continuing Health Care and Out of Authority places. There was currently a vacancy factor of 31 beds (8%) of the total capacity.

As of February 2016, the total Older People's care home population was made up of:-

- 26% (409 people) private paying clients including from out of Borough.
- 4.5% (72 people) placed and funded by other local authorities.
- 62% (987 people) placed and funded by the Council – this includes people who receive Funded Nursing Care.
- 7.5% (125 people) placed and funded by our health partners under Continuing Health Care arrangements (fully funded by Rotherham CCG).

As of February 2016, the specialist care home population placed by the Council was made up of:

- 21% (31 people) funded fully by the Council (no client contribution) – this included people who received Funded Nursing Care.
- 7% (10 people) jointly funded by the Council and Continuing Health Care.
- 72% (104 people) funded by the Council and a financial contribution from the service user.

All Council commissioned providers were registered with, monitored and inspected by the Care Quality Commission (CQC) as well as monitored and inspected by a team of Contracting Compliance Officers. Providers were monitored against standards set out in the Council's service specification(s) and the associated contract(s) terms and conditions. Deviation away from the standards resulted in intervention with providers which may include action plans, special measures improvement plans, contract default action and/or embargoes. Action undertaken by the Strategic Commissioning Team may ultimately result in contract termination should providers continue fall below the required standard.

All Older People's care homes were fully aligned to GP practices to provide medical cover for residents in older people's care homes.

A question was asked about the number of out-of-authority residential placements and it was agreed that a response would be provided.

Resolved:- That the report be received and its contents noted.

## **67. LONELINESS AND ISOLATION**

The Chair opened a discussion about the impact of loneliness and isolation upon the mental and physical health of individuals. Specific reference was made to:-

- the incidence of early deaths amongst sufferers of loneliness and isolation;

- community support projects/schemes (eg: Men-in-Sheds; Home First);
- the suggestion of a survey being undertaken of persons within the Rotherham Borough area who suffer loneliness and isolation;
- identifying the extent of service provision and any gaps in such provision – as well as the possible reluctance of lonely and isolated people to gain access to appropriate advice and assistance.

The Health and Wellbeing Board noted the intention to establish a Working Group to examine this issue further. A number of members of the Board expressed a willingness to contribute to this Working Group. The Chair asked for nominations to be sent by e-mail to [kate.green@rotherham.gov.uk](mailto:kate.green@rotherham.gov.uk)

**68. ROTHERHAM CAMHS LOCAL TRANSFORMATION PLAN - QUARTER 3 REPORT 2016-17**

The Board received the Quarter 3 update for the CAMHS Local Transformation Plan for information.

The Plan continued to be closely monitored and updated on a bi-monthly basis and was now published on the NHS Rotherham Clinical Commissioning Group website alongside the Local Transformation Plan (LTP) itself. It reflected all the proposed developments in the 'Future in Mind' report and went behind the specific priority development areas outlined in the Local Transformation Plan and to which extra funding was attached.

Further detail on each local priority scheme was set out in the report submitted.

All of the priority schemes had started their implementation in 2015/16. There were a number of other identified areas for development, which were included in the CAMHS LTP Action Plan, scheduled to start in 2017/18 or beyond. These included:-

- Undertaking a scoping exercise to understand if the 'Thrive' model or something similar could be developed in Rotherham.
- Undertaking a scoping exercise to understand how 'One-stop-shops' could be developed in Rotherham.
- Implementing a Social Prescribing Service during 2017/18 to support children and young people who transition out of CAMHS services but not into Adult Services. This would involve new funding from the LTP monies.
- A new service to be developed from 2017/18 providing education and prevention around self-harm. This would probably be delivered in school settings by voluntary sector CAMHS providers. Specific details were being developed and new LTP funding would be allocated to this area.

The report also set out the areas of most challenge in implementation, finance and activity review and review of partnerships.

It was also noted that the Clinical Commissioning Group's duty to publish an annual engagement report would be fulfilled by including the necessary information within the standard Annual Report.

Resolved;- That the report be received and its contents noted.

**69. DATE, TIME AND VENUE OF THE FUTURE MEETING**

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday, 17<sup>th</sup> May, 2017, with the venue to be confirmed.

(2) That future meetings of the Board take place on: -

- 5<sup>th</sup> July, 2017
- 20<sup>th</sup> September, 2017
- 15<sup>th</sup> November, 2017
- 10<sup>th</sup> January, 2018
- 14<sup>th</sup> March, 2018

All meetings to start at 9.00 a.m. and venues to be confirmed.