

**HEALTH AND WELLBEING BOARD**  
**5th July, 2017**

**Present:-**

Councillor D. Roche	Cabinet Member for Adult Social Care and Health <b>(in the Chair)</b>
Dominic Blaydon	Associate Director of Transformation, RFT (representing Louise Barnett)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Diane Graham	RDaSH (representing Kathryn Singh)
Carole Lavelle	NHS England
Mel Meggs	Deputy Strategic Director, CYPS (representing Ian Thomas)
Robert Odell	South Yorkshire Police
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health, RMBC
Councillor G. Watson	Deputy Leader
Janet Wheatley	Voluntary Action Rotherham

**Report Presenter:-**

Ruth Fletcher Brown	Public Health Specialist, Public Health, RMBC
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**Officers:-**

Kate Green	Policy Officer, RMBC
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**Observers:-**

Ian Atkinson	Rotherham CCG
Robin Carlisle	Rotherham CCG
Councillor S. Sansome	

Approximately 10 members of the public were in attendance.

Apologies for absence were received from Louise Barnett, (Chief Executive, TRFT), Sharon Kemp (Chief Executive, RMBC), AnneMarie Lubanski (Strategic Director, Adult Social Care), Councillor J. Mallinder and Kathryn Singh (Chief Executive, RDaSH).

**13. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

There were no questions from the members of the public in attendance.

**15. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board, held on 31<sup>st</sup> May, 2017, were considered.

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

Minute No. 3 (Sensory Impairment Centre), it was noted that the keys had been handed over to the Royal Society for the Blind and was due to open very shortly. The official opening would be in October by the Earl of Scarborough.

Minute No. 3 (National Review of Children's Mental Health Services), it was noted that the review was progressing well.

Minute No. 4 (I Age Well), it was the noted that the event had been very well attended.

Resolved:- That the minutes of the meeting held on 31<sup>st</sup> May, 2017, be approved as a correct record subject to the following clerical correction:-

Minute No. 11 (Better Mental Health for All Strategy) should read "... 2017-2025" and not 2020 as stated.

**16. COMMUNICATIONS**

There were no communications to report.

**17. ROTHERHAM PLACE BOARD AND ACCOUNTABLE CARE SYSTEM**

Chris Edwards, Chief Officer, RCCG, submitted for information, the draft terms of reference for the Rotherham Integrated Health and Social Care Place Plan Board ("Place Board") which was the forum where all the partners across the health and social care system would come together to undertake the regular planning of service delivery.

The Place Board's role would be:-

- Agreement and sign off of Rotherham Health and Social Care delivery plans
- Ensure a proactive approach to establishing the health and social care needs of Rotherham citizens and to react to the changes within the health and social care agenda
- Operate cost of care effectively in the context of the Rotherham health and social care financial circumstances
- Realise cost saving opportunities through system redesign to meet the Rotherham-wide efficiency challenge ensuring no adverse impact in regard to patient safety and experience

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The report also set out the principles the Board would adhere to.

Recommendations for funding would need to be made by the Board to the relevant statutory bodies through individuals where responsibility was delegated by relevant statutory bodies. All recommendations from the Board would need consensus from its membership.

Each member organisation would have one representative on the Board with the joint Chairs of the Health and Wellbeing Boards attending to ensure the delivery was consistent with the strategic direction:-

NHS Rotherham CCG	Chief Officer, Chris Edwards (Joint Chair)
Rotherham Metropolitan Borough Council	Chief Executive, Sharon Kemp (Joint Chair)
The Rotherham Foundation Trust	Chief Executive, Louise Barnett
Voluntary Action Rotherham	Chief Executive, Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust	Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd. (Rotherham GP Federation)	Rotherham GP Chair Dr. Robert Thornton
Participating Observers	Joint Chair, Health and Wellbeing Board, RMBC – Councillor David Roche Joint Chair, Health and Wellbeing Board, RCCG – Dr. Richard Cullen
In Attendance	Deputy Chief Officer, RCCG – Ian Atkinson (as Chair of the Rotherham Place Plan Delivery Team) Director of Legal Services, RMBC – Dermot Pearson Chair of Partnership Communications Group – Gordon Laidlaw Senior Planning and Assurance Manager, RCCG – Lydia George (as Place Plan Board Manager) Policy and Partnership Officer, RMBC – Kate Green (H&WB Board Manager)

It was suggested that consideration should be given to the holding of a health conference in Rotherham to showcase its Place Plan and what work was taking place within the Borough

It was noted that the Council had approved its side of the Place Plan which included a joint post of Deputy Director of Adult Social Care.

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

(2) That the Board acknowledges that the Place Board should encompass all commissioners and providers who commissioned or provided health and social care across Rotherham and as such recognised that the membership of the Board may need revising periodically to include additional members.

**18. UPDATE ON AIM 3: MENTAL HEALTH**

Ruth Fletcher-Brown, Public Health, gave the following updates on Aim 3: Mental Health:-

**Suicide Prevention and Self-Harm Action Plan Update 2016/18**

Ruth highlighted the following issues contained within the report:-

- The Rotherham Suicide Prevention and Self-Harm Group met quarterly to review progress on the action plan, receive suicide audit data and recommend any necessary response, for example, for high risk groups
- Rotherham had an early alert approach to suspected suicides resulting in a response being made as soon as notification was received
- Partner organisations of the Rotherham Local Safeguarding Children's Board signed up to the Rotherham Suicide and Self-Harm Community Response Plan in September 2015. The process for activating the plan was the responsibility of RMBC's Early Help
- The My Mind Matters website had been reviewed and updated with input from the Youth Cabinet
- The Top Tips on suicide prevention for General Practitioners had been updated to include risk factors and at risk groups in Rotherham
- The campaign to target men, 'Breaking the silence on suicide' launched in July 2016 with resources distributed across the Borough and advertisements in local press in December, 2016
- 50 workplaces had engaged with the Workplace Wellbeing Charter
- Children and Youth People's Bereavement pathway continued to be positively received by families
- Families were visited within 48-72 hours of the suspected suicide by officers from the Vulnerable Persons Unit (South Yorkshire Police) and each family offered the Help is at Hand resource and offered telephone support from Rotherham Samaritans

Discussion ensued with the following points raised:-

- There had been an increase in adult suicides of those who had used Drug and Alcohol Services
- For those known to the Mental Health Services wraparound support was provided as much as possible to the people that self-harmed or felt suicidal. They were a high risk group and agencies wanted to make sure they could be supported
- A piece of work recently completed by RDaSH showed that people who suffered any kind of loss were at more risk of suicide. Work was now taking place on post-prevention of suicide. Officers from the VPU offered families telephone support from Rotherham Samaritans
- GPs were notified of any suspected suicide so they were aware should any family members registered with the practice request an appointment

Carole Lavelle commented on the fact that work on suicide prevention in Rotherham was further ahead than many other areas she visited.

Resolved:- (1) That the report on actions taken by the Rotherham Suicide Prevention and Self-Harm Group since the update submitted in May, 2016, be noted and endorsed.

(2) That the areas for future activity, including a commitment to continue Rotherham's early alert surveillance work, bereavement support and the social marketing campaign work be endorsed.

(3) That an update be submitted on the work of the Rotherham Suicide Prevention and Self-Harm Group annually and exception reports as appropriate.

### **Better Mental Health for All – Action Plan 2017-2020**

Ruth presented the action plan which focussed on work that brought added value, used community assets and provided opportunities for the health and wellbeing partners to work collaboratively.

The action plan used the three tiered approach to mental health promotion and prevention. It took a whole life course approach from pre-birth to ageing well. Partner organisations had been encouraged to look at opportunities within their current interventions to promote good mental health.

The action plan aimed to link into community assets and connected people within their local community. It recognised the skills, knowledge and expertise of individuals and the assets that communities and organisations had to improve mental health and wellbeing.

Indicators from the Public Health Outcomes Framework and Quality Outcomes Framework would be used to monitor the overall progress of the strategy. Output targets would measure progress of each action in the action plan.

Discussion ensued with the following issues raised/clarified:-

- There was contact with colleges with several engaging with the Youth Mental Health First Aid training which had been very popular. Schools and colleges would be visited as part of the launch of the Still campaign
- The work done across Rotherham had been referenced across South Yorkshire and the Humber
- VAR, Crossroads, Age Concern and the Council had been meeting to draw up an integrated action plan for isolation and loneliness which would be a key strand of Aim 3

Resolved:- (4) That the action plan be endorsed.

(5) That member organisations commit to lead by example and ensure that they follow best practice in relation to the Workplace Wellbeing Charter.

(6) That it be noted that there were some actions within the plan which required financial investment. The Better Mental Health for all sub-group would work with lead organisations to develop business cases accordingly.

(7) That the Health and Wellbeing Board continue to support Champions from their organisation to assist with the implementation of the action plan. It was envisaged that this would be quarterly meetings to update on progress and look at opportunities for collaborative working.

(8) That the Health and Wellbeing Board receive annual updates on progress.

## **19. SOCIAL PRESCRIBING**

Janet Wheatley, Chief Executive, Voluntary Action Rotherham, gave the following powerpoint presentation:-

Rotherham Social Prescribing

- Sits alongside clinical interventions – helps people live their lives in a way that feels like living rather than coping and surviving. It provides an integrated response to patient care
- Where the NHS ‘meets’ the community and its assets – shifting the focus from conditions or ages to localities and communities
- ‘what matters to me’ as well as ‘what is a matter with me’

- Involved a leap of faith to working differently – there had to be another dimension to meeting patient needs
- Co-produced – between Rotherham CCG, VCS and service users
- Builds on/enhances local relationships, respect and trust between public sector and voluntary and community sector partners
- Flexible to meet changing needs – embedded within CCT and STP
- Supports and resources VCS – works with groups and patients
- Independent evaluation base – evaluated from onset

#### The 'Rotherham Model'

- Voluntary Action Rotherham (VAR) on behalf of Rotherham CCG delivers 2 Social Prescribing (SPS) programmes. VAR manages the programme and micro-commissions activity from the VCS – contracts/spot purchases/grants
- LTC SPS works with all GP practices as part of integrated case management approach. Referral pathway identifies patients referred to a VCS advisor aligned to each GP practice. Started 2012 – 5,835 referrals
- Mental Health SPS works with 2 cluster groups of patients referred by RDaSH to a VCS advisor. Operating since 2014 – 328 referrals
- Patients/service users build and direct their own packages of support, tailored to their specific needs by encouraging them to access services provided by the VCS

#### Rotherham SPS Research

- We have a rich and systematic evidence base to support our work – both schemes have been independently, academically evaluated from the start
- The evaluations track two main elements:-  
Improvement in wellbeing and quality of life  
Impact on services either in reduction in demand or potential for discharge/step down
- Plus patients/users stories through case studies

#### Research Findings

- Health and wellbeing – consistently large improvements in wellbeing for all patients/service users referred. Over 80% improvement for LTC patients and over 90% for MH service users
- Reduction in demand for services – for the LTC service consistent reductions in use of services 6-11% reduction in non-elective inpatient stays and 13-17% reduction in use of A&E services – more detailed analysis shows higher reductions in certain types of patients. For the MHS over 50% discharge from services for those eligible for discharge review
- Financial savings – the above evidence translates into definitive cost avoidance savings for the NHS

### Additional Research Findings – Impact on Primary Care

Latest evaluation looks at impact from a GP perspective

- Face to face appointments reduced 28%/telephone consultations reduced 14% (tracked in 1 GP practice)
- Opportunity for holistic response to patient care. A person centred service especially for those with complex needs
- Helps patients manage symptoms. Some impact on medication usage
- Rotherham SPS also supports carers – helps with family and care breakdown

### Additional Research Findings – Impact – Voluntary/Community Sector

- SPS is a route into delivering a community asset based approach to health – connects, through a single gateway, voluntary and small community groups into wider healthcare delivery. It taps into the potential out there in communities and within individuals
- It supports the VCS to deliver options and solutions to people's needs. Rotherham's model provides funding to front line VCS organisations. It is a resourced intervention rather than just signposting to already overstretched VCS services
- We work with VCS groups alongside SPS users – help secure additional funding, volunteers, diversify income, new activities, increase citizen engagement/independence/resilience. It helps rather hinders VCS sustainability

### Essential Lessons Learned

- Be clear about the outcomes/target population and clarity on the model – is it SPS 'lite' or intensive/signposting or prescription
- Keep the model and referral mechanisms simple – single gateway
- Keep it local – knowledge and expertise out there from local VCS. The perils and benefits of scaling up
- Role of link workers/advisors – linked to practices/localities part of MDT team – build the relationships and combine expertise
- Importance of patient/user to be in charge/have responsibility for their care – do not overcomplicate some of the solutions
- Resource the sector to deliver the solutions – this will enable them to come up with further sustainable options
- Evidence base – what target needs are and what works
- 3 Rs – Relationship, Research, Resources

### Rotherham's Success Story

- The Rotherham SPS model is seen as leading the way across England in the delivery of SPS. Praised in NHS Five Year Forward View
- We have been visited/visit over 120 different areas across England and Wales. We receive 2/3 enquiries monthly about our work
- We have presented at numerous conferences including Kings Fund major conference, met with the Secretary of State, attended a launch at the Home of Commons and won awards

- We anticipate a roll out of SPS nationally and we believe Rotherham will be asked to be at the forefront of it

SPS where next – National/Regional/Local

- Nationally – announcements on a national rollout of SPS are due
- Regionally via STP – inclusion in the Place Plans and STP workstreams. Also link between SPS and the Work and Health programme
- Locally – potential to target other cohorts e.g.  
Isolated and lonely/vulnerable/socially excluded/disadvantages – linked to MECC  
People with mild to moderate mental health conditions  
People with health related employment issues e.g. MSK/Mental Health – linked to work and health  
Certain health conditions – e.g. cancer patients/Diabetes or a specific community/locality based approach  
Children and young people

Discussion ensued with the following issues raised/clarified:-

- Social Prescribing was not available to everyone. There was an ‘at risk’ register of intensive users of services
- £1M of identified benefits and thought that the GP benefits was understated – the social benefit had not been identified as yet
- This cohort of patients were the ones that medicines were not working for
- Opportunity to explore how it might work with children and families
- Ongoing discussions as to whether the resources could be utilised for those in mental health crisis and linking into prevention of suicides

Resolved:- That the presentation be noted.

## **20. BETTER CARE FUND**

Nathan Atkinson, Assistant Director Strategic Commissioning, RMBC, presented the 2017-19 Better Care Fund Executive Summary and Plan on a Page which gave an overview of the direction of travel and key priorities for delivery.

The definitive guidance and submission template were still awaited but a draft plan had been prepared in anticipation of the release of the national guidance from NHS England.

The Executive Summary and Plan on a Page had been updated in line with the 2017-19 Integration and Better Care Policy published in March 2017.

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 support independence
- Reconfiguration of home enabling service and strengthening the 7 day social work offer
- Consideration of a specialist reablement centre incorporating intermediate care
- An integrated carers support service
- 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

The following points were highlighted:-

- There was additional funding but it was for 3 years and was a year on year reduction i.e. £6.2M, £3.7M and £1.9M
- Some of the guidance had only been released the previous day. There were 3 areas where spend could be made:- sustainability of Adult Social Care, the market/commissioning and delayed transfers from hospital
- Discussions would continue between the Council, Foundation Trust and CCG as to how the funding would be spent
- The Foundation Trust were looking at taking part in the national discharge process so as to use some of the findings
- Need to involve the voluntary and community sector

Resolved:- That the Better Care Fund Executive Summary and Plan on a Page be noted.

## **21. WORK AND HEALTH**

Terri Roche, Director of Public Health, gave a verbal update on work and health.

In Marmot's Fairer Society, Health Lives (2010) he talked a lot about the benefits of work to health and the importance of work to address health inequalities and the social gradient of inequalities.

This could be summarised as: work good, unemployment bad for physical and mental health but the quality of work matters getting people off benefits into low paid, insecure health challenging work was not a desirable option.

One of the roles of the Board going forward might be to look at the wider determinants of health one of which was work. Good quality employment was key to addressing health inequalities. Work and Health was included within the Rotherham Plan 2025 and was a vital part of building stronger communities.

The Sheffield City Region's long term economic plan was for more jobs, more businesses, more highly skilled occupation and higher productivity. As part of this there was funding for working health projects which included:-

#### SCR Employment Support Pilot

- £8.7M DWP/European Social Fund
- Aim – to provide early intervention for claimants at risk of long term unemployed
- Key cohorts could include claimants with health conditions and disability, low skills, unstable housing, weak work history, lone parents
- Work taking place in Rotherham as to how this project could work alongside the Troubled Families Programme in the first instance
- Go live date expected September/October with a plan to see approximately 4,500 individuals over the 2.5 years of the programme = 736 Rotherham people
- Voluntary scheme with the referral route to be confirmed but could be Job Centre Plus as well as self-referral, Local Authority, third sector and college referrals
- Clients would be offered up to 18 months personalised support from an employment advisor
- Consideration being given in Rotherham to building on the learning from Social Prescribing projects to support the more holistic approach

#### Work and Health Unit Employment Trial

- £7M DWP and Department of Health
- Only one of two in the country
- Will introduce a new work health support service consisting of employment specialists working to individual placement support principles located within local health care settings e.g. GP practices, IAPT teams, MSK teams, community hubs
- Referrals primarily from the health system and also self-referral
- Voluntary participation and no implications for an individual's entitlement to DWP benefits or benefit conditionality
- There would be a Randomised Control Trial with 50% of referrals going onto the IPS trial and 50% being supported by existing mainstream employment and health support

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- Aim – to provide innovative and evidence-based form of voluntary health aligned employment support to individuals with mild to moderate mental health and/or musculoskeletal (MSK) conditions who were either unemployed and seeking work or were in work but struggling or off sick
- 12 months personalised support focussed on what individuals needed to help them find or stay in work
- Improve links between work and health support by building better collaboration and connectivity for the work health system
- Go live date expected November/December 2017 and end Spring 2019 – 7,500 in total across the SCR, 3,750 seen by new services with the remainder seen by existing services
- Many issues still to be resolved

### Local Integration Board

- A Rotherham group must be set up to oversee the work of the programmes
- SCR recommend setting up of a Local Integration Board (LIB) primarily for the Employment Support Pilot
- The LIB should consist of representatives of health, DWP (Job Centre Plus), Citizens Advice Bureau, Local Authority (including Troubled Families) and other voluntary and community sector organisations
- Aim – to receive cases from the Employers Advisors where they were encountering organisational barriers
- Workshop held on 29<sup>th</sup> June in Rotherham to discuss how the LIB might work

### Discussion ensued with the following issues raised/clarified:-

- When the Work and Health Unit Employment Trial was discussed at the CCG some time ago, it was initially felt to be a good idea, however, subsequently when it became apparent there would be Randomised Control Trial the optimism amongst GPs had decreased. Jackie Tufnell at the CCG had done some work on the proposal
- Concerns regarding the ethical nature of the Randomised Control Trial
- It was not known as yet who would be running the Randomised Control Trial
- Need to understand the governance of the projects and links to what was already happening in Rotherham's communities
- Rotherham's educational outcomes were considerably better than the other areas of South Yorkshire, therefore, putting the young people in a better position to access the opportunities

- Concern that those people that, with a little intervention, would get the support they needed leaving those that needed harder intervention. Hopefully this would be assisted with the linkage to the Troubled Families work

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

(2) That Terri Roche feedback the concerns raised regarding the Randomised Controlled Trial to the Sheffield City Region.

**Action:- Terri Roche**

**22. DATE AND TIME OF NEXT MEETING**

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 20<sup>th</sup> September, 2017, venue to be agreed.