

**HEALTH AND WELLBEING BOARD**  
**15th November, 2017**

**Present:-**

Councillor D. Roche	Cabinet Member, Adult Social Care and Health <b>(in the Chair)</b>
Chris Edwards	Chief Operating Officer, Rotherham CCG
Naveen Judah	Healthwatch Rotherham (representing Tony Clabby)
Sharon Kemp	Chief Executive, RMBC
Councillor J. Mallinder	Chair, Improving Places Select Commission
Rob Odell	South Yorkshire Police
Dr. Jason Page	Governance Lead, Rotherham CCG
Zena Robertson	NHS England (representing Carole Lavelle)
Terri Roche	Director of Public Health, RMBC
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley MBE	Chief Executive, Voluntary Action Rotherham

**Report Presenters:-**

Bev Pepperdine	Performance Assurance, RMBC
Christine Cassell	Independent Chair, Rotherham Local Safeguarding Children Board
Steve Turnbull	Public Health, RMBC

**Also Present:-**

Sam Barstow	Head of Service, Community Safety, Resilience and Emergency Planning
Dominic Blaydon	Rotherham Foundation Trust
Jacqui Clark	Early Intervention and Prevention, RMBC
Lydia George	Rotherham CCG
Kate Green	Policy and Partnership Officer, RMBC
Shafiq Hussain	Voluntary Action Rotherham
Giles Ratcliffe	Public Health, RMBC
Hayley Richardson-Roberts	Communications, RMBC
Janet Spurling	Scrutiny Officer, RMBC
Sarah Watts	Strategic Housing, RMBC
Dawn Mitchell	Democratic Services, RMBC

Apologies for absence were received from Tony Clabby (Healthwatch Rotherham), Dr. Richard Cullen (Rotherham CCG), Councillor Evans, Carole Lavelle (NHS England), Councillor Short, Kathryn Singh (RDaSH) and Councillor Watson.

**37. JANET WHEATLEY MBE**

The Board congratulated Janet Wheatley who had attended Buckingham Palace the previous day for the award of her MBE by Her Majesty the Queen.

**38. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

There were no members of the public or press present at the meeting.

**40. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board held on 20<sup>th</sup> September, 2017, were considered.

Resolved:- That the minutes of the previous meeting held on 20<sup>th</sup> September, 2017, be approved as a correct record.

**41. COMMUNICATIONS**

(1) Janet Wheatley reported that the Shadow Secretary of State for Health, Jon Ashworth, was to visit Voluntary Action Rotherham on 1<sup>st</sup> December, 2017, to talk about Social Prescribing.

Janet would forward details to Board members.

**Action:-** Janet Wheatley

(2) Voluntary Action Rotherham had been nominated for their Supporting Self-Care at the Health Services Journal awards.

**42. REFRESHING THE LOCAL HEALTH AND WELLBEING STRATEGY AND INTEGRATED HEALTH AND SOCIAL CARE PLACE PLAN**

Further to Minute No. 29 of the meeting held on 20<sup>th</sup> September, 2017, Terri Roche, Director of Public Health, presented an update by way of a powerpoint presentation on the progress being made in relation to the refresh of the local Health and Wellbeing Strategy and alignment to the Integrated Health and Social Care Place Plan (Place Plan). The presentation included:-

Health and Wellbeing Strategy 2015-18 Principles

- Shared vision and priorities
- Enables planning of more integrated services
- Reduce health inequalities
- Translates intelligence into action

Need for a Refresh

- Existing Strategy runs until the end of 2018 but a number of national and local strategic drivers were now influencing the Health and Wellbeing Board
- An early refresh ensured the Strategy remained fit for purpose, strengthening the Board's role in:

- High level assurance
- Holding partners to account
- Influencing commissioning across the health and social care system as well as wider determinants of health
- Reducing health inequalities
- Promoting a greater focus on prevention
- LGA support to the Health and Wellbeing Board
- Self-assessment July, 2016
- Stepping Up To The Place workshop September 2016
- Positive feedback given about Board's foundation and good partnership working
- The current Strategy was published quickly after the Board was refreshed (September 2015)
- Now in stronger position to set the right strategic vision and priorities for Rotherham

#### Joint Strategic Needs Assessment

- Ageing population – rising demand for health and social care services
- More people aged 75+ living alone, vulnerable to isolation
- High rates of disability, long term sickness (more mental health conditions) and long term health conditions e.g. Dementia
- Need for care rising faster than unpaid carer capacity
- High rates of smoking and alcohol abuse, low physical activity and low breastfeeding
- Rising need for Children's Social Care especially related to Safeguarding
- Relatively high levels of learning disability
- Growing ethnic diversity especially in younger population with new migrant communities
- Growing inequalities, long term social polarisation
- High levels of poverty including food and fuel poverty, debt and financial exclusion

#### Proposed Refreshed Strategy

- Sets strategic vision for the Health and Wellbeing Board – not everything all partners do but what partners can do better together
- Includes 4 strategic 'aims' shared by all Health and Wellbeing partners
- Each aim includes small set of high level shared priorities
- Which the Integrated Health and Social Care Place Plan 'system' priorities will align to

#### Strategic Aims

##### **Aim 1**

- All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood

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HWB Priority 1	Ensure every child gets the best start in life (pre-conception to age 3)
HWB Priority 2	Improve health outcomes for children and young people through integrated commissioning and service delivery
HWB Priority 3	Reduce the number of children who experience neglect
HWB Priority 4	Education

### **Aim 2**

- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

HWB Priority 1	Improve mental health and wellbeing of all Rotherham people
HWB Priority 2	Reduce the occurrence of common mental health problems
HWB Priority 3	Improve support for enduring mental health needs including Dementia

### **Aim 3**

- All Rotherham people live well and live longer

HWB Priority 1	Prevent and reduce early deaths from the key health issues for Rotherham people such as cardiovascular disease, cancer and respiratory disease
HWB Priority 2	Promote independence and enable self-management and increase independence of care for all people
HWB Priority 3	Improve health outcomes for adults and older people through integrated commissioning and service delivery ensuring the right care at the right time

### **Aim 4**

- All Rotherham people live in healthy, safe and resilient communities

HWB Priority 1	Increase opportunities for healthy sustainable employment
HWB Priority 2	Ensure planning decisions consider the impact on health and wellbeing
HWB Priority 3	Ensure everyone lives in healthy and safe environments
HWB Priority 4	Increase opportunities for all people to use green spaces

#### Consultation and Engagement

- Health and Wellbeing Board and Place Board received proposal in September 2017
- Framework shared with Board sponsors and theme leads for comments
- Health Select Commission December 2017
- All partners to consider taking through their own governance structures November-March 2018
- Consider what other stakeholder engagement may be needed
- Following approval at Health and Wellbeing Board, work will progress with Board sponsors/theme leads on the Strategy detail
- Full draft of Strategy and Place Plan to be presented to Health and Wellbeing Board on 19<sup>th</sup> January 2018
- CCG Governing Body, Place Board and Cabinet to endorse Strategy and Place Plan February 2018
- Place Board to sign off Place Plan March 2018
- Health and Wellbeing Board to sign off the Strategy March/April 2018

Discussion ensued with the following issues raised/clarified:-

#### **General**

- The refresh should streamline the process and not result in extra meetings
- Each Aim was not in isolation and did have linkages to each other
- Loneliness and Isolation did not just affect the older generation. It potentially fitted all the Aims but needed to be “anchored” in 1

#### **Aim 1**

- More work to be done on the ante-natal pathway particularly
- Continued investment in Early Years but more work to be done through Children’s Centres, GPs and Post-Natal Services
- Priority 3 – should include the word “abuse” in all its forms i.e. physical, emotional and sexual
- Embedding the voice of the child
- Linkages to delivery mechanisms around the SEND agenda
- Raising aspirations and developing self-esteem and self-motivation
- Consideration of inclusion of adverse events in a child’s life, such as bereavement, and learning from CSE referrals and parental capacity to change
- Work of the Child Death Overview Panel and the adverse issues affecting children and some of the motivating factors that had been identified
- The need for linkage to the Foundation Trust’s Strategy regarding transition from Children to Adult Services
- No reference to Looked After Children or childhood obesity/lifestyles

**Aim 2**

- The Mental Health and Wellbeing Strategy to be revisited by the Transformational Group regarding what work needs to take place
- Need to link to the ageing population
- Autism, although linkages with all the Aims, had to be based in 1 in order for someone to have responsibility – Aim 3 was too big
- Learning Disabilities should be included
- Suggestion that the title should be changed to “all Rotherham people enjoy the best possible wellbeing and mental health”

**Aim 3**

- Suggestion that the overall aim title should be changed to “all Rotherham people live well and live longer in better health” and possible inclusion of the word “safely”?
- Did Priority 5 fit better into Aim 4?

**Aim 4**

- Pleasing to see Housing fitting into an Aim (Aim 4)
- Suggestion that the Strategic Director of Regeneration and Environment be added to the Board membership
- Further work required on the priorities to ensure alignment with the Safer Rotherham Partnership
- Suggestion that Loneliness should sit within Aim 4 taking into the community resilience perspective

Resolved:- (1) That the proposed framework of aims and priorities for the Health and Wellbeing Board, taking into account the comments made in the meeting, be approved.

(2) That a discussion take place at the Executive Board with regard to the addition of the Strategic Director of Regeneration and Environment to the Board membership.

(3) That Loneliness be included within Aim 4.

(Dominic Blaydon, Sam Bairstow, Lydia George Shafiq Hussain, Giles Ratcliffe and Sarah Watts left following discussion of this item.)

**43. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

Christine Cassell, Chair of the Rotherham Local Safeguarding Children Board, presented the Board's annual report 2016-17 with the aid of a powerpoint presentation, which outlined the role of the Board, its relationship to the Health and Wellbeing Board and the context for the 2016-17 annual report which was:-

- Children and Social Work Act 2017
- Continuing austerity
- Increasing demands and expectations on public services that safeguard children
- Brexit
- Excellent commitment from partners locally to working together to improve the way that Rotherham children are kept safe

#### Rotherham LSCB Report 2016-17

Key messages about services and how they work together:-

- Responses to children and families generally more timely
- Early Help – better co-ordinated offer to families with good feedback. Needs more multi-agency partner involvement
- Assessment of risk or harm – issues in multi-agency practice
- Looked After Children – initial health assessments and missing episodes children out of Rotherham
- Neglect – high percentage of cases include elements of neglect – associated with parental issues of domestic abuse, mental ill health and substance misuse

#### Priorities for 2017-19

- Early Help
- Neglect
- Safeguarding Looked After Children
- Child Sexual Exploitation
- The effectiveness of multi-agency decision making when a child is at risk of harm
- Evidence of the child's voice will be expected in all the above

#### Safeguarding is Everybody's Business

- Council
- Statutory and non-statutory partners
- Voluntary and community organisations
- The wider community

#### Changes to LSCBs

- Statutory guidance now out for consultation
- Statutory requirement for LSCBs abolished
- Local Authority, Health and Police become jointly responsible for the local Safeguarding arrangements to replace LSCBs
- Challenge will be to ensure robust arrangements that engage the wider partnership e.g. schools

#### What should the HWB Board do?

- Ensure a Safeguarding focus in commissioning decisions
- Support LSCB priorities through the implementation of the Health and Wellbeing Strategy

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- Undertake Safeguarding impact assessments on major budget and organisational change
- Report back to the LSCB, through the local protocol arrangements, on the impact of its work in support of LSCB priorities

It was noted that quarterly meetings took place between the Chair of the Children and Young People's Partnership, Independent Chairs of the Adults and Children's Boards, Chair of the Health and Wellbeing Board and Chair of the Safer Rotherham Partnership, where the effectiveness of the Safeguarding Partnership Protocol was discussed and how they could continue to improve linkages between Boards and challenge each other where appropriate.

Discussion ensued with regard to the proposed abolition of LSCBs which was currently out to consultation. It was felt that the tripartite response without an Independent Chair would result in it being no one agency's responsibility. Locally, areas could determine their own arrangements and it would depend upon local areas developing strong and robust arrangements rather than those robust arrangements being specified by the centre. South Yorkshire Police had already submitted their response to the consultation.

It was felt that there was no reason why there could not still be an Independent Chair as other working parties/Improvement Boards had.

The LSCB would be considering its response to the consultation documents at its meeting in December.

Christine was thanked for her report and the work of the Board.

Resolved:- (1) That the Rotherham Local Safeguarding Children Board's annual report 2016-17 be noted.

(2) That Rob Odell share with the Board the consultation response submitted by South Yorkshire Police.

**Action:-** Rob Odell

(3) That the Health and Wellbeing Board's concerns with regard to the proposed abolition of LSCBs be placed on record.

(4) That all agencies be urged to respond to the consultation.

(5) That the issue be raised at the Safeguarding Partnership Protocol Joint Chairs meeting that Kathryn Singh was due to Chair on 28<sup>th</sup> December, 2017, with a suggestion that a joint Partnership response be submitted.

**Action: Sharon Kemp**



**44. ETHICAL CARE CHARTER**

Jacqueline Clark, Head of Service Early Intervention and Prevention, presented the Council's Independent Living and Support Service (ILS), Strategic Commissioning and its contracted home care providers' current position against UNISON's suggested 3 stages of implementing the Ethical Care Charter.

UNISON had drawn up the Ethical Care Charter, aimed to 'establish a minimum baseline of safety, quality and dignity of care by ensuring employment conditions which (a) do not routinely short change clients and (b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels', as a result of a national survey they had commissioned in June/July 2012.

UNISON had called for Councils to commit to becoming Ethical Care Councils by adopting the Charter and only commission homecare services which adhered to the Charter. They had suggested that implementation of the Charter be conducted in 3 stages and had produced guidance for Councils and providers.

The report set out the Authority's current position against the 3 stages of implementing the Charter.

Resolved:- That the report and progress of the Authority in implementing the Charter be noted.

**45. DELAYED TRANSFER OF CARE**

Chris Edwards, Chief Operating Officer RCCG, reported that this item had been included on the agenda due to a rise in the number of Delayed Transfer of Care (DTC) cases. However, the situation had since started to improve.

The Rotherham System-Wide Escalation Plan 2017/18, which included Winter planning, was included on the agenda at Minute No. 49 below. The Plan set out the winter planning arrangements for health and social care in Rotherham including resources and capacity put in place to manage the impact of winter pressures.

The Chairman stated that DTC was a key metric within the Better Care Fund and one that the Government took particular note of.

Resolved:- (1) That the Integrated Health and Social Care Delivery Group examine Delayed Transfer of Care at their next meeting.

(2) That should there be a "red alert" on the system for Delayed Transfers of Care, that a report be submitted to the Health and Wellbeing Board as a matter of urgency.

**Action:-** Chris Edwards/Louise Barnett

**46. LIFESTYLE SURVEY**

(This item was considered in the closed part of the meeting due to it not being placed in the public arena until January 2018.)

Bev Pepperdine, Performance Assurance Manager, presented the key findings from the 2017 Borough-Wide Lifestyle Survey report and the pilot report for Newman Special School.

The report also set out the plans to distribute the survey results to schools, to Boards and ongoing actions supporting the lifestyle survey results by partners.

Attention was drawn to the sections relevant to the Board.

Discussion ensued with issues raised regarding:-

- Dental visits
- Young carers
- Non-participating schools
- Work with Public Health

Resolved:- That the report be noted.

**47. PHARMACEUTICAL NEEDS ASSESSMENT**

Stephen Turnbull, Speciality Registrar Public Health, gave the following powerpoint presentation on Mapping the Pharmaceutical Needs Assessment:-

PNA Mapping Regulations

- Schedule 1: Para 7  
A map that identifies the premises at which pharmaceutical services are provided in the area of the Health and Wellbeing Board
- Part 2: Para 4(2)  
Each Health and Wellbeing Board must, in so far as it practicable, keep up-to-date the map which it includes in its Pharmaceutical Needs Assessment

SHAPE Tool

- Strategic Health Asset Planning and Evaluation
- Free to use application for NHS and local authorities
- Web-based: automatically updates background information
- Enables more analysis e.g. populations, indicators, access to services, service gaps etc.

Uses in the Draft PNA

- Mapping pharmaceutical services
- Calculating access by walking time and driving time
- Calculating access to pharmaceutical services not in Rotherham
- Mapping service provision by population and/or indicators e.g. needle exchange by crime deprivation, Emergency Hormonal Contraception by female population 18-29 and 30-44 year olds and small area analysis

Next Steps Exploring

- Automate data collection
- Generic log-in
- Additional datasets e.g. Health Indicators, Local Plan
- Other assessments e.g. oral health

The Board had to approve the 2018 Rotherham PNA by 1<sup>st</sup> April, 2018, the date it was legally due for renewal. The consultation period would commence shortly for a period of 60 days, however, this would be extended due to the Christmas period falling within the timeframe. The final PNA would be submitted to the Board in March, 2018 in order to meet the publication deadline.

The process included formal consultation with specific stakeholders. It was suggested that Rotherham's consultation would also include the CCG, VAR and South Yorkshire Police. It was also noted that each GP surgery had a Patient Participation Group which then had an overarching meeting from time to time who it may be worthwhile discussing the issue with.

The 4 South Yorkshire authorities were working together, led by Rotherham, to produce the 4 separate PNAs covering South Yorkshire. A South Yorkshire PNA Steering Group had been established to take this forward comprising the relevant PNA lead from each local authority.

Resolved:- (1) That the planned timetable for consultation and for the final document to be submitted to the Health and Wellbeing Board be approved.

(2) That the additional consultees highlighted above be included in the consultation.

**48. ENGAGING THE PUBLIC IN THE HEALTH AND WELLBEING BOARD**

This item was deferred until the January Board meeting.

**49. THE WINTER PLAN**

The Rotherham System Wide Escalation Plan 2017/18 (including Winter Planning) was submitted for the Board's information which set out Winter planning arrangements for health and social care in Rotherham including resources and capacity put in place to manage the impact of Winter pressures.

The Plan incorporated Rotherham's response to the National Cold Weather Plan, updated in 2016, which helped prevent the major avoidable effects on health during periods of cold weather in England.

The Rotherham CCG, along with other local CCGs, was required to provide assurance to NHS England regarding year-round and Winter planning across the Rotherham health and social care community. The report, alongside the baseline assessment and ongoing highlight reporting from the Rotherham A&E Delivery Board, aimed to provide that assurance.

**50. CAMHS LOCAL TRANSFORMATION PLAN**

The Board noted the October 2017 refresh of the Local Child and Adolescent Mental health Services (CAMHS) Transformation Plan for Rotherham.

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

Resolved:- That a further meeting be held on Wednesday, 10<sup>th</sup> January, 2018, venue to be confirmed.