

HEALTH AND WELLBEING BOARD
10th January, 2018

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Nathan Atkinson	Assistant Director Strategic Commissioning, RMBC (representing Anne Marie Lubanski)
Dominic Blaydon	Associate Director of Transformation, TRFT (representing Louise Barnett)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Carole Lavelle	NHS England
Rob Odell	District Commander, South Yorkshire Police
Terri Roche	Director of Public Health
Kathryn Singh	Chief Executive, RDaSH
Ian Thomas	Strategic Director, Children and Young People's Services
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Report Presenters:-

Sandi Keene	Independent Chair, Rotherham Safeguarding Adults Board
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Also Present:-

Sam Barstow	Head of Service, Community Safety, Resilience and Emergency Planning, RMBC
Ruth Fletcher-Brown	Public Health, RMBC
Lydia George	Rotherham RCCG
Kate Green	Policy and Partnership Officer, RMBC
Bronwen Knight	Planning, Regeneration and Transport, RMBC
Gordon Laidlaw	Communications Lead, RCCG
Councillor P. Short	Vice-Chairman, Health Select Commission
Chris Siddall	Culture, Sport and Tourism, RMBC
Janet Spurling	Scrutiny Officer, RMBC
Sarah Watts	Strategic Housing, RMBC

Apologies for absence were received from Councillors Evans, Mallinder and Watson, Anne Marie Lubanski and Dr. Jason Page (RCCG).

52. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

53. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

54. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 15th November, 2017, were considered.

Resolved:- That the minutes of the previous meeting held on 15th November, 2017, be approved as a correct record.

Further to Minute No. 41(1) the visit of the Shadow Secretary of State for Health, Jon Ashworth, had taken place on 1st December, 2017 and had shown a genuine interest in the Social Prescribing taking place in Rotherham.

Further to Minute No. 43(3) (Local Safeguarding Children Board Annual Report), it was reported that a response had been submitted on behalf of the Health and Wellbeing Board with regard to the proposed abolition of LSCBs.

It had also been clarified that the comments made at the last meeting with regard to a joint Partnership response had been included in the LSCB consultation response (Minute No. 43(5) refers).

Further to Minute No. 45 (Delayed Transfer of Care), it was noted that Rotherham's recent performance on Delayed Transfers of Care had been 1.5% - good practice was 3%. It was also noted that Winter Pressures was not having an effect at the present time.

55. COMMUNICATIONS

The Chairman reported receipt of an email from the Local Government Association stating that Rotherham's Health and Wellbeing Board was regarded as a leader nationally.

They had asked the Chair to give a presentation at a meeting in York about the journey, where the Board had come from, the barriers it had faced and how it was moving forward.

56. HEALTH AND WELLBEING STRATEGY REFRESH

Further to Minute No. 42 of the previous meeting, Terri Roche, Director of Public Health, presented an update on the progress being made in relation to the refresh of the Health and Wellbeing Strategy together with the full draft of the new 2018-2025 Strategy.

The 4 aims had been agreed at the November Board meeting with a number of minor suggestions made in terms of language and focus. It had also been agreed that the new Strategy became a longer term document, in line with the Rotherham Together Partnership Plan, and set the strategic vision and direction for the Board over the next 7 years. The Strategy's main purpose was to strengthen the Board's role in relation to

high level assurance and holding partners to account as well as influencing commissioning across the health and social care system and wider determinants of health.

The aims contained within the Strategy were ambitious and would require a continued and dedicated focus on improving health and wellbeing outcomes across the Partnership. Results would not be seen overnight but would ensure work at Board level could be focussed on the activity required to deliver the aims in an appropriate timescale.

It was the intention to develop an annual plan demonstrating what activity would be undertaken during that year, what success would look like and, following the first year, also include a progress report in relation to the activity undertaken in the previous year.

It was noted that the Strategy had been discussed at VCS 'An Audience With' session the previous day, copies of the questions/points raised were circulated for consideration.

To ensure proper alignment with the Strategy, it was noted that the refreshed Integrated Health and Social Care Place Plan would now be submitted to the Place Plan Board in April and the Health and Wellbeing Board in May.

Discussion ensued with the following issues raised/clarified:-

Aim 1

- Raised at the Health Select Commission and VCS that loneliness could affect all age groups and not just the elderly - should loneliness be in Aim 3 with a reference in Aim 1?
- Focus on transition – make sure that transition from childhood to adulthood was referenced
- Consideration to be given to loneliness and isolation with regard to children and internet/cyber bullying
- Development work taking place on a Journey to Excellence Strategy for SEND children in Rotherham. Clarity was still required as to what would sit within the HWB Strategy and the discreet Strategy for SEND children
- Did the Aim focus too much on the child and not enough on the family?
- What actions would be available to strengthen perinatal health and supporting young people into work?
 - Perinatal – multi-agency response required with effective anti-natal pathways, peer buddying. Discuss at 0-19 Healthy Children Commissioning
 - Supporting young people into work – Bids within the Troubled Families Programme, NEETS in line with national average but need to increase the number of apprenticeships. The Skills and Employment Sub-Group was working with the University looking at skills and employment strategies

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- The Strategy had been updated to emphasis the Voice of the Child as expressed by the Health Select Commission
- Not enough work done to prepare those who were reaching the age of retirement for their journey out of work

Aim 2

- Need to be more explicit with regard to suicide prevention?
- Recognising the numbers of new mothers potentially at risk of perinatal mental health issues?
- The number of young men who committed suicide who had not had any contact with any health services/GP
- Change of language particularly with regard to Learning Disabled
- Need for an explicit link with Primary Care with regard to physical care needs of people with several and enduring mental illness
- Recently issued Prevention Concordat for Mental Health. It was thought that there would be a direction from Public Health England that would look to Health and Wellbeing Boards to state how it was delivering on the Concordat
- Inclusion of alcohol intake during pregnancy and links to Foetal Alcohol Spectrum Disorders

Aim 3

- Need to include Safeguarding
- Promote independence
- Very medically focussed
- People needed to live in high quality housing accommodation (Aim 4)
- Relating to both Aims 3 and 4, frontline staff needed to know what they could do to influence people's housing – holistic assessments with housing considered as part of them and the housing duty captured within
- Preparation for giving up work and living as well as you can
- How to manage life transition points
- End of life care – how to manage death in the most holistic way
- Ageing well and what could be done to improve and influence the services available that could be accessed both short and long term
- Ageing Well should be a separate Priority within the Aim

Aim 4

- That Loneliness be included in Aim 4
- No Theme leader as yet nor as detailed as the others due to the focus of the Aim having changed
- This Aim cut across a number of strategies including the soon to be refreshed Housing Strategy and links to the Local Plan
- Was this Aim just assurance that the strategies were maximising the work of the Health and Wellbeing Board?
- Risk of duplication
- Neighbourhood and building stronger communities was missing
- Loneliness and isolation should be kept separate

- Importance of physical activity
- Inclusion of discrimination in the introduction?
- Resilience should be addressed within the Priorities

Resolved:- (1) That the consultation responses and revised document be noted.

(2) That with regard to Aim 2, the language in relation to “Learning Disabled” be updated to “people with learning disabilities”.

(3) That with regard to Aim 3, Ageing Well become a focus across the Priority.

(4) That with regard to Aim 4, Loneliness be included as a Priority within the Aim.

(5) That Board Members receive a copy of the final report as soon as possible for consideration and endorsement by their respective organisations.

(6) That Sara Watts, Bronwen Knight, Chris Siddall and Sam Barstow ensure that the priorities in Aim 4 were correct and the activity required picked up by the relevant strategies and plans identified.

57. ROTHERHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Sandi Keene, Independent Chair of Rotherham Safeguard Adults Board, presented the Rotherham Safeguarding Adults Board 2016/17 Annual Report.

During 2016/17 all the agencies in Rotherham had continued their commitment to improve Adult Safeguarding in the Borough and to build on previous progress. It was still the Board’s aim to engage better with the public and make it easy to report concerns about safeguarding and ensure that where there were safeguarding concerns were identified, that a personal response was provided.

Sandie highlighted:-

Achievements

- The Board had developed its Constitution with all partner agreement
- More public awareness, a website, leaflets and posters
- Partner self-assessment and challenge with key partner buy-in
- Performance framework with partner contribution
- Revise and refresh RSAB training plan and strategy
- Increased Board membership

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Common Themes

- Mental Health – RDaSH Board and Sub-Group members
- Self-Neglect – regional and local work planned
- Domestic Abuse
- CSE – close partnership working and monitoring
- Users and carers – Board priority to increase customer involvement
- Learning Disability – working to embed the Making Safeguarding Principle in all Learning Disability Service

Future

- Case file audits/quality assurance
- Multi-agency training approaches
- Practice issues (self-neglect, trafficking/modern day slavery, Deprivation of Liberty Safeguards (DoLS – all ages, MCA consistency)
- Assurance (Safeguarding and Learning Disability, Safeguarding Adult Reviews action plans and dissemination, advocacy take-up)
- Campaigns (Safeguarding is everyone's business, Legal Power of Attorney)
- Development (joint work with Community Safety and Children's Boards)

Sandi also drew attention to the following:-

- Due to the profile and complexity of cases it was important that a refresh of the Health and Wellbeing Strategy included a focus on Safeguarding for Adults as well as Children
- An independent person was undertaking the first independent case file audit
- There was to be a Safeguarding Week in Rotherham 9-13th July in collaboration with Children's Services and other South Yorkshire authorities
- Work was taking place with the RSAB's Legal Team updating the literature regarding Lasting Power of Attorney. It was the aim to have a publicity campaign around the issue which would hopefully have a positive impact on the number of DoLS
- Trafficking and modern slavery was seen as a potential growing need and the Board's expertise needed to be built on the issue
- There was a gap in written policy, practice and procedures between all agencies ensuring there was a "golden thread" from a referral to an outcome, the ability to identify the appropriate practice/procedure that delivered the outcome. Sandie suggested the Safeguarding Adults board did not have the capacity to do it

With regard to the last bullet point, Kathryn Singh reported that it had been a common theme for all the Chairs at the Safeguarding Partnership Protocol Joint Chairs meeting that the capacity to ensure an effective safeguarding board was really important. However, it applied to all the organisations as well as the Adults and Children's Boards. If workforces were expected to be consistent with policy and procedures but were not clear of the strategic level there was a disconnection. It was important for Chief Officers to ensure they were supportive of the approach.

It was proposed that practitioners across all agencies be brought together to look at Safeguarding and discuss the same family approach to safeguarding the most vulnerable people. The involvement of Elected Members would also be useful for identifying of those at risk in their Wards. Such an event could be held during the July Safeguarding Week.

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

(2) That consideration be given to an event being held during Safeguarding Week of all practitioners across the agencies, Elected Members and the voluntary sector, to discuss policy, practice and procedures with regard to Safeguarding.

(3) That an agenda item be included at the next meeting of the Chief Executives Group of the Rotherham Together Partnership with regard to policy and procedures for Safeguarding.

58. ENGAGING THE PUBLIC IN THE WORK OF THE HEALTH AND WELLBEING BOARD

The Chairman presented a report on how Durham had successfully engaged with the public through a range of events and public attendance at their Health and Wellbeing Board meetings. Durham annually had over 200 members of the public asking questions at their Board events.

Discussion ensued on the issue of public engagement. It was felt that there were other ways that the Board could engage with the public including the use of social media. However, the Board was more than likely engaging with the public in a number of areas that was not currently being captured.

It was felt that the refreshed Health and Wellbeing Strategy would be engaging communities in developing the various actions. However, there was a need to capture the work that was taking place.

Resolved:- That the report be noted.

59. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Board be held on Wednesday, 14th March, 2018, commencing at 9.00 a.m. to be held at Oak House, Bramley.