

HEALTH AND WELLBEING BOARD
14th March, 2018

Present:-

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| Dr. Richard Cullen | Strategic Clinical Executive, Rotherham CCG (in the Chair) |
| Rebecca Chapman | South Yorkshire Police (representing Rob O'Dell) |
| Tony Clabby | Healthwatch Rotherham |
| Phyll Cole | NHS England (representing Carole Lavelle) |
| Chris Edwards | Chief Operating Officer, Rotherham CCG |
| AnneMarie Lubanski | Strategic Director, Adult Care, Housing and Public Health |
| Councillor Mallinder | Chair, Improving Places Select Commission |
| Chris Morley | Rotherham Foundation Trust (representing Louise Barnett) |
| Dr. Jason Page | Governance Lead, Rotherham CCG |
| Terri Roche | Director of Public Health |
| Kathryn Singh | Chief Executive, RDaSH |
| Ian Thomas | Strategic Director, Children and Young Peoples' Services |
| Janet Wheatley | Chief Executive, Voluntary Action Rotherham |

Also Present:-

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| Steve Hallsworth | Regeneration and Environment, RMBC |
| Gordon Laidlaw | Communications Lead, Rotherham CCG |
| Councillor Short | Vice-Chair, Health Select Commission |

Report Presenter:-

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| Steve Turnbull | Public Health |
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Apologies for absence were submitted from Louise Barnett (Rotherham Foundation Trust), Kate Green (Policy and Partnership Officer, RMBC), Sharon Kemp (Chief Executive, RMBC), Rob O'Dell (District Commander, South Yorkshire Police) and Councillors Roche (Cabinet Member, Adult Social Care and Health) and Watson (Deputy Leader).

60. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

62. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 10th January, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 10th January, 2018, be approved as a correct record.

Further to Minute No. 56 (Health and Wellbeing Strategy Refresh) it was noted that all points raised had been incorporated into the final draft.

Further to Minute No. 57(2) (Rotherham Safeguarding Adults Board Annual Report), the issue of an event being held during Safeguarding Week was to be discussed at the Chief Executives' Group of the Rotherham Together Partnership.

63. COMMUNICATIONS

There were no communications to report.

64. FORMAL SIGN-OFF OF THE HEALTH AND WELLBEING STRATEGY 2018-2025

Refreshed from 2015 Version

- National and local strategic drivers influencing role of Health and Wellbeing Boards
- Need to ensure it remained fit for purpose and strengthened the Board's role in
 - Setting strategic vision
 - Collaborative working
 - 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

Health and Wellbeing Strategy Principles

- Provide accessible services
- Reduce health inequalities
- Prevent physical and mental ill health
- Integrate commissioning of services
- Ensure pathways were robust
- Promote resilience and independence

Journey to 2018

- Local Government Association support to the Board
 - Self-assessment July 2016
 - Stepping Up To The Place workshop September 2016
- Positive feedback given about the 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

What the data tells us

The Joint Strategic Needs Assessment tells us about the current and emerging issues we need to focus on:

- 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

Health and Wellbeing Strategy 2018-2025

- Sets strategic vision for the Board – not everything all partners do but what partners can do better together
- Includes 4 strategic ‘aims’ – shared by all Board 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

Aim 2 – All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Aim 3 – All Rotherham people live well for longer

Aim 4 – All Rotherham people live in healthy, safe and resilient communities

Consultation and Engagement

- Consultation on refreshed Strategy took place with key stakeholders including:-
 - All Health and Wellbeing Board partners
 - Health Select Commission (Scrutiny)
 - Voluntary and community sector
 - To the public via public meetings of the Board and CCG

Implementation and Monitoring

- Strategy signed-off and published March 2018
- Officer leads identified and work progressing to develop a set of action plans for each aim

- Includes the priorities set by the Place Plan workstream groups (aligned to Strategy)
- Action plans to include a set of indicators to measure performance
- Board sponsors for each aim to present their plan and a progress report periodically to the Board

It was noted that the Strategy had been considered by all the organisations present at the meeting and formally endorsed.

Resolved:- (1) That the stakeholder consultation that had taken place and how comments had been incorporated into the Strategy, where appropriate, be noted.

(2) That the endorsement of the refreshed Health and Wellbeing Strategy 2018-2025 by the Council's Cabinet and Clinical Commissioning Group Governing Body be noted.

(3) That the refreshed Health and Wellbeing Strategy 2018-2025 be formally signed-off.

65. INTEGRATED CARE PARTNERSHIP PLACE PLAN REFRESH

Chris Edwards, Chief Operating Officer RCCG, gave a verbal report on the refresh of the Integrated Care Partnership Place Plan.

The Partnership had agreed that it would produce an operational plan setting out how it would deliver the ambitions of the Health and Wellbeing Strategy and submit to the April meeting of the Place Board.

Although there were strong plans in terms of integration there was a need for a more encompassing plan as a Rotherham Health and Social Care system i.e. how did Rotherham deal with everything and how it integrated with the South Yorkshire and Bassetlaw arrangements.

The Integrated Care Partnership would meet in public for the first time in April. It would receive the full plan in May and then be submitted to the Health and Wellbeing Board in July.

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

(2) That work take place with partners to develop a Rotherham Integrated Health and Social Care Place Plan and submit to the July meeting of the Health and Wellbeing Board.

Action: Chris Edwards

66. HEALTH AND WELLBEING STRATEGY - UPDATE FROM AIM 2 (MENTAL HEALTH AND WELLBEING)

Kathryn Singh, RDaSH, gave the following powerpoint presentation:-

Adult Mental Health and Learning Disability Transformation

1. Deliver improved outcomes and performance in the Improving Access to Psychological Therapies Service
2. Improve Dementia diagnosis and support – continued focus on community
3. Delivery CORE 24 Mental Health Liaison Services
4. Transformation of the Woodlands inpatient 'Ferns' ward
5. Improve Community Crisis and Home Treatment response and intervention in Mental Health
6. Oversee Delivery of Learning Disability Transforming Care
7. Support the development of Autism Strategy
8. Support work of Public Mental Health Strategy including Suicide Prevention

What is working well?

- Clear priorities for Service improvement and delivery in 2017/18 and 2018/19 which are achievable
- Excellent place working across all the organisations e.g. Ferns, Core 24, Community Crisis
- Moving from planning to delivery, CORE24, IAPT, Ferns (Phase 2), LDTCP
- Planning for Community Crisis and Community Dementia follow-up
- Joining up agendas e.g. CORE fidelity review with social care review of mental health Services
- Clarity on oversight and assurance roles for work delivered through other structures e.g. TCP, Autism Partnership Board

What are our challenges?

- Ensuring we remain focused on pathways transformation as well as Service transformation
- Supporting the TCP with expected transfer of high cost LD Service users from NHSE commissioning to Rotherham – possible impact on budgets and available services
- Ensuring project interdependencies are managed within the transformation group's remit and within the wider Rotherham Place priorities and governance

What needs to happen (and by when)?

- Ensure regional/ICS level funding flows into Rotherham priorities e.g. suicide prevention (Q1 2018/19)
- Delivery of a 24/7 CORE24 liaison service (Q1 2018/19)
- Completion of the CORE fidelity review and recommendations (Q4 2017/18)
- To work with GPs and providers to raise awareness (and increase uptake) of health checks for learning disabled people (Q1 2018/19)
- Agree the Ferns model and funding for 2018/19 (Q4 2017/18)
- Agree post-diagnostic follow up for Dementia in primary care through the LES (Q4 2017/18)
- Agree IAPT plan and trajectory (Q4 2017/18)

- Continue to provide input, oversight and assurance to TCP, Autism and LD Strategy development

Focus on CAMHS – Working Well?

- New 'Advice and Consultation' Service through the Single Point of Access (SPA) providing quicker and more focussed access to RDaSH CAMHS
- Prioritisation of LAC referred to the CAMHS Service and close working with LAC Therapeutic Team
- Locality Mental Health Workers who link directly with GP practices, schools, Early Help and Social Care Teams
- CCG funding of 2 'Children's Wellbeing Practitioners' to provide early intervention for lower level issues
- Nationally recognised Rotherham Parent Carers Forum (RPCF) providing direct support to families and co-production approach
- Regular inter-agency dialogue between RDaSH, RPCF and Healthwatch, providing constructive dialogue for service development/improvement
- Better support for children and young people diagnosed with Autism
- CCG part funding of schools 'CAMHS' worker pilot
- New initiative to roll out 'whole school' approach to primary schools
- RCGG continues to fund year-on-year increase in CAMHS provision

Focus on CAMHS – Impact on Performance

Significantly reduced waiting times for children and young people

- Assessment
 - September 2016 182 waiting and 30% seen in 6 weeks
 - November 2017 14 waiting and 100% seen in 6 weeks (93% in 3 weeks)
- Treatment
 - September 2016 42% waiting less than 8 weeks and 73% less than 18 weeks
 - November 2017 84% waiting less than 8 weeks and 97% less than 18 weeks
 - Numbers waiting reduced from 376 (September 2016) to 38 (November 2017)
- High proportion of young people have 'goal set' on entering service 94% report improving against goal

Focus on CAMHS – Next steps for Rotherham

- Extension of Intensive Community support 8.00 a.m. to 8.00 p.m.
- Integration of Crisis Service with Adult Crisis Team
- Closer working between the CAMHS SPA and RMBC Early Help Service
- Reducing waiting times for ASD and ADHD assessments and consultation with Parent Carers Forum/Healthwatch
- Further development of outcomes monitoring

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Discussion ensued with the following issues raised/clarified:-

- The work across the whole system had been really positive. The aim was to ensure there were links across the Integrated Rotherham Place Plan and the Health and Wellbeing Board with all the aspects of mental health being discussed
- All targets were being hit with regard to the Improving Access to Psychological Therapies Service
- 'Ferns' Ward had opened and proving very successful. This was about working as a partnership between the TRFT, Social Care and RDaSH making sure that people with Dementia/Delirium who required support got the support they needed in the right setting. It was focussed around the needs of people with Dementia/Delirium that took them from the acute sector when medically fit and stable but still needed the help of enablement and reablement
- The fact that there was the opportunity for all partners to take their share of responsibility for mental health was really important. Mental Health was about good Mental Health as well as poor Mental Health
- RDaSH was to have a Mental Health Worker in the Access Team one day a week which would make a real difference
- Over the last 2 years there had been a change in the approach to Mental Health looking at the whole person and not a person with Mental Health
- The link with Social Prescribing was important. The evidence for the second year was again showing over 50% of Service users were eligible for discharge. If it could be used to stop people from going into Service in the first place by way of low level interventions it would prevent high cost interventions
- Was there something omitted from the Strategy with regard to the learning from deaths? There was reference within Aim 2 of the physical health needs of people with Learning Disabilities but was there action where someone with Learning Disabilities prematurely died and whether it could be demonstrated that everything possible had been done and had not been penalised because of their disabilities. It was felt that there was the opportunity in the Lead Programme to work on local delivery
- Significant funding had been received via the CCG and National Crime Agency with regard to adult survivors of CSE involved in Operation Stovewood. RDaSH were working with the CCG to put together a proposal on how they would support adult survivors going through the Court system

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- CAMHS had undergone a massive improvement journey over the past 2 years and had changed the way it delivered its services. It had worked really well with consistency of approach for the organisation and very specific according to place. One of the major achievements in Rotherham was that, where it used to take months in terms of the transition from CAHMS into Adult Services, a transition service was now delivered within 3 weeks
- Work was being carried out with Service users and parents, Healthwatch Rotherham, voluntary sector and the Rotherham Parents Forum in terms of the kind of support and commitment given in terms of looking at the CAMHS pathways and trying to do something different
- CAMHS now had an Advice and Consultation Service; a single point of approach meant not only seeing the right children but seeing them very quickly
- There had been recent consultation on the Green Paper around Schools and the role of the Medical Practitioner in Schools. There had been a real positive change in RDaSH's relationship with Schools and regularly met with the Head Teachers to look at new ways of working
- Healthwatch Rotherham had been commissioned to carry out a further piece of work looking at the improvement journey to ascertain if the changes RDaSH felt it had made were coming through
- There had been much improvement but there was still work to do with regard to Pathways
- RDaSH provided an Advocacy Service around CAHMS and was the main issue that members of the Public contacted Healthwatch Rotherham with regard to
- With regard to prevention, there were areas within Aims 1 and 2 as well as the Green Paper referring to working with Schools in a much more co-ordinated way. The Service was seeing a number of children that had been affected through cyber bullying and the need for discussions between organisations as to the role of the School Nurse and the first tier of intervention about positive Mental Health, what was and was not acceptable and start to build children's resilience to some of the issues
- The My Mind Matters website was available for young people and parents to access good quality information

Phyll Cole, NGHS England, reported that there was to be a Yorkshire and Humber event looking at feedback from NHS England's Leader Programme hosted by England North. They would be particularly

interested in feedback on case studies around mortality reports and would welcome representation from Rotherham.

Resolved:- That the update be noted.

67. WINTER PLAN - UPDATE

Chris Edwards, Chief Operating Officer Rotherham CCG gave a verbal update on the Winter Plan.

Rotherham had not met the 95% national target but had been the highest performer in South Yorkshire – ranked 24th out of 130 nationally.

The Hospital had reported internal issues with the workforce, bed pressures, a busy flu season, Norovirus and the adverse weather conditions. However, despite all the afore-mentioned, the Emergency Care Centre had performed at least comparable with other areas in South Yorkshire.

The next step was the Easter Plan for which a very similar approach was being taken. There were still issues around the medical workforce in the Hospital and work was taking place with GPs to hopefully achieve a solution. Although technically the flu season had ended, there were still high numbers being seen with flu-related infections i.e. chest and respiratory.

The new Emergency Care Centre had opened in July; evidence suggested that it took 6 months to settle down and there had been existing workforce pressures when the Trust had moved into the new system. Between July and November 2017 performance had been extremely challenging but since November had improved with patients having a better understanding as to how to access the service and better engaged by the GPs with the service.

There was a lot of positivity around the Centre; the environment was significantly better and the medical professionals thought that it worked better. Actual access performance had significantly improved from December 2017 to January 2018.

Resolved:- That the update be noted.

68. PHARMACEUTICAL NEEDS ASSESSMENT

In accordance with Minute No. 47 of the meeting held on 15th November, 2017, Steve Turnbull, Public Health, presented the final draft of the Rotherham Pharmaceutical Needs Assessment (PNA) for approval and publication by 1st April, 2018.

The formal consultation period had run from 15th December, 2017 to 16th February, 2018, with consultees sent a copy of the draft PNA by email together with a brief questionnaire.

The conclusion of the PNA was that the population of Rotherham had sufficient service provision to meet their pharmaceutical needs. It was well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100,000 people. 95% of residents were within a 1 mile walk and 100% within a 10 minute drive of a community pharmacy. They were accessible and offered extended opening times to suit patients and consumers including 100-hour pharmacies that gave good geographical cover.

Rotherham also had good coverage of advanced services e.g. Medicine Use Reviews.

Resolved:- That the publication of the Rotherham Pharmaceutical Needs Assessment 2018-2021 be approved for publication.

69. MEETING DATES FOR 2018/19

Resolved:- That meetings be held as follows during the 2018/19 Municipal year commencing at 9.00 a.m. venues to be confirmed:-

Wednesday, 16th May, 2018
11th July
19th September
21st November
23rd January, 2019
20th March
29th May

70. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 16th May, 2019, commencing at 9.00 a.m.