

**HEALTH AND WELLBEING BOARD**  
**21st November, 2018**

**Present:-**

Councillor David Roche	Cabinet Member, Adult Social Care and Health <b>(in the Chair)</b>
Tony Clabby	Healthwatch Rotherham
Chris Edwards	Chief Operating Officer, Rotherham CCG
Carole Lavell	NHS England
Anne-Marie Lubanski	Strategic Director, Adult Care, Housing and Public Health
Dr. Jason Page	Governance Lead, Rotherham CCG
Jon Stonehouse	Strategic Director, Children and Young People's Services
Janet Wheatley	Voluntary Action Rotherham

**Also Present:**

Miles Crompton	Performance, Intelligence and Improvement, RMBC
Lydia George	Rotherham CCG
Gordon Laidlaw	Communications Lead, Rotherham CCG
Phil Morris	Business Manager, Rotherham Local Safeguarding Children's Board
Councillor Short	Vice-Chair, Health Select Commission
Becky Woolley	Policy and Partnership Officer, RMBC

**Report Presenters:**

Christine Cassell	Independent Chair, Rotherham Local Safeguarding Children's Board
Gilly Brenner	Public Health Consultant, RMBC
Nick Leigh-Hunt	Public Health Consultant, RMBC

A member of the public.

Apologies for absence were received from Councillors Mallinder and Watson, Sharon Kemp (RMBC), Terri Roche and Kathryn Singh (RDaSH).

**25. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

The member of the public present at the meeting did not wish to ask any questions.

**27. MINUTES OF THE PREVIOUS MEETING HELD ON 19TH SEPTEMBER, 2018**

The minutes of the meeting of the previous meeting of the Health and Wellbeing Board held on 19<sup>th</sup> September, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 19<sup>th</sup> September, 2018, be approved as a correct record.

Arising from Minute No. 15(4) (HWB Strategy Aim 4 Update), it was noted that a very successful event had been held recently at Voluntary Action Rotherham attended by a wide range of providers and voluntary groups.

Arising from Minute No. 15(6) (Housing Strategy Refresh), it was noted that Public Health had been included in the work with regard to health inequalities.

Arising from Minute No. 16(5) (HWB Strategy Aim 2 Update), it was noted that extra funding had been received from the South Yorkshire and Bassetlaw Integrated Care System and was a joint project between the RCCG and the Council. An update would be provided as the project developed.

Arising from Minute No. 18 (Rotherham Integrated Care Partnership Agreement), the Agreement had been signed off in consultation with the Chair.

Arising from Minute No. 16 (Better Mental Health For All), it was noted that the Trailblazer funding process had not been finalised as yet but a report would be submitted in due course.

**28. COMMUNICATIONS**

(1) An email link had been circulated to all Board members with regard to the LGA case study of Rotherham Health and Wellbeing Board.

(2) A joint HIV awareness raising event was to be held on 30<sup>th</sup> November in Riverside House.

**29. LOCAL SAFEGUARDING CHILDREN BOARD AND SAFEGUARDING ADULTS BOARD ANNUAL REPORTS 2017/18**

**Rotherham Local Safeguarding Children Board**

Christine Cassell, Chair of the Rotherham Local Safeguarding Children Board, presented the Board's annual report 2017-18 outlining the role of the Board, its relationship to the Health and Wellbeing Board and the context for the 2017-18 annual report which was:-

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- Governance and accountability arrangements
- Effectiveness of arrangements to keep Rotherham children safe
- Learning and Improvement Framework
- Safer Workforce
- Strategic Priorities for 2016-18

Christine drew attention to the following issues:-

- There had been a number of external inspections which were a very important part of the checking of the safeguarding system in Rotherham. The outcomes reflected the significant improvement particularly in Children's Services over a very short period of time
- The improvements in other agencies were to be celebrated across the safeguarding system and the staff involved should be congratulated
- There were still further improvements to be made, as highlighted in the inspection reports, and the work of the Board itself highlighted areas where there was a need for further safeguarding improvement
- It was a particularly important time in the improvement journey that Rotherham and its partners were working to ensure that safeguarding really was at the heart of the work that took place across the partnership as well as the good practice and further improving practice was embedded into day-to-day work
- Demand was challenging whilst budgets were reducing. This was a national issue
- The problem in Rotherham was exasperated by the effective multi-agency working on complex cases and by the impact of the investigations that were ongoing through Operation Stovewood. Once the perpetrators were detected through the investigations and prosecutions commenced, it had implications for any children of those families. Whilst the exact number of perpetrators' children could not be predicted, there would be large numbers of children where consideration had to be given to their safety within the family context
- The effect of management of demand would be something that the Board would continue to monitor whilst supporting and continuing to challenge
- The specific areas that the Board would be driving for improvement immediately included neglect and potential links between neglect and poverty, effective Early Help Services, continued focus on CSE but to widen the scope to look at other forms of exploitation of young people and their vulnerabilities

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- Continued development of the work established through the protocol across the Local Safeguarding Children and Adults Boards and focus on safeguarding in Rotherham
- The need to collectively improve the understanding of communities and target support services appropriately and aim to increase the resilience of local communities

As a consequence of the Children and Social Work Act and subsequent Statutory Guidance, LSCBs would cease to exist in their current form; there would be a different arrangement for the safeguarding of children and the 3 key partners – Health through the CCG, Police and the Local Authority – who would be required to design new multi-agency safeguarding arrangements which would have more flexibility than currently prescribed for LSCBs. A working group had been established and currently working up proposals for the way the new arrangements would work. The commitment from the 3 partners with the new arrangements would build on the strength of the current partnership and make further improvements in the work of protecting children across Rotherham.

A discussion ensued with the following issues raised/clarified:-

- Although the survey that had shown a decline in the number of young people who felt safe was a perception survey and not always accurate, it needed to be taken seriously and explore with the young people why they had those views. Sometimes young people gave messages that were not very comfortable but work was needed to look into what had led them to make those comments
- Work would take place with statutory groups with regard to their attendance at and commitment to the Board. Consideration would be given to the structure and attendees as part of the new arrangements

### **Rotherham Safeguarding Adults Board Annual Report 2017/18**

Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, presented the Rotherham Safeguarding Adults Board 2017/18 Annual Report.

During 2017/18 the Board had continued to work to promote and protect vulnerable adults in Rotherham and had met bi-monthly to ensure the hard work of the previous year was built upon and that all partnership working was developed and strengthened in the sub-groups.

Anne-Marie highlighted:-

- The shared work area in terms of ensuring Adults and Children's safeguarding

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- The Local Safeguarding Adults Board was still in its infancy and was working on making sure the foundations were correct and the partnership working
- The Board had responsibility for those who worked in a significant provider area and had to ensure it had the challenge and processes as well as the appropriate representation on the Board
- The Board would continue to create policies and procedures and the South Yorkshire footprint. Work was already taking place to ensure that the policy and procedures within the statutory organisation were tied into that of the Board
- Work still ongoing on an agreement with regard to the setting of thresholds for vulnerable adults
- Work was taking place on modern slavery and human trafficking which crossed over particularly with the Children's Board and the Safer Rotherham Partnership and would be a continued priority for 2018/19
- The case studies included within the report gave a clear indication of what the organisations were undertaking as well as the journeys but also the good work and the areas that needed to be developed further
- 2 Safeguarding Adult Reviews had taken place and action plans developed. There had been positive learning about how to work together

Discussion ensued with the following issues raised/clarified:-

- The increase in the number of Section 42 enquiries would be a mixture of more cases coming through and improvement in recognising them. Following any awareness raising there tended to be a rise in the number of referrals
- The Mental Capacity Act and Deprivation of Liberty Safeguards sat outside safeguarding but it was important that Safeguarding Boards had linkage to it. There had been a decrease in the number of authorisations granted and not granted to that of 2015/16. It was an area that was monitored
- The Mental Capacity Act and Deprivation of Liberty Safeguards were very technical. A provider with a 60 bed facility may submit 60 DOLS potentially unnecessarily because they had a statutory duty to request a standard variation order to cover that. Some homes would include everyone and then sift through as to who actually required one. It was a challenge to all local authorities and the health environment

Christine and Anne-Marie were thanked for their reports.

It was noted that Sandi Keene, Independent Chair, would be stepping down from the position in 2019.

Resolved:- That the Rotherham Local Safeguarding Children Board and the Rotherham Local Safeguarding Adults Boards' annual reports 2017-18 be noted.

**30. REFRESHED JOINT STRATEGIC NEEDS ASSESSMENT CONSULTATION**

Gilly Brenner, Consultant in Public Health, reported that the current Rotherham Joint Strategic Needs Assessment (JSNA) was due to be refreshed. This provided an opportunity to consider rationalising the content, a better fit to drive current priorities and ensuring it was more meaningful to commissioners, Service providers and partners.

All partners were actively encouraged to participate in a consultation process to shape the design and that Board members provide a considered response to the consultation.

It was proposed that key interested representatives from organisations be identified/confirmed through the consultation who would then form part of a working group of authors who contributed to the JSNA on an ongoing basis.

In order to provide the required level of data and accompanying contextual information within current capacity, it was suggested that the JSNA comprise of strategic overview of key areas at a Rotherham level and at Ward profiles and that depth of certain priority topics was added according to priority. The JSNA author group would support the provision of more indepth data where a priority was agreed. Prioritisation would be determined where there was a defined current use and demand for information and where there was a sponsor who could lead a topic-specific working group to support collation of the required information.

An interactive presentation was given allowing Board members to express their views on the proposal which included:-

- The Ward profiles drawn up by the Authority last year should be shared with a wider audience but would need to be tweaked to take account of the Health localities
- Recognition required of the Integrated Social Care Partnership and the Sheffield City Region in the context of bidding documents
- Did the current structure of the document exclude people if they felt they did not belong within the particular headings?

- The document would only be available electronically with the ability for the reader to save/print certain sections themselves

Resolved:- (1) That the proposal of a refresh of the JSNA be approved.

(2) That senior managers from a wide range of partner organisations be encouraged to be involved in the strategic and policy design and commissioning or service delivery and take part in the consultation to ensure the revised JSNA was meaningful, well used and fit for purpose.

(3) That discussions take place between Miles Crompton and Chris Edwards with regard to the Ward profiles to take account of the Health localities.

**Action:- Miles Crompton/Chris Edwards**

(4) That the link to the document be circulated to enable Board members to forward to relevant colleagues to ascertain their views.

**Action: Gilly Brenner**

(5) That key contact details for each organisation be forwarded to Gilly Brenner.

**Action:- All Board members**

(6) That the Kirklees JSNA be circulated to Board members for information.

**Action:- Becky Woolley**

### 31. **UPDATE ON THE HEALTH AND WELLBEING STRATEGY AIMS 1 AND 3**

**Aim 1: All children get the best start in life and go on to achieve their potential**

Jon Stonehouse, Strategic Director, Children and Young People's Services, together with Collette Bailey, Head of Locality, presented an update in relation to Aim 1 of the Health and Wellbeing Strategy 2025 focussing on Priorities 1 and 2 :-

Priority 1 – Ensuring every child gets the best start in life (pre-conception to age 3)

Priority 2 – Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery

With the aid of a powerpoint presentation, following the principles of Signs of Safety, the Board considered:-

What's working well

What are we worried about

What needs to happen

Discussion ensued with the following issues raised/clarified:-

- The 3 months consultation on the SEMH Strategy would commence in January 2019 and would include the Board
- A postholder had recently been appointed to develop the Joint Obesity Strategy
- Public Health had already commissioned Obesity work particularly for children above the age of 8 years and their families. It was focussed mainly in the Public Health arena but also within the Early Help offer putting together programmes with parents around healthy eating, weaning and early years diet. The other main arena was within the education system with schools now addressing it through PHCP. There were a number of strands that could have influence at low/no cost although it was acknowledged that there had been difficulties in the past particularly in relation to Obesity Services
- Healthwatch Rotherham had recently published a review of CAMHS recommending the removal of Autism from the Service and commissioning a standalone Autism Service to replace what currently was not working within CAMHS. The RCCG had recognised the difficulties with Autism Pathway and was a top priority

**Aim 3: All Rotherham people live well for longer**

Nick Leigh-Hunt, Public Health Consultant, presented an update in relation to Aim 3 of the Health and Wellbeing Strategy 2025.

With the aid of a powerpoint presentation, following the principles of Signs of Safety, the Board considered:-

What's working well  
What are we worried about  
What needs to happen

Discussion ensued with the following issue raised/clarified:-

- Consideration of targeting occupations/work place settings to improve the uptake of health checks

Discussion ensued on the issue of Board Sponsors and Lead Officers and the rationale for the previous decision with regard to Board Sponsors. It was felt timely for a refresh of the Board Sponsors for each of the Strategy Aims.

Resolved:- (1) That the progress made against Aims 1 and 3 be noted.

(2) That an update be provided at the next meeting on Obesity.

**Action:- Terri Roche**

(3) That an email be sent to Board members regarding Board Sponsors for the Health and Wellbeing Strategy Aims and discussed further at the January 2019 meeting.

**Action:- Becky Woolley**

**32. HEALTH AND WELLBEING STRATEGY - DRAFT PERFORMANCE FRAMEWORK**

Becky Wooley, Policy and Partnership Officer, reported that a performance framework was being developed to measure the delivery of the Health and Wellbeing Strategy (Minute No. 6 of 11<sup>th</sup> July, 2018 refers).

Attached to the report was the first draft of the framework which included a longlist of potential indicators. It was envisaged that the final performance framework would be in the form of a scorecard and would include approximately 3 high level indicators for each Aim with clear targets set for 2025.

Resolved:- (1) That the approach of the performance framework be endorsed.

(2) That Board members consider the longlist of potential indicators and notify Becky Woolley of their thoughts by 14<sup>th</sup> December.

**Action:- All Board Members/Becky Woolley**

(3) That the full performance framework be submitted to the January 2019 Board meeting with performance updates submitted to future Board meetings.

**33. ACTIVE FOR HEALTH**

Amy Roden, Public Health, and Dr. Simon Nichols, Sheffield Hallam University, gave the following powerpoint presentation on insights from the Rotherham Active for Health Research Projects 2015-2018:-

What is Active for Health (AFH)

- A safe and robust multi-condition sport and physical activity project linking healthcare services to community physical activity opportunities. With the aim to facilitate long term adherence to sport and physical activity to aid recovery and condition management

Why was Active for Health developed

- Research evidence for long term conditions and physical activity
- Need and demand locally
- Specific activity for inactive patients e.g. cancer, cardiac and heart failure, COPD, falls, stroke, MSK lower back pain
- Evidence and models from previous Falls pilot work
- Opportunity to access large pilot funding pot – Get Healthy Get Active for piloting projects with physical activity/long term conditions

### The 'Active for Health' Programme

#### Step 1 Rehabilitation

- Lead exercise professionals work with patients in health care services to motivate referrals into step 2

#### Step 2 Moving on

- 12 week condition specific physical activity programme. Delivered by level 4 instructors

#### Step 3 Keeping active

- Maintenance sessions aimed at continuing recovery

### How the programme was delivered – what's different

- Level 4 exercise specialists to ensure patients gained condition specific physiological outcomes
- Procured the service – 2 providers, 2 reasons; more effective management/long term sustainability
- Borough-wide community based approach
- Linked into relevant local, regional, national programmes to enhance delivery at local level (clinical champions, SPS, Health trainers)

### The evaluation of Active for Health

“To what extent the Active for Health Pathway is effective and cost effective in supporting and sustaining inactive individuals into physical activity opportunities/sport”

#### Primary Outcomes

- Physical activity change
- Cost benefit/health service utilisation

#### Secondary Outcomes

- Quality of life
- Patient and stakeholder experience

### Sustainability – What's happening with the project now?

- Sustainability plan
- Provision will continue
- Funding secured for Falls and Cancer programme 2018/19
- Providers will continue to offer a modified service for all other conditions
- Final research report – December 2018

Discussion ensued on the presentation with the following issues raised/clarified:-

- Someone diagnosed with Cancer and clinically obese would be referred through their GP or other health care professional. Cancer Nursing Teams at the Hospital had signposted patients
- The Cardiac referral form was very complicated and time consuming for a GP to complete and felt that the information required was out of proportion for patients to get exercise. However, it was the level of

information required in terms of medication, condition etc. before an instructor could set an exercise programme. This level of information only applied to cardiac patients

- The programme had known of the patients that needed activities to be delivered in community-based facilities and had linked them up into other activities. It had to also look at the differences between getting generally inactive people active
- Active for Health was trying to do things differently and connect everything together. There was no real shortage of opportunities to undertake physical activity but the big change for Active for Health was to get the clinicians and hospitals to work with it
- Across the whole of the project the retention rates after 3 months were 60-70%. The reasons for drop outs would be included in the final report.

Amy and Simon were thanked for their presentation.

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

(2) That when produced, Amy Roden provide Becky Woolley with the final report for circulation to the Board.

**Action:- Amy Roden/Becky Woolley**

**34. ROTHERHAM HOSPICE QUALITY ACCOUNT**

The Rotherham Hospice Quality Account 2018 was submitted for information.

**35. ROTHERHAM INTEGRATED CARE PARTNERSHIP PLACE PLAN - PERFORMANCE REPORT: QUARTER 1.**

The Quarter 1 performance of the Rotherham Integrated Care Partnership Place Plan was submitted for information.

**36. MINUTES OF THE ROTHERHAM INTEGRATED CARE PARTNERSHIP HELD ON 3RD OCTOBER, 2018**

The minutes of the Rotherham Integrated Care Partnership Place Board held on 3<sup>rd</sup> October, 2018, were noted.

**37. DATE AND TIME OF NEXT MEETING - WEDNESDAY, 23RD JANUARY, 2019, COMMENCING AT 9.00 A.M.**

Resolved:- That a further meeting be held on Wednesday, 23<sup>rd</sup> January, 2019, commencing at 9.00 a.m. venue to be confirmed.