

**HEALTH AND WELLBEING BOARD**  
**Wednesday, 12th November, 2014**

**Present:-**

Councillor Doyle	Cabinet Member, Adult Social Care and Health <b>In the Chair</b>
Councillor Beaumont	Cabinet Member, Children and Education Services
Bob Chapman	South Yorkshire Police
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Chris Edwards	Rotherham CCG
Councillor Hoddinott	Deputy Leader
Julie Kitlowski	Chair of Rotherham CCG
Ian Jennings	
Naveen Judah	Healthwatch Rotherham Ltd.
Jan Ormondroyd	Interim Chief Executive, RMBC
Jason Page	Rotherham CCG
Nigel Parkes	Rotherham C.C.G.
Joanna Saunders	Director of Public Health (representing Dr. J. Radford)
Carol Stublely	NHS England
Janet Wheatley	Voluntary Action Rotherham

**Also Present:-**

Chris Bain	RDaSH
Michael Holmes	Rotherham Policy and Partnerships
Chris Holt	N.H.S. Foundation Trust
Jane Parfremment	Acting Strategic Director of Children and Young People's Services
Councillor Sansome	Vice-Chairman of the Health Select Commission
Janet Spurling	Scrutiny Services
Jasmine Swallow	Policy and Partnerships
Paul Theaker	Operational Commissioner
Sue Wilson	Performance and Quality Manager

Apologies for absence were received from Louise Barnett and Natalie Yarrow.

**S35. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC**

There were no questions from members of the public or the press.

**S36. MINUTES OF PREVIOUS MEETINGS**

Resolved:- That the minutes of the two previous meetings of the Health and Wellbeing Board, held on (a) 1st October 2014 and (b) 24th October, 2014, be approved as correct records.

With regards to Minute No. 28 (Vaccinations and Immunisations for Pregnant Women) of the meeting held on 1<sup>st</sup> October, 2014 it was noted that no specific action had as yet taken place, but an update on progress would be provided at the next meeting.

Reference was also made to Minute No. S33 (Response to the Jay Report) and an update was requested on the priorities and actions assigned to N.H.S. England given that the Health and Wellbeing Board was to monitor progress. The recommendations had also requested that discussions take place between the Chairs of the Health and Wellbeing and Local Safeguarding Children's Boards and for the Needs Assessment and Pathways document be distributed to all partners by email once this had been completed.

The Board heard that no further information was available with regards to the actions assigned to N.H.S. England, but that arrangements were in hand for a meeting between the Chairs of the Health and Wellbeing and Local Safeguarding Children's Boards and the Cabinet Member with regards to a way forward.

An update was also provided on the changes to Public Health leadership, reporting mechanisms and the role of the Child Sexual Exploitation Sub-Group and the remit of the Gold Group. Any issues that needed to be forwarded on should be via the Child Sexual Exploitation Sub-Group, which was a sub-group of the Local Safeguarding Children's Board.

## **S37. COMMUNICATIONS**

### **(1) Better Care Fund Plan – Assurance Review**

Further to Minute No. S24 of the meeting of the Health and Wellbeing Board held on 1st October, 2014, the Board considered correspondence from the National Director (Commissioning Operations), NHS England, stating that the Better Care Fund plan had been assessed as part of the Nationally Consistent Assurance Review (NCAR). The letter stated that the Better Care Fund plan has been placed in the 'approved, subject to conditions' category.

The Strategic Director of Neighbourhoods and Adult Services outlined the content of the letter drawing particular attention to the eight separate actions and the appointment of the Better Care Adviser, Nick Clarke, who would work on developing an action plan to detail how and by when the agreed actions would be addressed to meet the conditions. Many of the conditions would simply be met by the importing the detail onto the new template, which needed to be completed by the 7<sup>th</sup> December, 2014 deadline.

It was also noted that the Section 256 Transfer Document had not been included as part of the documentation, but that it be noted that the use of the Better Care Fund was in accordance with the Section 256 Transfer Document.

## **(2) Health and Wellbeing Website**

Michael Holmes and Jasmine Swallow demonstrated the accessibility tabs on the new Health and Wellbeing Website, which would be subject to partnership branding.

This also coincided with the launch of the new online survey on the 29th October, 2014 which had had 102 responses initially. Feedback to date had been positive and had been extended to external and internal organisations and partners.

Discussion ensued on the various links to the partner websites and how the website would be managed through the workstream group.

## **(3) Health and Wellbeing Board Minutes and Meetings**

The Chairman was in receipt of some correspondence from a member of the public who had raised concern about the use of acronyms in some of the reports being presented. To alleviate this problem it was suggested that all reports have the full description with the acronym in brackets.

It was also suggested that some consideration be given to a bullet point list summary of reports for members of the public rather than them having to sieve through the large number of pages on the agenda.

This needed to be explored further on the feasibility of such a suggestion and whether it was something that could be accommodated within the resources available.

In addition, the member of the public referred to an incident involving the Foundation Trust, where an unregistered locum doctor was employed at the hospital via an agency.

The Chief Officer for the C.C.G. Office provided an overview of the incident, the reasons how it came about and the outcome, which had led to an improved agency framework that provided the relevant assurances that such an incident would not occur again in the future. It was stressed, however, that during the course of the two day locum period there were no concerns for members of the public.

#### **(4) Budget Consultation Process**

The Deputy Leader provided an overview of the budget consultation process open to members of the public until 31<sup>st</sup> December, 2014, on three priority areas:-

- Protecting our most vulnerable children and adults.
- Getting back into work and making work pay.
- Making our streets cleaner and better.

The challenge facing the Council was for savings of £23 million next year and £50 million over the next three years.

This was a similar situation being faced across the public sector and formed part of the efficiency programmes around the Health and Wellbeing Board priority outcomes.

#### **S38. JOINT PROTOCOL BETWEEN HWBB /HEALTH SELECT COMMISSION/HEALTHWATCH**

Consideration was given to the report detailing the Joint Protocol between Health and Wellbeing Board/Health Select Commission/Healthwatch, which would ensure that the bodies develop a constructive and productive working relationship with one another. Each body had an independent role and a shared aim to reduce health inequalities and improve health and wellbeing outcomes. The roles were distinctive, but complementary and must add value to each other's work, and avoid duplication. This joint protocol detailed the distinctive roles of each body, and presented examples of working together and reporting arrangements.

The protocol had been considered by each of the respective bodies and was presented to the Health and Wellbeing Board for formal sign up.

It was suggested that slight amendments be made to the document by way of inclusion in the Health and Wellbeing Board box on the diagram, expanding on the role of commissioning and also revisions to the Chairs of the relevant bodies. If the Board were in agreement with these amendments then these would be included and the document signed off.

Resolved:- That the document be revised with the suggestions made above and for this then to be signed appropriately by the Chairmen concerned.

#### **S39. DISABLED CHILDREN'S CHARTER**

Consideration was given to the report which presented the Disabled Children's Charter for Health and Wellbeing Boards and requested that partner organisations sign up to this.

The Board considered the merits of signing up to various different charters and their individual stand from their individual organisations.

The Board discussed at length a uniformed approach to accepting Charters in principle, but agreed not to sign up to individual Charters as a Board. The principles set out in the Charters would be considered and it was this approach that should be taken forward.

Resolved:- That the principles of the Disabled Children's Charter be accepted.

(2) That the Board consider the principles within all Charters submitted to it only and no individual Charter be signed up to going forward.

#### **S40. EMOTIONAL HEALTH AND WELLBEING STRATEGY**

Consideration was given to a report presented by Nigel Parkes, Rotherham Clinical Commissioning Group, and Paul Theaker, Operational Commissioner, which detailed the draft Emotional Wellbeing and Mental Health Strategy 2014-19 which had been developed to support Local Authority, Health Commissioners and service providers to improve the emotional health and wellbeing of children and young people in Rotherham.

The final draft of the Strategy and associated action plan had been widely consulted upon. This had been approved through both the Rotherham MBC and Rotherham Clinical Commissioning Group (RCCG) governance processes and was attached to the report and detailed the key recommendations and actions to be taken forward.

The strategy included sections on the scope of the strategy, the needs of children and young people, services in Rotherham, investment, challenges and risks and recommendations.

The strategy was widely consulted on with a wide range of stakeholders in June and July 2014, including RMBC Children and Young People Services, schools, colleges, NHS providers and VCS providers. There have also been specific consultation sessions with parents/carers and with the Youth Cabinet.

The responses from consultation have been evaluated and the draft Emotional Wellbeing and Mental Health Strategy was substantially amended to take into account the comments that have been made. In addition, the Rotherham Health Watch report on Child and Adolescent Mental Health Services (CAMHs) was reviewed to ensure that the key findings were addressed within the strategy.

The Rotherham Clinical Commissioning Group commissioned Attain, an independent sector consultancy organisation, to review CAMHs and their report was considered by the Clinical Commissioning Group. The Attain

recommendations that the Clinical Commissioning Group agreed to take forward have been included within the Strategy.

The key recommendations outlined within the Strategy were as follows:-

**Recommendation 1** - Ensure that services are developed which benefit from input by young people and parents/carers.

**Recommendation 2** - Develop multi-agency care pathways which move service users appropriately through services towards recovery

**Recommendation 3** - Develop family focussed services which are easily accessible and delivered in appropriate locations.

**Recommendation 4** - Ensure that the services being delivered are effective, appropriate and represent the best value for money for the people of Rotherham.

**Recommendation 5** - Ensure that the services being provided are delivered at the appropriate time as required and not restricted to normal operating hours.

**Recommendation 6** - Ensure that services across all tiers of provision are delivered by appropriately trained staff and that training and support is provided to Universal/Tier 1 services to ensure that patients do not unnecessarily move to higher tiers of provision.

**Recommendation 7** - Ensure well planned and supported transition from child and adolescent mental health services to adult services.

**Recommendation 8** - Explore the option of a multi-agency single point of access to mental health services for children and young people to ensure that appropriate referral pathways are followed.

**Recommendation 9** - Ensure that services are better able to demonstrate improved outcomes for children and young people accessing mental health services.

**Recommendation 10** - Promote the prevention of mental ill-health.

**Recommendation 11** - Reduce the stigma of mental illness.

**Recommendation 12** - Ensure that patients do not face inappropriate delays in accessing services, across all tiers, for assessment and treatment which adversely affect their recovery.

It should be noted that as the governance process progresses for final approval of the Strategy, the key recommendations and actions were already being acted upon. The development of multi-agency care pathways was a priority piece of work and would address a number of

issues in relation to thresholds/access to services and pathways such as post diagnosis ASD. A workshop with stakeholders had been held and was informing the work of small time-limited working groups that have been established for each multi-agency pathway.

The Strategy had been approved by the Cabinet Member for Children and Education Services and by the Rotherham Clinical Commissioning Group Operational Executive and was to be submitted to the Health and Wellbeing Board for final joint Council/ Rotherham Clinical Commissioning Group approval.

The Board appreciated the positive approach to the development of this Strategy and its links to the Mental Health Strategy and suggested that it be reviewed in March, 2015.

It was also suggested that as the Strategy began to evolve the baseline information and detailed outcomes be included so the direction of travel could be measured and closely monitored. Waiting times were key and it was uncertain if the Strategy actually addressed this, what action was being taken to reduce waiting times and what were the aspirational targets.

The Board were informed that G.P. surveys had been undertaken which supported the development of the Strategy to assist with measuring waiting time for appointments and G.P. experiences, which had seen a reduction in waiting time down to eight weeks from fourteen/fifteen weeks and significant improvements in referrals for assessment from March, 2015. This would continue to be reviewed on a six month basis. In addition, the Recovery College was an alternative to the Child and Adolescent Mental Health Service.

The Rotherham, Doncaster and South Humber NHS Foundation Trust confirmed that a whole system approach had been adopted to develop capacity and meet demand. A great deal of work had been undertaken with more to do to move forward and consider how best to use resources to meet the needs across all the tiers of support.

The impact measures contained with the report would take time to monitor and were seen as activities. It was unrealistic at this stage to identify outcomes, but this would become more evident moving forward and would then give the assurances that the service was improving.

Resolved:- That the final draft of the Emotional Wellbeing and Mental Health Strategy 2014-19 be approved.

#### **S41. SERVICE CO-PRODUCTION IN ROTHERHAM**

Consideration was given to a report presented by Sue Wilson, Performance and Quality Manager, which detailed how the Expectations and Aspirations work stream of the Health and Wellbeing Strategy had a

priority in its action plan around co-production of services. This was fully endorsed by the Board's member organisations.

The consultation report, as submitted, provided information around definitions of co-production, examples of where this was already in place in Rotherham and the suggested approach to move this forward across all organisations.

A key action which underpinned this work was:-

“We will co-produce with Rotherham people the way services are delivered to communities facing challenging conditions.”

Co-production was about delivering public services in different ways and developing relationships with service users that were equal between professionals delivering these services and those customers and carers in receipt of them.

Co-production was not just about consulting with citizens and “user voice” initiatives, it was much more than this. It was a two stage approach that would take time to develop. It was, therefore, suggested that this be considered on an annual basis to see which areas would lend themselves to be co-produced.

The proposal was for organisations to consider and decide which services would be suitable for co-production and begin to move to this as a concept of working. It was clear, however, that there were some services which would never be suitable to be co-produced.

On this basis it was suggested that organisations cascade the information internally, which could be reported back to the workstream on the 5<sup>th</sup> December, 2014 with an opportunity for the Health and Wellbeing Board to look at this in more detail in a workshop style setting.

There were already some good examples of where co-production was working in Rotherham such as Lifeline, Speak Up and the Rotherham Charter for Parent and Child Voice.

In considering the principle of co-production, some of the partners expressed some concern with the work that they were undertaking and the lobbying for equal access. It was envisaged that there could be some duplication of work and asked for reassurances around case management and the benefits to the people of Rotherham.

Partners were advised that they were being asked to explore any opportunities that may lend themselves to this method of working and it was only for partners to indicate the areas which they thought were right and could add value and which may fit together for a different way of working and for this to include the voluntary and community sector.



To assist it was suggested that this subject may best be considered in a workshop style setting to consider the shared leadership and delivery outcomes whilst being realistic about budgets and demographic changes.

Resolved:- (1) That the consultation report and associated case studies be received and the contents noted.

(2) That principles be noted and partner organisations cascade the report and information within their organisations.

(3) That a workshop be arranged for the most appropriate people to consider further a two stage approach to move to co-production of services within their organisation and to establish what co-production in Rotherham would look like.

#### **S42. DATE OF NEXT MEETING**

Resolved:- That the next meeting of the Health and Wellbeing Board be held at the Town Hall, Rotherham on Wednesday, 3rd December, 2014, commencing at 9.00 a.m.

It was suggested that it would be useful to set out a forward work plan for the Board, incorporating reports on the Health and Wellbeing Strategy workstreams. Due to the number of inspections taking place and the urgent timescales associated with the Better Care Fund, there had been less scope recently to focus on the Strategy.