

**HEALTH AND WELLBEING BOARD**  
**11th July, 2018**

**Present:-**

Councillor David Roche	Cabinet Member, Adult Social Care and Health <b>(in the Chair)</b>
Ian Atkinson	Rotherham CCG (representing Chris Edwards)
Tony Clabby	Healthwatch Rotherham
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
Councillor Janette Mallinder	Chair, Improving Places Select Commission
David McWilliams	Assistant Director, Early Help and Family Engagement (representing Mel Meggs)
Chris Morley	Chief Nurse, TRFT (representing Louise Barnett)
Robert O'Dell	District Commander, South Yorkshire Police
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

**Also Present:-**

Steve Adams	South Yorkshire Fire and Rescue Service
Lydia George	RCCG
Kate Green	Policy and Partnership Officer, RMBC
Polly Hamilton	Assistant Director, Culture Sport and Tourism
Janet Spurling	Scrutiny Adviser to Health Select Commission
2 Members of the Public	

Apologies for absence were submitted from Louise Barnett (TRFT), Dr. Richard Cullen (RCCG), Chris Edwards, (RCCG), AnneMarie Lubanski (RMBC), Mel Meggs (Interim Strategic Director Children and Young People's Services), Councillor Short (Vice-Chair, Health Select Commission), Kathryn Singh (RDaSH) and Councillor Gordon Watson (Deputy Leader).

**1. KATE GREEN**

The Chair reported that, due to Kate taking up a post within Public Health, this was to be her last Board meeting.

On behalf of the Board, he thanked Kate for all the support she had provided to the Board and wished her well in her future position.

**2. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

**How could Learning Disability Service users be confident they would have an individual care assessment, before their services were withdrawn, as promised with the Council's track record of conducting assessments so far? How sensible was it to agree the closure of the Centres and Respite Service before the assessments had been done?**

**In terms of strategic priorities, you talk about how social isolation and the lack of social communication is as a prelevant risk factor for early death as smoking 15 cigarettes a day and well known risk factors such as Obesity and inactivity. When talking about people with Learning Disabilities in terms of their ability to get out and see people in their community they are the most vulnerable so where do they come together for social interaction if you are shutting the day centres?**

The Chair stated that the Board had the overall remit of health and wellbeing; the Day Centres came within the Council's responsibility. He had questioned the Services in detail about assessments and was very confident that the resources were in place to ensure that all the assessments took place.

Social isolation was important and why it was one of the new priorities of the Board as well as 3 officers of the Council looking at the overall integration plan for loneliness to present to the Board sometime in the future. There were 3 main ways of moving forward - firstly Shared Lives, secondly Direct Payments and thirdly through a number of organisations that people with Learning Disabilities and their carers could access if they so wished.

**In terms of the Health Service Review, I went to 2 meetings one of which was the Scrutiny Panel in Wakefield where the Chair of the Scrutiny Panel questioned the CCG on the consultation process and its depth and gave them a few ideas of how they should widen the consultation. I also attended the Judicial Review in Leeds and the Judge, in her remarks afterwards to the barrister, had made the point that in terms of the consultation process with the Scrutiny Panels it had perhaps fallen short.**

**In terms of the Hospital Services Review have we done the job in terms of letting people know what is happening? The videos I have seen were quite worrying in that they were rather bland. You would think from it that there were no problems from the Health Service.**

The Chair stated that, in terms of the Independent Hospital Review, he expressed his own concern about the process. He could not answer for the Scrutiny Panel but from looking at what was in the report at this stage it was very bland with not much detail and as such the Council response stated that it would like to see more information and detail about what might be coming down the road and making sure Rotherham got its fair

share of the hubs. We do have concerns about the lack of consultation. We know there have been events but are concerned about the lack of consultation with the Council and Members. We have made that point in our response.

There was a commitment at the moment that all the local hospitals and A&Es would remain as they were.

Janet Spurling, Scrutiny Adviser to the Health Select Commission, stated that the Select Commission had been updated on the key points from the initial report but obviously, as all the local boards were looking at the report now and giving their feedback, there would be time to look again once there was something more concrete going forward. That would be scrutinised in depth where appropriate.

Dr. Jason Paige reported that his practice had been approached by a team of people who would be carrying out more public consultation. One of the things they would be doing is attending GP surgeries and talking to patients so there was another layer of public consultation being organised. They would only do that once they had something to discuss.

Ian Atkinson, CCG, reported that it was an independent report into the Health system which partners had been asked to comment on by 12<sup>th</sup> July in terms of the recommendations. The views of partners had not been sought previously, so this would start to develop potential recommendations in each workstream; when a view would be able to be taken as to how it would impact on local systems. It might impact in different ways so each discrete area may need its own consultation.

**I went into some of your documents about what affects people's health and one of the key factors was of course the workplace and stresses from the workplace. I recognise and know the CCG must be putting significant pressure on the hospital to form subsidiaries which is very worrying for the workforce. Campaigners had noted that other authorities were starting to pull away from wholly owned subsidiaries. Is this Board able to pass comment or put some pressure on the stemming of this process?**

The Chair agreed that health and the workplace was very important. There was a Healthy Workplace Charter, including Mental Health, which the South Yorkshire authorities had pulled together and was to be piloted in 10 organisations in the near future.

The Place Plan had quite deliberately been included in the remit of the Board in order that the Rotherham Integrated Care Partnership reported into it. There was a Place Board Executive under it which was responsible for the day-to-day work of the Place Board. Currently the Place Board was focussed on positive things to improve the health of Rotherham. In terms of pressure, it would be up to the Board to decide when it affected the health of Rotherham people to start thinking about what our reaction would be but as at the moment there was no talk

whatsoever of anything like a wholly owned subsidiary coming into Rotherham.

Chris Morley confirmed that a wholly owned subsidiary was being considered by TRFT but no decision had been made as yet. It would be a company owned by the NHS so would still report into the TRFT Board.

Ian Atkinson, CCG, clarified that it was not the case that the CCG were putting significant pressure on the TRFT around wholly owned subsidiary.

**4. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting of the previous meeting of the Health and Wellbeing Board held on 16<sup>th</sup> May, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 16<sup>th</sup> May, 2018, be approved as a correct record.

**5. COMMUNICATIONS**

A. The Chair reported that the Kings Fund had recently published a document, undertaken by researchers from the University of Durham, about health and wellbeing boards and what they had achieved.

A copy of the document would be circulated to Board members.

**Action: Kate Green**

B. The latest report in a series of reports undertaken on behalf of the Local Government Association was now available and would be circulated to Board members.

**Action: Kate Green**

**6. HEALTH AND WELLBEING STRATEGY: ACTION PLANS AIMS 1-4**

Further to Minute No. 75 of the previous meeting, the Board sponsors presented the final versions of 4 action plan aims.

Whilst the plans were submitted as final versions, they would continue to be live documents, being updated as required. Although the Strategy was agreed for a 7 year period, the action plans would be presented as 2 year plans and, therefore, not all activity would be included or completed in each 2 year cycle.

Discussion ensued with the following issues raised/clarified:-

**Aim 1**

David Mc Williams reported on behalf of Mel Meggs

- Acknowledgement that there was more work to be done under all 4 aims including selecting a number of meaningful Key Performance Indicators that could be reported to the Board. A highlight report should then be submitted highlighting the exceptions
- Current performance should include numbers where applicable to enable comparisons to be made

**Aim 2**

Ian Atkinson reported on behalf of Kathryn Singh

- The roll out of 5 Ways to Wellbeing had been successful to date
- 500K funding from South Yorkshire and Bassetlaw Integrated Care System had been secured to assist with suicide prevention work. Notification was awaited of Rotherham's portion of the funding
- Real improvement on IAPT target which was consistently in the top 25%
- Quarter 3 assessment received for CAMHS which showed real progress had been made, however, the challenges continued
- Rotherham was now the highest in Yorkshire and the Humber for Dementia diagnosis
- Rotherham would receive additional resources this financial year over and above the CCG allocation for CORE 24
- The Autism Strategy was expected shortly
- The disparity of women's life expectancy compared to men's was not included within the action plan

**Aim 3**

- More work was required in general on this Aim
- It was noted that more GP Practices were needed to volunteer to trial the the clinical pad, which was about encouraging more people to be physically active
- The training for MECC was quite narrow but work was taking place with different groups of professionals to make it more relevant to their work

**Aim 4**

Rob O'Dell reported supported by Polly Hamilton

- Aim 4 encompassed the environment in its widest sense and, therefore, would take a number of years for things to happen
- There was a cross over with the Safer Rotherham Partnership – not to replace the actions but to look across both Boards and ascertain what contribution could be made
- It was the intention to recruit a Public Health Registrar/student to deliver a piece of work reviewing the Local Plan and how its policies impacted upon health and wellbeing
- Priority 4's wording had been changed to reflect all culture/leisure activity and not just green spaces
- A draft of the Cultural Strategy was to be launched at the Rotherham Show in September 2018
- Active Dearne project – in collaboration with Barnsley and Doncaster Councils and Yorkshire Sports. The proposed pilot would focus on Swinton
- The Selective Licensing Scheme had been very successful in Eastwood and was to be extended into other areas of Rotherham

**General**

- Evidence showed that Social Prescribing consistently had positive effects on health and wellbeing
- The Government was to announce funding around loneliness. A conversation was required on how bidding to the fund would be tackled in Rotherham and whether there should be one co-ordinated bid rather than multiple bids
- The need to work with the Building Stronger Communities Board
- The Council was about to appoint the company who would be taking forward the Town Centre Master Plan

Resolved:- (1) That the high level activity identified as contributing towards the Strategy aims and priorities be approved.

(2) That the amended wording for Aim 4 Priority 4 be approved to read "increasing opportunities for people of all ages to participate in culture, leisure, sport and green space activity in order to improve their health and wellbeing".

(3) That updates on each individual aim be submitted to future Board meetings.

(4) That work on identifying the reasons for the disparity between males and females' life expectancy be included within aim 3.

**ACTION:-**

**That David McWilliams be the lead for Children and Young People's Services with regard to Aim 1 outcomes**

**That Board Sponsors to identify 2 -3 Key Performance Indicators to reflect the aim and finalise their action plans.**

**7. INTEGRATED CARE PARTNERSHIP PLACE PLAN**

Ian Atkinson, RCCG, gave a brief verbal update on the Integrated Care Partnership Place Plan.

There had been significant progress with the final Plan being submitted to the Integrated Care Partnership Board in September and then the Health and Wellbeing Board in terms of governance.

There were 4 key changes in the narrative:-

Workforce and organisational development  
Enhanced finance aspect  
Enhance estate dialogue  
Digital agenda

Resolved:- That the update be noted.

**8. HOSPITAL REVIEW**

The Board considered the slides included within the agenda pack.

The Chair commented that no other organisation other than the RCCG had provided any comments on the Review. It had been agreed at the Integrated Health and Social Care Place Board that all partner organisations would individually provide written comments that would be incorporated into a collective response.

Ian Atkinson, RCCG, reported that the next stage would be, subject to the feedback, production of an outline business case to be considered against the objectives. There would be consultation and further engagement.

It was pointed out that the Review covered the health system and not health and social care. The Council was informed but not part of the consultation.

**9. ROTHERHAM INTEGRATED CARE PARTNERSHIP PLACE BOARD**

The notes of the minutes of the Rotherham Integrated Care Partnership Place Board held on 4<sup>th</sup> April and 2<sup>nd</sup> May, 2018, were noted.

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

Resolved:- That a further meeting be held on Wednesday, 19<sup>th</sup> September, 2018, commencing at 9.00 a.m. in the Rotherham Town Hall.