HEALTH AND WELLBEING BOARD

Venue: **Voluntary Action Rotherham, The Spectrum, Coke Hill, Rotherham**

Date: **Wednesday, 30th January, 2019**

Time: **9.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972

2. To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency.

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Minutes of the previous meeting (Pages 1 - 11)

For Discussion

7. Obesity (Pages 12 - 26)
   Presentation by Kate Green, Public Health Specialist

8. Progress of the Health and Wellbeing Board
   The Chair to present

9. Update on Health and Wellbeing Strategy Aim 2 (Pages 27 - 33)
   Kathryn Singh, RDaSH

10. Rotherham Suicide Prevention and Self Harm Action Plan (Pages 34 - 76)
    Ruth Fletcher-Brown, Public Health Specialist

11. Health and Wellbeing Strategy: Draft Performance Framework (Pages 77 - 88)
Becky Woolley, Policy and Partnerships Officer

For Information

12. Design Version of the Health and Wellbeing Strategy (Pages 89 - 127)

13. Rotherham ICP Place Board (Pages 128 - 132)
Minutes of meeting held on 7th November, 2018

14. Date and time of next meeting
Wednesday, 20th March, 2019, venue to be determined

HEALTH AND WELLBEING BOARD
21st November, 2018

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health **(in the Chair)**
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 19th September, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 19th 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 30th 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:-

- 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

- 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

- 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 11th 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 14th 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 3rd 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, 23rd January, 2019, commencing at 9.00 a.m. venue to be confirmed.

Developing a Rotherham 'Healthy Weight For All' Plan

Big hearts, big changes

Rotherham Metropolitan Borough Council

What we know…

- 25.5% of 4-5 year olds and 36.1% of 10-11 year olds are overweight or obese
- Obesity levels are much higher in our most deprived communities: the three most deprived wards (Rotherham East, Rotherham West and Valley) have some of the highest rates for obese children at Reception and Year 6
- Adult obesity levels are significantly higher than the England average, with 71.2% of adults aged over 18 either overweight or obese – and 6 of the 7 most deprived wards are above Rotherham average for obese adults
- Only 1 in 20 obese children at reception will have a healthy weight at year 6
- These levels of obesity cost the local economy an estimated £23.7 million

"There comes a point when you have to stop pulling people out of the river, get upstream and find out why they are falling in" Desmond Tutu

- Current 'weight management' service for age 4+ identified with weight concern…
- Model of delivery only able to work with around 150 children per year
- There were around 1000 obese children in reception and year 6 alone in 2017/18
- If only 1 in 20 obese children at reception have a healthy weight at year 6, resources need to be directed much more towards early years
- Obese children are more likely to become obese adults and will generally have poorer health than their non-obese peers - the Health and Wellbeing Board has a strategic aim to ensure "all Rotherham people live well for longer"
- Need a much stronger focus on prevention
- Use a whole systems approach to understanding local causes of obesity and what works best to tackle them…

A Whole System Approach

Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone

- Six phases which aim to help local authorities deliver coordinated actions, involving stakeholders across the whole local system:
- Early phases focus on preparation – securing senior leadership support, developing stakeholder groups, building an understanding of the local obesity picture
- The next phases are all about collective working: stakeholders from across the system are brought together to create a map of the local causes of obesity in their area and identify and prioritise areas of action – it allows stakeholders to recognise their role in the system and how they can make a difference.
- The latter phases of the process focus on taking actions forward as a group, continuously monitoring and revising them and reflecting on how things can be improved.

Local plans & strategies

- Health and Wellbeing Strategy
  - Aim 1: All children get the best start in life
  - Aim 3: All people live well for longer
  - Roll of aim 4 in preventing obesity
- Children and Young People's Plan – being refreshed for 2019
- Rotherham Active Partnership Plan (contributing to Cultural Strategy & Health and Wellbeing Strategy)

Aim: for everyone in Rotherham to achieve and maintain a healthy weight

Strategic themes:

- Whole systems approach
- Effective use of intelligence and data (inc. assets)
- Reducing inequalities
- Workforce development

Priorities:

1. Maximise universal preventative action across the life-course
2. Give every child the best start in life
3. Create environments that promote healthy weight
4. Effective early intervention and support when needed

Outcomes

- More children and adults with a healthy weight
- More children from deprived communities with improved health outcomes (reduced gap in excess weight between the least and most deprived areas)
- More people with improved mental wellbeing
- More people active, more often
- More children and adults eating ‘5 a day’
- Fewer people with type 2 diabetes
- Others…

Key Actions

Priority 1. Maximise universal preventative action across the life-course

a. Sign up to the Local Authority Declaration of Healthy Weight

- Food Active developed the declaration in North West, which is now being rolled out across this region
- Led by the Local Authority, but partner engagement is crucial
- 14 'set' commitments with option to include further local priorities (e.g. linking to existing work) including:
  - Engagement with the local food and drink sector to consider responsible retailing
  - Reviewing provision in all public buildings, facilities and 'via' providers to make healthy foods and drinks more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks
  - Increase public access to fresh drinking water on local authority controlled sites
  - Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited
  - Advocate plans with partners including the NHS and all agencies represented on the Health and Wellbeing Board to address the causes and impacts of obesity
  - Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer
  - Invest in the health literacy of local citizens to make informed healthier choices
  - Ensure clear and comprehensive healthy eating messages are consistent with government guidelines
  - Consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity

Key Actions

Priority 1. Maximise universal preventative action across the life-course

b. Increase physical activity levels for all ages across Rotherham:

- Continue to support the Rotherham Active Partnership to increase physical activity levels for the least active, children and young people and older people
- Support roll out of the 'daily mile' in primary schools
- Continue to support the Physical Activity Clinic Advice Pad trial
- Explore opportunities to use Social Prescribing to promote physical activity
- Explore opportunities in the work place to promote physical activity, such as stair challenges (discouraging use of lifts!), walking/running groups, moving more often during the working day (linked to Healthy Workplace Award)

Key Actions

Priority 2. Give every child the best start in life

a. Up-skill the workforce to deliver a healthy weight programme for families with young children:

- Train professionals in 0-19 Service and CYPS to deliver an evidence-based, longer-term behaviour change programme for families of young children (0-5 years)
- To include: breastfeeding, weaning, sugar smart, active play, oral health
- Provided for all families to access, but with targeting in deprived communities (via children's centres)

b. Actions to support maternal health

- Targeted to areas of deprivation…
- What is already being done / what more could be done?

Key Actions

Priority 3. Create environments that promote healthy weight

a. Explore opportunities to ensure the local environment doesn't 'promote obesity', including:

- Planning policies and local developments (including the town centre)
- increasing availability of healthy food and physical activity opportunities
- Explore opportunities presented in the Childhood Obesity Trailblazer EoI (without the funding!)

b. Continue to roll out the Healthy Workplace Award

- Supporting employers to create healthy environments in the workplace

c. Commit to actions described in the LA Declaration on Healthy Weight

- impacting on the environment in relation to food and opportunities to be physically active

Key Actions

Priority 4. Effective early intervention and support when needed

a. Develop pathway to support the National Child Measurement Programme (NCMP)

- Up-skill staff within 0-19 Service and CYPS to deliver an evidence-based, longer-term behaviour change programme for families of children aged 5-11:
- To provide an appropriate pathway for primary age children identified with a weight concern following NCMP
- To enhance the NCMP 'offer' by providing more personalised support and advice for families

b. Explore opportunities for providing support/advice for young people aged 12+ identified with a weight concern

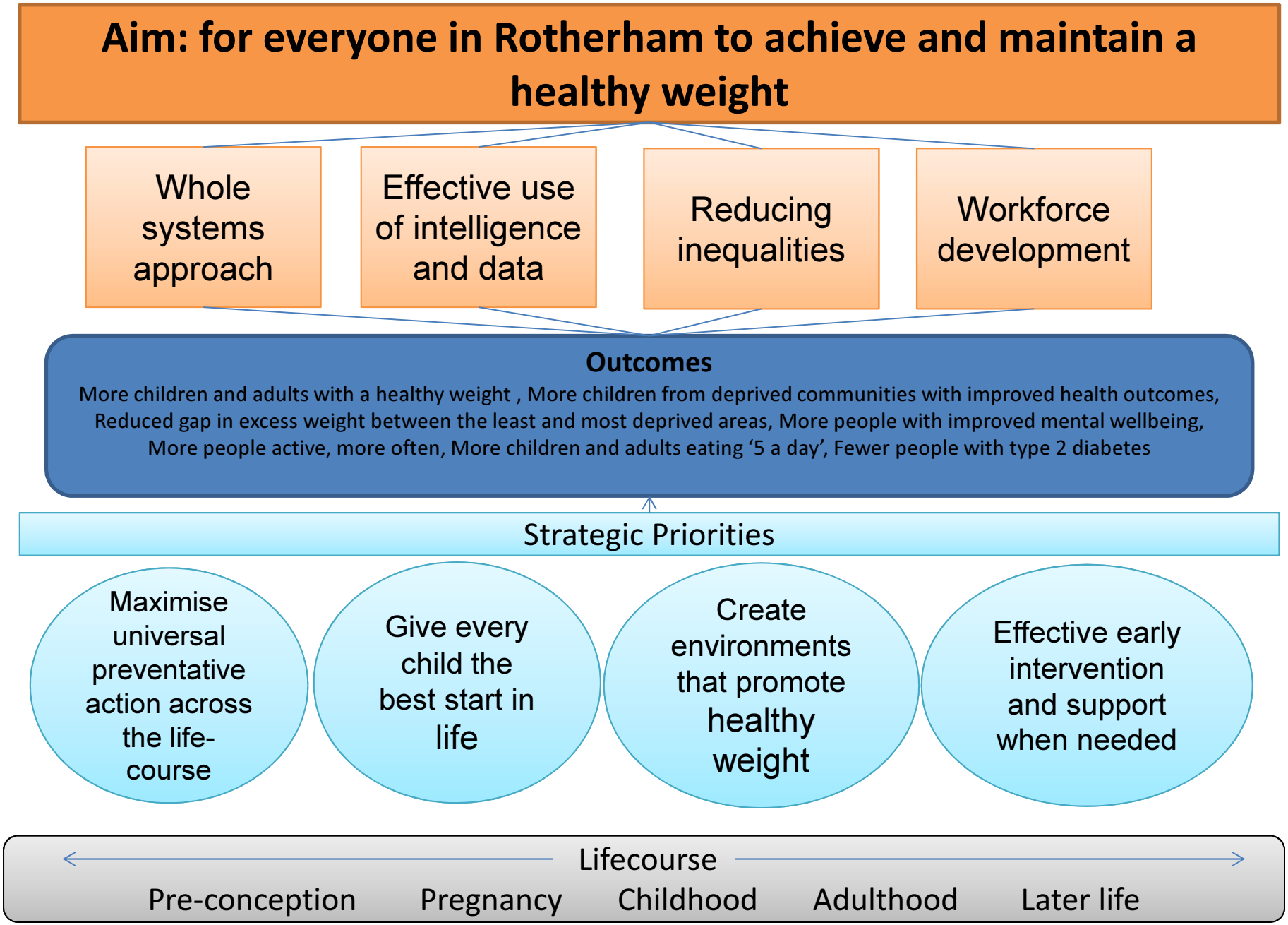
- Evidence (both national and local) suggests traditional 'weight management programme' not as effective for this age group
- Need a more 'holistic', positive approach which focuses on healthy behaviours not just 'weight'

c. Get Healthy Rotherham to continue to provide adult weight management service until 2021

National & regional context

- Government Childhood Obesity Strategy
- PHE-led Community of Improver Group (Healthy Weight and Physical Activity)
- Regional Childhood Obesity Action Plan
- Y&H sign up to the Local Authority Declaration on Healthy Weight

DRAFT: Plan on a page



‘Asks’ of the HWbB…

1. Views on the draft plan…
2. Commitment to a ‘whole systems approach’:
   – stakeholders from across the system identified to create a map of the local causes of obesity in their area and identify and prioritise areas of action
3. Identify appropriate leads to support this work *(as a virtual network or task group)*
4. Commitment to work towards the LA Declaration on Healthy Weight: ‘the council’ but needs support from all partners
5. Help identify gaps: older peoples weight, oral health and hydration, how to engage care and residential homes etc

Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 2 All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
Board sponsor: Kathryn Singh

2025 Strategic Priority	Actions 2018-20	Lead/s	By when (include relevant milestones)	Progress / areas of concern *(include date when updated)*
1. Improving mental health and wellbeing of all Rotherham people	Continue to monitor implementation of the Better Mental Health for All Strategy and action plan	Better mental Health for All Group Ruth Fletcher-Brown, RMBC	March 2020	Good progress being made. Discussions are taking place with adults services, children's services to promote 'five ways to well- being campaign.
	Continue to monitor implementation of the Rotherham Suicide Prevention and Self-Harm Action Plan.	Rotherham Suicide – prevention and self-harm group (Ruth Fletcher-Brown, RMBC)	March 2020	Suicide prevention action plan currently under review, additional funding received for suicide prevention from NHSE.
	Launch of 5 Ways to Wellbeing campaign, including development of a communication and marketing plan for 2018/19.	Better mental Health for All Group Ruth Fletcher-Brown, RMBC	May 2018	Launch achieved in May 2018 In Q3 the colleges promoted the 'Learning theme in house' and RCCG led on 'Connect'
	Ensure the 5 ways to wellbeing principles are embedded in all partners commissioning process	Better mental Health for All Group	March 2020	Partner commitment to endorse 5 ways of well-

	and provider services	(Ruth Fletcher-Brown, RMBC)		being through the Rotherham Health and Social Care Place Board – partners taking a lead role in promoting aspect of the campaign
2. Reducing the occurrence of common mental health problems	Ensure the Place Plan delivers actions in relation to IAPT services	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)	March 2020	Additional staff in post and at full capacity as at Q3. 3 x PWP and 3 x CBT to attend LTC course mid-November. 2 PWP and 2 CBT training places confirmed on February intake.
	Ensure the Place Plan delivers an effective CAMHS Local Transformation Plan.	(Children and young people's transformation group) Mel Meggs, RMBC	March 2021	Q3 - Positive assurance received from NHS England regarding the delivery of CAMHS transformation plan. CAMHS trail blazer bid success.
3. Improving support for enduring mental health needs (including dementia)	Ensure development of a Dementia Transformation Action Plan	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)	September 2018	Clinically led review of Rotherham dementia care pathway commenced, with consideration of new NICE guidelines. Regular meetings are being held to progress. One of the highest rates of Dementia Diagnosis in the Y&H
	Populate the 'Prime Minister's Challenge 2020' Association of Directors of Adult Social Services Commitment Tracker, which evidences the work taking place in relation to dementia.	All HWbB partners. (Kate Tufnell, CCG/RMBC)	September 2018	

	Ensure effective delivery of CORE 24 in Rotherham.	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)	2020	CORE 24 (Mental Health and Liaison Service) live from January 2019. 24/7
4. Improve the health and wellbeing of people with learning disabilities and autism	Ensure effective development and implementation of a local Autism Strategy.	Autism Partnership Board (Garry Parvin, RMBC/CCG)	March 2020	Work continues to draft the Rotherham Adult Autism pathway expected to be completed by March 2020 for partner consideration. RCCG and RMBC currently working to review adult diagnostic and post diagnostic pathway.

Rotherham Health and Wellbeing Strategy

Aim 2: Update (January 2019)

What's working well?

- Prevention - continue to roll out 5 ways to well being campaign.
- Place Partners commitment to improve levels of Mental Health awareness across workforce.
- New loneliness pilot due to start in South of Borough March 2019.
- Adult Liaison (core 24) now rolled out.
- IAPT performance remains strong in Rotherham
- Dementia Diagnosis level top 20% nationally
- CAMHS trailblazer success.
- National funding commitment to Mental Health

What are we worried about?

- Increasing rates of Suicide in the borough, partner commitment to prioritise.
- Need to focus on support for people in community crisis.
- Number in people accessing IAPT increasing, stretched targets in 19/20.
- Need to continue our focus on improving Dementia Care in the community setting – NICE

What needs to happen?

- Further review of our multi agency Suicide Prevention Plan ‘go further faster’
- Agree revised pathway of care for Dementia (diagnostic and post diagnostic) linked to NICE.
- Understand any early benefits from the new loneliness pilot.
- Deliver challenging stretched targets for IAPT

BRIEFING PAPER FOR HEALTH AND WELLBEING BOARD

1.	**Date of meeting:**	**30th January 2019**
2.	**Title:**	**Rotherham Suicide Prevention and Self Harm Action Plan**
3.	**Meeting:**	**Rotherham Health and Wellbeing Board**

1. Background

1.1 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events, the prevention of suicide has to address this complexity. This can only be done by working collaboratively across all sectors within Rotherham.

1.2 In England, responsibility for the suicide prevention action plan and strategy usually lies with local government through health and wellbeing boards. Suicide prevention requires a partnership response.

1.3 Rotherham has had an active suicide prevention group which has met since 2013, with action plans to address suicide prevention. Rotherham has developed some excellent joint working between statutory partners and the voluntary sector.

1.4 Suicide Prevention is a high priority in the borough with support from the Chair of the Health and Wellbeing Board. There are strong governance arrangements with links to the Health and Wellbeing Board and the Place Plan Board.

2. Key Issues

2.1 The latest suicide rate data for Rotherham (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population) shows that:

- After a small decrease between 2013-15 and 2014-16, the 3-year combined rate increased from 13.9 to 15.9 per 100,000 DSR (Directly standardised rate) between 2014-16 and 2015-17.
- England decreased from 9.9 to 9.6 per 100,000 DSR. Rotherham is significantly higher than England (Red RAG-status) and ranks as 2nd highest compared to 15 CIPFA Nearest Neighbour local authorities.
- There were 107 deaths over the three years 2015 to 2017, the highest in the period shown (since 2001-03).
- Males account for around three-quarters of suicide deaths with the trend in death rates matching the total trend.
- The female rate has increased every period since 2010-12. The rate increased from 7.2 to 8.4 per 100,000 DSR between 2014-16 and 2015-17 and is now significantly higher than England (4.7).
- The rate for Rotherham females ranks as highest among CIPFA Nearest Neighbours.

(Information taken from the Fingertips Profiles Updates (PHOF and Suicide Prevention Profiles) Rotherham - November 2018)

2.2 Suicide prevention is not the responsibility of one organisation. The work of the Rotherham Suicide Prevention and Self Harm group is to reduce suicides by implementing actions within the six areas referenced in '*Preventing suicide in England: A cross-government outcomes strategy to save lives, 2012'.* These are:

1. Reduce the risk of suicide in key high risk groups.
2. Tailor approaches to improve mental health in specific groups.
3. Reduce access to means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection and monitoring.

2.3 Progress against the 2016-2018 Suicide Prevention and Self Harm action plan has been reported on a monthly basis to the Mental Health and Learning Disability Transformation Board, a sub group of the Rotherham Place Plan Board. Annual updates have been given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the MH and LD Transformation Board.

2.4 This refreshed draft action plan follows the same national areas for action. In addition local intelligence has been used to inform the priority areas for Rotherham during 2019-2021.

2.5 South Yorkshire and Bassetlaw Integrated Care System has received funding for two years from NHS England for suicide prevention. This funding cannot fund local plans in their entirety but can support work in line with the national priorities:

(1) Reducing suicide and self-harm in mental health services.
(2) Reducing self-harm in community and acute services.
(3) Suicide prevention in men and/or work with primary care.

3. Key actions and relevant timelines

3.1 Partners of the Rotherham Suicide Prevention and Self Harm Group have reviewed progress on the 2016-2018 action plan and noted areas for continued action.

3.2 Information from real time data has been used to inform the 2019-2021 draft action plan.

3.3 Partners have agreed to use the six national suicide prevention areas for action as detailed above with the addition of two additional areas for attention which are; **Workforce development and welfare of workforce (include primary care)** and **Acute mental health services**.

3.4 The Rotherham Suicide Prevention and Self Harm Group will oversee the implementation of the action plan with progress discussed at the bimonthly meetings.

4. Recommendations to Health and Wellbeing Board

4.1 The Health and Wellbeing Board to note the draft Rotherham Suicide Prevention and Self Harm Action Plan 2019-2021.

4.2 The Health and Wellbeing Board to receive annual updates on progress against the action plan and updates on the work funded through the NHS England suicide prevention funds.

5. Name and contact details

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Rotherham Suicide Prevention and Self Harm Action Plan 2019 – 2021

Rotherham cares about suicide prevention

Introduction

Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Every local area, whether its own suicide rate is high or low, should make suicide prevention a priority (PHE, 2016: Local suicide prevention planning: a practice resource).

Suicide is not inevitable. It is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. Suicide prevention is everybody's responsibility and cannot be left to the remit of one agency/organisation.

In 2012 the Government produced "Preventing suicide in England. A cross-government outcomes strategy to save lives":

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf link doesn't open

The strategy outlined six areas for action:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

This plan outlines the actions Rotherham organisations are taking to prevent suicides. The action plan should be read alongside the Better Mental Health for All Strategy and Action plan which looks at action to be taken to improve the mental wellbeing of people living and working in Rotherham.

https://moderngov.rotherham.gov.uk/documents/s111144/Better%20Mental%20Health%20for%20All%20Action%20Plan%20Appendix.pdf link doesn't open

Suicide Prevention is an area of focus with the Rotherham Health and Wellbeing Strategy:

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

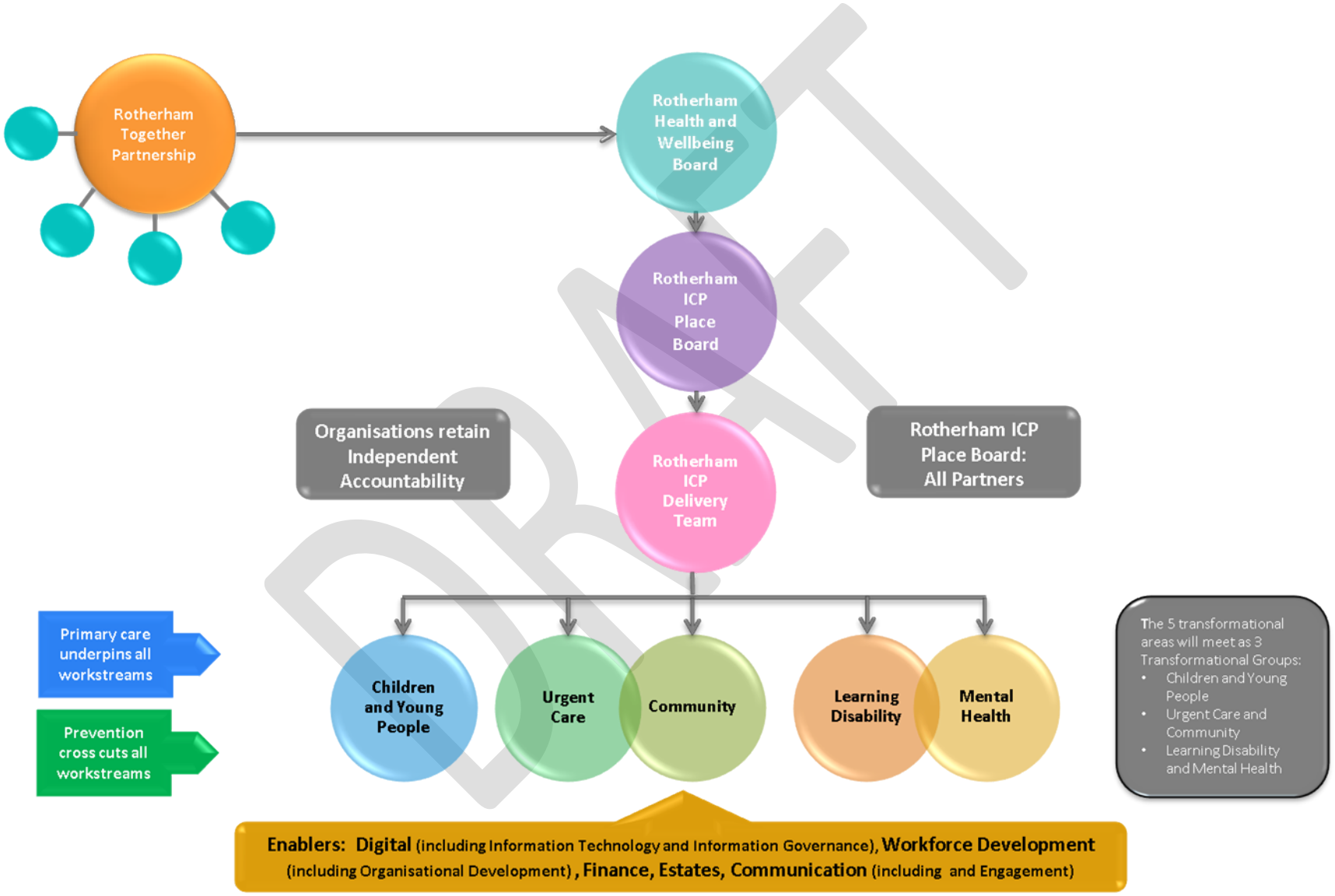
http://rotherhamhealthandwellbeing.org.uk/homepage/6/joint_health_and_wellbeing_strategy

Governance arrangements

Rotherham takes suicide prevention seriously. The Rotherham Suicide Prevention and Self Harm Group meetings are chaired by Consultant in Public Health. The multi-agency group meets quarterly and are tasked to implement this plan, with the Suicide Audit Group meeting bimonthly. The Partners represented on the Rotherham Suicide Prevention and Self-Harm Group includes:

- Cabinet Member for Adult Care, Housing and Public Health (Also Chair of the Health and Wellbeing Board)
- CGL Rotherham Drug & Alcohol Service
- Rotherham Clinical Commissioning Group (RCCG)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC- Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community Sports Trust (RUCST).
- South Yorkshire Police

Progress against this action plan is reported on a monthly basis to the Mental Health (MH) and Learning Disability (LD) Transformation Board, a sub group of the Rotherham Place Plan Board. Annual updates are given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the MH and LD Transformation Board.


Rotherham Together Partnership
Rotherham Health and Wellbeing Board
Rotherham ICP Place Board
Organisations retain Independent Accountability
Rotherham ICP Delivery Team
Rotherham ICP Place Board: All Partners
Primary care underpins all workstreams
Prevention cross cuts all workstreams
Children and Young People
Urgent Care
Community
Learning Disability
Mental Health
The 5 transformational areas will meet as 3 Transformational Groups:
• Children and Young People
• Urgent Care and Community
• Learning Disability and Mental Health
Enablers: Digital (including Information Technology and Information Governance), Workforce Development (including Organisational Development), Finance, Estates, Communication (including and Engagement)

National Picture

- Approximately 7% of the national population have attempted suicide at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014[1].
- Around 1 in 5 people (21%) in England have had suicidal thoughts at some point in their life (APMS 2014)[1].
- Three in four deaths by suicide are by men (Office for National Statistics. Suicides in the UK in 2014. London: Office for National Statistics; 2016).
- The highest suicide rate in England is among men aged 45-49. (Office for National Statistics. Suicides in the UK in 2014. London: Office for National Statistics; 2016).
- People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.
- For every suicide it is now estimated that 135 people are exposed (knew the person)[2]
- People diagnosed with autism are at high risk of suicide. In a large scale clinic study of 374 adults newly diagnosed with Asperger Syndrome (a sub group on the autism spectrum without language delay or intellectual disability), 66% had contemplated suicide, and 35% had planned or attempted suicide.[3]
- A large scale population study in Sweden showed that autistic people, without intellectual disability, were at significantly higher risk of dying by suicide than the general population, with suicide a leading cause of early death for autistic people.[4] An ongoing study in the UK is showing that 12% of people who die by suicide have evidence of autism, (significantly higher than the 1% rate in the general alive population), with a majority not yet diagnosed before their death.

[1] **Data is not available at Rotherham level from the APMS.*

[2] *Cleary A. Suicidal action, emotional expression, and the performance of masculinities. Social Science Med.72012 Feb; 74(4):498-505.*

[3] *Cassidy, S., Bradley, P., Robinson, J., Allison, C., McHugh, M., & Baron-Cohen, S. (2014). Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study. The Lancet Psychiatry, 1(2), 142-147.*

[4] Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. *The British Journal of Psychiatry*, *208*(3), 232-238.

Local picture

Suicide rate (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population)
Overall

- After a small decrease between 2013-15 and 2014-16, the 3-year combined rate increased from 13.9 to 15.9 per 100,000 DSR between 2014-16 and 2015-17. England decreased from 9.9 to 9.6 per 100,000 DSR. Rotherham is significantly higher than England (Red RAG-status) and ranks as 2nd highest compared to 15 CIPFA Nearest Neighbour local authorities.

- There were 107 deaths over the three years 2015 to 2017, the highest in the period shown (since 2001-03). The number and rate are now 3 times higher than at their lowest point in 2009-11.

- Men are far more likely to die by suicide than women in Rotherham; this is also the case nationally.

- Males account for around three-quarters of suicide deaths with the trend in death rates matching the total trend. The rate increased from 21.3 to 24.0 per 100,000 DSR between 2014-16 and 2015-17 and is at its highest in the period since 2001-03.

- The female rate has increased every period since 2010-12. The rate increased from 7.2 to 8.4 per 100,000 DSR between 2014-16 and 2015-17 and is now significantly higher than England (4.7). The rate for Rotherham females ranks as highest among CIPFA Nearest Neighbours.

- The age 10-34 rate for males has risen consistently between 2011-15 and 2013-17 and is significantly higher than England (20.7 compared to 10.5 per 100,000 DSR). (5-year combined data for males only)

- The rates for the 35-64 and 65+ age groups were stable between 2011-15 and 2012-16 but both increased for 2013-17. The rates are higher than England but still statistically similar.

- On average one person took their own life every 10 days in Rotherham (2015-2017). This represents 107 deaths over the 3 years.

- The most common form of suicide in Rotherham is by hanging.

- Around 3 in 10 of all Rotherham deaths in the 10-34 age group for males is a suicide (based on the five years 2013-2017).

- The real time data for suspected suicides in Rotherham shows that deaths are more prevalent in most deprived wards.

Self-harm

National picture:

- Approximately 7% of the national population have self-harmed (without suicidal intent) at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014[1].

Local picture:

- Rates for hospital admissions due to self-harm in children and young people (Aged 10-24 years) are also significantly lower/better than England. In 2016/17 Rotherham's rate was 278.1 per 100,000 DSR compared to 404.6 per 100,000 for England. Rotherham ranks 3rd lowest in Yorkshire and the Humber Region and lowest/best among CIPFA nearest neighbours.
- Rotherham had 403 emergency hospital admissions for self-harm in 2016/17 which is 159.4 per 100,000 DSR (Persons, All ages). This rate is significantly lower/better than England (185.3 per 100,000) and ranks as 5th lowest in Yorkshire and the Humber and 2nd lowest among CIPFA nearest neighbours.

DSR – Directly age standardised rate.

Helpful resources on suicide prevention

- Healthier Lives – suicide prevention http://healthierlives.phe.org.uk/topic/suicide-prevention
- Help is at Hand http://supportaftersuicide.org.uk/wp-content/uploads/2016/09/England-Help-is-at-Hand.pdf
- Identifying and responding to suicide clusters and contagion: a practice resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf
- Local suicide prevention planning: a practice resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf
- Preventing suicide in public places: a practice resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf
- Suicide prevention profiling tool http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide
- Support after a suicide: A guide to providing local services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582095/Support_after_a_suicide.pdf

Aim 1. Reduce the risk of suicide and self-harm in key high-risk groups:

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Men, in particular middle aged men					
1.1 To reduce suicides against the 10% baseline for 2014 – 2016 with a particular focus on men. This will be achieved by addressing locally identified risk factors: loneliness and isolation, mental health stigma, relationship breakdown.	To refresh the local campaign, 'Breaking the silence' which targets men and their families. Campaign rollout will include social media marketing techniques. Sources will include Public Health Channel, Qmatic Screens, social networking, PH website and non-health sites to promote messages.	Public Health working with Comms Leads across RMBC, RDaSH. TRFT, RCCG and SYP. All partners to support.	Launch new campaign March 2019.	**Reduced suicide amongst men:** Evidence of press coverage of local campaign. Campaign materials distributed across different sectors. Evidence of non-health sectors engaging in the campaign.	
1.1 continued	Campaign to tie in with the BUPA project, 'Head in the Game' being delivered by Rotherham United Community Sports Trust (RUCST).	RUCST working with other partners.	End of May 2019	**Reduced suicide amongst men:** • Promotion of suicide prevention messages to attendees at	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	To look at using the 10 monthly workshops delivered through the BUPA, 'Head in the Game' project to raise awareness of suicide prevention. To focus on opportunities to encourage men to see that mental health is as important as their physical health, for example through the weekly BUPA project, 'Head in the Game'.		Delivery of suicide prevention workshop by September 2018. Delivery of 9 workshops for men on mental health issues by May 2019	Rotherham United football matches. • Evidence through course content of men's groups promoting the importance of good mental health. • Evaluations/case studies from the groups which reflect that mental health is being addressed.	
1.1 continued	To target male employees through Well at Work scheme (South Yorkshire healthy workplace scheme) which commits employers to address the mental health of their staff.	PH Workplace Health Advisor working with employers.	Piloted with local workplaces. Pilot complete. To be launched March 2019	**Improved mental health of people working in Rotherham:** • Piloted with local workplaces. • Pilot complete. • Launch March 2019. • Target set for number of	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				Rotherham workplaces to be reached.	
Women					
1.2 To reduce suicides amongst women.	To establish a time limited task and finish group to explore actions to prevent/reduce suicide amongst women drawing upon national research and expertise.	Led by PH with input from partners including RDASH	Meetings to commence December 2018 Review and recommendation report to be submitted to the suicide-prevention and self-harm group April 2019, for consideration	• **Reduced suicide amongst women:** • Review and recommendation report, with clearly defined actions which can be incorporated into the plan.	
1.2 continued	To update the GP suicide prevention top tips to ensure that it reflects risk issues that relate to women.	PH working with GP lead for MH within the CCG.	January 2019	• **Reduced suicide amongst women:** • Increase awareness amongst primary care. • Updated information available to all GP Practices.	
	Work with the new	PH/CCG	February 2019	• Ensure suicide-	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	Perinatal mental health service due to be launched Spring 2019			prevention is key theme within the new perinatal mental health service.	
Children and Young people (Aged up to 25)					
1.3 children and young people	To look at opportunities to promote the young people's STILL campaign	PH working with children's services and communication leave leads.	Ongoing, with focus campaigns will occurring: • April 2019 • September 2019 • April 2020	• **Reduced suicide amongst children and young people:** • Details of organisation material distributed to. • Completion of campaign action plan.	
1.3 Children and Young people	To refresh Rotherham's community response plan to suicides in line with national guidance and local learning. To create an 'All Age Response'	PH working with children and adult leads from partner organisations	Approved Response Plan by End of July 2019	• **Reduced suicide amongst children and young people:** • Evidence of a coordinated response to any suicide of a young person or adult with significant contact to groups of young people.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				• Refreshed 'All Age Response 'Response Plan Agreed by age resource.	
1.3 Children and Young people	To teach school and college pupils the importance of emotional well-being and resilience for themselves and their friends.	Rotherham Samaritans education officer + volunteers.	Samaritans have visited 5 schools and colleges in the past year. We hope to increase this number by contacting heads of schools at the beginning of the school year.	• More schools participating. Reduced suicide among young people. Young people know where to find help.	
Those who self-harm – All Age					
1.4 Those who self-harm	To update the Rotherham Multi-agency policy guidelines on self-harm (Aged 0-25).	PH working with C&YP services including CAMHS and Early Help	• Policy guidelines agreed by End of July 2019 • Policy guidelines to be launched – July/August 2019 • Implementation action plan completed by December 2019	• **Reduction in self-harm amongst young people:** • New policy guidelines agreed. • Evidence of policy launch. • Implementation action plan completed. • Increase awareness of	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			• Evaluation of implementation of policy guidelines Jan 2021	policy guidelines.	
1.4 continued	Develop a 'Train the Trainer Self-harm awareness' model of training to be delivered across the borough. Produce supporting material (to build on Rotherham's Five Ways to Wellbeing messages. Launch of programme. Recruit and train individuals to deliver the programme. Rollout of programme. Programme evaluation.	Public Health / CCG	Initial development and training to be completed by April 2019. Later stages to be confirmed.	• **Reduction in self-harm amongst young people:** • Increase awareness of self-harm prevention across borough. • Development of a 'Train the Trainer' model. • 20 'Train the Trainer' recruited and trained. • Parents/carers equipped and confident in providing ongoing support to their child/young person. • Supporting materials produced.	
1.4 continued	To explore opportunities to	PH and RDaSH.	1. July 2019.	• Options scoped and	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	develop peer support networks following on from the awareness sessions. Develop recommendation for the future development.	Working with organisations in the voluntary and statutory sectors	2. Recommendations to be considered by the suicide-prevention and self-harm group September 2019.	recommendations report produced.	
1.4 continued	Scoping opportunities for the use of digital technology in the awareness and management of self-harm and suicide ideation for example promotion of Stay Alive resource.	PH, RDaSH & RCCG.	April 2019.	• **Reduction in self-harm:** • Increase access to a wide range of resources to help reduce risk and build resilience.	
Witnesses					
1.6 Witnesses To provide signposting information to people who witness a suicide.	Police to contact within 48 hours of the incident and offer: - Witness leaflet Help is at hand booklet. - Referral to	South Yorkshire Police – Safe Neighbourhood Services & RDaSH.	Ongoing but activity reported at bimonthly suicide audit meetings	**Reduction in suicides amongst vulnerable groups:** • Evidence that all witnesses of suicide receive timely signposting	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	Rotherham Samaritans Listening service			information.	
1.6 continued	Police to work with Public Health to review the information sheet given to witnesses. Information sheet reviewed and updated.	SYP South Yorkshire Police – Safe Neighbourhood Services, RDaSH & Public Health.	December 2018.	**Reduction in suicides amongst vulnerable groups:** • Information sheet updated with current signposting information. • Positive feedback from people receiving this information.	
1.6 continued	Frontline workers attending a suicide to be offered supervision/ signposting support within their respective organisations.	All partners	Evidenced from January 2019.	**Reduction in suicides amongst vulnerable groups:** • Evidence of partner organisations offering debriefing meetings with managers and promoting helplines to staff, activity recorded	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				through Suicide Audit meetings.	
People with Autism					
1.7 Reduce the number of suicides amongst people with Autism	Complete a scoping exercise to establish the level of risk of suicide in the Rotherham autistic community Produce a local report and recommendations	RMBC Commissioning / Public Health	March 2020	**Reduction in suicides amongst vulnerable groups:** • Scoping exercise completed. • Recommendations report and action plan produced.	
Autism Service	Consider suicide-prevention as part of the development of the Autism Service provision	RCCG	?	• Awareness of suicide-prevention in the Autism Service.	
Substance Misuse Service Users					
1.8 To develop and agree a Pathway between CGL and RDaSH to ensure that service users who need to	• CGL and RDaSH with input from RMBC head of PH Commissioning to develop a Pathway between CGL and RDaSH. • Pathway tested.	CGL RDaSH with input from Head of PH Commissioning.	September 2019	**Better care for people with co-occurring mental health and alcohol/drug use conditions** Pathway in place and	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
use both services can do so effectively.	• Pathway amended where necessary. • Staff made aware of pathway.			staff made aware.	
Vulnerable Adults					
1. 9 Vulnerable Adults	South Yorkshire Police – Safe Neighbourhood Services to explore with RDaSH Mental Health Services the appointment of a mental health worker to work within their service. JD and area of work defined Appointment made. Work evaluated.	South Yorkshire Police – Safe Neighbourhood Services & RDaSH.	September 2019	**Reduction in suicides amongst vulnerable groups:** • Evidence of vulnerable people receiving timely and appropriate support.	
2.1 Reduce the levels of suicide amongst vulnerable groups (Adults)	• Adult Safeguarding Board to agree to the establishment of a multi-agency subgroup to review all deaths of vulnerable people. • Establishment of a	**RMBC Adult Safeguarding Lead with support from PH Specialist (Mental Health & Suicide Prevention) & Head of PH Commissioning**	**September 2019**	**Reduction in suicides amongst most vulnerable groups (Adults)** Lessons learnt cascaded to all partners.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	multi-agency subgroup which will review all vulnerable adult deaths including those by suicide and substance misuse or with chaotic lifestyles. • All stakeholders of the Adult Safeguarding Board to be represented on the multi-agency subgroup. • multi-agency subgroup holding meetings. • Actions and lessons learnt cascaded to all relevant services. • Monitoring procedures agreed and in place. • Reporting back to Adult Safeguarding Board.			Learning incorporated into service provision and performance management frameworks. Learning informing future commissioning of services. Multi-agency learning and informing future multi-agency working.	
Veterans					

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
1.9 Veterans	Rotherham's multi agency Armed Forces Community Covenant Group developing an action plan which will address suicide prevention.	Rotherham's Armed Forces Community Covenant Group	January 2019	Specific actions on suicide prevention for veterans reflected in local plan. Actions being implemented.	
All ages					
1.10 All ages	To refresh Rotherham's z card CARE about suicide resource and re-launch across the borough. Promote the Stay Alive App across the borough.	PH working with providers services and Comms Leads.	December 2018	**Reduction in suicides:** • CARE about suicide resource refreshed. • Re-launched and evidence of distribution across the borough. • Resource used in training provision.	
1.10 continued	To refresh Rotherham's community response plan to suicides in line with national guidance and local learning. To create an 'All Age Response'	PH working with children and adult leads from partner organisations	Approved Response Plan by End of July 2019	• **Reduced suicide amongst children and young people:** • Evidence of a coordinated response to any suicide of a young	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				person or adult with significant contact to groups of young people. • Refreshed 'All Age Response 'Response Plan Agreed by age resource.	
Universal Credit					
1.11 People affected by Universal credit	To ensure that frontline staff is trained to spot people at risk and signpost to relevant services.	Universal Operational Group working with PH and L&D.	Ongoing but training for Revenues and Benefits staff being held in September 2018 and November 2018.	**Reduction in suicides:** • Number of training sessions held. • Number of staff trained.	
Offenders					
1.12 Offenders	To continue work in HMP Lindholme and HMP Hatfield (Cat C men's prisons). To provide male prisoners with support via the Listener scheme.	Rotherham Samaritans prison officer + volunteers.	Ongoing.	• Increase in number of people using the Listener scheme.	

Aim 2. Reduce access to the means of suicide

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
2.1 Reduce the level of risk of suicide at identified high risk locations, in community and mental health settings.	To use the real time data to identify methods and locations. To use the Suicide Audit Group bimonthly meetings to identify any hotspots utilising reports from the Coroner, police and mental health services.	Attendees of Suicide Audit Group include: PH, RCCG, SYP & RDaSH and Domestic Abuse Coordinator. Meetings chaired by PH PH Specialist to work with other agencies as and when required (Local Coroner's Office, Highways Agency, Samaritans, colleagues within RMBC, local media)	Targeted work initiated as and when areas are identified. Actions recorded and reported to the wider Suicide Prevention and Self-Harm Group.	**Reduction in specific methods used. Reduction in suicides in specific settings:** Action taken at hotspots which could include: • Installation of physical barriers, signage highlighting helpful numbers like Samaritans and or moving ligature points. • Encouraging help seeking behaviours in specific geographical communities by promoting	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				services. • Increasing the likelihood of a third party intervention through surveillance and staff training. • Evidence of responsible media reporting.	
2.1 continued	To use real time data to raise awareness amongst frontline staff either through training sessions or newsletters Frontline staff include: Primary care Housing	PH working with members of the Suicide Audit Group. Support from L&D and Comms Leads within Partner organisations.	Awareness work initiated as and when specific issues are identified.	• Number of training sessions held. • Evidence of newsletters/staff communications being utilised to communicate messages to frontline staff.	
2.1 continued	To raise awareness amongst the general public re safe storage of medication incl prescribed and over the counter, using Public Health Channel, Qmatic	Public Health Specialist Comms Leads (RCCG, RMBC) Local Pharmaceutical Committee.	March 2019.	• Evidence of messages being communicated to the general public re safe storage of medication both prescribed and over the counter	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	screens and internal communications.			within the home.	
2.1 continued	Explore opportunities to work with Planning Department re access to means at new builds. • Initial meeting with Officers. • Joint working opportunities scoped. • Plan of action drafted and agreed.	Public Health Specialist working with RMBC Planning.	April 2019.	• Meetings held with Planning Officers. • Work scoped. • Proposals and way forward shared with the Suicide Prevention & Self Harm Group.	

Aim 3. Tailor approaches to improve mental health in specific groups

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.1 To increase awareness amongst people living and working in	Roll out the Rotherham Five Ways to Wellbeing Campaign across the borough. www.rotherham.gov.uk/health	All partners of the Health and Wellbeing Board: RMBC, RCCG. TRFT, RDaSH, SYP and	Campaign launched in May 2018. Ongoing but activity reported to SP & SH Group and Better	**Improved emotional resilience amongst people living and working in Rotherham:**	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Rotherham of the importance of having good mental health.		voluntary sector.	Mental Health for All Group.	• A range of initiatives across the borough. Partners evidencing their actions on the activity record sheet. • Press and social media coverage of campaign activity. • Case studies illustrating impact campaign is having.	
3.2 Promote the mental health of people working in Rotherham.	Promote The South Yorkshire Business Healthy Workplace Award of which mental health is a mandatory section employers need to address at bronze, silver and gold levels.	PH Workplace Health Advisor working with employers.	Ongoing.	**Improved mental health of people working in Rotherham:** • Number of employers signed up to the Award. • Number of employers working towards Bronze, Silver & Gold levels.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.3 Whole College Approach	To work with all local colleges to support them in developing a whole college approach to mental health and emotional wellbeing.	RCCG, PH working with all local colleges.	Commencing work in September 2018.	**Improved mental health of people working in Rotherham:** • Colleges in Rotherham able to evidence a whole college approach to mental health and emotional wellbeing. • Interventions evaluated. • Clear offer of support for young people attending the college. • Improved staff wellbeing. • Staff reporting that they are more confident in dealing with emotional and mental health issues.	

Aim 4. Provide better information and support to those bereaved or affected by suicide

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
4.1 To ensure that timely, coordinated and appropriate support is provided to children and young people bereaved by suicide	100% Police Officers completing the 117 to trigger the Sudden and Traumatic bereavement pathway.	South Yorkshire Police – Safe Neighbourhood Services & Rotherham Samaritans.	March 2019. Progress to be monitored through the Suicide Audit Group.	**Children and young people bereaved or affected by suicide receiving appropriate support:** • Evidence that 100% suspected suicides where children are involved have a 117 submitted.	
4.1 continued	To review Child Bereavement pathway, brief all organisations and upload onto Tri-x.	PH working with partners from RMBC C&YP services, SY Police and CAMHS.	Review due October 2018.	• Pathway renewed. • Organisations to cascade updated pathway to their staff. • Updated pathway on Tri-x.	
4.2 To ensure that timely, coordinated and appropriate support is	Review of bereavement listening service delivered by Rotherham Samaritans.	South Yorkshire Police – Safe Neighbourhood Services & Rotherham	Review January 2019	**Adults bereaved or affected by suicide receiving appropriate support:**	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
provided to adults bereaved by suicide.		Samaritans to review the current arrangements.		• Current provision reviewed. • Changes made where necessary. • Reports of uptake to Suicide Prevention Group.	
4.2 continued	Following review explore options to rollout this service for other stakeholders- primary care.	PH, RCCG and Rotherham Samaritans to look at rollout to primary care.	Rollout options explored and implemented March 2019.	• Rollout options discussed with wider SP & SH Group. • Rollout implemented.	
4.2 continued	To increase local provision of bereavement support by exploring options to provide postvention training to frontline staff.	Public Health, RCCG and RDaSH	March 2019	• Options proposed. • Delivery of training. • 40 number of people trained. • Feedback from participants indicating increase in knowledge, confidence, and skills.	

Aim 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
5.1 To ensure sensitive supporting of suicides in the SY & B region.	To work with ICS colleagues to engage the local media in sensitive reporting of suicides in the region in line with national Samaritans guidance.	ICS Suicide Prevention Group members.	To be confirmed. Possibly November/December 2018.	**Sensitive approaches to suicide and suicidal behaviour used in media/social media communications:** • ICS workshop held for local media. • Number of local media attending the workshop. • Evidence of sensitive reporting.	
5. 2 To use local and social media to promote suicide prevention and mental health initiatives.	To develop marketing plans for campaigns which demonstrate a good breadth of local media being utilised.	Comms Leads across all partners working with PH.	Ongoing.	**Sensitive approaches to suicide and suicidal behaviour used in media/social media communications:** • Marketing plans for campaigns reflecting a broad range of media being utilised.	
5.2 continued	To use health awareness events throughout the year to	Comms Leads across all partners working with PH.	Ongoing but minimum of two health events per year being used	Evidence of campaigns being promoted through;	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	promote agreed mental health messages.		to raise the profile of suicide prevention and mental health messages.	social media, local media, internal and external organisational newsletters.	

Aim 6. Support research data collection and monitoring

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
6.1 To ensure that there is reliable, timely and accurate suicide statistics for suicide prevention and self-harm in Rotherham.	To continue with Rotherham's real time surveillance: SYP- Safer Neighbourhoods Service to keep up to date records on suspected suicides. SYP to notify Public Health, RCCG,	SYP Neighbourhood Services working with Coroner's Office, PH, RDaSH and RCCG.	Ongoing commitment.	**Rotherham Suicide Prevention and Self Harm plan reflects current local data:** • Data presented quarterly to the SP & SH Group at quarterly meetings and to the MH & LD Transformation Group.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	RDaSH, Domestic Abuse Coordinator, Drug/Alcohol Services and Housing following a suspected suicide.			• Evidence of actions being taken through Suicide Audit minutes. • Action plan updated accordingly.	
6.1 continued	Use the real time data to identify geographical areas which need a focused response and work with these local communities to develop specific suicide prevention interventions.	Public Health working with Elected Members, Primary Care, RDaSH and Neighbourhood colleagues.	From April 2019	**Reduced suicide amongst men:** • Evidence of community based activities/events. • Evaluations/case studies which reflect local activity.	
6.1 continued	To produce an annual suicide audit report which is presented to the SP & SH Group	SYP with input from PH, RCCG and RDaSH	December 2018	• Annual data presented to the SP & SH Group. • Action plan updated accordingly. • Pathways amended accordingly.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
6.2 continued	To work with colleagues across the ICS to ensure that there is a robust process in place for real time surveillance (RTS).	Members of the ICS SP Steering Group	Work commencing in September 2018	• Agreed definition of RTS • Robust approach to data collection across the ICS • Agreed processes for appropriate sharing of information across the ICS.	
6.2 continued	To work with colleagues across the ICS to consider the possibility of conducting a sociological autopsy, which would consider personal, economic and societal factors that affect suicide	Members of the ICS SP Steering Group	Work commencing in September 2018	• Scope of work agreed with ICS partners. • Audit work commenced. • Production of a suicide Audit report for the ICS area which would detail all local factors which relate to deaths from suicide. • Report shared with local group. • Actions incorporated into local action plan.	

Aim 7. Workforce development and welfare of workforce (include primary care)

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
7.1 To develop a graduated response to suicide prevention training.	To develop and test a graduated response to suicide prevention training within RMBC and RDaSH initially which can then be shared with other partners.	PH and RDaSH working with respective L & D colleagues within the council.	March 2019.	**Suicide alert workforces:** • Scope a graduated response to suicide prevention training. • Test the approach with RMBC. • Evaluate. • Report back to SP group. • Roll out a coordinated programme of suicide prevention training which includes basis awareness raising to advanced training for specialist staff.	
7.2 To create suicide alert communities	Explore opportunities to roll out suicide prevention training for non-health and	PH, RDaSH RCCG working with primary care and neighbourhood	March 2019.	**Suicide alert communities**:	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	primary care workers- with a focus on high risk geographical areas.	colleagues		• Number of people trained to identify people who may be at risk of suicide. • Feedback from participants attending the training courses showing that they are more confident to be able to spot the signs and signpost on.	
7.3 To ensure that there is a more sustainable offer for Mental Health First Aid (MHFA)Training.	To develop a coordinated response to MHFA training.	PH, RDaSH and RUCST.	September 2019.	• Identify the number of qualified trainers. • Identify target groups to be trained in 2019/20. • Numbers trained and database or organisations receiving the training. • Reports to the SP group.	

8. Acute mental health services

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Reduce the risk of suicide and self-harm following discharge from mental health services					
Implement follow up within 48 hours with patients with a history of suicide attempts/self-harm.	1. Develop 48 hour follow-up pathway. 2. Implement pathway. 3. Evaluation of pathway.	RDASH with partner agencies including the voluntary sector.	1 & 2 March 2019. 3 September 2019.	• 48 hour follow-up pathway developed and launched. • All patients presenting a risk who have been admitted to the In-patient mental health services will have contact within 48 hours to review needs and risks. • Pathway evaluation completed.	
Develop and establish a graduated response to training within RDaSH Care Group.	1. Develop and agree graduated response to training. 2. Roll out of plan against agreed trajectory.	RDASH	1. Graduated response training model to be established by January 2019. 2. Agreed trajectory for the roll out of	• Increased knowledge and skills within the workforce around suicide prevention – training evaluation completed.	

	3. Evaluation.		training during 2019 /20 in place – February 2019.	• All staff completed training, in line with agreed criteria – evidence from PDR records. • Evaluation completed.	
Implementation of Storm training for all Access/Crisis/Core 24 clinical staff, as a mandatory requirement.	Establish baseline of number of staff trained. Agree training rollout programme. Established as part of mandatory training requirement. Evaluation.	RDASH	1. 95% staff trained by December 2019. 2. Storm training established as mandatory requirement for all clinical staff in Access/Crisis / Core 24 team by March 2019.	Increased knowledge and skills for key frontline staff around suicide prevention and assessment.	
Core 24	Develop suicide-prevention / self-harm as part of Core 24 delivery (Contract SDIP).	RDaSH / CCG / TRFT	By June 2019 Plan agreed. Delivery of plan throughout 2019/20.	• Develop and agree a delivery plan, as part of the 2019/20 Contract SDIP.	
Stay Alive app	Promote awareness of the Stay Alive app amongst those individuals using	RDaSH	By May 2019	• Increase awareness of the Stay Alive app.	

	RDaSH services			• Increase access to the app through promotion on patient information.	
Crisis Provision	To review the current Crisis provision and response, as part of the Core Fidelity Development process.	CCG/PH/RDaSH	By March 2019 agreed plan in place.	• Improved Mental health emergency and urgent care response.	
Early intervention in Psychosis	Develop suicide-prevention / self-harm as part of EIP service (Contract SDIP).	RDaSH	By June 2019 Plan agreed. Delivery of plan throughout 2019/20.	• Develop and agree a delivery plan, as part of the 2019/20 Contract SDIP.	
Audit of deaths relating to suicide of those in MH Services	Establish a Task and finish group. Undertake an audit. Produce audit report and future recommendations.	PH/CCG/RDaSH	By Feb-19.	• Audit and recommendation report produced.	

Progress Summary

Date of meeting	Actions Outstanding	Lead	Actioned By

Rotherham Suicide Prevention and Self-Harm Action Plan 2019 - 2021

Date of meeting	Actions Outstanding	Lead	Actioned By

Grey	Not due to start
Red	Not on target
Amber	Almost achieving target
Green	Achieving Target On track
Blue	Complete

BRIEFING PAPER FOR HEALTH AND WELLBEING BOARD

1.	**Date of meeting:**	**30th January 2019**
2.	**Title:**	**Health and Wellbeing Strategy Performance Framework**
3.	**Meeting:**	**Rotherham Health and Wellbeing Board**

1. Background

1.1 Rotherham's Health and Wellbeing Strategy 2025 was signed off in March 2018. It was agreed in July 2018 that an accompanying performance framework would be developed to measure the successful delivery of the strategy.

1.2 A longlist of potential indicators was circulated to the Health and Wellbeing Board in November 2018. Following discussion, it was agreed that the final draft performance framework be submitted to the January 2019 board meeting.

1.3 The board is presented with a final draft of this performance framework for approval, as well as a proposed approach to monitoring performance.

2. Key Issues

2.1 The Health and Wellbeing Board has access to a wealth of data around the health and wellbeing of Rotherham people. This includes the Joint Strategic Needs Assessment (JSNA), which is currently undergoing a redesign to ensure that it better meets the requirements of service-providers, commissioners, and partners.

2.2 Additionally, the Rotherham Integrated Care Partnership (ICP) Place Board has developed quarterly performance reports against the ICP Place Plan, which is the delivery mechanism for the aspects of the Health and Wellbeing Strategy relating to integrating health and social care. These quarterly reports are circulated to the Health and Wellbeing Board for information.

2.3 The draft performance framework (see appendix one) seeks to compliment additional information available to the board such as the JSNA and the ICP Place Plan quarterly performance reports by providing a high-level and outcomes-focussed overview of performance through a number of priority indicators.

2.4 These priority indicators have been selected to reflect the aims and strategic priorities within the Health and Wellbeing Strategy and aim to capture some of the key improvements that the strategy seeks to make by 2025 to the health and wellbeing of Rotherham people.

3. Key Actions and Relevant Timescales

3.1 Subject to the draft performance framework being approved, a scorecard will be developed, which will include data benchmarking Rotherham's position to national and regional averages.

3.2 As data publication cycles are not aligned for all of the indicators, it is recommended that updates to the scorecard become a standing item on the agenda. This will ensure that the Health and Wellbeing Board has continued oversight of performance and can escalate any emerging issues at the earliest possible opportunity.

3.3 It is also proposed that partners participate in an annual session dedicated to performance. This will be an opportunity to evaluate trends and identify any areas that require further attention.

3.4 The focus of these annual performance sessions would be the priority measures, but these would also be cross-referenced with supporting evidence from other sources such as the JSNA and the ICP Place Plan quarterly performance reports to provide a more rounded perspective to areas of high or low performance. It is therefore recommended that the first of these performance sessions takes place in Summer 2019 following the scheduled approval and publication of the redesigned JSNA.

3.5 Furthermore, as part of the first of these performance sessions, it is suggested that board members could agree and commit to targets, which will help to drive the delivery of the strategy.

4. Recommendations to Health and Wellbeing Board

4.1 Approve the draft performance framework.
4.2 Agree to participate in a dedicated session on performance, which would take place on an annual basis.
4.3 Agree to the proposed approach to receiving updates on performance.

5. Name and Contact Details

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Appendix One: Draft Health and Wellbeing Strategy Performance Framework

Aim	Indicator	Source	Frequency of reporting
Aim 1: All children get the best start in life and go on to achieve their potential.	Smoking status at the time of delivery	Public Health England	Annually
	School readiness: the percentage of children achieving a good level of development at the end of reception	Department for Education	Annually
	Child excess weight in 10-11 yr olds	NHS Digital	Annually
	Children in Need rate (rate per 10,000 population under 18)	Rotherham Metropolitan Borough Council	Monthly
	Average attainment 8 score	Department for Education	Annually
Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.	Self-reported wellbeing – % of respondents with a high happiness score	Annual Population Survey (APS)	Annually
	Depression recorded prevalence (% of practice register aged 18+)	Quality and Outcomes Framework	Annually
	Suicide: age-standardised rate per 100,000 population (3 year average)	Public Health England	Annually
	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	Quality and Outcomes Framework	Annually
	Proportion of adults with a learning disability in paid employment	Adult Social Care Outcomes Framework	Annually

Aim 3: All Rotherham people live well for longer	Healthy life expectancy at birth (male)	Office for National Statistics	Annually
	Healthy life expectancy at birth (female)	Office for National Statistics	Annually
	Proportion of people who use services who have control over their daily life	Adult Social Care Outcomes Framework	Annually
	Health related quality of life for older people	GP Patient Survey	Annually
	Percentage of carers reporting that their health has not been affected by their caring role	Survey of Adult Carers in England	Annually
Aim 4: All Rotherham people live in healthy, safe and resilient communities	The rate of the working age population economically active in the borough	Rotherham Metropolitan Borough Council	Quarterly
	Percentage of people feeling safe outside in their local area: a) during the day b) after dark	Rotherham Metropolitan Borough Council	Bi-annually
	Number of households in temporary accommodation	Rotherham Metropolitan Borough Council	Quarterly
	Number of visits to the Council's culture and leisure facilities	Rotherham Metropolitan Borough Council	Quarterly
	Loneliness indicator TBC following the development of the Loneliness Strategy.	*TBC*	*TBC*

Health and Wellbeing Strategy: Performance Framework

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

Strategic Priorities	Proposed Indicators
1. Ensuring every child gets the best start in life (pre-conception to age 3)	Smoking status at the time of delivery
	School readiness: the percentage of children achieving a good level of development at the end of reception
2. Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery	Child excess weight in 10-11 year olds
3. Reducing the number of children who experience neglect or abuse	Children in Need rate (rate per 10,000 population under 18)
4. Ensuring all young people are ready for the world of work	Average attainment 8 score

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

Strategic Priorities	Proposed Indicators
1. Improving mental health and wellbeing of all Rotherham people	Self-reported wellbeing – % of respondents with a high happiness score
2. Reducing the occurrence of common mental health problems	Depression recorded prevalence (% of practice register aged 18+)
	Suicide: age-standardised rate per 100,000 population (3 year average)
3. Improving support for enduring mental health needs (including dementia)	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months
4. Improve the health and wellbeing of people with learning disabilities and autism	Proportion of adults with a learning disability in paid employment

Aim 3: All Rotherham people live well for longer.

Strategic Priorities	Proposed Indicators
1. Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease	Healthy life expectancy at birth (male)
	Healthy life expectancy at birth (female)
2. Promoting independence and self-management and increasing independence of care for all people	Proportion of people who use services who have control over their daily life
3. Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right support at the right time	Health related quality of life for older people
4. Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life	Percentage of carers reporting that their health has not been affected by their caring role

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

Strategic Priorities	Proposed Indicators
1. Increasing opportunities for healthy, sustainable employment for all local people.	The rate of the working age population economically active in the borough
2. Ensuring everyone is able to live in safe and healthy environments.	Percentage of people feeling safe outside in their local area: a) during the day b) after dark
	Number of households in temporary accommodation
3. Ensuring planning decisions consider the impact on people's health and wellbeing.	
4. 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	Number of visits to the Council's culture and leisure facilities
5. Mitigating the impact of loneliness and isolation in people of all ages	Loneliness indicator (TBC.)

Sample Scorecard

Aim	Strategic Priorities	Measure	Source	Frequency of reporting	Most recent data	Good performance	Baseline	Most Recent Data	England average	Yorkshire and Humber average	DOT	Data notes
Aim 1: All children get the best start in life and go on to achieve their potential.	1. Ensuring every child gets the best start in life (pre-conception to age 3) 2. Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery 3. Reducing the number of children who experience neglect or abuse 4. Ensuring all young people are ready for the world of work	Smoking status at the time of delivery	Public Health England	Annually	2017/18	Low	**17.1%** (2016/17)	**19.9%**	**10.8%**	**14.2%**		
		School readiness: the percentage of children achieving a good level of development at the end of reception	Department for Education	Annually	2016/17	High	**70.4%** (2015/16)	**72.1%**	**70.7%**	**68.8%**		
		Child excess weight in 10-11 yr olds	NHS Digital	Annually	2017/18	Low	**37%** (2016/17)	**36.1%**	**34.7%**	**34.3%**		
		Children in Need rate (rate per 10,000 population under 18)	Rotherham Metropolitan Borough Council	Monthly	Jul-Sep 2018	Low	**426.2** (Apr-Jun 2018)	**363.6**	**337.7**			These figures are based on the most recently published data (for Rotherham Council's Q2 Performance Report.) More recent data is available.
		Average attainment 8 score	Department for Education	Annually	2018	High	**45%** (2017)	**43.3%** (2018)	**44.3%** (2018)			

Proposed Approach

- Board members to participate in an annual session on performance
- Updates to the scorecard included as a standing item on the agenda
- Reviewing the ICP Place Plan Performance Reports on an ongoing basis to ensure there is appropriate oversight

Recommendations

That the Health and Wellbeing Board:

- Approve the draft performance framework.
- Agree to participate in a dedicated session on performance, which would take place on an annual basis.
- Agree to the proposed approach to receiving updates on performance.

ROTHERHAM JOINT HEALTH AND WELLBEING STRATEGY

A healthier Rotherham by 2025




NHS

South Yorkshire POLICE

Voluntary Action Rotherham

healthwatch Rotherham

Rotherham Metropolitan Borough Council

CONTENTS

FOREWORD

Health and wellbeing is important to everybody in Rotherham, enabling people to live fulfilling lives and to be actively engaged in their community. The way individuals achieve good health will differ according to their experiences, life chances, abilities and resources. Unfortunately, we know too many people in Rotherham are not in good health and that significant differences exist between our most and least deprived communities.

As our population grows, health and wellbeing needs change. We need to ensure we are responsive to these changes by continuing to support people to live healthy lives and remain independent as long as possible.

Public sector finances are becoming increasingly stretched, which means that all partners on the Health and Wellbeing Board and local communities will need to be working together to explore new ways of delivering services and meeting needs. We hope that this strategy will help to meet these challenges through a shared vision for health and wellbeing in Rotherham.

The Health and Wellbeing Strategy provides a high level framework which will direct the Health and Wellbeing Board's activity over the next seven years; it will support the board's role to provide leadership for health and wellbeing by making the most of our collective resources within Rotherham. It doesn't, however, reflect everything we will consider as a board or that the partners will deliver, but focuses on what we can do better together and provides strategic direction for each organisation as they deliver services.

The Health and Wellbeing Board is about working together and we believe it is clear that the board is now a real and strong partnership. The strategy contains some ambitious aims, but by working creatively and in partnership, we feel that they are achievable and that we can make long-lasting changes that will improve the health and wellbeing of all Rotherham people.

Cllr David Roche

Cabinet Member for Adult Social Care and Health
Chair of Rotherham Health and Wellbeing Board

Dr Richard Cullen

Chair of Rotherham Clinical Commissioning Group
Vice-chair of Rotherham Health and Wellbeing Board

I. INTRODUCTION AND CONTEXT

This is the third Health and Wellbeing Strategy for Rotherham, which has been produced in collaboration with Health and Wellbeing Board partners. This fulfils the duty set out in the Health and Social Care Act (2012) to set the overarching framework for health and care commissioning plans for Rotherham.

The high-level strategy involves the implementation of a number of workstreams, organisational strategies and action plans. The role of the Health and Wellbeing Board is to support and encourage effective partnership working, share good practice, understand and build on local assets, as well as taking action where needed to remove blockages, identify gaps and to hold organisations, workstream and strategy leads to account for delivery. All of this is about ensuring the board maximises opportunities for improving health and wellbeing in everything it does, across all agendas, policies and strategies.

For the strategy to be effective, it is important that it has a clear focus, and includes only the most important things that the partners on the board can do together. It does not include everything that all partners do, but considers strategically where the most difference can be made by the board working in partnership.

1.1 The Rotherham Together Partnership

The Rotherham Together Partnership plan - 'The Rotherham Plan 2025'- provides a framework for partners' collective efforts to create a borough that is better for everyone who wants to live, work, invest or visit.

The Health and Wellbeing Board and strategy contribute to achieving the vision of the Rotherham Plan, particularly in relation to integrating health and social care and improving health and wellbeing outcomes for local people.

The wider partnership also provides an opportunity to explore where better outcomes could be achieved in relation to the wider determinants of health, for example: the environment people live in, education, employment, financial inclusion and transport; all of which contribute to the aims and priorities within this strategy.

1. INTRODUCTION AND CONTEXT

1.2 Integrated Care Partnership and Integrated Health and Social Care Place Plan

The Rotherham Integrated Care Partnership (ICP) is the local delivery arm of the wider South Yorkshire and Bassetlaw Integrated Care System (ICS), previously known as the Sustainability and Transformation Plan. The local ICP Place Board is about health and care partner organisations in Rotherham sharing responsibility for the planning and delivery of improved and sustainable health and social care for local people. The Place Board have approved the Rotherham Integrated Care Partnership: Health and Social Care Place Plan, which will deliver a set of 'place' priorities under five workstreams, which are aligned to the Health and Wellbeing Strategy aims:

- Transforming services for children and young people
- Transforming mental health services
- Transforming learning disability services
- Transforming urgent care services
- Transforming community care services

The Health and Wellbeing Strategy sets the strategic vision for improving health and wellbeing for all Rotherham people, the Rotherham Place Plan is the delivery mechanism for the health and social care integration elements of the strategy.

Rotherham's health and social care community, including the council, clinical commissioning group and providers of health and care services, has been working in a collaborative way for several years to transform the way it cares for its population, and is passionate about providing the best possible services and outcomes. It is recognised that only through working together in a strong partnership, and with local communities, can sustainable services be provided over the long term.

Prevention, early intervention and the integration of health and social care services are the focus of the Place Plan; to transform the way services are delivered.

National and local commissioning has supported increased community care over recent years to improve patient outcomes, improve flow through the system and reduce inefficiencies. Health and social care transformation programmes include developing alternatives to entering services or hospital admission and facilitating discharge. The Place Plan provides an opportunity to build on this to take a more holistic and integrated approach across physical and mental health, social care and the voluntary and community sector in order to develop and embed an integrated model of care which supports individuals and their carers and focuses much more on prevention.

Narrowing inequalities and targeting resources towards areas of greatest need is a principle of the Health and Wellbeing Strategy. The Place Plan will contribute towards achieving this by applying an approach referred to as 'proportionate universalism': services must be universal, but with a scale and intensity that is proportionate to the level of need.

Appendix A demonstrates how the Place Plan aligns to and contributes to achieving the overarching aims of the Health and Wellbeing Strategy.

2. WHAT IS MEANT BY 'HEALTH AND WELLBEING'

Health is about feeling physically and mentally fit and well. Wellbeing considers whether people feel good about themselves and are able to get the most from life.

Health is not just about individuals, however, but also about populations. Population health considers how to respond to potential threats to health, such as the impact of where and how people live their lives, and identifies how best to provide health services that are capable of meeting people's different needs.

Local people can be supported to take responsibility for their health and wellbeing by having a good understanding of their own and their family's health and the behaviour changes they can make to improve their health now or to prevent ill health developing in the future. Most health behaviours are determined during pregnancy, infancy, childhood and adolescence and by improving the health of children and young people, health and wellbeing of the wider population can be influenced.

The aims in this strategy, whilst setting the vision for how health and care services will be delivered to those who need it, will also have a strong focus on the role of the individual and the wider community in improving health and wellbeing. Evidence shows that people who are connected to others, not feeling socially isolated or lonely, who are learning, staying active and contributing to their community, are much happier and healthier[1].

2.1 A life course approach

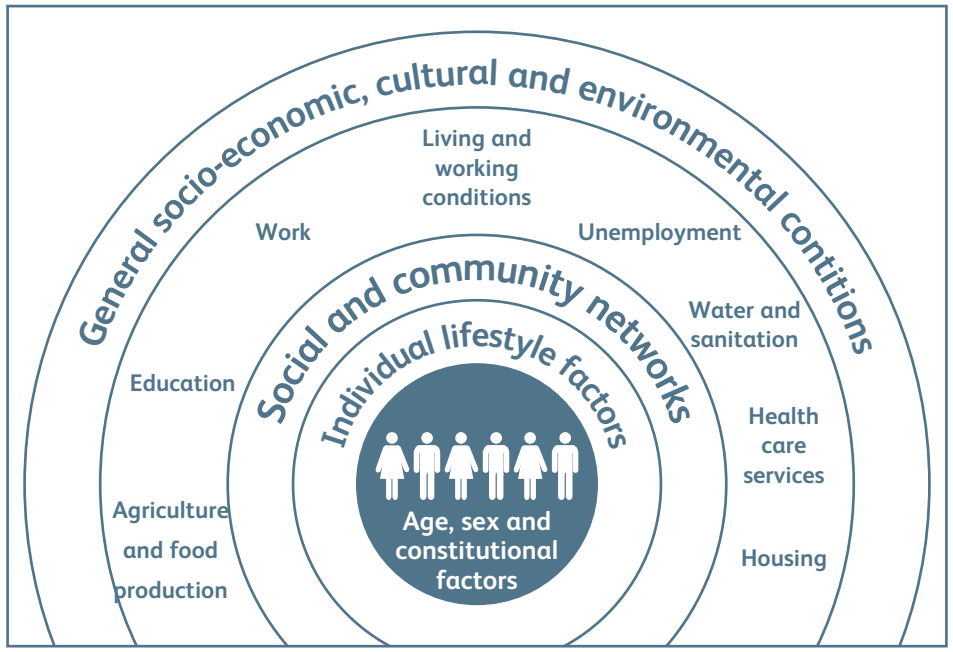
A life course approach to health is based on the understanding that multiple factors, which include biological, social, psychological, geographic, and economic, shape health over the life course. This approach aims to increase the effectiveness of interventions throughout a person's life, focusing on a healthy start to life then targeting the needs of people at critical periods throughout their lifetime such as adolescence, moving into work, pregnancy, retirement, bereavement and end of life.

The health and wellbeing of individuals and populations across the whole life course is affected by a range of factors both within and outside the individual control. The wider determinants model below describes the layers of influence on an individual's potential for health; those that are fixed such as age, sex and genetics and those which are not such as personal lifestyle, the physical and social environment and wider socioeconomic, cultural, environmental and global conditions.

[1](Government, 2008)

2. WHAT IS MEANT BY 'HEALTH AND WELLBEING'

Figure 1 Dahlgren and Whitehead Wider Determinants Model[1].



This model also demonstrates the complex influences on health and identifies that no one individual or organisation can improve the health of the Rotherham population on their own: improving health and wellbeing is a shared responsibility between all organisations and the people of Rotherham. People need to take some responsibility for their own health and wellbeing, whilst local partners and organisations contribute by developing services and environments that support and enable them to do this.

[2](Kings Fund, 2018)

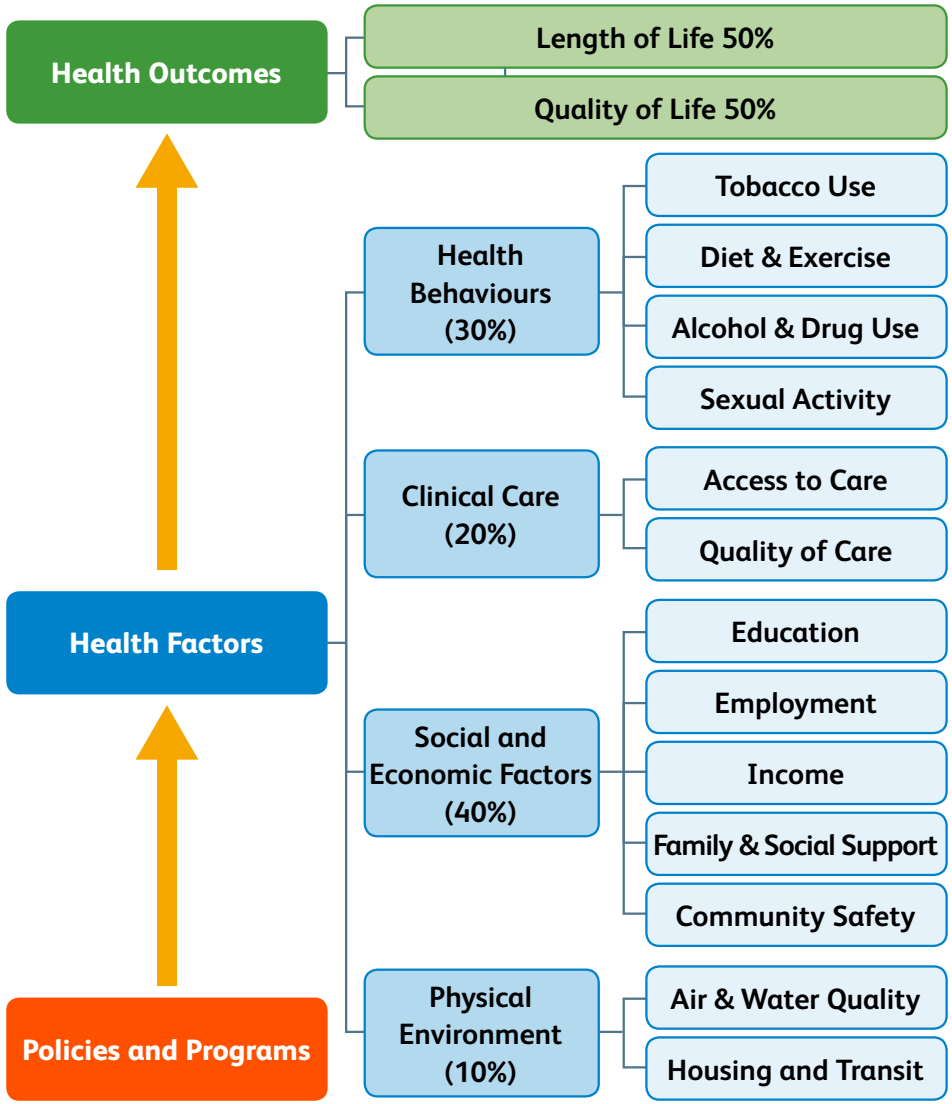
2. WHAT IS MEANT BY 'HEALTH AND WELLBEING'

2.2 What causes poor health and wellbeing?

People's experience of health and wellbeing is influenced by more than health and care services, and there are stark differences in the life expectancy of people living in the best and worst off parts of the borough. People living in Wickersley, for example, can expect to live on average 8 years longer than those living in the town centre.

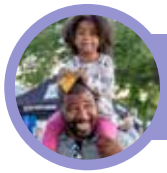
The single biggest cause of ill health and health inequalities are socio-economic factors such as education, employment and income, as well as family and social support networks available to people and the physical environment in which people live – including the quality of our built environment, housing, transport and access to green spaces.

The following diagram demonstrates the things that can impact people's ability to live a healthy life and the strength of association between these health factors and health outcomes. It suggests that the greatest improvements in population health will require addressing the social and economic determinants of health.



3. STRATEGIC AIMS

The strategy includes four aims which the Health and Wellbeing Board have agreed are the most important things to focus on to improve health and wellbeing outcomes for all Rotherham people, but can best be tackled by a 'whole system' approach where the involvement of the whole range of partners at the Health and Wellbeing Board is needed to achieve improvement.



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.

Each aim includes a small set of high-level priorities, which demonstrate the particular areas of interest that will contribute to achieving the aim. These are described in section 5.

3.1 Strategy principles

Underpinning these aims is a set of principles that all Health and Wellbeing Board partners have committed to embedding in everything that they do, both individually as organisations, and jointly as a partnership:

- **Reduce health inequalities** by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest
- **Prevent physical and mental ill-health as a primary aim**, but where there is already an issue, services intervene early to maximise impact
- **Promote resilience and independence** for all individuals and communities
- **Integrate commissioning of services** to maximise resources and outcomes
- **Ensure pathways are robust**, particularly at transition points, so that no one is left behind
- **Provide accessible services** to the right people, in the right place, at the right time.

3. STRATEGIC AIMS

3.2 How the strategy has been developed

In developing the Health and Wellbeing Strategy the aim was to identify priorities based on strong evidence, an understanding of what would work locally, stakeholder feedback and specific areas where the Health and Wellbeing Board could have the biggest impact.

Rotherham's Joint Strategic Needs Assessment (JSNA) provides a comprehensive and rigorous analysis of the issues that need to be considered when planning for the protection and improvement of the health and wellbeing of the people of Rotherham. The JSNA identifies the current and future health and wellbeing needs of the population, including differences in life expectancy within and between communities and the impact of ill health on the quality of life experienced by local people. It also recognises the importance of mental health and wellbeing, which is important for the resilience of individuals and communities, enabling people to take control of their health and health behaviours.

4. JOINT STRATEGIC NEEDS ASSESSMENT – WHAT THE DATA TELLS US

The health of people in Rotherham is generally poorer than the England average

Deprivation in Rotherham is amongst the highest 20% in England, with **14,000** children (24%) living in poverty

11,200 people in Rotherham are economically inactive (neither working nor seeking work) due to long-term sickness (July 2016 – June 2017)

Life expectancy

for men and women is lower than the England average and is nearly 10 years lower for men and 7 and a half years lower for women in the most deprived areas of Rotherham compared to the most affluent areas (2013-2015)

9.4%

of working age people in Rotherham are claiming long term sickness or disability-related benefits

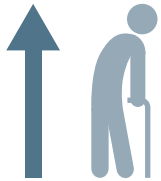
People in Rotherham are 24% more likely to have a long term health problem or disability than the English average

24%

5,627 people receiving Carers Allowance due to their role as a carer

£

Rotherham's population is changing:



The number of older people is increasing, especially in the oldest age groups, and people will live longer with poorer health

Our Black and Minority Ethnic communities are growing and changing, most evident amongst children and young people and a growing Roma community.

4. JOINT STRATEGIC NEEDS ASSESSMENT – WHAT THE DATA TELLS US

Household incomes in Rotherham are lower than the Yorkshire and Humber and UK average and women earn only 86% of the average for women in England (2017 provisional)

11,670 homes (10.6%) are in fuel poverty with localised rates up to 32%

71.4% of adults in Rotherham were overweight or obese in 2015/16, worse than the 61.3% average for England

22.2% of children leaving primary school are obese, above the national average (2016/17)

Rotherham's breastfeeding initiation rate is amongst the lowest in the region at 62.5%, contributing to levels of childhood obesity and paediatric hospital admissions

17.1% of mothers were smokers during pregnancy in 2016/17. Smoking in pregnancy contributes to increased risk of stillbirth, low birthweight and neonatal deaths.

5.3% of 16-18 year olds in Rotherham are not in employment, education or training, higher than the 4.2% nationally (2015)

There are nearly **500** smoking related deaths each year in Rotherham – 22% higher than the England average

4. JOINT STRATEGIC NEEDS ASSESSMENT – WHAT THE DATA TELLS US

30% of the Rotherham population are estimated to drink at a level that puts their health at risk (over 14 units per week)

1,059 people aged 15-64 in Rotherham were newly diagnosed with a sexually transmitted infection (excluding chlamydia in under 25s) in 2016, the rate being below the national average.

1,847 hospital admissions in Rotherham during 2015/16 could be attributed to alcohol and 2,038 years of life were lost due to alcohol related conditions in 2016.

An estimated **18.3%** of adults in Rotherham smoke, above the national average of 15.5%.

1 in 4

On average, mental health problems affect one in four people at some point each year, most commonly depression or anxiety but can be more complex disorders.

Half of people aged 75 years and over live alone and most experience loneliness.

Welfare reform has been adversely affecting people claiming benefits and tax credits in Rotherham since 2010, with an annual loss estimated at £66 million in 2015/16, rising to £94 million in 2017/18. Those most affected have been families with children, disabled people and the long term sick.

4. JOINT STRATEGIC NEEDS ASSESSMENT – WHAT THE DATA TELLS US

There have been some notable improvements in health and wellbeing in Rotherham over recent years. Good progress doesn't mean, however, that we don't have more to achieve.

School readiness (children achieving a good level of development at the end of reception year) and **GCSE achievement** are **slightly better than national averages**.

Sickness absence of all Rotherham working adults has been **reducing and is now close to the England average.**

The rate of **under 18 conceptions** in the borough has **more than halved in the last 10 years** but is **still above the England average**.

The percentage of alcohol users who **successfully complete treatment** has **increased** and is **now higher than England average**.

More people are having **routine vaccinations and cancer screening** in Rotherham than the national average. Incidence of tuberculosis is less than half the England average.

Hospital admissions or injuries in children and young people have **reduced and are now below England average.**

The **rate of emergency hospital admissions due to injuries from falls in the elderly** has **decreased by a third in the past 5 years** and is **among the lowest in England.**

Mortality rates have reduced, in particular infant mortality and premature deaths from cancer.

5. STRATEGIC PRIORITIES: THE AREAS THE HEALTH AND WELLBEING BOARD WILL FOCUS ON TO ACHIEVE THE AIMS

Under each of the four aims is a small set of strategic priorities. These are the 'high-level' areas that the board has agreed will contribute best to achieving the overall aims. They are not intended to include everything that the Health and Wellbeing Board partners will deliver, but what they can deliver better together.

Five questions have been used in selecting these priorities:

1. CAN MORE BE DONE TO TACKLE THIS ISSUE?
2. IS IT AN ISSUE THAT IS AMENABLE TO INTERVENTION?
3. IS THE DELIVERY OF THIS ISSUE IMPORTANT TO ALL PARTNERS ON THE HEALTH AND WELLBEING BOARD?
4. IS IT OF STRATEGIC IMPORTANCE?
5. WOULD THIS ISSUE LEAD TO CONSIDERABLE IMPACT ACROSS THE BOROUGH, OR TO ONE OF OUR VULNERABLE TARGET GROUPS?

Each of the priorities under the four aims cannot be delivered in isolation. The board acknowledges that to really make a difference to the health and wellbeing of local people, it must ensure that those coordinating and delivering the activities, workstreams, strategies and plans mentioned in this document are aware of and understand the contribution they will make to all four aims.

AIM 1: ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR POTENTIAL

There are 56,600 children and young people (up to the age of 18) in Rotherham, making 21.6% of population.

All aspects of our development – physical, emotional and intellectual – are established in early childhood. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status. A strong focus on health and wellbeing in those early years will ensure all Rotherham children can fulfil their potential in later life.

Rotherham has committed to being a child friendly borough which means…

"Rotherham will be a great place to grow up in; where children, young people and their families have fun and enjoy living, learning and working"

This commitment is about helping all our children and young people to have a voice and be able to influence everything we do, to have high aspirations and self-esteem and feel able to actively participate in their communities, and to grow into healthy and resilient adults. This strategy will contribute towards achieving that vision for children and young people.

What the focus will be

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

On average, there are around 3,100 births in Rotherham each year and around 16,000 children aged 0-4 years. Too many of these children are not currently getting the best start in life due to differing life chances.

The first 1001 days (from conception to age 2) is widely recognised as a crucial period; evidence shows that this will have impact and influence on the rest of the life course. A healthy pregnancy is important to the health of the baby and the transition to parenthood; providing a nurturing environment, positive attachment and relationships which are vital to build good health, emotional self-regulation and resilience through childhood and into adult life[3].

The percentage of children living in poverty in Rotherham is higher than regional and England averages, with 12,340 children and young people aged 0-16 living in families whose income is less than 60% of median income (2014). Child poverty influences educational achievement (by the age of three, poorer children are estimated to be nine months behind children from more wealthy backgrounds – and this gap continues throughout the educational stages) and health, with children in poverty almost twice as likely to live in poor housing and be affected by fuel poverty.

[3](Parent Infant Partnership UK, 2016)

AIM I: ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR POTENTIAL

More than 500 babies are born every year in Rotherham to mothers who smoke or drink alcohol during pregnancy. These children are at significant risk of preventable health conditions and developmental delay.

Breastfed babies have fewer chest or ear infections, fewer gastrointestinal problems, are less likely to become obese and therefore of developing obesity-related problems in later life, and are less likely to develop eczema. It is therefore a concern that fewer babies in Rotherham are being breastfed and for a shorter time than the England average.

Rotherham has higher than regional and national average levels of tooth decay in both 3 and 5 year olds, with 3 year olds having the poorest oral health in South Yorkshire. The most common dental diseases (tooth decay and gum disease) can cause pain and infection and lead to tooth loss, disruption to family life and absence from education.

STRATEGIC PRIORITY 2
Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery

Whilst tackling inequalities in health needs focused action from the start of life and in the early years, the commitment needs to be maintained throughout childhood and adolescence. Good education and healthcare, and opportunities for good work and training are needed in order to support young people to thrive. In common with all the priorities, whilst care and support should be available for all children and young people within the borough, the focus must be on those children and young people who are most vulnerable: those who are looked after or on the edge of care, those with mental health problems, physical and learning disabilities and those from the most deprived communities.

During adolescence young people become more independent. But with this increasing autonomy they may experiment with risk-taking behaviours. They may try alcohol, tobacco and other substances, and may become sexually active.

Childhood is also an important time in the development of behaviours that will have a lifelong influence on health and wellbeing, including healthy eating. In Rotherham obesity levels double between reception (aged 4-5 years – 11.5% obese, higher than the England average) and Year 6 (aged 10-11 years – 22.2% obese, again higher than the England average). There will be many contributing factors to this increase: lifestyle and diet choices of the children, their parents, their school, and the local environment.

The most effective interventions will ensure that there is consistent practice across the whole children's workforce and that pathways for support are integrated and efficient. To understand and respond to need effectively requires a holistic understanding of need and a shared view of outcomes.

AIM 1: ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR POTENTIAL

STRATEGIC PRIORITY 3
Reducing the number of children who experience neglect or abuse

Child neglect is the most prevalent form of child maltreatment in the UK, with an estimated one in 10 young adults having been severely neglected by parents or guardians during childhood[4]. The human and economic costs are vast, far-reaching and long-lasting. Neglect is often responded to too late, focusing limited resources on 'late intervention', which responds to a child and family's needs once harm has been done. Stopping child neglect in its tracks would not only protect this generation of children but also, in turn, help them to become the best possible parents for the generation to come.

The evidence tells us that preventative services will do more to reduce abuse and neglect than reactive services. Coordination of services is important to maximise efficiency and there need to be good mechanisms for identifying those children and young people who are suffering or likely to suffer harm from abuse and neglect and who need referral to children's social care. It is also important that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child.

STRATEGIC PRIORITY 4
Ensuring all young people are ready for the world of work

Adolescence and early adulthood is a key period for developing individual resilience: developing a sense of purpose and self-esteem, becoming emotionally aware, taking responsibility for your own physical and emotional needs and being connected to others. Resilience enables children and young people to cope with the challenges they face and to contribute positively within their community.

Educational development and attainment are generally good in Rotherham: more children achieve a good level of development at the end of reception year and more young people achieve 5 or more GCSEs at grades A*-C (including English and maths) than the England average. However, by age 16-18 our young people are beginning to struggle, with a higher number not in education, employment or training (NEET) than the England average.

Those young people who become NEET or are at risk of becoming NEET are more likely to experience low self-esteem and poor mental health and are more likely to become teenage parents. They are more likely to live in poverty and to have low paid work or claim benefits. This group are also more likely to suffer from poor physical health with an increased likelihood of alcohol and substance misuse.

[4](Lorraine Radford, 2011)

AIM I: ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR POTENTIAL

Activities that will deliver the priorities…

The Health and Wellbeing Board will:

- Ensure the priorities of the 'children and young people's transformation' workstream of the Integrated Health and Social Care Place Plan that contribute towards this aim are delivered effectively. These include:
  - Working together to implement the Child and Adolescent Mental Health Service (CAMHS) Transformation Plan, including formal joint commissioning arrangement
  - Working together to deliver the 0-19 healthy child pathway services
  - Taking action to improve perinatal mental health
  - Ensuring that children and young people are included in the Shared Rotherham Healthcare Record
  - Working together to ensure a best start in life, including reducing smoking at time of delivery, breastfeeding and a stronger focus on pre-natal mental health
- Work across the partnership to look at ways to improve and enhance the use of evidence-based programmes to reduce health and wellbeing inequalities, including: parenting programmes, sleep programmes, weaning, oral health programmes and smoking cessation projects.
- Work with the local children and young people's partnership to consider the best approaches to raise aspirations, narrow the attainment gap and reduce the number of young people becoming NEET.
- Ensure the effective implementation of the 'Signs of Safety' model in Rotherham:
  - Ensuring that the workforce is trained to spot the signs of neglect and respond appropriately (Rotherham uses the Graded Care Profile)
  - Ensuring that the Signs of Safety operating model is understood across the workforce and is used to work with families to identify and respond to risk
- Work as a partnership to ensure that pathways into preventative and statutory services are well defined and understood across the borough and that robust arrangements are in place to step up and step down families in response to their needs.

AIM 2: ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

Mental health is something everybody has. Mental health, as defined by the World Health Organisation, is:

> "….a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community."

Good mental health therefore is fundamental to how an individual, community and society functions. Improved mental wellbeing and reduced mental disorder are associated with: better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and a better quality of life. Improving people's mental wellbeing is also associated with positive outcomes in relation to education and employment, as well as reduced crime and antisocial behaviour[5].

[5](Department of Health, 2011)

However, one in four adults experiences at least one diagnosable mental health problem in any given year. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, roughly the cost of the entire NHS. Mental health problems can affect anybody at any age. It is estimated that one in four of us will suffer from mental health problems at some point in our lives. Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters by their mid-20s[6]. It is vital that positive mental and emotional wellbeing is a priority at every age. Therefore the priorities identified within this aim apply across the life course.

[6](independent Mental Health Taskforce to the NHS in England, 2016)

AIM 2: ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

What the focus will be

STRATEGIC PRIORITY 1
Improving mental health and wellbeing of all Rotherham people

In 2015/16 Rotherham residents reported high levels of low satisfaction with life, low happiness and high anxiety. These rates were higher than the average for England and for the Yorkshire and Humber region as a whole[7]. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Suicide prevention is a focus within this aim because deaths by suicides are not inevitable. Every death by suicide is a tragedy having a devastating impact on family, friends, work colleagues and the wider community. When a person dies by suicide it is often the end point of a complex history of risk factors and distressing events. The majority of people who die by suicide are not in contact with mental health services. It is important, therefore, that other organisations and local communities can provide environments where suicide can be talked about and trained people can spot the signs and offer initial support and signposting.

Rotherham's suicide rate increased sharply between the periods 2012-2014 and 2013-2015, from 10.9 to 14.2. The latest rate for 2014-2016 has seen a slight decrease in this figure to 13.9, but this is still significantly worse than the England rate of 9.9.

[7](Office for National Statistics, 2012)

STRATEGIC PRIORITY 2
Reducing the occurrence of common mental health problems

Depression prevalence is the most common form of a mental health condition, affecting over 25,900 Rotherham residents aged 18 and over in 2016/17. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs[8].

The prevalence of mental health disorders amongst children and young people varies significantly according to a range of socio-economic and demographic factors. Based on the socio-demographic profile of Rotherham (summarised in 5 ACORN Categories[9]), the prevalence of mental health disorders in Rotherham is estimated to be 14% above the UK average. This is a result of the higher levels of deprivation in Rotherham which is reflected in the higher proportion of children in the ACORN Category "hard-pressed" families.

[8](Public Health England , 2017)
[9](PCACI, 2013)

AIM 2: ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

STRATEGIC PRIORITY 3
Improving support for enduring mental health needs (including dementia)

Less common mental health problems (enduring mental health problems) include those with 'psychotic' symptoms. These symptoms can interfere with a person's perception of reality and may include hallucinations such as seeing, hearing, smelling or feeling things that no one else can. Anxiety and depression can be also be severe and long-lasting and have a big impact on a person's ability to participate in day to day life[10].

The mortality rate among people with a severe mental illness aged 18-74 is four times higher than that of the general population. For Rotherham there were 144 premature deaths in adults aged 18-74 with a severe mental illness in 2014/15.

People with mental health conditions consume 42% of all tobacco in England. It is estimated that tobacco sales in Rotherham were £75.7 million pounds in 2013. 42% equates to nearly £31.8 million pounds spent by people with mental health conditions.

[10](Mental Health Foundation , 2018)

A consequence of our ageing population is the increasing number of people living with dementia. By the age of 90, around 30% of people will be living with dementia. On average, people live for around seven years after the onset of symptoms and two years after diagnosis. Most people with dementia live at home, supported by family, neighbours, mainstream health services and the community. The impact of dementia on carers' physical and mental health must also be taken into account. The percentage of people registered at Rotherham practices with dementia for 2016/17 was 0.9% (England average 0.76%). This equates to 2,401 people (all ages).

AIM 2: ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

STRATEGIC PRIORITY 4
Improve the health and wellbeing of people with learning disabilities and autism

The needs of people with learning disabilities and autism cut across all the strategic aims of this strategy. To prevent dilution of the focus on these communities, delivery will be placed under the mental health and learning disability transformation workstreams of the Place Plan, and therefore aligns best to the mental health aim in this strategy.

Why people with learning disabilities are a key focus:

All children, young people and adults with a learning disability have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live a healthy, safe and fulfilling life.

Rotherham's learning disability population (18-64) is estimated to be 3,754 people[11], and it is estimated that this number will reduce by 3% by 2035. This reduction needs to be compared with other demographic changes and will have significant implications for planning, service development and market shaping.

- The numbers of people with severe learning disabilities will remain static until 2035
- Rotherham's older (65 plus) learning disability population will increase by 36% by 2035[12].

[11 & 12](Institute of Public Care)

This is a good news story: people with learning disabilities in Rotherham are living longer. The challenge is that people with learning disabilities are more likely to experience chronic health conditions (e.g. obesity, diabetes) much earlier than the general population. Work will need to be undertaken to prepare services, the third sector and health promotion projects to support people with learning disabilities.

Why people with autism are a key focus:

All children, young people and adults with autism in Rotherham should be able to live fulfilling and rewarding lives within a community that accepts and understands them. People with autism need a diagnosis and should be able to access support if they need it, and depend on mainstream public and third sector services to treat them fairly as individuals to get the right information and help them make the most of their talents.

It is estimated that Rotherham has around 789 children and young people and 2,328 adults (16+) who have autism. The number of over 18s in Rotherham with autism is predicted to increase by 3% by 2025 (and 7% by 2035). For over 65 year olds the predicted increase is over 15% by 2025 (and nearly 40% by 2035)[13].

Many people with autism also have common mental disorders, including depression and anxiety. People with autism are seven times more likely to die by suicide than the general population. Those with high-functioning autism are at greater risk than the general population and women are more at risk than men (in contrast to suicide rates more generally, where men are three times more likely than women to die by suicide)[14].

[13](Institute of Public Care)
[14](Hirvikoski, 2016)

AIM 2: ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

Activities that will deliver the priorities…

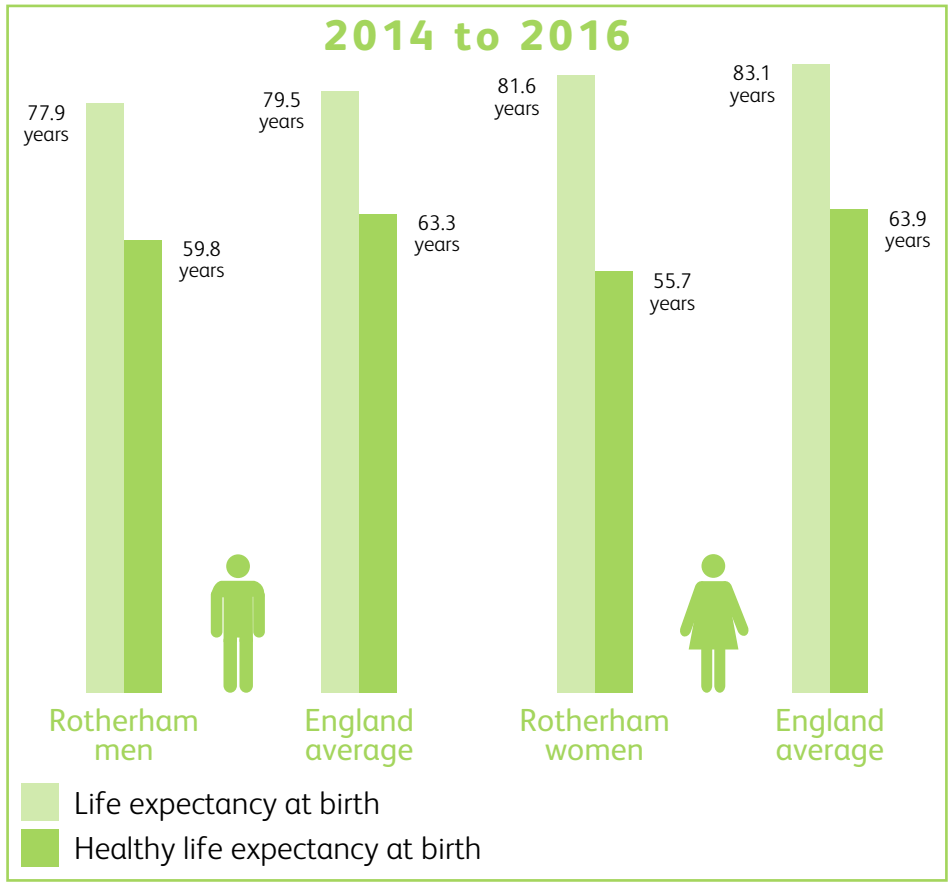
The Health and Wellbeing Board will:

- Ensure the priorities agreed in the 'mental health and learning disability transformation' workstream of the Integrated Health and Social Care Place Plan that contribute towards this aim are delivered effectively.
- Continue to oversee and monitor the delivery of the actions within the Better Mental Health for All Action Plan, including:
  - Encouraging individuals, communities and organisations in Rotherham to use the Five Ways to Wellbeing to improve and maintain good mental health: Be Active, Connect, Give, Keep Learning and Take Notice
  - Helping local employers to see the value of promoting good mental health within the workplace and then make changes to create mentally healthy working environments
  - Develop environments that support good mental health and look for opportunities to work with partners in Rotherham to tackle mental health stigma.
- Continue to oversee and monitor the delivery of the Suicide Prevention Action Plan priorities, including:
  - Reduce suicides amongst high risk groups
  - Provide better information and support to those bereaved by suicide
  - Increase the knowledge and skills of staff and communities to spot the signs of suicide and signpost to professional help.
- Support the Council and partners, including the Clinical Commissioning Group and the Alzheimer's Society, to populate the 'Prime Minister's Challenge 2020' Association of Directors of Adult Social Services (ADASS) Commitments Progress Tracker[15], which evidences the work taking place in relation to dementia.

[15](Department of Health , 2015

AIM 3: ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

Life expectancy and healthy life expectancy in Rotherham are lower than average for both men and women. Within Rotherham, life expectancy is 10 years lower for men and 7 and a half years lower for women in the most deprived areas of the borough compared to the most affluent areas.



This inequality in health leads to around 6,560 years of life being lost each year in Rotherham (2012-2014 average) through causes considered amenable to healthcare. This is almost 1,400 years more than might be expected based on the England average.

This aim is about all Rotherham adults, with a particular focus on ageing well: acknowledging that 'healthy ageing' starts early in life and that we want to ensure all local people live their life as well as they can for as long as possible.

Some people may not have 'good' health due to long-term health conditions or disabilities, but they should still be able to live well by getting the right support they need and keeping mentally, physically and socially active. Ensuring the right care is provided when people need it is important, but this aim is not simply about health care, but about ensuring that what matters most to people is considered, not just looking at what is the matter with them.

AIM 3: ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

What the focus will be

STRATEGIC PRIORITY 1
Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease

The main drivers of the excess years of life lost in Rotherham are cardiovascular disease, respiratory disease and cancer. Tackling premature mortality will require a coordinated approach from all members of the Health and Wellbeing Board.

Our concern should not, however, be just about extending life, it should also cover the factors that contribute to healthy life expectancy. The difference in healthy life expectancy means that people in Rotherham develop poor health nearly 6 years earlier than the average for England. This disability burden has significant implications for public services locally, on the need for health and social care and for employment opportunities. This is because, on average, people in Rotherham will develop long term conditions around 9 years before the current state pension age of 67. This means more working age people living with long term conditions such as heart disease, diabetes, dementia, chronic mental health disability and cancer.

The priorities in aim 1 for early years, childhood and adolescence will all contribute to increasing life expectancy and healthy life expectancy, but we also need to focus on those who are already in adulthood, or who may have already developed long-term conditions.

The risk of early death and disability from the three main contributors to the years of life lost in Rotherham can be effectively reduced by reducing levels of overweight and obesity, not smoking, limiting alcohol consumption and increasing levels of physical activity. Increasing physical activity alone can vastly improve health and reduce risk of major illnesses, such as heart disease, stroke, type 2 diabetes and cancer by up to 50%[16].

It must be recognised, however, that individual behaviour change is difficult and needs support. A multifactorial approach that addresses all risk factors yields most benefit. This is because tackling multiple risk factors in individuals has a cumulative effect in reducing the chance of death.

The following demonstrates the potential of what could be achieved if we focus on prevention[17]:

95% of liver disease is attributable to 3 preventable causes – alcohol, obesity and viral hepatitis

90% of 1st heart attacks related to 1 of 9 modifiable factors

80% of diabetes spend is treating avoidable illness and complications

2/3rds of premature deaths could be avoided through improved prevention, early detection and better treatment

42% of cancers in the UK are preventable

17% of deaths in adults over 35 are attributable to smoking

[16](Department of Health, 2015)
[17](Alisha Davies, 2016)

AIM 3: ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

STRATEGIC PRIORITY 2
Promoting independence and self-management and increasing independence of care for all people

The health of the Rotherham population is generally poorer than the English average, with significant numbers of people with a long-term health condition or disability[18]. Rotherham has a growing population and will see a significant increase in the 85-plus population. This leads to growing pressures on our health services, social care, informal care, supported housing and other services. The average time spent in ill-health has also been increasing as people are living longer in poor health, resulting in a growing number of people with high levels of need.

In Rotherham, health and care should be managed long before someone needs to have hospital treatment or experiences problems in their life. This needs to be done in a way that is right for them, whether this is through providing information and advice, or through more active management. Having a 'life course' approach, starting by giving every child the best start in life and continuing throughout their life journey, will ensure this happens effectively.

Targeting individuals that can gain the most benefit, including people from specific populations, disabilities or at a vulnerable time in their life, will allow us to support positive, sustained lifestyle changes, which will significantly improve their health and wellbeing whilst increasing capacity across the health and social care system.

[18](Data, 2011)

All health and wellbeing partners, including commissioners and providers, need to work with our communities to have a different conversation, understanding what matters to them and what their strengths and weaknesses are; helping to understand their needs outside of traditional service models. Focusing on assets and strength-based approaches; what people and places have to offer and the strengths of individuals, families and organisations, values the capacity, skills, knowledge, connection and potential in a community. Helping local people feel like active agents in their own and their families' lives, which in turn promotes independence and empowerment.

Independence of care is also about ensuring people are cared for and supported at the end of their life. All Rotherham people should live as well as possible until they die, they should be able to die with dignity, with all family members and carers supported and cared for where needed.

AIM 3: ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

STRATEGIC PRIORITY 3
Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right support at the right time

Within Rotherham, public services need to commission for excellence, focusing on better outcomes for individuals and bringing the concepts of people and place together to take a whole system view, based on the Marmot principles for reducing health inequalities[19]. Integrating commissioning and provision of health and care services, pooling resources and using collective experience and knowledge, should result in efficiencies for all partners, whilst also focusing on what the most important things are for local people, helping them to live healthier lives for as long as possible.

When services are commissioned a life course approach will be taken, ensuring unintentional silos are not created, especially with regard to the transition from children and young people's services to adult care and taking account of key life events throughout later life. This priority also has an important link back to aim 1 for children and young people.

Too many people are admitted to hospital unnecessarily and are kept in hospital for too long as the services to support them on discharge are taking too much time to put in place. To ensure that people who have a long-term condition or disability and those with mental health problems receive the right care in the right place at the right time, access to health services in the community needs to be increased, and the proportion of care that occurs in hospital reduced. Work to support the most vulnerable to remain independent for as long as possible is required across health and social care, as is high quality support for their friends and family who provide unpaid care.

People approaching the end of their life are entitled to high quality care, wherever that care is delivered. Good end of life care should be planned with the individual and the people close to them to ensure it is tailored to their needs and wishes and includes management of symptoms, as well as provision of psychological, social, spiritual and practical support. More people in Rotherham should be able to exercise choice over their end of life care and the place of their death.

[19](The Marmot Review , 2010)

AIM 3: ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

STRATEGIC PRIORITY 4
Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life

It is recognised that informal carers are the backbone of the health and social care economy, and that enabling them to continue this role is vital. It is important that all carers, including young and hidden carers, are identified and supported.

In Rotherham there are around 31,000 unpaid carers. Caring can have an impact on the physical health and mental wellbeing of carers; they can often feel physically and emotionally exhausted, stressed or depressed, which can affect relationships and often leads to isolation and financial difficulties.

Carers need to be able to balance their caring roles with other parts of their lives – such as jobs and educational opportunities. They need time to keep up relationships and pursue their own hobbies and interests. Young carers can find it difficult to manage other aspects of their life and are therefore more likely to not be in education, employment or training.

Activities that will deliver the priorities…

The Health and Wellbeing Board will:

- Ensure the priorities agreed in the 'urgent and community care transformation' workstreams of the Integrated Health and Social Care Place Plan that contribute towards this aim are delivered effectively.
- Work in partnership to continue to roll out Making Every Contact Count across Rotherham: an approach to behaviour change that utilises all of the day to day interactions that organisations and people have with other people, to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
- Continue as partners of the Health and Wellbeing Board with the ambition to integrate commissioning of services as much as possible.
- Continue to oversee and monitor the priorities in the Rotherham Carers' Strategy.
- Use the partnership to influence and contribute towards developing a local strategic approach to 'healthy ageing' and Rotherham being a great place to grow older and live in later life.

AIM 4: ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

Health is influenced by more than just the healthcare we receive. The physical environment in which people live, work and spend their leisure time, how active people are (both physically and how they contribute to their community) and how safe people feel also impacts on health outcomes. The quality of housing, the condition of streets and public places, noise, access to green space, opportunities to be physically active and levels of antisocial behaviour and crime all contribute to inequalities in health.

These wider determinants will all impact on the other three aims in this strategy. It is important, therefore, that all partners of the Health and Wellbeing Board contribute to and support work in these areas. One of the ways in which the board will do this through the strategy will be to influence all other policies and strategies, across all the partner organisations, considering what their impact is on people's health and wellbeing and what more could be done to promote it.

What the focus will be

STRATEGIC PRIORITY 1
Increasing opportunities for healthy, sustainable employment for all local people.

A healthy economy leads to a healthy community; it offers good jobs, incomes and opportunities which increase aspiration as well as health, wellbeing and resilience. Healthy, resilient people are better able to contribute to their local community, secure a better job and be more productive in the workplace, therefore supporting a healthy economy.

The link between good work and health is particularly important here: being in work is, in itself, good for physical and mental health, but for those people of working age who may have a long term condition, we need to ensure employers continue to support them to have a fulfilling working life. Economic growth within Rotherham will play its part in reducing health inequalities.

AIM 4: ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

STRATEGIC PRIORITY 2
Ensuring everyone is able to live in safe and healthy environments.

Alongside the physical impacts caused by some crimes there is also an impact on people's wellbeing and, at times, their mental health. Crimes such as domestic abuse, sexual and violent offences can have a traumatic effect on victims, survivors and their families. With estimates suggesting 27,000 women and girls in Rotherham have suffered abuse in their lifetime and over one million reports to police of domestic abuse nationally, it is clear we must continue to do more. There is a need to promote a culture of healthy relationships, continuing to develop and invest in education and early intervention alongside developing effective partnerships to enhance community safety.

Poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes[20]. Cold homes and poor housing can have a negative impact on physical and mental health and wellbeing and may ultimately result in excess winter deaths. Associated health inequalities can occur across the life course, from early years through to the frail elderly population.

An increasingly older population, living longer with long term conditions and disability, will require more homes with adaptations to enable them to continue with a good quality of life and to maximise their independence. Older people are also especially vulnerable to feelings of isolation as a result of the loss of friends and family, limited mobility or reduced income that comes with age.

Good housing is much more than providing a roof over people's heads which is safe and warm; it's about the wider communities' people live in and helping people to be active participants in them, which promotes positive health and wellbeing.

Ensuring everyone is able to live in a safe environment is not only about people in their own home or community, but when people need to move into a care home setting. Protecting people's rights to live in safety, free from abuse and neglect in care homes is an important part of the work of the local Safeguarding Adults Board, and the Health and Wellbeing Board will support that by working in partnership to deliver this Strategy.

[20](Simon Nicol, 2015)

AIM 4: ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

STRATEGIC PRIORITY 3
Ensuring planning decisions consider the impact on people's health and wellbeing.

Planning decisions can have a significant impact on health and wellbeing. Ensuring buildings and public spaces are designed in a way that enables people to be more physically active, or using planning levers to limit the growth of fast food takeaways, for example, can contribute to the broader effort to reduce growing levels of overweight and obesity. Encouraging a vibrant high street with diverse local and independent food traders can increase choice and access to healthy, fresh food for all. Planting regimes can reduce noise pollution from major roads and improve air quality for local residents. Rotherham's 'Local Plan' has a clear objective to create safe and healthy communities and to engage health services in key planning decisions.

Rotherham's Local Plan provides a long-term development strategy, setting out policies and proposals for new housing, shopping and employment, and how people travel in the area. The Core Strategy, which is part of the Local Plan, includes the vision: 'Rotherham will provide a high quality of life and aspire to minimise inequalities through the creation of strong, cohesive and sustainable communities…and communities enjoy good access to green spaces and the wider open countryside'.

This is a key document setting out planning policies and guidelines, including: accessibility to community services and facilities, promoting green infrastructure, ensuring developments protect, promote or contribute to securing a healthy and safe environment and minimise health inequalities, and policies dealing with contamination, pollution and waste recycling which all impact on the local health of our communities. The Health and Wellbeing Board will therefore continue to influence this area of work, ensuring health continues to be an important and cross-cutting theme in the Local Plan and Core Strategy.

AIM 4: ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

STRATEGIC PRIORITY 4

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

Participation in culture, leisure, sport and green space activity can have a significant impact upon health and wellbeing. All of these activities are associated with building connections in communities and giving people a sense of belonging, which contributes towards an ultimately more fulfilling life.

Engaging with culture, leisure, sport and green spaces can have huge health and wellbeing benefits for people of all ages. For example, the risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness' and there is evidence that exposure to nature could be used as part of the treatment for some conditions. Additionally, evidence shows that people who had attended a cultural place or event in the previous 12 months were almost 60% more likely to report good health compared to those who had not [21].

Rotherham has a wealth of arts, culture and heritage attractions, including much-loved attractions like Wentworth Woodhouse and Clifton Park Museum, as well as high-quality green spaces such as Rother Valley Country Park. Along with the network of sports, community and social groups, these attractions all provide welcoming, safe and accessible opportunities for interaction and encourage people to continue to learn throughout the life course. They help to unlock potential, eradicate apathy and build strong, happy, independent and fulfilled individuals and communities. The Health and Wellbeing Board will therefore, continue to work with the Cultural Partnership Board to ensure that the culture, leisure, sport and green space offer in the borough supports the health and wellbeing of Rotherham people.

[21](Mowlah, et al. 2014)

STRATEGIC PRIORITY 5

Mitigating the impact of loneliness and isolation in people of all ages

Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness increases the likelihood of mortality by 26% [22].

Loneliness and social isolation, in people of all ages, can result in increased use of emergency healthcare and earlier admission to residential care for older people. There is a need to ensure our communities are resilient, with the right services and support to enable people to confront and cope with life's challenges.

[22](Campaign to End Loneliness, 2018)

AIM 4: ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

Activities that will deliver the priorities…

There are a number of initiatives, plans and strategies which will contribute to achieving this aim. The Health and Wellbeing Board will continue to use its influence to ensure the health and wellbeing of local people is a key focus
of these, and where appropriate, have some oversight
of delivery.

Rotherham has an ambition for every neighbourhood to be thriving and to improve outcomes for residents across the borough, which will involve a neighbourhood-level working approach focused on community development: supporting residents to do more for themselves, listening to each other and working together to make a difference, supporting people from different backgrounds to get on well together, and ultimately helping to make people healthier, happier, safer and proud. This is underpinned by the need to become more efficient and to find new and more cost effective ways to achieve the desired outcomes, and will require the contribution of all partners to achieve success.

The Health and Wellbeing Board will:

Ensure that the 'Neighbourhood Strategy' translates some of the priorities of the Health and Wellbeing Strategy into action at a neighbourhood level.

Oversee a number of other key agendas which will contribute to achieving this aim, including:

- The Workplace Wellbeing Charter
- Employment and health projects
- The 'Loneliness Task Group' which will develop a strategic approach to addressing loneliness and isolation in all ages, and ensure this translates into action across the whole of the partnership.

Continue to influence other plans and strategies, ensuring they consider their impact on the health and wellbeing of local people, including:

- Housing Strategy
- Local Plan and Core Strategy
- NHS planning – 'one public estate'
- Domestic Abuse Strategy
- Cultural Strategy, including leisure and green spaces
- Local Growth Plan.

Work as a partnership to develop opportunities to increase volunteering in Rotherham across the life-course.

Work together with other key stakeholders to develop a strategic approach to increasing the physical activity levels of all people across Rotherham; acknowledging that increasing physical activity will impact on all of the other aims in this strategy. This will also include ensuring the Rotherham Active Partnership is working effectively with a particular emphasis on increasing physical activity levels of those who are inactive.

6. HOW THE STRATEGY WILL BE USED

The Health and Wellbeing Strategy places particular emphasis on a shared vision and leadership for improving health and wellbeing services. The strategy will ensure resources are used collectively and partners are held to account to deliver the best outcomes for Rotherham people.

Health and Wellbeing Board members are responsible for a wide range of services that impact on health and wellbeing, but this strategy is not intended to be a final list of everything that the board and partners will do, but a set of the most important health and wellbeing priorities for Rotherham that need to be addressed in partnership. The strategy will therefore be used to ensure that organisations work together and not in isolation.

The Health and Wellbeing Strategy provides a framework for commissioning plans for the council and clinical commissioning group and specifically for the development of the Better Care Fund, the Integrated Health and Social Care Place Plan and for joint commissioning of services to ensure seamless, effective and efficient service delivery.

The board, through the strategy, will also influence the direction of other plans and strategies, including planning and development, transport and economic growth.

6.1 The board's role in safeguarding

The Health and Wellbeing Board acknowledges the contribution it makes to safeguarding all local people. A number of our health and wellbeing priorities will help deliver the priorities set out by the two safeguarding boards for adults and children.

There will be continued engagement with the local safeguarding boards as agreed through the local 'Safeguarding Partnership Protocol', ensuring a shared focus on positive outcomes for children, young people, adults and their families, with appropriate arrangements in place between strategic leaders, elected members and chairs of the boards (including HWbB, Children and Young People's Partnership Board, Safer Rotherham Partnership Board and safeguarding boards for adults and children) to ensure strategic priorities in relation to safeguarding are translated into effective action.

7. MANAGING AND MONITORING THE STRATEGY

The Health and Wellbeing Board will monitor progress on the strategy by focusing on the impact it will have on people's lives and will identify a number of indicators and data sources for each aim that will help to measure this. One of the main functions of the Health and Wellbeing Board is to have an oversight role and to hold the council and partners to account for delivering improved health and wellbeing outcomes for local people, and it will do this by using the strategy to influence commissioning of services and challenging when improvements are not made.

The strategy's aims are ambitious and will require a continued and dedicated focus on improving health and wellbeing outcomes across the partnership. Results will not be seen overnight, which is why this is a longer-term strategy – until 2025 – ensuring the work of the board remains focused on the activity required to deliver the aims.

To ensure this happens the board will publish an annual plan each year, demonstrating what has been achieved, what further activity will be undertaken during that year, and what success will look like. This will provide the board with a clear work programme and identify risks and opportunities that may impact on achieving the aims.

The board will use its strategic influence within the wider Rotherham Together Partnership to ensure that all partners are contributing to delivering the strategy through:

- Providing regular update reports to the Rotherham Together Partnership Board
- Regular meetings between the chair of the Health and Wellbeing Board and other partnership board chairs (including the Safer Rotherham Partnership, the Children and Young people's Partnership and the adults and children's safeguarding boards)

8. COMMUNICATION AND ENGAGEMENT

As a board there is a need to ensure continued engagement with the people that this strategy is for – the people of Rotherham. This will be done in a number of ways:

Health and Wellbeing Board meetings are open to the public and minutes of meetings are available to view:

http://moderngov.rotherham.gov.uk/ieListMeetings.aspx?CId=916&Year=0

Joint events with the clinical commissioning group which are open to the public to come and hear about what is happening in relation to health and wellbeing locally.

Engaging with local people about specific areas of interest through local consultation and engagement activities.

Developing communication plans for each of the Integrated Health and Social Care Place Plan workstreams, which will be shared with the Health and Wellbeing Board.

The strategy's annual plans will include any communication and engagement activity that is due to take place during the year.

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Rotherham Integrated Care Partnership

Minutes	
Title of Meeting:	**PUBLIC Rotherham ICP Place Board**
Time of Meeting:	9:00am – 10:00am
Date of Meeting:	Wednesday 7 November 2018
Venue:	Elm Room (G.04), Oak House
Chair:	Chris Edwards
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@nhs.net

Apologies:	Louise Barnett, Chief Executive, TRFT Lydia George, Strategy & Development Lead, Rotherham CCG Kathryn Singh, Chief Executive, (RDaSH) Ian Atkinson, Chair, Rotherham ICP Delivery Team Dr Gok Muthoo, Medical Director, Connect Healthcare Rotherham
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.

Members Present:
Sharon Kemp, (**SK**), Chief Executive, Rotherham MBC (Chair)
Chris Edwards (**CE**), Chair, Chief Officer, Rotherham CCG
Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham (VAR)
Angela Wood, Interim Chief Nurse, (deputising for Chief Executive), The Rotherham Foundation Trust (TRFT)

Participating Observers
Dr Richard Cullen (**RCu**), Joint Chair, Health & Wellbeing Board, Rotherham CCG,
Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC

In Attendance:
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG
Dermot Pearson (**DP**), Director of Legal Services, RMBC
Jon Stonehouse (**JS**), Director of Children's Services, RMBC
Jenny Lingrell (**JL**), Joint Assistant Director Commissioning, Performance & Inclusion, RMBC
Anne Marie Lubanski (**AML**), Strategic Director for Adult Care & Housing, RMBC (for part meeting)
Rebecca Woolley (**RW**), Policy & Partnership Officer, RMBC
Kate Tuffnell, Head of Adult Mental Health Commissioning, Rotherham CCG
Matt Pollard, Care Group Director, RDaSH
Wendy Commons (**WC**), Minute Taker

There were no members of the public present.

Item Number	Discussion Items
1	**Public & Patient Questions**
None received.	
2	**Transformation Group Updates:**

Place Board received progress updates on the transformation areas below:

Children & Young People's Transformation Group
Subject – Child & Adolescent Mental Health Services (CAMHS)
Presented by Jenny Lingrell

Jenny Lingrell gave an update on CAMHS and the work being done with schools and with locality teams. She advised that schools have been positive about the input and pathways put in place. This work has put Rotherham in a strong position to respond to CAMHS Green Paper. A joint trailblazer bid has been submitted with Doncaster CCG with the intention to reduce waiting times. The outcome of the submission is awaited.

With regard to specialist CAMHS, Jenny reported that waiting times have now reduced to below six weeks on a consistent basis which is a significant improvement.

The ambition is to have a single point of access to integrate early help and CAMHS, but progress with wider workforce development has been slower than anticipated. There has also been an increase in demand for ASD assessments however a pathway is now in place.

Work is continuing to work to identify a lead for the non-clinical CAMHS workforce with which the success of the trailblazer bid would help. Jenny went on to outline more details of the bid and what it will provide advising that if not successful this time there will be a further opportunity to re-submit in January 2019.

Following an enquiry by the Chair, Jenny assured Place Board that strong relationships have been developed and teachers are beginning to engage in the process recognising they have a role to play which has resulted in a significant shift in progress through better working together.

Chris Edwards thanked Jenny for the detailed update. The information will be particularly useful to share with John Healey MP to address concerns he has recently outlined in his Schools Mental Health report at his meeting later that week. The CCG has invested significantly in CAMHS over the past four years.

The Place Board thanked Jenny and noted the update.

Urgent & Community Care Transformation Group
Subject – Integrated Single Point of Contact
Presented by Anne-Marie Lubanski

Anne Marie highlighted that integrating health at Woodside and developing the Single Point of Access at Riverside are progressing well. A pilot has been undertaken to reduce the number of enquiries into the Single Point of Access with significant focus on efficiency. Early indications are positive. Data continue to be collected and monitored.

There are challenges around accessing information and sharing responses. Suitable solutions are being considered to address the issues.

With regard to the Care Co-ordination Centre/Integrated Rapid Response, work is being undertaken to look at shift patterns and activity to co-ordinate time flows as well as reviewing the skill mix. In order to get a better understand and assist in preparing for winter, admission data is being examined and consideration given to basing a social worker in the Emergency Department and Care Co-ordination Centre to help avoid admissions.

Next steps will include the co-location of the IRR, CCC and community therapies, the transfer of RDaSH MH liaison referrals and piloting re-ablement into SPA. Discussions are also taking place to include housing into SPA.

Technology solutions were also being considered following an audit revealing that 36% of referrals into the CCC were received by fax.

The Chair enquired whether there were any parts of the system feeling increased pressure as a result of the changes to make improvements. Anne-Marie explained that some pathways appeared to not be working as it was thought. In these cases, the issues were being looked at more closely to try to identify solutions rather than just challenging the analysis. It is hoped this will provide quicker resolution.

Dr Cullen reflected from a GP perspective that IRR/CCC should not be seen as a triage point but as a support in the care pathway.

The Place Board noted the update. Recognising the teams involved as one of the most critical parts of the system asked that thanks be passed on for the work undertaken so far.

Action: AML

Anne-Marie left the meeting.

Mental Health & Learning Disability Transformation Group
Core 24 (Adult Mental Health Liaison Service)
Presented by Kate Tufnell/Matt Pollard

Kate Tuffnell advised Members that the Core 24 service is now operating 7-11pm with coverage out of hours provided by the crisis team. It is anticipated that 24 hour provision will be in place from January 2019. The skill mix of the team has been expanded to include increased medic and psychologist time and work around suicide is being looked at as well as the introduction of new psychosocial self-harm interventions in adults.

In an effort to reduce attendance at A&E, a joint mental health CQUIN has been introduced between RDASH & TRFT looking at reducing high attenders. This has resulted in a 20% reduction in the first cohort through changing cultures and behaviours.

In terms of next steps, work is on-going to complete staff recruitment with the new postholder due to take up position in November 2018. Other work will include working with TRFT on delirium and aligning Core 24 with the suicide prevention and self-harm work themes as well as continuing to establish a service in A&E.

Dr Richard Cullen enquired about ongoing psychiatric support follow up and Kate explained that with the expansion of the team it is hoped to carry out some analysis to look at follow up psychiatry. Acknowledging the positive work done so far, Gordon Laidlaw and Kate Tufnell will discuss producing a communications piece on the progress made.

Action: KT/GL

Kate/Matt Pollard will provide some data for Dr Richard Cullen showing access to treatment waiting times once assessment has been undertaken.

Action: KT/MP

3	**Rotherham ICP Communications and Engagement Strategy & Implementation Plan**

Gordon Laidlaw presented the strategy which had been adjusted to incorporate comments from Members given at last month's confidential Place Board. As requested at that time, an implementation plan with timescales has also been compiled. It highlights specific aims linked to each workstream's areas.

The actions required, in terms of communications and engagement, throughout the implementation phases of the Place Plan will be detailed in specific communications plans that partner communications leads will develop with their workstreams. The communications implementation plan will develop simultaneously with Place Plan implementation. Progress monitoring will be undertaken by the Comms & Engagement Enabler Group with feedback given by exception to Place Board as part of the communications updates.

Noting that currently most areas are RAG rated Amber pending implementation and feedback from workstreams, Gordon gave a verbal update on the section around successes and achievements advising that a one page infographic is being developed to provide a summary of ICP highlights and is working with the Advertiser to showcase the SEND college places at Newman School.

Mrs Wheatley explained that VAR has engaged in work locally on cancer awareness aligned with the South Yorkshire region. It was noted that although this was part of a national campaign, this positive exercise should be acknowledged in Rotherham achievements and successes.

Cllr David Roche also advised about a campaign TRFT and RMBC are involved in for Worlds Aids Day around HIV awareness. Gordon will highlight this with the Editor of the Advertiser at his forthcoming meeting.

Action: GL

The Place Board approved the communications and engagement strategy, subject to some minor amendments including that the line 'regions public services are coming together' is changed to read 'NHS services are coming together'.

Action: GL

The Place Board endorsed the communications and engagement implementation plan to be further developed and progress monitored by the Communications & Engagement Enabler Group.

Action: GL

The Place Board thanked Gordon for the work done on the strategy and implementation plan and agreed to support their comms and engagement leads to continue their work with individual workstreams on implementation of the Place Plan and the comms and engagement strategy.

4	**Rotherham Communications and Engagement Sub-Group – Terms of Reference**

Gordon Laidlaw advised that the terms of reference for the Communications and Engagement Sub Group, an enabler group of the Place Board had been reviewed. He outlined the main changes as updating the title of the group to reflect the change to Integrated Care Partnership (ICP) and to alter the Membership to show representation for communications and engagement for all Partner organisations. In particular, it was noted that Martin Hughes from RMBC had agreed to join the group to provide a link into neighbourhood work.

The Place Board approved the revised terms of reference for the Rotherham ICP Communications & Engagement Group. These are next due to be reviewed in September 2019.

5	**Final Version of Rotherham Integrated Health & Social Care Place Plan**

Members noted the final version of the Rotherham IH&SC Place Plan as approved by Place Board on 5 September 2018 had now been through all Partners respective governance arrangements and approved.

A final version of the Place Plan will be posted on the CCG's website with Partner organisation's websites signposted to it.

Action: CE (Lydia George)

6	**2019 Schedule of Updates from Transformation Groups**

Members noted the schedule of spotlight updates planned for 2019 and also agreed an update on financial business to the public meeting in February.

Action: SK (Lydia George)

7	**Draft Minutes from Public ICP Place Board – 3 October 2018**

The minutes from the October meeting were accepted as a true and accurate record.

8	**Communications to Partners**

None discussed.

9	**Risk/Items for Escalation**

None.

10	**Future Agenda Items**
	Future Agenda Items • Social Prescribing Strategy Update • Ferns Evaluation (Jan 2019) Standard Agenda Items • Delivery Dashboard/performance framework • Transformation Groups Update (as per rolling schedule) C&YP – Children's Acute and Community Integration U&CC - Integrated Discharge Team MH & LD – Strategy to promote mental health and wellbeing
11	**Date of Next Meeting**
Wednesday 12 December 2018, *at 9am at Elm Room, Oak House*	

Membership

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)
Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)
The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett
Voluntary Action Rotherham (VAR) - Chief Executive – Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust (RDaSH) - Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr Gok Muthoo

Participating Observers:
Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche
Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

In Attendance:
Director of Legal Services, RMBC – Dermot Pearson
Head of Communications, RCCG – Gordon Laidlaw
Strategy & Development Lead, RCCG – Lydia George
Policy and Partnership Officer, RMBC – Rebecca Woolley
Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)