

**You are hereby summoned to a meeting of the Health Select Commission
to be held on:-**

**Date:- Thursday, 28th February, 2019 Venue:- Town Hall,
Moorgate Street,
Rotherham S60 2TH**

Time:- 10.00 a.m.

HEALTH SELECT COMMISSION AGENDA

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) of 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 last meeting (Pages 1 - 4)
7. Communications

For Discussion

8. CQC Inspection of Rotherham Hospital - Update
9. Developing General Practice in Rotherham (Pages 5 - 11)
Jacqui Tuffnell, Head of Commissioning, Rotherham CCG, to present

For Information

10. Healthwatch Rotherham - Issues

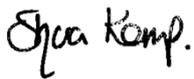
11. South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Update
12. Health and Wellbeing Board (Pages 12 - 23)
13. Date and time of next meeting
Thursday, 11th April, 2019, commencing at 10.00 a.m.

Membership 2018/19

Chairman:- Councillor Evans
Vice-Chairman:- Councillor Short

Councillors Albiston, Andrews, Bird, Cooksey, R. W. Elliott, Ellis, Jarvis, Keenan, Rushforth, Taylor, John Turner, Williams and Wilson.

Co-opted Member:
Robert Parkin (Rotherham Speak Up)



Chief Executive.

**HEALTH SELECT COMMISSION
17th January, 2019**

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Jarvis, Keenan, Rushforth, Taylor, John Turner and Williams.

Apologies for absence were received from Councillors Ellis and Short.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

60. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

62. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 29th November, 2018.

Reference was made to Minute 51 (Minutes of the Previous Meeting) where it was noted that the Trailblazer bid for Child and Adolescent Mental Health Services was successful and more details would follow once the participating schools have been selected.

With regards to Minute No. 53 (Integrated Care Partnership) it was noted that there was a request for an update on the crisis arrangements for CAMHS which was outstanding. This would be followed up.

It was also noted that the visit to Carnson House had been rescheduled due to it coinciding with a CQC inspection and the visit would now take place on Wednesday, 30th January, 2019 by the nominated sub-group.

With regards to Minute 55 (Work Programme) it was noted topics were being finalised for the workshops and spotlights reviews later in the year. One of the issues that was discussed was around potential changes to Rotherham Community Health Centre on Greasbrough Road and this would be included as an agenda item for the next meeting.

Information had also been circulated regarding GP's and GP practices and access to appointments with a reminder to feed in key lines of enquiry/issues for update on general practice.

HEALTH SELECT COMMISSION - 17/01/19

Resolved:- That the minutes of the previous meeting held on 29th November, 2018, be approved as a correct record.

63. COMMUNICATIONS

The Chair invited Councillor Jarvis, on behalf of the Improving Lives Select Commission, to provide a brief update regarding the work currently taking place, which included the item that had been discussed on Domestic Abuse. Further detail would be provided by Councillor Jarvis and this would be circulated to the Selection Commission for information.

The Chair also reported that in the last Member Bulletin there was information about grants available for local groups for activities to support and improve men's mental health. Members were asked to encourage any local groups to bid, especially if a Ward was one with higher rates of suicide.

64. REFRESHED JOINT STRATEGIC NEEDS ASSESSMENT CONSULTATION

Gilly Brenner, Consultant in Public Health, and Rebecca Woolley, Policy and Partnerships, 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.

The launch of the Thriving Neighbourhoods Strategy set out a new asset-based way of working placing communities at the heart of everything that was done. To work in a truly asset focused way required a change in emphasis from 'troublesome' indicators to include a better balance of 'heartening' indicators (assets, strengths, social capital, protective factors).

Previously the JSNA had been primarily owned and maintained by the Council. If it was to be meaningful and used by a wider audience, it was important that partners were actively involved in contributing data and contextual analysis. It should provide a rich resource of information to support the voluntary sector in evidencing information about their local community for funding bids etc.

The JSNA and data and intelligence provision, such as producing health needs assessments, needed to be a joined up and sustainable approach. Having information available online enabled users to access easily and kept resources in a common location.

The consultation was crucial in determining the most appropriate design to meet the needs of users. Components of the design to be decided included the structure of sections, content display and thematic content. It was proposed that key interested representatives from organisations be

identified/confirmed through the consultation who would then form part of a working authors group who contributed to the JSNA on an ongoing basis.

In order to provide the required level of data and accompanying contextual information with current capacity, it was proposed that:-

- the JSNA comprise of strategic overview of key areas at a Rotherham level and as Ward profiles
- depth for certain priority topics was added according to priority
- the JSNA author group support the provision of more indepth data where a priority was agreed
- determination of prioritisation 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 Select Commission Members to express their views on the proposal which included why the JSNA should be refreshed, followed by six questions asking the Select Commission to vote and give a steer on their preference. This information would be collated and included as part of the consultation. The consultation would remain open for a few more days if anyone wished to submit any comments.

In response to a query about whether or not the refresh would incorporate the new boundary changes, it was confirmed that this would be taken account of in due course.

The outcome of the consultation would be summarised and pulled together for consideration by a Stakeholder Steering Group in mid-February where again key partners would look at the content with officers in more detail.

This would shape the process for how the JSNA would work in April and then going forward would see the development of the new websites, the voluntary sector events and some more clarification around the deep dive and the needs assessment process.

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

(2) That an update on progress on the JSNA refresh and updated website be provided to the Health Selection Commission during the summer.

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65. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE

The Chair confirmed there was no further information to share for the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee other than to report that the next meeting would be in mid-March.

66. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

67. HEALTH AND WELLBEING BOARD

Consideration was given to the submission minutes of the Health and Wellbeing Board held on 21st November, 2018.

Resolved:- That the minutes of the Health and Wellbeing Board held on 21st November, 2018, be noted.

68. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 28th February, 2019 commencing at 10.00 a.m.

Developing General Practice in Rotherham

Jacqui Tuffnell
Rotherham CCG

Your life, Your health

National and local demand continues to rise

Year	Rotherham GP activity
2015	1,093,753 appointments
2016	1,180,601 appointments
2017	1,549,034 appointments
2018	1,604,853 appointments

We have:

- Now implemented 3 weekend hubs for extended access:
- Dinnington - Saturdays
- Magna - Saturdays
- Broom Lane – Saturday, Sundays and 6.30-8pm Monday-Fridays
- Since October 2018 we have been providing an extra 132 hours per week (from 22 hours per week) – over 430 additional appointments
- Utilisation is improving on average now over 60% and some weeks as high as 80% but DNAs are increasing – there are posters in all practices advertising the access hubs, patient feedback is very positive from those attending – part of winter communications

We have:

- Increased the extended hours offer to meet demand on Monday – Fridays
- Implemented nurse, physio, pharmacist and Healthcare assistant appointments
- Enabled 111 and Rotherham hospital to be able to book directly into the hubs
- Started to roll-out the Rotherham ‘App’ for patients that could ultimately lead to a telephone consultation or face to face appointment – it will also be feasible to book directly into the extended access hubs – full cover April 2019 on a phased basis
- Communications – Practice notices, MJoG messaging, leafleting, winter campaign
- Implementing a capacity and demand tool
- Waverley GP service has been procured – The Gateway – delays in building commencement however backstop of October 2020
- Implementing teledermatology – roll out commencing April

GP Patient survey 2018

Q No	Question	RCCG results % good	National Results % good
Q31	Overall how would you describe your experience of your GP Practice?	84%	84%
Q1	Generally how easy is it to get through to someone at your GP practice on the phone?	71%	70%
Q2	How helpful do you find the receptionists at your GP practice?	88%	90%
Q6	How easy is it to use your practice website to look for information or access services	78%	78%
Q16	Being offered a choice of appointment	60%	62%
Q17	Satisfaction with type of appointment	73%	74%
Q22	Overall experience of making an appointment	67%	69%
Q27	Health professional recognising Mental health needs	89%	89%
Q38	Support to manage LTC	81%	79%
Q8	Satisfaction with available appointment times	64%	66%

The world is changing.....

- NHS Long Term Plan & New GP contract
- Primary care networks
 - 30-50,000 population
 - Integrating community care
 - Funding additional roles
 - Extended access
 - Population health management
 - Joining up urgent care services
 - Using digital technology
 - Service developments

Your life, Your health

**Any
questions/suggestions
for improvement?**

HEALTH AND WELLBEING BOARD**30th January, 2019****Present:-**

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Steve Chapman	District Commander, South Yorkshire Police
Chris Edwards	Chief Operating Officer, Rotherham CCG
Shafiq Hussain	VAR (representing Janet Wheatley)
Sharon Kemp	Chief Executive, RMBC
Jenny Lingrell	Assistant Director, Commissioning, Performance and Inclusion (representing Jon Stonehouse)
Kath Malecki-Kathell	Assistant Chief Nurse, TRFT (representing Louise Barnett)
Kathryn Singh	RDaSH
Jacqui Wiltschinsky	Public Health

Also Present:-

Steve Adams	South Yorkshire Fire and Rescue Service
Paul Woodcock	Acting Strategic Director, Regeneration and Environment Services
Becky Woolley	Policy and Partnerships Officer, RMBC
Dawn Mitchell	Democratic Services, RMBC

Report Presenter:-

Ruth Fletcher-Brown	Public Health Specialist, RMBC
Kate Green	Public Health Specialist, RMBC

Apologies for absence were received from Louise Barnett (TRFT), Tony Clabby (Healthwatch Rotherham), Anne Marie Lubanski (Strategic Director, Adult Care, Housing and Public Health), Councillor Mallinder, Dr. Jason Page (RCCG), Dr. Richard Cullen (RCCG), Terri Roche (Director of Public Health), Jon Stonehouse (Strategic Director, Children and Young People's Services), Councillor Watson and Janet Wheatley (VAR).

A member of the public and a member of the press.

38. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The member of the public arrived after this item had been taken on the agenda. The relevant officers agreed to stay behind after the meeting to discuss the member of the public's issues.

40. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 21st November, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 21st November, 2018, be approved as a correct record.

Arising from Minute No. 30 (Refreshed Joint Strategic Needs Assessment Consultation), Chris Edwards undertook to contact Miles Crompton to discuss Ward profiles/Health localities.

ACTION: Chris Edwards

It was noted that the consultation was about to close. Anyone interested in becoming involved in the steering group should contact Gilly Brenner.

41. DEVELOPING A ROTHERHAM 'HEALTHY WEIGHT FOR ALL PLAN'

Kate Green, Public Health Specialist gave the following powerpoint presentation:-

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 the 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 £23.7M

“There comes a point when you had 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 1,000 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

- 6 phases which aim to help local authorities deliver co-ordinated 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 and 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 and 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 (including assets)
- Reducing inequalities
- Workforce development

Priorities:

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

Outcomes

- More children and adults with a healthy weight
- More children from deprived communities with improve 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

HEALTH AND WELLBEING BOARD - 30/01/19

- More children and adults eating '5 a day'
- Fewer people with Type 2 Diabetes

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
- 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, walking/running groups, moving more often during the working day (linked to Healthy Workplace Award)

Priority 2. Give every child the best start in life

- a. Upskill 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

Priority 3. Create environments that promote healthy weight

- a. Explore opportunities to ensure the local environment does not '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 Eol
- 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

Priority 4. Effective early intervention and support when needed

- a. Develop pathway to support the National Child Measurement Programme (NCMP)
 - Upskill 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 and Regional Context

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

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

- How would it be evaluated to ascertain if it was working?
- Obesity was a priority within the Place Plan. Consideration was needed as to whether signing up to the Declaration would provide anything additional
- The HENRY Programme focussed on the 0-5 age group. Its evidence suggested that resources targeted much earlier in a child's life was where the most benefit would be achieved. There was an opportunity to possibly work with HENRY on a pilot programme for primary aged children which they would evaluate
- The current service, although successful, was successful in very small numbers – something different was needed
- The School Meals Service provided approximately 1,500 school meals and had a Food for Life Bronze award. Work in this area would hit a cohort from the age of 4 years upwards
- Engagement with Head Teachers in a deprived area
- Proposed to reactivate the Active Schools Group
- Food for All worked with children to develop healthy cooking of food
- Stocktake required of what all partners were currently doing to avoid duplication and ascertain where the gaps were
- Activity currently took place in Children's Centres and with Health Visitors on weaning and breastfeeding support, however, should it be a time fixed programme of support that families could be referred into?
- Was there a danger of over simplifying

Resolved:- (1) That work take place in gathering together all the work that already existed on this issue.

Action: Kate Green

(2) That Kate Green contact Lydia George, RCCG, to discuss the Obesity Priority within the Place Plan.

Action: Kate Green

(3) That the Local Authority Declaration on Healthy Weight be circulated to members of the Health and Wellbeing Board

Action:- Kate Green/Dawn Mitchell

(4) That a further discussion take place on the Local Authority Declaration on Healthy Weight at the next meeting of the Board.

Action: Becky Woolley

42. PROGRESS OF THE HEALTH AND WELLBEING BOARD

The Chair reported that, at the recent agenda setting group, the following issues had arisen which the Board's views were sought:-

Were Board members happy with the direction of the Board and the way it was going forward? Some Board members may have been contacted as a key partner to gather their views as to how they felt the Board had progressed in the last year.

Update on the leads and sponsors of the Health and Wellbeing Strategy:-

Aim 1	Jon Stonehouse and Jason Page
Aim 2	Kathryn Singh and Ian Atkinson
Aim 3	Sharon Kemp and Louise Barnett
Aim 4	Steve Chapman and Paul Woodcock
	Sam Barstow, Ruth Fletcher-Brown, Bronwen Knight, Polly Hamilton and Sarah Watts

Register of Attendance – would start from April.

Membership – it was not felt that the Board should increase. Representatives were invited as and when an issue arose.

Place Board/Health and Wellbeing Board – there were occasions when reports were duplicated between the 2 Boards. Did it need to be the same report that was submitted to the Place Board?

Meeting arrangements – venues of meetings were rotated between Voluntary Action Rotherham (The Spectrum), CCG (Oak House) and the Council (Town Hall).

Frequency of meetings – the Board normally met every 2 months but there may be occasions when additional meetings had to be convened.

Length of meetings – normally the Board meeting lasted 2 hours.

Gambling – there was National Guidance that Health and Wellbeing Boards should take the lead on gambling. Agreement that it should be included within one of the Aims due to its links with mental health and suicide prevention work.

BCF Executive Group – there was a growing trend for the BCF Executive Group to have a wider remit. It was suggested that, rather than setting up another group, the Executive Group become the Joint Commissioning Team across Social and Health Care for Rotherham and report back to the Health and Wellbeing Board for transparency.

Resolved:- (1) That the Place Board consider the issue of duplication of reports and the format they would wish to receive information.

Action:- Chris Edwards/Sharon Kemp

(2) That the offer made by South Yorkshire Police to hold meetings of the Board at the Lifewise Centre be included in the rota of venues.

Action:- Becky Woolley/Steve Chapman

(3) That Becky Woolly obtain an electronic version of the LGA guidance on the role of gambling and its effects and circulate to Board members.

Action:- Becky Woolley

(4) That gambling be included within the remit of Aim 2 of the Health and Wellbeing Strategy.

Action:- Becky Woolley/Kathryn Singh/Ian Atkinson

43. UPDATE ON HEALTH AND WELLBEING STRATEGY AIM 2

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

Kathryn Singh, RDaSH, presented an update in relation to Aim 2 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 issues raised/clarified:-

- IAPT (Improving Access to Psychological Therapies) was something that historically Rotherham had done very well, however, now was the challenge of upskill capacity. The Mental Health workforce was something that took more time than other areas in terms of the system

- There had been a commitment by partners to look within their organisations as to how Mental Health First Aid training would be rolled out. A report back was required on how each individual organisation had progressed this
- Within Aim 2 there were no measures for children and young people's mental health
- The NHS Long Term Place set out objectives for mental health. A stark gap was the mental health provision from birth to 3 years which had never been seen before. An evidence base was gathering that showed the sooner agencies were involved the better. There were access targets for children who needed to access mental health services who did not have the opportunity to do so. It also included trauma informed services; RDaSH was seeing an increasing number of referrals and having to respond to childhood trauma issues. Work was required around restructuring the workforce to deal with the issue of trauma

Resolved:- That the report be noted.

44. ROTHERHAM SUICIDE PREVENTION AND SELF HARM ACTION PLAN

Ruth Fletcher-Brown, Public Health Specialist, presented an update on suicide prevention and the self-harm action plan.

The latest suicide rate data for Rotherham showed that, after a small decrease between 2013-15, the 3 year combined rate had increased from 13.9 to 15.9 per 100,000 DSR (directly standardised rate) between 2014-16 and 2015-17. Rotherham was significantly higher than England and ranked as the second highest compared to 15 CIPFA Nearest Neighbour local authorities. There had been 107 deaths over the 3 years 2015-17 with males accounting for approximately $\frac{3}{4}$ of suicide deaths. The female rate had also increased every period since 2010-12 and was now significantly higher than England. The rate for Rotherham females ranked as the highest amongst CIPFA Nearest Neighbours.

Progress against the 2016-2018 Suicide Prevention and Self Harm action plan had 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 had also been submitted to the Health and Wellbeing Board.

The refreshed draft action plan followed the same national areas for action. Also local intelligence had been used to inform the priority areas for Rotherham during 2019-21.

South Yorkshire and Bassetlaw Integrated Care System had received funding for 2 years from NHS England for suicide prevention. The funding could not fund local plans in their entirety but could support work in line with the national priorities i.e.

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

Discussion ensued with the following issues raised/clarified:-

- The excellent work of the Suicide Prevention Group
- From a Police perspective the numbers had recently increased. Reassurance was required that the appropriate referrals had been made at the right time for early intervention, what happened with the partnership assessment, was the threshold too high. The Police attended post-event but there was a desire to deploy resources before an event took place
- There had been a lot of care and attention in Rotherham for a long time and some of the work carried out had been ground breaking. However, due to the recent increase was there still the critical support and challenge? If Rotherham was at the forefront of good practice but still finding these issues it was important that work/discussion took place with regional and national players to benefit from their experiences
- The National Enquiry Team, who was working out of Manchester University, had recently given a presentation to RDaSH. The information shared had been very thought provoking and driven the organisation to think about where was there clear evidence about what made a difference
- An event should be held bringing together all the key partners to think differently about what partners were doing as it had not been successful of late and ascertain if there was anything underlying that was not being picked up

Resolved:- That the draft Rotherham Suicide Prevention and Self-Harm Action Plan 2019-21 be noted.

45. HEALTH AND WELLBEING STRATEGY: DRAFT PERFORMANCE FRAMEWORK

Becky Woolley, Policy and Partnerships Officer, presented the final draft of the Performance Framework, together with the aid of a powerpoint presentation, to measure the successful delivery of the Health and Wellbeing Strategy.

The draft Framework (Appendix 1 of the report submitted) sought 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-focused overview of performance through a number of priority indicators.

The priority indicators had been selected to reflect the aims and strategic priorities within the Health and Wellbeing Strategy and aimed to capture some of the key improvements that the Strategy sought to make by 2025 to the health and wellbeing of Rotherham people.

Once approved, a scorecard would be developed including data benchmarking Rotherham's position to national and regional averages. It was proposed that the scorecard be included as a standing item on future agendas.

As data publication cycles were not aligned for all of the indicators, it was recommended that updates to the scorecard become a standing item on Board agendas. This would ensure the Board had continued oversight of performance and could escalate any emerging issues at the earliest possible opportunity.

It was also proposed that partners participated in an annual session dedicated to performance providing an opportunity to evaluate trends and identify any areas that required further attention.

Discussion ensued on the proposed Indicators within each Aim:-

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

- Child excess weight in 4-5 year olds rather than 10-11 year olds
- Query why Children in Need rate and not Child Protection
- Query why Average attainment 8 score rather than NEETS

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

- Include work taking place across South Yorkshire and Bassetlaw and the Sheffield City Region and how supporting people with mental health issues into employment
- Probable refresh of the timelines due to the NHS Long Term Plan
- 3 targets at South Yorkshire level – Dementia Diagnosis, IAPT and early intervention in Psychosis

Aim 3: All Rotherham people live well for longer

No comments

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

- Should rough sleepers be included?
- Anti-social behaviour?

Resolved:- (1) That the draft Performance Framework be approved in principle.

(2) That discussions take place with Jon Stonehouse with regard to the queries under Aim 1.

Action:- Becky Woolley/Jon Stonehouse

(3) That sub-group be established to look at good practice from other areas and the NHS Long Term Plan with regard to Aim 4.

Action: Becky Woolley

(4) That the Board participate in a dedicated annual session on performance.

(5) That the proposed approach to receive updates on performance be approved.

(6) That Becky Woolley attend the next meeting of the Place Board to discuss the scorecard.

Action:- Chris Edwards/Becky Woolley

(7) That the scorecard be included as a standing agenda on future Board agendas.

46. DESIGN VERSION OF THE HEALTH AND WELLBEING STRATEGY

The Board noted the design version of the Rotherham Joint Health and Wellbeing Strategy “A healthier Rotherham by 2025”.

47. ROTHERHAM ICP PLACE BOARD

The minutes of the Rotherham Integrated Care Partnership Place Board held on 7th November, 2018, were noted.

48. NHS LONG TERM PLAN

Resolved:- That the Kings Fund explainer of the NHS Long Term Plan be included as an agenda item on the next meeting of the Health and Wellbeing Board

Action: Becky Woolley

49. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 20th March, 2019, commencing at 9.00 a.m. venue to be determined.