Rotherham Health and Wellbeing Board
30th September 2015
The Spectrum (Voluntary Action Rotherham)

In attendance:

Board members (including substitutes)

Cllr David Roche (chair)
Stella Manzie (Rotherham MBC)
Chris Edwards (Rotherham Clinical Commissioning Group)
Richard Cullen (Rotherham Clinical Commissioning Group)
Janet Wheatley (Voluntary Action Rotherham)
Ian Thomas (Rotherham MBC)
Terri Roche (Rotherham MBC)
David Clitheroe (Rotherham Clinical Commissioning Group)
Jason Harwin (SY Police)
Catherine Singh (Rotherham Doncaster and South Humber NHS Foundation Trust)
Tracey McErlain-Burns (Rotherham NHS Foundation Trust)
Zena Robertson (NHS England)

Observers / support staff

John Deffenbaugh (consultant / facilitator)
Michael Holmes (Rotherham MBC)
Alison Iliff (Rotherham MBC)
Judith Wild (NHS England)
Karen Shaw (Rotherham NHS Foundation Trust)
Cllr John Turner

Apologies:

Julie Kitlowski (Rotherham Clinical Commissioning Group)
Cllr Gordon Watson
Cllr Taiba Yasseen
Graeme Betts (Rotherham MBC)
Tracy Holmes (Rotherham MBC)
Gordon Laidlaw (Rotherham Clinical Commissioning Group)

Minutes

At Cllr Roche's request, it was agreed that the agenda order be changed so that the general board items could be considered prior to the facilitated workshop session on the health and wellbeing strategy (item 3).

2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency

Cllr Roche mentioned that Dame Carol Black had visited Rotherham on 24th September and had been very impressed with services such as the Rotherham Institute of Obesity.

4. Local transformation plan for children and young people's mental health and wellbeing

Chris explained that the plan would set out how partners will utilise an additional £360,000 per annum from NHS England for CAMHS (child and adolescent mental health services) activity.

Due to the tight timescales, with submission due in mid-October, it was proposed that the board delegates the chair and vice-chair to sign off the plan. In the meantime, Rotherham Clinical Commissioning Group (CCG) will continue to work with partners, particularly RMBC and RDaSH (Rotherham Doncaster and South Humber NHS Foundation Trust), to finalise the plan. Chris can provide further details as required.

The board agreed to delegate approval to the chair and vice-chair.

5. Rotherham CCG commissioning plan

Chris talked through the paper. The CCG will send the draft plan to all partners for feedback in October, with the final plan to be produced early next year following the NHS spending review in December.

6. Access to GPs scrutiny review

Cllr Roche explained that at a recent council meeting the board had been criticised for taking too long to respond to the access to GPs review and for not taking a strong enough line in relation to missed GP appointments. It was suggested, for example, that the board should encourage the GPs to send appointment reminders.

It was clarified that the facility already exists to send text reminders, but it requires patients to sign-up in advance. Further discussion on GP appointments revealed that even appointments booked on the day are missed frequently, with younger people (i.e. under the age of 35) the worst offenders for missed appointments generally. It was noted that people missing appointments may often have complex problems and Jason wondered whether it was possible to share information on them in order to intervene and provide support where possible.

Cllr Roche thanked members for the information and agreed to feedback to the health select commission.

3. Health and wellbeing strategy

Cllr Roche summarised the process of developing and consulting on the new health and wellbeing strategy for 2015-18. Ian asked whether the number of women who drink alcohol during pregnancy could be included as a measure. Tracey confirmed that the question is asked during the ante-natal period, but there is no national target

so we don't have comprehensive statistics. However, Tracey agreed to investigate whether a measure could be identified.

The Rotherham Joint Health and Wellbeing Strategy 2015-18 was approved by the board. Chris pointed out that it was critical for all partners to now ensure that their strategic plans align with the new strategy.

Workshop session

John facilitated the workshop session, which was split broadly into two parts:

i. A "big picture" discussion reflecting on the board's recent progress and the major issues it faces in ensuring the strategy is delivered successfully
ii. Thoughts on the mechanics of overseeing and delivering the strategy via the board

Key points are summarised below.

i. Big picture
Group discussion feedback
- Loneliness/isolation major contributing factor to poor health and wellbeing
- Services can be efficient **and** caring; services should be seamless with people able to easily access the appropriate service
- Reduced inequalities and more opportunities for young people
- Equity of provision/outcomes (e.g. GP capacity in deprived areas and attracting GPs to Rotherham generally)
- All services need to work more effectively with primary care to tackle underlying problems
- Observed that the health and wellbeing board has good engagement from all members and that members are able to look beyond their discrete areas of responsibility
- Key issues include: childhood obesity, long-term limiting illness, investing in social capital (positive impact on mental health)
- A long-term goal should be to have more involvement in this agenda from children and young people
- Maintain focus on long-term outcomes despite short-term pressures
- Change mindset from treating people to providing care and to self-care
- Social prescribing – evaluation demonstrates its effectiveness and savings to the whole health economy so roll-out more widely
- Discourage older people from retiring and encourage them to design life around the things they enjoy doing. Having a fulfilling vocation will improve health and wellbeing.
- Celebrate successes (e.g. Rotherham Institute of Obesity) more widely and loudly
- Focus on the approach – all members able to explain clearly what the board is trying to do – consistent messages
- Be clear about the added value of the board, given that some of the detailed discussions – e.g. on Better Care Fund – will happen elsewhere. The board needs to be aware, but then to support and challenge rather than duplicating.
Plenary
- Strategy is only as good as partners' will to operationalize it.
- Strength of relationships between partners remains critical

- Partners will have to accept that sometimes doing things for the greater good will come at the expense of their individual organisations
- Increasing imperative to make the best use of resources - maximise the public sector pound
- Shift from producer driven to customer driven approach – citizens having more influence, but also taking more personal responsibility
- What leverage does the board have to make things happen?
- Arrangements in Rotherham – i.e. coterminosity of council/CCG – should make it comparatively easy to function effectively as a partnership
- Having the right culture throughout organisations is crucial in ensuring strategic decisions made at board level are implemented quickly and effectively
- Where possible, use existing groups to take forward specific pieces of work, but need to demonstrate tangible progress. Where something new is required, be clear about how best to utilise time and resources – focus on the things we don't do well and be able to evidence improvements.

ii. Delivering the strategy
Group discussion feedback
- The body overseeing strategy aims 1 and 2 (both of which are children and young people focused) could be the children and young people's trust, with Ian Thomas feeding back through the "engine room"
- Aims 3-5 ("aspirations for life") should then have a non-council lead
- The people driving the strategy need to have the right 'clout' and influence
- Use existing groups/meetings as far as possible rather than creating additional bureaucracy
- Identify common issues in JSNA (joint strategic needs assessment) and other evidence sources and work out how best to address and measure improvement in a consistent way without duplicating. Identify what we are doing well.
- Use information better – possibly "make every contact count" approach to getting out the message on "right care, first time"
- See people as an asset – don't let older people's skills and knowledge go to waste
- Look at people holistically and provide multi-agency packages of support with more use of community-based and VCS services
- Mental health and wellbeing of adults is particularly critical as it will also impact on parenting / children's development
- Focus on vulnerable people and loneliness
- Having task groups for the aims can stifle discussion – better to have a collective discussion via the "engine room" or workshops
- Need to lose any "territorial" perspective and instead make decisions in the best interest of local people, even at the expense of individual organisations
- Integrated health and social care – enabling people to stay at home (400,000 beds in the borough, only 400 in the hospital!)
Plenary
- To what extent does the strategy have a "leverage issue" that will have a compound effect if we put resources into addressing it? It was suggested that *mental health and wellbeing* in the widest sense (including confidence, self-esteem and aspirations) may be the issue.
- Another uniting issue is *trust in public services*. There's currently a failure of trust in Rotherham, which affects the way people feel about the borough and how Rotherham and the people living here are perceived. This can have a knock-on

effect on feelings of pride and satisfaction and consequently contribute to poor mental health and wellbeing. It also affects investment in the borough and recruitment of professionals.
- We need to communicate what we're doing in a way that will resonate with people e.g. there's a national GP crisis, but in Rotherham these are the specific steps we have taken to help you get an appointment quickly.
- We should be able to clearly evidence progress and seek out and respond to feedback from service users / customers
- It's important to recognise that people care much more about their experience of accessing services that national statistics or comparisons.
- Pick some achievable "quick wins" (underpinned by evidence)
- It was mentioned that GPs can spend around 40% of their time on non-medical issues
- Collectively, the board needs to champion the good work that's happening locally and reinforce positive messages, concentrating on those things that are most meaningful to the public. Need to think about how we communicate, as current messages about action on CSE don't seem to be permeating
- Don't be constrained by the usual way of doing things, including targets / indicators etc. - be creative and innovative.
- Explore the role of the "engine room" as a forum for strategic discussions
- Simple and succinct: encourage everyone to stop smoking, take a 20 minute walk each day and talk to their elderly neighbour.

Summary
- Issue around service design / support pathways
- Telling the Rotherham story – something positive and distinct
- Focus on where we'll have the biggest impact by acting together as a board
- Board members should feed in any further ideas on the most important priorities or quick wins via Michael

7. Next meeting

25th November, 9.00-11.00, Rotherham town hall (TBC)