

HEALTH AND WELLBEING BOARD
11th January, 2017

Present:-

Members:-

Councillor D. Roche	Cabinet Member for Adult Social Care and Health (in the Chair)
Jo Abbott	Public Health, RMBC (representing Terri Roche)
Karen Borthwick	Children and Young Peoples' Services (representing Ian Thomas)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Dr. Julie Kitlowski	Clinical Chair, RCCG
Carole Lavelle	NHS England
Councillor Mallinder	Chair, Improving Places Select Commission
Kathryn Singh	RDaSH
Janet Wheatley	Voluntary Action Rotherham

Report Presenters:-

Sarah Farragher	Adult Care and Housing, RMBC
Ruth Fletcher Brown	Public Health, RMBC
Giles Ratcliffe	Public Health, RMBC
Sue Wilson	Performance and Planning, RMBC

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG
Dawn Mitchell	Democratic Services, RMBC

Observers:-

Councillor Sansome	Chair, Health Select Commission
Councillor Short	Vice-Chair, Health Select Commission
Janet Spurling	Scrutiny Officer, RMBC
Councillor Yasseen	

Apologies for absence were received from Louise Barnett (Rotherham Foundation Trust), Terri Roche (RMBC), Ian Thomas (RMBC) and Councillor Watson.

48. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

49. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press in attendance.

50. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board, held on 16th November, 2016, were considered.

Matters arising updates were provided in relation to the following items:-

Minute No. 36 (Health and Wellbeing Strategy), it was noted that all the five Strategic Aims' action plans would be submitted to the May meeting. A timetable would be sent to all Board sponsors and lead officers for the Aims to meet the May Board meeting deadline.

Action: Kate Green

Minute No. 36(2), it was noted that work was taking place looking at the governance framework between the Adult and Children's Safeguarding Boards and the relevant partnership boards and the system relationship. A discussion would take place with the Chairs of the 2 Safeguarding Boards and would be considered at the Rotherham Together Partnership Board. A report back would be given in March.

Action: Sharon Kemp

Arising from Minute No. 38(2) (Health and Wellbeing Strategy Aim 1 – All children get the best start in life), it was noted that the proposals regarding raising aspirations and addressing the social issues had not been submitted.

Arising from Minute No. 39(2) (Health and Wellbeing Strategy Aim 3 – All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life), it was noted that the action plan would be submitted to the May meeting as minuted above.

Arising from Minute No. 39(3), it was noted that a new working group had been established, Chaired by the Strategic Director of Adult Care and Housing, and was to hold its first meeting in January.

It was also noted that the Autism Partnership Board was to be launched at the end of the month.

Arising from Minute No. 41 (Rotherham Place Plan), it was noted that a meeting had taken place in December 2016 with Miranda Flood (Vanguard) to discuss how a bid could be structured for additional funding. No further information had been received as yet.

Arising from Minute No. 43(3) (Healthy Ageing Framework), it was noted that a piece of work was underway looking at all documents to ascertain where the gaps were. The outcome would be submitted to the Board.

Action: Terri Roche

Arising from Minute No. 43(4), it was noted that the draft Rotherham Plan (formally referred to as the Community Strategy) was to be submitted to the next meeting of the Rotherham Together Partnership Board. Consideration would then be given to which proposals contributed to an age friendly community and ascertain where the gaps were.

Minute No. 44(2) (Caring Together – The Rotherham Carers' Strategy), it was noted that the Strategy had been approved at the Cabinet/Commissioners meeting on 9th January, 2017.

Minute No. 45 (Rotherham Safeguarding Adult Board 2015-16 Annual Report), it was felt that there was need for a future discussion on care homes given the increasing pressures on the Hospital Trust and Adult Social Care Workers, Winter pressures, funding issues, viability of some homes and standards of care and quality.

Resolved:- (1) That the minutes of the meeting held on 16th November, 2016, be approved as a correct record.

(2) That Children and Young People's Services submit proposals to the next Board meeting regarding raising aspirations and addressing the social issues as agreed at the November Board meeting.

Action: Ian Thomas

(3) That the issue of care homes be included as an agenda item at the next meeting.

Action: Anne Marie Lubanski/Kate Green

51. COMMUNICATIONS/UPDATES

There were two important events taking place in Rotherham unfortunately both on the same day:-

The Rotherham Foundation Trust – NHS Integrated Locality Event
24th January, 2017 – New York Stadium

Local Government Association facilitated Workshop on Prevention
24th January, 2017 – Rotherham Town Hall

52. COMMUNICATING AND ENGAGING ON THE REGIONAL SUSTAINABILITY AND TRANSFORMATION PLAN AND ROTHERHAM PLACE PLAN

Janet Wheatley, Voluntary Action Rotherham, and Tony Clabby, Healthwatch Rotherham, reported that Healthwatch and the Voluntary and Community Sector across the STP area had been contacted by Helen Stevens to assist with the engagement and communication of the STP. The request had included holding a series of engagement events with the public. £5,000 was being offered from regional funds to undertake the engagement.

It was proposed that a series of engagement events be held targeting the north, south and central areas and some communities of interest led by Chris Edwards, Sharon Kemp and Louise Barnett. The presentation prepared by the CCG would be used with the aim of describing the STP as context but to base the majority of the conversation on the Rotherham Place Plan.

Guidance notes were to be circulated but had not been received as yet. Not to engage widely on the STP and Place Plans was not an option.

Any suggestions as to how to engage with members of the public and patients would be welcomed.

Discussion ensued with the following issues raised/clarified:-

- There was a clear distinction between the STP and Place Plan and, although interlinked, should be kept separate
- A formal route of approval of the Place Plan by Members was still required
- Important that the engagement clarified that the Place Plan and STP had totally different governance arrangements with the former owned by Rotherham and would be decided by Rotherham partners
- The engagement was an opportunity to get messages to the public about health and social care in general

It was noted that there was to be a development session on 8th February to discuss how the Rotherham Place Plan would be managed in a partner governance arrangement.

Resolved:- (1) That the outline plans submitted by approved.

(2) That officers be nominated in all bodies to take the work forward.

(3) That all stakeholders commit to support the work including actively promoting engagement.

(4) That Chris Edwards and Sharon Kemp advise Tony Clabby and Janet Wheatley on the key messages for the engagement.

Action: Chris Edwards/Sharon Kemp

53. HEALTH AND WELLBEING STRATEGY

Giles Ratcliffe, Public Health Consultant, gave the following powerpoint presentation on Aim 4 of the Health and Wellbeing Strategy

Aim 4 – “Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing”

- Reduce the number of early deaths from cardiovascular disease and cancer

- Improve support for people with long term health and disability needs to live healthier lives
- Increase the opportunities for participation in physical activity
- Reduce levels of alcohol-related harm
- Reduce levels of tobacco use

JSNA Inequalities – Why and issue?

- Inequalities in health outcomes such as life expectancy at birth and preventable years of life lost are seen as being unfair
- The weight of scientific evidence supports a socio-economic basis for inequalities. This means that a citizen's risk of ill health is determined to a varying degree by things like where they live, how much they earn, what sort of education they have had as well as their lifestyle choices and constitution
- People from more deprived backgrounds appear to bear the brunt of inequalities
- Inequalities can exist when comparing Rotherham with the England average and also within the Borough

JSNA – Local Picture

- Compared with the England average, Rotherham has lower life expectancy and higher mortality from circulatory disease and cancer
- Within Rotherham, there is a slope of inequality between the most and least deprived parts of the Borough
- The main causes of death that contribute to the gap are circulatory disease, cancer and respiratory problems. These three causes are also the main contributors to the slope of inequality that exists between the most and least deprived parts of Rotherham

Public Health Outcomes Framework (PHOF) November 2016 Data

- Gap in life expectancy at birth between each local authority and England as a whole (M 36/150; F 17/150) and worsening
- Healthy life expectancy at birth (M 58.9, 28/150 and improving; F 58.7, 21/150 and worsening; England average 63.4; Reg average 61.4)
- Slope index inequality in life expectancy at birth within England local authorities based on local deprivation deciles (M 9.5, 50/149; F 7.0, 57/149)

Workshop held 16th March, 2016 – 17 attendees

- Workplace Health and Wellbeing
- Community Assets and Health Champions
- Making Every Contact Count (MECC) or 'Healthy Conversations'
- Targeting Communities of Disadvantage e.g. Health Checks; Equity Audit
- Self-Care

HEALTH AND WELLBEING BOARD - 11/01/17

Focus on MECC

- 16th December: meeting of Chief Officers/Nominated Leads
- National PHE re-launch; dedicated website; regional network; resources in development (apps, online training, videos etc.)
- Suggested Themes:
 - Alcohol
 - Healthy weight (physical activity +/- diet)
 - Smoking?
 - Mental Health (loneliness/isolation?)
- Recognition that not making the most of existing opportunities: Directory of Services; One You (not on front pages of all partner websites/points of access) Public Health television
- Services (providers and commissioners) will need to plan for increased activity
- Needs to ensure a targeted approach in terms of localities and patient/service user groups
- Organisations need to determine what methods of roll-out will work for them
- Wider than just 'professionals' e.g. community members, hairdressers, taxi drivers, local people
- Pilot area for saturation and evaluation purposes e.g. Maltby
- Requires similar messages to be delivered to next generation via schools – focus on big health issues
- Will require both online and train-the-trainer models of delivery
- Resourcing will be a challenge for all organisations especially to deliver at scale and pace – training requirements considerable
- Budget – investment vs return

Last 12 Months

- Public Health Equity Audit underway – all Public Health commissioned services
- NHS Health Checks
- Social Prescribing Service – Mental Health pilot
- Fully integrated Rotherham community model of care – continued progress
- Active for Health – first year of delivery
- Successful NHS Diabetes Prevention Programme Wave 2 bid
- Care Home Liaison Service
- £4.7M Work and Health South Yorkshire Funding – planning
- Integrated Re-ablement Village

Plans for the Future

- MECC/Healthy Conversations: training, targeting localities; Secondary Care
- Share Public Health Equity Audit findings – widen to other local authority/CCG provided/commissioned services
- NHS Diabetes Prevention Programme – focussed on areas deprivation
- Integrated Wellbeing and Behaviour Change Service

- Work and Health implementation
- Health in all Policies
- Right Care First Time – Respiratory
- STP
- Integrated IT

Discussion ensued with the following issues raised/clarified:-

- Suggested that 2 themes be focussed upon at a time i.e. Alcohol and Smoking followed by Healthy Weight and Loneliness and Isolation (Mental Health)
- Favoured targeted and locality base approach
- A rolling programme approach would assist in keeping MECC at the forefront of people's minds
- Maltby, through the Area Assembly, was a model of good practice for its work on suicide and suicide prevention
- Maltby and Eastwood had been selected as proposed pilot areas
- One of the local academic institutions should be engaged to ensure that the Rotherham model was appropriately evaluated from the beginning to demonstrate effectiveness
- MECC should be wider than professionals and must utilise the assets in each community and involve local people in the delivery of MECC messages

Resolved:- (1) That there be a rolling programme approach of 2 themes at a time.

(2) The first 2 themes to be Healthy Weight and Mental Health (Loneliness/Isolation) followed by Alcohol and Smoking at a later date.

(3) That each organisation to be responsible for internal implementation and training (using common resources and methods).

(4) That the suggested approaches to pilot in a locality (e.g. Maltby and Eastwood), using the data to demonstrate these were areas of significance) and target service users be endorsed.

54. VOICE OF THE CHILD LIFESTYLE SURVEY 2016

Sue Wilson, Head of Service Performance and Planning, presented a report which set out the key findings from the 2016 Borough-wide Lifestyle Survey report which was open to schools throughout June and July, 2016. In total 2,806 pupils had participated in the survey.

The Lifestyle Survey results provided an insight into the experiences of children and young people living in the Borough and provided a series of measures to monitor the progress of the development of a child-centred borough and underpin the six themes of:-

HEALTH AND WELLBEING BOARD - 11/01/17

- A focus on the rights and voice of the child
- Keeping children safe and healthy
- Ensuring children reach their potential
- An inclusive Borough
- Harnessing the resources of communities
- A sense of place

The positive findings of the 2016 Survey were:-

- Over 70% of young people drinking one or less high sugar drinks per day
- Reduction in the consumption of high energy drinks from 2015
- Increase % of young people who had never smoked
- Increased % of pupils who had never had an alcoholic drink
- Increased number of pupils who had received CSE training as part of the PSHE curriculum
- Decrease in the number of pupils who had not used contraception when having sexual intercourse
- Increased number of young people who had visited a youth centre/youth clinic

The report also set out the areas for attention.

Each school that participated in the Survey (twelve out of sixteen) received their own results. Work took place with the PHSE leads in the schools targeting the particular areas of concern relating to their school. Of the four schools that did not take part, three of them undertook their own survey and used the information to develop their PHSE programme and curriculum offered to their children and young people. Access to the surveys had been requested.

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

- There had been an increase in the number of pupils completing the survey
- The reliability of the information was derived from looking at questions that were statistically significant
- All schools and pupils were encouraged to take part
- Disappointing result regarding the number who did not want to be in Rotherham in ten years' time. This needed to be discussed at the Rotherham Together Partnership Board
- The need for a breakdown of those who said they had medical conditions to ascertain exactly what the conditions were
- The statistics should include numbers of pupils as well as the %
- Breakdown required of the bullying experienced and the reasons why the young people did not want to stay in Rotherham
- The information would be shared with the new School Nursing Service
- Did the increase in long term conditions include reference to mental health?

- Suggestion that the five Strategy Aims consider the information relevant to their Aim in the development of their action plans
- Useful to include the ages of the children

Resolved:- (1) The report be noted.

(2) That the Board sponsors and lead officers for the five Health and Wellbeing Strategy Aims ensure that the key issues raised in the report and pertinent to their particular aim were incorporated into their action plans.

(3) That further discussion take place with regard to the process and engagement.

(4) That consideration be given to submission of the report to the Rotherham Together Partnership Board.

55. CARING TOGETHER - THE ROTHERHAM CARERS STRATEGY

Sarah Farragher, Head of Service Independence and Support Planning, presented the Rotherham Carers Strategy for approval by the Board.

It was noted that at the meeting of the Cabinet/Commissioners on 9th January, 2017, the document had been endorsed for partnership approval.

The document had previously been considered by the Health and Wellbeing Board (March, 2015, March, 2016 and July, 2016).

The action plan was a “live” document. The Caring Together Delivery Group would continue to meet to implement the action plan and review as and when necessary to ensure that it worked. There would be gaps because it was an evolving document. The Foundation Trust had now been consulted; the Trust supported the Strategy and would work with partners to ensure its implementation.

Discussion ensued with the following raised/clarified:-

- Part of the outcome of the Strategy was to increase the awareness of carers
- A “hidden” carer who was admitted to hospital should be picked up upon admission but acknowledged that this was something that needed to be improved
- A member of the Trust would be part of the Caring Together Delivery Group
- There were 3 carers who were regular participants of the Group and linked with the Carers Forum.

Resolved:- (1) That the Caring Together, Rotherham Carers’ Strategy 2016-2021, be approved.

(2) That discussions take place with the Rotherham Foundation Trust regarding their procedures for identifying “hidden” carers upon admission to hospital.

Action: Sarah Farragher

(3) That an update be given in six-twelve months on the action plan.

56. ROTHERHAM PUBLIC MENTAL HEALTH AND WELLBEING STRATEGY 2017-2020

Jo Abbott, Assistant Director of Public Health, and Ruth Fletcher-Brown, Public Health Specialist, presented the Rotherham Public Mental Health and Wellbeing Strategy 2017-2020 which would look at the Mental Health promotion and prevention across a three tiered approach:-

- Universal interventions – promoting good mental health and emotional resilience for all ages (primary prevention)
- Targeted prevention and early intervention – targeted prevention of mental ill health and early intervention for people at risk of mental health problems (secondary prevention)
- Wider support for those with mental health problems – softening the impact of mental health problems (tertiary prevention).

It would draw upon the evidence of what worked for the whole population, for individuals who were more at risk of developing mental health problems and for people living with a mental health problem.

The aims of the Strategy were:-

- Have a common understanding of what it meant to improve public mental health
- Maximise the opportunities to promote mental health and prevent mental ill health within Rotherham through:-
 - Taking a life course approach to promoting mental health
 - Promoting a more holistic approach to physical and mental health
 - Integrating mental health into all aspects of work
 - Creating environments which supported mental health and tackled the stigmas associated with mental ill health

The framework for the Rotherham Public Mental Health and Wellbeing Strategy was developed following a stakeholder event in October 2016 with partners from statutory services and the voluntary and community sector. The draft Strategy had been sent to the stakeholders for initial comments in December, 2016.

High level actions had been proposed in the Strategy but a more detailed action plan needed to be developed and submitted to a future Board meeting in 2017.

Kathryn Singh, RDaSH, reported that her organisation was fully supportive of the work that Ruth had been leading on, however, Mental Health was so much broader than the Mental Health Trust. The Prime Minister had recently announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities as part of the Mental Health Service Reform. There would be a number of strands of Mental Health funding to be accessed. She agreed that the Aim 3 Working Group was not appropriate and needed to be revised so it could incorporate much more of the work.

Resolved:- (1) That the Strategy be endorsed and the high level actions as outlined in the document be endorsed by March, 2017 to allow consultation on the Strategy and sharing within individual organisations between January and March, 2017.

(2) That leads from the relevant partner organisations be identified by the end of January, 2017, to work with the Public Health lead to develop a more detailed action plan.

(3) That a detailed action plan be submitted to the Health and Wellbeing Board for approval in 2017.

(4) That a multi-agency group be established to develop and oversee the implementation of an action plan.

(5) That the terms of reference for Aim 3 be reviewed to include the Strategy within its workload.

Action:- Giles Ratcliffe/Julie Kitlowski

(6) That the Strategy be circulated widely for comment.

Action:- Ruther Fletcher-Brown

57. DATE, TIME AND VENUE OF THE FUTURE MEETING

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday, 8th March, 2016, venue to be confirmed.

(2) That future meetings take place on: -

- 17th May, 2017
- 5th July
- 20th September
- 15th November
- 10th January, 2018
- 14th March

All to start at 9.00 a.m., venue to be confirmed.