

**HEALTH AND WELLBEING BOARD**  
**31st May, 2017**

**Present:-**

Councillor D. Roche	Cabinet Member for Adult Social Care and Health <b>(in the Chair)</b>
Dominic Blaydon	Associate Director of Transformation, RFT (representing Louise Barnett)
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Social Care
Councillor J. Mallinder	Chair, Improving Places Select Commission
Mel Meggs	Deputy Strategic Director, CYPS (representing Ian Thomas)
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Kathryn Singh	RDaSH
Councillor G. Watson	Deputy Leader
Janet Wheatley	Voluntary Action Rotherham

**Report Presenters:-**

Richard Hart	Public Health
Giles Ratcliffe	Public Health

**Officers:-**

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG

**Observers:-**

Councillor Evans	Chair, Health Select Commission
Dr. Sophie Holden	Rotherham CCG
Shafiq Hussain	Voluntary Action Rotherham
Ruth Nutbrown	Rotherham CCG
Janet Spurling	Scrutiny Officer, RMBC

Apologies for absence were submitted by Louise Barnett (Chief Executive, RGT), Superintendent Rob O'Dell (South Yorkshire Police) and Ian Thomas (Strategic Director, CYPS).

**1. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at this meeting.

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

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

**3. COMMUNICATIONS/UPDATES**

Discussion took place on the following items:-

**Sensory Impairment Centre**

The Sheffield Royal Society for the Blind, in conjunction with the Council, was to open a centre for the partially sighted and hard of hearing. The premises were located on Ship Hill, Rotherham.

**National Review of Children's Mental Health Services**

Tony Clabby, Healthwatch Rotherham, reported that the CQC led review had set up an expert advisory group of which he had been asked to be a member. Rotherham was the only Healthwatch in the country to be invited.

Tony would keep the Board updated on progress made.

**4. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board, held on 8<sup>th</sup> March, 2017, were considered.

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

Minute No. 60(3) (Adult Care Development Programme (Better Care Fund), it was not known if the Sub-Group had met as yet.

**Action:- AnneMarie Lubanski to follow up**

Minute No. 60(4) (Better Care Fund) should read "Draft" Plan.

Minute No. 61(b), it was noted that no comments had been received with regard to the new protocol development between the two Rotherham Safeguarding Boards (Adults and Children's), the Health and Wellbeing Board, the Safer Rotherham Partnership and the Children and Young People's Partnership.

Accordingly, the Board approved the protocol.

Minute No. 61(c), it was noted that a launch of the 'I Age Well' online resource was taking place on 12<sup>th</sup> July at the New York Stadium which was a tool to help individuals map and manage their ageing journey.

The Healthy Ageing Framework had been re-submitted to the Older People's Forum on 8<sup>th</sup> March who had helped in its development. Feedback from members of the public had been received to make it more friendly and easy to read.

The Active for Health 12 month evaluation had taken place and a poster presentation was to take place on the progress of the programme.

Minute No. 67 (Loneliness and Isolation), it was noted that the working group had met twice with a provisional date of 19<sup>th</sup> September for a workshop session. The aim of the session was to bring together all interested organisations to look at the work already taking place and identifying any gaps.

Resolved:- That the minutes of the meeting held on 8<sup>th</sup> March, 2017, be approved as a correct record subject to the correction of Debbie Smith in the list of observers stating RDaSH and not Rotherham NHS Foundation Trust.

## **5. HEALTH AND WELLBEING STRATEGY ACTION PLAN AND PROGRESS UPDATE**

Terri Roche, Director of Public Health, introduced a progress update on the Health and Wellbeing Strategy together with the full suite of action plans for each aim (Appendix A) highlighting the activity taking place/planned.

Since 2015 the Board had worked well with partnerships vastly improved. It was now in a stronger position to consider what the real challenges were locally and how it could best work together to add value. There had been a number of national strategic drivers influencing the role of local Health and Wellbeing Boards including:-

Sustainability and Transformation Plans  
Rotherham's Integrated Health and Social Care Place Plan  
Better Care Fund  
The Rotherham Plan  
Children and Young People's Strategy Partnership  
Safer Rotherham Partnership  
Local Safeguarding Partnership Protocol

It was suggested that there was a need to consider all of the above and look to streamline the Health and Wellbeing Strategy whilst ensuring the Board's key roles and functions were delivered in the most appropriate way. This should include how the Board was able to influence other agendas, plans and strategies.

The Board sponsors (or their representatives) gave a brief summary of the progress made for each of the objectives relevant to their Aim.

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

- Future updates must include the "so what" element
- Exploration of joint commissioning of the Midwifery Service which paid for the Smoking Cessation initiative
- Development of Ward profiles which would assist in understanding the inequalities throughout Rotherham

- Young people not in education, employment or training, particularly care leavers, were a vulnerable group with some not ready to go straight into apprenticeships. It was, therefore, suggested that organisations should consider pre-apprenticeship programmes
- Improving Lives Select Commission was to conduct a piece of work on Looked After Children apprenticeships. This could be reported back to the Board at a future date
- There was a suggestion that Aims 1 and 2 of the Strategy be merged to become a single aim in relation to children and young people with Ian Thomas as the Board sponsor
- Rotherham's aspirational Social Prescribing initiative was being recognised nationally
- Social isolation was not just felt by the older population
- Use of Social Prescribing in the social isolation work
- Need to capture the measure of actions of Social Prescribing and include within the Aims to highlight the valuable outcome of the work
- Need for all Aims to consider what they contributed to the Mental Health Strategy
- Making Every Contact Count was underway with regard to the 2 previously agreed themes – Alcohol and Tobacco. Work had been taking place with commitment from RDaSH and the Foundation Trust with further discussions around the voluntary and community sector. Initial training was to start in June
- Increase opportunities in the Town Centre for people to use outdoor space for improving their health and wellbeing and ensuring it was an age friendly place
- Need to ensure everyone who was entitled to free school meals took up the entitlement

Resolved:- (1) That the action plans for each aims be noted.

(2) That future action plans should consider the “so what” element.

(3) That future reports provide the statistical contribution the Board had made and how successful they had been using the performance scorecards as a way of presenting this information.

(4) That a report be submitted to a future meeting on Social Prescribing.

**Action: Kathryn Singh**

(5) That the Town Centre Team present the draft Town Centre Masterplan to the Board as part of the consultation process to allow Board members to consider it in terms of the impact on health and wellbeing.

**Action:- Kate Green to liaise with the relevant officer(s) to arrange**

## 6. ACCOUNTABLE CARE SYSTEM

Chris Edwards, Chief Operating Officer CCG, gave a verbal report on the proposed Rotherham Accountable Care System (ACS).

Work had been taking place designing the governance arrangements with the Health and Wellbeing Board being at the centre thereof.

An ACS Board would be established and meet in June to prepare the proposal. The proposals would then be submitted to the Board's 5<sup>th</sup> July meeting for feedback.

The newly formed ACS Board would then meet on 12<sup>th</sup> July and report progress and actions to the Health and Wellbeing Board on a routine basis as it went forward.

9 areas had been selected as exemplars within the national STP process. Although South Yorkshire and Bassetlaw was not an exemplar, Rotherham's designed ACS governance would be used as national practice to inform Government policy. Rotherham's model was slightly different to other areas as it was much more inclusive.

Resolved:- (1) That the report be noted.

(2) That the proposed Accountable Care System governance be submitted to the next Board meeting.

**Action: Chris Edwards**

## 7. SOCIAL CARE GRANT

AnneMarie Lubanski, Strategic Director of Adult Care and Housing, gave a verbal update on the Social Care Grant.

Guidance was still awaited in terms of the funding allocation to Adult Care and would not be released until after the General Election. It was thought that it would be for the purposes of Adult Care and how it impacted upon the system with a clear pathway to discharges from hospital. Rotherham had had a review carried out of the discharge pathway.

The CQC had been requested to identify 20 Section 48 reviews 15 of which would be areas where the system did not work particularly well. No-one knew who would be chosen but Rotherham could potentially be one.

It was noted that this partly referred to hospital admissions and re-admissions but also care homes. The overall percentage of care homes nationally that were inadequate was 23-25% - Rotherham was 23.3%. Rotherham had far fewer of its care homes requiring improvement than any other council or area in the whole of Yorkshire and Humber with the exception of Doncaster (18.4%).

Resolved:- (1) That the report be noted.

(2) That AnneMarie Lubanski meet with the CCG and Foundation Trust to discuss further.

**Action:- AnneMarie Lubanski**

## 8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2015/16 independent report which highlighted some of the successes in Rotherham as well as a frank assessment of some of the challenges faced as a community. A powerpoint presentation was given on healthy ageing living well and living longer as follows:-

Why focus on healthy ageing?

“Provides the opportunity to shine the light on the rich asset that older people are within our society and also to consider the changes that are developing within our older population”

Considerations include:-

- Ageing population
- Changing communities
- Older people as local asset
- Value of focussing on prevention
- Improving quality of later life

Local data highlights

- Rotherham's over 65s population is growing the fastest. By 2025:-
  - 21.7% of population will be over 65
  - Over 85s population will rise by over 40%
- Rotherham has lower life expectancy than England (men and women)
- Life expectancy and healthy life expectancy gap is greater than England average (men and women)
- Poor perception of “their own health” reported in Census surveys by older people in Rotherham

Healthy Ageing Framework Structure

Four sections

- Healthy behaviours and lifestyles
- Age friendly environment and community support health
- Encouraging social inclusion
- Quality integrated services and prevention interventions

Healthy behaviours and lifestyles – adding life to years and years to life

Includes

- Obesity
- Fruit and veg
- Inactivity
- Alcohol
- Tobacco

- Sexual health
- Living with long term conditions (LTCs)
- Making Every Contact Count (MECC)

#### Key messages

- To promote the 5 a day and balanced diet messages and their importance in later life including hydration
- Older adults to be more active and meet CMO guidelines of 150 minutes per week including strength and balance activities
- It is never too late to stop smoking
- Alcohol misuse in later life leads to increased hospital admissions
- Older people are made aware of the health risks of regular and excessive alcohol use

#### Recommendation 1

- All services should encourage lifestyle behaviour change in older people where appropriate particularly in the most disadvantaged communities. This could be achieved through taking a systematic approach to MECC

#### Age friendly environment and community supporting health

The impact of where we live on our health in later life and includes

- Role older people play in their communities (e.g. volunteering)
- WHO Age friendly cities and communities
- Excess winter deaths
- Poor quality housing impact
- Cold homes and fuel poverty
- Falls prevention and support

#### Key messages are to:

- Plan together  
Use a Framework or plan to join activity and work towards a common goal for Healthy Ageing  
Housing need to plan adequately for the ageing population, considering account of tenure changes and promoting independence  
Preventing falls and providing early intervention for those who have fell is an important factor in maintaining independence
- Work together  
A wide range of people can identify vulnerable people who may be at increased risk (e.g. cold weather, falls)

#### Recommendation 2

- Rotherham's Health and Wellbeing Board considers implementing the WHO 'Age Friendly Cities and Communities' and become the first area in South Yorkshire to achieve this accreditation, learning from other UK cities that have already begun this work. This would be complimentary to the Borough's aspiration to be young people and dementia friendly

Encouraging social inclusion

Challenges and opportunities that have an impact in later life includes:-

- Maintaining independence
- Carer responsibilities – for partners, friends, grandchildren
- Income, work, benefits and volunteering (giving back)
- Education and literacy
- Discrimination
- Mental health
- Dementia
- Loneliness and social isolation

Key messages

- Maintaining independence requires all stakeholders to work together and with individuals
- Older people play a significant role as car givers
- Opportunities for over 65s to remain in work are greater
- Volunteering is important as a social activity to combat social isolation and loneliness
- Health literacy is an important factor to support self-management
- Age discrimination needs to continue to be in policy developments
- Dementia prevention and support agenda needs to continue to be considered
- Mental health within later life needs to be responsibility of all organisations across the system

Recommendation 3

- The social inclusion of older people in Rotherham needs to be at the heart of policy and delivery across the Rotherham Partnership, addressing issues such as maintaining independence, income and participation, mental health, loneliness and isolation. To achieve this goal, older people must experience proactive involvement and participation in life and society as a whole

Quality integrated services and preventative interventions

Working together to commission and deliver the best services for older people in Rotherham. Includes:-

- Health and social care integration
- Asset based approaches
- Screening and immunisations
- NHS Healthchecks
- Personalised End of Life Care planning
- Integrated Wellness Services

Key Messages

- Health and social care integration is underway
- Screening programmes identify and treat individuals early
- People 65+ have higher health risks from flu, pneumococcal and shingles



- NHS Health checks detect early signs of illness and disease
- Personalised end of life care planning will increase in importance as our population ages
- Integrated wellness service will target communities and individuals of the greatest need providing a comprehensive behaviour change pathway

#### Recommendation 4

- All partners to deliver against the aspirations and commitments within the Rotherham Integrated Health and Social Care Place Plan and to continue to strive for the highest quality services for older people. This is to include an increased focus on prevention, early identification and self-management, with clear pathways for lifestyle behaviour change for older people that support individuals to make changes when the time is right for them

#### Next Steps

- Sharing the report with key stakeholders
- Facilitating the development of key actions
- Developing an action plan
- Monitoring and reporting on progress

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

- Were those less digitally competent being missed as self-care models increasingly moved to online access? Need to ensure there was always a backup system available and to publicise such facility
- Intergenerational and intercommunity work must not be forgotten
- The Council was in the process of developing a Digital Strategy
- Acknowledgement that in Rotherham, particularly for carers, there was low usage of the digital system
- There was a different perception of using digital on-line services to pay bills opposed to seeking assistance
- Some feared the loss of face-to-face contact
- Need for a future discussion on Rotherham being “age friendly” or “people friendly”

Resolved:- That the report be noted.

## 9. ROTHERHAM HEALTH PROTECTION ANNUAL REPORT 2016

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2016 which highlighted the joint successes and challenges over the year as identified by the Health Protection Committee.

The organisations represented on the Health Protection Committee collectively acted to prevent or reduce the harm or impact on the health of the local population caused by infectious disease or environmental hazards, major incidents and other threats.

The Health Protection Committee, on behalf of the Director of Public Health, would continue to meet on a quarterly basis to oversee and discharge the Council's Health Protection duties.

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

- Air quality and the recent claims that it contributed to early deaths
- Rotherham's Environment Strategy was to be relaunched and currently out for consultation
- Rotherham had 2 Air Quality Zones

Resolved:- That the report be noted.

**10. HEALTH AND WELLBEING BOARD/HEALTHWATCH/HEALTH SELECT COMMISSION - JOINT PROTOCOL**

A copy of the existing joint protocol between the Health and Wellbeing Board, Health Select Commission and Healthwatch Rotherham was considered.

It was noted that the Association of Democratic Services Officers was undertaking a review of the Council's Constitution and the joint protocol may be amended from the Council's perspective.

Resolved:- That, upon completion of Council's Constitution review, the Scrutiny Officer, Chair of the Health Select Commission, Healthwatch Rotherham and the Health and Wellbeing Board Chair, meet and consider whether the joint protocol required amending and resubmit to the Board for consideration.

**Action:- Kate Green**

**11. BETTER MENTAL HEALTH FOR ALL STRATEGY**

Terri Roche, Director of Public Health, submitted Rotherham's Strategy to promote the mental health and wellbeing of Rotherham people 2017-2020 for information.

The Strategy's action plan would be submitted to the July Board meeting for discussion.

**12. DATE, TIME AND VENUE OF THE FUTURE MEETING**

Resolved:- (1) That the next meeting of the Health and Wellbeing Board be held on Wednesday, 5<sup>th</sup> July, 2017, at the Carlton Park Hotel, Rotherham.

This Board meeting was to form part of a full day of activity delivered jointly with the CCG including the CCG Annual General Meeting. Members of the public and stakeholders were being encouraged to attend – members of the Board were asked to forward the invitation to their contacts as appropriate.

(2) That future meetings of the Board take place on: -

- 20<sup>th</sup> September, 2017
- 15<sup>th</sup> November, 2017
- 10<sup>th</sup> January, 2018
- 14<sup>th</sup> March, 2018

All meetings to start at 9.00 a.m. and venues to be confirmed.