

## REPORT FOR HEALTH AND WELLBEING BOARD

<b>Date of meeting:</b>	<b>10 January 2018</b>
<b>Title:</b>	<b>Health and Wellbeing Strategy Refresh</b>
<b>Directorate:</b>	<b>Assistant Chief Executive's / Public Health</b>

### **1. Summary**

This report updates the Health and Wellbeing Board (HWbB) on the progress being made in relation to refreshing the local Health and Wellbeing Strategy (strategy), and presents the first opportunity to consider the full draft of the new strategy for 2018 – 2025.

Following approval of the four strategic aims at the board meeting in November, further work has been undertaken to develop the high-level priority areas under each aim, including consulting with a number of key stakeholders.

### **2. Recommendations to Health and Wellbeing Board**

- **To discuss the high-level priorities under each aim in more detail**
- **To consider the consultation responses to date and how comments and suggestions should be incorporated**
- **To note the timescales and next steps for this work**

### **3. Background**

The HWbB received a report on 15<sup>th</sup> November 2017 which included a framework for the refreshed strategy, including four strategic aims with a small set of high-level priorities under each. It also demonstrated how the Integrated Health and Social Care Place Plan (Place Plan) should be aligned to the strategy. A wider range of stakeholders who don't formally sit on the HWbB were invited to the meeting, to ensure engagement with those who will contribute to delivering the strategy aims.

The four aims were agreed by the board, with a number of minor suggestions made in terms of language and focus – an overview of the comments made is included in appendix A.

It was also agreed that the new strategy becomes a longer term document: 2018 – 2025, putting it into line with the Rotherham Together Partnership Plan and setting the strategic vision and direction for the HWbB over the next seven years. The strategy's main purpose is to strengthen the HWbB's role in relation to high level assurance and holding partners to account, as well as influencing commissioning across the health and social care system, and wider determinants of health.

At the board meeting on 10th January, a wider range of stakeholders have been invited to be part of the discussion, ensuring wider engagement and a clearer understanding of some of the issues being presented

#### **3.1 Rotherham Integrated Health and Social Care Place Plan**

Rotherham's Integrated Health and Social Care Place Plan (Place Plan), was published November 2016, and details the joined up approach to delivering key initiatives that will help achieve the health and wellbeing strategic aims.

The report received by HWbB on 15<sup>th</sup> November set the same timescales for the alignment of the Place Plan and refresh of the HWb Strategy. Through establishment of the governance structure, including development of the Transformation Groups to deliver the Rotherham Place Plan priorities, it has become clear that in order to ensure that the two documents align robustly it is necessary to do this in a stepped approach. Therefore the aligned Place Plan will follow approximately one month later to enable robust alignment to the strategic direction set by the refreshed HWb Strategy.

The final Place Plan will be received at the Place Plan Board in April and HWbB in May.

### **4. How the strategy will be delivered**

The strategy is a high level document which focuses on the most important things that the board needs to work on together as a partnership – it is not intended to be everything that all partners do.

The aims in the strategy 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; but publishing this strategy until 2025 ensures work at board level can be focused on the activity required to deliver the aims in an appropriate timescale.

It is intended that under the strategy there will be an annual plan developed, demonstrating what activity will be undertaken during that year and what success will look like – and following the first year will also include a progress report in relation to the activity undertaken in the previous year. This provides the board with a clear work programme to take forward and will help identify risks and opportunities, and any potential blockages that may impact on achieving the aims.

## **5. Next steps**

Following discussion at the board in relation to each aim's priorities, the following consultation activity and sign-off process will take place:

- 6 February 2018 Consultation with the council's Strategic Leadership Team
- 7 February 2018 Consultation at the Integrated Health and Social Care Place Board and Clinical Commissioning Group Governing Body
- 12 February 2018 Consultation with Informal Cabinet
- 12 March 2018 Taken for endorsement at formal Cabinet

Between January and end of March 2018 other HWbB partners may also wish to take this via their governance structures for consultation and endorsement.

The HWbB will formally sign off the strategy at the meeting on 14<sup>th</sup> March 2018.

## **6. Names and contact details**

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## **Appendix A**

### **Overview of stakeholder consultation responses to date**

#### **Discussion at Health and Wellbeing Board – 15 November 2017**

##### **Aim 1. All children get the best start in life and go on to achieve their potential and have a healthy adolescence and early adulthood.**

To include 'abuse' and neglect in priority 3 – *this has been updated.*

Ensure this aim has a focus on raising self-esteem /aspirations

Agreed to include a priority 4 - 'children and young people ready for the world of work' – *this has now been included.*

Voice of the child important to run throughout this aim.

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

Ensure the focus of this aim is about prevention and good mental health for all, not just at the acute end of need.

Consider an asset-based approach; what matters to people, not what is the matter with people.

Agreed that learning disabilities and autism should sit within aim 2 – although it is cross-cutting it needs to sit within an aim to ensure delivery and it does not get diluted – it also aligns to the Place Plan learning disability and mental health transformation workstream – *this has now been included.*

##### **Aim 3. All Rotherham people live in good health for longer.**

Suggestion to change the wording of the aim from “people live well and live longer” to ensure more of a focus on living in good health for longer – *this has now been amended.*

#### **4. All Rotherham people live in healthy, safe and resilient communities**

Discussed the board sponsor for this aim – considering the slight change of focus on the priority areas and who the most appropriate lead should be. Suggested the RMBC Strategic Director for Regeneration and Environment, who has been invited to attend the board meeting on 10<sup>th</sup> January 2018.

Considered whether loneliness should sit within this aim, as it fits within the work in relation to developing thriving, resilient communities.

## **Discussion points and recommendations from Health Select Commission - 14<sup>th</sup> December 2017**

Q. How can these aims, which are very ambitious, be delivered against a backdrop of so little money?

- The strategy is about working better together, integrating services where possible, sharing resources and doing things differently to get the best value for money.
- All organisations are struggling financially, but the HWbB is a strong partnership and members should be assured that all are doing their best to achieve better outcomes with what is available.
- The strategy is also becoming a longer term document for this reason, the aims are ambitious and will take, in some cases, more than a few years to see a difference.

Q. Will the new boundary changes affect the figures presented in the strategy?

- We will need to re-calculate figures in the JSNA – and this will be done when the changes come into force.

Q. How will the strategy ensure loneliness is a key issue?

- Loneliness was also raised during the discussion at the HWbB and suggested that it sits within aim 4, which focuses on developing resilient and healthy communities, so an additional priority may need to be included to direct this work.
- Also noted that parish councils were doing a lot of work around loneliness and should be considered as part of this agenda.

Q. Where do carers fit in the strategy?

- Suggested that carers should be included in aim 3 – with an additional priority added.

### **Recommendations**

1. To take the full strategy back to Health Select Commission in February as part of further consideration and endorsement.
2. Strengthen and embed 'age friendly' in aim 4.
3. Strengthen links to the carers' strategy in aim 3. (*this has now been included*)
4. Consider parish council's and their work in relation to loneliness in aim 4.