

Appendix C Overview of Health and Wellbeing Strategy consultation

November 2017 – February 2018

Comments/Feedback	Response/action taken
Discussion at Health and Wellbeing Board – 15 November 2017	
<p>Comments on aim 1.</p> <p>To include ‘abuse’ and neglect in priority 3.</p> <p>Ensure this aim has a focus on raising self-esteem /aspirations.</p> <p>Agreed to include an additional priority under this aim: ‘children and young people ready for the world of work’.</p> <p>Voice of the child important to run throughout this aim.</p>	<p>Strategic Priority 3 updated to include ‘abuse’.</p> <p>Aim 1 includes raising aspirations/self-esteem as an underpinning theme, and will therefore need to be part of the plan developed by the children and young people’s transformation work stream of the Place Plan.</p> <p>Strategic Priority 4 has been added.</p> <p>Voice of the child will be a key principle of the Place Plan work stream and the HWbB will continue to identify ways of ensuring public engagement in the work of the Board.</p>
<p>Comments on aim 2.</p> <p>Ensure the focus of this aim is about prevention and good mental health for all, not just at the acute end of need.</p> <p>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 work stream.</p>	<p>The description of this aim has been strengthened to ensure the focus is on good mental health for all and not just those with mental health problems.</p> <p>Aim 2 now includes a strategic priority for learning disabilities and autism, whilst noting that this does not mean it is only about the mental health of these groups.</p>

<p>Comments on aim 3.</p> <p>Suggestion to change the wording of the aim from “people live well and live longer” to ensure more of a focus on quality of life and improving healthy life expectancy.</p>	<p>This aim has been re-worded.</p>
<p>Comments on aim 4.</p> <p>Considered whether loneliness should sit within this aim, as it fits within the work in relation to developing thriving, resilient communities.</p>	<p>Following discussion, a new strategic priority has been added to aim 4.</p>
<p>Recommendations from Health Select Commission - 14th December 2017</p>	
<ol style="list-style-type: none"> 1. To share the full strategy with 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. 4. Consider parish council’s and their work in relation to loneliness in aim 4. 	<p>Strategy was circulated to Health Select Commission but no further comments received.</p> <p>Following further discussion at the HWbB and with the Chief executive of Age UK (see comment below) ‘healthy ageing’ was included under the activities to deliver aim 3.</p> <p>An additional strategic priority has been added to aim 3.</p> <p>This has been noted and the loneliness task group will pick this up.</p>
<p>Discussion at the VCS ‘an audience with’ session – 9th January 2018</p>	
<ul style="list-style-type: none"> • How much is focused on improving quality of life for people and how much on reducing demand / financial constraints • Good to see focus on prevention, but how do we ensure resources are moved to the right place to deliver this? • How do we ensure money ‘flows’ properly through the system – and focuses more up stream 	<p>The principles of the strategy include a focus on prevention, and using resources for the best possible outcomes for local people. All partners of the HWbB have committed to these.</p> <p>The HWbB has a role in influencing commissioning. The Place Plan also reflects the importance of prevention and</p>

<ul style="list-style-type: none"> • How do we ensure ‘older people’ as a group don’t get lost in the strategy and are not a ‘cross-cutting’ theme? • Need to ensure that we focus on transition points for all people: children to adults, then specific triggers experienced by adults and older people (unemployment, bereavement etc). • Where is ‘end of life’ in the strategy – the life course was a clear focus in the first strategy of the board (2012), this seems to have been lost... • Need to focus on what matters to people – not just what is the matter with them: what do people want to help them live healthier/independent lives • “living as well as you can” not just medical interventions, but what else do people need/want to support them to live better • Being ‘active’ – socially, mentally, physically should be a focus for the strategy (possibly to include in aim 4) • Rather than asking how the VCS can support health and social care to deliver the strategy, flip this and think about what they are already doing and what they could do, looking at health and social care to fill the gaps 	<p>early intervention.</p> <p>The strategy uses a life-course approach and older people are included in aims 2-4 for specific issues (carers, loneliness, social care, independence etc.) but aim 3, strategic priority 3 has been strengthened to include commissioning services across the life-course, which includes key life events in later life (as well as just transition from children’s to adult services).</p> <p>End of life is now included in aim 3, strategic priority 2.</p> <p>Aim 3, strategic priority 2 is about independence, assets and strength-based approaches, and not just traditional care services.</p> <p>Aim 4 refers to the importance of being active, both physically and in communities. Aim 2 includes reference to the 5 steps to wellbeing for improving mental health.</p> <p>Once the strategy has been signed-off and action plans are in development, it has been agreed to go back to the VCS to understand what is already going on locally to help achieve the strategy aims.</p>
<p>Comments from other stakeholders received January/February 2018</p>	
<p><i>Comments from The Rotherham Foundation Trust:</i></p> <p>Within the strategic principles there is nothing on integration of health and social care provision. However it does highlight the integration of the commissioning function.</p>	<p>Principle referred to is: Integrate commissioning of services to maximise resources and outcomes.</p>

Aim 1: There are no specific activities around childhood obesity, which is a concern.

Also it would be useful if we could include some of the work TRFT are intending to do around children, specifically working with health partners

Aim 2: It's a concern that the priority on mental health includes learning disabilities and autism. It is important that we are able to make a clear distinction between these issues.

There are no actions relating to dementia or functional mental health issues such as depression. There is no strategy around workplace stress, which is

These principles have been developed based on the statutory functions of the HWbB, which relates to commissioning only as providers are not 'statutory' board members, although they are full members of the Rotherham board. Integrating provision of services however is more about delivery and therefore a principle of the Place Plan, rather than the strategy which is about the 'strategic' statutory functions of the board.

The strategy is about setting the strategic direction of the HWbB, it includes only those high-level activities that the board will work together on – more detail about other activities which partners will deliver both individually and in partnership, including childhood obesity, need to be fed through to the children and young people transformation work stream of the Place Plan which is the delivery mechanism of the strategy – and under activities for this aim it mentions delivery of the place plan work stream priorities. As obesity is a complex multi-factorial issue action will link to other aims, in particular aim 4, which can look at the obesogenic environment to ensure more focus on primary prevention.

It is explained in the strategy that learning disabilities and autism cut across all of the aims, but to avoid dilution of these priorities (which would be the case without having a distinct lead) they have been placed under aim 2.

This is also in-line with the Place Plan mental health and learning disability work stream, which will include the specific actions to deliver this aim. This issue was discussed at the board development session where it was agreed that although this could be considered to be cross-cutting, it made it clearer to place under aim 2.

More specific activities should be included in the action plan for the Place Plan work stream for mental health and learning

<p>a growing issue nationally. Although people with learning disabilities are mentioned in the narrative there are no activities that focus on this community.</p> <p>Aim 3: It would be good to see a greater emphasis on the integration on health and social care provision as well as just commissioning, but no mention of any provider services.</p> <p>There are a number of key enablers underpinning successful delivery that could be mentioned, specifically: -Technology and the need to use and embrace the advantages of having Integrated Health Care Record and interoperability between systems -A workforce strategy to develop roles and skills across providers, due to shortages across key areas as well developing jobs and careers for the young people of Rotherham to work in the health and care sector</p>	<p>disabilities, these comments will be fed back to the lead for that group.</p> <p>Added to the sentence under strategic priority 3 (page 20) to include provision of services as well as commissioning.</p> <p>These are important enablers and will help deliver the strategy, but they are more operational and therefore should be included in the Place Plan.</p> <p>The next stage of the strategy development is to produce specific plans for each aim and these types of activities will need to be included in there for the board to be aware of and contribute to.</p>
<p><i>Comments from Informal Cabinet 12 February 2018</i></p> <p>Could you strengthen the housing reference more – with a clear link to housing and health.</p> <p>Could the link to working with the Safer Rotherham Partnership be clearer – (possibly mention the joint protocol that is in place).</p>	<p>Housing and health is included in the strategy but acknowledge this could be strengthened (also see comment below also from SYHA)</p> <p>Strengthened section under aim 4, strategic priority 2 considering the links between health and housing, which is not simply about a roof over someone’s head.</p> <p>The safeguarding partnership protocol is already mentioned as part of how the strategy will be delivered (6.1).</p> <p>This has been strengthened though with the inclusion of which boards are included in this protocol to make clearer the links between them.</p> <p>Aim 4, strategic priority 2 refers to domestic abuse, and the domestic abuse strategy is included as an area of work the</p>

<p>Could the strategy be more positive in relation to working in partnership and the commitment to joint working (using more asset based language).</p>	<p>HWbB will continue to influence.</p> <p>Strengthened page 2 paragraph 2 to include more positive language about the work of the board.</p>
<p><i>Comment from Yorkshire Sport Trust</i></p> <p>It's great to see that physical activity and being active has been mentioned in the Plan. We would like to see this as part of a bolder approach to prevention and early intervention which is not particularly clear. The content alludes to the fact that physical activity impacts across all other aims so it would be good to see this commitment as an overarching theme wider than Culture & Leisure – a whole system approach.</p> <p>There is a huge potential for VCS contribution across the life-course; via clubs and community organisations. The sector has a significant role to play in community development approaches. The social prescribing model in Rotherham has been very good and has shown impact. A physical activity and sport partnership (we call them District Activity Partnerships) reporting to the Board can support this work further.</p>	<p>It has been acknowledged in the strategy about the importance of physical activity cutting across all aims.</p> <p>Aim 4 (page 22 paragraph 1) has been strengthened to include reference to physical activity.</p> <p>Also added a paragraph under aim 4 'activities...' to include a reference to the HWbB ensuring the Rotherham Active Partnership is effective, particularly at targeting those people who are currently inactive.</p>
<p><i>Comments from South Yorkshire Housing Association</i></p> <p>Housing is the 3rd leg of the health and social care stool. Unless housing strategy is fully integrated you will not meet your objectives. You said (at the Strategic Housing Forum meeting) that social determinants accounted for round 40% of people's health outcomes. The figures I have seen have been much higher – nearly double. In our experience health and social care professionals talk the language, but, with a few exceptions mainly from Public Health, they are reluctant to take the radical steps necessary to integrate these agendas. Resources need to be switched to social interventions such as social prescribing, investment in affordable warmth anti-poverty measures etc and away from acute health measures. We also need to give far more attention to the impact of place. An asset-based approach is both more likely to really "stick" and be more cost-effective. We</p>	<p>Housing and the links to health and wellbeing has been strengthened in this refreshed version of the strategy and included under one of the strategic priorities. This will ensure a continued engagement with the Strategic Housing Forum to look at the benefits for local people and how the HWb Strategy can continue to influence other key agendas such as this.</p> <p>The comments made are welcomed, because they are mostly about housing 'providers', this is an area which will be useful to feed into the action planning process which is the next stage of the strategy development, rather than the specific</p>

<p>need a radical agenda and without housing at the table it won't happen effectively.</p> <p>Housing providers do far more than provide a roof over our customers' heads. I mentioned two examples of SYHA projects – Age Better (which reduces loneliness and isolation for the over 55s) and our Building Better Opportunities and WorkingWin projects. The eyes of Ministers are firmly on this one with South Yorkshire and the West Midlands the only locations in the country here this Randomised Control Trial has been commissioned. I would be happy to come along to the Health and Wellbeing Board to talk about this type of project if this would be useful. It is not just SYHA – many providers now have a clear strategy to support the whole person and the whole community. The substantive point here is that housing providers engage in all 5 of your aims, and not just the aim 4. We are a great resource – use us please!</p>	<p>detail being included in the strategy.</p> <p>Strengthened section under aim 4, strategic priority 2 (page 23) considering the links between health and housing (also see comment above).</p>
<p>Your approach to co-design could be enhanced. Our Co-Create team has worked with your authority in the past and we would be happy to do so again to ensure the Strategy really engages local people. There will be no charge.</p>	<p>Welcomed the comment and something we may wish to consider at a later stage when we are developing action plans.</p>
<p>You hardly mention welfare cuts and anti-poverty measures. These are key determinants of health and well-being.</p>	<p>Poverty and deprivation is mentioned in the JSNA section and the strategy has a principle about focusing on areas of greatest need to tackle inequalities, but specific welfare cuts/anti-poverty measures are not included in here.</p> <p>An additional statistic has been included regarding welfare reform (page 8) to highlight the importance of this in relation to health and wellbeing.</p> <p>More specific actions in relation to tackling poverty may be included in the action plan developed for this aim, as well as other key areas of work around welfare reform, neighbourhood working, work and health projects and financial inclusion.</p>

<p><i>Comment from a member of the public.</i></p> <p>I would like to ask where do adults between 18 - 64 with long term conditions, physical disabilities or sensory impairments get mentioned within the health and wellbeing strategy?</p> <p>It appears people within these categories have not been mentioned.</p> <p>How will the ACP support these groups of people up to 2025?</p>	<p>The strategy is set out so that aim 1 is about children and young people specifically and the other 3 aims include 'all people' across the life-course, which includes people from all communities and those with specific needs.</p> <p>Aim 3 has been strengthened with more explicit reference to people with disabilities as key group, including on pages 19 and 20.</p> <p>Also added statistic under JSNA section (page 8).</p> <p>People with long-term conditions are already referred to specifically in this section.</p> <p>The Integrated Care Partnership (formally referred to as the Accountable Care Partnership) will need to consider adults with long-term conditions and physical disabilities through the Integrated Health and Social Care Place Plan – which is being aligned to this strategy.</p>
<p><i>Comment from Age UK representative</i></p> <p>Older people's needs and opportunities are not explicit in the strategy, other than specifically in relation to health and social care.</p> <p>There is no mention of the significant life changes many adults and older people experience, which can affect their health and wellbeing.</p>	<p>The strategy talks about the life-course and therefore older people are included in aims 2-4.</p> <p>Aim 3, under strategic priority 3, has however been strengthened to reflect key life events in later life as well as</p>

<p>Volunteering as a way of improving health and wellbeing, particularly for older people, is not included in the strategy.</p>	<p>transitions from children’s to adult services.</p> <p>Amended the sentence under aim 3 ‘activities...’ (Page 22) to align to the vision for older people set out by the Older People’s Forum (Rotherham being a great place to grow older...).</p> <p>Added an activity under aim 4 ‘activities...’ (Page 25) in relation to improving volunteering opportunities.</p>
<p><i>Comments from the Safeguarding Adults Board</i></p> <p>The strategy needs to be strengthened in relation to links with adult safeguarding.</p> <p>This is also true in relation to safeguarding of people in care homes.</p>	<p>The strategy includes reference to the Safeguarding Partnership Protocol, which is in place to ensure that the safeguarding boards for adults and children, along with theme boards (HWbB, Safer Rotherham Partnership, Children and Young People’s Partnership) work together to ensure work plans are aligned, duplication avoided and where specific issues should be addressed in partnership with more than one board (e.g. domestic abuse).</p> <p>Aim 4, strategic priority 2 now includes reference to the importance of safeguarding in care homes.</p>