

**HEALTH AND WELLBEING BOARD**  
**16th May, 2018**

**Present:-**

Councillor David Roche	Cabinet Member, Adult Social and Health <b>(in the Chair for Minutes Nos. 71-77)</b>
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG <b>(in the Chair for Minutes Nos. 78-80)</b>
Helen Dobson	Chief Nurse, The Rotherham Foundation Trust (representing Louise Barnett)
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carole Lavelle	NHS England
AnneMarie Lubanski	Strategic Director, Adult Care, Housing and Public Health
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health, RMBC
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

**Also Present:-**

Steve Adams	South Yorkshire Fire and Rescue Service
Kate Green	Policy and Partnership Officer, RMBC
Polly Hamilton	Assistant Director Culture Sport and Tourism
Gordon Laidlaw	Communications Lead, Rotherham CCG
Steve Turnbull	Public Health, RMBC

3 Members of the Public

**Report Presenter:-**

Richard Hart	Health Protection Principal, RMBC
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**Observers:-**

Julie Dale	Rotherham CCG
Becky Hall	Adult Social Care

Apologies for absence were submitted from Louise Barnett (TRFT), Tony Clabby (Healthwatch Rotherham), Councillor Mallinder (Chair Improving Places Select Commission), Mel Meggs (Strategic Director Children and Young People's Services), Kathryn Singh (RDaSH), Councillor Short (Vice-Chair Health Select Commission) and Councillor Watson (Deputy Leader).

**71. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

**A member of the public asked if Rotherham was doing anything to celebrate the 70<sup>th</sup> Anniversary of the NHS?**

The Rotherham Clinical Commissioning Group's Annual General Meeting was to be held on the 4<sup>th</sup> July at the New York Stadium. There was a full day planned involving the Youth Cabinet and looking back at the NHS successes.

**A member of the public stated that the NHS had been under severe pressure from the cuts and Rotherham had lost its Stroke Unit and Netherfield Court which was a great service. What consultation had been carried out with the public regarding these cuts?**

The Chair reported that he was extremely pleased to be able to report that there was nothing within the Hospital Review that the public of Rotherham should be concerned about. All the hospitals within the area were going to stay as full hospitals with every single one having an A&E.

The decision with regard to the Stroke Unit was not a budget cut but rather an investment in service which would see an improvement in the outcomes for Rotherham people. There were 5 Hyper Acute Stroke Units in South Yorkshire and Bassetlaw with Rotherham and Barnsley's staffed by locums and resulted in patients being diverted to other facilities. It had been decided, as a long term plan, to centralise 3 Hyper Acute Units. A Rotherham resident suffering a stroke would now receive the first part of their treatment in a specialist hospital and then return to Rotherham's Stroke Unit.

A full public consultation had taken place using all the traditional methods of consultation. Healthwatch Rotherham had also been tasked to run some public events in Rotherham.

The members of the public's feedback would be appreciated.

Dr. Richard Cullen reported that his practice had provided the medical services to Netherfield Court and still did; the rehabilitation service was still provided but in a different location.

**73. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board held on 14<sup>th</sup> March, 2018, were considered.

Arising from Minute No. 66 (Update from Aim 2), it was noted that the Ferns Ward had been nominated for a Parliamentary Award.

It was reported that Voluntary Action Rotherham's Social Prescribing had also been nominated.

Resolved:- That the minutes of the previous meeting held on 14<sup>th</sup> March, 2018, be approved as a correct record.

#### **74. COMMUNICATIONS**

The Chair reported that the Health and Wellbeing Board would feature as a case study of good practice by the Local Government Association (LGA).

Representatives of the LGA would be in Rotherham on 22<sup>nd</sup> May to carry out interviews.

#### **75. DRAFT HEALTH AND WELLBEING STRATEGY ACTION PLANS**

Kate Green, Policy and Partnership Officer, presented the first draft of the action plans which were being developed to demonstrate the activities that would take place contributing to achieving the priorities under each Aim.

Work would be undertaken to develop the plans further including other activity that would take place, timescales, milestones and indicators with a further report submitted to the July Board meeting.

Discussion ensued on each of the Aims with the following comments made:-

##### **Aim 1 All Children get the best start in life and go on to achieve their potential**

- Consideration of including Signs of Safety training and rollout – this was mentioned under Priority 3
- Inclusion of glossary

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

- Update Priority 1 to reflect that 5 Ways to Wellbeing Campaign had been launched on 14<sup>th</sup> May – change of word “launch” to “implement”
- Discussions had taken place between Polly Hamilton and Ruth Fletcher-Brown with regard to the connection of the Culture Strategy to the 5 Ways to Wellbeing Campaign
- Priority 4 – Amend to read “Local All Age Autism Strategy” and separate line for “Adult Learning Disability Strategy”

##### **Aim 3 All Rotherham people live well for longer**

- Some may be operational issues and not for the Board
- Priority 4 – pleased to see that carers now had their own Aim

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

- Priority 1 – inclusion of all workforces becoming part of the Workplace Wellbeing Charter and encouraging healthy workforces
- Priority 4 – amend to “green spaces, leisure and culture assets”
- Priority 4 – ‘daily mile’ was an ambition of Ray Matthews to get all the schools signed up
- Priority 5 – should it also include “use of community buildings” rather than “how libraries can be best utilised within local communities in tackling loneliness”?

Resolved:- (1) That the high level activity identified as contributing towards the Strategy priorities be noted.

(2) That the comments above be incorporated into the revised plans.

(3) That Polly Hamilton, Assistant Director Culture Sport and Tourism, revisit the connections between the Aims.

**ACTION:- Polly Hamilton**

(4) That the full plans be submitted to the July Board meeting, together with the attendance of each Aim sponsor, followed by each individual Aim plan submitted to subsequent Board meetings.

**ACTION:- Kate Green/Terri Roche**

**76.**

**INTEGRATED CARE PARTNERSHIP AND PLACE PLAN**

Sharon Kemp, Chief Executive RMBC, and Chris Edwards, Chief Operating Officer RCCG, presented an update on Integrated Care.

A presentation on Integrated Care had been made to an All Members on 20<sup>th</sup> April, 2018.

The presentation had highlighted:-

- Development of integrated care in South Yorkshire and Bassetlaw particularly in Rotherham
- Integrated Care System ICS context
- Current position in South Yorkshire and Bassetlaw
- National direction of travel
- What ICSs were expected to do
- Rotherham’s Integrated Care Partnership (Place)
- The journey so far – governance, principles
- What is/will be different
- How could we work differently
- Issues to consider

Discussion ensued with the following issues raised/clarified:-

- The Integrated Care Plan was a positive way forward to ensure full integration of all the areas that were of importance e.g. Social Prescribing, Health Villages, Walk-in Emergency Care Centre, with the respective organisations working together in partnership
- All partners had signed up to the Partnership and engaged
- What happened at South Yorkshire and Bassetlaw level was different to what happened at local level
- Regardless of Legislation/Policy, working together at local level provided residents with a better experience and simpler pathways/access to the services they needed within the Borough
- Integration was making the best use of the resources available
- Need to ensure members of the public were fully aware

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

(2) That the Place Board minutes be included on future agendas for information.

**Action: Kate Green**

## **77. ROTHERHAM INTERMEDIATE CARE CENTRE**

AnneMarie Lubanski, Strategic Director of Adult Care, Housing and Public Health, presented a report giving a strategic overview of the proposals relating to the reconfiguration of the Rotherham Intermediate Care Centre, a day rehabilitation service provided by the Council and The Rotherham Foundation Trust.

The primary driver was in terms of people getting the right service enablement at home where it was known that patients recovery improved. The service was not changing; most of the staff would move with the service into the community.

Resolved:- That the report be noted and the approach taken endorsed.

The Chair left the meeting at this point in the agenda.

Dr. Richard Cullen assumed the Chair.

**Dr. Cullen in the Chair.**

## **78. HEALTH PROTECTION ANNUAL REPORT**

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2017 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:-

- The incidence of Diphtheria had occurred this year so would feature in next year's annual report. The mass immunisation outbreak plan had been applied very successfully. No source had been identified. A debrief had been held to share learning
- The logos on the covering page did not include that of The Rotherham Foundation Trust

**Resolved:-** That, subject to the inclusion of The Rotherham Foundation Trust logo, the report be noted.

**ACTION:- Richard Hart**

## **79. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

Terri Roche, Director of Public Health, introduced the 2017 independent annual report. The 2015 and 2016 annual reports had been the first 2 in a series of 3 planned annual reports that worked through the life course, focussing on key health issues at different stages of life.

Living well was important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life could increase life expectancy and making the right life choices could reduce the likelihood of premature death and suffering certain long term conditions.

The 2017 annual report focussed on living and working well and was broken down into chapters on:-

- Mental Health, Wellbeing and Loneliness
- Dealing with Drug and Alcohol Misuse
- Tackling the Issue of Domestic Abuse
- Looking after Sexual Health
- Towards a Smoke-free Generation
- Addressing Obesity
- Physical Activity
- Long Term Conditions
- Environments and Health

- Cancer Screening
- Flu Vaccination
- Making Every Contact Count
- Work and Health

The key recommendations in the report were:-

- Work and health in partnership – to help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work
- Making Every Contact Count (MECC) – working with partners to deliver MECC (Healthy Chats) which was a key component of the Rotherham Integrated Health and Social Care Strategy
- Mental Health – Public Health to lead on the implementation of the Better Mental Health For All Strategy with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing
- Physical Activity – Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as the Authority's award winning parks (green spaces), promoting active travel and working the Planning Department to develop obesogenic environments
- Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the Health and Social Care Plan

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

- Further work was required to understand the reasons why healthy life expectancy in women had consistently deteriorated compared to men
- The age range of 25 to 69 years for the diagnosis of new cancer cases was a national data set
- It was a public facing document and would be distributed to key stakeholders. The document would be presented to Voluntary Action Rotherham for discussion
- The document was disseminated within Council Directorates to discuss how they could help delivery

Resolved:- That the report be noted.

**80. DATE AND TIME OF NEXT MEETING**

Resolved:- That a further meeting be held on Wednesday, 11<sup>th</sup> July, 2018, commencing at 9.00 a.m. to be held at The Spectrum, Voluntary Action Rotherham.