

HEALTH AND WELLBEING BOARD
30th January, 2019

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Steve Chapman	District Commander, South Yorkshire Police
Chris Edwards	Chief Operating Officer, Rotherham CCG
Shafiq Hussain	VAR (representing Janet Wheatley)
Sharon Kemp	Chief Executive, RMBC
Jenny Lingrell	Assistant Director, Commissioning, Performance and Inclusion (representing Jon Stonehouse)
Kath Malecki-Kathell	Assistant Chief Nurse, TRFT (representing Louise Barnett)
Kathryn Singh	RDaSH
Jacqui Wiltschinsky	Public Health

Also Present:-

Steve Adams	South Yorkshire Fire and Rescue Service
Paul Woodcock	Acting Strategic Director, Regeneration and Environment Services
Becky Woolley	Policy and Partnerships Officer, RMBC
Dawn Mitchell	Democratic Services, RMBC

Report Presenter:-

Ruth Fletcher-Brown	Public Health Specialist, RMBC
Kate Green	Public Health Specialist, RMBC

Apologies for absence were received from Louise Barnett (TRFT), Tony Clabby (Healthwatch Rotherham), Anne Marie Lubanski (Strategic Director, Adult Care, Housing and Public Health), Councillor Mallinder, Dr. Jason Page (RCCG), Dr. Richard Cullen (RCCG), Terri Roche (Director of Public Health), Jon Stonehouse (Strategic Director, Children and Young People's Services), Councillor Watson and Janet Wheatley (VAR).

A member of the public and a member of the press.

38. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

39. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The member of the public arrived after this item had been taken on the agenda. The relevant officers agreed to stay behind after the meeting to discuss the member of the public's issues.

40. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 21st November, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 21st November, 2018, be approved as a correct record.

Arising from Minute No. 30 (Refreshed Joint Strategic Needs Assessment Consultation), Chris Edwards undertook to contact Miles Crompton to discuss Ward profiles/Health localities.

ACTION: Chris Edwards

It was noted that the consultation was about to close. Anyone interested in becoming involved in the steering group should contact Gilly Brenner.

41. DEVELOPING A ROTHERHAM 'HEALTHY WEIGHT FOR ALL PLAN'

Kate Green, Public Health Specialist gave the following powerpoint presentation:-

What we know

- 25.5% of 4-5 year olds and 36.1% of 10-11 year olds are overweight or obese
- Obesity levels are much higher in our most deprived communities: the three most deprived Wards (Rotherham East, Rotherham West and Valley) have some of the highest rates for obese children at Reception and Year 6
- Adult obesity levels are significantly higher than the England average with 71.2% of adults aged over 18 either overweight or obese and 6 of the 7 most deprived Wards are above the Rotherham average for obese adults
- Only 1 in 20 obese children at Reception will have a healthy weight at Year 6
- These levels of obesity cost the local economy an estimated £23.7M

“There comes a point when you had to stop pulling people out of the river, get upstream and find out why they are falling in” Desmond Tutu

- Current ‘Weight Management’ Service for age 4+ identified with weight concern
- Model of delivery only able to work with around 150 children per year
- There were around 1,000 obese children in Reception and Year 6 alone in 2017/18
- If only 1 in 20 obese children at Reception have a healthy weight at Year 6, resources need to be directed much more towards early years
- Obese children are more likely to become obese adults and will generally have poorer health than their non-obese peers – the Health and Wellbeing Board has a strategic aim to ensure “all Rotherham people live well for longer”

- Need a much stronger focus on prevention
- Use a whole systems approach to understanding local causes of obesity and what works best to tackle them

A Whole System Approach

Tackling obesity is everyone's business – there is no single individual, group or organisation that can do this alone

- 6 phases which aim to help local authorities deliver co-ordinated actions involving stakeholders across the whole local system
- Early phases focus on preparation – securing senior leadership support, developing stakeholder groups, building an understanding of the local obesity picture
- The next phases are all about collective working: stakeholders from across the system are brought together to create a map of the local causes of obesity in their area and identify and prioritise areas of action – it allows stakeholders to recognise their role in the system and how they can make a difference
- The latter phases of the process focus on taking actions forward as a group, continuously monitoring and revising them and reflecting on how things can be improved

Local Plans and Strategies

- Health and Wellbeing Strategy
 - Aim 1: All children get the best start in life
 - Aim 3: All people live well for longer
 - Roll of Aim 4 in preventing obesity
- Children and Young People's Plan – being refreshed for 2019
- Rotherham Active Partnership Plan
(contributing to Cultural Strategy and Health and Wellbeing Strategy)

Aim: for everyone in Rotherham to achieve and maintain a healthy weight
Strategic Themes:

- Whole systems approach
- Effective use of intelligence and data (including assets)
- Reducing inequalities
- Workforce development

Priorities:

- Maximise universal preventative action across the life course
- Give every child the best start in life
- Create environments that promote healthy weight
- Effective early intervention and support when needed

Outcomes

- More children and adults with a healthy weight
- More children from deprived communities with improve health outcomes (reduced gap in excess weight between the least and most deprived areas)
- More people with improved mental wellbeing
- More people active, more often

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- More children and adults eating '5 a day'
- Fewer people with Type 2 Diabetes

Key Actions

Priority 1. Maximise universal preventative action across the life course

- a. Sign up to the Local Authority Declaration of Healthy Weight
 - Food Active developed the Declaration in North-West which is now being rolled out across this region
 - Led by the Local Authority but partner engagement is crucial
 - 14 'set' commitments with option to include further local priorities (e.g. linking to existing work) including:
 - Engagement with the local food and drink sector to consider responsible retailing
 - Reviewing provision in all public buildings, facilities and via providers to make healthy foods and drinks more available, convenient and affordable and limit access to high calorie, low nutrient foods and drinks
 - Increase public access to fresh drinking water on Local Authority controlled sites
 - Consider supplementary guidance for hot food takeaways specifically in areas around schools, parks and where access to healthier alternatives are limited
 - Advocate plans with partners including the NHS and all agencies represented on the Health and Wellbeing Board to address the causes and impacts of obesity
 - Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer
 - Invest in the health literacy of local citizens to make informed healthier choices
 - Ensure clear and comprehensive healthy eating messages are consistent with Government guidelines
 - Consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity

- b. Increase physical activity levels for all ages across Rotherham:
 - Continue to support the Rotherham Active Partnership to increase physical activity levels for the least active children and young people and older people
 - Support roll out of the 'daily mile' in primary schools
 - Continue to support the Physical Activity Clinic Advice Pad trial
 - Explore opportunities to use Social Prescribing to promote physical activity
 - Explore opportunities in the work place to promote physical activity such as stair challenges, walking/running groups, moving more often during the working day (linked to Healthy Workplace Award)

Priority 2. Give every child the best start in life

- a. Upskill the workforce to deliver a healthy weight programme for families with young children:
 - Train professionals in 0-19 Service and CYPS to deliver an evidence-based longer term behaviour change programme for families of young children (0-5 years)
 - To include breastfeeding, weaning, sugar smart, active play, oral health
 - Provided for all families to access but with targeting in deprived communities (via Children's Centres)
- b. Actions to support maternal health
 - Targeted to areas of deprivation
 - What is already being done/what more could be done

Priority 3. Create environments that promote healthy weight

- a. Explore opportunities to ensure the local environment does not 'promote obesity' including
 - Planning policies and local developments (including the Town Centre)
 - Increasing availability of healthy food and physical activity opportunities
 - Explore opportunities presented in the Childhood Obesity Trailblazer Eol
- b. Continue to roll out the Healthy Workplace Award
 - Supporting employers to create healthy environments in the workplace
- c. Commit to actions described in the LA Declaration on Healthy Weight
 - Impacting on the environment in relation to food and opportunities to be physically active

Priority 4. Effective early intervention and support when needed

- a. Develop pathway to support the National Child Measurement Programme (NCMP)
 - Upskill staff within 0-19 Service and CYPS to deliver an evidence based longer term behaviour change programme for families of children aged 5-11
 - To provide an appropriate pathway for primary age children identified with a weight concern following NCMP
 - To enhance the NCMP 'offer' by providing more personalised support and advice for families
- b. Explore opportunities for providing support/advice for young people aged 12+ identified with a weight concern
 - Evidence (both national and local) suggests traditional 'weight management programme' not as effective for this age group
 - Need a more 'holistic' positive approach which focuses on healthy behaviours not just 'weight'
- c. Get Healthy Rotherham to continue to provide adult weight management service until 2021

National and Regional Context

- Government Childhood Obesity Strategy
- PHE-led Community of Improver Group (Healthy Weight and Physical Activity)
- Regional Childhood Obesity Action Plan
- Yorkshire and Humber sign up to the Local Authority Declaration on Healthy Weight

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

- How would it be evaluated to ascertain if it was working?
- Obesity was a priority within the Place Plan. Consideration was needed as to whether signing up to the Declaration would provide anything additional
- The HENRY Programme focussed on the 0-5 age group. Its evidence suggested that resources targeted much earlier in a child's life was where the most benefit would be achieved. There was an opportunity to possibly work with HENRY on a pilot programme for primary aged children which they would evaluate
- The current service, although successful, was successful in very small numbers – something different was needed
- The School Meals Service provided approximately 1,500 school meals and had a Food for Life Bronze award. Work in this area would hit a cohort from the age of 4 years upwards
- Engagement with Head Teachers in a deprived area
- Proposed to reactivate the Active Schools Group
- Food for All worked with children to develop healthy cooking of food
- Stocktake required what all partners were currently doing to avoid duplication and ascertain where the gaps were
- Activity currently took place in Children's Centres and with Health Visitors on weaning and breastfeeding support, however, should it be a time fixed programme of support that families could be referred into?
- Was there a danger of over simplifying

Resolved:- (1) That work take place in gathering together all the work that already existed on this issue.

Action: Kate Green

(2) That Kate Green contact Lydia George, RCCG, to discuss the Obesity Priority within the Place Plan.

Action: Kate Green

(3) That the Local Authority Declaration on Healthy Weight be circulated to members of the Health and Wellbeing Board

Action:- Kate Green/Dawn Mitchell

(4) That a further discussion take place on the Local Authority Declaration on Healthy Weight at the next meeting of the Board.

Action: Becky Woolley

42. PROGRESS OF THE HEALTH AND WELLBEING BOARD

The Chair reported that, at the recent agenda setting group, the following issues had arisen which the Board's views were sought:-

Were Board members happy with the direction of the Board and the way it was going forward? Some Board members may have been contacted as a key partner to gather their views as to how they felt the Board had progressed in the last year.

Update on the leads and sponsors of the Health and Wellbeing Strategy:-

Aim 1	Jon Stonehouse and Jason Page
Aim 2	Kathryn Singh and Ian Atkinson
Aim 3	Sharon Kemp and Louise Barnett
Aim 4	Steve Chapman and Paul Woodcock Sam Barstow, Ruth Fletcher-Brown, Bronwen Knight, Polly Hamilton and Sarah Watts

Register of Attendance – would start from April.

Membership – it was not felt that the Board should increase. Representatives were invited as when an issue arose.

Place Board/Health and Wellbeing Board – there were occasions when reports were duplicated between the 2 Boards. Did it need to be the same report that was submitted to the Place Board?

Meeting arrangements – venues of meetings were rotated between Voluntary Action Rotherham (The Spectrum), CCG (Oak House) and the Council (Town Hall).

Frequency of meetings – the Board normally met every 2 months but there may be occasions when additional meetings had to be convened.

Length of meetings – normally the Board meeting lasted 2 hours.

Gambling – there was National Guidance that Health and Wellbeing Boards should take the lead on gambling. Agreement that it should be included within one of the Aims due to its links with mental health, suicide prevention work.

BCF Executive Group – there was a growing trend for the BCF Executive Group to have a wider remit. It was suggested that, rather than setting up another group, the Executive Group become the Joint Commissioning Team across Social and Health Care for Rotherham and report back to the Health and Wellbeing Board for transparency.

Resolved:- (1) That the Place Board consider the issue of duplication of reports and the format they would wish to receive information.

Action:- Chris Edwards/Sharon Kemp

(2) That the offer made by South Yorkshire Police to hold meetings of the Board at Main Street Police Station be included in the rota of venues.

Action:- Becky Woolley/Steve Chapman

(3) That Becky Woolly obtain an electronic version of the LGA guidance on the role of gambling and its effects and circulate to Board members.

Action:- Becky Woolley

(4) That gambling be included within the remit of Aim 2 of the Health and Wellbeing Strategy.

Action:- Becky Woolley/Kathryn Singh/Ian Atkinson

43. UPDATE ON HEALTH AND WELLBEING STRATEGY AIM 2

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

Kathryn Singh, RDaSH, presented an update in relation to Aim 2 of the Health and Wellbeing Strategy 2025.

With the aid of a powerpoint presentation, following the principles of Signs of Safety, the Board considered:-

What's working well
What are we worried about
What needs to happen

Discussion ensued with the following issues raised/clarified:-

- IAPT (Improving Access to Psychological Therapies) was something that historically Rotherham had done very well, however, now was the challenge of upskill capacity. The Mental Health workforce was something that took more time than other areas in terms of the system

- There had been a commitment by partners to look within their organisations as to how Mental Health First Aid training would be rolled out. A report back was required on how each individual organisation had progressed this
- Within Aim 2 there were no measures for children and young people's mental health
- The NHS Long Term Place set out objectives for mental health. A stark gap was the mental health provision from birth to 3 years which had never been seen before. An evidence base was gathering that showed the sooner agencies were involved the better. There were access targets for children who needed to access mental health services who did not have the opportunity to access. It also included trauma informed services; RDaSH was seeing an increasing number of referrals and having to respond to childhood trauma issues. Work was required around restructuring the workforce to deal with the issue of trauma

Resolved:- That the report be noted.

44. ROTHERHAM SUICIDE PREVENTION AND SELF HARM ACTION PLAN

Ruth Fletcher-Brown, Public Health Specialist, presented an update on suicide prevention and the self-harm action plan.

The latest suicide rate data for Rotherham showed that, after a small decrease between 2013-15, the 3 year combined rate had increased from 13.9 to 15.9 per 100,000 DSR (directly standardised rate) between 2014-16 and 2015-17. Rotherham was significantly higher than England and ranked as the second highest compared to 15 CIPFA Nearest Neighbour local authorities. There had been 107 deaths over the 3 years 2015-17 with males accounting for approximately $\frac{3}{4}$ of suicide deaths. The female rate had also increased every period since 2010-12 and was now significantly higher than England. The rate for Rotherham females ranked as the highest amongst CIPFA Nearest Neighbours.

Progress against the 2016-2018 Suicide Prevention and Self Harm action plan had been reported on a monthly basis to the Mental Health and Learning Disability Transformation Board, a sub-group of the Rotherham Place Plan Board. Annual updates had also been submitted to the Health and Wellbeing Board.

The refreshed draft action plan followed the same national areas for action. Also local intelligence had been used to inform the priority areas for Rotherham during 2019-21.

South Yorkshire and Bassetlaw Integrated Care System had received funding for 2 years from NHS England for suicide prevention. The funding could not fund local plans in their entirety but could support work in line with the national priorities i.e.

1. Reducing suicide and self-harm in Mental Health Services
2. Reducing self-harm in Community and Acute Services
3. Suicide prevention in men and/or work with Primary Care

Discussion ensued with the following issues raised/clarified:-

- The excellent work of the Suicide Prevention Group
- From a Police perspective the numbers had recently increased. Reassurance was required that the appropriate referrals had been made at the right time for early intervention, what happened with the partnership assessment, was the threshold too high. They attended post-event but there was a desire to deploy resources before an event took place
- There had been a lot of care and attention in Rotherham for a long time and some of the work carried out had been ground breaking. However, due to the recent increase was there still the critical support and challenge? If Rotherham was at the forefront of good practice but still finding these issues it was important that work/discussion took place with regional and national players to benefit from their experiences
- The National Enquiry Team, who was working out of Manchester University, had recently given a presentation to RDaSH. The information shared had been very thought provoking and driven the organisation to think about where was there clear evidence about what made a difference
- An event should be held bringing together all the key partners to think differently about what partners were doing as it had not been successful of late and ascertain if there was anything underlying that was being picked up

Resolved:- That the draft Rotherham Suicide Prevention and Self-Harm Action Plan 2019-21 be noted.

45. HEALTH AND WELLBEING STRATEGY: DRAFT PERFORMANCE FRAMEWORK

Becky Woolley, Policy and Partnerships Officer, presented the final draft of the Performance Framework, together with the aid of a powerpoint presentation, to measure the successful delivery of the Health and Wellbeing Strategy.

The draft Framework (Appendix 1 of the report submitted) sought to compliment additional information available to the Board such as the JSNA and the ICP Place Plan quarterly performance reports by providing a high level and outcomes-focused overview of performance through a number of priority indicators.

The priority indicators had been selected to reflect the aims and strategic priorities within the Health and Wellbeing Strategy and aimed to capture some of the key improvements that the Strategy sought to make by 2025 to the health and wellbeing of Rotherham people.

Once approved, a scorecard would be developed including data benchmarking Rotherham's position to national and regional averages. It was proposed that the scorecard be included as a standing item on future agendas.

As data publication cycles were not aligned for all of the indicators, it was recommended that updates to the scorecard become a standing item on Board agendas. This would ensure the Board had continued oversight of performance and could escalate any emerging issues at the earliest possible opportunity.

It was also proposed that partners participated in an annual session dedicated to performance providing an opportunity to evaluate trends and identify any areas that required further attention.

Discussion ensued on the proposed Indicators within each Aim:-

Aim 1: All children get the best start in life and go on to achieve their potential

- Child excess weight in 4-5 year olds rather than 10-11 year olds
- Query why Children in Need rate and not Child Protection
- Query why Average attainment 8 score rather than NEETS

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

- Include work taking place across South Yorkshire and Bassetlaw and the Sheffield City Region and how supporting people with mental health issues into employment
- Probable refresh of the timelines due to the NHS Long Term Plan
- 3 targets at South Yorkshire level – Dementia Diagnosis, IAPT and early intervention in Psychosis

Aim 3: All Rotherham people live well for longer

No comments

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

- Should rough sleepers be included?
- Anti-social behaviour?

Resolved:- (1) That the draft Performance Framework be approved in principle.

(2) That discussions take place with Jon Stonehouse with regard to the queries under Aim 1.

Action:- Becky Woolley/Jon Stonehouse

(3) That sub-group be established to look at good practice from other areas and the NHS Long Term Plan with regard to Aim 4.

Action: Becky Woolley

(4) That the Board participate in a dedicated annual session on performance.

(5) That the proposed approach to receive updates on performance be approved.

(6) That Becky Woolley attend the next meeting of the Place Board to discuss the scorecard.

Action:- Chris Edwards/Becky Woolley

(7) That the scorecard be included as a standing agenda on future Board agendas.

46. DESIGN VERSION OF THE HEALTH AND WELLBEING STRATEGY

The Board noted the design version of the Rotherham Joint Health and Wellbeing Strategy “A healthier Rotherham by 2025”.

47. ROTHERHAM ICP PLACE BOARD

The minutes of the Rotherham Integrated Care Partnership Place Board held on 7th November, 2018, were noted.

48. NHS LONG TERM PLAN

Resolved:- That the Kings Fund explainer of the NHS Long Term Plan be included as an agenda item on the next meeting of the Health and Wellbeing Board

Action: Becky Woolley

49. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 20th March, 2019, commencing at 9.00 a.m. venue to be determined.