DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present at the meeting.
3. COMMUNICATIONS

The new Local Government Association publication that featured Rotherham’s Health and Wellbeing Board was scheduled to be launched in July, 2019.

The Rotherham’s Clinical Commissioning Group’s Annual General Meeting was to take place on 3rd July, 2019, at the New York Stadium and would include stalls to promote good health and wellbeing and a workshop on loneliness.

4. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 20th March, 2019, were considered.

Arising from Minute No. 53 (Local Authority Declaration on Healthy Weight), it was noted that the report had been submitted to the Cabinet for information.

Arising from Minute No. 54(2) (Voice of the Child Lifestyle Survey 2019), it was noted that Becky Woolley and the Performance Assurance Manager were drawing up information with regard to long term trends. The information would then be used for Aim 1.

Arising from Minute No. 57(6) (Harmful Gambling), it was noted that the Task and Finish Group had been set up and would meet as soon as the member of staff responsible had returned to work. The first of the training had taken place with more arranged for June.

Resolved:- That the minutes of the previous meeting held on 20th March, 2019, be approved as a correct record.

5. UPDATE FROM SAFER ROTHERHAM PARTNERSHIP

Councillor Hoddinott, Cabinet Member for Waste, Roads and Community Safety and Chair of the Safer Rotherham Partnership Board, together with Sam Barstow, Head of Community Safety and Regulatory Services, gave the following powerpoint presentation on the work of the Partnership:-

Current Priorities (2019/20)
- Protecting vulnerable children
- Protecting vulnerable adults
- Building confident and cohesive communities
- Preventing domestic abuse and other related offences
- Preventing serious and organised crime

Performance Highlights
- First time young offenders down from 229 to 194
- Over 100 engagement sessions regarding countering extremism
Performance Challenges
- Mental Health referrals
- Stalking and harassment
- Substance misuse

Project Highlights
- Hate crime
  101 crimes/incidents reported
  120 drop-in sessions
  45 awareness raising sessions
  6 new panel members
  165 women part of a network
- Kickz
  120 young people engaged
  12 educational workshops for young people
  7 community events and tournaments
  20 young people referred on to education programmes etc.
- Perpetrator Programme
- Engagement activity
  1,224 families receiving leaflet on protecting children from extremism
  3,499 young people participating in the Lifestyle Survey
  7 young people attending a consultant event
  7 domestic abuse victims engaged by a ‘DA Car’ over the Christmas period
- Training activity
  Hate Crime/Extremism
  Co-abuse training for DA practitioners
  Organised Crime sessions within schools
  Training for responsible authorities under the Licensing Act
  Extreme right wing ideology

Forward Look
- Continuing to develop co-located teams
- Licensing – Gambling, Training and Sex establishments
- Embedding delivery of the Child Criminal Exploitation project
- Tackling Harmful Narratives and Hate Crime
- Focussing on Environmental Crime, Drug Use/Supply and Off-Road Motorcycles
- Exploring and promoting intelligence across agencies
- Community Payback in local communities
- Hate Crime Strategy
- Anti-Social Behaviour Strategy

It was noted that the Cabinet was to shortly consider the Sex Establishment Policy, upon which consultation was currently being undertaken, and a refresh of the Licensing and Gambling Policy.
Discussion ensued with the following issues raised/clarified:-

- Public Health would be contributing to the Licensing and Gambling Policy consultation i.e. the health/alcohol harm evidence
- Anecdotal hotspots were known but supporting data was required for the cumulative impact assessment
- The Partnership had commissioned work later in the year on the vulnerabilities of people that were subject to certain types of crime
- The Board was pressing for a formalised plan around Mate Crime
- The link between anti-social behaviour and isolation/loneliness - would supporting people to address loneliness and isolation have an impact on the frequent reporters of anti-social behaviour

Councillor Hoddinott and Sam were thanked for their presentation.

Resolved:- That the presentation be noted.

6. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2018 independent annual report. For the previous 3 years, the annual reports had focussed on the lifecourse; the 2018 report took a new approach and sought to champion the strengths of Rotherham’s local communities and share experiences of what kept its residents healthy, happy and well.

The general public had been asked to submit photographs which showed what kept them healthy, happy and well where they lived. These were then grouped by theme and found that they fell into 2 main themes – community and the environment – as well as capturing all 5 of the ‘five ways to wellbeing’.

The 2018 annual report was broken down into chapters on:-

- What does keeping healthy, happy and well in Rotherham mean to you
- Our communities
- Five ways to wellbeing
- What can we do to support health and wellbeing
- Recommendations
- What we will do together
- Progress on last year’s recommendations

The key recommendations in the report were:-

- Consider ‘health and wellbeing’ in the wider context of being influenced by everything around us
- Seek first to understand what is ‘strong’ in our communities and what assets we can build on together to support the health and wellbeing of our residents
Discussion ensued on the report and presentation with the following issues raised/clarified:-

- Discussion would take place at the Aim 3 workshop to be held later that day with regard to asset-based training
- Should there be focus on one issue to maximise the impact?

Resolved:- That the report be noted.

7. HEALTH PROTECTION COMMITTEE ANNUAL REPORT

Richard Hart, Health Protection Principal, presented the Health Protection annual report 2018 which highlighted the main areas of health protection activity in Rotherham over the period 1st January to 31st December, 2018.

The organisations represented on the Rotherham Health Protection Committee (RHPC) 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.

With the publication of the NHS Long Term Place (7th January 2019), there were opportunities to strengthen actions on health inequalities, antimicrobial resistance, air pollution, supporting people in care homes, national screening programmes and childhood immunisations.

There were 2 risks on the Council’s Strategic Risk Register associated with protecting the health of the local health population;-

- To provide an effective co-ordinated multi-agency response in the early stages of any flu pandemic
- To reduce the impact of any communicable disease incident/outbreak in Rotherham

The report set out the areas that RHPC had identified as the focus for actions in the year ahead from which the following key recommendations had been drawn:-

1. Maintain effective monitoring, communication and response to incidents or outbreaks and consolidate multi-agency arrangements which includes an agreed approach to funding.

2. Improve the update of Measles, Mumps and Rubella (MMR) vaccination to achieve minimum herd immunity, routine immunisations for the hard to reach communities and seasonal flu vaccination for staff and the eligible population.
3. Review Borough-wide Infection Prevention and Control Services and make recommendations for improvements to the patient pathway and the sustainability of services (including Tuberculosis Specialist Services).

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

- There was national debate with regard to the take up of vaccinations to children. If there was a national decision with regard to the way forward it would be adopted by Rotherham. Rotherham Public Health worked very closely with partners and the NHSE worked with GPs
- Public Health England was responsible for vaccinations and the CCG for management of local arrangements. There was history of it being unclear who was responsible for what in the event of a pandemic. It was important that PHE representation was in attendance at any workshop to discuss how such an event would be handled
- Whilst awaiting a lead nationally, it was considered prudent to have such conversations with school leaders through the Rotherham Educational Strategic Partnership as to their thoughts on vaccinations
- Consultation was due to start shortly on Clean Air Zones
- Weekly oversight by the CCG on the availability of drugs

Resolved:- (1) That report be noted.

(2) That the Board’s commitment for all partners to sustain their contributions to the Borough-wide health protection work and actions of the Rotherham Health Protection Committee be approved.

ACTION:- All Board members

8. UPDATE ON AIM 1 OF THE HEALTH AND WELLBEING STRATEGY

Aim 1: All children get the best start in life and go on to achieve their potential
Dr. Jason Page, Rotherham CCG, presented an update in relation to Aim 1 of the Health and Wellbeing Strategy 2025.

With the aim 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:-

- 25.5% of children aged 4-5 years old were classed as obese 15% would be the expected at that level
Places for People, Rotherham’s leisure provider, was fully engaged with the Council. For adults there was Slimming World, through Healthy Rotherham, and the Healthy Weight for All Plan which was about listening and endeavouring to get people more active. The Rotherham Active Partnership was hosted at the Rotherham Leisure Centre recently. Their aim was to engage the harder to reach groups

- Ensure food outlets were not next to schools
- Work required on advertising e.g. the display of adverts on public transport for fast food

Resolved:- That the report be noted.

9. OUTCOMES FRAMEWORK - SPOTLIGHT: HOMELESSNESS

Sandra Tolley, Head of Housing Options, and Jill Jones, Homelessness Manager, gave a powerpoint presentation on Homelessness Prevention and Rough Sleeper Strategy 2019-22.

The presentation included:-

- The vision
- National context – The Homelessness Reduction Act
- The local picture – the demand and funding
- The 6 aims of the Strategy:-
  - To support people with complex needs
  - To prevent homelessness and offer rapid housing solutions to get people in urgent need rehoused quicker
  - To increase support for young people to prevent homelessness
  - To end rough sleeping and begging
  - To improve access to tenancy support, employment and health support services
  - To ensure there is sufficient decent emergency accommodation
- Action plan to address the gaps
- Housing First
- Analysis of temporary accommodation
- Performance framework/trends

Discussion ensued with the following issues raised/clarified:-

- Housing had a good relationship with certain parts of the Hospital’s Discharge Team. Some people discharged from A&E and/or the Mental Health Unit at Swallownest Court may be in need of temporary accommodation. The Service would be providing an Outreach Service at Swallownest Court
- Rotherham had seen an increase in the number of people with a disability rough sleeping over the past 12 months. That could be someone who was in temporary accommodation because it took longer to provide the appropriate accommodation
• Housing OT was part of the Housing Team so an applicant would have an assessment. However, they may have to spend more time in temporary accommodation until suitable accommodation was found. They may be unable to return to their previous accommodation due to their illness.

• They would still be accepted under the Homeless Duty because their home was no longer suitable for them.

• Step Up and Step Down was where people discharged from hospital and did not have a suitable home to go to and went into temporary accommodation as an interim measure.

• The need to ensure everyone was aware and understood the pathways and a report back to the Board on what/where the challenges were in the system as experienced by different parties.

Resolved:- That the report be noted.

10. ISSUES ESCALATED FROM PLACE BOARD

There were no issues to report.

11. Q3 PLACE PLAN PERFORMANCE

It was noted that Place Plan performance would be available at a future meeting.

12. ROTHERHAM ICP PLACE BOARD 6TH MARCH AND 3RD APRIL 2019

The minutes of the Rotherham Integrated Care Partnership Place Board held on 6th March and 3rd April, 2019, were noted.

13. UPCOMING AGENDA ITEMS

Joint Strategic Needs Assessment update - July

Loneliness - November

14. DATE AND TIME OF NEXT MEETING

Resolved:- That a meeting be held on Wednesday, 10th July, 2019, commencing at 9.00 a.m. venue to be agreed.