

Health and Wellbeing Board Annual Report, 2018/19

A healthier Rotherham by 2025



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Foreword

Welcome to the first annual report from Rotherham Health and Wellbeing Board. This is an opportunity to showcase some examples of the excellent work that partners have undertaken to deliver on the Joint Health and Wellbeing Strategy, and I am happy to say that this is just a small portion of the progress we have made as a partnership. The report also sets out our challenges and priorities, which will shape the focus of the Health and Wellbeing Board over the next two years. This will include having a much stronger focus on the wider determinants of health and wellbeing, including loneliness, transport, skills and employment, culture, community safety and housing.

I am incredibly proud of the strength of our partnership working and the way that this has progressed in recent years. All partners show total commitment to the delivery of the strategy, and this has led to the board being featured once again as an exemplar on the LGA website and as part of their publication 'What a difference a place makes: the growing impact of health and wellbeing boards.'

As a board, we are committed to the vision of 'A healthier Rotherham by 2025.' Unfortunately, as outlined in the Health and Wellbeing Strategy, we know that too many people in Rotherham live for long periods in ill health and that significant differences persist between our most and least deprived communities. Additionally, all partners continue to face pressures as a result of long-term austerity.

It is therefore vital that we continue to work effectively together as a partnership, making best use of our combined resources to ensure that we make the biggest impact on outcomes. Whilst we face big challenges, I am confident that our strong and constructive partnership approach will enable us to make a meaningful and long-lasting impact on the health and wellbeing of Rotherham people.

Councillor David Roche

Cabinet Member for Adult Social Care and Health

Chair of the Health and Wellbeing Board

The Health and Wellbeing Board

Rotherham Health and Wellbeing Board brings together local leaders and decision-makers to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote the integration of services.

Organisations represented on the board include:

- Rotherham Metropolitan Borough Council
- Rotherham Clinical Commissioning Group (CCG)
- The Rotherham NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Healthwatch Rotherham
- South Yorkshire Police
- South Yorkshire Fire and Rescue
- NHS England

The board has a number of specific responsibilities, including producing a local JSNA, overseeing the delivery of the joint health and wellbeing strategy, and producing an assessment of the need for pharmaceutical services. Further detail around the role of the board, including how the board has met the statutory duties over 2018/19 is outlined below.

Joint Strategic Needs Assessment (JSNA)

One of the board's key responsibilities is to carry out a JSNA for Rotherham. The JSNA is an assessment of the current and future health and social care needs of the local population and the factors affecting their health, wellbeing, and social care needs. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery.

The JSNA presents headlines from the most recent analysis of the data and includes demographics, wider determinants of health (e.g. employment, housing, education, and environment), health conditions, lifestyles and causes of death. This information is supported by ward profiles, providing data, demographics and intelligence on local neighbourhoods. From 2019/20, ward profiles will reflect Rotherham's new ward boundaries.

In order that it can effectively underpin evidence-based commissioning, the JSNA is a continuous process and is updated as additional information becomes available, highlighting gaps and areas for future work. In November 2018, the Health and Wellbeing Board agreed to redesign and revamp the JSNA to better meet the needs of the partnership and to embrace an asset-based approach. Work has been

ongoing to deliver on this and the redesigned JSNA will be launched at the Health and Wellbeing Board in November 2019.

Joint Health and Wellbeing Strategy

Joint Health and Wellbeing Strategies set out how local health needs identified in the JSNA will be addressed. They set out the priorities for local commissioning and must be taken into account by local councils and CCGs.

Rotherham's Health and Wellbeing Strategy for 2018-2025 was agreed in March 2018 and further detail on the delivery of the strategy is outlined as part of this report.

Pharmaceutical Needs Assessment (PNA)

The board has a statutory responsibility to undertake a PNA every three years. The PNA reviews the current pharmaceutical services in Rotherham and identifies any gaps in provision through assessment, consultation and analysis of current and future local need.

The current PNA for Rotherham runs from April 2018 to March 2021. The mapping of services is a core part of the PNA regulations and a map not only has to be produced, but the regulations ask that this be maintained. For the first time, this assessment utilised the Strategic Health Asset Planning and Evaluation (SHAPE) tool to map the provision and access to pharmaceutical services. This tool has played a key role in continuing to map pharmaceutical services in Rotherham.

Principles

As well as meeting the duties outlined above, partners of the Health and Wellbeing Board have also committed to embedding the following principles in everything they do, both individually as organisations and in partnership:

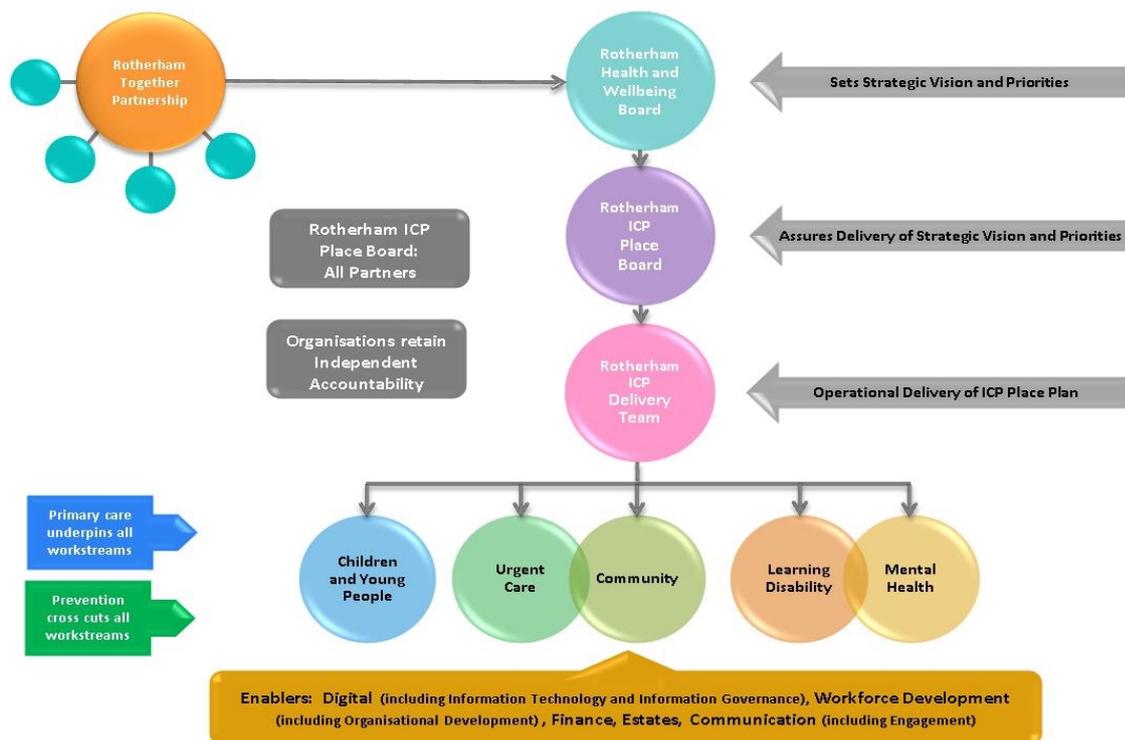
- Reduce health inequalities by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest.
- Prevent physical and mental ill-health as a primary aim, but where there is already an issue, services intervene early to maximise impact.
- Promote resilience and independence for all individuals and communities.
- Integrate commissioning of services to maximise resources and outcomes.
- Ensure pathways are robust, particularly at transition points, so that no one is left behind.

- Provide accessible services to the right people, in the right place, at the right time.

Governance

The Health and Wellbeing Board is a statutory sub-committee of the Council and is an integral part of Rotherham’s wider strategic partnership structures, the Rotherham Together Partnership (RTP). In addition, the Integrated Care Partnership (ICP) Place Board reports into the Health and Wellbeing Board and takes strategic direction from the Health and Wellbeing Strategy.

A summary of these governance arrangements is outlined in the diagram below.



Rotherham Together Partnership (RTP)

RTP brings together statutory boards such as Safer Rotherham Partnership and the Health and Wellbeing Board, with other key strategic partnerships, such as the Business Growth Board, to deliver on Rotherham’s medium term priorities. These priorities, or “game changers”, are set out in the Rotherham Plan 2025.

One of the game changers is ‘integrating health and social care’, which requires significant input from the Health and Wellbeing Board, working closely with the Integrated Care Partnership (ICP) Place Board. The Health and Wellbeing Board also contributes to the other game changers, particularly ‘building stronger communities’ and ‘skills and employment’.

Integrated Care Partnership

The ICP is made up of the local health and social care community, including the Council, CCG, providers of health and care services and the voluntary sector, who are working together to transform the way they care for the population of Rotherham.

The ICP Place Plan was updated during 2018 and will be further refreshed in 2019 to reflect national policy changes in the NHS Long Term Plan. It includes five transformational workstreams which closely align with the Health and Wellbeing Strategy, and is the delivery mechanism of the aspects of the Health and Wellbeing Strategy relating to integrating health and social care.

The Place Board reports progress to the Health and Wellbeing Board through quarterly performance reports, and there is also a standing agenda item for the Health and Wellbeing Board to consider any issues escalated from the Place Board.

Safeguarding

Safeguarding is a particular area of collaboration for local partners, and the Health and Wellbeing Board is a signatory to Rotherham's partnership safeguarding protocol.

The protocol describes the roles, functions and interrelationship between partnership boards in relation to safeguarding and promoting the welfare of children, young people, adults and their families. It aims to ensure that the complementary roles of the various boards are understood so that identified needs and issues translate to effective planning and action.

Delivering on the protocol includes each board delivering and receiving updates from one another on annual basis, to ensure connectivity and appropriate oversight of issues relating to safeguarding. The terms of the protocol were fulfilled for 2018/19. Ensuring we are taking an integrated and co-ordinated approach to addressing issues relating to safeguarding will continue to be a priority for 2019/20.

Delivering the Health and Wellbeing Strategy: a healthier Rotherham by 2025

The Rotherham Health and Wellbeing Strategy, 2018-2025 was agreed in March 2018, outlining four key aims:

1. All children get the best start in life and go on to achieve their full potential
2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
3. All Rotherham people live well for longer
4. All Rotherham people live in healthy, safe and resilient communities

The purpose of this report is to reflect on some of the key achievements from across the partnership in 2018/19 in delivery of the Health and Wellbeing Strategy. This will include taking stock of what's working well, what we are worried about and what we need to do next.

A priority for this year has been laying the foundations for the successful delivery of the strategy. This has included:

- **Holding multi-agency engagement events with the public and voluntary and community sector organisations** to launch the strategy and feed into the development of the action plans.
- **Refreshing the Terms of Reference of the Health and Wellbeing Board** to ensure that it aligns with the strategic direction of the board and ensuring it reflects the relationship with the Integrated Care Partnership (ICP) Place Board.
- **Identifying board sponsors and lead officers for each aim** with a focus on establishing ownership and ensuring all partners are able to contribute towards the strategic direction of the board.
- **Developing action plans and a performance framework** to measure and monitor the successful delivery of the Health and Wellbeing Strategy.

What's working well?

There has been significant progress made over the past year to support delivery of the Health and Wellbeing Strategy. Examples of some of our key achievements as a partnership in 2018/19 are outlined below.

<p>Aim 1: All children get the best start in life and go on to achieve their full potential</p> <p>Young people were successfully supported to be ready for the world of work as illustrated by the achievement of the combined 2018/19 NEET/Not Known Target: 5.8%.</p> <p>A new weight management service for children and young people was commissioned.</p> <p>Progress was made to ensure the effective implementation of the 'Rotherham Family Approach' (including the Signs of Safety, Restorative Approaches and Social Pedagogy) across the wider Children's workforce.</p>	<p>Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life</p> <p>The CORE 24 service went live from January 2019, with positive joint working in place with other teams including the Alcohol Liaison Team.</p> <p>Clinically led review of Rotherham dementia care pathway commenced, with consideration of new NICE guidelines.</p> <p>Work was undertaken to promote workplace wellbeing, including through the launch of the Be Well @ Work Award in partnership with other South Yorkshire local authorities.</p>
<p>Aim 3: All Rotherham people live well for longer</p> <p>The Rotherham Health Record was developed enabling health and care workers to access patient information to make clinical decisions. The Rotherham Health app was also launched, providing online access to manage healthcare 24 hours a day.</p> <p>Making Every Contact Count training on smoking and alcohol was delivered to over 300 frontline staff across the partnership.</p> <p>Rotherham continues to be seen as a national leader for Social Prescribing and was formally recognised as good practice in the national Prevention Vision.</p>	<p>Aim 4: All Rotherham people live in healthy, safe and resilient communities</p> <p>The Health and Wellbeing Board fed into the development of a number of strategies and action plans, including the Cultural Strategy, the Housing Strategy and the Homelessness Reduction Strategy action plan.</p> <p>The Rotherham Activity Partnership was established, involving a range of partners to plan and promote physical activity and sport across the borough.</p> <p>Improvements have been made to neighbourhood working including the co-location of services and this is ensuring a more joined-up approach to tackling neighbourhood issues such as crime, anti-social behaviour and environmental issues.</p> <p>Rotherham is participating in Working Win, the health-led employment trial which aims to help people with health conditions to find and stay in work.</p>

What's working well?

Case Study: Stephanie who had support to stop smoking from the Rotherham NHS Foundation Trust Smoking in Pregnancy Team in 2019

Stephanie is pregnant with her fourth baby and her first to have in Rotherham, as she has only recently moved into the area. She declined support to stop smoking at her community midwife booking appointment in February 2019. Due to the OPT OUT patient pathway that is in place, the smoking in pregnancy team was informed. She was contacted by them to ensure she was aware of the risks and complications of continuing to smoke during pregnancy and to offer her support to stop smoking. Stephanie declined support again.

However, during her Community Midwifery antenatal appointment in April her Carbon Monoxide reading was 37ppm and this worried her and she accepted an appointment for support to stop smoking and was seen 2 days later. The Rotherham NHS Foundation Trust currently has a Carbon Monoxide guideline stating that ALL pregnant women, irrelevant of their smoking status, should be offered Carbon Monoxide screening at EVERY appointment. This guideline was implemented locally; this is not routinely done nationally and Stephanie has expressed that this played a key part in her stopping smoking through use of an electronic cigarette.

Stephanie has not smoked since and has no desire to smoke or return to smoking after the birth of her baby. She will continue to be supported until then and at least once after the baby's birth. The Q&A below demonstrates how valuable Stephanie found the support from the Smoking in Pregnancy Team.

Q&A with Stephanie

Have you ever stopped smoking before?

"No, and I have smoked with all my other 3 pregnancies."

Why have you stopped smoking now?

"I didn't want to stop at first, but then the midwife did my Carbon Monoxide reading and it was 37 and I knew this was not good and it worried me so I had to stop smoking."

What has helped you to stop smoking?

"Seeing the stop smoking midwives, I would not have stopped without their support."

How has this helped?

"The fact that they kept contacting me, if they had not done that I would have definitely carried on smoking."

Would you advise other pregnant women to use the service?

"Definitely, I couldn't have done it without them; I would have just carried on smoking."

Case study: Five Ways to Wellbeing

The Five Ways to Wellbeing is a national campaign which provides an alternative way to think about building personal resilience. In the same way that we take steps to maintain physical health, such as eating well and drinking at sensible levels, the five ways message promotes five key things that we can all do to maintain positive mental wellbeing: being active, connecting with people, giving to others, learning something new, and taking notice of your surroundings.

In May 2018, the Five Ways to Wellbeing campaign was launched in Clifton Park Rotherham, which features in the local film. All partners were in attendance and after the formal launch participants were encouraged to participate in Five Ways to Wellbeing activities.

Throughout the year, the Five Ways to Wellbeing have continued to be embedded in Rotherham, becoming an integral part of the services we provide and commission. For example, these steps are the basis of our campaign to address loneliness and promote connectedness in communities.

An example of one organisation that has embraced the Five Ways to Wellbeing is Crossroads. Carer A is a single woman and was the principal carer for her father: her brother has a disabled son so is only able to visit their father on a Sunday. When Carer A came to Crossroads, she was experiencing a number of issues in relation to her caring role, including career breakdown, high stress levels, effects on her mental health, risk of isolation and loneliness and physical health issues.

As well as helping Carer A to secure support from her GP and statutory services, Crossroads discussed the Five Ways to Wellbeing. This led to Carer A focussing more on what she could do to improve her own health and wellbeing, including starting yoga and tai chi classes.

Carer A continued to attend the carers group following her father's passing. Following a period of mourning and discussions around her Five Ways to Wellbeing plan and ongoing support from the carers group at Crossroads, she came to a decision that she could benefit from volunteering. Carer A approached the Volunteer Coordinator at Crossroads to discuss the opportunities available to her and what skills she had that could support a volunteering role. She agreed that telephone befriending was the role she was interested in and had the skills for. She completed training and induction at Crossroads for her volunteer role and is now supporting other carers living in Rotherham to reduce their social isolation.

Carer A is now confident enough to start looking for work and is receiving support with preparing a CV. She is in a far better place both physically and emotionally. Since contacting Crossroads and taking on board the principles of the Five Ways to wellbeing, her life has improved, and helped her both within her caring role and to cope with her bereavement.

It will continue to be a priority to promote the campaign as part of the delivery of the Better Mental Health for All Strategy and to ensure that more Rotherham people recognise the positive steps they can take to look after their mental health.

Case study: Integrated Discharge Team

Evidence suggests that patients are more likely to make a better recovery at home and regain or retain independence the earlier they return home or to a suitable care home setting. However, delayed transfers of care are a significant challenge nationally, particularly for patients who have complex needs and requirements. In response to this challenge and in delivery of Rotherham's Integrated Health and Social Care Place Plan, an Integrated Discharge Team was formed, made up of nurses, social workers and therapists.

This has had a significant impact on outcomes for patients. Mrs Hepworth (*name changed*) is an 85 year old living on her own. She has end stage Chronic Obstructive Pulmonary Disease (COPD) and complex co-morbidities. Following a urinary tract infection and exacerbation of her COPD she was unavoidably admitted to hospital. Work began on preparing for her discharge during her stay and she received therapy input to maintain mobility. The Integrated Discharge Team worked together across acute and community nursing, therapy and social care in order for Mrs Hepworth to return home. Discussions took place with her Community Matron, who was best placed to understand Mrs Hepworth's ongoing needs. Her previous care package was increased, further equipment aides were put in place including a pendent and it was arranged for a re-assessment in two weeks' time once Mrs Hepworth had settled back at home. The team also liaised with Age UK to arrange some befriending to ensure Mrs Hepworth wasn't isolated on her return.

Previously Mrs Hepworth would have had a longer length of stay, increasing the risk of infection or a fall and loss of mobility in hospital, and would most likely have been discharged to a Discharge to Assess Community Bed. The difference in this outcome demonstrates the significant impact that integrated working can have for patients.

In recognition of this impact, the Integrated Discharge Team won the Acute Service Redesign category at the HSJ Value Awards on 23rd May. This award recognised the key role of the Integrated Discharge Team in ensuring patients have the care and support in place to enable them to return home as soon as possible.

Case study: Piloting Housing First

It is a priority within the Health and Wellbeing Strategy to ensure all Rotherham people live in safe and healthy environments. Key to delivering on this priority is addressing the needs of homeless people and rough sleepers, who experience significant health inequalities.

In April 2018, the Council with partners from South Yorkshire Housing Association and Target Housing launched a Housing First Scheme providing a home for people, with highly complex needs, who were homeless or sleeping rough in the Rotherham area. The scheme offers housing to people first, with no conditions around receiving support with the belief that securing a stable home-base can be the starting point for the achievement of positive change. Whilst there are no conditions for the people receiving the accommodation the providers will always offer support, and persist with this offer.

Housing First concept is an established approach to long-term homelessness for the most disengaged and those with the most complex needs. There are three key elements to the model:

1. The offer of mainstream housing. The housing is offered on the basis that support is available, but continued occupation is not dependent on continued engagement with the support offered. The terms of tenancy do have to be abided by and people on Housing First should be subject to normal housing management processes.
2. The support offered is much different to conventional Housing Related Support (HRS). It is explicitly less goal-based and focuses on the building of relationships of trust and patient but persistent engagement with people on their own terms. This requires a highly-skilled and intensively managed set of staff, with sufficient time and space to build and maintain relationships.
3. There are no time limits for the offer of support. The key is for the support staff to persist and ensure that they are available to help at the point when people ask for help.

As of September 2019, 25 people with complex needs have been accommodated and there are 6 on the waiting list. The majority of people are now engaging more effectively with a range of support services. This creates the necessary condition for progress on issues such as reducing anti-social behaviour and anxiety leading to self-harm to be achieved.

What are we worried about?

In the final designed version, this will be presented as infographics.

- Life expectancy is nearly 11 years lower for men and 8.5 years lower for women in the most deprived areas of Rotherham compared to the most affluent areas.
- Rotherham men are expected to live an estimated 18.5 years in poor health and Rotherham women are expected to live an estimated 24.3 years in poor health.
- An estimated 18.9% of the Rotherham population smokes, which is higher than the national average.
- 25.5% of reception age students are overweight rising to 36.1% of year 6 age students.
- 62.7% of adults are classified as overweight or obese, which is higher than the national average.
- 11.2% of Rotherham people report that they are unhappy and 26.8% report feeling highly anxious.
- The gap in the employment rate between those with a long-term health condition and the overall employment rate is 10.7%.

What will we do next?

Evidence shows that the single biggest cause of ill health and health inequalities are socio-economic factors such as education, employment and income, as well as family and social support networks available to people and the physical environment in which people live. Therefore, focussing on these wider determinants of health will become an increasing priority of the Health and Wellbeing Board over the next two years.

It is proposed that key actions to address the wider determinants of health will include:

- Overseeing the development and delivery of a loneliness plan for Rotherham.
- Contributing towards the development of the action plan underpinning the Employment and Skills Strategy, with a particular focus on driving in-work health and ensuring that those excluded from the labour market are able to overcome barriers to employment.
- Overseeing the development of our strategy to improving air quality and the development of more sustainable transport options in Rotherham.
- Embedding links between the Health and Wellbeing Strategy and Rotherham's Cultural Strategy through the joint development of an action plan, reflecting the contribution the culture, sport and green spaces sectors make to increasing physical activity, emotional resilience and positive mental health.
- Exploring how we communicate positive messages across the partnership, to encourage people to be more connected with their communities and build pride in Rotherham.

In addition, other proposed areas of focus for the Health and Wellbeing Board for 2019-2021 include:

- Redesigning and relaunching the Joint Strategic Needs Assessment, moving more towards an asset-based approach with a greater focus on the wider determinants.
- Develop our approach to reducing childhood obesity, with a particular focus on the early years.
- Building a social movement to raise Rotherham people's aspirations around their own health.

- Implementing the QUIT programme to tackle tobacco addiction.
- Overseeing and monitoring the implementation of the Rotherham Suicide Prevention and Self-Harm Action Plan.
- Overseeing our approach to tackling harmful gambling, including the delivery of a programme of multi-agency training to raise awareness across the partnership workforce.
- Contribute towards regional plans and developments, including the refresh of the Integrated Care System plan and the refresh of the Sheffield City Region Strategic Economic Plan.

Following the discussion of this draft report at the Health and Wellbeing Board meeting in September 2019, a refreshed two year plan will be published, outlining the priority areas for delivery under each aim of the Health and Wellbeing Strategy. These priority areas will drive the forward plan and ensure clear areas of focus for the board for 2019-2021.