

<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	22 <sup>nd</sup> September 2021
	<b>LEAD OFFICER</b>	Ben Anderson Director of Public Health Rotherham Metropolitan Borough Council  Becky Woolley Policy Officer Rotherham Metropolitan Borough Council
	<b>TITLE:</b>	Refreshed Health and Wellbeing Board priorities and draft action plan

### Background

- 1.1** At the meeting of the Health and Wellbeing Board in May 2021, a discussion took place regarding the strategic direction. This discussion aimed to build on the refresh of board priorities that took place in November 2020.
- 1.2** As part of this discussion, board members agreed that the existing aims of the strategy remain relevant and should still be the overarching outcomes that the board is working towards. These are:
- Aim 1: All children get the best start in life and go on to achieve their full potential
  - Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
  - Aim 3: All Rotherham people live well for longer
  - Aim 4: All Rotherham people live in healthy, safe, and resilient communities
- 1.3** The board also recommended that a refresh of the strategic priorities took place. Based on input from board sponsors and other relevant leads, a draft version of the refreshed board priorities was circulated to board members for consultation in July 2021. Engagement with wider stakeholders, including delivery leads has also taken place since July, to inform the setting of priorities and the refresh of the action plan.

### Key Issues

- 2.1** Several points and comments were raised as part of consultation with board members and wider stakeholders. Some of the feedback included that:
- Maintaining alignment with the Place Plan remains a priority. This has particularly informed the development of the priorities for aims 1 and 2.
  - Activity to reduce the health burden from tobacco, drugs, and alcohol should feature within the plan. This is now one of the priorities within aim 3.
  - The relationship between the Health and Wellbeing Board's priorities and the priorities of other partnership boards, such as the Safer Rotherham Partnership should be considered. This will be picked up by the Policy Officer supporting the board, working with other officers supporting boards within the Rotherham Together Partnership.

## 2.2

- Childhood obesity should be captured as part of the aim 1 section of the plan. Relevant actions have now been included under the 'developing well' priority, including a review of the childhood obesity pathway.
- Work around SEND and Youth Offending Provision should also be incorporated within aim 1. An action around SEND has been included, and discussions are ongoing regarding Youth Offending Provision and where activity sits between the Health and Wellbeing Board and the Safer Rotherham Partnership.
- There was some discussion regarding the overlap between aims 3 and 4 and where activity should sit. It was emphasised that lifestyle interventions should sit within aim 3 and developing a borough that supports healthy lifestyles should sit within aim 4. This has informed some changes to the aim 3 and aim 4 priorities.
- A priority around partners' roles as anchor institutions and promoting social value should be included. This is now a priority within the cross-cutting priorities section.

Informed by the engagement with board members and stakeholders, the refreshed Health and Wellbeing Board priorities are set out as follows:

- *Aim 1: All children get the best start in life and go on to achieve their full potential:*
  - Develop our approach to give every child the best start in life.
  - Support children and young people to develop well.
- *Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life:*
  - Deliver the Better Mental Health for all Strategy.
  - Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan and further enhance crisis support services.
  - Promote positive workplace wellbeing for staff across the partnership.
  - Enhance access to mental health services.
- *Aim 3: All Rotherham people live well for longer:*
  - Ensure support is in place for carers.
  - Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.
- *Aim 4: All Rotherham people live in healthy, safe and resilient communities:*
  - Deliver a loneliness plan for Rotherham.
  - Promote health and wellbeing through arts and cultural initiatives.
  - Ensure Rotherham people are kept safe from harm.
  - Develop a borough that supports a healthy lifestyle.
- *Cross-cutting priorities:*
  - Work in partnership to maximise social value across the borough.
  - Assess and respond to the impact of the COVID-19 pandemic.
  - Develop the Pharmaceutical Needs Assessment.
  - Work in partnership to further develop the Rotherham Data Hub and assess population health.

## 2.3

Additionally, some feedback was received regarding the current position with board sponsors. It was noted that:

- The role of board sponsors could be clearer, and it would be useful to have a

	<p>document that sets this out in further detail.</p> <ul style="list-style-type: none"> <li>• Having a better balance of board sponsors from all partner organisations would be desirable, to ensure that all partners of the board are able to take a leading role.</li> <li>• There is currently no board sponsor for the cross-cutting priorities and aim 2 is the only aim with a single board sponsor (rather than two).</li> </ul>
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**Key Actions and Relevant Timelines**

<b>3.1</b>	A first draft of the Health and Wellbeing Strategy action plan is appended to this briefing note (appendix 1.) The intention is for this action plan to be a ‘live’ document that evolves over the duration of delivery. The action plan will continue to be monitored and updates against the plan will come to each Health and Wellbeing Board meeting.
<b>3.2</b>	It is also proposed that the Policy Officer supporting the Health and Wellbeing Board works with board sponsors to draft a memorandum of understanding that sets out the role of board sponsors in more detail.

**Implications for Health Inequalities**

<b>4.1</b>	<p>A key aim of the Health and Wellbeing Strategy is reducing health inequalities for people in Rotherham. There is evidence of significant inequalities between both Rotherham and the national average and between the most and least deprived communities within the borough:</p> <ul style="list-style-type: none"> <li>• Life expectancy and healthy life expectancy are both below the national and regional averages. (PHOF, 2017-2019.)</li> <li>• Life expectancy is 9.9 years lower for men and 9.5 years lower for women in the most deprived areas of Rotherham than in the least deprived areas. (PHOF, 2017-2019.)</li> <li>• Men in the most deprived areas of Rotherham live 20.2 years of their lives in poor health before death compared to 15.7 years in the least deprived areas. In comparison, women in the most deprived areas of Rotherham live on average 23.8 “unhealthy” years before death compared to 19.1 years for those in the least deprived areas. (PHOF, 2009-2013.)</li> </ul>
<b>4.2</b>	<p>The development of these priorities has focussed on addressing these outcomes. This has included using information presented as part of the JSNA regarding the risk factors affecting disability adjusted life-years (DALYs) in Rotherham; (DALYs are the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.) According to the Global Burden of Disease Study 2019, the top 10 risk factors affecting DALYs in Rotherham are:</p> <ol style="list-style-type: none"> <li>1. Smoking</li> <li>2. High blood glucose</li> <li>3. Diet</li> <li>4. High BMI</li> <li>5. High blood pressure</li> <li>6. High cholesterol</li> <li>7. Alcohol use</li> <li>8. Occupational risk</li> <li>9. Cold homes</li> <li>10. Air quality</li> </ol>

4.3	Consideration of these factors has informed the development of the first draft of the action plan, including a greater focus on smoking, alcohol, healthy weight, and active travel. This evidence will continue to be referred to as the plan develops and evolves.
4.4	It is also a requirement for all board papers to include analysis of the implications for health inequalities. This will ensure that the board retains strategic oversight around this role of partnership working in reducing health inequalities across Rotherham and between Rotherham and the national average.
<b>Recommendations</b>	
5.1	Discuss and agree the refreshed strategic priorities and provide feedback on the draft action plan.
5.2	Discuss the feedback from the engagement with board members regarding board sponsors.
5.3	Agree for a memorandum of understanding to be produced which outlines the role of Health and Wellbeing Board sponsors.