# Health and Wellbeing Board

1.	Date:	27 February 2013
2.	Title:	Health and Wellbeing Strategy: Workstream Progress

#### 3. Summary

The Health and Wellbeing Strategy includes 6 strategic outcomes. These outcomes are being delivered through a set of actions to bring about change in the way we do things; to improve the health and wellbeing of all Rotherham people.

Each of the 6 outcomes has been allocated a lead officer from across the council, public health and NHS. It is the responsibility of these lead officers to develop their workstream and deliver the actions.

This report provides the Health and Wellbeing Board with an update on the progress of each of the workstreams, and enables the board to consider any issues or tensions which need to be thought through. This is alongside a more detailed presentation on one of the workstreams at each board meeting.

#### 4. Recommendations

That the Health and Wellbeing Board:

• Notes progress on each of the workstreams

# 5. **Proposals and details**

A summary of the key actions and progress against these is presented below for each workstream.

# Prevention and Early Intervention

Full presentation to board

#### **Expectations and Aspirations**

A multi agency group has been established to look at the 4 Expectation and Aspiration priorities in the strategy. Initial work has taken place around a customer pledge (including a young person's version) and a credit card sized prompt card for staff reminding them of joint customer care standards. These will be consulted on and then presented to a future Board Meeting before being adopted by all agencies.

Analysis is taking place around customer complaints (those relating to the quality of service and actions of staff) to be used as a baseline.

Planning is underway for a pilot practitioner event for 2 of the Deprived Neighbourhoods (Dalton/Thrybergh and East Herringthorpe) with a focus on Employment and Skills and Health. This will encourage practitioners working in the 2 areas to gain a better understanding of the services in those areas and make linkages to other practitioners. This will then be rolled out across the other Deprived Neighbourhoods.

Meetings are taking place with the 6 priority measure leads to establish at least one thing we can do differently in relation to Expectations and Aspirations and this will form part of the action plans.

The aspiration element of this workstream is not as evident as 'expectations', therefore aspirational raising activities are also being collected as part of meetings with specific priority measure leads.

#### Dependence to Independence

A multi-agency task group has been established and a plan developed to address the four priority areas within the workstream. Key to the delivery of this work area is culture change, so a review of workforce commissioning priorities will be completed, as will a review of all commissioning strategies to ensure that they reflect the requirement to support people to be as independent as possible. Personalisation of services offers people an opportunity to make choice and have more control over their lives, so a link has been made to a number of other workstreams including: personal health budgets, early help strategy, intermediate care commissioning group and unscheduled care group. An action plan is in place and good progress is being made.

#### **Healthy Lifestyles**

Work started on the theme overview and demonstrating links to the priorities identified as part of the strategy. Meeting with lead for Expectations and Aspirations theme to explore links. Attending Deprived Neighbourhoods Coordinators and Steering Group meetings as often as possible to support Coordinators in developing

links with behaviour change services and raising awareness of services in communities. Met with colleagues from Planning and Development to support the public health agenda in the development of the Core Strategy and Guidance Framework (linking planning agenda to increasing physical activity; green transport; healthy eating).

Continue to oversee commissioning of a range of behaviour change services including weight management, stop smoking and Health Trainer service.

#### Long-term Conditions

Partner organisations from Rotherham's health and social care community are currently participating in a national programme aimed at improving services for people with long term conditions.

The programme included 4 workstreams;

- 1. Risk profiling
- 2. Integrated neighbourhood teams
- 3. Self-management
- 4. Alternative Levels of Care

The Rotherham the Urgent Care Management Committee oversees management of the Long Term Conditions Programme. It actively manages the programme to ensure agreed outcomes are met and that there is appropriate and effective engagement with patients and public. The UCMC adheres to the following key principles;

- Its work is aligned with the principles of the Health and Wellbeing Strategy
- Change delivered without cost-shunting to partner organisations
- Services that are of limited patient benefit or clinical value will be decommissioned
- Organisational sovereignty will not override the best interests of the local community
- Change will be delivered by improving joint working and collaboration amongst partners
- Effective stakeholder, patient and public engagement informs service

The programme is concerned with changing the system of care locally so that it reduces reliance on acute hospital and residential care. Rotherham CCG is currently preparing a progress report on the work that has been carried out within these 4 workstreams. The report will identify and evaluate existing initiatives aimed at supporting people with long term conditions in the community. It will also set out proposals for a joint action plan, to be overseen by the Health and Well Being Board.

# Poverty

All Deprived Neighbourhoods coordinators in place and making progress.

Most areas have completed their area analysis and all bar one have set priorities for intervention.

1. A Mapping exercise is underway, to ascertain the extent of poverty alleviation

work currently being undertaken in Rotherham.

2. Research is underway to capture national best practice in anti poverty work.

3. Potentially leading to new anti poverty strategy. + added to strategic group work plan.

Health inequality activity features in 9 of the 10 Deprived Neighbourhood Action Plan priorities so far determined.

# 6. Risks and Uncertainties

One of the main concerns of the priority leads is in relation to capacity of the officers involved in the development of the workstream to deliver the priorities. Often, delivering the workstream priorities are as well as their usual working practice and specific priorities associated with that.

There is also a risk that there is no health and wellbeing budget for delivering specific pieces of work to meet the priorities of the strategy. However, this means that workstream officers are having to be innovative and creative in their thinking to ensure delivery effectively and appropriately.

# 7. Contacts

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#### Workstream Leads:

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Expectations and Aspirations **Sue Wilson, RMBC** 

Dependence and Independence Shona McFarlane, RMBC

Healthy Lifestyles Joanna Saunders, RMBC Public Health

Long-term Conditions Dominic Blaydon, NHS Rotherham

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