

**ROTHERHAM BOROUGH COUNCIL
REPORT TO HEALTH AND WELLBEING BOARD**

1. Meeting:	Health and Wellbeing Board
2. Date:	16th October, 2013
3. Title:	Health and Wellbeing Strategy: Annual Progress
4. Programme Area:	

5. Summary

The Rotherham Health and Wellbeing Strategy is 12 months into implementation, therefore it is timely to present to the Health and Wellbeing Board an update on progress.

The 6 strategic outcomes of the strategy are being delivered through a set of workstreams, to date each workstream lead has attended a board meeting and presented their action plan and progress. This report builds on that to provide board members with an overview of where we are, what was agreed at the board in relation to the challenges, what actions have not happened, and what needs further consideration.

6. Recommendations

That the Health and Wellbeing Board:

- **Notes progress on each of the workstreams**
- **Reflects on what was agreed at the previous meetings in relation to each workstream, and**
- **Considers and commits to a set of actions required to enable workstream leads to deliver their outcomes**

7. Proposals and details

The 6 strategic priorities of the Health and Wellbeing Strategy are being delivered through a set of workstreams, each with an identified lead officer from the council, public health and NHS. Each workstream has a set of actions which are being delivered to bring about change in the way we do things; to improve the health and wellbeing of all Rotherham people. Over the previous 12 months, each lead has attended a board meeting to present their action plan, describe progress made against key actions, and pose a set of 'asks' for the Health and Wellbeing Board to support delivery of their workstream.

This report provides the Health and Wellbeing Board with an update on the progress of each of the workstreams, acts as a reminder as to what was agreed at the previous board meetings and outlines what actions have taken place as a result of the presentations. It asks that board members give consideration to any further actions that may be needed to enable the workstream leads to continue to achieve their outcomes.

Workstream 1: Prevention and Early Intervention

The Public Health team have embedded the prevention early intervention and healthy lifestyle theme into their work priorities in all settings. Over the year there has been a significant increase in the range of televisual activity promoting active prevention. Work needs to continue to develop this advice and support into a web based presence. Significant achievements include obesity levels in children at reception being amongst the lowest in the UK and a significant reduction in obesity levels in year 6. Rotherham is ranked first by Public Health England in preventing premature deaths from coronary heart disease, lung cancer, liver cirrhosis and cancer compared to similar areas.

Further information on Public Health England mortality rankings can be found here: <http://longerlives.phe.org.uk/mortality-rankings#are/E08000018/par/E92000001>

The Health and Wellbeing Board were asked:

- To commit to delivering on a shift towards prevention and early intervention in all agencies' plans

Progress on key actions

- Individual commissioning plans for the locally determined priorities (smoking, alcohol and obesity) being developed, ensuring they have a focus on prevention and early intervention
- An increase in the numbers of adults screened and offered brief intervention within primary care in relation to alcohol.
- The CCG's strategy is delivering more alternatives to hospital admission, treating people with the same needs more consistently and dealing with more problems by offering care at home or close to home.
- We remain one of the best performing Health Check programmes with 57% of people in Rotherham having completed a first Health Check since 2006. We will need a step change in performance to achieve the 20% annual target of eligible people screened.
- Every Contact Counts model has been agreed in principal at the previous HWBB

- The Suicide Review Group has been established this now reviews all suicide deaths and looks to support actions to improve mental health and wellbeing including the development of active bereavement support to reduce risk of suicide in family members.

Future Challenges

- Health profiles for the borough show an increase in child poverty and long term unemployment
- Ensuring that the MECC model is fully signed up to and all staff from all agencies understand its principles and deliver it effectively
- Developing Rotherham as a healthy ageing town

Workstream 2: Expectations and Aspirations

The multi-agency workstream group has been pro-active and worked together to achieve some of the early actions and priorities. The group has recently expanded to cover the Starting Well and Developing Well life stages of the HWB strategy and additional officers from CYPS now sit on the group. Work is currently taking place to map activity and projects with the CYPP and other work from across CYPS. This will be the key link into CYPS for the HWB activity.

The Health and Wellbeing Board were asked:

- To consider making a small amount of funding available for the work required of the workstream, this was not agreed by the board, but signposted to the LSP. This was never progressed, it was not a strategic request, appropriate to go to the LSP, funding so far has come from RMBC service budgets
- To sign up to a single pledge and set of standards

Progress on key actions

- A customer pledge has been developed and is currently going through the final agreement stage, which although was agreed by the board, has not progressed as well as hoped
- Complaints baselines have been collated
- Practitioner Information Sharing events are developing well, the second event is taking place on the 23rd October at New York Stadium (7 out of the 11 will have then had an event)
- A single set of customer standards was consulted on at the Rotherham Show in September

Future challenges

- All organisations signing up to a single set of customer standards will be difficult, some organisations have to work to their own “professional practice standards” and these take precedence over any others, it is felt that by having an additional set will be too confusing for staff. Further work is needed with board members for this to be understood and the message spread through their organisations that as a member of the board their organisation will be signing up.
- Developing a customer pledge, although agreed at board, is proving a challenge. A letter has been drafted to be sent to board members asking them to personally agree and gain ownership at their relevant boards and cascade this down to staff within their organisations

- Co-production of services is also a challenge, agreement has been made with Joyce Thacker that a pilot can take place as part of the CYPS Transformation Programme for the budget savings.

Workstream 3: Dependence to Independence

After a slow start, mainly around organisations identifying key participants, the workstream group is now established with good attendance. The group has an agreed work plan. Scope of the group has been key to ensuring focus and connections have been made to a number of other groups/workstreams in order to ensure consistency and avoid duplication. These include:

- Personalisation sub-group of Urgent Care Management Board
- Assistive Technology
- Shared Decision Making

The Health and Wellbeing Board were asked:

- To ensure all commissioners ensure commissioning strategies reflect and enable this outcome.
- That commissioners find ways to incentivise providers.
- To have a shared commitment to the risks and opportunities provided. A task group to develop a Positive Risk Taking Strategy is now in place.
- To ensure the culture change needed is embedded in all organisations.

Progress on key actions

- A formal review process to validate that this element of the Health and Wellbeing strategy is (a) embedded and (b) resulting in effective outcomes is being undertaken
- A workforce strategy group is established and a draft workforce strategy now in place
- Risk Strategy Task and Finish group is in place, terms of reference and action plan in place
- A shared decision making framework has been agreed
- Presentation made to Shaping the Future Provider Forum on 9 July 2013
- Presentation to future Crossroads and Age UK Annual General Meetings
- Voluntary sector representative on workstream group
- Joint Telehealth strategy agreed
- Progress made towards Personal Health Budgets – will be in place by 31 March 2014
- Intermediate Care – Netherfield Court staff were tasked with developing an approach that looked beyond people's physical rehabilitation to a more holistic approach. They have added a range of services and support to customers to sustain their sense of wellbeing.

Future challenges

- The area where less progress has been made is in priority three: *We will support and enable people to step up and set down through a range of statutory voluntary and community services, appropriate to their needs.*
- There is now a real sense of priority from the group in supporting commissioners to review strategies and ensure that independence is embedded at every opportunity. Providers were given an opportunity to examine how they might

meet this challenge at the Shaping the Future event. It was clear that this is an area where providers may need significant support to develop and The Workforce Strategy will support this.

Workstream 4: Healthy Lifestyles

Work progresses across the overarching outcome and three key priorities. Rotherham has seen external professional and media interest in its programmes which support health behaviour change and reduce mortality, and proposed changes to planning guidance which promote public health.

The Health and Wellbeing Board were asked:

- Commit to all staff doing e-learning on MECC and giving feedback on their performance in signposting and referring to services
- Introduce planning and licensing policy to restrict the sale of fast food or illegal tobacco products
- A concerted effort to address health behaviour in early years and schools – increasing health literacy and expectations for the best health

Progress on key actions

- Strong focus on delivery of health behaviour change activity across the Borough, but focussing specifically on deprived neighbourhoods (monitored in service performance and review) and attendance at community events by services to raise awareness and referrals
- Adoption of the Smokefree Charter and endorsement by elected members at the October H&WB followed by roll-out and promotion through voluntary and community organisations, businesses and educational establishments
- Commissioned training for agencies providing support to members of the public affected by Welfare Reform, with particular focus on mental health and support services
- Making Every Contact Count workshop held on 16 September (see Youtube
- <http://www.youtube.com/watch?v=FVeUHT1s714>) and forward plan in development
- Refresh of Rotherham Active Partnership and engagement of Elected Member as Chair
- Work has continued on the review of a number of behaviour change services and development of new service specifications prior to retendering (see details in Obesity and Smoking updates) or transfer of commissioning responsibility to the Local Authority
- Weight management providers are actively seeking to extend their reach into children's centres, schools and colleges
- Obesity and Tobacco Control programme activity was presented at the inaugural Public Health England Conference in Warwick in September

Future challenges

- Planned re-commissioning of services continues; an opportunity for the board to debate and challenge

Workstream 5: Long-term Conditions

The long-term conditions area of work incorporates 4 key workstreams;

- Risk profiling
- Integrated neighbourhood teams
- Self-Management
- Alternative Levels of Care

In Rotherham the Urgent Care Management Committee (UCMC) is responsible for overseeing implementation of the Long Term Conditions Programme. The Committee actively manages the programme to ensure agreed outcomes are met and that there is appropriate and effective engagement with patients and public.

The Health and Wellbeing Board were asked:

- To support development of personal health and social care budgets
- To support development of workforce development programmes on self-care
- To support the effective use of alternative levels of care
- To identify high-intensity users of health and social care users
- Deliver specialised psychological support services for people with LTCs
- To support development of a person held health and social care record

Progress on key actions

- Plans in place to extend personal health budgets to a wider cohort of patients during pilot period working in partnership with RMBC to 1 April 2014. Subgroup formed with agreed terms of reference
- Self-Management Strategy agreed by the Urgent Care Management Committee
- RCCG has developed a practitioner skills programme on self-management. Currently trying to identify GP Practices that are willing to utilise the programme
- Intermediate care facilities are fully operational and winter-ready. These provide an alternative level of care for people with long term conditions who cannot remain at home.
- The Joint Commissioning Team has identified high intensity users of social care services. Next step is to match these people against high uses of health services to establish whether there is a correlation
- Specialist psychological support is now being provided to all stroke survivors as part of the integrated stroke care pathway. Needs rolling out to other care pathways
- Winter Plan includes process for identifying those people with LTCs who are vulnerable

Future challenges

- Slow progress on the development of a person-held health and social care record
- Engagement of key partners on the development of a self-management workforce development programme

Workstream 6: Poverty

All 11 areas have coordinators in place and management arrangements agreed.

Each area has undertaken a local analysis and developed rich pictures and action plans, between 4 and 7 key priorities have been identified for each area.

Focussed activity is now taking place and coordinators are working corporately to ensure interagency commitment and progress on these priorities.

A Strategic group has been established to drive forward the deprived neighbourhoods agenda across all agencies and ensure appropriate support and resources are available to successfully deliver the programme.

The Health and Wellbeing Board were asked:

- To take back into all organisations and consider how this can shape service planning
- To consider collectively, how we can provide a better coordinated approach for the long-term unemployed
- To consider how to deliver a more coordinated approach to tackling poverty and develop a local multi-agency 'strategy' for Rotherham

Progress on key actions

- 9 of the 11 deprived neighbourhoods have identified health as a key priority area and actions to address this priority are embedded into neighbourhood plans where appropriate.
- Actions around the health priority include learning about healthy lifestyles, improving access to health support services and reducing alcohol consumption on the streets. An example of this work is the launch of Community Alcohol Partnerships in Dinnington, Dalton & Thrybergh and East Herringthorpe.
- Adult Skills has been identified as a key priority in 8 of the 11 deprived neighbourhoods therefore actions have been included in plans to address this priority. Traditional methods such as job clubs have been established in a number of neighbourhoods however innovative approaches are also being used such as a volunteering project aimed at developing volunteering opportunities within the Local Authority.
- A ½ day workshop is also being planned, aimed at service providers the objective of the workshop will be to determine what a strategy would look like to get those away from the labour market 'work ready'.
- Mapping exercises have been completed to ascertain the extent of poverty alleviation work currently being undertaken in Rotherham and also to capture national best practice in anti-poverty work. Discussions are currently underway to map out what a building resilience strategy would look like.
- There is limited capacity to achieve the priority around actively working with every household in deprived areas to maximise benefit take-up. A corporate review is being considered which will examine the appropriateness of welfare advice services. As well as the review, 2 temporary Money Advice Officers are being funded through the HRA and benefit/debt management sessions are being held in some of the deprived neighbourhoods.

Future challenges

- A presentation on 'Deprived Neighbourhoods' was made to the M3 Manager session on 24 September 2013. Managers were reminded that this is a corporate responsibility and all services should be proactive with ideas and plans and that this provides a real opportunity to do something differently.
- Key challenges relate to ensuring that the D.N. approach is embedded in the planning of all major services, and resources are being appropriately targeted.

- Workshops are being planned to ensure that we fully understand the sufficiency of services in relation to benefits advice and support and access to employment and training for those divorced from the labour market.

6. Contacts

Kate Green
Policy Officer, RMBC
Kate.green@rotherham.gov.uk

Workstream Leads:

Prevention and Early Intervention
John Radford, DPH

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

Poverty
Dave Richmond, RMBC