

HEALTH AND WELLBEING BOARD
19th February, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Robin Carlisle	Rotherham CCG (representing Chris Edwards)
Bob Chapman	South Yorkshire Police (representing Jason Harwin)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Chair, Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Dr. David Polkinghorn	GP Executive Member, Rotherham CCG
Dr. John Radford	Director of Public Health

Also in Attendance:-

Kate Green	Policy Officer, RMBC
David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Brian Hughes	NHS England
Ian Jerrams	RDaSH (representing Chris Bain)
Dr. Jason Page	GP Executive Member, CCG
Clair Pyper	Director of Safeguarding (representing Joyce Thacker)
Chrissy Wright	Strategic Commissioning Manager, RMBC

Presentation by:-

Rebecca Atchinson	Public Health, RMBC
Anne Charlesworth	Public Health, RMBC
Chris Siddall	Sports Development, RMBC
Sue Wilson	Children, Young People and Families, RMBC

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Chris Edwards, Jason Harwin, Tracy Holmes, Martin Kimber and Joyce Thacker.

S74. DR. DAVID POLKINGHORN

The Chairman reported that this would be David's last meeting.

The Board's appreciation was placed on record for his contributions to the work of the Board and wished him well for the future.

S75. MINUTES OF PREVIOUS MEETINGS

Resolved:- That the minutes of the meetings held on 22nd January and 11th February, 2014, be approved as a correct record.

Arising from Minute No. S64 (Flu Vaccination Programme), Dr. John Radford reported that NHS England were pushing back from the national rollout of a flu vaccination programme for delivery to 6-19 year olds; it was for local determination as to whether it was taken forward.

It was felt that the way forward should be discussed at a South Yorkshire level.

Arising from Minute No. 68 (Rotherham CCG Plan 2014/15), Robin Carlisle reported that it had been submitted to NHS England and would be included on the CCG website. It would also be circulated to all stakeholders shortly. Brian Hughes reported that a meeting had taken place with the CCG as part of NHS England's assurance process and would be communicating initial feedback.

Arising from Minute No. S70 (Joint Protocol between Health and Wellbeing and Children's Safeguarding Boards), it was noted that the Protocol had been signed by all the relevant signatories.

S76. COMMUNICATIONS

(1) Conference

It was noted that a conference, led by the CCG with support from the Council, was to be held on 16th July at the New York Stadium entitled "Working Together for a Healthier Rotherham. A request would be made for speakers from partners.

(2) Better Care Fund

Brian Hughes reported that the final guidance template had been issued which he would circulate after the meeting. He would then give initial feedback followed by NHS England, along with a local authority peer, assessing each bid and giving written feedback by 28th February allowing further work to take place between then and the 4th April.

S77. REVIEW OF GOVERNANCE ARRANGEMENTS

Kate Green, Policy Officer, reported that the Board had been in operation as a statutory board since April, 2013, and had matured well, developing strong working relationships between partners. However, the health and wellbeing landscape had changed considerably and Boards were increasingly being directed by Government to provide leadership and direction on a number of key policy agendas. As a result, to enable Rotherham's Board remain fit for purpose and able to deliver what was required, it was felt that a review of the governance arrangements was required.

Board members had undertaken an anonymous self-assessment looking at governance and operation of the Board in September, 2013. A number of comments had been made which had been incorporated into the following proposals:-

- Better Care Fund
It had been agreed that an Executive Group be established which would report directly to and provide a support mechanism for the Board. It would hold the strategic overview of the health and wellbeing agenda, delivery of the Health and Wellbeing Strategy workstreams and the Better Care Fund plan.

Appropriate membership of the Executive Group was to be agreed.

- Format of Meetings
It was proposed that the meetings remain monthly for the time being due to the volume of work. However, it was proposed that the format changed so that every other meeting was for core members only (commissioners) to cover key business items i.e. commissioning plans, financial information and any major Service reconfigurations, the Better Care Fund Plan and performance management.

The alternate meeting would be reflective and in 2 parts, the first for any necessary core business and the second part with provider and VCS involvement.

It was felt that this would allow more focussed agendas addressing the strategic priorities of the Board.

- Board Membership
It was proposed that the membership be as follows:-

Core Members:

Cabinet Member for Health and Wellbeing (Chair)
Cabinet Member for Adult Social Care
Cabinet Member for Children, Young People and Families Services
Director of Public Health
Chief Executive, RMBC
Strategic Director, Neighbourhoods and Adult Services
Strategic Director, Children's and Young Peoples Services
Chief Officer, CCG
Chair of Clinical Commissioning Group
NHS England representative
Chair of Healthwatch Rotherham
Chief Superintendent, South Yorkshire Police

Provider/VCS (for reflective meetings):

Chief Executive, RDaSH
Chief Executive, Rotherham Foundation Trust
Chief Executive, Voluntary Action Rotherham

- Stronger engagement with the public

Consideration was given to the above proposals. The following issues were raised:-

- What about providers of Primary Care?
- Insufficient representation of Health providers – 3 GP commissioners on the core membership to correspond with the 3 Councillors
- The position of Vice-Chair should not be from the Local Authority – it was noted that this was not possible as the Board was a formal committee of the Council and would involve amending the Council's Constitution.
- Felt to be a retrograde step to not have a representative from the Foundation Trust on the core membership
- Quality of decision making was very much enhanced if providers were there
- Possible loss of additionality – the split of provider/commissioner was not straight forward. The VCS provided both functions
- A number of partners carried out public engagement activities which needed capturing
- The Executive Group had been established to produce the BCF submission and to support its delivery. However, if its remit was broadened to include the strategic overview of the Health and Wellbeing agenda, what was the purpose of the Board?

Resolved:- (1) That 1 additional CCG representative be included on the core membership of the Board.

(2) That Janet Wheatley lead on a review of the public engagement activities carried out by organisations and report to next meeting.

(3) That future agendas include “questions from members of the public”.

(4) That the Terms of Reference, membership and organisational diagram for the Executive Group be submitted to the next meeting.

S78. LIFESTYLE SURVEY 2013 RESULTS

Sue Wilson, Performance and Quality Manager, gave the following powerpoint presentation:-

Lifestyle Survey

- The Lifestyle Survey had been ongoing since 2006 capturing the views of young people in Y7 and Y10 in the following topics:- Food and Drink, Health, Activities and Fitness, Being in School, Out of School, Young Carers, Bullying and Safety, Smoking, Drinking and Alcohol, Sexual Health and Local Neighbourhood
- The Survey was a joint initiative between Local Authority and Health to capture the views of young people
- Not compulsory for a school or pupils to participate
- Findings from each year's survey shared with Health, Police, Local Authority Teams, Members and the Public

Increased Participation in 2013

- This year was the first year all 16 schools had participated (50% increase) – 2012 – 8 schools participated
- 3,474 pupils participated in 2013 (142% increase from 2012) – 1,434 pupils participated in 2012. This increase was due to a concentrated effort on returns, communications with schools
- Regular updates to schools highlighting the benefits of the survey and supporting schools with clear information on where support could be obtained to support pupils with specific issues

Positive Improvements since 2012

- More pupils felt they were a healthy weight up to 74% from 70%
- More pupils taking regular exercise up to 81% from 79%
- Increase in the number of pupils having 5 portions of fruit and vegetables up to 43% from 42%
- More pupils regularly drinking water up to 67% from 65%
- More pupils having their breakfast at home up to 79% from 67%
- Fruit most popular choice for a break time snack
- More pupils said their home was smoke-free up to 66% from 64%
- Higher % of pupils said they had never tried a cigarette up to 80% compared to 75%

Improvement Actions

- Obesity Strategy Group – supported in past 4 years – 1,721 children access tiered weight management services
- Joint working DC Leisure and RIO (Rotherham Institute for Obesity) supporting young people. Healthy Schools Service promoting support that was available for young people
- The MoreLife programme was a free 12 weeks weight management course to help children maintain a healthy weight. The Programme took place at Rotherham, Maltby and Aston Leisure Complexes
- 98% of schools accredited in Healthy Schools Programme
- Smoking was a priority measure in the Health and Wellbeing Strategy. Activity to reduce smoking among young people was included in the performance framework including requiring schools to have a smoke-free policy

Areas for Attention

- More Young Carers identified
- Safety issues similar to 2012 – Town Centre and Public Transport where pupils felt least safe
- Bullying rates remained similar to 2012, however, less pupils reporting this
- Local shops were identified as 1 of the places where pupils were purchasing alcohol and parents supplying their children with cigarettes and alcohol
- Pupils felt good about themselves had reduced

Progress and Action

- % of Pupils identifying themselves as young carers
 - Barnardos were working in partnership with statutory parents to promote Working Together to Support Young Carers
 - Rotherham UK Youth Parliament members were developing a Young Carers Card
 - Carers Charter had specific actions for young carers
 - Improve the offer of information and support to young carers
 - Awareness raising in schools and in other young people settings of support for young carers and the Youth Carers Services
- Personal Safety
 - Youth Cabinet led the Overview and Scrutiny Management Board meeting and requested that all key partners meet to address the issues of feeling safe in the Town Centre and feeling safe using public transport
- % number of Pupils reported that they had been bullied
 - School were appointing Anti-Bullying Ambassadors
 - 14 secondary schools had signed up to the National Bullying Charter and all schools had an Anti-Bullying Strategy and toolkit
 - Schools could achieve a grading within the Charter from bronze to gold
- Number of pupils involving Smoking, Drinking and Drugs
 - Know the Score was a commissioned service to support young people with alcohol and drug issues
 - Community Alcohol Partnerships had been developed in 2 project areas – Dinnington and East Herringthorpe/Dalton/Thrybergh
 - Smoke free class resources provided to all primary and secondary schools
 - Work underway to ensure all schools had a Smoke Free Policy
- Where pupils were obtaining Cigarettes from
 - Health partners were promoting to parents the health risks giving their children cigarettes and alcohol when they were under age
 - Trading Standards implementing Responsible Retailer Awards
 - Reward responsible operators and share their good practice with others
 - Support for retails to reach the standard which would permit them to use the responsible retailer log

- Where pupils were obtaining Alcohol from
 - Health partners were promoting to parents the health risks of giving their children cigarettes and alcohol when they were under age
 - Rotherham Responsible Retailer Award aims to provide incentive for the operators of licensed premises to improve their standards of operation to the level of a commonly agreed national benchmark
- Feelings
 - Targeted Mental Health in Schools conference held 15th November, 2013
 - Self-harm pathway being developed for frontline workers who had contact with young people (9-25) who were self-harming
 - Bereavement pathway in development which would ensure support for children and young people who were bereaved/affected by suicide
 - Letter sent out via schools in June, 2013, to all parents highlighting support for young people who may be in emotional distress
 - Support services for young people who may be in emotional distress advertised on Public Health Channel during Summer/Autumn months in 2013
 - Youth Cabinet – Children’s Commissioner’s Day would take place on 27th February, 2014, sharing their work around self-harm

Areas where Young People were being Supported

- Youth Cabinet was taking forward issues raised in the Lifestyle Survey – would be included on the agenda for the Children’s Commissioner’s Day
- Youth Cabinet was working on a number of the areas for attention identified in the Survey and were working with the Youth Service to put forward their ideas of how they could be addressed
- Members had supported young people in various projects from their Community Leadership Fund

Next Steps

- 15 out of 16 schools had signed up to participate in the 2014 Survey
- Consultation ongoing reviewing the questions with health partners, Safer Neighbourhood Teams, Schools
- Youth Cabinet reviewing the themes of questions in 2014 and plans in place for it to be more involved in the findings and how to make improvements for the 2015 Survey
- Communication in local media – ongoing campaign to support the positive outcomes from the action plan. Communications Team would work jointly with Service Quality, Police, Health, Voluntary Sector and other key stakeholders to produce information for the press on the activities ongoing which supported the outcomes from the Survey
- Plans in place to monitor activities to support young people specifically around the issues raised in the Survey

The information from the Survey fed into many of the Council's Services and also fit with the Joint Strategic Needs Assessment.

It was noted that the results would be presented to the Improving Lives Select Commission and the Safeguarding Board in March.

Sue was thanked for the presentation.

S79. ROTHERHAM ACTIVE PARTNERSHIP

Rebecca Atchinson, Public Health, and Chris Siddall, Sports Development, gave the following powerpoint presentation:-

Why is physical activity important?

- Being physically active contributed towards
 - Positive mental health and wellbeing
 - Improved quality of life
 - Reduced the risk of arthritis, cancer, diabetes, heart disease, respiratory illnesses and more
 - Improved the recovery from strokes, falls, osteoporosis
 - Was the 5th leading global burden of disease in western Europe
 - Was 1 of the top modifiable risk factors
- It was not just preventing/reducing obesity

What is physical activity?

- Everyday activities
 - Active travel, walking and cycling, active at work, housework, gardening and DIY
- Active recreation
 - Recreational walking and cycling, swimming, exercise and fitness classes, dancing, active play, outdoor pursuits and adventurous activity
- Sports
 - Organised team sports, structured competitive activity, PE and School Sports, individual sports
- Move more, more often

Activity levels in Rotherham

- Improving trend from Active People Survey 6
- Over half Rotherham adults did not do physical activity
- Rotherham was the 127/150 least active local authority
- 33.57% inactive adults

The costs of physical inactivity

- Inactive people compared to active people annually had 38% more days in hospital and 6% more visits to their GP
- Rotherham's inactivity rates had been estimated to cost over £22M per year

- National comparisons of lifestyle issues estimated annual costs

Physical inactivity	£8.2B
Alcohol misuse	£17B
Drugs	£15.4B
Smoking	£13.74B
Obesity	£15.8B
Sexual health	£12.05B
- If every local authority was able to reduce inactivity by 1% a year over 5 years local tax payers would save £44 per household

Rotherham's vision

- “Rotherham will be a place where people feel good, are healthy and active and enjoy life to the full”

Links to the Health and Wellbeing Strategy

- Rotherham Active Partnership's new approach followed the life course targeting those least active
- Strong linkages to themes

Further Developments

- Website
 - To promote physical activity opportunities across the Borough
 - To provide people with long term conditions advice on safe sessions
- Passport of physical activity
 - Given to all patients leaving service with a physical activity element
 - Clear advice on what they should consider and avoid
 - Linked to the website

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

- Linkages to the Health and Wellbeing Strategy that would support funding bids
- Challenge to put physical activity on a par with other therapeutic interventions offered by the NHS
- Social prescribing was 1 of the most successful interventions coming through. Some elderly people could undertake various chair-based activities
- The review of the Partnership could discuss opportunities for funding and how services could be delivered across Rotherham and whether duplication could be reduced to maximise impact
- A successful funding bid had been submitted around the disadvantaged community of Canklow, Dalton, Thrybergh and East Dene; a bid was still pending for Maltby and Dinnington. There would be close work using the community development approach, working

with partners in the area and the 11 Disadvantaged Team Leaders to gain an understanding why the inactivity levels were as high as they were in those areas and what services and intervention was required to try and encourage those that were not active

- Attempted to identify where all the Partnership's services fitted together in order to recognise and use people's skills effectively

Rachel and Chris were thanked for their presentation.

Resolved:- That the Board receive 6 monthly reports from the Rotherham Active Partnership.

S80. RECOVERY FROM OPIATE DEPENDENCE

Anne Charlesworth, Head of Alcohol and Drug Strategy, presented a report on the performance assurance processes/data and some of the actions that had been put into place to address the shortfall in performance paying particular emphasis to opiate exits.

The report had been considered by the Safer Rotherham Partnership/DAAT Board on 8th January where it was agreed that the report be forwarded to the Health and Wellbeing Board to engage wider support for the improvement of the outcome.

Evidence suggested that people generally were not able to sustain positive outcomes from addiction without having gained or maintained recovery capital in other domains i.e. positive relationships, a sense of wellbeing, meaningful activity, education, training, employment, adequate housing etc. There was a need to acknowledge that drug treatment providers could not deliver the 'recovery' agenda alone but needed involvement from partner agencies to support progress in a number of domains for individuals. Research showed that where an individual had limited capital in a number of domains, overcoming severe drug or alcohol dependence or abstinence without progress in other recovery domains was rarely sustained.

Rotherham was not unlike the national picture in that it had an ageing drug treatment population (over 40s) many of which had been in treatment for some considerable time which made them harder to help and 'recover' leaving a significant challenge for local areas.

It was recognised that drug users relapsed and treatment systems needed to be designed to deal with the outcome. Re-presentations to treatment were significant in terms of successful exits and Rotherham performed very well with current performance at 13.3%. This equated to 6 users whom had previously exited successfully and then returned back to drug treatment within 6 months. This would indicate that, despite successful exits being low, locally individuals were better prepared and stayed drug free for longer.

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

- Rotherham had a large number of young people who experienced neglect, sometimes physical injuries, as a result of their parents' mental health and substance abuse/domestic abuse
- Elsewhere in the country the number of opiate users into treatment had dropped off - until the last 6 months Rotherham had seen a significant drop but still had above the average of new users coming into treatment – 370 within Primary Care, 200 within the criminal justice system and 300+ still long term prescribed for opiate dependency
- The new targets would mean there would be pressure to get the individuals currently stable on methadone off the medication
- There were children in Rotherham from the 11 plus age range who had experienced a range of drugs including opiates
- The Government's change of Policy would only work if sufficient levels of service and support were put into place
- Currently GPs provided drug treatment but if a practice had a small number of patients, the increased frequency of reviewing and support may be hard for a practice to sustain and be at the expense of other patients

Resolved:- (1) That the Board's support to build support for recovery initiatives which were seeking to improve the outcome be noted.

(2) That the Board notes that the outcome could not be delivered by the existing systems alone as opiate users in treatment were part of the wider picture of social disadvantage in the Borough and the current opportunities for employment and housing were having some impact on the ability of the services to promote recovery as a positive option.

(3) That a recognition that any perceived 'quick fix' type solutions to the Indicator were likely to have significant negative risks on both the individuals and the crime rate.

S81. JOINT STRATEGIC NEEDS ASSESSMENT CONSULTATION

Further to Minute No. 61 Chrissy Wright, Strategic Commissioning Manager, presented the revised version of the JSNA taking account of the representations received.

The 6 weeks consultation with stakeholders had run between 30th December, 2013 and 9th February, 2014. Details of the draft JSNA website had been circulated to a range of stakeholders, both statutory and VCS agencies, as well as a well attended VCS consultation session held on 27th January.

The consultation had been generally positive. Comments and suggestions made were constructive and would help to develop the JSNA.

A new requirement was to include a register of community assets which would be developed in 2014 with progress reported in JSNA updates.

It was noted that the document had now been "signed off". However, in future "sign off" would be in line with commissioning priorities and planning.

Resolved:- (1) That the current version of the Rotherham Joint Strategic Needs Assessment, updated following consultation, be approved.

(2) That quarterly reports of any significant changes or otherwise by exception be submitted to the Board.

S82. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 26th February, 2014, commencing at 9.30 a.m. in the Rotherham Town Hall.