

## Health and Wellbeing Board

1.	<b>Date:</b>	<b>3rd December 2014</b>
2.	<b>Title:</b>	<b>Health and Wellbeing Strategy: Timetable for Reporting and Refresh</b>

### 3. Summary

Rotherham's joint health and wellbeing strategy for 2012-15 is now approaching its final year of implementation and is due to be refreshed by December 2015.

In order to effectively oversee and support the refresh, it will be important for the board to put in place a reporting timetable that enables members to review progress to date against the six strategic outcomes and locally determined priorities, and to discuss priority areas for the updated strategy.

### 4. Recommendations

**That the Health and Wellbeing Board:**

- **Discuss and agree the proposed approach and timetable for refreshing the health and wellbeing strategy**

## 5. Proposals and details

### Background

The six 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 or clinical commissioning group. The strategic priorities are:

- **Prevention and early intervention**

Outcome: Rotherham people will get help early to stay healthy and increase their independence.

- **Expectations and aspirations**

Outcome: all Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their circumstances.

- **Dependence to independence**

Outcome: Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances.

- **Healthy lifestyles**

Outcome: people in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.

- **Long-term conditions**

Outcome: Rotherham people will be able to manage long-term conditions so they are able to enjoy the best quality of life.

- **Poverty**

Outcome: reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

Each workstream identified a set of actions that would bring about change in the way we do things, ultimately leading to improvements in the health and wellbeing of local people and reduced health inequalities in the borough.

Lead officers have previously attended board meetings to present their action plan, update on progress and pose a set of 'asks' for the board to support ongoing delivery.

In addition to the above priorities, the strategy focuses on a number of locally determined priorities – the “big issues” - which are: smoking, alcohol, obesity, dementia, young people who are NEET (not in education, employment or training), and fuel poverty.

These areas also have nominated lead officers and a number of associated performance indicators, with progress reported to the board on a quarterly basis.

## **Proposals**

It is suggested that the board could receive reports on three priority areas at the next four meetings (January to June). The sessions should aim to be constructive but challenging, asking:

- What progress has been made and what factors have prevented further progress?
- Can we identify tangible achievements?
- Is this still a priority and why?

At the end of this process, a workshop either at the June meeting or arranged separately could focus on the refresh, considering outcomes from the board sessions as well as other relevant issues and potential priority areas, for example:

- The relationship between the strategy and the Better Care Fund
- Key messages from the JSNA and other sources of intelligence and research
- The extent to which children's issues should be given greater emphasis within the strategy
- Establishing effective performance management arrangements

Running alongside this, the health and wellbeing steering group will support priority leads, helping to prepare them for the board sessions. From May, it is proposed that a task and finish group be established to work on the refresh.

## **Timetable**

### **21st January board meeting**

- Healthy lifestyles (Joanna Saunders)
- Expectations and aspirations (Sue Wilson)
- Smoking (Alison Iliff)

### **18th February board meeting**

- Dependence to independence (Shona McFarlane)
- Long-term conditions (Dominic Blaydon)
- Dementia (Kate Tufnell)

### **11th March board meeting**

- Prevention and early intervention (John Radford)
- Obesity (Joanna Saunders)
- NEETs (Collette Bailey)

### **22<sup>nd</sup> April board meeting**

- Poverty (Dave Richmond)
- Alcohol (Anne Charlesworth)
- Fuel poverty (Catherine Homer)

### **May-August**

- Workshop
- Task group to develop draft updated strategy
- Board to agree draft strategy

September/October

- Consultation on strategy

November/December

- Approval of strategy

## **6. Contacts**

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