

HEALTH AND WELLBEING BOARD
10th July, 2019

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Stephen Chapman	Temporary District Commander, South Yorkshire Police
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Helen Dobson	Deputy Chief Nurse, Rotherham Foundation Trust (representing Louise Barnett)
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Carol Lavelle	NHS England
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Jon Stonehouse	Strategic Director, Children and Young People's Services, RMBC
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Report Presenters:-

Sam Blakeman	Democratic Services, Rotherham MBC
Gilly Brenner	Consultant in Public Health
Ruth Fletcher-Brown	Public Health Specialist, Rotherham MBC
Wendy Griffin	Smoking Cessation Midwife
Jane Lovett	Associate Chief Nurse
Sue Turner	Public Health Specialist

Also Present (observers):-

James Kinder	RDaSH
Gordon Laidlaw	Communications Lead, Rotherham CCG
Alison Martindale	Rotherham Foundation Trust
Lesley White	NHS England
Rebecca Woolley	Policy and Partnerships Officer, RMBC

Apologies for absence were received from Councillor Watson, Steve Adams (South Yorkshire Fire and Rescue Service), Louise Barnett (Rotherham Foundation Trust), Tony Clabby (Healthwatch Rotherham), Anne-Marie Lubanski (Rotherham MBC) and Kathryn Singh (RDaSH)

15. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at this meeting.

16. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present at the meeting.

17. MINUTES OF THE PREVIOUS MEETING HELD ON 29TH MAY, 2019

The minutes of the previous meeting of the Health and Wellbeing Board were considered.

With regards to Minute No. 3 (Communications) it was noted that the Local Government Association feature on the Health and Wellbeing Board had now been published.

Reference was made to Minute No. 7 (Health Protection Committee Annual Report) where it was noted the report had been more people friendly. However, it was suggested for future reports the use of infographics would be helpful.

Resolved:- That the minutes of the previous meeting held on 29th May, 2019 be approved as a correct record subject to the inclusion of Janet Wheatley to the list of attendees.

18. PERFORMANCE FRAMEWORK SPOTLIGHT: SMOKING STATUS AT THE TIME OF DELIVERY

June Lovett - Associate Chief Nurse, Head of Midwifery Nursing and Professions, Sue Turner - Public Health Specialist and Wendy Griffin – Smoking Cessation Midwife - together gave a powerpoint presentation on smoking status at the time of delivery.

The presentation highlighted:-

- Smoking during pregnancy.
- Background and risks.
- Governance and delivery groups.
- Position up to March, 2019.
- Smoking at the time of delivery statistics.
- Key performance indicators.
- Analysis and implications.
- Plans and actions so far.
- Future Developments.
- Recommendations.

A discussion and answer session ensued and the following issues were raised and subsequently clarified:-

- Degree of impact.
- Reliability of data for CO² measurements and whether there was any correlation between areas for air pollution.
- Rotherham's Beacon Service on less staffing resources than South Yorkshire colleagues.

- Need for more publicity and promotion of the service.
- Quit smoking rates and encouragement for life changing events.
- How to stop people smoking and real life supportive campaigns.

Resolved:- (1) That June Lovett, Sue Turner and Wendy Griffin be thanked for their informative presentation.

(2) That the content of the presentation be noted.

19. DEVELOPING A LONELINESS PLAN FOR ROTHERHAM

Ruth Fletcher-Brown, Public Health Specialist, and Sam Blakeman, Democratic Services, together gave a powerpoint presentation on development of a partnership approach to tackling loneliness and social isolation in Rotherham.

The presentation highlighted:-

- What was working well.
- Partnership approach.
- Whole Life Course approach.
- Building on Five Ways to Wellbeing Campaign.
- What was worrying.
- Time pressure for frontline workers.
- Capacity in the Voluntary and Community Sector.
- Funding of Borough-wide roll out.
- What was needed to happen.
- Complete and evaluate 6 month pilot.
- Health and Wellbeing board to use *5 Ways* branding.
- Loneliness Event in September.
- Launch 'Action Plan'.
- Roll out Loneliness MECC from the new year following pilot evaluation.
- Continued buy-in from partners.

The Board noted the joint work taking place across all areas and the social connectedness/social prescribing which would bring together the work done on the I.C.S. proposal with relevant funding.

A discussion and answer session ensued and the following issues were raised and subsequently clarified:-

- Challenges and inclusion of loneliness in social care packages.
- Capacity in the voluntary and community sector.
- Social isolation through loneliness and the pilots being promoted through libraries, leisure centres etc.
- Launch of the Action Plan.

Resolved:- (1) That Ruth Fletcher-Brown and Sam Blakeman be thanked for their informative presentation.

(2) That the content of the presentation be noted.

(3) That a further report be provided to the Health and Wellbeing Board later in the year.

20. PRIORITIES OF THE HEALTH AND WELLBEING BOARD

The Chair invited the Board Sponsors to give a verbal update on the priorities of the Health and Wellbeing Board.

Aim 1

Jon Stonehouse and Jason Page updated on the links with the Children and Young People's Partnership and Transformation Board, its partner strengths, attendance, frequency and voice of young people.

Going forward there would be sharper focus on Early Years and be demand-led to ensure the priorities were right, valued and measured. There would be further discussion about young people's vulnerability and loneliness and links to other groups looking at areas such as knife crime.

There had been some improvements with childhood obesity and the links to adult obesity. There was emphasis for doing more.

Aim 2

Ian Atkinson on behalf of Kathryn Singh reported on the Mental Health and Learning Disability Group who met on a monthly basis looking at its six themed areas, with its key theme being around self-harm. Consideration was also given to the wider crisis involving mental health responses, delivery, access and the challenges with cognitive behaviour therapy.

There were some challenges on Autism with the development of an All Age new Pathway.

Aim 3

Rebecca Woolley reported on the links to health through the Employment and Skills Strategy and the Cultural Strategy, both of which would have shared action plans.

Aim 4

Stephen Chapman reported on the Town Centre priorities and the issues around safety in Clifton Park, anti-social behaviour figures reducing yet perception rates were increasing. This was having a significant impact on trust and confidence at a local level.

Janet Wheatley confirmed that as part of the Cultural Strategy a significant bid had been submitted to the Arts Council. Those successful at Stage 1 would be informed this week and if successful confirmation should be received in August.

Richard Cullen reported on the elements of digital health, inclusion, education, social media and employment and movement on the Government agenda for digital primary care.

Resolved:- That Board Sponsors be thanked for their updates and feedback.

21. AIM 3: ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

Sharon Kemp, Chief Executive, gave a powerpoint presentation on Rotherham people living well for longer.

The presentation highlighted:-

- The challenges.
- Strategic priorities.
- Key themes from the workshop.
- Vision for Rotherham.
- Building on this social movement.
- Building on assets to tackle wider determinants.
- Proposed actions.
- Relationship with other aims.
- Questions to the Health and Wellbeing Board.

A discussion and answer session ensued and the following issues were raised and subsequently clarified:-

- Social movement and the different delivery of health messages.
- Utilisation of the population.
- Implications for services with increased take-up.
- Targeting communities/specific areas.
- Understanding roles.
- Links with digital health and the potential to increase inequalities.
- Engagement with the Target Operating Model.
- New offer for carers.

Resolved:- (1) That Sharon Kemp be thanked for her informative presentation.

(2) That the content of the presentation be noted.

22. UPDATE ON THE JSNA

Gilly Brenner, Consultant in Public Health, provided an update on the relaunch of the Rotherham Joint Strategic Needs Assessment (JSNA) and a brief overview of how Rotherham was currently performing against a range of health indicators.

A comprehensive picture of the health issues facing the Rotherham population would be captured by the new JSNA. New indices of multiple deprivation (IMD) data would also be available nationally in the autumn which would help add refreshed context to our local picture and triangulate intelligence.

The JSNA Steering Group had now met twice and was due to meet again shortly. Terms of Reference have been agreed and lead authors assigned for key sections, which would have a more enhanced view with real headlines and five highlights on each key topic, each driving forward the vision.

Consideration was being given to the name and feedback of examples was welcomed.

Resolved:- (1) That the developments of the Rotherham JSNA be noted.

(2) That the key health issues facing the Rotherham population be noted.

23. PRIMARY CARE NETWORKS

Updates were provided on the Primary Care Networks and the Chair reported on the visits to other Boards and sharing of ideas. The aim was to identify key areas for the operation boards and the route of consideration to avoid any duplication, which would then be overseen by the strategic body, the Health and Wellbeing Board.

Chris Edwards, Chief Operating Officer, provided feedback on the Healthy Rotherham event, which had met its objectives. Whilst well attended and well received from a political/public perspective, it was not as popular as it had been in previous years. Further work would take place in the new year on the event for 2020.

Details of delivery milestones and development of other integral plans were provided and would be shared more widely.

The Board noted the event around suicide prevention on the 6th July, 2019.

The Board noted the four themes coming forward and were in agreement with further details being circulated about the networks in due course.

Resolved:- (1) That the information be noted.

(2) That details on the network developments be circulated to the Health and Wellbeing Board Members.

24. UPDATE FROM EVENTS AND KEY MEETINGS

Chris Edwards, Chief Operating Officer, reported on the Suicide Symposium and how this topic was featuring on many agendas.

An item would also be included on the September agenda for this Board.

Resolved:- That the information be noted.

25. ISSUES ESCALATED FROM PLACE BOARD

There were no issues to report.

26. UPCOMING AGENDA ITEMS

The Board noted:-

- Suicide Prevention – September.
- Loneliness – November.
- Sexual Health Strategy
- Suicide Prevention Strategy
- ICS Plan
- Response to Long Term Care and Clear Air

Resolved:- That the information be noted.

27. HEALTH AND WELLBEING STRATEGY AIM 1 ACTION PLAN

The Health and Wellbeing Strategy Aim 1 Action Plan was noted.

28. ROTHERHAM ICP PLACE BOARD 1ST MAY 2019

The minutes of the Rotherham Integrated Care Partnership Place Board held on 6th March and 3rd April, 2019, were noted.

29. OUTCOMES FRAMEWORK

The Outcomes Framework was noted.

30. Q4 PLACE PLAN PERFORMANCE REPORT

The Quarter 4 Place Plan Performance Report was noted.

31. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting be held on Wednesday, 18th September, 2019, commencing at 9.00 a.m. at a venue yet to be agreed.