ROtherham local safeguarding children board

1. Meeting: Rotherham Local Safeguarding Children Board
2. Date: 5th March 2015
3. Title: Update on the Health & Wellbeing Strategy

5. Purpose:

This report provides a brief update on the progress of the current Health and Wellbeing Strategy and the proposals for its refresh.

6. Recommendations:

1. That members of the RLSCB note the progress of the current strategy and the timetable for its refresh.
2. That the LSCB receive a progress report in 6 months.

7. Progress, Achievements and Impact:

Background

The Health and Social Care Act 2012 established the Health and Wellbeing Board, a statutory committee of the Local Authority from 2013. In Rotherham, a shadow board was established in September 2011, chaired by a Cabinet Member. Rotherham was one of the first shadow boards to be established and guidance as to the establishment, terms of reference, role and membership of Health & Wellbeing Boards was still in development.

Self-assessment was undertaken in 2012/13 and the terms of reference were reviewed in 2013. Membership includes voting and non-voting members – the voting members are the Local Authority, Rotherham Clinical Commissioning Group, NHS England, South Yorkshire Police and Healthwatch Rotherham. Non-voting members are Voluntary Action Rotherham, The Rotherham Foundation Trust (TRFT) and Rotherham, Doncaster and South Humber NHS Trust (RDaSH).

The Health and Wellbeing Strategy was developed following a consultation exercise undertaken by Rotherham Primary Care Trust – this was a rapid appraisal of the key issues and health inequalities which were underlying Rotherham’s high levels of morbidity and premature mortality. Supported by extensive community engagement activity, this led to the establishment of the themes and priorities within the current strategy.
These are

<table>
<thead>
<tr>
<th>Strategy Themes</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Early Intervention</td>
<td>Tobacco</td>
</tr>
<tr>
<td>Expectations and Aspirations</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Dependence to Independence</td>
<td>Obesity</td>
</tr>
<tr>
<td>Healthy Lifestyles</td>
<td>NEETs</td>
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<td>Long Term Conditions</td>
<td>Fuel Poverty</td>
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<td>Poverty</td>
<td>Dementia</td>
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The Strategy also referenced the Marmot Report and its life-course approach to strategy development – establishing a “cradle to grave” framework to maximise opportunities for improving health and wellbeing and reducing health inequalities throughout life.

Some examples of achievements – themes and priorities

- Our Promises' Customer Charter developed and launched (E&A)
- Personal health budgets implemented (D to I)
- Higher profile for public mental health linked to welfare reform programme and self-harm (HL)
- Approval for reconfiguration of community services (LTCs)
- Action plans and governance arrangements in place for 11 deprived neighbourhoods (P)
- New suite of tobacco control services commissioned (T)
- Brief interventions in hospital settings for harmful drinkers has reduced length of stay (A)
- Recommissioned Rotherham’s HWF, recognised as best practice nationally (O)
- IYSS developed a borough-wide team to deliver targeted interventions (NEET)
- £600K additional funding for borough via national schemes (FP)
- All GP practice dementia registers reviewed (D)

Some performance headlines

- 86% customers felt we treated them with dignity and respect (E&A)
- Intermediate care – focus on emotional/psychological wellbeing increased positive outcomes for customers (D to I)
- Strengthened the performance management of behaviour change services (HL)
- GP admission to MAU reduced significantly since development of Care Coordination Centre (LTCs)
- Job clubs established in several neighbourhoods (P)
- Adult smoking prevalence at lowest ever borough rate: 18.9% (England 18.4%) (T)
- Brief interventions in primary care increased to 29,000 in 13/14 (A)
- Excess weight in adults 65.3% (England 63.8%) (O) or ✗?
- NEET 5.9% (2014) compared to stat neighbours 5.7% and national 4.6% (NEET)
- 15.1% population need to spend more than 10% household income to meet energy needs (FP)
- Dementia diagnosis rate of 71.5% (national target 67%) (D)
8. Objectives not Achieved and Risks:

**Challenges**
It has been recognised that the current strategy, which was always due to be refreshed in 2015, has not adequately reflected the agenda relating to Children and Young People or Mental Health and Wellbeing. There has been feedback from recent inspection reports that the revised Health & Wellbeing Strategy needs to strengthen the relationship with the Children’s agenda and that there needs to be clearer accountability to the Board of the work programmes and actions relating to Children.

To this end, the strategy is being refreshed. There has been a stakeholder event to review the progress to date (outlined above) and a discussion about the future development. There is commitment from all partners to
• Reviewing the terms of reference and membership
• Review of the vision and priorities for the Strategy, making it synergistic with the Borough’s Economic Growth and Community Strategies – this is with the intention of having a clear and consistent vision and ensuring that there is ownership and overview of the key objectives and priorities for Rotherham
• Undertaking a peer review, facilitated by the Local Government Association – this is provisionally scheduled for June 2015
• Strengthening the delivery of the Strategy – through a senior officer group – to ensure progress is effectively measured and scrutinised

The LGA have also supported some consultancy/facilitation for the refresh and work will be undertaken over the coming 3 months to develop and consult on a new strategy.

The LSCB will have the opportunity to feed into this process through the consultation exercise.

9. Resources:
There are no resource implications for the LSCB.

10. Sources of reference
More detailed information about the Health & Wellbeing Strategy Themes and Priorities is available from Joanna Saunders, Head of Health Improvement, Rotherham Public Health.

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