# HEALTH AND WELLBEING BOARD

**Venue:** **The Lifewise Centre, 1 Kea Park Close, Hellaby, Rotherham, S66 8LB**

**Date:** **Wednesday, 29th May, 2019**

**Time:** **9.00 a.m.**

## A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972

2. To determine any item(s) which the Chair is of the opinion should be considered later in the agenda as a matter of urgency.

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of the previous meeting (Pages 1 - 10)

## Board Assurance

8. Update from Safer Rotherham Partnership (Pages 11 - 17)
   Councillor Hoddinott, Cabinet Member, Waste, Roads and Community Safety, to present

9. Director of Public Health Annual Report (Pages 18 - 41)
   Terri Roche, Director of Public Health, to present

10. Health Protection Committee Annual Report (Pages 42 - 81)
    Richard Hart, Public Health, to present

## Delivery of the Health and Wellbeing Strategy

11. Update on Aim 1 of the Health and Wellbeing Strategy (Pages 82 - 91)
    Dr. Jason Page to present

12. Outcomes Framework - Spotlight: Homelessness (Pages 92 - 140)
    Jill Jones, Housing Solutions Manager, to present

## Developments and Risk Areas

13. Issues escalated from Place Board
    Sharon Kemp/Chris Edwards to report

## For Information

14. Q3 Place Plan Performance

15. Rotherham ICP Place Board 6th March and 3rd April 2019 (Pages 141 - 151)

16. Upcoming Agenda Items

17. Date and time of next meeting
    Wednesday, 10th July, 2019, at 9.00 a.m. venue to be agreed

# HEALTH AND WELLBEING BOARD
## 20th March, 2019

**Present:-**

| | |
|---|---|
| Councillor David Roche | Cabinet Member, Adult Social Care and Health **(in the Chair)** |
| Nathan Atkinson | Assistant Director, Strategic Commissioning (representing Anne Marie Lubanski) |
| Steve Chapman | Temporary District Commander, South Yorkshire Police |
| Dr. Richard Cullen | Strategic Clinical Executive, Rotherham CCG |
| Chris Edwards | Chief Operating Officer, Rotherham CCG |
| Tony Clabby | Healthwatch Rotherham |
| Sharon Kemp | Chief Executive, RMBC |
| Carole Lavelle | NHS England |
| Councillor Janette Mallinder | Chair, Improving Places Select Commission |
| Dr. Jason Page | Governance Lead, Rotherham CCG |
| Jon Stonehouse | Strategic Director, Children and Young People's Services |
| Janet Wheatley | Voluntary Action Rotherham |
| Jacqui Wiltschinsky | Public Health (representing Terri Roche) |
| Angela Wood | Chief Nurse, TRFT (representing Louise Barnett) |

**Also Present:-**

| | |
|---|---|
| Alex Hawley | Public Health (representing Glennis Leathwood) |
| Gordon Laidlaw | Communications Lead, Rotherham CCG |
| Councillor Short | Vice-Chair, Health Select Commission |
| Paul Woodcock | Strategic Director, Regeneration and Environment Services |
| Becky Woolley | Policy and Partnerships Officer, RMBC |
| Dawn Mitchell | Democratic Services, RMBC |

**Report Presenters:-**

| | |
|---|---|
| Bev Pepperdine | Performance and Planning, RMBC |
| Kate Green | Public Health Specialist, RMBC |

Apologies for absence were received from Louise Barnett (TRFT), Anne Marie Lubanski (Strategic Director, Adult Care, Housing and Public Health), Terri Roche (Director of Public Health) and Kathryn Singh (RDaSH).

### 50. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

### 51. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The member of the public present at the meeting did not wish to ask a question.

## 52. MINUTES OF THE PREVIOUS MEETING HELD ON 30TH JANUARY, 2019

The minutes of the previous meeting of the Health and Wellbeing Board held on 30th January, 2019, were considered.

Resolved:- That, subject to the inclusion of Carol Lavelle's apologies, the minutes of the previous meeting held on 30th January, 2019, be approved as a correct record.

## 53. LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT

In accordance with Minute No. 41(4), Kate Green, Public Health Specialist, presented a report on the Local Authority Declaration on Healthy Weight (LADHW) which was a commitment encompassing services e.g. Planning, Public Health, to work collectively to positively impact on the health of the local population.

The Declaration had been developed by Food Active in the North West and was now being rolled out across the Yorkshire and Humber region following the regional Director of Public Health network collectively commissioning it.

It was proposed that the Authority work towards the LADHW as a way of bringing together relevant services as well as engaging with partners across the health and wellbeing system to use collective influence to create a healthier environment for its staff and residents. It comprised of 14 standard commitments designed to be bold but achievable with the opportunity for areas to make further local commitments to supplement the Declaration if they so wished.

Activity in relation to the commitments would be focussed mostly around the environment and culture, opportunities for physical activity and promotion of healthy messages to local people. Working towards the Declaration had the potential to support and enhance other actions in the wider Healthy Weight for All Plan which would contribute towards the local Health and Wellbeing Strategy and Place Plans.

Signing the Declaration did not mean that all the actions in relation to the commitments were complete but a statement of intent that the whole Council, working closely with partners, was committed to actions to address key challenges in relation to obesity.

The 7 'steps' suggested by Food Active to successfully adopt the Declaration were set out in the report submitted.

Discussion ensued with the following issues raised/clarified:-

- The Rotherham United Community Trust was very active but partners were not always aware of the areas work was taking place in

- When a food premise was inspected for food hygiene could it be included whether they provided healthy eating

- Should Childhood Obesity be more explicit in the plans given the high percentage of obese children within Rotherham?

- Whole system approach required for Obesity including parenting skills and a whole family approach

Resolved:- (1) That the proposal to work towards adopting the Local Authority Declaration on Healthy Weight by all partners be noted.

(2) That the Board contribute to activity where appropriate and consider other local priorities to be included in the Declaration.

(3) That activity be monitored as part of the wider update on the 'Healthy Weight for All' Plan under Aim 3 of the Health and Wellbeing Strategy.

## 54. VOICE OF THE CHILD LIFESTYLE SURVEY 2019

Bev Pepperdine, Performance Assurance Manager, with the aid of a powerpoint presentation, presented the outcome of the annual Voice of the Child Lifestyle Survey 2019.

Participation 2018

- 16 mainstream schools offered the opportunity to participate in the survey – 12 participated with 4 schools choosing not to do so and providing an explanation as to why
- 3 special schools chose to participate
- 3 pupil referral units participated
- 3,499 pupils participated in the 2018 survey (52% of the relevant population)

What is Working Well – Young People's voice about their health and wellbeing

- Fewer pupils with diagnosed medical condition
- Y10 pupils were drinking more water
- More pupils avoiding drinking fizzy sugar drinks
- More pupils avoiding high energy drinks
- Y10 pupils improved mental health
- Fewer Y10 pupils taking up smoking and fewer Y10 pupils trying

These were the areas where there had been a noticeable percentage improvement from the 2017 results

What areas are we worried about – Young People's voice about their health and wellbeing

- Increase in the diagnosis of Autism and Asthma
- Fewer pupils eating recommended portions of fruit and vegetables
- Decline of Y7 pupils and excellent mental health
- Increase in concerns around weight
- Decline of Y7 pupils and them feeling good about the way they looked
- Increase in appropriate sexual behaviour as a form of bullying
- Increase in the use of Cocaine
- Frequency of drug use on the increase
- Decline of education around the subject of Child Sexual Exploitation
- Increase of Y10 pupils having sexual intercourse after participating in either alcohol or using drugs
- Decline in the use of contraception

These were the areas where there had been a noticeable percentage decline from the 2017 results

Actions – What actions take place to share the results and highlight the impact of the survey

- Each school received their own individual data with comparison to the previous year's results highlighting what was working well and what we were worried about
- Partners received highlight reports and there was an expectation they would provide feedback on the actions taken and the impact thereof and planned actions for the future
- Results were shared with young people to help them identify and develop new ideas and to communicate positive messages to them
- Stakeholders were supported to review the results and develop action plans to address them
- Work was undertaken with schools to highlight to young people opportunities and forums where they could get involved and have their voice heard i.e. School Council, Youth Cabinet, Young Inspector

Young People's Voice

- The Rotherham Lifestyle Survey has run for 12 years and in the time over 30,000 young people had had their voice heard
- In the past 5 years, 17,410 had participated. Schools welcomed and valued the survey with 12 schools already signed up to participate again in 2019
- The high volume of young people's voices needed to be recognised and become integral to shaping and developing the services offered

Discussion ensued with the following issues raised/clarified:-

- SYPTE would carry out work around the new bus station and the young people's perception of being safe

- Work was taking place to encourage the 4 non-participating schools to take part in the 2019 survey

- Consideration to be given to the inclusion in the 2019 survey report of 5 year trend information

- Any individual/partner/organisation could request information on a specific issue

- Barnardos had presented an evaluation of their reachout work to a recent meeting of the Improving Lives Select Commission which showed that, despite the fact that it was a free offer to schools, not all schools had taken it up. Engagement work with all schools across the Borough was required across the to get the message out and compare to the previous position

- Schools were to receive significant funds from the Mental Health Trailblazer Project – could this be used as leverage to encourage participation in the survey

- Concern that the number of young people who would not recommend Rotherham as a place to live and as a place in the future had increased again

- The need to be clear which sub-groups under the Rotherham Together Partnership were addressing which issues in the survey to avoid duplication/no action being taken and the Board trying to tackle everything when others were better equipped

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

(2) That Health and Wellbeing Strategy leads and sponsors consider the issues of the report relevant to their particular Aim and Joint Strategic Needs Assessment.
**ACTION:- Becky Woolley/all Aim leads and sponsors**

(3) That a summary report for each Aim be submitted setting out which areas within the report came within that particular Aim's remit.
**ACTION:- Becky Woolley/all Aim leads and sponsors**

**55. NHS LONG TERM PLAN**

It was noted that Chris Edwards, RCCG, and Becky Woolley, Policy and Partnerships Officer, were to give a presentation to an All Members seminar on Tuesday, 26th March, 2019.

## 56. HEALTH AND WELLBEING STRATEGY AIM 4

**Aim 4: All Rotherham people live in healthy, safe and resilient communities**

Stephen Chapman, South Yorkshire Police, and Paul Woodcock, Strategic Director of Environment and Development, presented an update in relation to Aim 4 of the Health and Wellbeing Strategy 2025 particularly focussing on Priority 2.

With the aid of a powerpoint presentation, following the principles of Signs of Safety, the Board considered:-

What's working well
What are we worried about
What needs to happen

Discussion ensued with the following issues raised/clarified:-

- The annual Get Up to Speed event was to be held next week at Magna for young people aged 10-25 years. The aim was to inspire the next generation of manufacturers and engineers

- The Dearne Valley Partnership, involving the 3 Wards in the north of Rotherham and the Wards in Doncaster and Barnsley which formed part of Rotherham, was working with local communities and local Members to increase health opportunities within those areas

- A new Equal and Healthy Communities Supplementary Planning document was in development which would strengthen any refusal of a fast food takeaway planning application although the applicant would still have to right of appeal

- Should reference be made to the new Supplementary Planning Guidance in plans with regard to Childhood Obesity?

- Participation of South Yorkshire Police in the recent national Knife Crime Week, Operation Sceptre, had involved visits to schools conveying the message regarding the carrying of a knife. There had also been targeted activity in known hotspots. During December 2018 7 people had been stopped and searched; in February there had been 120. The stop and search would continue as well as the targeting of repeat offenders

- A knife arch would be used in pubs/clubs to increase the publicity/engagement targeting those premises where known organised crime took place

- The recent terrorist attack in New Zealand to which there had been no direct link between the individual and Rotherham. Immediate contact had been made with vulnerable groups within Rotherham and a meeting held to provide reassurance

Resolved:- That the report be noted.

## 57. HARMFUL GAMBLING

Alex Hawley, Public Health, presented a report on the role of Public Health, a Council-wide approach, to identify people impacted by harmful gambling and how Council regulatory tools could help tackle gambling-related harm.

Harmful gambling was defined as any type of repetitive gambling that disrupted or damaged personal, family or recreational pursuits. It could have many and varied impacts including an individual's physical and mental health, relationships, housing and finances and affected a wide range of people such as families, colleagues and wider local communities.

Research, education and treatment of harmful gambling was overseen by the Gambling Commission, Responsible Gambling Strategy Board and GambleAware funded by voluntary donations from the gambling industry.

The LGA guidance paper outlined a number of recommendations around 'What Councils can do" which included consideration of designating an organisational lead for harmful gambling issues, awareness raising and training for frontline staff within the Council and partner organisations, development of relationships with local treatment organisations and screening processes and strengthened data collection implemented.

The following actions were recommended to ensure that Rotherham was compliance with the guidance:-

- That harmful/problem gambling be governed through the Health and Wellbeing Board
- That Public Health be allocated the organisational lead for harmful/problem gambling
- That harmful/problem gambling be addressed and included within relevant strategies including the Suicide Prevention Strategy, the Homelessness Reduction and Rough Sleeper Strategy, the Financial Inclusion Strategy and the Domestic Violence Strategy.

Discussion ensued with the following issues raised/clarified:-

- 6 days free training had been offered by the Citizens Advice Bureau. The first half day would include 50 people gaining a better awareness of gambling and then 15 looking at case studies and developing skills

- A decision was still to be made regarding the remaining 5.5 days but would probably look at the breadth of awareness and equipping officers with the skills to recognise a gambling addiction and making the appropriate referrals

- Proposal to develop a new Public Health Outcome Framework Indicator which would measure the number of referrals to advice services. However, it was difficult to know exactly how many people had a gambling problem

- The criteria to be used for selecting the first 50 trainees

- The evaluation should include how those trainees had taken forward the training in their workplace

- The extent to which the school community was engaged. The impact on children and young people, even if not directly involved, would be key as the training was rolled out

Resolved:- (1) That harmful/problem gambling be governed through the Health and Wellbeing Board.

(2) That Public Health be the organisational lead.

(3) That Malcolm Chiddy, as lead offer, attend the Yorkshire and Humber Public Health 'Problem Gambling' Working Group.

(4) That harmful/problem gambling be addressed and included within relevant strategies including the Suicide Prevention Strategy, the Homelessness Reduction and Rough Sleeper Strategy, the Financial Inclusion Strategy and the Domestic Violence Strategy.

(5) That further discussions take place within the Council with regard to a review of Licensing policies on gaming licence applications.

(6) That a Task and Finish Group be established to oversee compliance with the recommendations within the guidance document and oversee the delivery of awareness training to frontline staff.

## 58. HEALTH AND WELLBEING STRATEGY PERFORMANCE FRAMEWORK

Further to Minute No. 45 of the previous meeting, Beck Woolley, Policy and Partnerships Officer, presented the updated document which also now included indicators.

The draft Performance Framework sought to compliment additional information available to the Board such as the JSNA and the ICP Place Plan quarterly performance reports by providing a high level and outcomes-focussed overview of performance based on a number of priority indicators.

One indicator remained to be confirmed – loneliness. The indicator with regard to Child and Adolescent Mental Health Services had now been confirmed.

Once approved, a scorecard would be developed including data benchmarking Rotherham's position to national and regional averages. Updates to the scorecard would become a standing item on future Board agendas.

Resolved:- That the draft Performance Framework be approved.

## 59. HEALTH AND WELLBEING BOARD - UPDATED TERMS OF REFERENCE

Becky Woolley, Policy and Partnerships Officer, presented an updated Terms of Reference for the Board.

It was proposed that any member of the public/provider wishing to submit a question to the Board should do so one working day before the day of the meeting i.e. by 9.00 a.m. on the Tuesday. In responding to queries, the Board may wish to provide a written response and would commit to provide a response within a month of the Board meeting.

Carole Lavelle, NHSE, reported that NHSE and NHS Improvement were coming together. Regional and national teams would be appointed but as yet it was not known what local structures would look like and any impact on Board representation.

Resolved:- That the draft terms of reference of the Health and Wellbeing Board, as now submitted, be approved.

## 60. CQC INSPECTION OF ROTHERHAM HOSPITAL

The Board noted that the powerpoint presentation received at the 28th February 2019 meeting of the Health Select Commission regarding the CQC inspection of Rotherham Hospital.

## 61. MINUTES OF THE MEETINGS OF THE ROTHERHAM ICP PLACE BOARD HELD ON 12TH DECEMBER, 2018 AND 6TH FEBRUARY, 2019

The minutes of the Rotherham Integrated Care Partnership Place Board held on 12th December, 2018 and 6th February, 2019 were noted.

## 62. DRAFT MINUTES OF THE HEALTH SELECT COMMISSION HELD ON 28TH FEBRUARY, 2019

The draft minutes of the Health Selection Commission held on 28th February, 2019, were noted.

## 63. LOCAL GOVERNMENT ASSOCIATION

The Chairman reported that the Local Government Association was conducting a new study of the history of Health and Wellbeing Boards, from their inception to present day. Rotherham had been contacted specifically to take part in the study.

A provisional undertaking had been given to taking part in the survey.

## 64. SOUTH YORKSHIRE HEALTH AND WELLBEING BOARDS

The Chairman reported that he had attended the quarterly meeting with the South Yorkshire Health and Wellbeing Board Chairs and ICS.

## 65. DATE AND TIME OF FUTURE MEETINGS

Resolved:- That meetings be held during 2019/20 and 2020/21 as follows:-

**2019/2020:-**

Wednesday, 29th May, 2019
10th July
18th September
20thNovember
22nd January, 2020
11th March

**2020/2021:-**

Wednesday, 10th June, 2020
16th September
11th November
13th January, 2021
10th March

all commencing at 9.00 a.m. venues to be confirmed.

# Introduction

**Cllr Emma Hoddinott,**
**Cabinet Member for Waste, Roads and Community Safety**
**Chair of the Safer Rotherham Partnership Board**

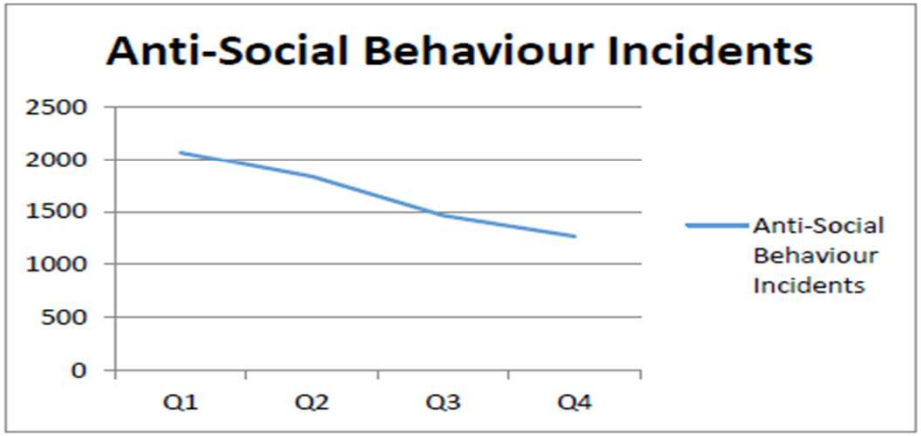
- Performance Highlights – 2018-19
- Project Highlights – 2018-19
- Forward Look – 2019 – 20
- Key Issues for the Health and Well-Being Board

# Current Priorities (2019-20)

Sam Barstow, Head of Community Safety and Regulatory Services

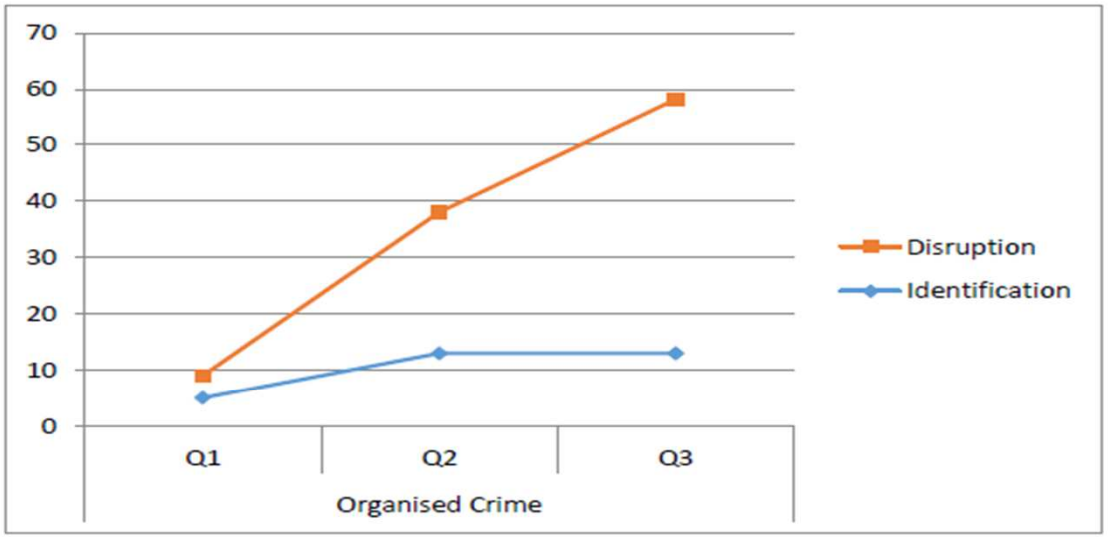
| rity Area | Recommended Focus 2019/20 |
|---|---|
| tecting Vulnerable Children | Tackling Child Criminal Exploitation |
| | Prevent Child Sexual Exploitation |
| | Preventing Online Offending |
| | Reduce the number of repeat Missing Children |
| | Preventing Offending |
| tecting Vulnerable Adults | Preventing Offending |
| | Preventing Modern Slavery and Mate Crime |
| | Reducing Repeat Victims of Crime |
| lding Confident and Cohesive Communities | Involving communities in tackling community safety priority locations |
| | Protecting vulnerable people from extremism and terrorism |
| | Preventing hate |
| | Effective Response to Community Tensions |
| venting Domestic Abuse and Other Related Offences | Domestic Violence and Abuse |
| | Rape and Serious Sexual Offences |
| | Stranger Stalking and Harassment |
| | Honour Based Abuse |
| venting Serious and Organised Crime | Child Criminal Exploitation |
| | Violent Crime |
| | Drug Supply |

# Performance Highlights

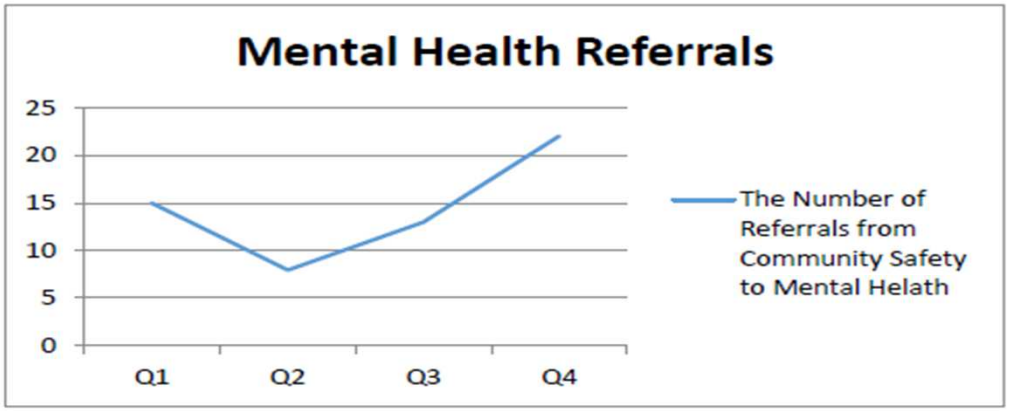



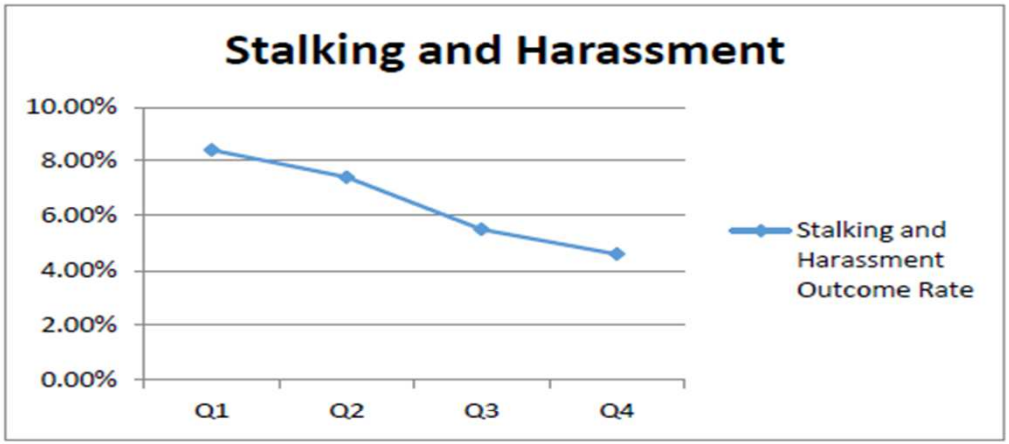

First time young offenders down from 229 to 194

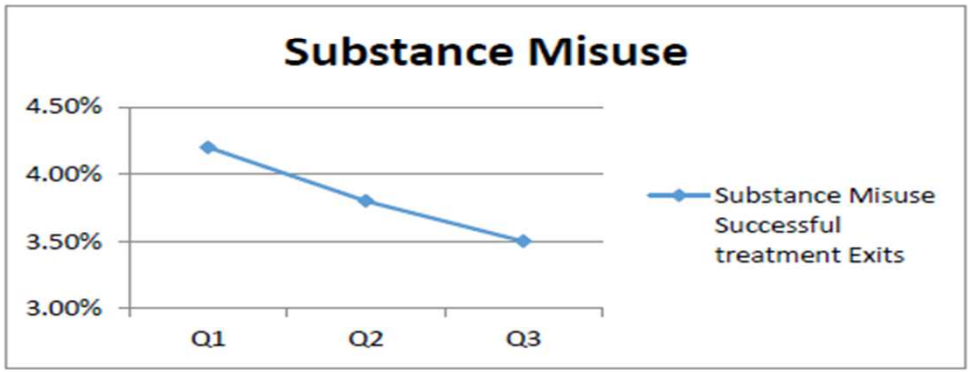
Over 100 engagement sessions regarding Countering Extremism



# Performance Challenges



# Project Highlights

The Safer Roth
PARTNERS

## Hate Crime

101 crimes/incidents reported

120 Drop in sessions

45 Awareness Raising Sessions

6 new panel members

165 women part of a network

## Kickz

120 Young people engaged

12 Educational workshops for young people

7 Community events and tournaments

20 Young people referred on to educational programmes etc

## Perpetrator Programme

ADD TEXT

## Engagement Activity

1224 families receiving leaflet on protecting children from extremism

3499 young people participating in the lifestyle survey

7 young people attending a consultation event

7 DA victims engaged by a 'DA Car' over the christmas period

## Training Activity

Hate Crime/Extremism - Sophie Lancaster Foundation

Co-abuse training for DA practitioners

Organised Crime sessions within schools

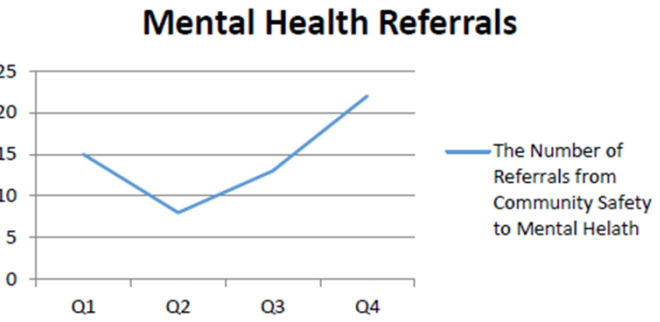
Training for responsible authorities under the licensing act

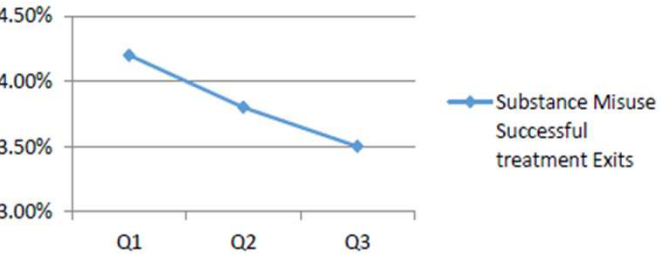
Extreme right wing idelogoy

# Forward Look

- Continuing to develop co-located teams
- Licensing – Gambling, Training and Sex establishments
- Embedding delivery of the Child Criminal Exploitation Project
- Tackling Harmful Narratives and Hate Crime
- Focusing on Environmental Crime, Drug Use/Supply and Off Road Motorcylces
- Exploring and Promoting Intelligence across agencies
- Community Payback in Local Communities
- Hate Crime Strategy
- Anti-Social Behaviour Strategy

# Items for Discussion





Preventing Serious and Organised Crime

- How do we raise awareness within Health Services


Preventing Domestic Abuse

- Domestic Abuse Services Review

Building Confident Cohesive Communities

- Co-located teams – mental health support

Protecting Vunerable Children

- Barriers to reporting Intelligence
- Drug use/supply
- Criminal Exploitation

Protecting Vunerable Adults

- Mate Crime
- Substance Misuse

# WHAT KEEPS US HEALTHY, HAPPY AND WELL IN ROTHERHAM?

## 2018 Annual Report of the Director of Public Health

www.rotherham.gov.uk

*Big hearts, big changes*

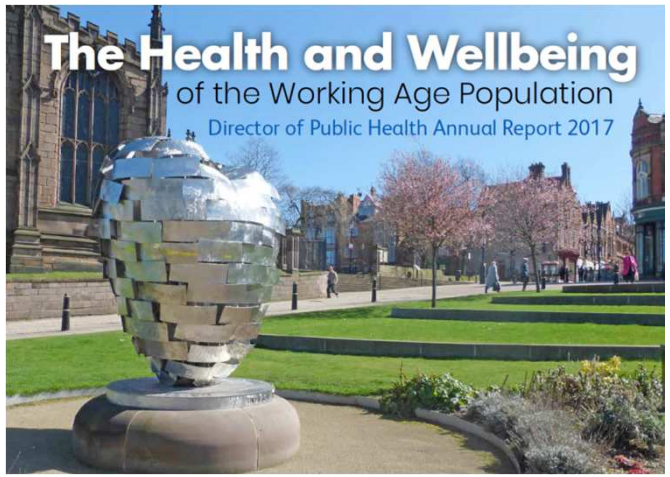
Rotherham Metropolitan Borough Council

# Annual Report of the Director of Public Health

- Statutory duty to write independent report on health and wellbeing of local population
- Previous 3 years focussed on health challenges across the life course

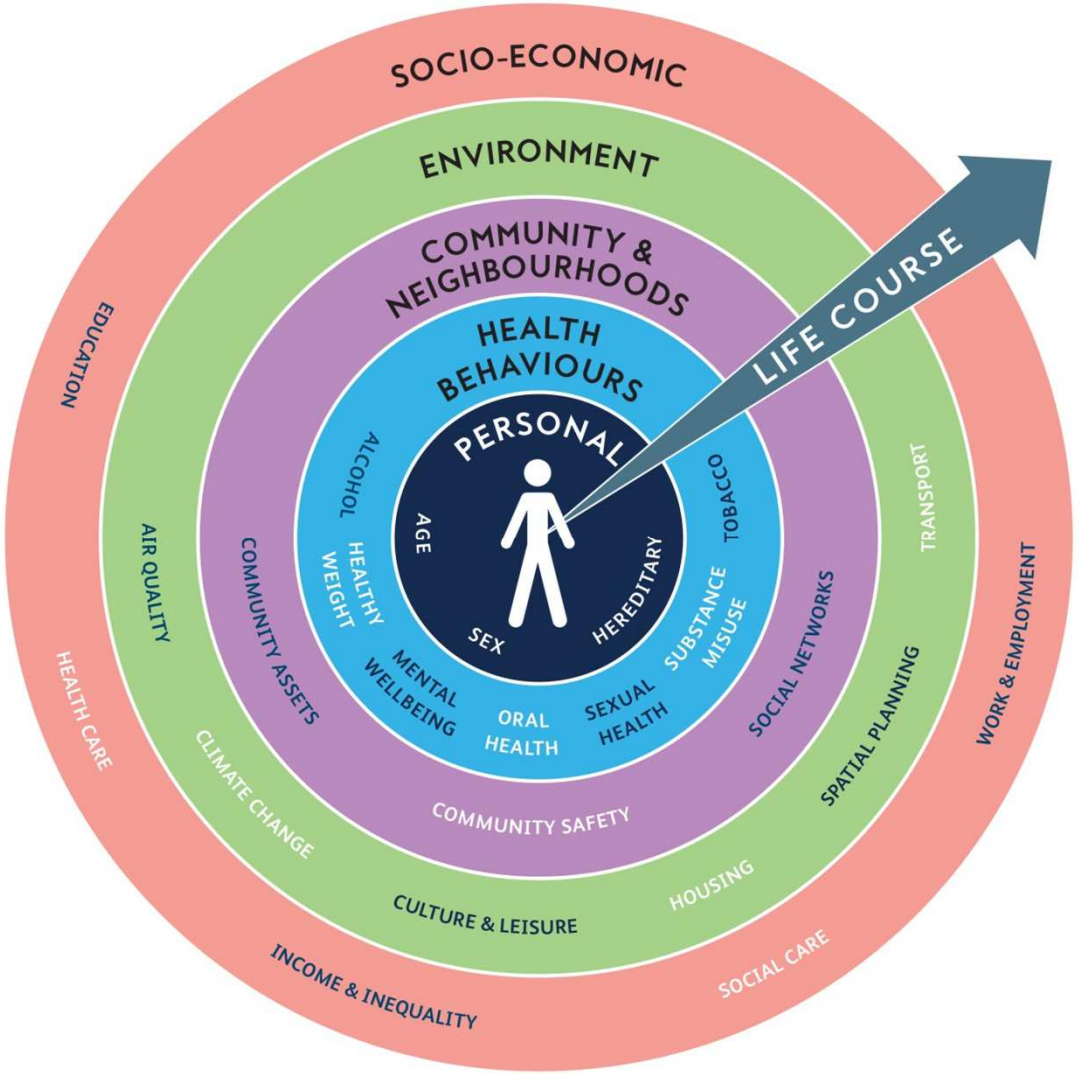
# Progress on recommendations from last year

1) Work and health in partnership
2) Making Every Contact Count
3) Mental health
4) Physical activity
5) Health and social care plan



# What does it mean to be healthy in Rotherham?

# Health influencing factors




Rotherham 'Influencers on health' model, based on Dahlgren and Whitehead 1991

# Recommendations

- Consider ‘health and wellbeing’ in the wider context of being influenced by everything around us.
- Seek first to understand what is ‘strong’ in our communities and what assets we can build on together to support the health and wellbeing of our residents.

# What we can do together

- Relaunch the Joint Strategic Needs Assessment
- Raise awareness of ‘Five ways to wellbeing’
- Workforce development on asset-based working
- Expansion of social prescribing
- Support ‘working win’ sustainability
- Encourage uptake of BeWell@Work workplace award
- Engage communities in what keeps them healthy

| | | |
|---|---|---|
| **BRIEFING** | **TO:** | Health and Wellbeing Board |
| | **DATE:** | 29th May 2019 |
| | **LEAD OFFICER** | Teresa Roche, Director of Public Health, RMBC |
| | **TITLE:** | 2018 Annual Report of the Director of Public Health |

**Background**

**1.** Directors of Public Health (DsPH) in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. It is a major opportunity for advocacy on behalf of the health of the population and as such can be powerful both in talking to the community and also to support fellow professionals in across the Council and partner organisations.

**Key Issues**

**2.** For the previous 3 years, the annual Director of Public Health reports for Rotherham have focussed on the life course, looking at the health challenges from childhood through to older age – starting well, living well and aging well. Having completed the set across the life course, this year's report takes a new approach, and seeks to champion the strengths of our local communities and share experiences of what keeps us healthy, happy and well.

We asked the general public (via an article in the Advertiser, staff briefings, online and through social media, plus cascaded through voluntary sector organisations) to submit photographs which show what keeps them healthy, happy and well where they live. We then grouped these photographs by theme and found that they strongly fell into 2 main themes, community and the environment. They also captured all five of the 'five ways to wellbeing'.

When we look at all the factors known to influence health and wellbeing, we can see why people are right to recognise the importance of our social networks, communities and our environment. Our health is not only influenced by obvious health behaviours (such as smoking, alcohol, diet and exercise) and the health care we receive, but also by our social interactions with others, our sense of community, the environment we live in and our economic circumstances.

**Key Actions and Relevant Timelines**

**3.** The report concludes with recommendations that we should consider 'health and wellbeing' in the wider context of being influenced by everything around us and seek first to understand what is 'strong' in our communities and what assets we can build on together to support the health and wellbeing of our residents.

| **Recommendations** | |
|---|---|
| **4.** | • Board members are requested to confirm their commitment to the appropriate recommendations in the report, in particular:<br>  o Continuing to raise awareness of the ‘Five ways to wellbeing’ and working together to tackle loneliness and social isolation<br>  o Supporting the continued development and expansion of social prescribing as laid out in the NHS long term plan<br>  o Continuing to support healthy work, through initiatives such as the ‘working win’ trial and promoting uptake of the BeWell@Work workplace award.<br>• Board members are also requested to share the report widely within their own organisations. |

# WHAT KEEPS US HEALTHY, HAPPY AND WELL IN ROTHERHAM?

## 2018 Annual Report of the Director of Public Health













Rotherham Metropolitan Borough Council



# FOREWORD

The annual Director of Public Health report is an opportunity to share my thoughts on the health and wellbeing of the population of Rotherham.

In the previous three years we have followed the life course, looking at the health challenges from childhood through to older age and what we can do to help people to start well, live well and age well. However, this year I have chosen to ask you, the people of Rotherham, what it means to you to be healthy, happy and well in Rotherham.

I am grateful for the photographs that you have shared that together capture so well the value of our environment and community in supporting our wellbeing. I hope that this report helps to celebrate some of the strengths of our local communities and encourages us to start by thinking about what matters to you and how we can build on what is already 'strong' as we try to address some of the challenges of improving health and wellbeing.

**Teresa Roche,** Director of Public Health,
Rotherham Metropolitan Borough Council

# WHAT DOES KEEPING HEALTHY, HAPPY AND WELL IN ROTHERHAM MEAN TO YOU?

We asked people in Rotherham to send in photographs that showed what it meant to you to keep healthy, happy and well. From all these photos, there were two strong themes represented: our environment and our communities.

## OUR ENVIRONMENT

A strong theme of the photos was a sense of our environment in which we live and how this can make us feel. There is strong evidence that access to green spaces improves mental health. Use of green spaces is associated with a decrease in health complaints, improved blood pressure and cholesterol levels, reduced stress, improved general health perceptions and a greater ability to face problems.

▼ *I love walking around Thrybergh country park. Whatever the weather, there is always something to see. I like to finish off with a lovely hot cup of tea and bun from the cafe.*

► *We're a group called The Meeting Place for Adults with learning difficulties. We meet twice a week (Monday and Saturday) for social activities.*


## FACTS AND FIGURES

- Around 70 % of land in Rotherham borough is classed as rural in nature
- Nearly a quarter of residents have accessible woodland nearby
- Around 1 in 8 people are estimated to be using outdoor space for exercise or health reasons

# OUR COMMUNITIES

Perhaps the strongest theme of all from the photos was the importance of spending time with other people. These were people with common interests, or who lived in the same neighbourhoods, or who worked together, all contributing to healthy social networks.

The number of people living on their own is rising, particularly amongst older people. At the same time, social relationships are broadening and we are becoming increasingly inter-connected through digital networks such as social media. The impact of this on health is highly uncertain, so it is important to consider how we can ensure people can enhance their social networks and communities in a way which continues to be supportive to their wellbeing.

For many people, work provides connection to other people. Being in work is generally good for our health. However, working in a stressful environment can be detrimental to mental and physical health in both the short and the long term. Musculoskeletal disorders, stress, depression or anxiety, account for around three-quarters of work-related conditions. Many workplaces in Rotherham are now aware of the importance of supporting staff wellbeing.

## FACTS AND FIGURES

- In Rotherham nearly a quarter of people aged 16 and over are members of sports clubs
- Nearly half of adult social care users felt they had as much social contact as they liked
- Nationally, people spend around two hours a day on social media
- Nationally, around 2 in 5 people are volunteers spending around 1½ hours per week in unpaid work or services
- Rotherham has similar rates of employment as the England average, with more than 3 in 4 people aged 16-64 years in employment

*► At Headway Bowling we offer our members, who have acquired brain injuries, a variety of different activities. This helps to keep them happy and healthy and reduces social isolation.*

*◄ The Victoria Street Allotments group in Dinnington transforms unused land into allotments, provides physical and social activity, addressing isolation and loneliness and allowing residents to grow and cook their own food.*

*▼ Rawmarsh Runners are based in Rosehill Park. Being part of this group keeps me happy, healthy and well. We run or walk in a social and welcoming environment.*

*▲ We enjoy our weekly circuit class at our Rotherham CCG offices.*

# FIVE WAYS TO WELLBEING

The concept of wellbeing is about feeling good and functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing.

Interestingly, when we looked at all the photos we also found that between them they covered all the aspects of the 'five ways to wellbeing'. We know that mental wellbeing impacts on physical wellbeing and that feeling happy is an important part of feeling well. Evidence suggests that building the following five actions into our day-to-day lives is important for well-being.


▲ *'Mini Millers' provides fun sessions for children up to five years of age to develop running, jumping, kicking, throwing and catching skills.*

► *Kayaking at Rother Valley Country Park is a great way to keep fit with friends and colleagues.*

▲ *Cycling with Rotherham Wheelers Cycling Club and walking local footpaths keeps me fit and healthy.*

## 1. Be Active

Exercising makes us feel good. Evidence shows that regular physical activity is associated with a greater sense of wellbeing and lower rates of depression and anxiety across all age groups. Even small changes in activity levels, such as short bouts of up to 10 minutes of low intensity exercise like walking, has been shown to improve mood.

## FACTS AND FIGURES

- In a survey asking residents how satisfied they were with their life nowadays, more than 75 % of adults in Rotherham had a high satisfaction score
- When asked how happy did you feel yesterday, 71 % reported high happiness scores

◄ *The Mature Millers meet weekly and love a game of walking football. Members of the group include former Millers players as well as members of the community who have never played football.*

▲ *I help to organise weekly indoor bowls. Short Mat Bowls which anyone can play.*

► *At Montgomery Hall in Wath, we welcome groups including: knitting; sewing; gentle exercise; bingo; boccia; curling and line dancing. These groups bring a social aspect to people's lives.*

▲ *Hard work in the garden pays off with a Wendy Keith Award.*

**2.**


By connecting with the people around us, (family, friends, colleagues and neighbours), at home, work, school or in our local community, we are better supported and enriched. Social relationships are critical for acting as a buffer against mental ill health for people across all ages. By strengthening and broadening our social networks we can maintain and improve our wellbeing.


▲ *Voluntary Action Rotherham's 2018 Volunteer Walk through Rotherham Town Centre.*

▼ *Being a part of our local litter pick group gives us pride in our area and keeps us active in the fresh air.*

## FACTS AND FIGURES

- Recorded prevalence of depression in Rotherham is 13.4%
- 1 in 4 people will experience mental ill health at some point in their life

▼ *Giving made easy at a coffee morning raising funds for Prostate Cancer UK at Mowbray Gardens Library.*



**3.**


By seeing ourselves and our happiness, linked to the wider community can be incredibly rewarding and helps us to create connections with the people around us. Evidence shows that feelings of happiness and life satisfaction have been strongly associated with active participation in social and community life. For older people, volunteering is associated with more positive affect and more meaning in life and offering support to others has even been shown to be associated with reduced mortality rates.

► *Cooking at Headway*
*We offer our members, who have acquired brain injuries, a variety of different activities. This helps keep them happy and healthy and reduce social isolation.*


▲ *An English for Speakers of Other Languages student (ESOL) receiving a certificate.*

▲ *I run a community group called Crafty Talk in Brinsworth and I get joy seeing people loving the company a cuppa and crafting.*

▲ *Defibrillator training for defib machines in libraries in partnership with British Heart Foundations, StartAHeart 24:7 and Yorkshire Ambulance Service.*

**4.**


Whether it's trying something new or re-discovering an old interest, it can be enjoyable to achieve a new challenge. Learning new things makes us more confident as well as being fun. For children, learning plays an important role in social and cognitive development. However, the continuation of learning throughout life has the benefits of enhancing an individual's self-esteem, encouraging social interaction and a more active life.

▲ *Bulb planting at Eastwood village.*

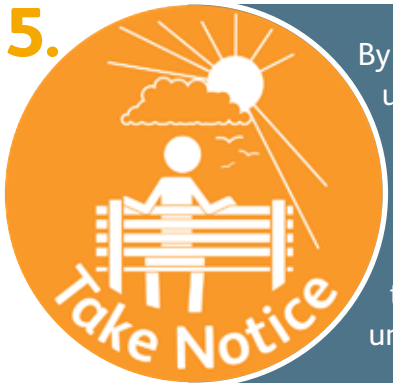

◄ *Walking with friends is a great way to keep healthy and happy.*

► *I keep fit and healthy with a balanced diet and being a regular member of Team Manvers at Manvers BoatClub, Wath.*

► *I keep happy and healthy by going on daily walks with my dog. I walk around the local area of Thurcroft, via public footpaths through the countryside.*



**5.**



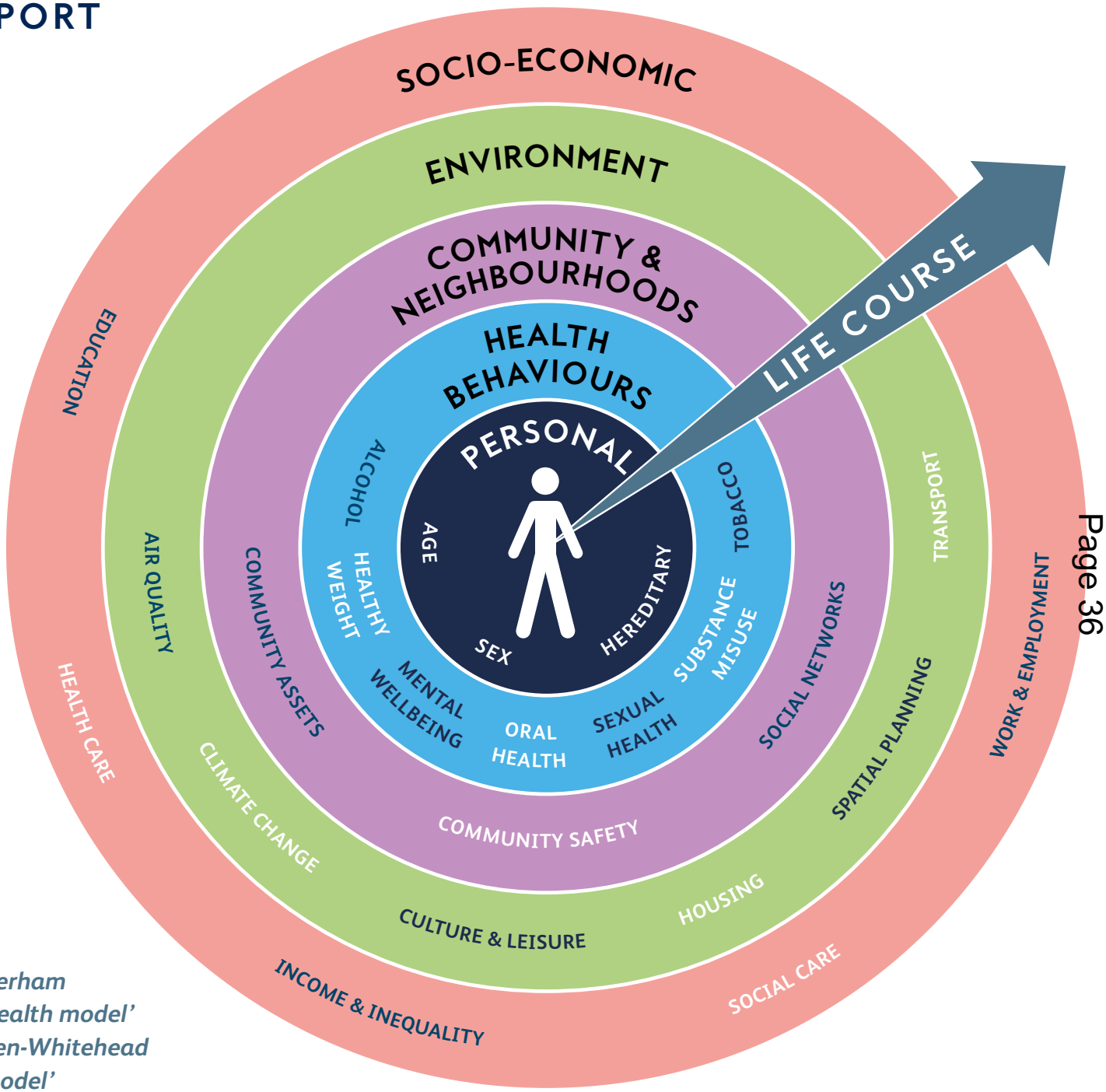

By being aware of the world around us and what we are feeling and reflecting on our experiences it helps us to appreciate what matters to us. This can be just being curious, catching sight of the beautiful or remarking on the unusual and savour the moment.

***Watch our video about how important it is to incorporate the five ways to wellbeing into our daily lives.***

# WHAT CAN WE DO TO SUPPORT HEALTH AND WELLBEING?

When we look at all the factors known to influence health and wellbeing, we can see why people are right to recognise the importance of our social networks, communities and our environment. Our health is not only influenced by obvious health behaviours (such as smoking, alcohol, diet and exercise) and the health care we receive, but also by our social interactions with others, our sense of community, the environment we live in and our economic circumstances.

Research has shown that individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (such as obesity and physical inactivity). Social relationships are also particularly important in increasing resilience and promoting recovery from illness in socio-economic circumstances that otherwise would be detrimental to health.

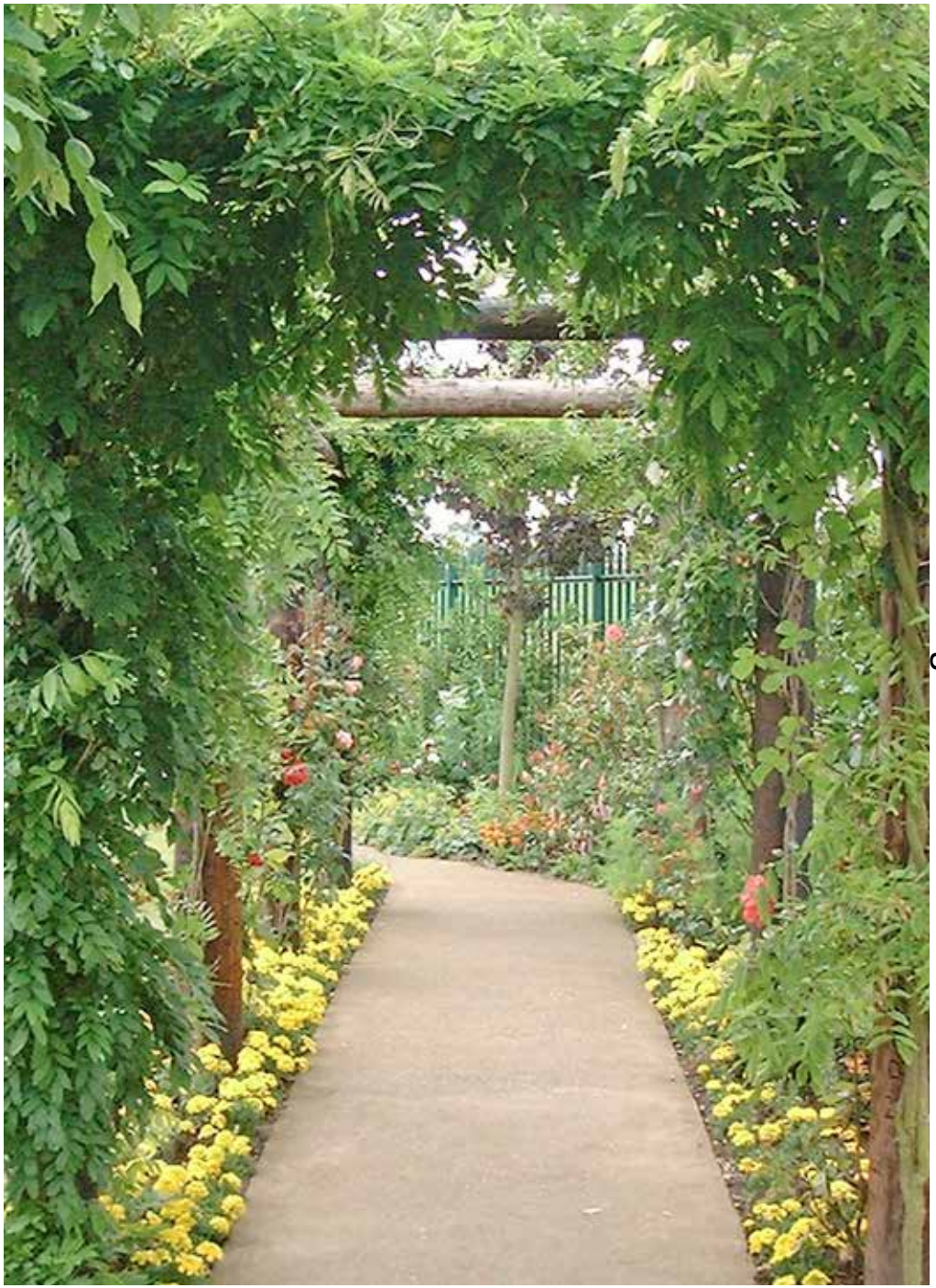



► *Diagram: Rotherham 'influencers on health model' based on Dahlgren-Whitehead 1991 'rainbow model'*

We need to value our communities and the significant role they can play in improving health and wellbeing. The assets within communities, such as skills, knowledge and social networks, are the building blocks for good health, whereas a focus on needs and deficits limits the options available, and sometimes increases stigma by labelling people with problems. The support from peers who share similar life experiences can be a powerful tool for improving and maintaining health, addressing social isolation and loneliness which are associated with higher risks of mortality and morbidity.

Power and participation matter to health, at an individual and a collective level. When individuals gain a sense of control over their lives and health, such as through development of personal skills, self-confidence and coping mechanisms, the self-efficacy, self-esteem, confidence to change and problem solving skills that result are factors which support the adoption of positive health behaviours and self-care.

Therefore by aiming to try to change the way we work with our residents, such as by working 'with' rather than 'for', and by seeking first to understand our communities and their strengths, we can better support people to live healthier lives.



► ***I volunteer at Winthrop Gardens, a one acre community garden in Wickersley. Designed for peace and tranquillity, Winthrop is inclusive and accessible to all. The Winthrop ethos is very much about extending the warmest of welcomes to those who need that extra little bit of friendship and support. We provide a range of volunteering opportunities, run a monthly memory cafe for people living with dementia and their carers, and support a range of activities including craft groups.***

# RECOMMENDATIONS

I hope this report will inspire the people of Rotherham, Councillors, Council colleagues and partner organisations to:

- Consider 'health and wellbeing' in the wider context of being influenced by everything around us.
- Seek first to understand what is 'strong' in our communities and what assets we can build on together to support the health and wellbeing of our residents.

# WHAT WE WILL DO TOGETHER

- Public Health will lead the development of the re-launch of the Rotherham Joint Strategic Needs Assessment to ensure we all have access to clearer insight into the interplay of the factors that influence health and to better describe the assets and strengths of our communities.
- All partners should continue to raise awareness of the 'Five Ways to Wellbeing' and the issue of loneliness, such as through collaborative campaigns and Making Every Contact Count training, and embedding the importance of general mental wellbeing into the delivery of contracted services. This will include safe talk and mental health first aid training for Rotherham Council staff groups, Councillors and voluntary community sector organisations, and targeted suicide prevention training and work in South and Central wards, and a men's mental health football project.
- Public health will support a programme of workforce development and training as part of the **Thriving Neighbourhoods Strategy**, to improve skills and understanding around asset-based working.
- Partners should work together to enable the local voluntary and community sector to support the expansion of the offer of social prescribing as described in the NHS long term plan. This should build on the learning from the newly launched South area multi-agency group pilot work on loneliness. The role of voluntary sector organisations (such as REMA and RotherFed) and Voluntary Action Rotherham and their **volunteer centre** will be vital in supporting local smaller community organisations in building capacity and sustaining local community-based activity.
- All partners should continue to support the 'Working Win' pilot to support those with mental or physical health conditions to remain in work or gain employment and work together to consider sustainability of this approach.
- All partners should encourage local workplaces to commit to improving the health and wellbeing of their staff through the Rotherham launch of the South Yorkshire BeWell@Work Award.
- Public Health will work with a community arts organisation to create an interactive art work at the Rotherham Show based on this report, stimulating more people to get involved in thinking about what keeps them healthy, happy and well.

***◄ At Headway we offer our members, who have acquired brain injuries, a variety of different activities. This helps keep them happy and healthy and reduce social isolation.***

# PROGRESS ON LAST YEAR'S RECOMMENDATIONS

A brief summary of progress on the recommendations in last year's report on the health and wellbeing of the working population is included below.

| 2017 RECOMMENDATIONS | PROGRESS |
|---|---|
| 1. Work and health in partnership – To help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to work with workplaces to embed a systematic approach to Making Every Contact Count. | Rotherham Public Health team have been working with Doncaster, Barnsley and Sheffield councils to develop a South Yorkshire Bewell@work award scheme. This replaces the national workplace charter that ceased operation in 2018. Rotherham now has seven local organisations that have completed the pilot and have achieved the award. These include two schools, two from the adult care sector, one recruitment agency, one charitable organisation and one community organisation. The official launch of the Bewell@work award scheme will took place on 6th March at New York stadium with 120 people from local businesses.<br><br>In order to support achievement of the award training is offered on different topic areas, including Workplace Health champions. 35 workplace champions have been trained so far. |
| 2. Making Every Contact Count – working with partners to deliver MECC (Healthy Chats) which is a key component of the Rotherham Integrated Health and Social Care Strategy. | Throughout 2018 we have delivered MECC training to 316 staff. In 2018 the MECC training focused on smoking and alcohol. From April 2019 we will be focussing the training on social isolation and loneliness. This second wave will be piloted through the South multi-agency group, with further roll-out throughout Rotherham. |
| 3. Mental health – Public Health to lead on the implementation of the Better Mental Health For All Strategy, with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing. | The Health and Wellbeing Board's Five Ways to Wellbeing Campaign was launched in May 2018 and since this time partners have been engaged in promoting the Five Ways key messages to staff and the general public.<br><br>The Rotherham Suicide Prevention and Self Harm Action Plan has been refreshed in line with emerging themes and priorities. South Yorkshire and Bassetlaw has secured suicide prevention funding from NHS England, and the Public Health team have been working with Rotherham CCG and local partners to look at how this will be spent in Rotherham. Initiatives include training for primary care and frontline staff and a suicide prevention small grants scheme targeting men. |

# PROGRESS ON LAST YEAR'S RECOMMENDATIONS (CONTINUED)

A brief summary of progress on the recommendations in last year's report on the health and wellbeing of the working population is included below.

| 2017 RECOMMENDATIONS | PROGRESS |
|---|---|
| 4. Physical activity – Public Health will work with the Rotherham Activity Partnership to increase physical activity across Rotherham using opportunities such as our award winning parks (green spaces), promoting active travel and working with planning departments to combat obesogenic environments. | Rotherham Activity Partnership is now established, bringing a range of partners together from the Council, health, police, voluntary community sector, and leisure centres to 'plan, promote and co-ordinate physical activity and sport, so that it is an everyday part of people's lives.' Public health are also leading on the development of a local 'Healthy Weight for All' plan, which this work will contribute to.<br><br>During this year, Rotherham was also a national Public Health England pilot area for phase one of a Physical Activity Clinical Advice Pad project, in which GP practices have been supported with training and resources to better enable clinical staff to have brief conversations with patients, encouraging them to make small changes to increase their levels of physical activity. |
| 5. Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the health and social care plan. | Progress is being made to deliver on the prevention requirements of the Integrated Care System (ICS), with ongoing discussions with NHS partners to explore the opportunities for population health management using the Rotherham Shared care record. Current priorities for the ICS include social prescribing and tobacco dependency. The Public Health team are supporting The Rotherham Foundation Hospital Trust to implement the South Yorkshire QUIT programme, ensuring all patients attending hospital are offered support to stop smoking. |



# FURTHER INFORMATION

Below is a list of references that were used in the preparation of this report. They provide interesting further reading on the concepts discussed.

Further data on the health of the people of Rotherham can also be found in the Joint Strategic Needs Assessment (https://www.rotherham.gov.uk/jsna/). However as noted in the recommendations, this is will be undergoing significant changes to structure and content, to give clearer insight into the interplay of the factors that influence health and to better describe the assets and strengths of our communities.

### Determinants of health

- https://www.kingsfund.org.uk/projects/vision-population-health-england
- https://www.health.org.uk/infographic/what-makes-us-healthy

### Community-centred approaches

- https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches
- https://whatworkswellbeing.org/product/joint-decision-making-full-report
- http://www.euro.who.int/__data/assets/pdf_file/0003/382971/hen-60-eng.pdf?ua=1
- https://www.local.gov.uk/asset-approach-community-wellbeing-glass-half-full

### Five Ways to Wellbeing

- https://neweconomics.org/2008/10/five-ways-to-wellbeing-the-evidence
- https://www.rotherham.gov.uk/homepage/486/five_ways_to_wellbeing




# ACKNOWLEDGEMENTS

***I would like to thank the public health and communications teams at Rotherham Council who have supported the writing of this report, in particular Gilly Brenner, Ruth Fletcher-Brown, Kate Green, Nicholas Leigh-Hunt, Phill Spencer and Marcus Williamson. I would also like to express my sincere thanks to all the residents of Rotherham who kindly sent in photographs to share with us their thoughts on what it means to them to keep healthy. I hope that this report helps us to ensure we keep this conversation going so that we can work together to build on the strengths of our communities and better support everyone to stay healthy, happy and well.***

| BRIEFING | | |
|---|---|---|
| | **TO:** | Rotherham Health and Wellbeing Board |
| | **DATE:** | 29th May 2019 |
| | **LEAD OFFICER** (Full name, title and Directorate) | Richard Hart, Health Protection Principal, Adult Care, Housing and Public Health |
| | **TITLE:** | Rotherham Health Protection Annual Report 2018 |

**Background**

**1.** The health protection roles and responsibilities, discharged by the Director of Public Health on behalf of the council, are overseen by the Rotherham Health Protection Committee (RHPC). Each year, the RHPC provides an annual report to the Health and Wellbeing Board (H&WB), which outlines the collective actions of partners to prevent or reduce the harm or impact on the health of the local population caused by infectious diseases or environmental hazards, major incidents and other threats.

This is Rotherham's fourth annual report for the Health and Wellbeing Board (H&WB). It highlights the main areas of health protection activity in Rotherham over the period 1st January 2018 to the 31st December 2018.

The Health Protection Committee continues to meet on a quarterly basis to oversee and discharge the council's health protection agenda.

With the publication of the NHS Long Term Plan (7th January 2019),there are opportunities to strengthen actions on Health Inequalities, Antimicrobial Resistance, Air Pollution, Supporting People in Care Homes, national screening programmes and childhood immunisations.

**Key Issues**

**2.** The RHPC continues to highlight the importance of good communication, maintaining effective working relationships, continuous surveillance and having effective public health systems in place. These underpin the local public health response to significant communicable disease incidents and outbreaks, including measles, syphilis, legionella and seasonal flu.

There are two risks on the Council's Strategic Risk Register associated with protecting the health of the local population. These are:

1) **To provide an effective co-ordinated multi-agency response in the early stages of any flu pandemic** (see key actions).
2) **To reduce the impact of any communicable disease incident / outbreak in Rotherham.** This was highlighted during the Rotherham Diphtheria incident when both the Multi Agency Outbreak (2017) and Multi-Agency Mass Treatment (2018) plans were successfully implemented.

| | |
|---|---|
| | Virtually all the Health Protection indicators for Rotherham in the Public Health Outcomes Framework (PHOF) have improved or were stable over the latest period. Many are better than England, RAG rated as green, with only three indicators RAG rated as red (significantly worse than England), two of which have shown continuous improvement.<br><br>Performance of the Council's corporate indicator (1.C2) for the combined childhood immunization for Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type b (DTaP/IPV/Hib) is consistently good and above the national target for 2018/19 set at 95%. |
| **Key Actions and Relevant Timelines** | |
| **3.** | Actions relating to the two corporate risks were agreed at the RHPC meeting on 11th April 2019. These are to test the:<br>• Local multi-agency plan for pandemic flu (DPH led) and<br>• Roles, responsibilities (including funding) for multi-agency incidents/outbreaks through an exercise led by Public Health England (dates TBC).<br><br>Recent outbreaks of measles across the UK and Yorkshire and Humber highlight the importance on continuing to focus work on hard to reach groups to improve the uptake of vaccination, particularly Measles Mumps and Rubella (MMR) and seasonal flu for vulnerable people and eligible front-line staff.<br><br>With an aging population, increased co-morbidities and surgery, there will be an additional focus on improving the patient pathway and sustainability of Infection Prevention and Control (IPC) Services in the community. One area which continues to be strengthened is around support for Care Homes through:<br>• The multi-agency work with IPC Champions in Care Homes, including 2 inter-agency IPC workshops delivered in 2018.<br>• Reducing unnecessary and inappropriate antibiotic use in both the community and hospital (National Quality Premium target, initially introduced in 2016/17 for primary care has been refreshed each year to reduce the overall prescribing of antibiotics).<br><br>Another area of work is to strengthen partnership working between transport, active travel, planning and public health within the Council and with external partners. This will build on health improvements associated with Air Quality, Active Travel and Healthy Weight. |
| **Recommendations** | |
| **4.** | That the H&WB:<br>• Notes the Health Protection Annual Report 2018 and supports the recommendations<br>• Renews it's commitment for all partners to sustain their contributions to the borough wide health protection work and actions of the Rotherham Health Protection Committee. |

# ROTHERHAM HEALTH PROTECTION ANNUAL REPORT

# 2018

## Foreword

Preventing and controlling infectious diseases, environmental threats and protection from hazards demands a quality workforce, educated and trained to the highest standards. It relies on effective working arrangements across several organisations to work well together strengthening areas of the health protection system.

The Director of Public Health (DPH), on behalf of the local authority, must ensure that there are preventative strategies in place locally to protect the health of the Rotherham population. These are discharged through the Rotherham Health Protection Committee with representation from all the responsible organisations across the borough. With the publication of the NHS Long Term Plan, there is a good opportunity to strengthen the health protection work with partners across Rotherham.

We would like to take this opportunity to thank the Committee, and all the individuals and agencies involved, for their commitment to health protection over 2018 and for their continued support in preparing and delivering next year's programme.

Teresa Roche

Director of Public Health

Councillor David Roche

Cabinet Member for Adult Social Care Housing and Public Health

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## GLOSSARY

| | |
|---|---|
| AMR | Antimicrobial Resistance |
| BCG | Bacillus Calmette-Guerin |
| C. difficile | Clostridium difficile |
| CHRD | Child Health Records Department |
| CIPFA | Chartered Institute of Public Finance and Accountancy |
| CQUIN | Commissioning for Quality and Innovation |
| Defra | Department for Environment, Food and Rural Affairs |
| DIPC | Director of Infection, Prevention and Control |
| DPH | Director of Public Health |
| DTaP/IPV/Hib | Diphtheria, Tetanus, acellular Pertussis, Polio and Haemophilus influenza type b |
| EHO | Environmental Health Officers |
| EPSS | Emergency Planning Shared Services |
| E.coli | Escherichia coli |
| ESPAUR | English surveillance programme for antimicrobial utilisation and resistance |
| FSA | Food Standards Agency |
| GI | Gastro Intestinal |
| H&WB | Health and Wellbeing Board |
| HCAI | Health Care Associated Infections |
| HIV | Human Immunodeficiency Virus |
| IPC | Infection, Prevention and Control |
| LTBI | Latent TB Infection |
| LHRP | Local Health Resilience Partnership |
| MDRTB | Multi Drug Resistant TB |
| MMR | Measles Mumps and Rubella |
| MRSA | Meticillin Resistant Staphylococcus Aureus |
| MSSA | Meticillin Sensitive Staphylococcus Aureus |
| NHSEY&H | NHS England Yorkshire and Humber |
| NICE | National Institute of Clinical Excellence |
| ONS | Office for National Statistics |
| PCV | Pneumococcal Conjugate Vaccine |
| PGD | Patient Group Directive |
| PPE | Personal Protective Equipment |
| PHE | Public Health England |
| PHOF | Public Health Outcome Framework |
| PM | Particulate Matter |
| RCA | Root Cause Analysis |
| RCCG | Rotherham Clinical Commissioning Group |
| RDaSH | Rotherham Doncaster and South Humber NHS Foundation Trust |
| RHPC | Rotherham Health Protection Committee |
| SIT | Screening and Immunisation Team |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |
| TRFT | The Rotherham NHS Foundation Trust |
| UTI | Urinary Tract Infection |

## BACKGROUND

Health protection is historically a relatively new description of a set of functions to protect individuals and populations. It is an integrated approach to infectious diseases, radiation, chemical and environmental hazards which emerged in the UK from a series of system failures, including the Stafford Hospital Legionnaires' disease outbreak in the 1980s, and the foot and mouth disease outbreak in 2001. Health Protection in England was formalised in 2003 through the amalgamation of radiation, microbiology and chemical functions (Health Profile for England, PHE, 2018) followed in 2012 by the implementation of the Health and Social Care Act which imbued considerable changes in the functions, roles and accountabilities for health protection and how it is managed and delivered. This placed a duty on local authorities in England to be assured that arrangements to protect the health of the community are robust and implemented appropriately, discharged through the Director of Public Health.

Health protection encompasses a set of activities within the Public Health function which:

- Ensures the safety and quality of food, water, air and the general environment
- Prevents the transmission of communicable diseases
- Manages outbreaks and the other incidents which threaten the public's health

Over the years, the emerging health protection challenges have become increasingly global, interdisciplinary and challenging. Infectious diseases such as Middle East Respiratory Syndrome (MERS), Zika virus and Severe Acute Respiratory Syndrome (SARS) have emerged from across the globe and spread rapidly - new diseases will be no different (Health Profile for England, PHE, 2018).

Ninety years on from Alexander Fleming's first discovery of penicillin in 1928, we have a growing problem of antimicrobial resistance in the UK and across the globe. Antimicrobials (which include antibiotics) are vital to almost all aspects of modern medicine, including surgery and cancer treatment. Despite warnings, the global community has only recently awoken to the implications of this threat. Antimicrobial resistance (AMR, see WHO definition https://www.who.int/features/qa/75/en/) describes the change of an organism which makes a previously effective treatment ineffective (Health Profile for England, PHE, 2018).

Several aspects of climate change are also likely to have a range of environmental effects that may impact on health including; more frequent and severe extreme weather events, such as heat waves and floods, changing patterns of air pollution and changing patterns of diseases caused by microorganisms (Health Profile for England, PHE, 2017 see https://www.gov.uk/government/publications/health-profile-for-england-2018).

January 7th 2019, saw the publication of the NHS Long Term Plan. This provides opportunities to strengthen actions on Health Inequalities, Antimicrobial Resistance, Air Pollution, Supporting People in Care Homes, national screening programmes and childhood immunisations.

## PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide an overview of the health protection situation within Rotherham highlighting any successes, on-going challenges or significant areas for development. This multi-agency report enables the Director of Public Health (DPH) to provide assurance to the Health and Wellbeing Board (H&WB), that the health of Rotherham residents is being protected in a proactive and effective way.

## SUMMARY

This is the fourth annual report of the Rotherham Health Protection Committee (RHPC). It highlights the main areas of health protection activity in Rotherham over the period 1st January 2018 to the 31st December 2018. Whilst significant progress has been made in Rotherham, organisations, staff and residents will continue to be challenged with new and emerging infections, environmental hazards and the changing face of service delivery.

The RHPC has continued to meet over the year to ensure that adequate arrangements are in place for the surveillance, prevention, planning and response to protect the public's health. Collaborative working has included:

- Reviewing lessons learned on a range of health protection incidents and planning exercises both internally and externally.
- Responding to complex issues requiring specialist prevention and treatment services to manage and treat infections in schools, the wider community and hospital and care homes.
- Ensuring that the roles of all agencies involved in health protection planning are clear and effective (local multiagency plans).
- Planning for Major incidents involving communicable diseases, for instance, Pandemic Influenza (priority number one on the national risk register of civil emergencies).
- Antimicrobial stewardship (resistance to antibiotics) which remains a health protection risk for Rotherham residents (also on the National Risk Register of Civil Emergencies).

The Annual Report for 2017 outlined a number of key recommendations and areas to focus on. This annual report (2018) provides an update on these recommendations; captures key areas of work over the calendar year and makes recommendations on the priorities of work for next year.

The main burden of disease is often seen in our most vulnerable communities within Rotherham. Consequently we have been:

- Systematically addressing the variation in health outcomes for vulnerable communities by increasing immunisation rates including Diphtheria.
- Maintaining vigilance for multi-drug resistant tuberculosis (MDR TB), in vulnerable patients such as those with no home, or co-infection with HIV, patients with alcohol and drug dependency or who may need extra help from the local health economy.
- Working to improve seasonal flu vaccination uptake in clinical risk groups and the elderly.

## WHY HEALTH PROTECTION IS IMPORTANT

Over the past century there have been significant reductions in the number of deaths from traditional infectious diseases, such as tuberculosis, pneumonia, influenza, cholera and typhoid. These accounted for 32% of all deaths in 1901 compared with just 8% in 2015. New threats from infectious diseases arise from changing socio-demographics including increased travel, immunosuppression and new types of viruses or bacteria (Health Profile for England, PHE, 2017). The profile of Health Protection has increased significantly in recent years with areas such as immunisation, food borne infections, pandemic flu, healthcare associated infection and communicable diseases regularly being in the public eye.

However, ‘’threats to health are not equally shared; the impoverished, incarcerated, institutionalised and homeless are often at far higher risk of illness and premature mortality than the general population’’ (Aldridge R, Story A, Hwang SW et al, 2018). ‘’Marginalised populations experience extremes of poor health due to a combination of poverty, social exclusion and increased burden of risk factors’’ (Fair Society, Healthy Lives, The Marmot Review, 2010).

## KEY RECOMMENDATIONS 2019

The ‘Looking Ahead’ section at the end of this report sets out the areas that RHPC has identified as the focus for actions in the year ahead. From these, the following key recommendations have been drawn.

1) Maintain effective monitoring, communication and response to incidents or outbreaks and consolidate multi agency arrangements which includes an agreed approach to funding.

2) Improve the uptake of Measles, Mumps and Rubella (MMR) vaccination to achieve minimum herd immunity, routine immunisations for the hard to reach communities and seasonal flu vaccination for staff and the eligible population.

3) Review borough wide Infection Prevention and Control services and make recommendations for improvements to the patient pathway and the sustainability of services (including Tuberculosis Specialist services).

## WHO ARE WE?

**The Council**

Local Authorities have a range of statutory health protection functions across several directorates, in particular, Adult Care Housing and Public Health and Regeneration and Environment Services. For example:

- Environmental Health ensures the enforcement and regulation of the codes of practice and standards for food safety, trading standards, environmental permitting, air quality and animal health.
- The Emergency Planning Shared Services ensure LA services, in close liaison with partners, are prepared to respond to emergencies.
- Adult Care, Housing and Public Health work closely with the Rotherham Clinical Commissioning Group for continuous improvement in health and social care, including infection prevention and control in the community, commissioning integrated sexual health services, Alcohol and Substance misuse services and supporting homeless and vulnerable people with tuberculosis.
- The Director of Public Health has a statutory duty under the Health and Social Care Act 2012 and associated regulations, to ensure that all parties discharge their roles effectively for the protection of the local population.

**Rotherham Clinical Commissioning Group (RCCG)**

RCCG works closely with GP practices who are responsible for reporting notifiable infectious diseases and administering a number of vaccination programmes. RCCG also commissions a range of treatment services from acute and community providers and holds healthcare providers to account for Health Care Associated Infections (HCAIs), Antimicrobial Resistance and specialist Tuberculosis (TB) services.

The CCG will support NHS England in Emergency Preparedness, Resilience and Response (EPRR) functions and local duties including the co-ordination of the local health economy during Major incidents.

**NHS Providers (including the hospital, community and GP Practices)**

NHS organisations are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract. This includes emergency planning (significant incident and emergency management) and any co-operation necessary to achieve associated objectives.

The NHS providers offer health information and advice: to prevent and treat disease in schools and general practices; deliver immunisation programmes in schools and practices; carry out antenatal screening in hospital settings; and provide specialist services associated with sexually transmitted infections, drug and alcohol and tuberculosis.

They reduce the risk of HCAIs through promotion of good infection prevention and control practices led by the Director of Infection Prevention and Control (DIPC) and the Microbiologist working closely with PHE on any hospital or community acquired incident or outbreak.

**Public Health England (PHE) Yorkshire and Humber Health Protection Team**

PHE provide monitoring and specialist advice and support to commissioners and providers. PHE provide leadership in the event of a community outbreak or incident, which includes the monitoring and control of communicable diseases, vaccination and immunisation advice, HCAI monitoring and expert advice on environmental, chemical, biological and radiation hazards.

**NHS England (NHSE)**

NHSE are responsible for the commissioning and implementation (through the PHE Screening and Immunisation Team) of the national routine screening and immunisation programmes as well as the specialised commissioning of HIV services.

They oversee the Quality and Patient Safety of Rotherham CCG and systems to prevent Health Care Acquired Infections (HCAIs) such as MRSA, Clostridium difficile and E.coli bacteraemia.

The Local Health Resilience Partnership (LHRP), chaired by NHSE and co-chaired by the DPH for Barnsley ensures that the local health system is prepared to deal with emergencies. It ensures that all NHS funded organisations meet the requirements of the Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the NHS Standard contract.

**South Yorkshire Police (SYP), South Yorkshire Fire and Rescue (SYFR) and Yorkshire Ambulance Services (YAS)**

Work closely with partners on preparedness and respond to any emergencies and major incidents to protect the public following the Joint Emergency Services Interoperability Programme (JESIP) see https://www.jesip.org.uk/home.

**Schools, voluntary sector and other partners in the independent sectors**

Other organisations may be involved in health protection, such as, providing advice and support to staff in the event of any incidents or outbreaks, applying for permits to regulate against environmental hazards, vaccinating and treating pupils or staff and the implementation of good infection prevention and control practices in care homes.

## WHAT WE SAID WE WOULD DO IN LAST YEAR'S REPORT

## SUCCESSES AND CHALLENGES 2018

Below identifies some key areas in last year's annual report (2017) on what 'we said we would' do and what 'we did' for the calendar year 2018.

1) **Communicable Diseases**

***We said we would:*** maintain effective monitoring communication and response to incidents or outbreaks across the borough to ensure early detection and implement a proportionate response to manage and control the incident effectively.

***We did:*** Incidents and outbreaks were responded to effectively by all partner agencies, minimising harm to the local population. Incident Control Team meetings, led by PHE, ensured all partners were fully engaged and the appropriate public health measures implemented to prevent and control the spread of infection.

2) **Infection, Prevention, Control and Antimicrobial resistance**

***We said we would:*** seek continuous improvement on Infection Prevention and Control practices and effective Antimicrobial Stewardship across all acute and community settings.

***We did:*** There has been considerable progress in improving prescribing practices and the use of antibiotics, a reduction in Gram-negative (incl. E.coli) bacteraemia infections and a range of infection, prevention and control initiatives to promote best practice in care homes.

3) **Screening and Immunisation**

***We said we would:*** improve the uptake of seasonal flu (including people in the clinical risk groups) and other routine vaccinations within the hard to reach communities in Rotherham.

***We did:*** The Screening and Immunisation Team have worked closely with GP Practices and partners to target initiatives where lower vaccination uptake rates are evident.

4) **Emergency Planning**

***We said we would:*** work on the actions identified by the findings of the National (NHS England and Public Health England) Health Protection Audit, review a number of local multi-agency plans and frameworks as a result of changes in national policy and guidance and implement any learning from local exercises.

***We did:*** Multi-Agency Outbreak and Mass Treatment plans were agreed and implemented over the year and included an overall agreement not to delay screening and treatment in any outbreak scenario in spite of 'who funds' . This included an agreed arrangement for swabbing and the provision of antiviral treatment for any flu outbreaks which occur 'out of season'.

5) **Environmental Hazards and Control**

***We said we would:*** work across directorates and with external agencies to implement the UK Governments Clean Air Zone measures.

***We did:*** A feasibility study and full business case have been developed and a range of measures initiated to improve air quality in key areas of Rotherham. These will continue to be implemented over 2019 and beyond.

## HOW ARE WE DOING

There is a dedicated Health Protection profile published by Public Health England which extends the previously reported 30 indicators covered to 56. The new profile covers the seven domains of: Gastrointestinal infection; Immunisation and childhood vaccine preventable diseases; Respiratory infection; Hepatitis; Sexually transmitted infections (STI) and HIV; Health Care Associated Infection; and Non-infectious environmental hazards.

Virtually all the Health Protection indicators for Rotherham in the Public Health Outcomes Framework (PHOF) have improved or were stable over the latest period. Many are better than England, RAG rated as green, with only three indicators RAG rated as red (significantly worse than England): The full Health Protection profile is at: Fingertips Health Protection Profile

Below are the indicators RAG rated as red:

- Population vaccination coverage - Flu (at risk individuals) at 53.6% for 2017/18 against a target level of 55%). This is a slight increase when compared with the same period the previous year (52.7%) and is in line with national and local trends. Rotherham and South Yorkshire still remain relatively high performers when compared nationally.
- Antibiotic prescribing in primary care by the NHS which continues to improve (see main body of report)

- Non-typhoidal salmonella incidence rate (Rotherham rate highest among CIPFA (CIPFA – Chartered Institute of Public Finance and Accountancy) nearest neighbour authorities for 2017 data)

Performance of the Council's corporate indicator (1.C2) for the combined childhood immunization for Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type b (DTaP/IPV/Hib) is consistently good and above the national target for 2018/19 set at 95%.

## SUCCESSES AND CHALLENGES 2018

## COMMUNICABLE DISEASES

Infectious diseases and environmental threats are once again at the forefront of public health, after decades of decline. This year marks the centenary of the 1918 H1N1 ('Spanish flu') pandemic which killed between 20 to 40 million people. Pandemic influenza remains the most significant civil risk facing the UK today (Health Profile for England 2017).

**Effective Information Systems for Managing Outbreaks and Incidents**

HP Zone is a national PHE information management system to support the investigation and management of health protection incidents and outbreaks. This sits as the primary data system for health protection management and works alongside other NHS networked systems (e.g. laboratories, Child Health Information and other clinical systems).

## EMERGING INFECTIONS

Public Health England (PHE) ensures that partners have accurate and timely information available to inform public health decisions and actions.

The opportunities provided by vigilance through good quality monitoring and information are significant, from ensuring a rapid and effective response to public health threats, to improving inter-operability between systems and using new technologies to improve health outcomes.

The national PHE Health Protection Team provides a monthly update on the new and emerging infectious diseases across the globe that could affect public health in the UK. These are shared and discussed appropriately with the RHPC (https://www.gov.uk/government/publications/emerging-infections-monthly-summaries)

The 2014 to 2016 Ebola virus disease outbreak in West Africa killed more than 11,300 people. It began in Guinea, spread across borders into Sierra Leone and, Liberia with limited regional spread. For the first time in an Ebola outbreak, a small

number of cases occurred in humanitarian aid workers who returned to their country of origin and onwards across the globe, including the United Kingdom.

There were multiple inter-linking factors which contributed to the outbreak; deforestation in the region, increased human contact with bats carrying the infection, urbanisation and greater population mobility, which drove the regional and transnational spread of the disease. The lack of surveillance mechanisms and effective vaccines or treatments compounded these problems and highlighted the shortcomings of the global health security framework, including pharmaceutical funding models for emerging infectious diseases.

Ebola outbreaks continue to occur with the most recent in the Democratic Republic of Congo (DRC) in 2017 and 2018. In response to deficiencies identified during the West Africa outbreak, WHO has increased partnership working during health emergencies and improved the speed of response.

The Cholera outbreak in the Yemen (from September 2016) initially reported 1,052,417 cases which continued to reduce over the year, Monkeypox was reported for the first time in the UK and there was a Diphtheria outbreak in Bangladesh.

## INCIDENTS AND OUTBREAKS

Although high profile national incidents over the last year such as the Grenfell Tower fire and the chemical poisoning in Salisbury highlight the value of a flexible and responsive health protection system (Health Profile for England, PHE, 2018), most routine work primarily relates to infectious diseases.

Below illustrates the number of gastroenteritis outbreaks by setting (not including food poisoning) associated with various settings across Rotherham reported to PHE for the calendar years 2018, 2017, 2016, 2015 and 2014.

| ***LA Incidents 2018*** | | | | | |
|---|---|---|---|---|---|
| Gastroenteritis outbreaks- (Detailed breakdown below) **Not food poisoning** | **2018** | **2017** | **2016** | **2015** | **2014** |
| Care Home | 26 | 33 | 22 | 24 | 29 |
| School | 7 | 11 | 6 | 7 | <5 |
| Nursery | 0 | 0 | 0 | <5 | <5 |
| Restaurant | 0 | 0 | 0 | <5 | 6 |
| Health Care | 11 | <5 | <5 | 0 | 0 |
| Visitor Attraction | 0 | 0 | 0 | 0 | 0 |
| Chemical Incident | <5 | <5 | 0 | <5 | <5 |
| Influenza like illness - Care Home | <5 | 0 | 0 | 0 | 0 |
| Influenza like illness - School | 0 | 0 | <5 | 0 | 0 |
| Diphtheria | <5 | 0 | 0 | 0 | 0 |

Cases living in Rotherham by calendar year 2018-2014, Source HP Zone, PHE

**Successes**

Over 2017/18 the Rotherham Multi-Agency Outbreak and Multi-Agency Mass Treatment Plans were produced to ensure that all the necessary public health control measures could be actioned in a timely manner for any future incident or outbreak.

These were both utilised in the first part of the year to successfully deliver a complex and scaled up multi-agency response at relatively short notice. Although there was an excellent uptake of these targeted interventions (primarily associated with screening and treatment) ensuring successful population outcomes, a debrief event, attended by all partners, ensured shared learning and areas for improvement.

There were other incidents over the year related to tuberculosis, avian flu, iGas Strep A, Legionella, syphilis, measles and meningitis which required effective communication between partners to deliver the public health control measures. This included working with Environmental Health, Adult Social Care, Housing, Public Health, RCCG, PHE Y&H, Infection Prevention and Control nurses (TRFT/RDaSH/RCCG) , the TB Specialist Nurse and Microbiology (TRFT). Local responses were co-ordinated through teleconferences where additional agencies may be involved (depending on the scenario) to identify the source of infection (where possible) and ensure that the necessary control measures were implemented to prevent further spread or recurrence.

Local and national Infection Prevention and Control (IPC) guidance, training and use of a best practice audit tool has been offered to all care homes on the process for reporting outbreaks to PHE and in adopting good public health control measures to reduce the spread and re-occurrence of infection.

**Challenges**

Recent outbreaks of measles in England and Yorkshire and the Humber, an infectious disease that can lead to serious complications and even death, highlight the importance of maintaining a high vaccination coverage (Health Profile for England, PHE, 2018).

Outbreaks in care homes (most commonly episodes of diarrhoea and/or vomiting in two or more residents or staff) where an infectious agent has been transmitted are usually caused by viruses, but can be serious bacterial infections. Because the residents are often vulnerable elderly people with various health problems, even infection with common agents can result in serious illness. Many of the viral agents are highly infective and spread very effectively between residents and staff, controlling them requires meticulous hygiene measures.

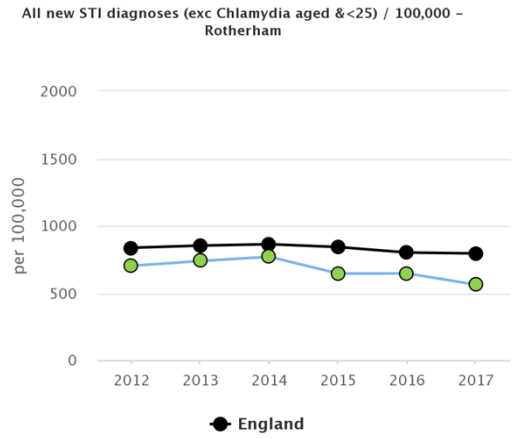
## SEXUALLY TRANSMITTED INFECTIONS

There is wide variation across England in new diagnosis of sexually transmitted infections. In 2017 there were higher rates in more deprived areas, and for some infections, among young heterosexuals, people in the Black Ethnic Minority Groups and men who have sex with men (MWHSWM). Although the national incidence of most infections has been falling in recent years, syphilis diagnoses have risen 148% between 2008 and 2017, including a 20% rise between 2016 and 2017 (Health Profile for England, PHE, 2018).

Like all sexual health services, the Rotherham Integrated Sexual Health Services have a statutory duty to carry out partner notification, contract tracing and treatment for Sexually Transmitted Infections (STIs). This plays a vital part in the health protection mechanism for controlling their spread. STIs are entirely preventable and can have lasting long term and costly complications if not treated.

Rotherham has a well-established Sexual Health Strategy Group with representatives from a range of partner agencies who meet on a regular basis to agree actions to improve sexual health. The overall aim is to promote and protect the sexual health and wellbeing of everyone in Rotherham and to address inequalities in relation to good sexual health.

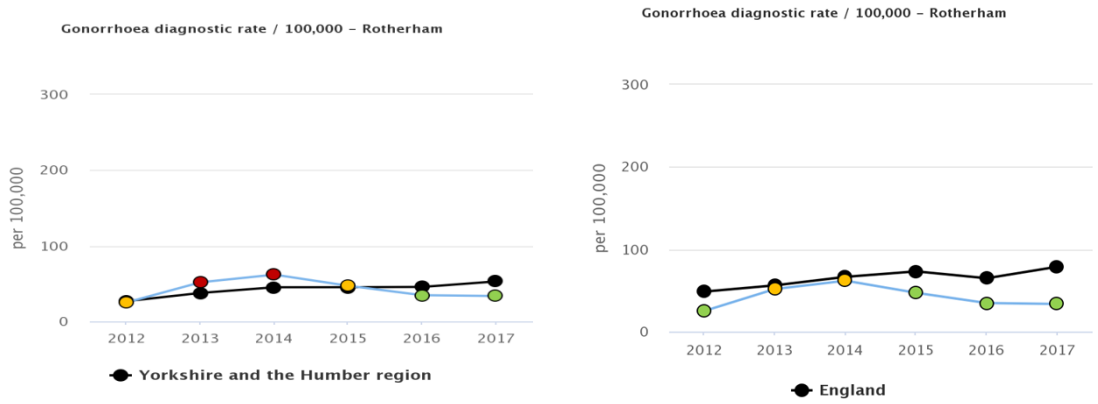
The STI rate (excluding chlamydia) in Rotherham in 2017 was lower than the Yorkshire and Humber rate and national rate. Overall, the trend in the rate of all STIs in Rotherham is decreasing and more so than national rates (see below).




(PHE fingertips)

### Successes

Rotherham's new diagnosis rates for gonorrhoea have fallen since 2014. After having been higher than the average for Yorkshire and Humber and similar to England in 2013 and 2014, from 2015 the rates have been significantly lower than England (see charts below).




Source: Laser, PHE, 2017 (PHE fingertips)

The latest LASER (Local Authority HIV, Sexual and reproductive health Epidemiology Report) for 2017 reflects the significant fall in diagnosis of gonorrhoea, with Rotherham now having the 197th highest rate (out of 326 Local Authorities in England) in 2017 compared to when the authority had the 91st highest rate in 2015.

Rotherham rates are significantly better than England for most HIV indicators for 2017 including the new HIV diagnosis rate and HIV diagnosed prevalence. Rotherham also has a good HIV testing coverage percentage in comparison to England (best among the Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbours) with 79.5% of eligible sexual health service patients being tested in 2017 (compared to 65.7% in England). However, HIV late diagnosis is worse at 48.4% than England (41.1%) for 2017 but Rotherham ranks as average among CIPFA nearest neighbour authorities.

**Challenges and future work**

The Yorkshire and Humber region continue to see an increase in cases of syphilis including an increase in the number of cases in Rotherham. This is also reflected across England.

For cases in men where sexual orientation was known, 13.4% of new STIs in Rotherham (2017) were among gay, bisexual and other men who have sex with men (MWHSWM) compared to 9.8% in 2016. Rotherham also has higher rates of new STIs amongst black ethnic minority groups which are also reflected in the national picture.

58% of diagnoses of new STIs in Rotherham in 2017 were in young people aged 15-24 years compared to 50% in England.

Local and national prevention activities will need to focus on groups at highest risk, including young adults, black and ethnic minorities and MWHSWM.

## TUBERCULOSIS

Tuberculosis (TB) is caused by the bacterium *Mycobacterium tuberculosis* and is a modifiable disease in the UK. TB incidence in England peaked at 8,280 in 2011. Since then the number of people notified with TB has fallen by nearly 40% to 5,102 people in 2017.

In Yorkshire and the Humber TB incidence is at its lowest level since 1990 (345 cases), representing a rate of 6 per 100,000), a significant decline from the peak in 2012. Whilst the success of this reduction should be celebrated, we cannot afford to be complacent as there are still pockets of higher incidence. As incidence falls, the prevalence of social risk factors – smoking, alcohol and substance misuse, homelessness and imprisonment continues to increase (Y&H & NE Tuberculosis Control Board: Update March 2019).

The recent declines *nationally* are not experienced equally by all population groups, the largest falls occurring mainly in people born outside the UK. The proportion of people who experience a delay between symptom onset to diagnosis remains stubbornly high and the proportion of people who have multi-drug resistant TB, although relatively low, has not declined recently (not reflected locally).There are still significant inequalities in the rate of TB; the most deprived 10% of the population have a rate more than 7 times higher than the least deprived 10%, and people born outside the UK have a rate 13 times higher than people born in the UK. Nearly 13% of people notified with TB have a social risk factor (Tuberculosis in England: 2018. PHE, September, 2018)

The Collaborative Tuberculosis Strategy for England 2015 – 2020 was published in January 2015 following extensive consultation. The strategy was jointly launched by PHE and NHS England, aiming to achieve a year-on-year decrease in TB incidence, a reduction in health inequalities and ultimately the elimination of TB as a public health problem in England.

**Successes**

Much of the work by the TB Control Board (North East Yorkshire & Humber) https://www.yhphnetwork.co.uk/links-and-resources/tb-network-workforce-development/ is informed by a quarterly TB Cohort Review. The Cohort Review aims to strengthen the prevention and control of TB through a review of case management and assessment of outcomes compared to local and national TB targets. It also provides an opportunity to identify unmet health and social care needs of cases and highlight system-issues in the TB control pathway at case-level. Cohort review meetings are multidisciplinary and multi-agency with representation from nurses, doctors, and public health practitioners from the NHS, local councils, and Public Health England. This ensures that TB control is joined up at all levels. In 2018, colleagues in Rotherham attended several cohort review meetings and these have used enhanced local data collection to identify key areas for action.

Cases of TB continue to be managed in Rotherham through the TB Specialist services, establishing multi-agency incident control teams when required to;

- ensure that the appropriate public health controls are implemented
- follow-up actions are undertaken to ensure patients/staff comply with TB treatment and all the necessary treatment and public health measures have been instigated
- ensure the follow up of workplace contacts to identify those who may need screening by specialist services

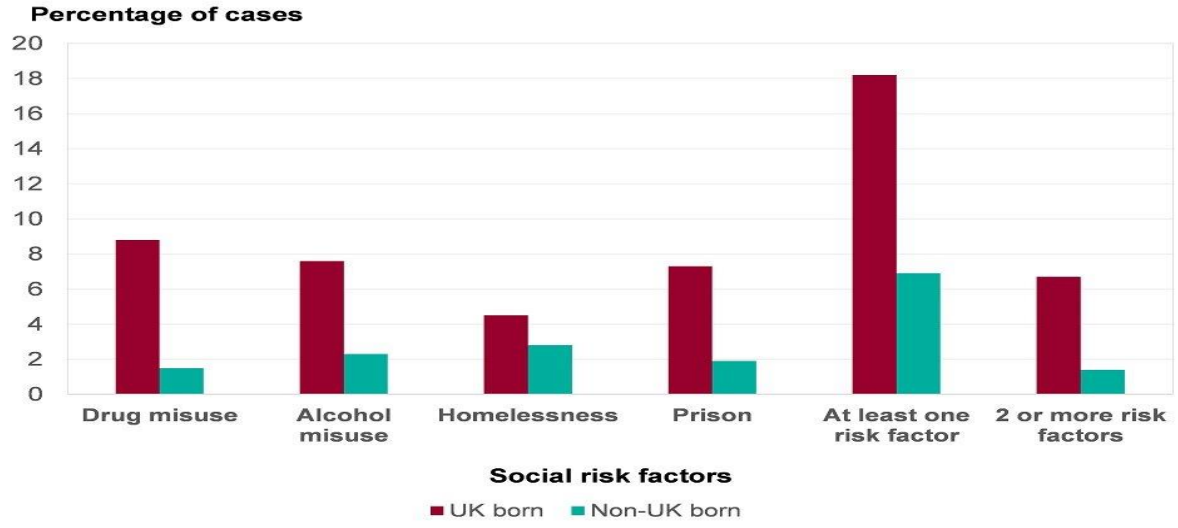
**Challenges**

TB is not only a serious infectious disease but it also has major social impacts for those affected. TB is associated with marked inequalities in health; with deprived populations more likely to get TB and suffer worst outcomes.

Despite the reduction in overall TB cases, the number of cases with social risk factors (homelessness, drug or alcohol misuse or imprisonment) has not declined. The proportion of cases with at least one of these risk factors increased from 9.8% in 2014 to 11.8% in 2015. The rates of TB and the risks of delayed diagnosis, drug resistance, onward transmission and poor treatment outcomes are greatest among these individuals. TB cases with social risk factors are more likely to have pulmonary disease and drug resistance, and have worse TB outcomes. TB in England remains a public health priority due to current rates and the health, social and economic burden of the disease.

Percentage of TB cases by social risk factor, England, 2010 to 2015

Source: Tackling TB in Under-Served Populations: A Resource for TB Control Boards and their partners. Produced by Public Health England, 2017



As highlighted by the above chart, a substantial proportion of notified TB cases possess at least one social risk factor. Under-served and vulnerable populations are continuously evidenced in national and regional guidance as groups requiring more support to engage with health services and complete treatment.

This is also reflected in Rotherham, whilst the annual TB incidence rates continue to fall, specialist services are seeing more complex cases of TB who may also be homeless and/or who have no recourse to public funding.

Underserved and vulnerable populations (sometimes described as 'hard to reach') are less likely to present to health care services. Services have to be pro-active in finding these patients so they can be diagnosed and treated. This includes people with Latent TB Infection (LTBI) which can be a serious hidden health threat. LTBI testing for all new entrants from high incidence areas is an effective and cost-effective public health intervention recommended by NICE (Tackling Tuberculosis in Under-Served Populations: A Resource for TB Control Boards and their partners, PHE, 2017) which is currently only partially implemented in Rotherham.

## SUCCESSES AND CHALLENGES IN 2018

## ENVIRONMENTAL HAZARDS AND CONTROL

**Food Hygiene Animal Feed and Animal Health**

Foodborne illness (more commonly referred to as food poisoning) is any illness that results from eating contaminated food. Foodborne illness can originate from a variety of different foods and be caused by many different pathogenic organisms at some point in the food chain, between farm and fork. Although the majority of cases in the UK are mild they are unpleasant, result in absences from education or the workplace and place a significant demand on healthcare services. Occasionally foodborne illness can lead to complications or even death. Access to safe food and water is one of the most fundamental human needs. Latest figures from the Food Standards Agency state that there are over 500,000 cases of food poisoning per year across the UK from identified causes and if the unidentified causes were to be included this figure would more than double.

**Food Hygiene,**

The Council advises and supports businesses to ensure compliance with food hygiene standards and take enforcement actions where appropriate. Trading Standards Enforcement Staff and Environmental Health Officers (EHOs) have continued to work in partnership with other agencies such as South Yorkshire Police and Immigration Enforcement to tackle issues such as the sale of illicit cigarettes and tobacco.

In December 2018, there were 1,944 food premises in Rotherham displayed on the Food Standards Agency (FSA), Food Hygiene Rating Scheme (FHRS), of which 1,615 were rated good or very good. In February 2018 the Council introduced a fee of £150 to undertake a re-assessment visit under the FHRS. There were 52 re-assessment visits undertaken in 2018 and the majority have showed sustained improvement and gained higher ratings.

There were 448 cases of 'suspected' food poisoning (including 'confirmed' notifiable illness) reported to the Council between January and December 2018 from identifiable causes. It is likely that if all of the unreported cases were to be included this figure would likely more than double.

Below shows the number of cases of gastrointestinal infection reported to PHE laboratory (notifiable) and confirmed through laboratory tests each year from 2014 and 2018.

| PHE Laboratory Reports | 2018 | 2017 | 2016 | 2015 | 2014 |
|---|---|---|---|---|---|
| Campylobacter sp | 332 | 288 | 311 | 317 | 417 |
| Cryptosporidiosis | 44 | 26 | 53 | 67 | 19 |
| Giardiasis | 5 | <5 | 7 | 5 | <5 |
| Legionella | 5 | 6 | <5 | <5 | <5 |
| E coli vtec 0157 | <5 | <5 | <5 | <5 | <5 |
| Hepatitis B (acute) | <5 | 0 | 0 | 0 | <5 |
| Hepatitis B (chronic) | 10 | 9 | 24 | 25 | 28 |
| Hepatitis A | 0 | <5 | 5 | 0 | <5 |
| Typhoid | <5 | 0 | 0 | 0 | <5 |
| Salmonella | 57 | 52 | 33 | 27 | 32 |

Cases living in Rotherham by calendar year 2018-2014, Source HP Zone, PHE

There were 159 registered feed premises supplying food to animals which Environmental Health Officers (EHOs) visit to ensure they comply with the feed law. Animal Health Inspectors also check premises keeping livestock to ensure that animal welfare is maintained and disease control measures are in place.

The legislation which covers the licensing of persons involved in England in selling animals as pets, providing or arranging for the provision of boarding for cats or dogs, hiring out horses, breeding dogs and keeping or training animals for exhibition changed in 2018. Guidance was issued in July 2018 with further guidance issued in October and November 2018 which made fundamental changes to the parameters affecting the star ratings. The Authority received a large number of enquiries from businesses affected by the new legislation and guidance. Sales websites have put in place controls which have impacted on the number of calls received by the Authority from people selling/breeding cats and dogs.

The Food, Health and Safety Officer undertook a cross regional survey focussing on tattooists. This survey looked at the microbiological quality of tattoo ink, water and green soap. The survey is also looking at the management of the stocks of 'green

soap' in the tattooing premises. The survey highlighted problems at a number of premises which were subsequently addressed.

Sampling was also undertaken to verify the pasteurisation process of an approved premises.

Trading Standards completed the survey of 'Vape' premises across Rotherham in October/November 2018. Revisits were also undertaken to check where non-compliance issues identified.

**Successes**

The Food Information Regulations 2014 require certain businesses to ensure that food is labelled correctly. EHO's check that the businesses have notices displayed to advise their customers about allergens in the food they sell and they check that staff are aware of any allergens in the food they sell, prepare and manufacture at their premises.

Environmental Health Officers have been working with businesses to meet the requirements of the food law and by the end of December 2018, 91.67 % of food premises had demonstrated broad compliance.

**Air Quality**

The black smog which once shrouded British cities has now cleared but it is estimated that invisible air pollution still produces an effect equivalent to 28,000 to 38,000 deaths in the UK annually (Health Protection Profile, PHE, 2018).

Air pollution is a mixture of particles and gases that can have an adverse effect on human health. Although air pollution has improved over recent decades, there are still significant public health challenges mainly related to Particulate Matter ($PM_{2.5}$ and $PM_{10}$) and nitrogen dioxide ($NO_2$) in ambient air.

Air pollution is now regarded as the largest environmental risk linked to deaths in the United Kingdom and a significant source of ill-health. Tackling air pollution is a government priority, as demonstrated through the Governments latest Clean Air Strategy https://www.gov.uk/government/publications/clean-air-strategy-2019

The causes of air pollution and climate change are closely related and efforts to address these challenges often overlap. Both arise mainly from burning fossil fuel and transport emissions. Shifting from motorised to active forms of transport, such as walking and cycling, can reduce the levels of particulate matter (PM) and nitrogen dioxide (NO2) while also contributing to reducing the burden of obesity and non-communicable diseases – known as 'co-benefits'. This approach can also reduce healthcare costs with substantial benefits for public health (Jarrett J, Woodcock J, Griffiths UK, and others. (2012) Effect of increasing active travel in urban England and Wales on costs to the National Health Service. Lancet 379: 9832)

In 2017, the total NHS and social care cost due to $PM_{2.5}$ and $NO_2$ was estimated to be £42.9 million in England. If no action to improve air quality is taken and trends continue, costs could accumulate to £5.3 billion between 2017 and 2035. https://publichealthmatters.blog.gov.uk/2018/05/22/enabling-local-authorities-to-tackle-air-pollution/

There are strong associations between air pollution and major diseases that pose a great health and economic burden, including:

- coronary heart disease
- stroke
- lung cancer
- childhood asthma

Poor air quality can have an impact on health at all stages of life, from being associated with low birth weight, impacts on lung function development in children, an increased risk of chronic disease and acute respiratory exacerbations, to acute and chronic premature death. Latest evidence is linking air pollution with impacts on cognitive function. All these can impact upon a person's quality of life with the most vulnerable being, the young and the old.


Local authorities are required to declare an Air Quality Management Area (AQMA) where exceedance of air quality occur (averaged over a period) and where people are exposed. The current air quality management areas for Rotherham covers those locations where exceedance of objectives for $NO_2$ has been measured and relevant exposure to this pollution occurs. Once an air quality management area has been

declared, an air quality action plan is required to identify measures aimed at achieving compliance with the air quality objectives.

A relatively small reduction in the population's exposure to $PM_{2.5}$ and $NO_2$ can lead to significant reductions in the numbers of people affected and resulting costs. It can also have multiple co-benefits, such as increasing workers' productivity and promoting active travel, including walking and cycling. This increase in physical activity can help reduce the burden of chronic diseases such as obesity and Type 2 diabetes. Improving air quality is therefore an important tool to improve our health.

**Successes**

In most of Rotherham, air quality is good, but Rotherham, along with most urban areas in England, has areas of elevated air pollution which have been declared as Air Quality Management Areas (AQMA, see link below). Rotherham Air Quality monitoring Whilst traffic emissions continue to impact on the quality of air in Rotherham, air quality along Wellgate AQMA has continued to improve.

The Government has provided funding for the rollout of public Electric Vehicle (EV) Charging Points throughout Rotherham borough during 2018. These public charging points are being installed in Rotherham's main town centre car parks, our country parks, and at our leisure centres. Many of the public EV Charging Points will be installed in conjunction with solar panels and battery storage which will also increase public awareness to alternatives to petrol and particularly diesel vehicles. See the latest South Yorkshire Care4air campaign 'Fuelling Change' https://fuellingchange.co.uk/

Clean Air Zone

The UK Government Secretary of State mandated Rotherham Council's as a Clean Air Zone authority with a requirement to produce a plan to meet the EU Limit Values for nitrogen dioxide in the shortest possible time. The Council has worked with Sheffield City Council during the past year to produce a Feasibility Study for a Clean Air Zone which was submitted to the Secretary of State on 24 December 2018.

**Challenges and future work**

Rotherham has proposed specific measures, subject to funding from Central Government, from the Clean Air Fund to improve air quality in its AQMAs.

- Statutory public consultation on the Clean Air Zone will take place during the first few months of 2019.
- The emphasis of future work will be to reduce the emissions of air pollutants from vehicles.
- In order to improve air quality as quickly as possible, everyone in Rotherham needs to contribute. A Hearts and Minds Campaign will run during 2019

working with car dealerships so car buyers in Rotherham will be able to make an informed choice in future vehicle purchases.

## SUCCESSES AND CHALLENGES IN 2018

## SCREENING AND IMMUNISATION

The NHS Screening and Immunisation programmes reduce illness and death from vaccine preventable and screening detectable conditions, contributing to the delivery of the NHS and Public Health Outcomes Frameworks. These services are commissioned by NHS England (North) Yorkshire and the Humber (South Yorkshire and Bassetlaw) and assurance is received through the South Yorkshire & Bassetlaw Screening and Immunisation Oversight Group (SY&B SIOG). There are also a range of local multi-agency implementation sub-groups which report to the SY&B SIOG which share best practice and drive quality improvement to support safe, effective and high quality programmes.

**Routine Vaccination and Immunisation**

The population is offered routine vaccinations for protection against 15 infectious diseases in childhood, adolescence and as adults, with another four vaccines for eligible at risk groups. Given at various points across a person's lifetime, at times when they are vulnerable to disease, it is one of the most effective ways of protecting against serious infectious diseases bringing major improvements in morbidity and mortality over recent decades.

| ***NOTIFICATIONS*** | ***2018*** | **2017** | **2016** | **2015** | **2014** |
|---|---|---|---|---|---|
| Meningococcal Infection | 16 | 13 | 10 | 13 | 34 |
| Measles | 11 | <5 | 9 | <5 | 13 |
| Mumps | 27 | 24 | 34 | 23 | 39 |
| Rubella | 5 | 0 | 0 | <5 | <5 |
| Diphtheria | 7 | 0 | 0 | 0 | 0 |
| Scarlet Fever | 102 | 118 | 66 | 110 | 65 |
| Whooping cough | 5 | 19 | 25 | 17 | 16 |

Cases of vaccine preventable infections in Rotherham by calendar year 2014-2018, Source HP Zone, PHE (includes all cases, possible, probable and confirmed).

Performance across the range of immunisation programmes is improving, however, coverage is variable and this requires attention to ensure that the local population is protected and does not become susceptible to outbreaks of these diseases.

**Successes**

Whilst there are specific screening and immunisation standards within RCCG's Primary Care Quality Contract, The Screening and Immunisation Team (SIT), Child Health Records Department (CHRD), primary care and other partners have focused on the following areas for improvement:

- Pre-school booster immunisation in areas with a lower uptake of MMR, Diphtheria and other vaccines
- Significantly reducing GP practice waiting lists for childhood vaccinations using local data on DNA (Did Not Attend) rates.
- Adolescent immunisations programmes through school programmes.
- Additional flu vaccination drop-in sessions provided for eligible Council employees working with vulnerable adults in Health and Social Care.

Rotherham Immunisation Team (TRFT) received a 'Proud award' for their excellent partnership work during a rare local incident and national recognition for their professional and effective approach with successful population outcomes.

**Challenges**

This season, there was a national recommendation for the use of two different flu vaccines, one for the over 65's (limited access) and the other for the under 65's 'at risk'. Despite these challenges uptake remains comparable to last year and reflects the commendable efforts of GP practice teams.

**Screening Programmes**

Cancer is the leading cause of all deaths in Rotherham accounting for over 28% of deaths in 2017 (ONS). Furthermore, for the 3 years 2015-2017 combined, Rotherham experienced a premature mortality rate (deaths under 75 years of age) for cancer of 2.0% higher than the Yorkshire and Humber Region and 8.8% higher than England (PHE via data from the ONS). Screening and early detection can significantly improve the health outcomes for both the individual and population.

People living in Rotherham who fall within the eligibility criteria are able to access three cancer screening programmes, breast, cervical and bowel cancer which account for 42% of all cancers (21 year prevalence to end of 2015, National Cancer Registration and Analysis System (NCRAS) and 16% of all cancer deaths (2017, ONS) each year. Bowel cancer is the second largest cause of cancer death after lung cancer (2017, ONS). Numbers of new cases of female bowel cancer have fluctuated over time but are 22% higher in 2014 than in 2001 (PHE Cancer Analysis System).

There are a total of 11 screening programmes in England, 6 for Antenatal and Newborn (mothers during pregnancy and Newborn babies), and 5 to detect Breast, Bowel and Cervical cancers and screening for Abdominal Aortic Aneurysm and Diabetic Eye Screening. The Screening and Immunisation Team (SIT) work closely

with partners to identity areas for improvement and promote screening and programmes across the Rotherham.

**Successes**

The SY&B communications and engagement team (NHSE/PHE), Be Cancer Safe, Cancer Research UK and Macmillan support, advise and educate on the importance of screening to vulnerable and hard to reach groups, agencies and charities (e.g. Voluntary Action Rotherham, Unity Community Centre, Rotherham college, Department of Work and Pensions Rotherham job centres, Tassibee and Mencap).

Targeted work and assurance for lower performing practices continues in respect of all eligible cohort groups. The 'Be Cancer Safe' screening and 'signs and symptoms' messages are all linked into TV monitors operating in GP practices. In addition, there is a GP Endorsed DNA Screening letter initiative to improve uptake in areas where people have not attended screening appointments

Cancer screening coverage has been stable in recent years to 2017 for both breast (over 79%) and cervical cancer screening (over 76%) and increased from 59.5% to 60.2% between 2016 and 2017 for bowel cancer screening. Rotherham is significantly higher than England (RAG-rated green) and ranks in the top 3-4 of 15 CIPFA nearest neighbours for all these in 2017.

**Challenges**

The announcement of a national Breast Screening incident in May 2018 resulted in all the identified women being offered an appointment and subsequently screened. The national incident has now been closed and the internal PHE investigation report was published in December 2018.

The SITs has been working closely with CCG colleagues to promote and encourage extended GP opening hours to improve access to cervical screening and immunisation.

Making the best use of local health intelligence data and health promotion messages to target interventions in areas where people have failed to attend for screening appointments and/or are mental ill health and/or learning disability/ hard to reach.

## SUCCESSES AND CHALLENGES IN 2018

## INFECTION, PREVENTION, CONTROL AND

## ANTIMICROBIAL RESISTANCE

Good infection prevention and control, and appropriate antimicrobial use are essential in ensuring safe and effective care for those receiving health and social care and in managing and controlling the spread of communicable diseases. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone (Health and Social Care Act: Code of Practice, DH 2008).

As the regulator of health and adult social care in England, the Care Quality Commission (CQC) provides assurance that the care people receive meets the fundamental standards of quality and safety. These are set out in regulations. The Health and Social Care Act 2008 (code of practice on the prevention and control of infections and related guidance) outlines what registered providers should do to ensure compliance with registration requirement 12 (2) (h) “Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.’’ It also sets out 10 compliance criteria against which registered providers will be assessed.

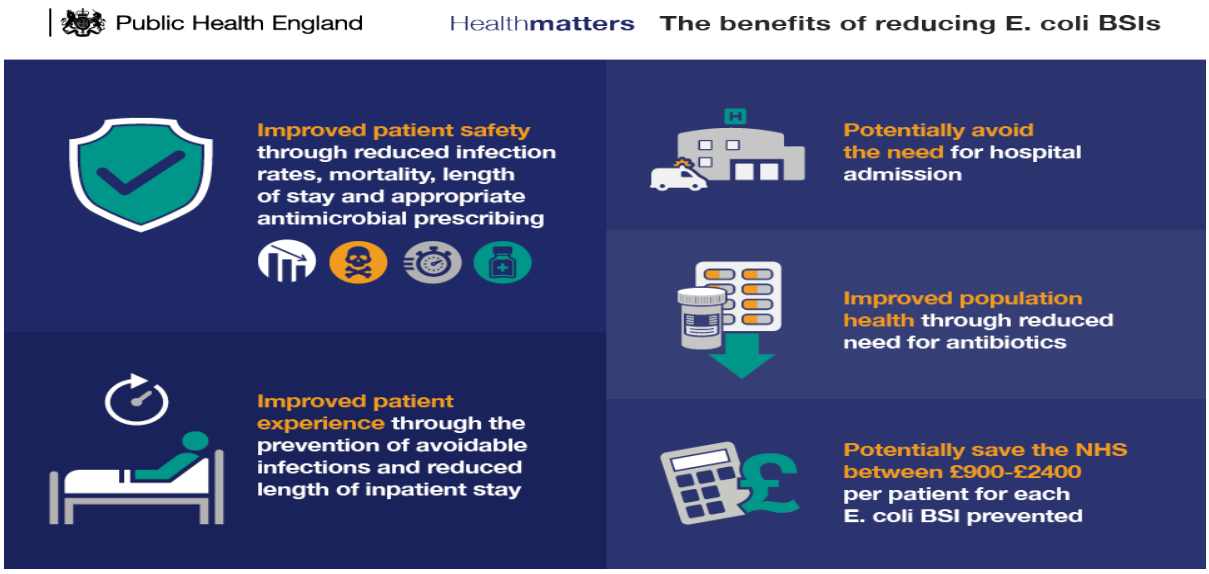
The Council, RCCG commissioners and the CQC will need to be assured that patient safety and service quality are maintained for Infection Prevention and Control in the public and independent sectors who deliver regulated services.

Preventing healthcare associated infections (HCAI) is an important component of infection, prevention and control and patient safety. The National Institute for Health and Care Excellence (NICE) estimated that 300,000 patients a year in England acquire a healthcare associated infection as a result of care in the NHS. In 2007, methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI) and *Clostridium difficile* infections were recorded as the underlying cause of or a contributory factor in, approximately 9000 deaths in hospital and primary care in England. Healthcare associated infections are estimated to cost the NHS approximately £1 billion a year and £56 million of this is estimated to be incurred after patients are discharged from hospital.

## HEALTH CARE ASSOCIATED INFECTIONS

Healthcare Associated Infections (HCAIs) can pose a serious risk to patients, staff and visitors. They may incur significant costs for the NHS and partners and cause significant morbidity to those affected. Infection prevention and control is therefore a

key priority for protecting the health of the population in Rotherham.




HCAI surveillance in Rotherham includes Meticillin-Resistant Staphylococcus Aureus (MRSA), Clostridium difficile (C.difficile), Meticillin-Sensitive Staphylococcus Aureus (MSSA) and Escherichia coli (E.coli) bacteraemia.

All patients identified with MRSA Blood Stream Infection (BSI) are subject to a comprehensive Post-Infection Review (PIR), which upon completion, is submitted to Public Health England. The purpose of the PIR is to identify how each case occurred and to agree actions to prevent the same circumstances recurring.

Similarly all cases of C. difficile are subject to a root cause analysis (RCA) investigation to identify learning and share best practice to reduce the incidence of infections.

**Meticillin-Resistant Staphylococcus Aureus (MRSA)**

The nationally agreed, ‘zero’ ‘no tolerance’ trajectory, was exceeded in 17/18 in the cases attributed to TRFT which totalled 3. These were primarily due to contaminated blood samples and not clinical infection. This also occurred in 18/19 however with only 1 case. The measures that TRFT had put in place to reduce the level of all blood culture contamination rates played a part in the reduction.

In 2017/18 RCCG were officially attributed zero following a successful arbitration panel review of a case. In 18/19 RCCG exceeded the trajectory with 3 cases. All 3 cases would have been taken to the arbitration panel however this was not an option due to the MRSA guidance changes.
https://improvement.nhs.uk/documents/2512/MRSA_post_infection_review_2018_changes.pdf)

**Meticillin-Sensitive Staphylococcus Aureus (MSSA)**

During 2017/18 and 18/19 there have been 7 cases of MSSA Blood stream infections (BSI's) in the acute trust TRFT).

During 2017/18 and 18/19 there were 45 and 61 cases, respectively, allocated to RCCG.

Although no national target has been set and the numbers remain fairly stable, both hospital and community cases of MSSA bacteraemia continue to be reported on, and monitored by the Director of Infection Prevention and Control (DIPC) and Infection Prevention and Control Team based at TRFT.

**E coli**

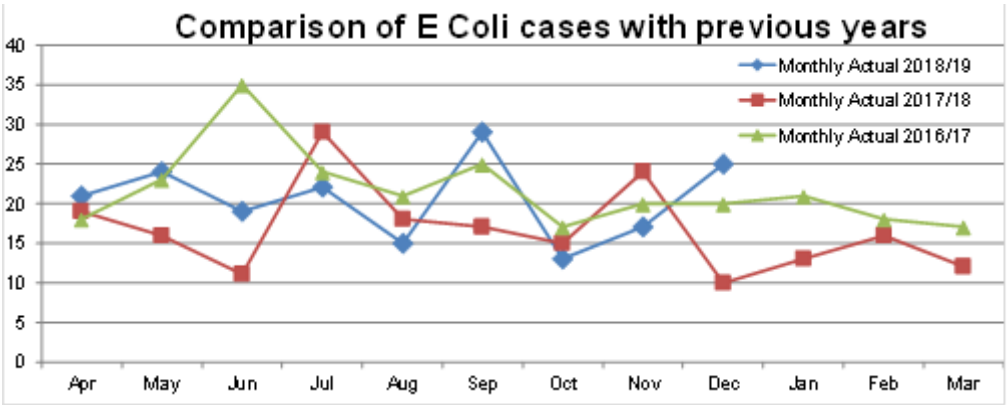
E. coli blood stream infection rates are nationally high and have increased in the last 5 years, although it is considered that only 50% are HCAIs. The Department of Health documented that the plans to reduce infections in the NHS should have an emphasis on E. coli, with an aim of halving the number of cases by 2021. Consequently, there was a national set of quality premium targets for 2017-18 with a reduction expectation of 10%, and again a further quality premium target of a further ambition target of a 10% reduction for 2018-19 with additional milestones of 15% and 20% https://www.england.nhs.uk/ccg-out-tool/qual-prem/ .

Rotherham CCG and TRFT continue with enhanced surveillance and a range of actions centred on reducing E -Coli's. The 3 main areas continue to focus on patients with:

- Previous UTIs.
- Urinary catheters.
- A positive E. Coli urine culture.

Local monitoring of E.coli has been underway over the year to inform the joint RCCG and TRFT action plan. This plan which centres on reducing E. coli's has been shared with NHS England along with other supporting documentation.

The chart below shows a comparison of the number of E Coli cases in 2016/17, 2017/18 and 2018/19.

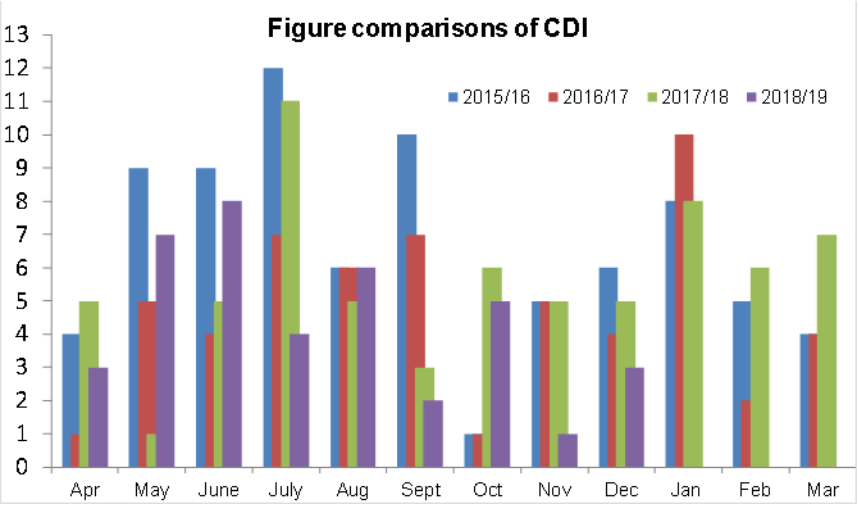


**Clostridium difficile Infections (CDI)**

The number of C.difficile infections attributed to the Hospital Trust were within the annual trajectory set by NHSE for 2017/18, as follows;

- TRFT trajectory for 17/18 was 26 with an actual figure of 15.
- TRFT trajectory for 18/19 is 25 with an actual figure of 7 (up until end Jan)
- RCCG trajectory for 17/18 was 63 with an actual figure of 70.
- RCCG trajectory for 18/19 is 62 with an actual figure of 43 (up until end Jan)

The chart below shows a comparison of the number of CDI cases in 15/16, 16/17, 17/18 & 18/19 for RCCG.




**E-Coli**

Gram negative bloodstream infections are caused by a class of bacteria which rapidly develop resistance to existing treatments (the main organisms in this group are E.coli, Klebsiella and Pseudomonas). These are the leading causes of healthcare associated bloodstream infections. The government has set a target of halving healthcare associated gram-negative bloodstream infections by 2021 and has set an ambition of reducing inappropriate antimicrobial prescribing by 50%, over the same time frame (English Surveillance Programme for Antimicrobial Utilisation and Resistance ESPAUR, PHE, 2018).

Between 2012 and 2016, overall antibiotic prescribing in England reduced by 5% in humans, with declines across all drug classes (ESPAUR, PHE, 2018). Cases of E. coli, the most common gram negative bloodstream infection, have continued to rise in line trends described in the Health Profile for England 2017.

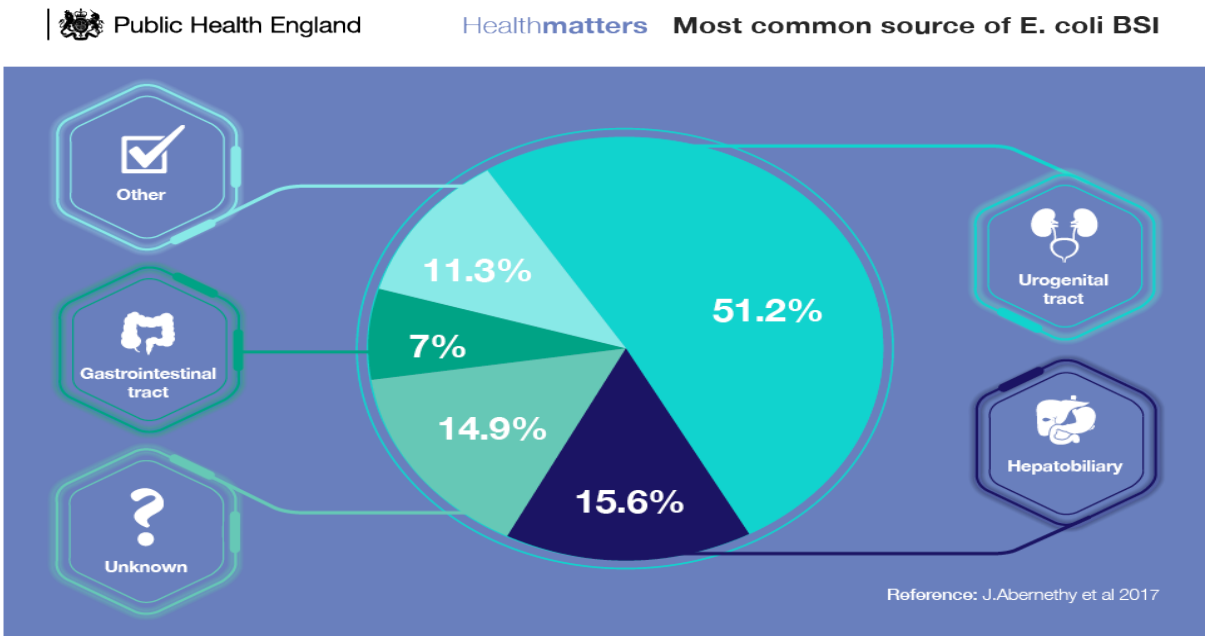
**Successes**

- TRFT remained within the Clostridium Difficile annual trajectory (2017/18) for C.difficile.

- RCCG look likely to remain within the annual Clostridium Difficile trajectory 2018/19.
- The ambition target figure for E.coli bacteraemia in 2017/18 was 221.The actual figure for 2017-18 was 200 – therefore RCCG achieved a reduction of 18%. Only 28 CCGs out of 195 achieved above a 10% reduction.

**Challenges and future work**

- The ambition target figure for E. Coli bacteraemia for 2018/19 is 199.The actual figure for 2018/19 to the end of Jan 2019 is 200 already exceeding the ambition target (financial year).
- CCG's have been given an aim to reduce the rate of E.coli bacteraemia by 10% in year one and increasing to a 50% reduction of all gram negative bloodstream infections by 2020.This remains an on-going challenge and therefore future work plans will need to be continually reviewed as further national evidence becomes available.
- The cases of health care acquired MSSA bacteraemia appear to be increasing and although this does not have an identified national target/trajectory RCCG and TRFT will review local actions to reverse this trend.
- National changes to the Clostridium difficile reporting algorithm for financial year 2019/20 have reduced the number of days to identify hospital onset healthcare associated cases from ≥3 to ≥ 2 days following admission. Additionally, if a case of C.difficile is detected in the community and the patient has been an inpatient in the trust within the last 4 weeks, a Root Cause Analysis (RCA) will also be required. These will also have a significant impact on the number of CDI's which count against the hospital.



## ANTIMICROBIAL RESISTANCE

The overuse of antimicrobials in clinical and other settings (e.g. in animal health) is leading to increasing resistance to antibiotics that is spreading worldwide. A particular concern globally is the spread of carbapenemase-producing gram-negative infections (CPE) which are resistant to carbapenem antibiotics – often the last line of treatment in severe bacterial infections. Antimicrobial resistance to carbapenems is currently at low levels in England. However, there is considerable variation across Europe. In 2017, there was less than 1% resistance in most of northern Europe, including the UK, in contrast to 8.6% in Portugal, 31.4% in Romania, 22.5% in Italy and 64.7% in Greece (European Centres for Disease Prevention and Control, 2018, Surveillance Atlas of Infectious Diseases).
https://atlas.ecdc.europa.eu/public/index.aspx

Of concern is the potential for levels to rise quickly. For example, Italy had 1% to 2% resistance from 2006 to 2009 but by 2014 this had increased to 33% at which point control efforts became expensive and challenging. This reinforces the need for proactive control measures which are vital to prevent the rapid development of resistance.

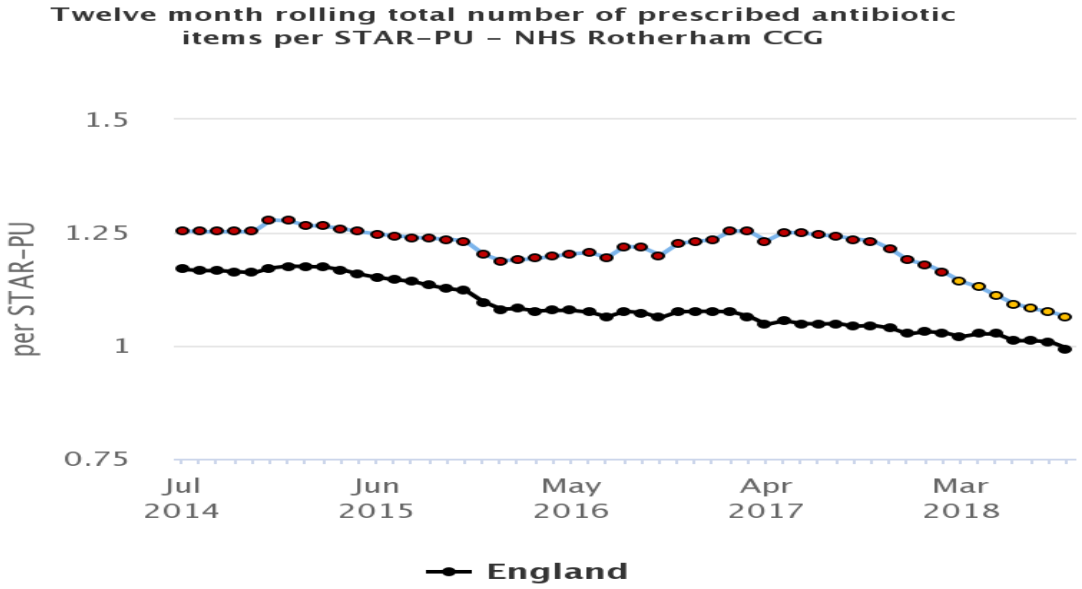
Antimicrobial Resistance (AMR) makes treating infections caused by multi-drug resistant organisms increasingly difficult, which is both costly and a safety risk (source Local Health and Care Planning: Menu of interventions PHE, Nov 2016). The government published a UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018 (DH, 2013) which sets out actions to slow the development and spread of antimicrobial resistance. Part of this strategy has included a national voluntary point prevalence surveillance (monitoring) for HCAI and antimicrobial stewardship to benchmark performance and to be able to compare primary care prescribing rates for co-amoxiclav, cephalosporins, and quinolones. TRFT have been active participants although the full report for the National and European results have not yet been published.

There is also a UK wide Antibiotic Guardian campaign to raise awareness and to stimulate behaviour change in members of the public, healthcare professionals and other local stakeholders who can sign up to these national aspirations.

**Successes**

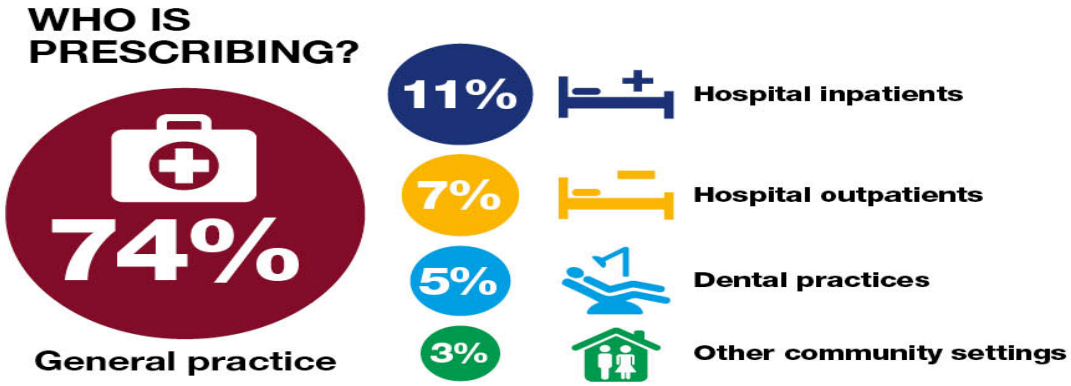
A national Quality Premium (QP) target, initially introduced in 2016/17 for primary care, has been refreshed each year to reduce the overall prescribing of antibiotics equal to or below the England 2013/14 mean performance of 1.161 items per STAR-PU (Specific Therapeutic group Age-sex Related Prescribing Unit). https://www.nhs.uk/Scorecard/Pages/IndicatorFacts.aspx?MetricId=443). More specifically, this aims to reduce the prescribing of cephalosporin, quinolone and co-amoxiclav (due to broad spectrum antibiotics being associated with an increased risk of Clostridium difficile infection and antimicrobial resistance).

The Medicines Management Team (RCCG) have been working closely with colleagues, partners and GP practices amongst the top ten prescribers (in terms of the highest volume of antibiotics prescribed) to reduce antibiotic usage through delayed prescriptions and increased testing/swabbing. Rotherham is continuing to successfully reduce the total amount of antibiotics used, along with the targeted trimethoprim and cephalosporins (see following graph).




In addition to this, clinicians across Rotherham have access to locally endorsed evidence based guidance on the use of antibiotics in primary care and hospital settings. Such guidance helps prescribers to choose the most appropriate antibiotic for the infection they are treating, and to prescribe it for the most appropriate duration. These guidelines encourage the use of narrow-spectrum antibiotics rather than broad-spectrum antibiotics where appropriate and are updated every two years or more frequently if there are significant changes to national guidance or recommendations.

The multi-disciplinary Rotherham Antimicrobial Stewardship Group continues to meet monthly to monitor TRFT compliance with local and national prescribing policies and develop systems to address sub-optimal antimicrobial prescribing. Below gives some indication of the levels of prescribing across the health economy.



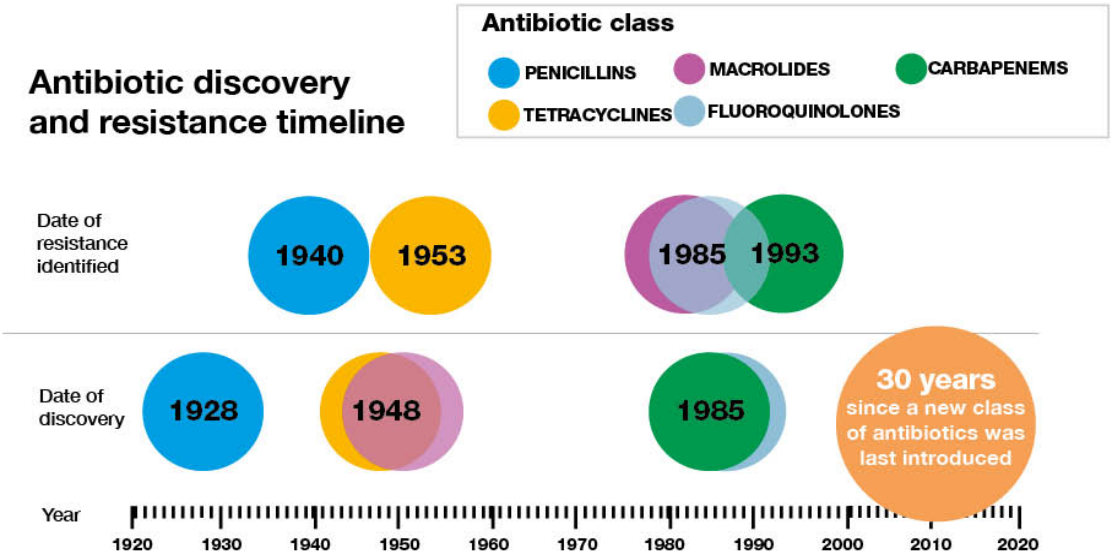

Health Matters, PHE, 2015

**Challenges and future work**

With an aging population, increased co-morbidities and surgery, it is important to reduce unnecessary and inappropriate antibiotic use in both the community and hospital (PHE, 2017). Particularly challenging areas remain in the community to ensure that policies are implemented on appropriate prescribing and review. In the coming year RCCG and TRFT will therefore be working on the following areas:

- Long term Urinary Tract Infection (UTI) management.
- Review of prophylactic antibiotic regimens of GP patients (in terms of length of course and appropriateness of treatment choice) in conjunction with microbiology at TRFT to inform future joint actions.
- Review long term and repeated ‘rescue medication’ in Chronic Obstructive Pulmonary Disease (COPD) management.
- Review prophylactic antibiotic regimens of GP patients in terms of appropriateness of treatment choice and frequency of repeat courses in conjunction with microbiology (TRFT).

One of the main drivers of AMR is the use of antibiotics. On a global level, it is estimated that antimicrobial resistance is responsible for 700,000 deaths each year which could increase to 10 million deaths per year by 2050 without coordinated action. This includes better sanitation, improved public awareness and a rapidly developed new drug pipeline (O’Neil J [chair] (2016) Tackling Drug-Resistant Infections Globally Accessed 20 July 2018) (Health Profile for England, PHE, 2018).




Health Matters, PHE, 2015

## SUCCESSES AND CHALLENGES IN 2018

## EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

Infectious diseases and environmental threats are once again at the forefront of public health, after decades of decline. This year marks the centenary of the 1918 H1N1 ('Spanish flu') pandemic which killed between 20 to 40 million people. Pandemic influenza remains the most significant civil risk facing the UK (discussed in the Health Profile for England 2017) (from Health Protection Profile, PHE, 2018)

In the UK, 5 million properties are at risk of flooding from rivers or the sea, with substantial implications for mental health and public finances. The 2015 to 2016 floods cost £1.6 billion alone (Health Profile for England, PHE, 2018). In England, hot and cold weather events are associated with increases in mortality and morbidity. During the winter 2015 to 2016 there were an estimated 24,300 excess deaths (Health Profile for England, PHE, 2017).

### Successes

Working with Local Resilience Forum partners, the council has participated in a number of multi-agency exercises, aimed at testing a variety of scenarios, such as off-site response to a COMAH incident, exploring a large scale, multi occupancy, long term evacuation and associated risks and vulnerabilities, as well as a walk

through and exercise of counter terrorism arrangements across the Local Resilience Forum footprint. Within the council, a number of exercises have taken place, namely the corporate exercise to test the arrangements as documented in the council Major Incident Plan, alongside smaller scale tests and rehearsals for staff throughout the year.

**Challenges**

Within the council, a focus on uplifting capability of key responding roles through:

- Increased training
- Updating incident management protocols
- Focussing on planning for recovery from Major incidents or disruptions
- Business Continuity Management
- Aligning to Cabinet Office UK National Resilience Standards and benchmarking through the councils corporate resilience group.

## LOOKING AHEAD 2019

## OUR COMMITMENT TO ROTHERHAM

The following describes the key areas RHPC plans to focus on during 2019. The topics have been chosen either because RHPC has identified a priority issue that requires closer scrutiny, or that it considers there is value in partner organisations collectively looking at existing arrangements and considering whether there is anything further that could be done to make improvements. Where appropriate, reference is made to the Key Recommendation. On-going monitoring will continue across all areas of health protection, and where issues arise, mitigating actions taken implemented to improve outcomes for the Rotherham population.

**Communicable Diseases**

Continue to build on inter-agency work to ensure that;

- there is prompt and effective monitoring of infectious diseases
- there is effective communication across all organisations
- relevant health information, advice and support is offered in a timely manner
- all incidents/clusters/outbreaks are managed and controlled effectively
- the response is proportionate and learning from incidents is shared with partners

Run a table top exercise with local stakeholders to explore a communicable disease scenario/s in order to further clarify roles, responsibilities and local funding arrangements for incidents/outbreaks.

<u>Sexually Transmitted Infections</u>

Although Rotherham has seen a significant fall in diagnosis of gonorrhoea and reducing transmission, ensuring treatment-resistant strains do not persist and spread

remains a public health priority. The first detected case of Neisseria gonorrhoea with resistance to both ceftriaxone and azithromycin (the two antibiotics currently used as first-line dual therapy) was detected in the UK in March, 2018. Prompt diagnosis and treatment according to national treatment guidelines, testing for antibiotic resistance and identifying and managing potential treatment failures effectively are key to controlling these infections.

See Key Recommendation:

Maintain effective monitoring, communication and response to incidents or outbreaks and consolidate multi agency arrangements which includes an agreed approach to funding.

**Infection Prevention, Control and Antimicrobial Resistance**

Maintaining an oversight of infection prevention and control outside hospital settings, to ensure all partners, including the local authority, CCG, NHS England and Public Health England are sighted and aligned on infection prevention and control risks. This will include:

- An action  for the RHPC to review borough wide services and make recommendations for local improvements
- Maintaining improved prescribing practices for antibiotics (including broad spectrum antibiotics) so that the right people receive the right antibiotics at the right time.
- A local review of the E.coli data collated over 2018 to inform future local prevention initiatives and good practice.

See Key recommendation:

Review borough wide Infection Prevention and Control services and make recommendations for improvements to the patient pathway and the sustainability of local services (including Tuberculosis Specialist services)

**Screening and Immunisation**

Reducing inequalities overseen by the multi-agency operational Rotherham Improvement Group.  This will include targeting areas with poor uptake and specific cohorts such as people with learning disabilities, black and minority ethnic groups and mental health. Further challenges and future work include:

- Halting the decline in screening and immunisation uptake by the poorer GP practices.
- A Task and Finish Group to improve pre-school booster vaccines (DTaP/IPV and MMR) to maintain uptake at 95% (WHO target), underpinned by mapping of health intelligence data for population migrant groups and exploring the barriers to accessing the childhood immunisation programme.

- Improving the shingles vaccine uptake with the development of promotional materials and resource packs for GP practices.
- Improving uptake rates in the younger cohort of women in both the cervical and breast screening programmes.
- The introduction of a screening pathway tool to empower and assist primary care navigators when consulting with their practice population to promote screening across the lifetime (including non-cancer screening programmes).
- Supporting the implementation of the new HPV vaccine programme for boys in the 2019/2020 academic year.
- Delivering the Primary Care Quality Contract.
- Encouraging maternity services to offer pertussis and supporting the uptake of flu vaccination.

See Key recommendation:

Improve the uptake of Measles, Mumps and Rubella (MMR) vaccination to achieve minimum herd immunity, routine immunisations for the hard to reach communities and seasonal flu vaccination for staff and the eligible population.

**Environmental Hazards and Control**

There are opportunities to reduce air pollution and address climate change together, as the causes are similar, with ‘co-benefits’ for both reducing non-communicable diseases and improving wellbeing (Health Profile for England, PHE, 2018).

Partnership working will continue through the co-ordination of the Health Protection Committee and the development of a local Steering Group. Links will continue to be strengthened between transport, active travel, planning and public health work within the Council , to drive improvements whilst providing a focused link into regional work.

**Emergency Planning**

Continue to engage with Local Resilience Forum Partners to review:

- Risk assessments (pending national guidance)
- Local plans and preparedness
- Testing local plans through exercises and

Council directorates to agree:

- A robust exercise which highlights Business Continuity Management issues and plan maturity
- Undertaking a table top exercise to test the Rotherham Pandemic Flu Response Plan

# Rotherham Health and Wellbeing Strategy

Update on Aim 1: All children get the best start in life and go on to achieve their potential

# What's working well?

- New weight management service for children and young people.
- Implementation of the Early Help Strategy.
- Smoking in pregnancy pathway is in place.
- Work ongoing to increase the numbers of mothers breastfeeding.
- Enhancing the use of evidence-based programmes to reduce health and wellbeing inequalities.
- Ensuring the effective implementation of the 'Rotherham Family Approach' (Signs of Safety, Restorative Approaches & Social Pedagogy) across the wider Children's workforce.
- Supporting young people to be ready for the world of work through a number of programmes – achieved the combined 2018/19 NEET/Not Known Target: 5.8%.

# What are we worried about?

- There are still low levels of Early Help Assessments  being completed by Health colleagues.
- Childhood obesity.
- Smoking cessation support to partners of pregnant women.

# What needs to happen?

- Further support by Early Help Integrated Working Leads and Early Help Locality Managers could help to improve the levels of Early Help Assessments completed by Health colleagues.
- New weight management service and development of the Healthy Weight for All Plan.

# What needs to happen?

- The CYP Partnership & Transformation Board – 21st May
- Provides an opportunity to refresh the Action Plan
- Proposals to refresh the activity that underpins the Strategic Priorities
- Using Outcomes Based Accountability (OBA) methodology
- Turning the Curve exercise to set priorities

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- Enhancing the use of evidence-based programmes to reduce health and wellbeing inequalities.
- Ensuring the effective implementation of the 'Rotherham Family Approach' (Signs of Safety, Restorative Approaches & Social Pedagogy) across the wider Children's workforce.
- Supporting young people to be ready for the world of work through a number of programmes – achieved the combined 2018/19 NEET/Not Known Target: 5.8%.

# What are we worried about?

- There are still low levels of Early Help Assessments  being completed by Health colleagues.
- Childhood obesity.
- Smoking cessation support to partners of pregnant women.
- Supporting autistic young people in preparing for adulthood.

# What needs to happen?

- Further support by Early Help Integrated Working Leads and Early Help Locality Managers could help to improve the levels of Early Help Assessments completed by Health colleagues.
- New weight management service and development of the Healthy Weight for All Plan.
- Smoking cessation sub-group established and action plan developed.

# What needs to happen?

- The CYP Partnership & Transformation Board – 21st May
- Provides an opportunity to refresh the Action Plan
- Proposals to refresh the activity that underpins the Strategic Priorities
- Using Outcomes Based Accountability (OBA) methodology
- Turning the Curve exercise to set priorities

# Homelessness Prevention and Rough Sleeper Strategy 2019 -2022

## Health and Well Being Board


## Sandra Tolley – Head of Housing Options

## Jill Jones - Homelessness Manager

# Introduction

- Brief overview of the Strategy
- National and Local Context
- The 6 Aims to contribute to Aim 4  of the HWS
- Overview of the Housing  First Scheme
- Provide an analysis of temporary accommodation
- **The Ask for the Board is to help with the Action Plan**

# Brief overview of the Strategy
# The Vision is:

- To end homelessness in Rotherham
- Everyone has a place to call home
- The right support is in place at times of crisis to prevent homelessness

# National Context -The Homelessness Reduction Act

**Shifts local authority approach to homelessness from less crisis intervention to more prevention, ensuring more people are entitled to help**

## Background

- **Housing Act 1996 Part 7** remains the primary legislation
- **Prior to April 2018** the principal duty was to secure accommodation for applicants who were eligible, homeless or threatened with homelessness within 28 days and who had a 'priority need' for housing and were homeless unintentionally
- **Homelessness Reduction Act 2017** amended the 1996 Act, introducing new statutory duties to act to **prevent and relieve** homelessness for all eligible applicants who are homeless or threatened with homelessness **within 56 days**

## Before 3 April 2018

- **Single people** with no clear priority need were entitled to 'advice and assistance', but their needs were often not assessed
- **Prevention activity** was 'good practice', but not compulsory – crisis response at the point of homelessness was commonplace
- **The process** involved an application, officers undertaking inquiries, assessing an applicant against the statutory tests and making a decision, without needing to involve the applicant in finding possible solutions

## Now

- **All eligible applicants** have a full assessment of their housing and support needs.
- Local connection, intentionality and priority need are not a barrier to accessing support.
- **Applicants and authorities work together** to prevent or relieve homelessness.

# The Homelessness Reduction Act

**The Act placed a number of new duties on local housing authorities**

**Expanded advice and information duty**: Available to all residents regardless of eligibility. Advice must be designed to meet the needs of particular groups: care leavers, former members of the armed forces, people leaving custody, victims of domestic abuse, people leaving hospital and people with mental health issues.

**Prevention duty** : Owed to all eligible applicants threatened with homelessness in the next 56 days irrespective of 'local connection', 'priority need' or 'intentional homelessness'. Includes tenants served with a valid Section 21 notice (no fault eviction) which expires within 56 days.

**Relief duty :** Owed to people who are actually homeless and lasts for 56 days, irrespective of 'priority need' or 'intentional homelessness'. The local authority may refer to another authority if the applicant has no local connection to their authority

# Homelessness Reduction Act – DUTY TO REFER

The duty applies to:

- Prisons and youth offender institutions;
- Secure training centres and Secure colleges;
- Youth offending teams;
- Probation services (including community rehabilitation companies);
- Jobcentre Plus;
- Social service authorities;
- Emergency departments and Urgent treatment centres;
- Hospitals in their function of providing inpatient care;
- Secretary of State for defence in relation to members of the armed forces.

Consent is needed prior to a referral being made.

It will help ensure that people who face the threat of homelessness are identified earlier through their contacts with public authorities and get referred for help

# The Local Picture - The Demand

**2017/2018**

- Since the introduction of the act the team 'scase loads have trebled from 132 to 403
- 17/18 Homelessness Preventions =714 households, 18/19 = 847
- 17/18 acceptances – increased by 20% (100 to 122)
- Young people under 25 = 7 presentations per month
- Young offenders – age 16/17 = 5 per month
- Use of temporary accommodation has increased from 38 in October 2016 to 45 end March 2019

# The Local Picture - The Demand

## 2017/2018 – Incidents of Rough Sleepers

- 2017 – 2  Counted
- 2018 – 5 Counted
- 19 located over a 12 month period
- Cold weather provision  - Fire and Rescue

# The Local Picture

## Funding

RMBC Budgets in 19/20

- Homelessness GF budget £257,276
- Homelessness HRA budget £347,131

Grant funding due in 19/20:

- Flexible Homelessness Grant £172,524
- New Burdens Homelessness Reduction Act £74,120
- Rough Sleeper Initiative Grant of £328,000 shared between Rotherham, Barnsley and Doncaster Councils

# The Local Picture

## Funding

## Public Health - Rough Sleeping Grant

## 5th July Deadline

Partnerships between Las and Clinical Commission Groups (CCG)

Adults who are sleeping rough and living with mental illness and substance misuse will benefit from £1.9 million funding to improve their access to vital healthcare.

# The 6 Aims

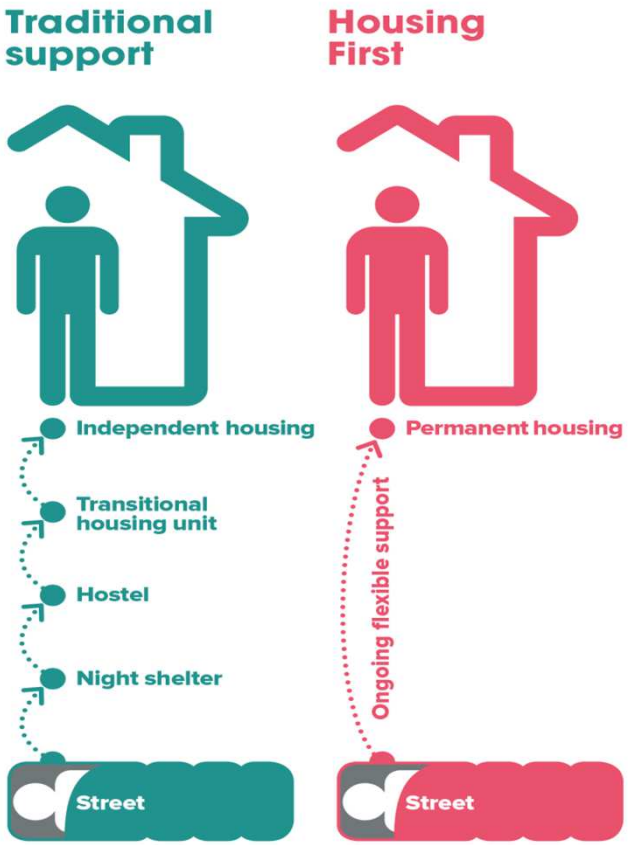
1. To support people with complex needs.
2. To prevent homelessness and offer rapid housing solutions to get people in urgent need rehoused quicker.
3. To increase support for young people to prevent homelessness.
4. To end rough sleeping and begging.
5. To improve access to tenancy support, employment and health support services.
6. To ensure there is sufficient decent emergency accommodation.

# Action Plan to address the gaps

**Aim 1 – To Support people with complex needs**

- **The Ask** is for a better partnership working to ensure that there is a whole person approach

# Housing First




- Unlike traditional staircase approach
- Permanent offer of a home
- No conditions other than maintaining tenancy
- Flexible, person-centred support
- Underpinned by a set of principles

# Housing First

- https://www.youtube.com/watch?v=rPbxCA4Xc0c

# Action Plan to address the gaps

## Aim 2 - Prevent homeless/rapid housing

- **The ask is** to improve the referral pathway and service for people being discharged from hospital and prisons

# Action Plan to address the gaps

**Aim 3 - To increase support for young people to prevent homelessness**

- **The ask** is to facilitate housing advice sessions in special schools and colleges

**Aim 4 - To end rough sleeping and begging**

- **The ask is to** explore the development of an "Alternative Giving Scheme" which aims to reduce rough sleeping and begging

# Action Plan to address the gaps

**Aim 5 –To improve access to tenancy support, employment and health support services.**

- Ensure all people presenting as homeless who have substance misuse issues are referred straight away to commissioned treatment services.
- Connect people to employment, training, volunteering

**Aim 6 – To ensure there is sufficient decent emergency accommodation.**

- Address the gaps in temporary emergency accommodation provision by setting up temporary accommodation for dog owners and for people being discharged from hospital without suitable accommodation

# Analysis of Temporary accommodation Route causes

- 5 households Family no longer willing to accommodate
- 3 household Arrears – Local authority tenancy
- 7 households Termination of assured short hold tenancy
- 6 households Left hospital
- 3 households Left prison
- 6 households Required to leave accommodation provided by Home Office as asylum support
- 4 households Other forms of harassment
- 7 households Violent breakdown of relationship, involving partner
- 5 households Emergency - other
- 5 households Other (eg. Rough sleeper)
- **TOTAL 51 end April 2019**

# Performance Framework

## Monthly

Homelessness and Rough Sleeping scorecard

## 6 weekly

Side-by-Side Homelessness Forum on a 6 weekly basis.

## Quarterly

- The Strategic Housing Partnership

# Performance Trends

| Indicator | 2017/18 (actual) | 2018/19 (actual) |
|---|---|---|
| Number of people living in temporary accommodation on the last day of March | 38 | 45 |
| Number of people prevented from becoming homeless during the year | 714 | 847 |

# Discussion

## How the Board can help with the Action Plan and Funding Bid

| | | |
|---|---|---|
| **BRIEFING** | **TO:** | Health and Wellbeing Board |
| | **DATE:** | 29th May 2019 |
| | **LEAD OFFICER** | Sandra Tolley, Head of Housing Options, RMBC |
| | **TITLE:** | Outcomes framework spotlight: homelessness |

**Background**

**1.** In March 2019, an outcomes framework was agreed by the Health and Wellbeing Board to measure the delivery of the Health and Wellbeing Strategy. This framework includes an indicator around the number of households living in temporary accommodation.

Subsequently, in April 2019 the Rotherham Homelessness Prevention and Rough Sleeper Strategy 2019-2022 was agreed, which seeks to end homelessness in Rotherham, ensuring that everyone has a place to call home and that the right support is in place at times of crisis to prevent homelessness occurring.

This means that it is timely to have a spotlight discussion around the work underway to reduce the number of households living in temporary accommodation and to tackle homelessness in Rotherham.

**Key Issues**

**2.** Working in partnership is an overarching principle of this strategy. The Council is one of a number of organisations including major public bodies, such as the police, health agencies, education and the fire and rescue service, local businesses and the voluntary and community sector who will be working together to achieve the aims of the strategy.

The action plan that accompanies the strategy requires the feedback and contribution of partners.

**Key Actions and Relevant Timelines**

**3.** April 2019 – Rotherham Homelessness Prevention and Rough Sleeper Strategy 2019-2022 was agreed.

May 2019 – The Health and Wellbeing Board receive an update on activity ongoing to reduce homelessness in Rotherham and are given the opportunity to feed in to the further development of the Homelessness Prevention and Rough Sleeper Action Plan.

June 2019 – Following feedback from the Health and Wellbeing Board, the action plan will be further developed.

July 2019 – Deadline for funding bid to be submitted to the Public Health Rough Sleeping Grant.

Quarterly – The Strategic Housing Partnership will receive formal quarterly progress updates against the Action Plan and will focus on the associated key impact measures.

| **Recommendations** | |
|---|---|
| **4.** | Health and Wellbeing Board members are asked to:<br><br>1. Discuss opportunities for Health and Wellbeing Board partners to contribute towards the delivery of this action plan |

Rotherham

# Homelessness Prevention and Rough Sleeper Strategy 2019 - 2022

# Contents

# Foreword

I am pleased to introduce Rotherham's Homelessness Prevention and Rough Sleeper Strategy. This defines how the Council intends to tackle homelessness and support those at risk of becoming homeless over the next 3 years.

Preventing homelessness in Rotherham continues to be one of the Council's highest priorities. Having a home is the first step in helping the most disadvantaged people who approach us for assistance.

Homelessness is an ever increasing problem in Rotherham and the Council are now seeing a rise in demand for homelessness services as people find themselves facing a housing crisis and need our help. This is demonstrated in the Homelessness Team's caseload figures which over the course of 2017/18 more than doubled (from 132 to 403 households open to the team).

Understanding and tackling the root causes of homelessness is at the heart of this strategy. The Council need to ensure that the right services and support are in place as quickly as possible to allow people not only to secure a decent quality home, but to have the skills and knowledge to deal with the challenges they may face in day-to-day life to sustain accommodation.

It is imperative that suitable accommodation is available to relieve homelessness so the Council are working with housing providers and private landlords to increase the availability of new homes to replace affordable homes as a result of the Right to Buy.

During the last two years the Council has:

- Increased temporary accommodation provision from 29 units to 50.
- Increased good quality welfare advice and support services for homeless people and rough sleepers through additional advice outreach services.
- Improved working relationships with the voluntary sector such as working alongside Shiloh.
- Developed positive relationships with private landlords in order to improve standards and the availability of private rented homes.

I would like to extend sincere thanks to our statutory and voluntary sector partners for their continued support. The Council knows that if it wants to eradicate homelessness it needs to work together across sectors and across borough boundaries. Effective joint working arrangements within the borough and across the South Yorkshire region are key to our ability to offer options and opportunities to prevent and resolve homelessness at the earliest opportunity. The Council will continue to build upon and further develop our partnership arrangements to ensure that it maximises our resources and continue to meet the needs of people who use our service.

**Councillor Dominic Beck**
**Cabinet Member for Housing**

# Introduction

The Homelessness Prevention and Rough Sleeper Strategy 2019-2022 sets out the Council's long term vision for addressing the root causes of homelessness. The strategy seeks to develop a partnership approach to reducing homelessness over the next three years, working with all stakeholders and most importantly people who have experienced homelessness in order to develop effective solutions and to increase the range of available options.

The strategy has been developed in consultation with key partners including homelessness forums, elected members, staff and volunteers from a range of local organisations. It takes into account the recent legislative changes and the increasing demand being evidenced through presentations to the Council's Housing Options Service.

# The Vision

- *To end homelessness in Rotherham*
- *Everyone has a place to call home*
- *The right support is in place at times of crisis to prevent homelessness occurring*

# What is homelessness?

The legal definition of homelessness is that a household has no home in the UK or anywhere else in the world available and reasonable to occupy[1]. Individuals do not have to be living on the street to be homeless - even if they have a roof over their head they can still be without a home.

Whilst rough sleeping is the most visible form of homelessness and will be perceived by many as representative of homelessness generally, it in fact represents one of the smallest percentages of homelessness in Rotherham.

The following housing circumstances are examples of homelessness:

- without a shelter of any kind, (sleeping rough)
- with a place to sleep but temporary, (in institutions or a shelter)
- living in unsecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends – 'sofa surfing')
- living in inadequate housing (illegal campsites in unfit housing, in extreme overcrowding)

# What are the causes of homelessness?

For individual households, homelessness has many causes and often multiple interrelated factors. These can be 'structural' factors such as financial hardship, housing availability and access to welfare benefits, or 'individual/personal' factors such as family breakdowns, drug/alcohol problems, bereavement, experience of violence or abuse and their accommodation becoming unsuitable due to age or disability.

For most people who are at risk of, or experiencing homelessness, there is not a single intervention that can tackle this on its own, at population, or at an individual level. Co-ordinated multi-agency action is often required to enable people to access suitable support and deal with their personal challenges in order to sustain stable and suitable accommodation.

[1] https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health

# National Context

The Government's Homelessness Reduction Act 2017, implemented the most significant changes to homelessness law in decades. The principle of the Act is to help more people sooner and to prevent repeat homelessness. It effectively combines two new duties onto the original statutory rehousing duty. These are the Homelessness Prevention Duty and the Homelessness Relief Duty. The other changes to the homelessness legislation are:

- The Act extends the period an applicant is "threatened with homelessness" from 28 to 56 days. This means more homeless applications are triggered for people with a housing problem and risk of homelessness who meet the legal definition of 'may become homeless in the next 56 days'.

- The Act places a new duty on local authorities to help prevent the homelessness of all families and single people, regardless of priority need, who are eligible for assistance and threatened with homelessness.

- There is a duty for 'specified public bodies' with the agreement of the homeless person to refer them to the Council's homeless service that will need to take a homeless application, effective from 1st October 2018.

- There are no local connection criteria at the 56 day prevention stage.

- The new duty requires a local housing authority to meet the person or family and agree the actions that will form a written personal housing plan.

The Ministry of Housing, Communities and Local Government are currently consulting on proposals to improve support for Veterans (March 2019). These proposals:

- Make it clear that local authorities are expected to dis-apply any local connection requirement from divorced or separated spouses or civil partners of Service personnel who are required to move out of accommodation provided by the Ministry of Defence.

- Set out how local authorities can ensure that members of the Armed Forces and Veterans suffering from mental ill health are given appropriate priority for social housing.

- Set out how local authorities can identify applications from Members of the Armed Forces and Veterans to ensure that they are considered appropriately.

The Council's Housing Allocation Policy already complies with all of the above proposals; however the Council intends to improve information and awareness so that Members of the Armed Forces and Veterans are aware of the policy.

In 2018 the national homelessness charity Crisis, published their new plan called "Everybody In: How to end homelessness in Great Britain"[2]. This was developed in collaboration with homelessness experts, world-wide research and pulled upon their 50 years of experience to outline evidence-based solutions that can end homelessness. This strategy has embedded the solutions detailed in the Crisis's plan which are to:

- **Prevent homelessness** - The best way to tackle homelessness is to stop it happening in the first place.

- **Offer rapid housing solutions** – The Council can't prevent all cases of homelessness, so when people do lose their homes they need a rapid response to find somewhere safe and secure to live.

- **End rough sleeping** - Rough sleeping is the most visible and damaging form of homelessness. It rightly causes the most concern among the public, decision makers, and advocates for homeless people in the charity sector. Rough sleeping is not usually the first form of homelessness people experience. However, tackling it must be central to our plan to end homelessness, given the extreme dangers posed to people living on our streets.

- **Making Welfare work** - To end homelessness, those who cannot afford housing must be given enough assistance to do so. And adequate support must be available to help homeless people into work where it's appropriate for them.

[2] https://www.crisis.org.uk/ending-homelessness/plan-to-end-homelessness/?gclid=EAIaIQobChMI-6qQtLbc4AIVprXtCh0ChACkEAAYASAAEgJ7W_D_BwE

# The Local Picture

Since the Government's Homelessness Reduction Act 2017 came into force in April 2018, the Rotherham picture has reflected the increasing trend being experienced nationally. The numbers of households who have lost their home, the use of temporary accommodation, the numbers of homeless presentations and the number of people sleeping rough have all seen an increase.

This is demonstrated in the Homelessness Team's caseload figures which over the course of 2017/18 more than doubled (from 132 to 403 households open to the team). In total, over the duration of 2017/18, the team prevented 714 households from becoming homeless either by assisting them in remaining in their existing home or through support in moving to a new home. Full outcome breakdown is detailed below:

| **Homelessness Prevention Outcome** | **Number of household in 2017/18** |
|---|---|
| Assisted to remain in their existing home<br>*(through crisis intervention, negotiation with family/friends, resolving benefit issues, working with private sector provider etc.)* | 204 |
| Moved to supported accommodation | 131 |
| Moved to private rented accommodation with the help of rent in advance or bond | 84 |
| Moved to private rented accommodation without support for upfront costs | 85 |
| Moved to social housing (either Council or Housing Association) | 210 |
| **Total** | **714** |

During 2017/18 homelessness acceptances also increased by over 20% from 100 to 122. This relates to people who are homeless, eligible, in priority need, not intentionally homeless and who have a local connection. The main reason for homelessness is from people whose private rented tenancy has come to an end. The other primary reasons for homelessness are; family or parental evictions and domestic abuse/other forms of violence.

There has been an increasing demand from homeless households waiting for suitable accommodation which leads to sofa surfing. The Council currently have 722 applicants on the Council's Housing Register who have told us they have a homelessness issue and worryingly, 215 are families with children.

Vulnerable young people (aged under 25), are at particular risk of homelessness with approximately 7 presentations each month. These can include but are not limited to: lack of adequate income, access to affordable housing, family break-up and

experience of a traumatic event of domestic violence. This is particularly evident in those who were previously a Looked After Child in the care system.

The Youth Offending Team have also provided evidence that approximately 5 young offenders aged 16/17 have no accommodation and a further 4 young offenders are in need for support when they are being released from prison each month. The Council must work with accommodation support providers to ensure the correct level of suitable provision exists in Rotherham. That support must be put in place prior to release, to give young people the best possible start.

There has been increased demand for temporary accommodation to respond to the immediate issues of some of those facing homelessness. The increase in demand for temporary accommodation is due to people fleeing domestic abuse or having a physical or mental ill health need or have lost their private rented tenancy. As at the end of October 2018, there were 38 people were living in temporary accommodation compared to 21 in October 2016. Often those people using Council temporary accommodation have very complex or multiple needs which this can make the search for a permanent home more difficult leading to a longer stay in the temporary provision. Finding a permanent home with the right support to sustain the tenancy is essential to prevent further episodes of homelessness.

The incidents of people sleeping rough in Rotherham, when compared to neighbouring authorities, is low. The official 2018 annual return identified 5 individuals (2 in 2017). However, as this is based on a single 'sample night', the Council commissioned a rough sleeper outreach service to gain a more accurate figure; this found over 12 months 19 rough sleepers in Rotherham. All of were aged over 25 with the majority of these are men (16 individuals) and of a White British background (15 individuals). Although relatively low in numbers the suffering of people who experience rough sleeping is overwhelming. It severely affects their physical and mental health and personal safety. Research demonstrates that those affected by homelessness are ten times more likely to die than those of a similar age in the general population. The average age of death for homeless people is just 47 years old.

The national welfare reform changes have increased the financial vulnerability for residents on low incomes or receiving benefits this in turn impacts on their housing options as they struggle to find the upfront costs of accessing accommodation. This is clearly evident in Council tenant's rent arrears; with the average arrears for a tenant on Universal Credit being 84% higher than other tenants (£727 compared to £395) this presents a significant risk to income collection and manifests itself through increased bad debt provision. The forecast arrears balance for new Universal Credit claims is £320,000 for 2018-19.

# Voice and Consultation

The strategy has been developed in consultation with a wide range of partners and stakeholders. Over the past 12 months the Council has listened to and acknowledged the views of people with lived experience of homelessness. To help shape the strategy the Council has held forums, worked with members, staff and volunteers from a range of local organisations, as well as seeking the input from officers across all directorates. Feedback from the consultation is detailed in Appendix 3. The main themes arising from the consultation were for the Council to increase homelessness prevention methods, increase tenancy support, improve access to information and end rough sleeping and begging.

Some of the key messages from the consultation included the need to:

- Support young people to access the right accommodation
- Provide appropriate support for people with complex needs
- Support victims of domestic abuse
- Provide appropriate temporary accommodation
- Prevent homelessness to reduce the impact on health
- Ensure there is easier access to services via digital methods and/or outreach
- Prevent evictions and early intervention
- Prevent the loss of private rented accommodation
- Reduce the number of aggressive beggars who are begging for money in a manner considered to be unduly intimidating.

# Current Service Offer

## Working in Partnership

Working in Partnership is an overarching principle of this strategy. The Council is one of a number of organisations including major public bodies, such as the police, health agencies, education and the fire and rescue service, local businesses and the voluntary and community sector who will be working together to achieve the aims of the strategy.

Positive multi-agency working is already being undertaken with the Adult Social Care, the Police and the Homelessness Team to specifically and proactively support help rough sleepers.

Partnerships will be maximised and will operate in a coordinated way to prevent homelessness and build on strong working relationships, common assessments and referral processes. The Council will also share information effectively to deliver better outcomes for homeless people

Housing is also part of the South Yorkshire Multi-agency Accommodation Hub-Strategic Group whose purpose is to improve multi-agency support in relation to offender accommodation during prison sentence and on release.

The aim is to ensure that no one is discharged from services without appropriate accommodation in place. For example prisons, mental health services and hospitals.

## Rotherham Homelessness Service

Since the introduction of the Homelessness Reduction Act 2017, the Council has reshaped and continues to develop its homelessness service.

The service now has an increased focus on the quality of assessments and the development of Personal Housing Plans. These are a vital part of the initial contact and allow for the identification and addressing of the root causes and risks relating to homelessness early in the process. Increasing access to support at an earlier stage enables any intervention to be as effective as possible before the point of homelessness.

In recognition of this there has also been an increased investment in pre and post tenancy support services. New and existing tenants have the support in place to ensure that they have access advice and support with welfare benefit entitlement to be able to secure and sustain a tenancy. An Employment Solutions Officer has also been appointed to improve access to employment, education or training to ensure people have the means to pay housing rent and other associated costs of running a home.

The Homelessness Team currently work alongside Shiloh the charity that operates a Homelessness Day Centre. The centre supports local people facing homelessness. Shiloh offers support to adults who are homeless or at risk of becoming homeless by working with partner organisations to provide opportunities to help bring about

positive change in the lives of homeless people. Rough sleepers tend to go to Shiloh for a hot meal during the day but at night they sleep rough or sofa surf. Some of the rough sleepers lead chaotic lifestyles which makes it difficult to sustain a tenancy and independent living. As a result of this the Council has a provision of emergency housing.

## Emergency Housing

The Council has a duty to provide emergency housing for people who may be eligible, homeless and in priority need of housing if they have nowhere else to stay. In addition to the Homelessness services available during working hours, the Homelessness "Out of Hours Service" is set up to help people move into temporary accommodation at weekends or during the night.

In 2018 the Council increased its temporary accommodation from 29 to 50 units. These units are fully furnished emergency homes, which include a mixture of flats, bungalows and houses and all can be assessed at any time by a key code. These properties are visited weekly to undertake a safe and wellbeing check and housing plans are completed for all using the properties to ensure there is a pathway to alternative suitable permanent housing.

There is currently a known gap in provision of emergency accommodation for rough sleepers with dogs. Dogs Trust's Hope Project provides help with the cost of veterinary treatment for any dog whose owner is homeless but there is no emergency housing where a dog owner can take their pet. The Homelessness Prevention and Rough Sleeper Action Plan will address this gap in provision.

## Rough Sleepers

Those on the streets are at greater risk of weather related illnesses particularly in the winter. Rotherham has a flexible approach to triggering and co-ordinating the Severe Weather Emergency Protocol (SWEP) and also do not follow a fixed approach solely based on temperature. An emergency shelter is provided to keep rough sleepers safe when the SWEP is triggered. It will also be triggered when factors such as wind, heavy rain and ice chill is forecasted.

The Homelessness Team had set up a Winter Shelter in partnership with the Fire and Rescue Service to provide a safe and warm space for Rough Sleepers at one of the local fire stations. There is now a process in place if it is necessary to use the Winter Shelter in the future.

## Housing Strategy and Services

The Rotherham Housing Strategy 2019-22 sets out the Council's commitment to increase and accelerate the supply of new homes to meet local need. It includes the development of care and support ready housing and makes a commitment to piloting new ways of working, and working in partnership to address issues such as homelessness and the need for more affordable homes.

The Housing Strategy 2019-2022 will help enable people to secure homes they can afford. Increasing demand for affordable housing means that some households find it difficult to access or sustain social or private rented accommodation.

Changes have also been made to the Council's Housing Allocation Policy, which should have a positive impact and improve the Council's ability to respond to the demand for accommodation from homeless households and for those people with other urgent housing need. These changes increase the higher banding status for homelessness households and increase the quota for properties advertised in the urgent housing need group (Band 2) from 50% to 60%.

## Housing Selective Licensing

The Housing Selective Licencing Scheme is set up in Eastwood, Maltby, Dinnington, Thurcroft and Parkgate. The scheme has improved the conditions and quality of private rented housing in these areas. It is important that any housing offer is of good quality. Poor housing can have a negative impact on people's lives. The Council housing stock is of high quality with all properties consistently meeting the Government's decent home standards. However, quality can vary within the private sector. The Council's Selective Licencing Team are improving standards, tackling low housing demand and significant and persistent levels of antisocial behaviour related to the private rented sector in detailed areas. Levels of anti-social behaviour have fallen significantly in the selective licensing areas, and at a faster rate than the borough average.

## Housing Support for Young People (aged under 25)

The local Early Help Assessment forms the basis of a shared partnership approach in helping young people who do not meet statutory intervention threshold. By sharing information and offering support when families/young people begin to experience difficulties (e.g. rental debt, antisocial behaviour etc.) their needs are addressed promptly and can effectively help to reduce the risk of escalation. Housing Services are currently funding two Early Help workers within Children and Young People's Services. The role is to works closely with the Housing Income Team to offer support to families who are at risk of homelessness.

Last year the Leaving Care Team was successful in receiving grant funding from Department for Education to develop a local 'House Project for Care Leavers'. The project enables young people to project manage, design, and get involved in maintenance and decorating their own property.

## Complex Needs

The Council currently commission Housing Related Support to deliver a preventative programme to assist individuals with multiple needs where traditional statutory services have not been effective, (e.g. chaotic lifestyles or a history of failed tenancies). Many of these people require support packages to gain their independence and obtain suitable permanent accommodation or to help them sustain their current tenancies where there is a greater risk of homelessness.

Housing Related Supported services aim to achieve the following outcomes:

- More people living independently without support.
- A reduction in the number of people experiencing repeat homelessness, relapse and an escalation of negative behaviour.
- Improve the health and wider wellbeing of those accessing the service.
- Improving support for people experiencing domestic abuse

## Rotherham's Housing First Scheme

Housing First concept is an established approach to long-term homelessness for the most complex and disengaged elements of the homeless population. There are 3 key elements to the model:

1. **The offer of mainstream housing.** The housing is offered on the basis that support is available, but continued occupation is not dependent on continued engagement with the support offered. The terms of tenancy do have to be abided by and people on Housing First should be subject to normal housing management processes.

2. **The support offered is much different to conventional Housing Related Support (HRS).** It is explicitly less goal-based and focuses on the building of relationships of trust and patient but persistent engagement with people on their own terms. This requires a highly-skilled and intensively managed set of staff, with sufficient time and space to build and maintain relationships with a group of people who can be highly chaotic.

3. **There are no time limits for the offer of support**. The key is for the support staff to persist and ensure that they are available to help at the point when people ask for help.

In April 18 the Council with partners from South Yorkshire Housing Association and Target Housing launched a Housing First Scheme providing a home for people, with highly complex needs, who were homeless or sleeping rough in the Rotherham area. The scheme offers housing to people first, with no conditions around receiving support with the belief that securing a stable home-base can be the starting point for the achievement of positive change. Whilst there are no conditions for the people receiving the accommodation the providers will always offer support, and persist with this offer.

The 7 principles for Rotherham's Housing First pilot are to ensure that:

- People have a right to a home
- Flexible support is provided for as long as it is needed
- The provision of housing and support should be separated
- Individuals should be given choice and control
- An active engagement approach is used
- The service is based on people's strengths, goals and aspirations
- A harm reduction approach is used.

Since the launch of the scheme 20 people with complex needs have been accommodated and there are 14 on the waiting list. The majority of people are now engaging more effectively with a range of support services. This creates the necessary condition for progress on issues such as reducing anti-social behaviour and anxiety leading to self-harm to be achieved. A six month review of the pilot was carried out by Homelessness Link and concluded that it had a positive impact and was operating within the principles of Housing First.

# Delivering a new approach to addressing homelessness and rough sleeping

The strategy sets out a new approach to ensure that in Rotherham:

- No one sleeps rough; whether they are in tents, cars or, at worst, on the streets.
- Everyone has a safe, stable place to live: so that nobody is in emergency accommodation without a plan to quickly move into permanent housing.
- When homelessness is predictable the Council can prevent it: so that no-one leaves their home or is forced to leave a state institution like prison with nowhere to go.
- Those who cannot afford housing are given advice and support with welfare benefits. Help is provided so that homeless people can access employment where it is appropriate for them.

This will be delivered in partnership through **six overarching aims** based on the local picture, views of people with lived experience of homelessness and consultation with a partners and stakeholders.

These aims are;

1. To support people with complex needs.
2. To prevent homelessness and offer rapid housing solutions to get people in urgent need rehoused quicker.
3. To increase support for young people to prevent homelessness.
4. To end rough sleeping and begging.
5. To improve access to tenancy support, employment and health support services.
6. To ensure there is sufficient decent emergency accommodation.

In support of the Strategy the Preventing Homelessness and Rough Sleeping an action plan has been developed. The action plan will continue to develop and will be updated over the lifespan of this document to reflect changes or emerging demand. The action plan sets out the detail, ownership and timeframe on how the six aims will be achieved. The following tables provide a high level summary of the key actions and associated impact measures and outcomes.

# Summary Aims, key actions and impact measures (for the next 3 years)

| Aim | 1. To support people with complex needs |
|---|---|
| Actions | ▪ The ambition is to work with housing partners to extend the Housing First Model to enable more people to access the service by increasing the number of available units.<br>▪ Work in partnership with support providers to ensure there is a whole person approach to support people with complex needs<br>▪ Develop joint working arrangements with adult social care, children's social care, mental health and substance misuse services.<br>▪ Provide a resettlement/floating support package for every person with complex needs to support them in accessing independent tenancies |
| Impact Measures | ▪ Reduce the number of homeless people with complex needs awaiting accommodation<br>▪ Reduction in the number of people with complex needs who present as homeless within 12 months of previously being accommodated |
| Outcome | ▪ No one sleeps rough; whether they are in tents, cars or, at worst, on the streets |

| Aim | 2. To prevent homelessness and offer rapid housing solutions to get people in urgent need rehoused quicker |
|---|---|
| Actions | ▪ Improve access to information for people including landlords about services to prevent homelessness<br>▪ Provide a digital web based service to help people find Private Landlords who have available properties<br>▪ Evaluate the impact of the changes to the Housing Allocation Policy for people at risk of homeless<br>▪ Expand selective licensing areas for private rented accommodation<br>▪ Improve the referral pathway and service for people being discharged from hospital without suitable housing accommodation<br>▪ Improve information on how to access to social housing for members of the Armed Forces, Veterans, and their families<br>▪ Monitor the local causes of homelessness to align resources and services |

| | |
|---|---|
| **Impact Measures** | ▪ Increase the proportion of households supported by the Homelessness Team who are prevented from becoming homeless within 56 days<br>▪ Reduction in the number of applicants on the Council's Housing Register who have told us they have a homelessness issue<br>▪ Increase in the number of applicants assisted to move to private rented accommodation |
| **Outcome** | ▪ When homelessness is predictable the Council can prevent it: so that no-one leaves their home or is forced to leave a state institution like prison with nowhere to go. |

| **Aim** | **3. To increase support for young people to prevent homelessness** |
|---|---|
| **Actions** | ▪ Provide information for young people on their housing options to prevent homelessness<br>▪ Undertake housing advice sessions in special schools and colleges<br>▪ Continue to fund an Early Help Support Worker in Children and Young People's services<br>▪ Co-design the Children and Young Person's Housing Related Support service which will be procured in 2019 and jointly monitor performance with Commissioners.<br>▪ Provide a planned approach to rehousing prior to all young offenders leaving prison who have a local connection to Rotherham<br>▪ Set up 10 properties as part of the House Project for Care Leavers<br>▪ Ensure Early Help Assessments are completed by housing for families to prevent families being evicted |
| **Impact Measures** | ▪ Reduction in the number of young people (aged under 25) requiring Homelessness Team support<br>▪ Reduction in the number of young people who received homelessness support (aged under 25) who require support again within 12 months of being accommodated |
| **Outcome** | ▪ When homelessness is predictable the Council can prevent it: so that no-one leaves their home or is forced to leave a state institution with nowhere to go. |

| Aim | 4. To end rough sleeping and begging |
|---|---|
| Actions | ▪ Explore the development of an “Alternative Giving Scheme” which aims to reduce rough sleeping and begging<br>▪ Ensure people have access to ongoing support if required when they move out of temporary accommodation into their own tenancy.<br>▪ Continue to work with partners to ensure continued advice and support for rough sleepers<br>▪ Consult with homeless rough sleepers to identify barriers to services<br>▪ Conduct quarterly rough sleeper counts and continue to undertake weekly outreach to connect people to services<br>▪ Provide outreach work in key locations<br>▪ Ensure there is sufficient capacity and support available to run SWEP (Severe Weather Emergency Protocols) all winter.<br>▪ Work closely with community protection and the police to carry out assertive outreach to beggars and to consider taking enforcement action when appropriate. |
| Impact Measures | ▪ Reduce the number of rough sleepers in Rotherham<br>▪ Increase the engagement rate of people identified as rough sleepers with support services |
| Outcome | ▪ No one sleeps rough; whether they are in tents, cars or, at worst, on the streets.<br>▪ All people begging will not be homeless |

| Aim | 5. To improve access to tenancy support, employment and health support services |
|---|---|
| Actions | ▪ Ensure all people presenting as homeless who have substance misuse issues are referred straight away to commissioned treatment services<br>▪ Connect people to employment, training, volunteering<br>▪ Implement ‘Tenancy Health Checks’ to prevent problems from escalating and tenancies being jeopardised.<br>▪ Provide a planned approach via the South Yorkshire Accommodation Hub to rehousing prior to all offenders leaving prison who have a local connection to Rotherham<br>▪ Explore the introduction of a family mediation service<br>▪ Ensure people have speedy access to money advice, debt services and gambling support when needed |

| | |
|---|---|
| **Impact Measures** | ▪ Ensure all people presenting as homeless who have substance misuse issues are referred to commissioned treatment services within 24 hours<br>▪ Increase the proportion of individuals successfully connected to employment, training, volunteering opportunities<br>▪ Ensure no one is discharged from partner services without appropriate accommodation in place. (Including prisons, young offenders' institutes, rehabilitation centres, mental health services and hospitals). |
| **Outcome** | ▪ Improved health and financial resilience so that there are more options to access work and training opportunities.<br>▪ Those who cannot afford housing are given advice and support with welfare benefits. Help is provided so that homeless people can access employment where it is appropriate for them. |

| | |
|---|---|
| **Aim** | **6. To ensure there is sufficient decent emergency accommodation** |
| **Actions** | ▪ Address the gaps in temporary emergency accommodation provision by setting up temporary accommodation for dog owners and for people being discharged from hospital without suitable accommodation<br>▪ Provide an alternative option to refuge accommodation for those who this is not the most appropriate form of accommodation<br>▪ Carry out a regular safe and well-being checks<br>▪ Maintain decency of temporary accommodation |
| **Impact Measures** | ▪ Reduce the number of households accessing temporary accommodation<br>▪ Reduce the average time spent in temporary accommodation |
| **Outcome** | ▪ Everyone has a safe, stable place to live: so that nobody is in emergency accommodation without a plan to quickly move into permanent housing. |

# Resourcing the Strategy

In preparation for the delivery of this strategy the Council and partners have committed resources to tackle and prevent all forms of homelessness including:

- **Affordable Housing** – The council are investing £56m into the Rotherham affordable housing programme
- **Investing in Staff** – Three additional staff have been appointed in the Homelessness Team to help manage the increased volume of case work.
- **Out of Hours Homelessness Service** – The telephone service operates from 5pm to 8am Monday to Friday and 24/7 over the weekends and Bank Holidays. It is now run by staff that have experience in homelessness assessments and also have a full knowledge of homelessness legislation.
- **Using our assets** – To assist with the Council's statutory duty to offer temporary accommodation the Council has used Council assets to increase the portfolio of temporary accommodation from 29 to 50 units.
- **Increasing Housing Options** - The Council has recently reviewed its Housing Allocation Policy to give more priority to homeless households on the housing register.
- **External Funding Bids** – Over the past three years the Council has been successful in accessing additional Government Grant funding. A new sub regional funding bid covering Rotherham, Barnsley and Doncaster has been submitted for a rough sleeper initiative programme.
  - Over the past 3 years the Council have been successful in accessing additional Government Grant funding:

| **Grant** | **17/18** | **18/19** | **19/20** |
|---|---|---|---|
| Domestic Abuse | 200,000 | 14,573 | 0 |
| Flexible Homelessness Support | 102,519 | 117,430 | 172,524 |
| New Burdens | 65,537 | 60,030 | 74,120 |
| Rough Sleeper | 37,500 | 37.500 | 0 |
| Hclic | 9,200 | 946 | 0 |
| Cold Weather | | | 6,270 |
| **Totals** | **414,756** | **230,479** | **252,914** |

- **Street Outreach** - The Council has recently commissioned a rough sleeper outreach service up to the end of March 2019. The Council will continue to seek alternative funding by bidding for external grants from the Ministry of Communities and Local Government. In the absence of additional funds the Council will use existing officers within the Homelessness Team to undertake early morning checks in the Town Centre.

  The Street Outreach service provides information of people found to be sleeping rough. They work intensively with rough sleepers on Mondays, Wednesdays and

Fridays, starting at 6am to 9am to assist in finding accommodation, help to make benefit claims and seek medical help that may be needed.

- **Extreme Cold Weather Provision** – A winter shelter provision has been set up jointly with South Yorkshire Fire and Rescue Service and the Homelessness Team. The winter shelter provides a safe warm place in the Fire Station for rough sleepers. The service enables a swift response to help rough sleepers in Rotherham to stay overnight in a local Fire Station when the temperature is or feels like sub-zero.

- **Working with Partners** - The Council is working closely with partners and voluntary organisations to gather more information regarding individual circumstances. This will allows us to offer help and support at the earliest possible stage, and have more means of communicating with people due to extensive partnership working and through increased outreach work.

# Governance and Monitoring

Governance of this strategy will be via the Strategic Housing Partnership which includes representatives from Council services, housing associations, developers, support providers, health services, police voluntary and community organisations.

The Strategic Housing Partnership will receive quarterly progress updates against the Homelessness Prevention and Rough Sleeper Action Plan and associated impact measures and other supportive evidence. Where there is little evidence of sufficient progress the Strategic Housing Partnership will hold relevant agencies to account and may request further remedial action plans.

Additional management information relating to service demand and customer needs will be maintained and reported to Side-by-Side Homelessness Forum on a 6 weekly basis with more regular management oversight by the Housing Senior Management Team. The Side by Side Homelessness Forum's membership includes providers who work with homeless people. The Forum aims to work effectively together so that there is a clear local picture of homelessness issues in Rotherham. The Forum also increases the awareness of services, interventions available to reduce homelessness and rough sleeping.

# Conclusion

This Homelessness Prevention and Rough Sleeper Strategy is Rotherham's response to a period of unprecedented change, including the Homelessness Reduction Act, public services facing significant financial challenges and social housing and welfare reforms. It builds on the recent achievements, whilst responding and adapting to the changing environment in which homelessness and support services are delivered.

The next three years will be very challenging given the wider economic climate and complex needs of local people who are at risk or experiencing homelessness. It is therefore essential that Rotherham continues to strengthen local partnership working and improve quality of joint support to help prevent and reduce homelessness.

To do this the Council will explore new models and approaches so that there is a shift in the focus from managing emergencies and crisis towards a way of working that supports prevention and sustainability of long term accommodation

Homelessness Prevention and Rough Sleeper Strategy 2019-22

# Delivery Action Plan

Date of last update: 28/02/2019

| Ref | Action | Lead | Target Date | Status | Update |
|---|---|---|---|---|---|
| **Aim 1 – To Support People with Complex Needs** | | | | | |
| 1.01 | The ambition is to work with housing partners to extend the Housing First Model to enable more clients to access the service by increasing the number of available units. | Commissioning Team<br>Homelessness Team | March 2021 | | |
| 1.02 | Work in partnership with support providers to ensure there is a whole person approach to support people with complex needs | Homelessness Team | December 2019 | | |
| 1.03 | Develop joint working arrangements with adult social care, children's social care, and mental health and substance misuse services. | Strategic Housing Partnership<br>Side by Side<br>Homelessness Forum | December 2019 | | |
| 1.04 | Provide a resettlement/floating support package for every person with complex needs to support them in accessing independent tenancies | Homelessness Team<br>Housing Management Team | March 2020 | | |
| **Aim 2 – To prevent homelessness and offer rapid housing solutions to get people in urgent need rehoused quicker** | | | | | |
| 2.01 | Improve access to information for people including landlords about services to prevent homelessness | Homelessness Team | March 2020 | | |
| 2.02 | Provide a digital web based service to help people find Private Landlords who have available properties | Housing Advice and Assessment Team | March 2020 | | |
| 2.03 | Expand selective licensing areas for private rented accommodation | Community Safety and Street Scene Team | March 2021 | | |
| 2.04 | Evaluate the impact of the changes to the Housing Allocation Policy for people at risk of homeless | Housing Advice and Assessment Team | Annual review | | |
| 2.05 | Improve the referral pathway and service for people being discharged from hospital without suitable housing accommodation | Housing Occupational Therapy Team<br>Homelessness Team | December 2019 | | |

| Ref | Action | Lead | Target Date | Status | Update |
|---|---|---|---|---|---|
| 2.06 | Improve information on how to access to social housing for members of the Armed Forces, Veterans, and their families | Housing Advice and Assessment Team | December 2019 | | |
| 2.07 | Monitor the local causes of homelessness to align resources and services | Homelessness Team | Monthly | | |
| **Aim 3 – To increase support for young people to prevent homelessness** | | | | | |
| 3.01 | We will provide information for young people on their housing options to prevent homelessness | Housing Advice and Assessment Team | September 2019 | | |
| 3.02 | Undertake housing advice sessions in special schools and colleges | Homelessness Team | Ongoing | | |
| 3.03 | Provide a planned approach to rehousing prior to all young offenders leaving institutions who have a local connection to Rotherham | Homelessness Team Youth Offending Team | Ongoing | | |
| 3.04 | Continue to fund a social worker in the Early Help team | Housing Income Team | Annual Review | | |
| 3.05 | Ensure Early Help Assessments are completed by housing for families to prevent families being evicted | Housing Income Team Housing Management Team | December 2019 | | |
| 3.06 | Co-design the Children and Young Person's Housing Related Support service which will be procured in 2019 and jointly monitor performance with Commissioners. | Commissioning Team Homelessness Team | December 2019 | | |
| 3.07 | Set up 10 properties as part of the House Project for Care Leavers | Housing Advice and Assessment Team | June 2020 | | |
| **Aim 4 – To end rough sleeping and begging** | | | | | |
| 4.01 | Explore the development of an "Alternative Giving Scheme" which aims to reduce rough sleeping and begging | Homelessness Team | March 2020 | | |
| 4.02 | Ensure people have access to ongoing support if required when they move out of temporary accommodation into their own tenancy. | Resettlement, Temporary Accommodation and Support Team | March 2020 | | |
| 4.03 | Continue to work with partners to ensure continued advice and support for rough sleepers | Homelessness Team | March 2020 | | |
| 4.04 | Consult with homeless rough sleepers to identify barriers to services | Homelessness Team | March 2020 | | |

| Ref | Action | Lead | Target Date | Status | Update |
|---|---|---|---|---|---|
| 4.05 | Conduct quarterly rough sleeper counts and continue to undertake weekly outreach work in key locations to connect people to services | Homelessness Team | Quarterly | | |
| 4.06 | Provide outreach work in key locations | Homelessness Team | Monthly | | |
| 4.07 | Ensure there is sufficient capacity and support available to run SWEP (Severe Weather Emergency Protocols) all winter. | Homelessness Team | June 2019, then annually | | |
| 4.08 | Work closely with community protection and the police to carry out assertive outreach to beggars and to consider taking enforcement action when appropriate. | Homelessness Team Community Protection Policy | March 2020 | | |
| **Aim 5 – To improve access to tenancy support, employment and health support services** | | | | | |
| 5.01 | Provide a planned approach via the South Yorkshire Accommodation Hub to rehousing prior to all offenders leaving prison who have a local connection to Rotherham | Homelessness Team South Yorkshire Accommodation Hub | March 2020 | | |
| 5.02 | Ensure all individuals presenting as homeless who have substance misuse issues are refereed straight away to commissioned treatment services | Homelessness Team | December 2019 | | |
| 5.03 | Connect people to employment, training, volunteering | Housing Income Team | December 2019 | | |
| 5.04 | Ensure people have speedy access to money advice, debt services and gambling support when needed | Financial Inclusion Team | December 2019 | | |
| 5.05 | Explore the introduction of a family mediation service | Homelessness Team | June 2020 | | |
| 5.06 | Implement 'Tenancy Health Checks' to prevent problems from escalating and tenancies being jeopardised. | Housing Operations Team | August 2019 | | |
| **Aim 6 – To ensure there is sufficient decent emergency accommodation** | | | | | |
| 6.01 | Set up 6 "Step up Step Down properties" for hospital discharges | Home and Property Services Team Homelessness Team | March 2020 | | |
| 6.02 | Set up 6 Modular builds for short stay accommodation for single person | Home and Property Services Team Homelessness Team | March 2020 | | |
| 6.03 | Set up 2 assessable temporary accommodation units for people with a disability | Home and Property Services Team | March 2020 | | |

| Ref | Action | Lead | Target Date | Status | Update |
|---|---|---|---|---|---|
| | | Homelessness Team | | | |
| 6.04 | Set up a dog friendly temporary emergency accommodation | Home and Property Services Team<br>Homelessness Team | March 2020 | | |
| 6.05 | Set up 4 dispersed properties for people fleeing domestic abuse | Home and Property Services Team<br>Homelessness Team | March 2020 | | |
| 6.06 | Maintain decency of temporary accommodation | Home and Property Services Team | April 2019 – Ongoing | | |
| 6.07 | Carry out a regular safe and well-being checks for all households placed into temporary accommodation | Tenancy Support and Resettlement Team | April 2019 – Ongoing | | |

# Rotherham Integrated Care Partnership

| Minutes | |
|---|---|
| **Title of Meeting:** | **PUBLIC Rotherham ICP Place Board** |
| **Time of Meeting:** | 9:00am – 10:00am |
| **Date of Meeting:** | Wednesday 6 March 2019 |
| **Venue:** | Elm Room (G.04), Oak House |
| **Chair:** | Chris Edwards |
| **Contact for Meeting:** | Lydia George 01709 302116 or Lydia.george@nhs.net |

| | |
|---|---|
| **Apologies:** | Kathryn Singh, RDaSH<br>Louise Barnett, TRFT<br>Dr Richard Cullen, Rotherham CCG<br>Dermot Pearson, RMBC |
| **Conflicts of Interest:** | General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda. |

**Members Present:**

Chris Edwards (**CE**), (Chairing), Chief Officer, Rotherham CCG
Sharon Kemp (**SK**), Chief Executive, Rotherham MBC
Dr Gok Muthoo (**GK**), Medical Director, Connect Healthcare Rotherham
Janet Wheatley (**JW**), Chief Executive, Voluntary Action Rotherham (VAR)
Chris Holt (**CH**), (deputising for Louise Barnett), Director of Transformation, TRFT

**Participating Observers**

Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC

**In Attendance:**
Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team
Lydia George (**LG**), Strategy & Development Lead, Rotherham CCG
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG
Rebecca Woolley (**RW**), Policy & Partnership Officer, RMBC
Anne Marie Lubanski (**JL),** Strategic Director for Adult Care & Housing, RMBC
Jon Stonehouse (**JS**), Children & Young People's Services, RMBC
Matt Pollard (**MP**), Care Group Director, RDaSH
Wendy Commons (**WC**), Minute Taker

**There were two members of the public present:** Mr K Dolan & Mr S Henley

| Item Number | Discussion Items |
|---|---|
| 1 | **Public & Patient Questions** |

No formal questions had been received from members of the public. The Chair asked whether there were any questions from the two members of the public present had any queries to raise. Mr Dolan expressed concerns around work being undertaken on integrating digital systems and changes to the public sector working more with the private sector to deliver some services. He felt that these were not being discussed with the public adequately which in turn also made it difficult for the general public to understand who is responsible for the services.

Chris Edwards thanked Mr Dolan and welcomed the feedback. He explained that Place Board wishes to work with patients as much as possible to be transparent when change is planned or taking place and to get input throughout the process. Chris and the ICP Head of Communications will discuss how to address and approach the issues raised and update Mr Dolan on the actions to be taken.

***Action: CE/GL***

Chris Edwards advised that the ICP welcomed general questions from patients and the public in writing prior to meeting to enable a full response to be provided.

| | |
|---|---|
| 2 | **Transformation Group Updates:** |

The Place Board received progress updates on the transformation areas below:

***Children & Young People's Transformation Group***
***Subject – Transitions***
***Presented by Anne Marie Lubanski***

Anne Marie explained the work undertaken to develop a single transition data matrix which allows for a single view of data per child or young person up to the age of 25 to be provided. This has reduced counting duplication and gives a clearer understanding of how many services each individual child/young person is receiving. It has now been established that there are 2235 people aged 14 and above across the SEND cohort. Although this work has been challenging it's resulted in a very positive piece of work.

The recent introduction of a joint council/CCG post has facilitated improved partnership working between Children's and Adult's services by breaking down the previous silo-working.

Concerns were highlighted around the capacity to support preparing for adulthood (PfA) projects to deliver the transformation, as well as there being a lack of sufficiency for dual CQC/Ofsted registered settings within the borough. .A meeting has been convened for later this week to discuss these issues. However, it was noted that this is not unusual or specific to Rotherham only

Members noted that the milestones for this particular area of the C&YP transformation group's work is broadly on track and currently mainly green rated.

Place Board members thanked Annemarie for the update. (AML left the meeting at this point)

***Urgent & Community Care Transformation Group***
***Subject – Integrated Rapid Response***
***Presented by Chris Holt***

Chris Holt highlighted that the split of unplanned and planned district nursing continues to be embedded. The central hub for triage and unplanned care provides much more flexible use of resources in order to respond to increased demand whilst also making savings in daily clinical hours.

Members noted that the unplanned hub, integrated rapid response team, care co-ordination centre and community therapies teams have now been co-located at Woodside under a single line management structure in order to facilitate knowledge transfer and effective triage. Closer alignment between integrated rapid response and social care out of hours is also underway.

The Transformation Group is continuing to work on improving the service in relation to integrating co-located teams, reviewing shift patterns to meet demand, streamlining and systematising referrals and triage process as well as reviewing pathways and standard operating procedures.

Dr Gok Muthoo suggested that it would be helpful to provide a summary of these system changes in the next GP Bulletin to help keep primary care updated on these new positive developments along with examples of the improvements made.

***Action: GL***

The Place Board thanked Chris Holt for the update and asked him to feedback to the U&CC Transformation Group that Place Board feels progress is being made in the right direction. However, going forward the workstream should consider keeping all system partners and staff updated on the work being done and the reasons for the change including real life case studies to demonstrate what the change means for patients and clinicians.

***Action: CH***

***Mental Health & Learning Disability Transformation Group***
***Subject – Core 24***
***Presented by Ian Atkinson***

For members of the public present, Ian Atkinson clarified what the Core 24 service is explaining it broadly as a 24 hour, 7 days per week mental health liaison service with core standards. This is the first update to Place Board on this element of service as it had only gone live from early January. However, it was noted that Rotherham is ahead of other areas in providing this.

Ian Atkinson reported that a one hour response rate is now being delivered in the Urgent and Emergency Care Centre with joint working in place with the alcohol liaison team, crisis team, CAMHS liaison clinical lead and the TRFT Urgent & Emergency Care Centre (UECC). Capacity in the crisis team has now been released allowing for a stronger community focus whilst expansion of the Core 24 team has enabled training to be offered to TRFT staff via induction, nurse and ACP training and quarterly mental health training sessions. Positive feedback from ward staff feeling supported by MDT working.

The expansion of the team to include a full time adult consultant psychologist has meant that they are now able to provide a more timely response and a wider range of training as well as better supporting complex cases.

Some concerns were highlighted around psychologist backfill, uptake of training by TRFT, CAMHS out of hours provision and accessing Sepia system to provide a more timely response for patients coming into UECC.

The team is looking to working towards becoming Psychiatric Liaison Accreditation Network (PLAN) accredited. These are quality improvement standards for psychiatric liaison services.

Place Board noted that psychologist backfill is down to recruitment difficulties in that staff group. Alternative arrangements are being considered but this is currently a risk to the service delivery. Place Board Members also acknowledged that developing Rotherham staff to the skill levels required for the changes that are being implemented can often make them more attractive to other organisations and retention of staff can prove to be a problem, hence the importance of the work of the OD and Workforce Enabler Group in succession planning and addressing workforce shortages.

Members noted an information governance issue for this service in accessing records using the Sepia system. In order to provide further assurance for Place Board, the MH & LD Transformation Group will include an update on the timeframe for this access issue to be resolved.

***Action: IA***

Place Board thanked Ian for the update and asked that the Transformation Group liaises with the OD and Workforce Enabler Group to address the staffing issues as soon as possible.

***Action: IA***

| 3 | **Overview of NHS England/BMA - 'Investment & Evolution – 5 Year Framework'** |
|---|---|

Chris Edwards presented a synopsis that had been produced of the recently published 'Investment and Evolution'. It provided a succinct overview of the 108 page publication and highlighted the key contract changes that will be required in future years in order to implement the proposed developments in primary care.

Further guidance is anticipated before the end of March. Planning is underway to arrange an engagement event with Rotherham General Practices, a Members' seminar with Councillors (26 March) as well as a public session to consult and communicate proposals. A slide-pack will be compiled.

In the meantime, discussions have commenced across Rotherham to agree the Primary Care Networks with a view to making a provisional decision on the configuration for Rotherham by May. Members agreed that the summary is very useful.

Following discussion, Place Board expressed concern against national guidance affecting Rotherham's current 'bottom up' approach and acknowledged that, although it will be challenging, it is important to retain the Rotherham Place Board principles of reducing health inequalities, being financially sustainable and continuing close partnership working. However, Place Board recognised primary care networks as being a positive step. From a communications perspective, Gordon Laidlaw will work the key messages of concentrating on the Rotherham approach rather than becoming distracted with the national perspective.

Once there is a feedback mechanism that enables comments to be provided on the detailed proposals, Place Board will forward its view.

Place Board will receive updates on Primary Care Networks as a standard agenda item going forward.

***Action: CE/LG***

| 4 | **Quarter 3 Place Board Performance Report** |
|---|---|

Ian Atkinson presented the quarterly report showing progress against key priorities on the implementation of the Place Plan. Although there had been some deterioration in both milestones and KPIs, there had also been improvement in some areas resulting in a very similar position being reported to that in Quarter 2. Overall, 58% of milestones and 62% of key performance indicators are on track in Quarter 3.

Place Board asked that Officers attending the meeting from Transformation Groups are prepared in order to be able provide assurance on the RAG rated position with milestones and KPIs for members.

Place Board noted the position for Quarter 3.

| 5 | **Impact of Brexit** |
|---|---|

There were no new risks to report in relation to Brexit this month but will keep on the agenda as a standing item.

| 6 | **Rotherham Provider Alliance Update** |
|---|---|

Chris Edwards gave an update on the work undertaken in relation to Rotherham Provider Alliance developments on behalf of Kathryn Singh, Chief Executive, RDaSH.

Place Board requested that when they next meet, the Provider Alliance looks to produce a project plan to add momentum to its development.

| 7 | **Draft Minutes from Public ICP Place Board – 6 February 2019** |
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The minutes from the February meeting were accepted as a true and accurate record. There were no matters arising. All action have been progressed

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| 8 | **Communications to Partners** |
|---|---|

Gordon Laidlaw highlighted the areas below to be communicated:

- Consideration on holding more public events and consultation.
- GP Bulletin item to explain rapid response service and how it benefits patients and customers
- Consider how to take forward developments for Rotherham Place after Members Seminar discussions around 'Innovation and Evolution' later in the month.
- Work will also be undertaken on system change communications going forward and as and when more guidance is received to determine an appropriate approach to communications.

| 9 | **Risk/Items for Escalation** |
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Workforce issues – to be referred to OD/Workforce group. ***Action: IA (via Delivery Team)***
National policy – Place Board to keep watching brief

| 10 | **Future Agenda Items** |
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Future Agenda Items

- Estates (April/May) – P Smith, RMBC
- Social Prescribing (tbd) – on hold pending further guidance
- Terms of Reference – OD/Workforce (Apr)
- Financial Plan Update or any other national planning guidance (May)
- Update on PC Networks (Apr/May) - CE/GM/RCu

Standard Agenda Items

- Delivery Dashboard/Performance Framework
- Transformation Groups Update

April – C&YP – 0-19 Healthy Child Pathway
U&CC – Support to Care Homes
MH & LD – Mental Health & Wellbeing Strategy

Rotherham Provider Alliance Update (monthly) & Project Plan
Impact of Brexit Updates (as required)

| 11 | **Date of Next Meeting** |
|---|---|

Wednesday 3 April 2019, *at 9am at Elm Room, Oak House*

**Membership**

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)
Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)
The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett
Voluntary Action Rotherham (VAR) - Chief Executive – Janet Wheatley
Rotherham Doncaster and South Humber NHS Trust (RDaSH) - Chief Executive – Kathryn Singh
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr Gok Muthoo

*Participating Observers:*
Joint Chair, Health and Wellbeing Board, RMBC - Cllr David Roche
Joint Chair, Health and Wellbeing Board, RCCG - Dr Richard Cullen

*In Attendance:*
Deputy Chief Officer, RCCG – Ian Atkinson (as Delivery Team Place Joint Chair)
Director of Legal Services, RMBC – Dermot Pearson
Head of Communications, RCCG – Gordon Laidlaw
Strategy & Development Lead, RCCG – Lydia George
Policy and Partnership Officer, RMBC – Rebecca Woolley

# Rotherham Integrated Care Partnership

| Minutes | |
|---|---|
| **Title of Meeting:** | **PUBLIC Rotherham ICP Place Board** |
| **Time of Meeting:** | 9:00am – 10:00am |
| **Date of Meeting:** | Wednesday 3 April 2019 |
| **Venue:** | Elm Room (G.04), Oak House |
| **Chair:** | Chris Edwards |
| **Contact for Meeting:** | Lydia George 01709 302116 or Lydia.george@nhs.net |

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|---|---|
| **Apologies:** | Sharon Kemp, Chief Executive, Rotherham MBC<br>Kathryn Singh, Chief Executive, RDaSH<br>Janet Wheatley, Chief Executive, Voluntary Action Rotherham |
| **Conflicts of Interest:** | General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda. |

**Members Present:**
Chris Edwards (**CE**), (Chairing), Chief Officer, Rotherham CCG
Dr Gok Muthoo (**GK**), Medical Director, Connect Healthcare Rotherham
Louise Barnett (**LB**), Chief Executive, TRFT
Anne Marie Lubanski (**AML)**, deputising Strategic Director for Adult Care & Housing, RMBC

**Participating Observers**
Cllr David Roche (**DR**), Joint Chair, Heath & Wellbeing Board, RMBC
Dr Richard Cullen (**RCu**), Rotherham CCG

**In Attendance:**
Ian Atkinson (**IA**), Chair, Rotherham ICP Delivery Team
Lydia George (**LG**), Strategy & Development Lead, Rotherham CCG
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG
Rebecca Woolley (**RW**), Policy & Partnership Officer, RMBC
Jenny Lingrell (**JL**), Joint Asst Director, Commissioning, Performance & Inclusion, RMBC
Wendy Commons (**WC**), Minute Taker

**There were 3 members of the public present.**

| Item Number | Discussion Items |
|---|---|
| 1 | **Public & Patient Questions** |

No formal written questions had been received from members of the public in writing.

A member of 'Save our NHS' verbally raised the points below:

1. A query about responsibility for patient records being moved to the Department of Work and Pensions.

*Dr Richard Cullen, Digital Lead for South Yorkshire & Bassetlaw ICS confirmed that a new organisation known as NHSX has been established to oversee digital transformation, although it is not yet clear what its remit will be. Rotherham CCG's plan continues to be for Rotherham residents to have access to their records and work is ongoing to achieve this. RCu will keep Place Board updated on any future developments with the role of NHSX.*

***Action: RCu***

2. An enquiry was received about the public programme of work being planned by the CCG/Place Board over the next 12 months as 'Save our NHS' would like to be involved/invited.

*The CCG is working with Healthwatch and the SY&B Integrated Care System (ICS) to develop a longer term plan. Once available it will be shared with 'Save our NHS' to allow them to identify representatives to attend/be involved.*

*The CCG's AGM is being organised to take place on Wednesday 3 July 2019 and will include an event to showcase Place & Health & Wellbeing Board achievements as well as providing an opportunity for public engagement/input into shaping future plans.*

***Action: GL***

3. Noting the Terms of Reference for the OD & Workforce Enabling Group, Save our NHS suggested that it might be useful to involve Trade Unions in its membership.

*CE explained that it was early days in the development of this group but thanked Save our NHS for the feedback and will ask the OD & Workforce Lead who chairs the group to consider how Trade Unions can be appropriately engaged in any changes affecting the workforce.*

***Action: IA to feedback***

Chris Edwards thanked Members of the public for input into the meeting.

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| 2 | **Transformation Group Updates** |

The Place Board received progress updates on the transformation areas below:

***Children & Young People's Transformation Group***
***Subject – 0-19 Healthy Child Pathway***
***Presented by Jenny Lingrell***

Jenny Lingrell highlighted a pilot that is due to commence this month. Its purpose is to separate out Universal from Universal Partnership Plus. This is about giving additional support to families for a variety of reasons and includes children in need, children in need of protection or looked after children (LAC).

56% of staff have now attended 'Signs of Safety' training sessions ensuring a consistent approach is used across Rotherham to assess children and young people using a strength based approach.

Work is to be done to balance delivering Working Together statutory responsibilities with addressing the early intervention and prevention work priorities.

It was acknowledged that all partners in the system need to work together to deliver on the transformation of services for children and young people. An action plan has been completed to address the slow progress with early help assessments completed by 0-19s staff.

Going forward, the group also intends to look at options for a revised school nurse child protection pathway to streamline 0-19 practitioner involvement in case conferences, invite early help staff to 0-19 area team meetings to develop a shared understanding of roles and responsibilities and joint work will

be undertaken to help remove the barriers in completing early help assessments.

In relation to concerns with LAC health assessments, traction is now being seen on these and a proposed model is to be agreed for all system partners to work together.

Place Board thanked the Children & Young People's Transformation Group for the update.

***Urgent & Community Care Transformation Group***
***Subject – Support to Care Homes***
***Presented by Anne Marie Lubanski***

Annemarie Lubanski informed Members that the Hospice at Home End of Life pilot is being extended to provide a specialist clinical nurse helpline and rapid response visits. There are now two medicines management technicians working with care homes to reduce medicines waste as well as taking part in a two year project with NHS England for medicines optimisation.

The trusted assessor pilot has been expanded to 7 day working in the emergency department and the acute medical unit (AMU) at TRFT to support more patients in returning home avoiding unnecessary admissions.

Other work has included registering 100% or older people's homes and 138 health and social care staff on NHS England's NHS capacity tracker system and 95% of appropriate care home staff have now received 'react to red' training to reduce bed sores and avoid pressure ulcers.

AML advised that with nursing beds, EMI nursing beds and care home beds provision is fragile. An increase in specialist support is required for greater complexity and acute episodes as the average age of residents entering care rises.

AML went on to report an increase in A&E and hospital admission from care homes as was predicted. Nursing recruitment and retention in the independent sector is increasingly difficult with staff turnover being a skills drain and proving challenging to deliver sustainable training and development.

In terms of next steps the transformation group will be focussing on reviewing and streamlining care home support, extending the telehealth pilot from 2 to 10 independent sector homes to reduce hospital admissions, roll out diabetic awareness and NHS mail system training to all care homes and identify duplication of services that support care homes.

Place Board thanked AML for the update.

***Mental Health & Learning Disability Transformation Group***
***Subject – Mental Health & Wellbeing Strategy***
***Presented by Ian Atkinson***

Ian Atkinson highlighted that the pilot for Making Every Contact Count (MECC) and loneliness will start in April in the south of the borough. Five ways to wellbeing has been put on the ICS Workforce and OD action plan to train the health and social care workforce. The new South Yorkshire Workplace Well Being Award is being launched and suicide prevention small grants recipients will be receiving the Five Ways to Wellbeing packs to promote the campaign which partner organisations are now using in promoting their activities and initiatives for staff.

It is important to ensure that a sustainable offer for training non mental health frontline staff, including mental health first aid is available, the campaign remains visible with all partners actively promoting it as well as ensuring that all messages and activities promote good mental health in order reach small community groups.

The next steps for the group will be to look at refreshing the Better Mental Health for All action (our prevention) plan, evidencing the impact of the five ways to wellbeing, rolling out the pilot of the work on MECC and loneliness across the borough from September/October 2019.

Members also noted the intention to ask Place Board and Health & Wellbeing Board to sign up to the South Yorkshire Workplace Wellbeing Award.

Place Board members recorded their satisfaction with the updates which gave the necessary levels of

assurance.

| 3 | **OD & Workforce Enabler Group – Terms of Reference** |
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Place Board reviewed the Terms of Reference for the OD & Workforce Enabling Group and will feedback to the Chair of the Group about working with Trade Unions and appropriate engagement as suggested by the Members of the Public present at today's meeting.

The terms of reference for the OD & Workforce Enabling Group were approved by Place Board and will be reviewed again in March 2020.

***Action: IA***

| 4 | **Hosted Networks Integrated Care System (ICS) Announcement** |
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Following the hospital services review, Place Board noted the network hosting arrangements agreed across South Yorkshire & Bassetlaw to address the challenges of rising demand and shortages in certain professional roles.

LB advised that the Rotherham Foundation Trust (TRFT) will be hosting the maternity network which is currently chaired by Chris Edwards. She confirmed that TRFT will be looking to improve sustainability and ensure consistency of standard of service and clinical practice as well as focussing on retaining its skilled workforce.

LB agreed to provide a progress update on developments at a future date.

**Action: LB/LG for agenda**

CE felt that the introduction of the hosted networks will provide sustainability and help Rotherham to retain its local hospital.

GL explained that he is working with the C&YP workstream to capture some of the maternity services and maternity voices partnership developments are demonstrated positively in the Plan.

It was noted that currently there are no discussions or plans to have further networks presently but Place Board will be kept updated on any future developments.

***Action: CE***

| 5 | **Impact of Brexit** |
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There were no new risks or updates to report in relation to Brexit this month. Daily reporting is being undertaken currently but there was nothing to be escalated. Place Board will continue to keep updates as a standing item on the agenda.

| 6 | **Rotherham Provider Alliance Update** |
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Louise Barnett gave an update on the initial meetings undertaken between providers. There was good appetite from all Rotherham partners to develop a local alliance consistent with direction outlined in the long term plan. Further meetings are being arranged to progress with this direction of travel. A project plan will be developed and reported through Place Board.

***Action: LB***

It was acknowledged that Primary Care Networks will be involved as and when they are able to join the alliance discussions/developments.

| 7 | **Draft Minutes from Public ICP Place Board – 6 March 2019** |
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The minutes from the March meeting were accepted as a true and accurate record. There were no matters arising. All actions have been progressed.

| 8 | **Communications to Partners** |
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Gordon Laidlaw intends to communicate to partners and the public about future engagement events including the event on 3 July that will include Place Board and the Health & Wellbeing Board/CCG's AGM as well as the opportunity for patient/public engagement and feedback in shaping future services.

Chris Edwards asked representatives from 'Save our NHS' to work with Gordon Laidlaw to provide support in involving people to input into the event.

| 9 | **Any Other Business** |
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**Milestones for 2019/20**

As in previous years the Rotherham Together Partnership has requested 3-4 milestones to be identified from the Rotherham ICP Plan for inclusion in the Rotherham Plan Delivery Plan for 2019/20. These milestones will be shown under the Integrated Health & Social Care game changer category and progress will be reported through the Rotherham Partnership CEO Group.

Lydia George displayed a slide showing 5 proposed milestones ie one from each Transformation Group and two overarching:

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|---|---|---|
| **C&YP** | Deliver year 1 actions of the strategy to improve the Social Emotional Mental Health of Children and Young People | ***March 2020*** |
| **MH&LD** | Expand the workforce to support delivery of the Mental Health Five Year Forward View Improving Access to Psychological Therapies target for Rotherham | ***December 2019*** |
| **U&C** | Approve integrated pathways across intermediate care services with additional community capacity in place to enable implementation of the new service model | ***March 2020*** |
| **OD/WF** | Develop and agree a set of cross organisation place based staff values for Rotherham | ***March 2020*** |
| **Digital** | Complete integration of outpatient appointments and the Rotherham APP and establish connection between Rotherham APP and Rotherham Health Record | ***October 2019*** |

Discussion followed around the values that have been developed for each individual partner organisation for their strategy. It was agreed to change values to 'principles' in the OD/Workforce milestone to reflect how partners and staff work together across organisations.

Subject to the minor change above, Place Board agreed these milestones as the selection to be shared with Rotherham Together Partnership for inclusion in the Rotherham Plan Delivery Plan for 2019/20. Should RTP only require 3 milestones, Place Board agreed the OD/Workforce or Digital should take priority as part of the submission.

***Action: LG***

| 10 | **Risk/Items for Escalation** |
|---|---|

There were no new risks identified for escalation.

| 11 | **Future Agenda Items** |
|---|---|

Future Agenda Items

- Estates (April/May) – P Smith, RMBC
- Social Prescribing (tbd) – on hold pending further guidance
- 19/20 Financial Plans Update or any other national planning guidance (May)
- Update on progress with Primary Care Networks (May) - CE/GM/RC
- Intermediate care and reablement update (moved to June)

Standard Agenda Items

- Delivery Dashboard/Performance Framework (June)
- Transformation Groups Update

May – C&YP – Special Educational Needs & Disability
U&CC – Integrated Working in Localities
MH & LD – Learning Disability (Transforming Care, My Front Door & Autism)

Rotherham Provider Alliance Update (monthly) & Project Plan
Impact of Brexit updates (as required)

| 12 | **Date of Next Meeting** |
|---|---|

Wednesday 1 May 2019, *at 9am at Elm Room, Oak House*

**Membership**

NHS Rotherham CCG (RCCG) - Chief Officer - Chris Edwards (Joint Chair)
Rotherham Metropolitan Borough Council (RMBC) - Chief Executive – Sharon Kemp (Joint Chair)
The Rotherham Foundation Trust (TRFT) - Chief Executive – Louise Barnett
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