HEALTH SELECT COMMISSION

Date and Time :- **Thursday, 4 June 2020 at 2.00 p.m.**

Venue:- **Virtual Meeting**

Membership:- **Councillors Albiston, Andrews, Bird, Brookes, Cooksey, R. Elliott, Ellis, Evans, Jarvis, Keenan (Chair), Short, John Turner, Vjestica, Walsh, Williams**

Co-opted Members – Robert Parkin (Rotherham Speak Up)

This meeting will be webcast live and will be available to view via the Council's website. The items which will be discussed are described on the agenda below and there are reports attached which give more details**.**

Rotherham Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence
To receive the apologies of any Member who is unable to attend the meeting.

2. Declarations of Interest
To receive declarations of interest from Members in respect of items listed on the agenda.

3. Exclusion of the Press and Public
To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

4. Questions from members of the public and the press
To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Minutes of the previous meeting held on 20 February 2020 (Pages 1 - 12)
To consider and approve the minutes of the previous meeting held on 20 February 2020 as a true and correct record of the proceedings.

6. Communications

For Discussion/Decision

7. Adults 65+ Residential and Nursing Care Homes - Quality Review (Pages 13 - 29)
Presentation giving an overview of initiatives to support the care home sector and work under the Quality Strategy.

8. Local Authority Declaration on Healthy Weight (Pages 30 - 68)
An overview of the declaration and its 14 commitments and what adopting it will involve for Rotherham Council.

9. Initial Work Programme Items for 2020-21 (Pages 69 - 74)
Outline work programme for 2020-21 for discussion.

For Monitoring/Information

10. Briefing - Follow up to scrutiny of Rotherham Loneliness and Suicide Prevention and Self Harm Action Plans (Pages 75 - 77)

11. Briefing - Information for Health Select Commission from previous scrutiny (Pages 78 - 80)

12. Urgent Business
To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

13. Date and time of next meeting
The next meeting of the Health Select Commission will be a virtual meeting held on Thursday 16 July 2020, time to be confirmed.

Sharon Kemp.

SHARON KEMP
Chief Executive

HEALTH SELECT COMMISSION
20th February, 2020

Present:- Councillor R Elliott (in the Chair); Councillors Bird, Brookes, Cooksey, Ellis, Jarvis, Short, John Turner, Walsh and Williams and Co-optee Robert Parkin (Rotherham Speak Up).

Apologies for absence:- Apologies were received from Councillors Albiston, Keenan and Vjestica.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

61. DECLARATIONS OF INTEREST

There were no declarations of interest in respect of any of the items of business on the agenda.

62. EXCLUSION OF THE PRESS AND PUBLIC

The Chair advised that there were no items of business that would require the exclusion of the press or public from the meeting.

63. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press in respect of matters on the agenda for the meeting.

64. COMMUNICATIONS

Members were advised that there was an opportunity to take part in the development of the respiratory rehabilitation service if they were current respiratory care patients. More details would follow and if anyone was interested in taking part they were asked to contact the Governance Advisor.

Michael Wright, the new interim Deputy Chief Executive at The Rotherham Foundation Trust was welcomed to the meeting as an observer.

65. MINUTES OF THE PREVIOUS MEETING HELD ON 23RD JANUARY, 2020

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 23rd January, 2020.

Resolved:- That the minutes of the previous meeting held on 23rd January 2020 be agreed as a correct record.

66. ROTHERHAM RESPIRATORY PATHWAY

Jacqui Tuffnell, Head of Commissioning at Rotherham Clinical Commissioning Group (CCG) delivered a short presentation to update Members on developments since September following the public consultation.

Context
The NHS 10 year plan stresses the need to develop better integrated care pathways with emphasis upon Primary Care Networks, with *practices working together at scale*, with a *combined workforce* to better care for patients.

Right Care Data – highlights

- Rotherham has high cost respiratory services, high admission levels and poorer outcomes for our patients than our counterparts across the integrated care system – as things had moved on quicker elsewhere.
- Non elective admission levels are high particularly for chronic lower respiratory, especially COPD.
- Asthma, influenza and pneumonia were also highlighted as areas where Rotherham admitted more non-electively than the right care peer group.

Respiratory health outcomes – Under 75 mortality rate 'preventable'
2015-17 data showed Rotherham had a rate of 25.4% and a ranking of 12th highest of the 15 local authorities in Yorkshire and Humber, where the average was 22%. The England average was 18.9%. Deprivation was a factor in Rotherham being an outlier.

Respiratory disease in the North East and Yorkshire
Impact on Urgent and Emergency Care (2017-18)

- Highest rate of emergency admissions for (Chronic Obstructive Pulmonary Disease (COPD)
- Last two winters non-elective admissions (NEL) for adults up to 4.400 admissions in a single week
- Opportunities to reduce respiratory bed days (136,000), primary care prescribing (£25m) and NEL spend (£38m)

Opportunities

- Flu and pneumonia
    - 33,500 more patients could receive the PPV vaccine
    - 25,500 more patients aged 65+ could take up the seasonal flu vaccine
    - 4,200 more patients with COPD could receive an influenza immunisation

- COPD
    - 24,400 more people with COPD could be registered
    - 2,500 more people with COPD could have diagnosis confirmed by spirometry
    - 6,000 more people could have a review by an HCP

Right Care was part of the NHS which looked at peers and changes achieved elsewhere. Although people may choose not to have vaccines, Rotherham could do better on this.

Local Challenges

- Fragmentation across the respiratory pathway
- Fragmentation of the home oxygen service
- Inconsistent diagnosis across Rotherham – it was important to get the diagnosis right at the beginning
- Inconsistent management of respiratory patients across the system
- High admissions to hospital, which could have been prevented
- Low uptake of smoking cessation
- No respiratory Community team – now best practice

56% of the admissions to Breathing Space could have been avoided with support in the patient's own home from a Community Respiratory Team, saving 156 bed days.

Patient Engagement Feedback

- Timely access to primary care - Day time, evenings and weekends for reviews and feel unwell
- Pulmonary rehabilitation closer to home and at evenings and weekends – at more convenient times
- Alternative access to care and information via APPs and websites, phone and video – being confident to use these
- Faster discharge from hospital with specialist support at home
- Consistent information on how to manage their conditions

Rotherham Opportunities

- We could detect and diagnose 2,366 more patients with COPD
- Spirometry – diagnosis and measuring disease progression
- Annual reviews of people with COPD and asthma
- We are doing well on pneumonia and influenza vaccination over 65s compared with elsewhere in the North East and Yorkshire
- RCCG spending just over £1 million more on prescribing than lowest 5 peers – this related to types of inhaler and also to inappropriate use of inhalers that led to waste

Proposed Model

Graphic representation of the new model as presented.

Self care would be promoted at all levels across the system and was an important element of the model. Community Matrons were doing and excellent job, especially this winter when the system faced greater pressures. the Specialist Respiratory Pharmacist was a new role and would help to ensure people had the right inhaler and their expertise would be used to advise GPs.

Tier 1 – Primary Care

- Supports patients requirements for day, evening and weekend reviews
- Supports PCN requirements of working at scale
- Provides consistency and equity of care
- Good feedback from present hub services across primary care
- Hub can be supported by a specialist respiratory clinical pharmacist , who also supports in the community
- Hubs could support new roles such as physiology apprentices and physician associates

This would entail delivery of the right training to be able to provide better support. New roles would supplement the existing workforce and help to address the shortage of GPs and Advanced Nurse Practitioners. Regarding consistency and equity of care, the 30 practices in Rotherham all did things slightly differently at present, so this would lead to the same level of care in all.

Tier 2 - Community Respiratory Service based at Breathing Space

- Outpatient clinics
- Rapid access clinic/hotline – same day appointments
- Housebound patient management
- Assessment and management
- End of life care management
- Pulmonary rehabilitation /physiotherapy
- Enhanced CBT: psychology input & support
- Discharge management for inpatients
- Early supported discharge follow up within 2 days
- Clinic reviews (caseload)
- Management plans for primary care follow up - good, consistent plans for all patients
- Discharge to tier 1 &Community Matron
- Telephone Advice for Tiers 1 & Community Matrons
- Training for primary care (PCN footprint) – upskilling so this was uniform
- High intensity User – Targeted support
- Admission avoidance
- Virtual clinic/MDT – reviews could be by telephone or Skype

Tier 3 – Acute Care hospital based

- Acute admissions
- Inpatient pulmonary rehabilitation
- NIV assessment & management
- Inpatient discharge to tier 3
- Outpatient discharge back to tiers 1 and 3
- Complex co-morbidities
- Deterioration beyond expected rate

Positive feedback had been received regarding the respiratory unit at Rotherham Hospital which focused on all acute admissions.

Following the presentation, Health Select Commission (HSC) watched a short animation about the proposed service changes, which was welcomed as a positive means of presenting information for the public: https://youtu.be/cNKaV32h_uY

Members commented that access to services rather than existing services would be modified and wondered what the impact would be on primary care. It was confirmed that first and foremost people would go to primary care, as with diabetes, with support to GPs from Breathing Spaces rather than directly to a specialist team.

This was followed up by a question around the ability of GPs to do this in a timely way given that access to GPs for an appointment was a mixed picture and whether this issue could have a negative impact on the whole model. The CCG confirmed that a significant amount of work had gone in to increasing the number of appointments, with more available last year than ever and greater capacity in the system than the required number of appointments. As discussed before, the issue was often one where patients wanted an appointment with a specific GP at a certain time and if that GP only worked two days each week that would create a wait. For regular health checks patients were able to get a routine appointment in five days. This was one of the reasons for working on a hub basis sharing resources, so not all 30 practices would be trained on spirometry as some did not see sufficient volumes of patients to undertake the diagnostics. There would also be a hotline between Breathing Spaces and GPs for patients who needed support at home. It was agreed that concerns about a specific practice would be taken back.

Communications were important and there was still a lack of awareness about the hubs. An additional extended access hub had been established on site at the hospital to support them with capacity and people would be triaged and moved to that and seen within an hour. It would also be made clear to patients when they did not need to have gone to the Urgent and Emergency Care Centre (UECC) for care and should have been seen either by their own GP or at a hub. The Chair asked whether take up of Sunday appointments at the hubs had increased and it was now approximately 50%. The extended hours hub at the hospital was there

seven days a week including all day on Saturdays with around 30 patients moved from the UECC and some direct bookings there from a patient's own GP.

In terms of patients going to the hospital by ambulance, for example with a severe asthma attack, the question was asked about rapid access into hospital and whether patients would go directly to ward A3 rather than to the UECC given the potential waiting times reported recently. It was clarified that they would go to the UECC first for assessment and once their condition was settled would then be transferred to the respiratory ward. Reassurance was provided that patients with breathing difficulties would be seen quickly.

Regarding the statistics presented for the North East and Yorkshire, Members inquired about specific indicators for Rotherham and what success would look like and how it would be reported. A clear specification had been developed which was an amendment to the present one as community services had been planned but not implemented. Reduced hospital admissions would be one measure but full detail on the key performance indicators would be shared with HSC.

With regard to the response rate to the survey, it was noted that 773 people accessed the survey but only 443 fully completed responses were received and if this signified difficulties with completion. Some surveys were only partial responses as not all questions were relevant to all patients. The response rate was around 62%. Clearly it would be better to have a 100% response rate and questions had been asked about the ease of completion in some of the sessions but no-one had reported any difficulties. It was clarified that the service was for over 18s so no children and young people had been surveyed. Further detail around survey responses and numbers would follow.

The new model would be implemented in a phased approach working towards the full structure being in place by winter 2020. Recruitment processes had commenced with the hospital, the business case had been signed off and the service specification developed. Funding for staffing resources also been agreed, with the first three staff members for the new structure recruited. Members requested a progress update in the autumn.

Members reiterated their previous concerns about digital inclusion with the focus on apps, websites and twitter and sought assurance that other means of contact and communications would continue to be employed. Telephone calls and letters would still be used and patients would identify their preferred means of contact.

Regarding the inconsistency referred to between GPs it was clarified that some GPs proactively managed patients with respiratory conditions whereas others referred them straight to Breathing Space without attempting to manage those conditions. So the ambition in the new pathway was to provide the same level of care. In terms of referring to

end of life care assurance was sought that this would be handled sensitively with patients due to the potential psychological impact.

In terms of asbestosis and where this fitted in the model this was a more specialised service and the Sheffield respiratory team provided support for Rotherham patients.

The Head of Commissioning was thanked for her presentation.

Resolved:- To note the information provided and to schedule a further update in the work programme for October 2020 when the full new structure would be in place.

67. ROTHERHAM LONELINESS ACTION PLAN 2020-2022

The Cabinet Member for Adult Social Care and Housing introduced the draft Rotherham Loneliness Plan 2020-22, which was important given the strong negative impact that loneliness could have on people's mental and physical health. Loneliness is a priority within the Health and Wellbeing Board Strategy (Aim 4) and the plan was a key aspect of the Health and Wellbeing Board's agenda on the preventative side. There was also an important role for ward members in this work.

It was essential to recognise the difference between loneliness and isolation and also to be aware that loneliness could affect people of any age; it was not confined to older people. The causes of loneliness were difficult to determine but known trigger factors could be seen at an individual, community and societal level. In order to tackle loneliness and promote good social connections a collective response was required from individuals, communities, statutory partners, voluntary and community sector and local businesses. Actions to tackle loneliness could be very simple and in many cases low cost, building on local assets.

The overall vision in the plan stated: "People of all ages in Rotherham feel more connected to others and loneliness is reduced". Underpinning this vision, a high level action plan had been developed, informed by a stakeholder event, focus groups and needs analysis work. It was based on four broad aims, as follows:

1. To make loneliness everyone's responsibility.
2. Improving how organisations and services in Rotherham connect people
   at risk of experiencing loneliness to support.
3. Make it easier for people living and working in Rotherham to access information about local community groups, activities and support services for loneliness.
4. Spread good practice and encourage knowledge sharing on tackling loneliness across Rotherham.

Members recognised the difficulties in detecting loneliness and that it was hard for people to admit to feeling lonely. They welcomed having a good plan in place and asked whether it was likely to be further developed and refined over time. This was confirmed as the evidence base was still emerging so any local initiatives would to be thoroughly evaluated and reported on, taking the learning and building from that.

Raising awareness with partners of what was already happening in communities, such as the coffee mornings organised by Churches Together was highlighted. Officers were mindful that a lot of good practice was happening and were attempting to bring everything together in one directory by encouraging people to include activities in GISMO the on-line database hosted by Voluntary Action Rotherham. The Making Every Contact Count initiative would play a key part in identifying loneliness through staff sensitively asking questions and spotting triggers such as life events.

As GISMO was central to informing people about activities and groups, assurance was sought in relation to funding to maintain and update the information. The CCG had provided funding to update it but there was uncertainty regarding funding for the next few years, although it was hoped to access South Yorkshire and Bassetlaw funding for the "connectedness" workstream.

A question was asked about the research citations in relation to loneliness being more harmful than smoking 15 cigarettes a day and for loneliness as a factor in higher demand on public services. Some of this had emerged from conversations with front line staff and partners, health data and also some pieces of national research, for example that of the Jo Cox Foundation who continued to work on this topic. In terms of commissioning further research, this would be likely nationally but given the tightness of resources it would be more a case of using local assets in Rotherham. More could be done and the findings from the focus groups with tenants, older people and young people had been helpful as groups could often identify a simple solution. For example, raising having a trusted adult to talk to for young people. Members added that if this harm could be proved empirically a case could be made for shifting resources, including into preventative work. There was a reliance on the voluntary and community sector as well with costs involved in ensuring a body of volunteers could be trained and retained, which might merit dialogue with Voluntary Action Rotherham about their plans for volunteers. Officers reiterated the need for individual and collective responsibility across agencies and that much could be done at low or no cost.

The value of social prescribing through GPs was acknowledged and potentially could assist with some of the people going to health services with more of a social than a medical need, but again this linked back to people being able to get a GP appointment. Work was taking place with the Primary Care Networks' Link Workers who did the signposting but they were still fairly new in post. Existing social prescribing was available

only for two specific routes, mental health and long term conditions, but the hope was to expand this more widely by working with the Link Workers. Rotherham was already well ahead in this field through the work introduced by Voluntary Action Rotherham which pre-dated the national requirements.

8 out of 10 carers had reported feeling lonely and Members sought verification that the Loneliness Plan would link in with the Carers Strategy. Cllr Roche confirmed that it would do and admitted that the Carers Strategy had been delayed whilst the new Target Operating Model had been developed and implemented in Adult Care. An officer had now been appointed to develop the strategy which was an essential piece of work as being a carer could be very lonely, especially if the person they supported had complex needs and required a lot of hours of care.

In relation to concerns with the move towards digital by default a query was raised about the potential to use some of the associated savings to establish relationships that may be lost through the move to greater use of technology. Conversely, the positive benefits of technology in helping to address loneliness were raised, including robotic cats that had been positive for people with dementia and enabling the development of on-line communities that helped people make connections around the world.

As the plan was a more strategic high level plan, officers were asked for a follow up once the plan was being implemented to see what was happening as the engagement was a concern.

Members talked about good initiatives they were involved in to help bring people together such as lunches, day trips and a fishing group but had been less successful with projects for men on their own. This challenge was recognised although there had been some successes through the small grants scheme under the suicide prevention work which had been running for two years and did include criteria around addressing loneliness and isolation. A further suggestion was made about trying to bring people together initially through a type of matching process akin to some of the Apps.

Although many of the initiatives discussed involved groups, for some people joining a group could be a difficult step and others might want to find someone to buddy up with instead or alternatively to do something in their own home. Some individual schemes were in place and had led to real friendships. A befriending scheme matched volunteers with an older person for an hour a week and were often mutually beneficial. Work was needed to make others aware of activities the Council offered that were free to attend such as guided walks and in parks.

Given that children and young people experienced loneliness, the Chair asked about work in schools about loneliness; awareness raising with young people, including what to look for and how to be supportive and whether this would be linked to the Trailblazer project. Rich information

had been garnered from the engagement with young people and partners needed to look at where to take this. This had been raised at the Trailblazer group so would be looked at to see how it filtered down to actions. It was being addressed in many schools but not necessarily badged as loneliness.

National performance indicators on loneliness were planned for inclusion in the Public Health Outcomes Framework but these measures would not be finalised until November although a number of suggestions were being discussed.

In summary, the feedback from Health Select to be considered to inform the final draft of the plan was:

- referencing of research sources to be clearer
- ensure a link to the Carers Strategy (which also links to the respiratory pathway)
- report back on progress with detailed examples (to link into agreed reporting)
- better links to schools – including Trailblazer
- importance of empirical evidence to support funding requests or resource shifts

Officers and the Cabinet Member were thanked for presenting the plan. If Members had any further thoughts, they were encouraged to submit them by 1 March 2020. The Chair also confirmed that the Carers Strategy would be included in the work programme for 2020-21.

Resolved:-

1) To note the draft plan and timescales for consultation.

2) To submit comments on the draft action plan.

3) To receive the final version after sign off by the Health and Wellbeing Board in March 2020.

68. OUTCOMES OF WORKSHOP ON REFRESH OF ROTHERHAM INTEGRATED HEALTH AND SOCIAL CARE PLACE PLAN

A short briefing paper summarised key points raised at the workshop held in January to scrutinise the refreshed Rotherham Integrated Health and Social Care Place Plan. The purpose of the session had been to consider and comment on the general thrust of the plan, priorities and focus – including any perceived gaps and any specific issues in relation to any of the three transformation workstreams. Delivery and governance arrangements and how partners would measure success was also covered.

Five recommendations resulted from the workshop

1. That consideration be given to renaming the Transformation Group as the Mental Health, Learning Disability and Autism Transformation Group to give Autism greater recognition as a discrete issue.

2. That the issues raised in section 3 be considered by the Integrated Care Partnership for inclusion within the plan or in existing workstreams as appropriate.

3. That a further update on the development of Primary Care Networks and transformation of Primary Care be presented to the Health Select Commission in 2020-21.

4. That the final draft of the refreshed plan be circulated to the Health Select Commission.

5. That following consideration of this paper written feedback is provided to the Health Select Commission for its meeting in March.

The Chair of Licensing Board and Licensing Committee praised the speedy responses from health partners to requests for information related to licensing. It was also hoped to make good use of the alcohol and licensing toolkit once in place. Officers were already using an excel based version and it would soon be available within the Rotherham Data Hub (formerly known as the Joint Strategic Needs Assessment or JSNA) in a more accessible way. All the information was now available to inform analysis of specific areas.

Members were advised that in relation to recommendation 1 above, it had already been confirmed that the name of the group would be changed but to include Neurodevelopment rather Autism, which was a broader term.

Resolved:- To note the recommendations made at the workshop as set out in section 4 of the briefing.

69. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - UPDATE

The Governance Advisor confirmed that the date of the next meeting had not been finalised but was expected to be in March. The Health Select Commission was informed that Wakefield Council had withdrawn from the joint committee.

70. URGENT BUSINESS

The Chair advised that there were no matters of urgent business to discuss at the meeting.

71. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission take place on Thursday, 26th March, 2020, commencing at 2.00 p.m. in Rotherham Town Hall.

Adults 65+ Residential/Nursing Care Homes

Health Select Commission - Quality Review

4 June 2020

Context

- 36 Care Homes (Adults 65+) including 2 in-house
- 2 - market exits since 2018 Greasbrough Nursing and Residential Home (contract termination-poor quality) Clifton Meadows (business decision)
- 3 - market entries - Jubilee - Greasbrough, Roche Abbey - Maltby, Clifton Meadows - Clifton
- Bed capacity 1849 (including in-house/temporary beds)
- 483 Vacant – 26% on 22nd May 2020

General Residential	General Nursing	Dementia Residential	Dementia Nursing
164	**92**	**171**	**56**

Current Position

- Only 48% placements funded by the Council
- 22% of beds occupied by self-funding residents
- 30% from out of borough
- 50% charge a top up fee (10% in 2015/16)
- Demographic is changing, with the average age entering care increasing to 85 years (83 in 2015/16).
- The average length of stay is 2-3 years (3-4 years in 2015/16).
- Increase occupancy in Nursing type provision (90% occupancy) - people living longer - complex needs
- Market expansion in nursing beds 92 beds and 20 temporary (Covid-19)
- 11% increase in vacancy factor since Covid-19

Challenges to Care Homes due to Covid-19

- Initial challenges at the start of the pandemic:
  - Implementation of the 3 hour discharge process from hospital
  - lack of testing for staff and residents
  - high rates of staff absence
  - lack of PPE
  - care home deaths not being captured in the national data
  - frequently changing guidance regarding outbreaks, PPE use and infection control

- Challenges now are:
  - implementing the new testing regime
  - high levels of voids
  - limited self funder market
  - longer term financial viability of care homes
  - ensuring that support extends beyond older people (current national guidance limits primary action to this group)

Additional Support due to Covid-19

- Named Council lead officer - Contract Compliance Team and Public Health Officers
- Clinical lead - GP - Community Health Team
- Clinical Contract Quality Officer – Care Home Liaison Service (NHSRFT)
- Staff testing
- Whole home testing for staff and residents
- Supply of PPE
- Council's website - bespoke section for providers i.e. web form to request PPE/information/support/resources
- Rotherham Skills Academy to meet their immediate recruitment and training needs for adult social care workers
- CQC - Emergency Support Framework - collaboration

Additional Support due to Covid-19 con…

- Training package based on Public Health England guidance for PPE, Infection Prevention and Control and Covid-19 swabbing/testing
- Sheffield University provided 35 sim enabled phones to enable video calling – residents/family
- Multi-disciplinary team clinicians/Public Health/commissioning video conferencing
- “Listening Ear” service – bereavement support
- Payment £15,000 to support additional expenditure incurred as a result of Covid-19
- £100,000 contingency fund
- Infection Control Fund – £2.3m grant for all CQC registered care homes in the borough (all age - 84 in total)

Whole Care Home Testing

- 10 May 2020 - the national digital portal was launched to support all care homes to be tested by June 2020.

- The Director of Public Health, CCG Chief Nurse and the Director of Adult Care Services were tasked with supporting testing across Rotherham.

- Care home testing will be prioritised according to risk i.e. where there is an outbreak or where staff absence is problematic.

- All older people's care homes across Rotherham will be included regardless of the source of their funding.

- The Director of Public Health will be referring care homes to NHS England for testing on a weekly basis as per NHS England's directive.

- Local needs will be captured via a daily tracker.

- An evidence-based methodology informs who is prioritised for testing and support:
  - size of the care home
  - numbers of staff
  - whether the care home is nursing or residential
  - current staff sickness rates
  - current bed occupancy
  - current infection rates and presence of Covid 19
  - testing already undertaken of residents and staff (if this is the case)
  - geographical areas to take advantage of mutual aid where possible

CQC Ratings

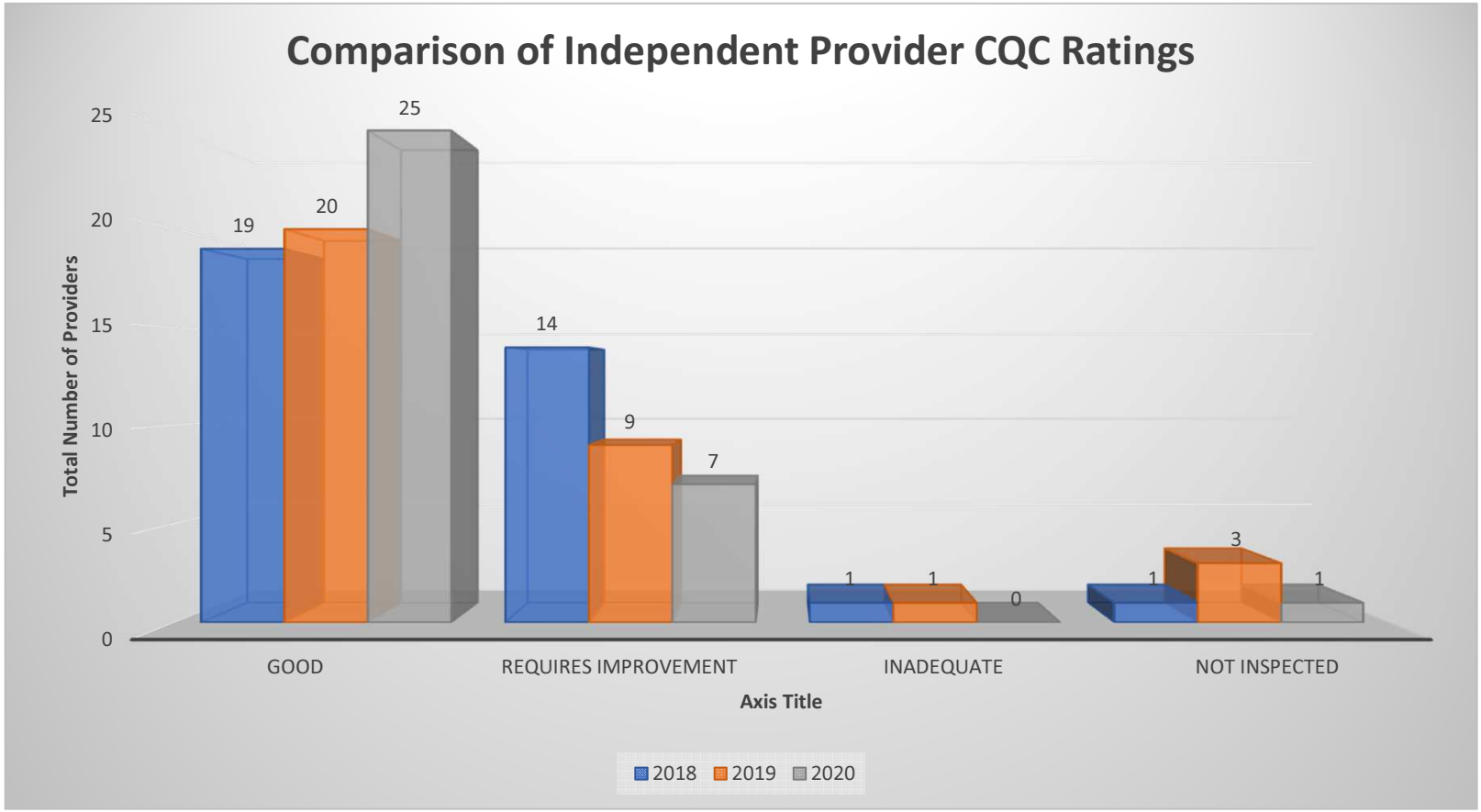
As of 1 March 2020:

Rating	Number of Homes Rated	%
Good	25	75.76%
Requires Improvement	7	21.21%
Inadequate	0*	0%
Not Inspected	1 Jubilee Court	3.03%
Total	33	100%

- Due to a legal challenge with CQC by the proprietor Greasbrough Nursing and Residential Care Home remains rated Inadequate on the CQC website.

Comparison of CQC ratings

The graph below indicates that between the two reporting periods the number of providers in Rotherham rated Good overall by CQC has increased by 18.3%, those rated as Requires Improvement has decreased by 15.76% and those rated as Inadequate have decreased by 2.86%



Regional Picture - % of Adult Care Homes rated Inadequate or Requires Improvement

Local Authority	Jan-17
•Doncaster	18.20%
•East Riding	22.00%
•Rotherham	23.30%
•City of Kingston upon Hull	24.10%
•North Yorkshire	24.20%
•North Lincolnshire	25.50%
•North East Lincolnshire	32%
•Sheffield	32.70%
•Barnsley	36.70%
•Leeds	39.50%
•York	39.50%
•Kirklees	39.70%
•Calderdale	43.10%
•Wakefield	46%
•Bradford	46.50%

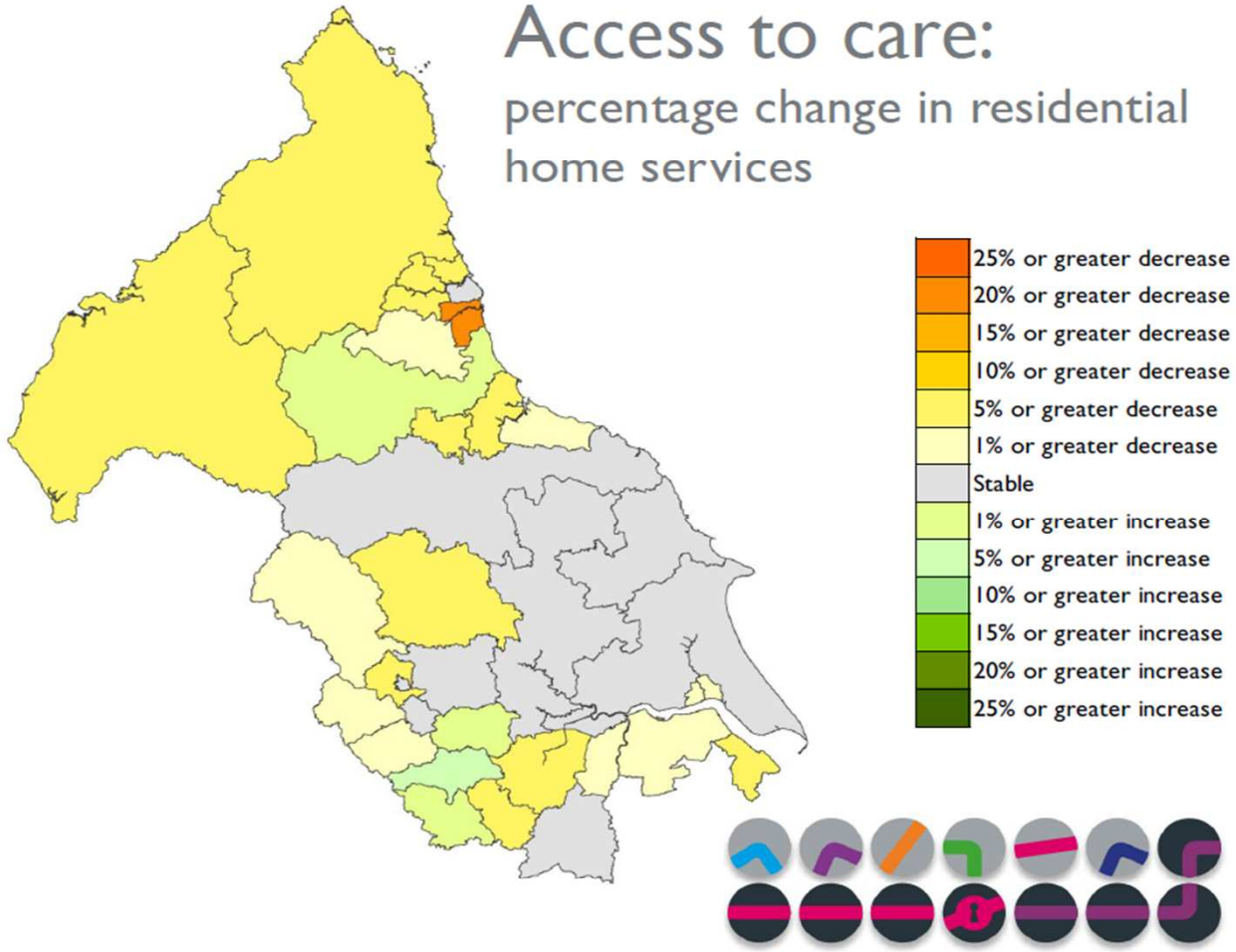
Local Authority	Jan-19
•York	11.10%
•Rotherham	17.30%
•East Riding	17.40%
•North Lincolnshire	17.40%
•North East Lincolnshire	17.40%
•Doncaster	17.70%
•North Yorkshire	19.70%
•Sheffield	20.50%
•Leeds	23.30%
•City of Kingston upon Hull	24.70%
•Wakefield	28.10%
•Bradford	31.90%
•Kirklees	33.10%
•Calderdale	34%
•Barnsley	35.40%

Source- *Independent Age: Care Home Performance Across England*-January 2017 & January 2019

CareQuality Commission

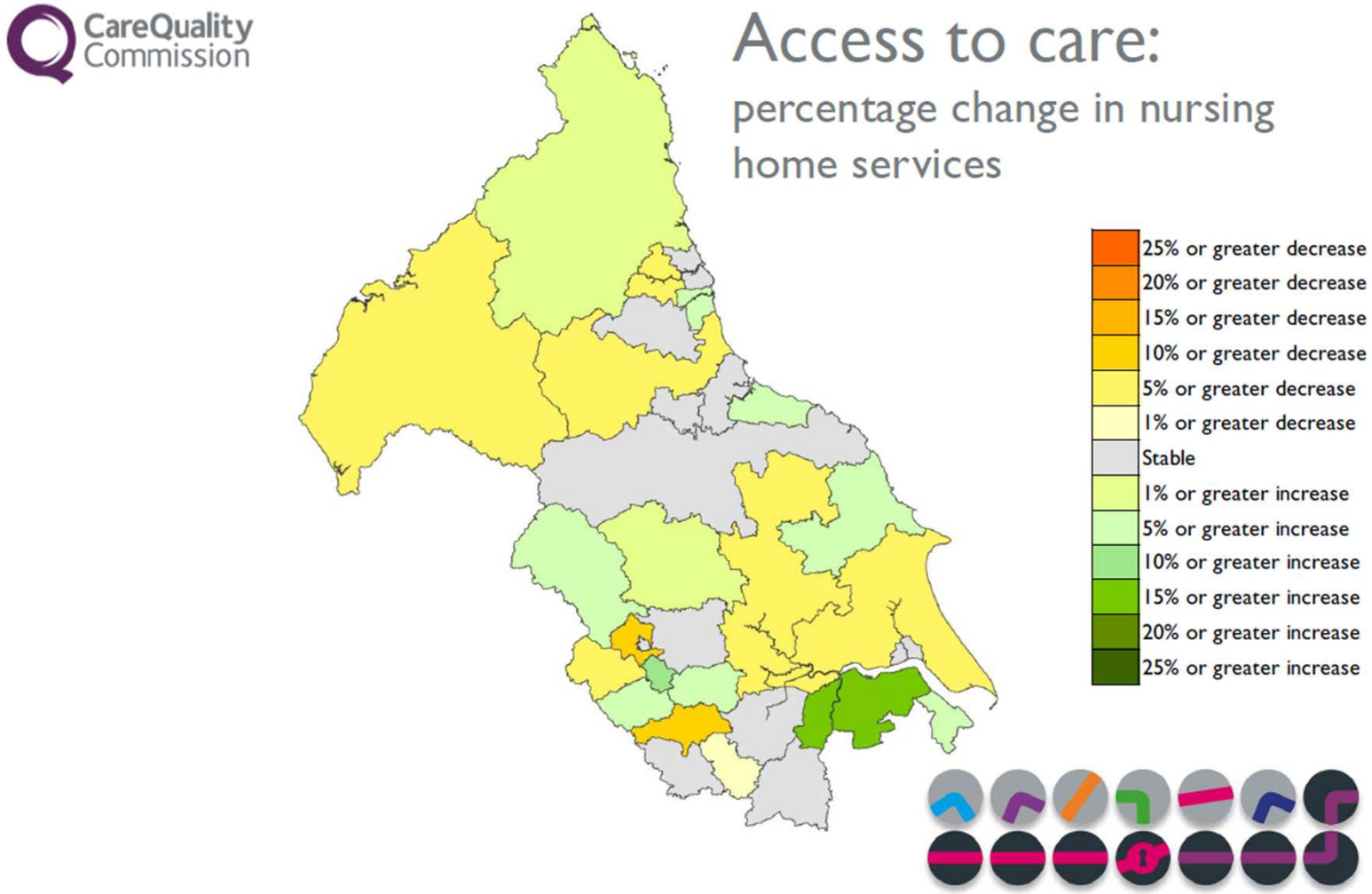
Access to care:

percentage change in residential home services



Source: CQC HSCA register April 2018 to August 2019

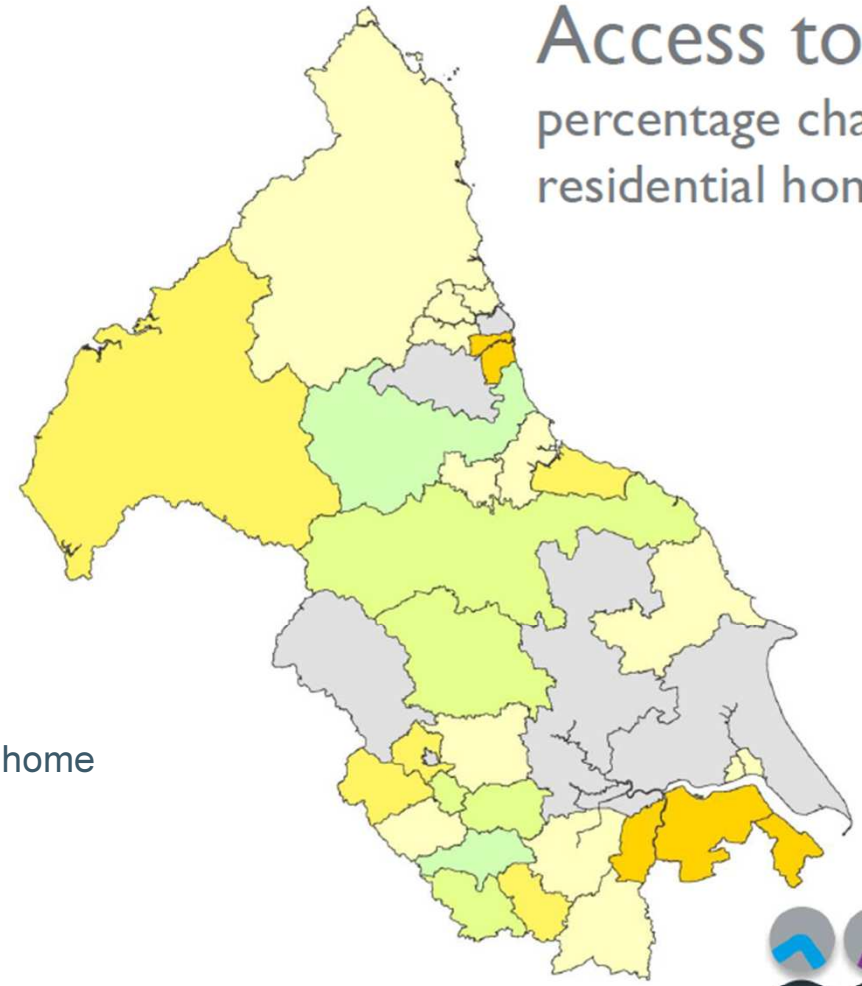
Rotherham figures indicate a 5% or greater decrease in the number of people accessing Residential Care



Rotherham figures indicate a 1% or greater decrease in the number of people accessing Nursing Care

Access to care:

percentage change in residential home beds



- 25% or greater decrease
- 20% or greater decrease
- 15% or greater decrease
- 10% or greater decrease
- 5% or greater decrease
- 1% or greater decrease
- Stable
- 1% or greater increase
- 5% or greater increase
- 10% or greater increase
- 15% or greater increase
- 20% or greater increase
- 25% or greater increase

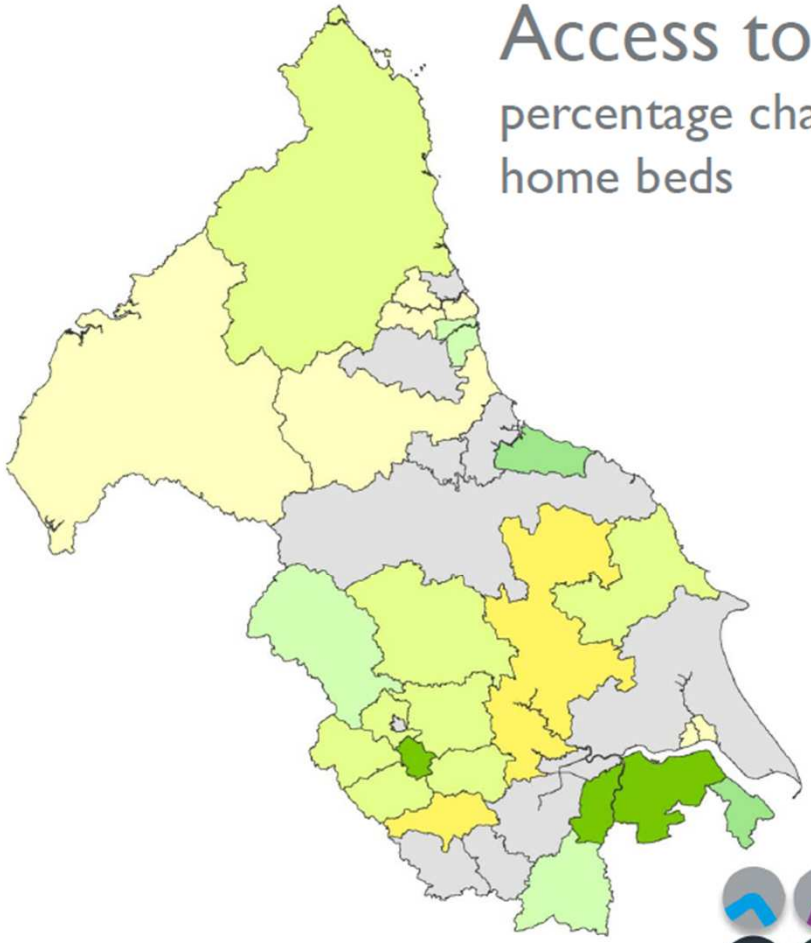
Rotherham Residential home closures:
Greasbrough
Clifton Meadows

Source: CQC HSCA register April 2018 to August 2019

Rotherham figures indicate the a 5% or greater decrease in the number of residential beds available in the Borough

CareQuality Commission

State of Care 2018/19
The number of residential and nursing home beds has steadily fallen in all regions over the last five years.



Access to care:

percentage change in nursing home beds

- 25% or greater decrease
- 20% or greater decrease
- 15% or greater decrease
- 10% or greater decrease
- 5% or greater decrease
- 1% or greater decrease
- Stable
- 1% or greater increase
- 5% or greater increase
- 10% or greater increase
- 15% or greater increase
- 20% or greater increase
- 25% or greater increase

Source: CQC HSCA register April 2018 to August 2019

Rotherham figures indicate the number of Nursing beds available in the Borough remains stable

The Care Home of the Future

- Care home market is essential where it is not appropriate or safe for a person to remain in their own home.

- Shift in market to facilitate hospital admission avoidance, discharge and flow to contribute to managing year-round pressures/demand through the provision of intermediate care, reablement and winter pressure beds from the independent sector.

- To develop more effective community multi-disciplinary working to support people to be at home for longer (or following hospital discharge), based on the philosophy of ‘Home First’

- Prevention and early intervention with a recovery model of reablement and rehabilitation for all age groups

Approach to Quality

- Healthwatch - Citizens Advice Rotherham and District
- RMBC - Public Mental Health and Emotional Wellbeing COVID 19.
- TRFT - Patient Experience Group.
- Rotherham Safeguarding Adults Board.
- Health & Wellbeing Board.
- Rotherham Advocacy Service – Absolute Advocacy: canvas independent views on health and social care in addition to advocacy
- Meet people 1:1 group sessions, surgeries, attend events, use social media and technology.

Quality Strategy

Making it Real - people with care, treatment and support needs:

- Six themes to reflect the most important elements of personalised care and support.
- ‘I statements’ that describe what good looks like from an individual perspective.
- ‘We statements’ that express what organisations should be doing to make sure people’s actual experience of care and support lives up to the I statements.

Agenda Item 8

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	26 March 2020
	LEAD OFFICER:	Kate Green Public Health Specialist Adult Care, Housing and Public Health Tel. 01709 255873
	TITLE:	Local Authority Declaration on Healthy Weight

1. Background

1.1 The Local Authority Declaration on Healthy Weight is a local authority commitment encompassing areas such as planning, public health, environmental health, culture and leisure to work together to improve the health of the local population.

The declaration was developed by Food Active. Food Active is a healthy weight programme in the North West, supported by Directors of Public Health. Their work involves tackling obesity and promoting healthy weight across the North West population, with a specific focus on the most vulnerable. They influence policy at both local and national levels, working with local authorities on their health and wellbeing agendas, as well as lobbying at a national level and working closely with communities on specific projects. 15 North West region Local Authorities have adopted the declaration.

In light of its success in the North West region it is now being rolled out across Yorkshire and Humber (Y&H), following the regional Director of Public Health network collectively commissioning this from Food Active.

Rotherham Council formally signed and adopted the Declaration on 20th January 2020, to join other local authorities including York, Leeds and Kirklees. A number of other areas (Calderdale, Doncaster and North Yorkshire) are also at various stages of developing their approach.

This briefing provides an overview of the declaration and its 14 commitments, what adopting it will now involve, and examples of actions for members of the Health Select Commission to consider.

This will be supported by a presentation at the meeting on 26th March by Robin Ireland from Food Active, where examples from other areas will be shared with members of Health Select commission.

2. Key Issues

2.1 Unhealthy weight (overweight and obesity) is a serious public health problem that increases disability, disease and death and has substantial long-term economic, wellbeing and social costs.

Rotherham has high levels of obesity for both children and adults.

25.5% of 4-5 year olds and 36.1% of 10-11 year olds are overweight or obese, (compared with 22.4% and 34.3% England average).[1]

Nearly two-thirds of Rotherham adults aged over 18 are now overweight or obese (62.7%), which is similar to the England average (62.0%). However, figures for adults are based on self-reported survey data[2] and liable to reporting bias and wide fluctuation.

Rotherham has also been the target for media interest over several years in relation to obesity.

To address these challenges and ensure obesity remains a priority locally, a proposed 'Healthy Weight For All' plan has been presented to the Health and Wellbeing Board, and is currently being developed, which focuses on a whole-system approach to promote healthy weight across the life-course. The vision for tackling this significant issue is for Rotherham to be a place where people of all ages feel able to make healthy choices for themselves and their families, particularly in relation to food and physical activity.

Whilst part of the plan will be to ensure people are able to access support in relation to weight when needed, which is currently provided via the commissioned services for adults and children, it is important that there is an increased focus on primary prevention of obesity.

2.2 Local Authority Declaration on Healthy Weight

The Local Authority Declaration on Healthy Weight (LADHW) is about prevention, and addressing the obesogenic environment that people live in. It focuses on all of the areas that the Council either controls or has influence over, to promote healthy weight wherever possible, and work with relevant partners to do the same.

The declaration comprises of 14 standard commitments which are designed to be bold but achievable, with the opportunity for areas to make further local commitments to supplement the declaration if they wish. Appendix 1 to this paper includes an overview of the commitments and examples of actions being taken forward locally.

The declaration therefore is a statement of intent, demonstrating that the Council as a whole is committed to exploring opportunities in relation to promoting healthy weight and reducing obesity. It offers a way of bringing together all of the work already going on under one 'umbrella' and provides an opportunity to share positive stories publicly.

Rotherham Council formally signed the declaration on the 20th January 2020, but this does not mean that all actions in relation to the commitments are complete, it will be a live piece of work that continues to develop over time. Accountability for the continued implementation of the declaration will be with the Council, and monitoring of the plan will be done locally.

Adopting the LADHW is seen as a positive step for Rotherham; demonstrating a commitment to tackling some of the complex challenges being faced locally in relation to obesity. It demonstrates the issue remains a priority for the Council, but that it requires a new, whole-system approach in line with best practice and evidence.

The proposed actions also enhance and contribute towards key strategic documents such as the Health and Wellbeing Strategy and the Rotherham Integrated Health and Social Care Place Plan.

[1] Public Health England, National Child Measurement Programme (2017/18)
[2] Active Lives Survey, Sport England

3. Key Actions and Timelines

3.1 Consultation with stakeholders

The proposal to adopt the declaration was originally raised at the Health and Wellbeing Board during 2019, when all health and wellbeing partners agreed to contribute to this work where appropriate.

On 23rd July 2019 a Member Seminar also took place providing members with an opportunity to consider the commitments and discuss possible actions to take forward.

The declaration was formally signed at the Town Hall on 20th January 2020 and discussions are now taking place with relevant officers and elected member across the Council, for example from planning, environmental health, catering, licensing, early years and social care, to explore what opportunities are available.

To further enhance the work being done by the Council, Food Active have developed a 'Partner Pledge' for partners to adopt in support of the declaration. The next steps will be to share this with relevant partners, such as schools, leisure centres, and local businesses and support them to make this a commitment. Food Active are also developing a separate NHS Declaration for NHS partners, which will be explored later during the year.

3.2 Adopting the declaration

Food Active recommend several steps which need to be taken in adopting the declaration, some of which have been completed, some will continue to be on-going activity:

- It is widely accepted that healthy weight is everyone's responsibility and requires concerted effort from within the Council and externally to bring about change. Support for and endorsement of the LADHW was sought from the Health and Wellbeing Board, Cabinet and the Senior Leadership Team, helping to ensure it is successfully embedded within the council's plans and strategies.
- The Health and Wellbeing Board will provide a key role, as the declaration supports Aim 3 of the Health and Wellbeing Strategy. Other local plans and strategies will be considered to identify how the declaration can help meet priorities.
- The commitment has been shared with the media and a local communications plan is being developed to maximise internal and external communications around the declaration.
- It is important that momentum continues once the declaration is signed and people are accountable for their actions. The reason for bringing this to Health Select Commission is to help build momentum, as well as help identify and work with new stakeholders in developing actions against the commitments from within and outside the council.
- Monitoring and evaluating the declaration will be done locally by developing action plans and linking the declaration to the local healthy weight plan. A Healthy Weight Declaration Monitoring tool will also be used to evaluate progress against the commitments and identify future planning.

3.3 Timeline

The final action plan will be published by the end of April, contributing towards the wider 'Healthy Weight for All' plan.

The monitoring and evaluation tool will then be put into place during May 2020 and overseen as part of Aim 3 of the Health and Wellbeing Strategy.

	Following this, work will begin to engage with key partners across Rotherham, to develop 'partner pledges', led by Public health.
4. Recommendations	
4.1	Health Select Commission to: • Note the information provided about the declaration and that the Council formally adopted this on 20th January 2020.

Appendix 1. Local Authority Declaration on Healthy Weight: 14 commitments and opportunities

	Commitment	Examples of activity already being done or planned locally
1.	Engage with the local food and drink sector (retailers, manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing (such as not selling energy drinks to under 18s), offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt (HFSS) products.	Examples to explore locally could include: • Engaging with local fast food outlets to consider 'healthier' options (via environmental health or licensing). • Use procurement policy to promote and encourage healthier food and drink in out of home settings (including council-run cafes).
2.	Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities.	• Consider a local policy in relation to commercial partnerships and advertising of unhealthy food and drink, particularly aimed at children. • A regional piece of work is currently being done to develop a Yorkshire and Humber policy for the advertisement of food high in fat, sugar and salt.
3.	Review provision in all public buildings, facilities and 'via' providers to make healthy foods and drinks more available, convenient and affordable and limit access to high-calorie, low nutrient foods and drinks (this should be applied to public institutions such as schools, hospitals, care homes and leisure facilities where possible).	• Conversations have taken place locally with vending machine providers in Riverside House and local leisure centres, to explore healthier options being provided (this is built on research examples from Leeds City Council). • Riverside Café also now provides '100 calorie' snacks and posters are being developed to promote these. • Partners will be engaged in this via development of a 'Partner Pledge' for example working with schools, colleges, the hospital, GP practices, and leisure centres.

4.	Increase public access to fresh drinking water on local authority controlled sites.	Water already provided in some sites, further work needed to explore how this could be rolled-out to other buildings (and aligned to the oral health agenda, particularly for children).
5.	Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited.	Supplementary planning guidance has been consulted on which forms part of the Rotherham Local Plan, which includes a checklist for health and wellbeing implications and a restriction of hot food takeaways close to schools and colleges.
6.	Advocate plans with our partners including the NHS and all agencies represented on the Health and Wellbeing Board, academic institutions and local communities to address the causes and impacts of obesity.	Locally a 'Healthy Weight for All' plan is being developed, contributing to the Health and Wellbeing Strategy, which will be monitored by the Health and Wellbeing Board; setting out actions across all partner agencies.
7.	Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools; at events on local authority controlled sites.	• Potential to work with the School Improvement Service to engage schools in supporting health and wellbeing and reducing promotion of food high in fat, sugar and salt. • Consider restrictions on advertising close to schools. For example: Sheffield currently exploring work with 'Clear Channel' to consider advertising of unhealthy food and drink in bus shelters.
8.	Support action at national level to help local authorities reduce obesity prevalence and health inequalities in our communities,	Ensure local plans support the Government Childhood Obesity Strategy where appropriate.
9.	Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer.	Procurement of food for local venues and events (such as Rotherham Show, Clifton Park) is being looked at to explore how suppliers could be encouraged and supported to provide healthier options.

10.	Support the health and well-being of local authority staff and increase knowledge and understanding of unhealthy weight to create a culture and ethos that normalises healthy weight.	Continue to develop a plan in relation to the Be Well @ Work Award, which supports employees to look after their health and wellbeing, including: • Activities being done to promote physical activity at work (e.g. using the stairs, moving around more during the day, promoting active travel). • Healthy eating sessions delivered to staff.
11.	Invest in the health literacy of local citizens to make informed healthier choices.	Communications plan being developed to support the declaration, which considers the role of local people (inc. elected members) to champion messages around healthy weight in communities.
12.	Ensure clear and comprehensive healthy eating messages are consistent with government guidelines.	• Local communications plan to ensure consistent messages to staff and public. • Public Health currently working with the 0-19 Service to look at training options for staff who work with children and families (in the council and The Rotherham Foundation Trust) to support them in being able to talk to families about the importance of healthy weight.
13.	Consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity.	• Strategic Director of Regeneration and Environment (R&E) sits on local Health and Wellbeing Board and engaged in discussions around healthy weight. • Actions will also be included in the 'Healthy Weight for All' plan in relation to the built environment e.g. discussions have already taken place with colleagues in R&E in relation to the town centre public realm, elected member group looking at promoting walking and cycling in the borough, Rotherham Activity Partnership now established to plan and promote physical activity and sport locally.

14.	Monitor the progress of our plan against our commitments and publish the results.	To be monitored locally by officers to ensure actions are delivered and plan will be overseen by the Health and Wellbeing Board (as part of the broader 'Healthy Weight for All' plan).

The Local Authority Declaration on Healthy Weight

Robin Ireland- Director of Research (Honorary), Food Active

Health Select Commission, Rotherham, June 2020

With thanks to Beth Bradshaw and Alex Holt (Food Active), Nicky Dennison (Blackpool Council), Cheshire West and Chester Council, Rochdale Council, the Obesity Health Alliance and Public Health England.

In a class of 30 students:
If one fails, you might blame the child.
If 20 fail, you must blame the teacher.
With almost 2 in 3 of us overweight,
Why do we still shame the individual?

@sandrodemaio

Agenda…

- The impact of obesity
- The background to the Healthy Weight Declaration
- The 14 Commitments
- Examples from elsewhere
- The Partner Pledge
- The NHS Declaration

THE LOCAL GOVERNMENT DECLARATION ON HEALTHY WEIGHT

TIMELINE

2014

AUGUST 2014:
Declaration Consultation Event, Manchester

2015

THE EVIDENCE BASE:
Why a Local Authority Declaration is needed

THE LAUNCH

2016

Blackpool Council

St.Helens Council

Knowsley Council

2017

Lancashire County Council

NHS Blackpool Teaching Hospitals NHS Foundation Trust

Sefton Council

2018

ROCHDALE BOROUGH COUNCIL

Blackburn with Darwen Borough Council

Cumbria County Council
Carlisle City Council
Allerdale borough council
South Lakeland District Council
Borough of Barrow in Furness
Eden District Council
Copeland Borough Council

NHS East Lancashire Hospitals NHS Trust

Liverpool City Council

2019

Cheshire West and Chester

Devon County Council

Leeds City Council

Kirklees Council

2020

Borough of Pendle

Rotherham Metropolitan Borough Council

City of York Council

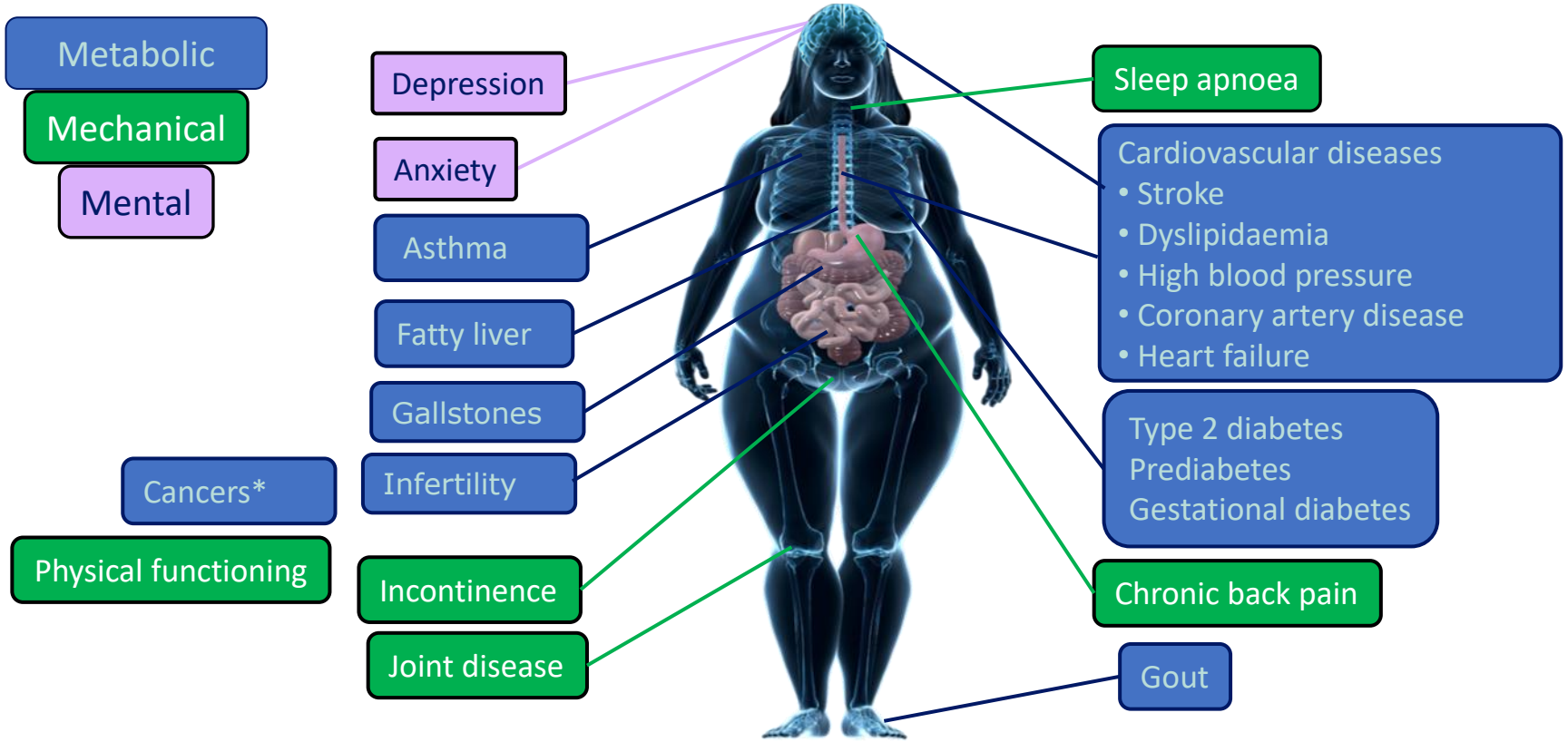
Bristol City Council

Covid-19 and Healthy Weight

- WHO has highlighted non-communicable diseases (NCDs) as a risk factor for becoming seriously ill with COVID-19
- Obesity may be a risk factor for developing more severe Covid-19 complications, requiring hospitalisation and critical care.
- Obesity is commonly associated with decreased immune function = greater risk
- Emerging evidence suggests men with obesity are more at risk
- As obesity class increases, the risk of mortality increases. More than double with BMI of over 40 – independent of co-morbidities.
- People with obesity may be of lower socioeconomic status, race/ethnicity, poorer diets etc – implications on metabolic affects.
- Affects access to/availability of treatment for obesity – particularly those who have experienced weight stigma, and may feel a sense of guilt for using NHS resources.

Obesity is associated with multiple co-morbidities

Metabolic, Mechanical and Mental

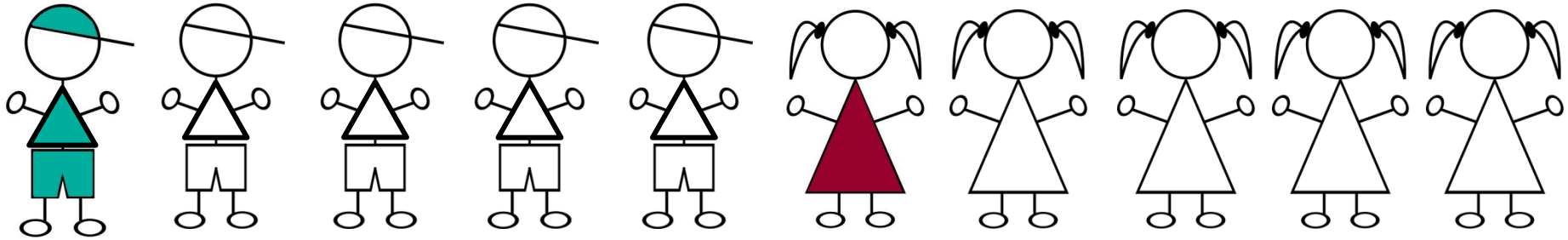


Public Health England

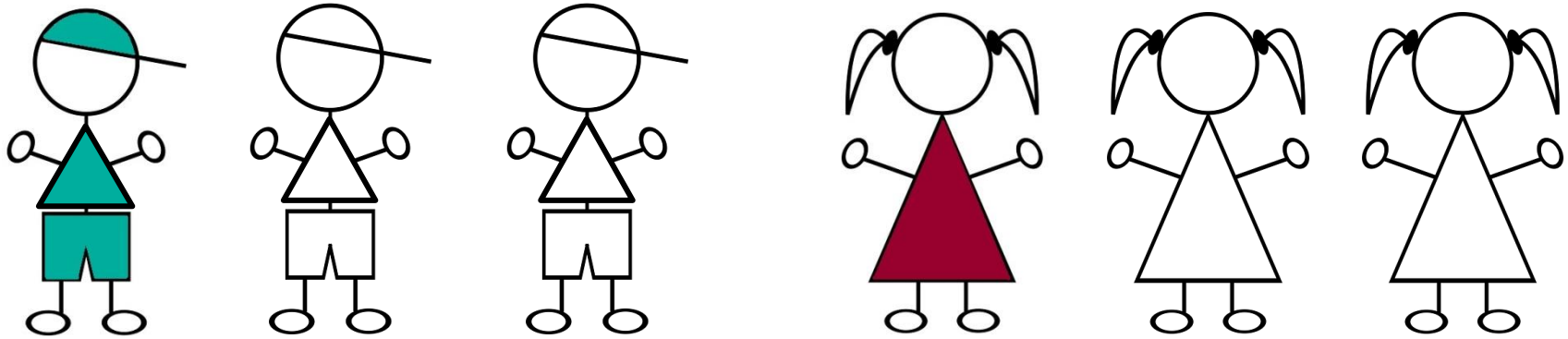
Prevalence of excess weight among children

National Child Measurement Programme 2017 /18

More than 1 in 5 children in Reception is overweight or obese
(boys 22.9%, girls 21.8%, all children 22.4%)



More than 1 in 3 children in Year 6 is overweight or obese
(boys 36.4%, girls 32.2%, all children 34.3%)

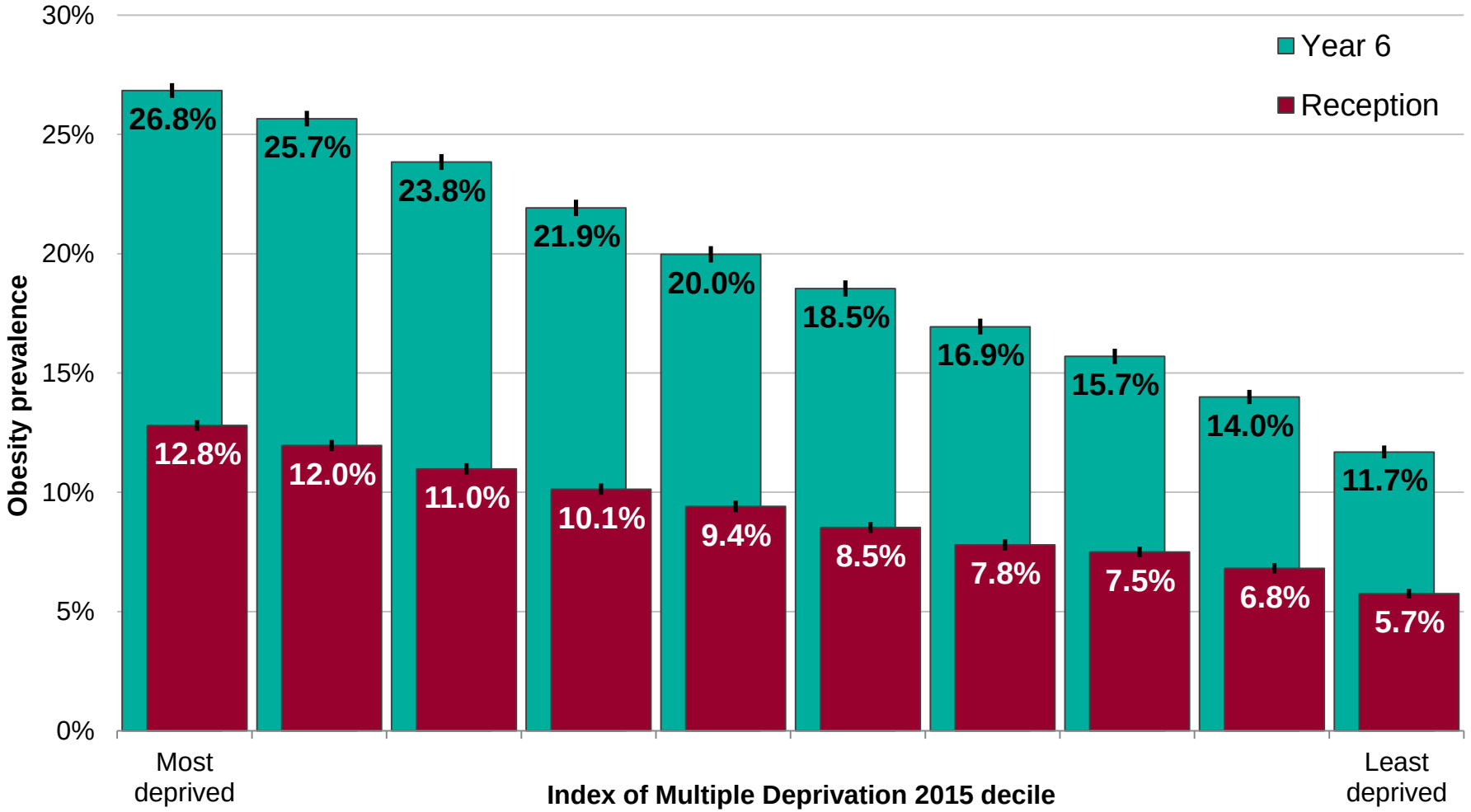


Child overweight (including obesity)/ excess weight: BMI ≥ 85th centile of the UK90 growth reference

Public Health England

Obesity prevalence by deprivation decile

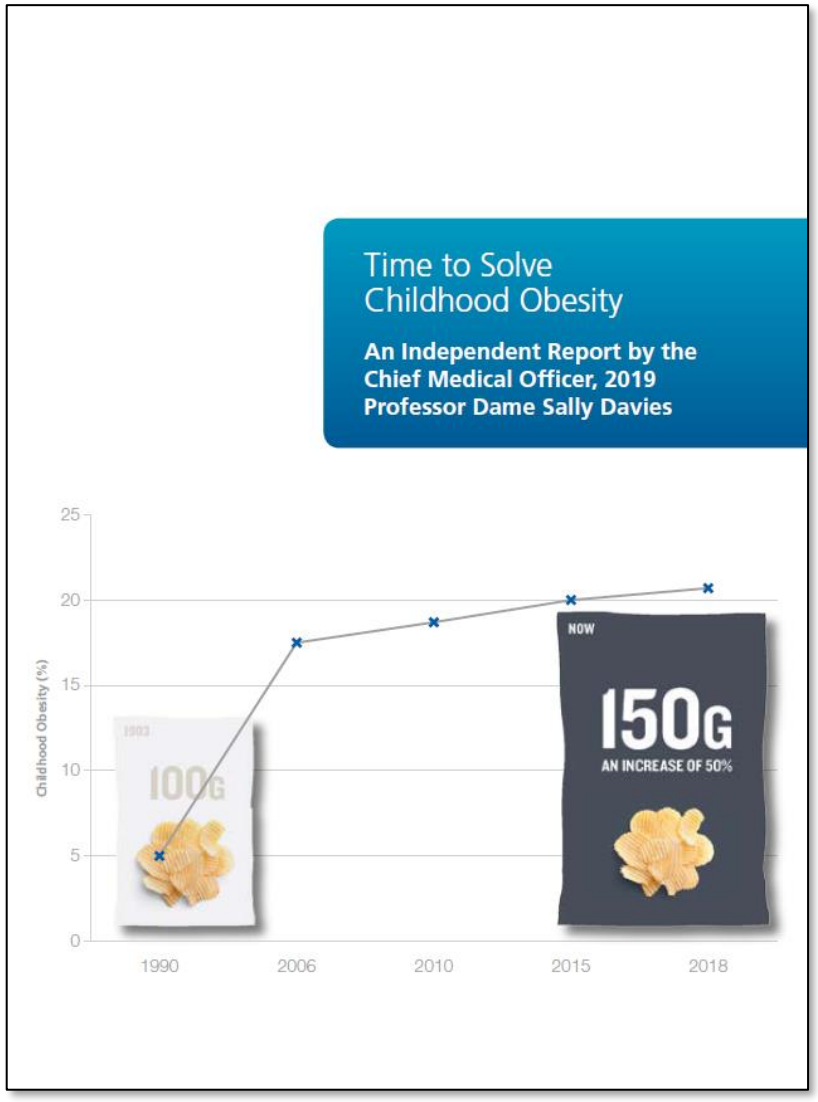
National Child Measurement Programme 2017/18



Child obesity: BMI ≥ 95th centile of the UK90 growth reference

"Today's children are drowning in a flood of unhealthy food and drink options, compounded by insufficient opportunities for being active. But running, cycling, swimming and other physical activities, though important, will not solve obesity."

Professor Dame Sally Davies



Food Active – a North West response

- A collaborative programme launched by the North West Directors of Public Health in November 2013 to tackle increasing levels of obesity.

- Focusing on population-level interventions which take steps to address the social, environmental, economic and legislative factors that affect people's ability to change their behaviour.

- **Less victim blaming, more environment framing**

FOOD ACT!VE

What are the Local Authority Declarations for?

- **Strategic leadership**: creates an opportunity for senior officers and politicians to affirm their commitment to an issue
- **Local awareness**: shines a light on importance of key activities internally and externally
- **Driving activity**: a tool for staff to use to create opportunities for local working

Original 14 Core Commitments Supported by local priorities :

Review and refresh of the HWD

The commitments

We consulted with current adoptees of the HWD, and ran a small task and finish group.

- the standard commitments have increased in number from 14 to 16
- a small number of new commitments have been introduced - they cover climate change, place-based approaches, partnerships, and a wider whole-systems approach to obesity
- some of the commitments have been amalgamated
- there is revision to some of the wording
- the commitments are now listed under key themes

Review and refresh of the HWD

Supporting materials

The revised HWD is due to be launched in early July and will be supported by a range of materials and resources including:

- Updated evidence briefing that underpins the commitments – this reflects the outputs of the consultation in a little more detail, specifically linking through to the current policy context and new evidence.
- Updated support pack and M&E Framework
- New Audit Tool (lighter touch M&E tool)
- HWD communications guidance (with specific reference to weight stigma)
- Briefings from cross-council communication
- A series of posters, infographics and social media assets
- New branding (no more scales)

Food Active

Food Active has been working in partnership with Public Health England in the Yorkshire and Humber Region and South West Regions and with councils in the North East.

Leadership and Communication are key to success

Pic: Jacqui Gedman, Chief Executive, Kirklees Council

What have been the benefits of adopting the Healthy Weight Declaration in Blackpool?

This Declaration was passed by: **BLACKPOOL COUNCIL** | On: 20TH JANUARY 2016

LOCAL GOVERNMENT DECLARATION ON **HEALTHY WEIGHT**

THIS LOCAL GOVERNMENT DECLARATION ON HEALTHY WEIGHT IS A STATEMENT, INDIVIDUALLY OWNED BY BLACKPOOL COUNCIL.

It encapsulates a vision to promote healthy weight and improve the health and well-being of the local population. We recognise that we need to exercise our responsibility in developing and implementing policies which promote healthy weight.

Cllr Amy Cross,
Cabinet Member for Reducing Health Inequalities

Dr Arif Rajpura,
Director of Public Health

Blackpool Council | FOOD ACTIVE

Blackpool Council was the first local authority in the UK to adopt a Local Authority Declaration on Healthy Weight:

"Adopting a 'whole systems approach'".
Dr Arif Rajpura, March 2016

What is in the local authority gift?

- Planning and licencing
- Activities/businesses on local authority premises
- Leading by example, setting the tone
- Influencing partners, e.g. via the Health and Wellbeing Board
- Advocacy
- Campaigns: GULP, ReFill

Healthy Weight Summits – x4!

Blackpool Council

Healthy Weight

Healthier Choices

Links to other agendas

Benefits of the process

Engagement of partners and business sector on a range of health agendas
Stronger partnerships
Benefits go beyond healthy weight e.g. Bus drivers are all Dementia Friends
National profile for Blackpool
Promotes **positive reputation** for the council locally
Maximising reach, minimal spend
Early suggestion of **increase in healthy weight** amongst children

Cheshire West and Chester Council: Local Authority Declaration on Healthy Weight

HWD Partner Pledge

- Food Active and Cheshire West and Chester Eat Well and Be Active (EWBA) group worked together to develop the HWD Partner Pledge
- The Partner Pledge contains a set of commitments which organisations pledge to work towards to impact on the health and wellbeing of their staff, clients and the wider community.
- The pledge aims to support the actions of the Council's Declaration.
- Launched in January 2020

HWD Partner Pledge Launch

Eat Well Be Active (EWBA)

- EWBA is a partnership group for west Cheshire that aims to encourage greater levels of healthy eating and physical activity across the borough
- Established 2015
- Chaired by Leader of the Councillor
- Made up of partners from across the borough
- Annual Partner Action Plan

Which EWBA Partners signed up to the Pledge?

- Active Cheshire
- Brio Leisure
- Chester School Sport Partnership
- Edsential
- Ellesmere Port School Sports Partnership
- Healthbox
- The Mersey Forest
- The Welcome Network
- Vale Royal School Sport Partnership

How can Food Active help?

Meet the team

Alex Holt MSc. ANutr.
Programme Manager

Remit: Nutrition, project management, team management, research, policy, partnerships, funding.

Beth Bradshaw MSc. ANutr.
Project Officer

Remit: Nutrition, communications, research, campaigns co-ordination, training, volunteer and student management.

Matthew Philpott PhD.
Executive Director

Remit: Organisational management, Healthy Stadia Director, policy and campaigns expert, public speaking.

Robin Ireland, MPH
Director of Research

Remit: Policy expert, Healthy Weight Declaration advisor, communications and public speaking.

Nicola Calder MSc. RNutr.
Project Lead, NHS Declaration

Remit: Nutritionist, early years nutrition expert, project lead for NHS Declaration and prevention pledge (North West).

Magda Przybylka MSc. RNutr.
Project Manager, Food in Care

Remit: Nutrition, Food in Care Lead, training, communications, project management.

What is the NHS HWD?

- NHS HWD developed following interest from **NHS England** (working with Public Health England South West) in **Food Active's** successful **Local Government Declaration on Healthy Weight**
- A steering group including NHSE, PHE, Food Active, Diabetes UK SW, clinical, academic, primary care and provider representation
- The HWD provides NHS organisations with an opportunity to state their commitment to **supporting patients and staff to achieve a healthy weight**
- **Core and organisational commitments** have been developed through consultation with NHS and public health colleagues across the South West

We covered

- The impact of obesity
- The background to the Healthy Weight Declaration
- The 14 Commitments
- Examples from elsewhere
- The Partner Pledge
- The NHS Declaration

Thank you and QUESTIONS?

www.foodactive.org.uk

@robinHEG
research@hegroup.org.uk

Agenda Item 9

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	4 June 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Initial Work Programme Items for 2020-21

1. Background

1.1 Health and social care services continue to undergo transformation and move towards more integrated working through joint commissioning, joint posts, locality working, greater co-location and multi-disciplinary teams. This work has been an important long term programme that the Health Select Commission (HSC) has kept under scrutiny since 2015-16 and is still evolving.

1.2 Overall performance of health partners is scrutinised through their quality reports, incorporating a range of national measures together with a number of locally agreed quality priorities. Adult Care and Public Health both have outcome frameworks of performance measures which enable progress to be gauged year on year and also benchmarked nationally and regionally.

1.3 Addressing health inequalities that exist in the borough, through health and social care strategies and plans, and through looking at the wider determinants of health, is an issue that the Select Commission has frequently highlighted.

1.4 Another continuing piece of work is scrutiny of any major changes to NHS services across South Yorkshire, Derbyshire and Nottinghamshire, undertaken by the Joint Health Overview and Scrutiny Committee, in accordance with the terms of reference for the Health Select Commission (HSC) in the Constitution.

1.5 In addition, the work programme will have to take account of the response to and recovery from the Covid-19 pandemic.

2. Key Issues

2.1 The work programme needs to address key policy and performance agendas, with a clear emphasis on adding value by leading to improved outcomes for the people of Rotherham. It should also be focused on issues that Scrutiny will be able to influence.

2.2 The initial work programme in Appendix 1 forms the basis for discussion and reflects agenda items on which the Health Select Commission has requested progress reports for 2020-21 in order to scrutinise the impact of recent service or policy changes. Examples are Intermediate Care and Reablement, Ophthalmology Services and Respiratory Services.

2.3 It also includes items delegated from the Overview and Scrutiny Management Board for

	monitoring by HSC, such as the impact of implementation of the new Home Care and Support Services Contract.
2.4	The Commission will continue to employ various approaches in its scrutiny work, including workshops, sub-groups and visits to supplement reports, presentations and performance information.
2.5	More direct public involvement in scrutiny work is an area to develop further, in addition to ensuring services are capturing and taking account of customer/service user, carer and patient feedback and experience. HSC will expect to see this qualitative evidence in scrutiny of the impact of service changes and transformation, as well as the quantitative data and metrics.
3. Key Actions and Timelines	
3.1	Following the discussion at Health Select Commission, a revised draft work programme for 2020-21 will be developed and presented at a future meeting for endorsement.
3.2	Memberships of the Quality Subgroups for Rotherham NHS Foundation Trust; Rotherham, Doncaster and South Humber NHS Foundation Trust; and Yorkshire Ambulance Service respectively will be confirmed in July. It is proposed that these are again mainly based on last year's membership to retain the knowledge Members have developed of those health partners' services.
3.3	Membership of the Performance Sub-Group will also be confirmed in July if it continues to meet during 2020-21.
3.4	The programme does need to maintain flexibility to accommodate additional or urgent items that may emerge during the year and if items are added, this may necessitate a review and re-prioritisation of the work programme.
4. Recommendations	
4.1	That the Health Select Commission discuss the initial work programme as set out in Appendix 1 and agree a clear set of priorities for 2020-21.

Appendix 1 **Initial Items for Health Select Commission Work Programme 2020-21**

Meeting Date	Agenda Item and Expectations
4 June 2020	**LA Declaration on Healthy Weight** (originally scheduled for March) - Opportunity for Health Select Commission to input ideas for stakeholders and potential actions to develop against the commitments in the declaration.
	Adults 65+ Nursing and Residential Care Homes – Quality Review (follows previous scrutiny work on this issue and was due to come in March 2020) - Progress with Development of Quality Strategy and work of Quality Board to drive up standards. - Additional content in light of Covid-19 pandemic - overview of health and social care system support for care homes - Identification of any further scrutiny work on care homes
	Initial Work Programme Items - For discussion and to agree key priorities for 2020-21
	Briefing - response to recommendations from scrutiny of Loneliness Plan and Suicide Prevention Plan - To show where HSC has influenced the plans (was scheduled for March)
	Briefing – information requested from previous scrutiny - For information to close off issues from 2019-20
16 July 2020	**Hold for potential scrutiny of issues arising from Covid-19 pandemic**
	HSC Work Programme Update
10 Sept 2020	**Local Response to Marmot Review 10 Years On (Briefing paper already shared)** - Health inequalities and wider determinants of health - HWBB looking at this on 16 Sept so opportunity for HSC to feed in to inform this work
	Carers (identified by ASCOF performance sub-group) - HSC has expressed concerns regarding slow progress in developing carer offer - assurance on progress
	Intermediate Care/Reablement - Requested update a year on from implementation to monitor progress and assess impact - Assurance around workforce issues and the staffing profile and any difficulties in particular areas

Meeting Date	Agenda Item and Expectations
22 Oct 2020	**Ophthalmology at RCHC** - Assurance that transfer of outpatient services from Rotherham Hospital has proceeded as expected
	Respiratory Services - Update on final model - Ensuring effective new service, better cost effectiveness and more patients able to access as set out in initial plans - Opportunity to explore any post Covid-19 impact
	Transformation of Primary Care - GPs and Development of Primary Care Networks (PCNs) - Emerged from scrutiny of Integrated Place Plan – new ways of working for practices - Impact for patients of the new models
10 Dec 2020	**Adult Mental Health** - Explore issues arising from impact of Covid-19 on adult and older people's mental health and how these are being addressed (could link to the work on depression referenced on next page point 3)
	Mental Health Trailblazer in schools - Opportunity to check the difference the pilot is making for young people – outcomes - Potential for young people's feedback or case studies (anonymous)
	Child and Adolescent Mental Health Services (CAMHS) update - Focus on mental health side rather than neurodevelopmental - Opportunity to probe into interface between camhs and trailblazer – pathways, referrals, outcomes, ensuring all levels of presenting need are met - Explore issues arising from impact of Covid-19 on Children and Young People's mental health as with adults
4 Feb 2021	**Autism Strategy and Pathway** - Further update requested to monitor progress on implementation - Results of the on-line diagnosis pilot with Healios to be reported back. - Past concerns have been long waiting times for assessment/diagnosis and provision of post-diagnostic support - Assurance that focus is on all ages
	Home Care and Support Services (referred from OSMB) - Assurance on service delivery after a year of the new contract being in place – outcomes, experience, impact
25 March 2021	***To determine***

Other Issues for Consideration/Scheduling	
1	• **Gambling Act 2005 - Statement of Licensing Policy** – examination of data from Public Health on the impact of gambling on the wellbeing of individuals in the borough (recommendation from pre-decision scrutiny at OSMB)
2	• **Adult Care, Housing and Public Health Market Position Statement** – scrutiny of issues in relation to mental health data for MPS and input into development of mental health pathway (recommendation from OSMB)
3	• **Depression** - following consideration of initial data by ward/GP HSC determined to look at this in more depth in 2020-21to unpick the overall statistics. - possible links in with impact of Covid-19, such as bereavement, financial, isolation in lockdown etc.
4	• **Drug and Alcohol Treatment and Recovery Service** - further monitoring report following previous spotlight, seeking assurance about meeting performance targets challenges of service exits - opportunity to look at outcome of CQC re-inspection - follow up on pathway developments for joint work with mental health, including inclusion of domestic abuse
5	• **Maternity Services** - some data due for March outstanding - possible wider update on meeting Better Births guidance and development of hosted network as part of Hospital Services Programme as Rotherham lead
6	• **Learning Disability Transformation** - originally scheduled for March 2020 - impact of work to date for people with learning disability and their families/Next phase – Addison and respite
7	• **Rotherham Hospital – CQC action plan progress** - As no year-end session, last update was February
8	• **Yorkshire Ambulance Service** - HSC agreed further questions to raise with them despite response to queries submitted via CCG
9	• **Rotherham Integrated Health and Social Care Place Plan** - exception reporting as reports to Place Board/Health and Wellbeing Board - particular workstreams or priorities within plan will be covered such as mental health, autism and learning disability
10	• **Director of Public Health Annual Report**
11	• **Transition from Children's to Adult Services** - revisit and possible further joint work with ILSC
12	• **HSC input into work of JHOSC**

Existing Sub-Groups

1 Performance Sub-group	
Nov/Dec 2020 tbc	**Year-end ASCOF measures and benchmarking data** **Other work areas to be determined if required**
2 Quality Sub-groups	
2019-20	
Dates tbc	• ***The Rotherham NHS Foundation Trust (TRFT)*** • ***Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)*** • ***Yorkshire Ambulance Service (YAS)*** Final draft quality reports circulated for consideration and comment, including on local quality priorities for 2020-21. *Follow up action:* HSC to submit statements for inclusion in each of the published accounts. * Due to Covid-19 pandemic the Quality Reports have been delayed for a few months, new timescales tbc.
2020-21	
Nov/Dec 2020 Dates tbc **	• ***TRFT - Sub-group session for half year progress on NHS Quality Report/Safe & Sound Framework*** • ***RDaSH - Sub-group session for half year progress on NHS Quality Report/Rotherham Dashboard*** For both, overview of performance in quarters 1 and 2 on national measures and local quality priorities, long list for local quality priorities for 2021-22 and actions from any CQC inspections. ** Due to delay of 2019-20 Quality Reports uncertainty regarding schedule for 2020-21 reporting.
March/ April 2021 Dates tbc **	• ***TRFT*** • ***RDASH*** • ***YAS*** - Overview of performance for 2020-21 and discussion on the final local priorities for 2021-22. - Final draft quality accounts circulated for consideration and comment, including on local quality priorities for 2021-22. *Follow up action:* HSC to submit statements for inclusion in the published accounts.

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	4 June 2020
	LEAD OFFICER:	Ruth Fletcher-Brown Public Health Specialist, ACH&PH 255867
	TITLE:	Follow up to scrutiny of Rotherham Loneliness Action Plan 2020 – 2022 and Rotherham Suicide Prevention and Self Harm Action Plan 2019 - 2021

1. Background

1.1 **Rotherham Loneliness Action Plan 2020 – 2022**

Loneliness is a priority within the Health and Wellbeing Board Strategy (Aim 4) and a priority within the refreshed Place Plan.

- In order to tackle loneliness and promote good social connections a response is required from individuals, communities, statutory partners, voluntary and community sector and local businesses.
- The draft action plan went to all partners of the Health and Wellbeing Board for consultation during January and February 2020.
- Final action plan went to the Health and Wellbeing Board (H&WbB) in March 2020.

1.2 **Rotherham Suicide Prevention and Self Harm Action Plan**

Rotherham takes suicide prevention seriously. Suicide Prevention is in the refreshed Place Plan and is part of Aim 2 of the Health and Wellbeing Board Strategy.

- Following the symposium on 6th June 2019, with input from Professor Nav Kapur, Head of Research at the Centre for Suicide Prevention at Manchester University, the Rotherham action plan was refreshed.
- The refreshed plan went to the H&WbB in November 2019 for approval.

1.3 This paper provides a response to the feedback and recommendations made when the Health Select Commission (HSC) scrutinised the two plans.

2. Key Issues

2.1 **Rotherham Loneliness Action Plan 2020 – 2022** (discussed at HSC in February 2020)

1 Referencing of research sources needed to be clearer.

The action plan has been updated following the period of consultation and incorporated feedback.

2 Ensure a link to Carers Strategy.

The action plan will link to other supporting strategies and action plans, for example, Thriving Neighbourhoods, Rotherham Carers Strategy and the Rotherham Suicide Prevention and Self Harm action plan.

3 Report back on progress with detailed examples (to link into agreed reporting)

Annual updates on progress will be to the H&WbB.

4 Better links to schools – including Trailblazer

Partners implementing the action plan will look to work with schools in Rotherham to address loneliness amongst young people.

2.2 **Rotherham Suicide Prevention and Self Harm Action Plan 2019 – 2021** (discussed by HSC in October 2019)

1 To consider presenting the information about the local picture (pages 8 and 9 of the draft plan) in a different way so it was clearer, as it was hard to understand fully.

The action plan was updated following a period of consultation and incorporated the feedback.

2 To ensure all foster carers and social workers have information and contact details for mental health services.

Partner organisations working on the implementation of the action plan will look to ensure that information on support and services continues to be provided to attendees on suicide prevention training, through the Be the One website and accompanying resources, this includes foster carers.

3 For foster carers to be considered as a potential cohort for youth mental health first aid training and other relevant training due to the mental health needs of many young people who were fostered.

Training information is promoted across Children and Young People's Service (CYPS) including practitioners who work with foster carers. Self-Harm awareness sessions are being promoted to carers and parents. Further funding may be secured for mental health and suicide prevention training in the new financial year. Future courses will be promoted to foster carers.

4 For letters from RMBC in relation to finances/debt to include the phone number of counselling services, near the top of the letter not at the bottom.

In Revenues, Benefits and Payments**,** contact details for the Citizens Advice Bureau, National Debt Line and Step Change are included on debt letters and another contact detail could be added. However, these details are on the back of each letter, referred to on the front, and to move these onto the front would be difficult for many of their letters. Housing were happy to look at the letter template but did include information for multiple support agencies on the letter.

	5 To check that autism was being addressed both strategically and within staff training. Suicide prevention and self-harm awareness training sessions are promoted to Learning Disability services. Discussions are taking place to see if a trainer from Learning Disability can attend Cohort 2 of the Train the Trainer self- harm awareness course. The autism strategy action plan makes the following commitments: - Under Promoting Healthy Lifestyles for children and young people with autism - commitment that Rotherham's suicide prevention programme includes autistic people by June 2022. - Under Living Well: To raise awareness of the risk of suicide for autistic people through the campaign 'Be the One'. *6 Train the trainer training/awareness raising should include a focus on Lesbian, Gay. Bisexual and Trans (LGB&T) people as a specific cohort.* The Youth Mental Health First Aid covers vulnerable groups including LGBT young people. Links to helpful websites are included on the Be the One website.
3. Key Actions and Timelines	
3.1	Annual updates will be given to the Health and Wellbeing Board on the implementation of the Rotherham Suicide Prevention and Self Harm Action Plan and the Rotherham Loneliness Action Plan.
3.2	Issues are escalated as and when required to the Mental Health and Learning Disability Transformation Group, which reports to the Place Board.
4. Recommendations	
4.1	Health Select Commission to note progress with recommendations made previously on the Rotherham Suicide Prevention and Self Harm Action Plan and the Rotherham Loneliness Action Plan.

Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Health Select Commission
	DATE:	4 June 2020
	LEAD OFFICER:	Janet Spurling Governance Advisor, Assistant Chief Executive's Directorate 01709 254421
	TITLE:	Information for Health Select Commission from previous scrutiny

1. Background

1.1 During the last few months the Health Select Commission made various requests for information or suggested ideas for service improvements. This paper brings updates on these issues together in one document.

2. Key Issues

2.1 **Maternity Services**

Statistics were requested in relation to breastfeeding and smoking cessation in pregnancy and provided by Public Health. Data for the most recent full year and for the most recent quarter with quarterly data available is shown below. The England average is included for comparison.

1. Baby's first feed breastmilk – Rotherham 2018/19 = 59.6% (England 67.4%)

   (Data on breastfeeding at delivery/breastfeeding initiation is no longer available. This has been replaced with 'Baby's first feed as breastmilk')
   Source: Maternity Services Dataset (MSDS), NHS Digital.

2. Breastfeeding at 6-8 weeks – Rotherham 2017/18** = 30.4% (England 43.1%)

   (2018/19 data not published due to not meeting data quality requirement of 95% of infants where breastfeeding status is recorded – Rotherham 2018/19 = 93.8% recorded)

   Latest published data - Quarter 2 2019/20 (experimental data) = 31.2% (England 48.1%)

   (Based on aggregate figure of those local authorities passing stage 1 validation [around half])
   Source: Public Health England

3. Smoking status at time of delivery – Rotherham 2018/19 = 17.9% (England 10.6%)

   Latest published data – Quarter 3 2019/20 (provisional) = 15.8% (England 10.5%)

4. Women known to be smokers at time of delivery - Rotherham 2018/19 = 445

   Source: Calculated by Public Health England from Smoking Status at Time of Delivery Return, NHS Digital

2.2 **Drug and Alcohol Treatment and Recovery Services**

Members had explored the inclusion of domestic abuse within the joint mental health/substance misuse pathway given the links between the three issues. The resulting recommendation was:

To be updated on pathway developments to include wider issues such as domestic abuse.

At present no further update as the mental health pathway was in the process of being reviewed when the pandemic broke and has not really been able to progress.

2.3 **Primary Care**

At the last update on Primary Care, as not all surgeries seemed to offer appointments at the hubs, Members suggested that surgeries could play a recorded message when people were holding on the phone alerting them to the option to go elsewhere.

It would be cost prohibitive for the company to do this and in addition they only cover 2/3 of practices, therefore the Clinical Commissioning Group (CCG) had asked all the practices to consider putting the message on themselves as it is free to do so. The CCG will remind the practices again.

2.4 **Respiratory consultation**

More detail was sought regarding the breakdown of responses as it was reported that 773 people accessed the survey but only 443 fully completed responses were received, giving a 57% completion rate.

It had proved difficult for the team to ascertain just how partially completed the surveys were due to how the information was saved. However, 57% was seen as a positive response rate as a 10-15% return is seen as good, generally. The more engaged with a subject someone is, the more likely they are to respond, so it was likely people with more severe respiratory conditions or those unhappy with current services responded. The following link provides more general information on survey responses: https://www.surveygizmo.com/resources/blog/survey-response-rates/

In terms of numbers – how many? how valid? and what is statistically significant? – this depends on the potential audience which is not known for definite. More information is available on: https://www.surveymonkey.com/curiosity/how-many-people-do-i-need-to-take-my-survey/ This shows that, for example, if your target population (i.e. those with respiratory problems) is 100,000, then a response rate of 1,100 would be statistically valid to a +/-3% error; with 400 responses, it would be valid to +/-5%. Once you get past 200-300 responses, regardless of your population size, it does not add that much to how solid the results are.

2.5 **Sexual Health Strategy**

Feedback from Scrutiny had been for the strategy group to consider developing a broader and SMART range of performance indicators to measure success (i.e. not only regarding infection control). Discussions have taken place about how the group needed more focus around prevention and how to broaden the focus from infection control. The next stage would be to look at some indicators to reflect this and start to have a change in format to the group. However, as most members of the group were now working on

	Covid-19 this has been suspended for the time being. No feedback to date on the School Effectiveness Service survey results regarding primary and secondary schools in relation to sex and relationship education. From scrutiny of budget saving proposals in 2018, HSC had sought assurance that there would be no detrimental impact from ceasing the Sunday service from April 2019. Rotherham was unique as the only area in Yorkshire and Humber to run a clinic on a Sunday. As all the services are running very differently currently it was impossible to see a direct impact of closing the Sunday clinic. However, verbal feedback from the service (before lockdown) showed they were seeing an increase in people using other, alternative clinics that they had put in place (in particular with MESMAC in the town centre) and that they had not received any complaints regarding the Sunday clinic.
2.6	**Suicide Prevention and Self Harm Plan** Although this is subject to a separate briefing, when the outcomes of the workshop session were reported back in January 2020 a further query was raised by Health Select regarding any potential correlation between unemployment or casual work and suicide and whether any thought had been given to training job centre staff to look out for signs. Officers confirmed that the Department of Work and Pensions did have a script about suicide since the introduction of universal credit but this would need to be looked at further. Conversations were taking place about future training delivery in the context of face-to-face training being unlikely for a while.
2.8	**Rotherham Integrated Health and Social Care Place Plan** The points raised by HSC were noted but no update yet.
2.7	**Social and Emotional Mental Health Strategy and Mental Health Trailblazer** No update yet on suggestions made by Health Select Commission.
3. Key Actions and Timelines	
3.1	Health Select Commission will be able to revisit any outstanding issues as appropriate during its work programme in 2020-2021.
4. Recommendations	
4.1	Health Select Commission to note the information contained in this briefing.