

## HEALTH AND WELLBEING BOARD

**Venue:** Virtual Meeting viewable via <https://rotherham-public-i.tv/core/portal/home>

**Date:** Wednesday, 10th June, 2020  
**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 Chairman 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 held on 11th March, 2020 (Pages 1 - 13)
8. Coronavirus: Response and Recovery (Pages 14 - 34)
9. Update from COVID-19 Gold Place Board  
Sharon Kemp/Chris Edwards to present an update
10. Implications for Mental Health and Suicide Prevention of Covid-19 (Pages 35 - 41)  
Kathryn Singh to present an update
11. Health and Wellbeing Board Strategic Priorities (Pages 42 - 45)
12. Director of Public Health Annual Report (Pages 46 - 92)

Teresa Roche, Director of Public Health, to report.

13. Health and Wellbeing Board Annual Report (Pages 93 - 112)

David Roche, Chair of the Health and Wellbeing Board, to report.

14. Date and time of next meeting

**HEALTH AND WELLBEING BOARD**  
**Wednesday, 11th March, 2020**

**Present:-**

Councillor David Roche	Cabinet Member, Adult Social Care and Health <b>(in the Chair)</b>
Steve Chapman	South Yorkshire Police (representing Una Jennings)
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, RCCG
Councillor Rob Elliott	Health Select Commission
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Sharon Kemp	Chief Executive, RMBC
Vivienne Knight	TRFT (representing Angela Wood)
Anne Marie Lubanski	Strategic Director, Adult Social Care, Housing and Public Health
Councillor J. Mallinder	Improving Places Select Commission
Michael Wright	TRFT

**Report Presenters:-**

Gilly Brenner	Public Health, RMBC
Ruth Fletcher-Brown	Public Health, RMBC
Jo Hinchcliffe	Adult Social Care
Garry Parvin	Adult Social Care

**Also Present:-**

Gavin Jones	South Yorkshire Fire and Rescue (representing Steve Adams)
Lesley Cooper	Healthwatch, CAB

Apologies for absence were received from Steve Adams (South Yorkshire Fire and Rescue Service), Sally Hodges, (Children and Young People's Services), Una Jennings (South Yorkshire Police), Carole Lavelle (NHS England), Dr. Jason Page (RCCG), Terri Roche (Public Health), Kathryn Singh (RDASH), Angela Wood (TRFT) and Paul Woodcock (Regeneration and Environment, RMBC).

**79. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**80. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**81. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting of the Health and Wellbeing Board

were considered.

Resolved:- That the minutes of the previous meeting held on 22<sup>nd</sup> January, 2020, be approved as a correct record.

## 82. COMMUNICATIONS

### Shaping Places Funding Bid

The Chair reported that the Expression of Interest submitted to the above Fund had successfully passed through the first stage. The deadline had now been extended to 23<sup>rd</sup> April, 2020.

The focus of Rotherham's bid was on physical activity in green spaces which in particular related to Aim 3 of the Health and Wellbeing Strategy. If successful in the second stage, a grant would be received to help develop a Strategy together with expert advice.

Resolved:- That should the bid be successfully in the second phase, that the Working Group attend a meeting of the Board to inform members of the detail of the bid.

**ACTION:- Becky Woolley**

### Coronavirus

Chris Edwards, RCCG, gave a brief update on the processes in place within Rotherham to deal with the current Coronavirus outbreak.

Public Health England was the lead and with whom organisations were working in accordance with. The messages being conveyed by Public Health England were the ones that partner organisations were reiterating.

## 83. AUTISM STRATEGY - UPDATE

Garry Parvin, Commissioning, gave the following powerpoint presentation:-

### Our Vision

- To work towards making Rotherham an autism friendly place to live. This means a place where you can get a timely diagnosis with support, meet professionals with a good understanding of Autism, find services, organisations and employers that make reasonable adjustments when required, where people can feel safe, have aspirations and fulfil their potential and become a full member of the local community

### Key Activity – Children and Young People

- Working with partners, our voluntary organisations and community groups, we have identified 5 priority areas on which to focus our implementation plan. Some examples of the operational activity that is underway are:-  
A digital diagnostic pathway has been commissioned from Healios

who will support local CAMHS service  
 Planning is underway to redesign our C&YP pathway in 2020-21  
 Education settings have engaged in training licensed by Autism Education Trust  
 New specialist education places have been created, at primary and secondary, for children with Autism  
 Rotherham Opportunities College offers local post-19 education provision  
 Project Search offers supported internships  
 Rotherham Partner Carers Forum are commissioned by Rotherham CCG to offer regular drop-in sessions to support families on the diagnostic pathway

#### Key Activity Areas - Adults

- Planning to introduce a Rotherham based adult diagnostic and post-diagnostic service from Q1 2020/21
- Will maintain existing capacity in Sheffield service for one year to ensure waiting list is managed
- Launched Autism Alert Card – this was done in partnership between South Yorkshire Police, the Police and Crime Commissioner, the Council, NHS and Rotherham NAS
- Parent Carer Forum and VOICE co-chair the Autism Partnership Board

#### Priority 1: Starting Well

- All Rotherham's autistic children and young people are healthy and safe from harm

#### Priority 2: Developing Well

- All Rotherham's autistic children and young people start school ready to learn for life

#### Priority 3: Moving on well to Independence

- All Rotherham's autistic children and young people are ready for the world of work

#### Priority 4: Living Well

- Autistic adults living in Rotherham will get the right support when needed

#### Priority 5: Ageing Well

- Autistic adults living in Rotherham will be better supported as they grow old

#### Transforming Care

- Since 2015, Rotherham has been working on a national programme with Sheffield, Doncaster and North Lincolnshire to reduce the numbers of people with a learning disability who are detained in specialist hospitals – Transforming Care

- Rotherham currently has 8 people detained in specialist hospitals – 4 people in hospital beds commissioned by Rotherham CCG and 4 people in hospital beds commissioned by NHS England
- Rotherham has successfully discharged 5 people back into the community over the last 2 years
- Rotherham will discharge a further 4 people in 2020/21. The population has changed in that 3 people have Autism and not a learning disability. A specialised housing and care support offer is required and this had taken time to develop

#### Autism Alert Card

- Rotherham Council, South Yorkshire Police and Rotherham CCG have worked together to develop the Autism Alert Card
- This will ensure the needs of autistic people are known by the Police and criminal justice system – previously a significant gap

#### Ongoing Challenges

- Supporting services and the community to be open to support people with Autism: for the community to celebrate neurodiversity
- Diagnosis and post-diagnostic offer for Children and Young People and Adults
- Rotherham CCG and RDaSH are working to create 'all age' solutions to address the diagnosis waiting list issues and develop a local post-diagnostic offer for adults
- Ensuring that the right support is available and is cost effective

#### Autism Strategy Progress and Timeline

- A draft version of the Strategy has been created and was in the process of editing
- A workshop with the Autism Partnership Board was planned for 18<sup>th</sup> March to revise the online version of the Strategy
- The Strategy would be built around people's stories
- The Strategy would be presented to Cabinet in June 2020
- It was planned that the Strategy would be formally launched in July 2020

#### Discussion ensued with the following issues raised/clarified:-

- The Strategy had taken longer than originally anticipated but confident that it was the right and effective Strategy
- There was a need to make it clear what the governance arrangements were
- The need for clear milestones and outcomes year on year should be discussed in the forthcoming workshops
- How was the training accessed by children and young people?
- How many specialist education places were there and where were they?
- The Strategy would link into Rotherham's Employment Strategy to ensure there were job opportunities for those with Autism

Garry was thanked for his presentation.

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

(2) That Garry Parvin supply the member concerned with the answers to their questions.

**ACTION:- Garry Parvin**

(3) That liaison take place with Becky Woolley with regard to submitting an update to the Board.

**ACTION:- Garry Parvin/Beck Woolley**

#### **84. ROTHERHAM LONELINESS ACTION PLAN 2020 - 2022**

Further to Minute No. 68 of the meeting held on 22<sup>nd</sup> January, 2020, Ruth Fletcher-Brown presented the final version of the above action plan for Board endorsement.

The document had been considered by the Health Select Commission at its February meeting and comments/amendments incorporated therein.

It was noted that the membership of the multi-agency group would be reviewed; it was hoped to include representation from the South Yorkshire Fire and Rescue Service and South Yorkshire Police.

It was a priority in the ICP Communications and Engagement Group plan to deliver high level communication messages around issues of loneliness.

Resolved:- (1) That the Rotherham Loneliness Action Plan 2020-2022 be endorsed.

(2) That all partners take the document to their relevant governing bodies and notify Becky Woolley of any issues/comments.

**ACTION:- All Board Members/Becky Woolley**

(3) That a summary of any governance issues arising be submitted to the 10<sup>th</sup> June Board meeting.

(4) That annual updates be submitted to the Board.

**ACTION:- Ruth Fletcher-Brown/Beck Woolley**

#### **85. INTEGRATED CARE PARTNERSHIP PLACE PLAN 2020-2022**

Sharon Kemp, RMBC, and Chris Edwards, RCCG, presented the final version of the Health and Social Care Integrated Place Plan for Board endorsement.

Rotherham's first Integrated Health and Social Care Place Plan was

published in November, 2016 with a refresh taking place in 2018. Following the publication of the NHS Long Term Plan in January 2019, partners took the decision to refresh the second Place Plan which they had agreed at their meeting in February 2020.

The final version attached addressed all comments received from partners, however, it should be noted that the milestones and key performance indicators for each of the priorities were still to be finalised; they would form the performance report for the Place Plan from April 2020.

Resolved:- (1) That the Board endorse the Rotherham Integrated Health and Social Care Place Plan 2020-22.

(2) That the Executive Summary be circulated to the Board.

**ACTION:- Chris Edwards/Becky Woolley**

## 86. CARERS FRAMEWORK FOR THE FUTURE 2020-21

Jo Hinchcliffe, Service Improvement and Governance Manager, gave the following powerpoint presentation:-

- Carer Assessment and Eligibility Policy Guidance for Carers finalised on 4<sup>th</sup> January, 2019 – due review date July 2019
- Carers Action Plan 2018-2020 – Department of Health and Social Care

Carers Survey July, 2019

- No joined up working and lack of liaison between Services/Departments
- Services contradict each other and budget cuts were impacting on Services with lengthy waiting lists
- Carers feel isolated, frustrated, undervalued and unheard
- Carers feel passed around between Services and the transition from Children to Adults is not a smooth process
- Not clear of who to contact and where to go for advice
- Carers want a designated person to assist with all aspects of support

Things to Do

- Update the carer profile including young carers
- Review of the current Strategy – Impact Assessment/focus group work
- Assistive technology offer – carers embedded within
- Assessment process reviewed and recommendations made
- Carer journey mapped
- Carers Centre – Impact Assessment
- Partnership Board – review Terms of Reference
- Information offer – scope it out
- Carer Services – asset mapping of what is out there

- Activity and events planned
- Training prospectus

#### Things to aim for

- We will commit to improving how carers are involved in the production and design of services
- We will make sure carers feel informed about and involved in the conversations surrounding the person they care for
- We will look at how to widen personal budgets
- We will work with employers to raise awareness of flexible working policies
- We will support carers taking a break from caring
- We will make it easy for carers to get the right information at the right time
- We will ensure carer assessments incorporate solutions that include friends, family and the wider community

#### Proposed High Level Implementation Plan 2020-21

##### Quarter 1

- Governance Review – Partnership Board's Terms of Reference refreshed
- Review of the Carer Strategy
- Adult Social Care Pathway: Process mapping/assessments consistency checks
- Carers Centre – Review/Impact Assessment
- Information Officer – scoping work partner conversations

##### Quarter 2

- Quarterly highlight report into Health and Wellbeing Board
- Co-production work for the Strategy
- Assistive Technology – requirement for carers
- Carer journey mapping (with partners)
- Information Officer - co-production (digital channels)

##### Quarter 3

- Quarterly highlight report into Health and Wellbeing Board
- Consultation work for the Strategy
- Feed into the Digital Solutions Programme
- ASC Pathway – Refresh Policy Guidance for Carers
- Carers Centre – future options/consultation
- Information Officer – consultation linked to Strategy work

##### Quarter 4

- Quarterly highlight report into Health and Wellbeing Board
- Refreshed Carer Strategy 2021-25
- ASC Pathway consistently applied
- Carer Centre offer re-profiled
- Information, advice and guidance offer refreshed

## Proposed Timeline of Activity 2020-21

## Start-up Activity February-March, 2020

- Scoping work (reported into SMT 5<sup>th</sup> March)
- Business case to DLT (10<sup>th</sup> March)
- Health and Wellbeing Board update 11<sup>th</sup> March
- Project Group set up (reports into Project Assurance Meeting from 19<sup>th</sup> March)
- Programme-Implementation Plan (signed off at Project Assurance Meeting 19<sup>th</sup> March)

Discussion ensued on the presentation with the following issues raised/clarified:-

- The requirement of sign off by other organisations involved with carers needed to be included within the timetable for signoff of the Strategy
- Ensure the scoping exercise included other carer groups within Rotherham
- Identification of young carers
- Apps for carers particular for those of the younger generation
- Use of technology would provide data which could be use for the Joint Strategic Needs Assessment

Resolved:- (1) That the update on the Carers Framework 2020-21 be noted.

(2) That the Board receives updates on a 6 monthly basis.

**Action:- Jo Hinchcliffe**

## 87. NHS OPERATIONAL PLANNING AND CONTRACT GUIDANCE 2020/21

Chris Edwards, RCCG, gave the following powerpoint presentation on the planning and contract guidance for the NHS Long Term Plan:-

The People Plan 'package' including

- 50,000 WTE nurses
- Maintenance grants/university expansion
- International recruitment
- Retention and return to practice
- 6,000 WTE GPs
- 4,000 training places
- International graduates
- 26,000 other primary care professionals
- Pensions Tax Reform

ICSs and System Planning

Two Core Roles

- System transformation
- System performance through
- Population health management, service redesign and digitisation
- Capital and estates plans at a system level

#### Mental Health

- Additional funding in 2020/21 for Community Mental Health provision for adults and older adults
- By March 2021, all MH should work with their Primary Care Networks to organise and deliver services together

#### Learning Disabilities and Autism

- Support for people with learning disabilities and/or autism in the community rather than in hospital

#### Elective Care

- On 31<sup>st</sup> January, 2021, waiting lists should be lower than that on 31<sup>st</sup> January, 2020 (ICS Level)
- In 2020/21 additional choice at 26 weeks
- Rotherham historically performed strongly in this area

#### Urgent and Emergency Care

- Material improvement in A&E performance against a 2019/20 benchmark
- All to reduce general and acute bed occupancy to a maximum of 92%

#### Outpatient Transformation

- Planned reduction by a third in unnecessary outpatients activity
- Providers income maintained through payments for advice and guidance and uptake of non-face to face consultations
- In 2020/21, video consultations in major outpatient specialties

#### Cancer

- Additional funding in 2020/21 to support roll out of rapid diagnostic centres and the targeted lung health checks programme
- 28 day faster diagnosis standard will be challenging

#### Prevention

- The guidance places significant emphasis on measures to improve population health
- Alcohol Care Teams and Smoking Cessation support will be expanded in selected sites
- Low calorie diets will be piloted in 10 systems to support people with Type 2 Diabetes to achieve remission
- Department of Health and Social Care is considering making flu vaccination mandatory for NHS staff

#### Climate Change

- NHS to develop a national de-carbonisation and climate change plan

- Ending business travel reimbursement for domestic flights within England, Wales and Scotland
- Purchasing 100% renewable electricity by April 2021
- Replacing lighting with LED alternative during routine maintenance

#### Primary and Community Services

- Overall spending by CCGs on primary medical care, community services and continuing healthcare, should continue to increase
- Primary Care Networks' (PCNs) development will need to accelerate through 2020/21
- CCGs will support to:-
  - Redesign workforce and recruit to new roles
  - Improve patient access and waiting times
  - Set up online consultation systems
  - Provide information about A&E attendances by the PCNs patient population
- In addition PCNs will need to:-
  - Work with community providers (including pharmacies)
  - Provide crisis response services, guaranteed 2 hour home response appointments

#### Primary Care Networks

- Major enhancements to the additional roles
- Reimbursement Scheme
  - 6,000 extra staff will be funded under the Scheme
  - More roles will be added to the Scheme from April 2020 in addition to those previously agreed: pharmacy technicians, care co-ordinators, health coaches, dieticians, podiatrists and occupational therapists.
  - Mental health professionals will be added from April 2021
  - Reimbursement for the 26,000 roles increases from 70% to 100%
  - PCNs are encouraged to take immediate action to recruit

#### Increasing the Number of GPs

- A raft of measures to aid GP training, recruitment and retention to help meet the target of 6,000 extra doctors in Primary Care
- GP trained numbers will increase from 3,500 to 4,000 a year from 2021
- A 2 year Fellowship in General Practice will now be offered as a guaranteed right to all GP trainees on completion of their training
- A new national Mentors Scheme will offer highly experienced GPs the opportunity to mentor GPs in return for a minimum time commitment
- The New to Partnership Payment guarantees first-time partners a £20,000 one off payment, plus £3,000 funding for business training
- The Induction and Refresher Scheme will be expanded and enhanced to provide more support to GPs returning to general practice
- A new Locum Support Scheme will provide greater support to locum GPs in return for a minimum time contribution

#### Primary Care

- A renewed focus in improving access including a new GP Access Improvement Programme which will initially seek to cut the longest waits for routine appointments. More people working in General Practice will help achieve 50M more appointments in General Practice. An improvement appointments dataset will be introduced in 2020, alongside a new, as close to real time as possible, measure of patient experience. At least £30M of the £150M PCN Investment and Impact Fund in 2021/22 will support improved access for patients, rising to at least £100M of the £300M Fund in 2023/24

#### Primary Care

- Vaccination and immunisation payments will be overhauled to support improved vaccination coverage
- Further improvements to QOF including significant reforms to the asthma, COPD and heart failure QOF domains
- A universal post-natal check for new mothers introduced backed by £12M of additional funding
- The Structured Medication Review and Medicines Optimisation, Enhanced Health in Care Homes and Supporting Early Cancer Diagnosis PCH Service specifications will be introduced in 2020/21. The remaining 4 – CVD diagnosis and prevention, tackling inequalities, personalised care and anticipatory care – will be introduced in 2021/22. From April 2020 every PCN will offer a Social Prescribing Service
- Incentives under the new Investment and Impact Fund introduced in 2020/21 to increase update of LD health checks, seasonal flu jabs, Social Prescribing referrals and improve specific aspects of prescribing

A full version of the Guidance could be found at

[www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf](http://www.england.nhs.uk/wp-content/uploads/2020/01/2020-21-NHS-Operational-Planning-Contracting-Guidance.pdf)

Discussion ensued with the following issues raised/clarified:-

- Climate Change was a big feature currently as well as how CCGs worked and operated and had policies and practices which were carbon neutral – future issue for the Board to consider
- The Council had a draft Climate Change action plan which, if approved, would commit the Council to be carbon neutral by 2030. There was a commitment to work with other partners
- The Primary Care Networks were in their infancy
- The success of any international recruitment drive was an unknown factor at the present time
- Early feedback from the Rotherham Health App was very promising but consideration should be given to a promotional launch

Resolved:- That the presentation be noted.

**88. PHARMACEUTICAL NEEDS ASSESSMENT - UPDATE**

Gilly Brenner, Public Health Consultant, reported that, in accordance with the Health and Social Care Act 2012, the Health and Wellbeing Board had a statutory duty to develop and publish a Pharmaceutical Needs Assessment (PNA). Legislation required that the Board publish revised Assessments at least every 3 years; Rotherham would need to publish a revised Assessment by 1<sup>st</sup> April, 2021.

The PNA was a commissioning tool to ensure that areas had high quality pharmaceutical services that met local needs. It set out the community pharmaceutical services that were currently provided and made recommendations to address any identified gaps taking into account future needs.

Taking a similar approach to the previous PNA, it was intended to work together across South Yorkshire and, with the support of Public Health England, to make the production of the PNA more efficient. This approach retained local oversight in that there would still be a Rotherham specific PNA but also maximised the efficient use of resources. Each Health and Wellbeing Board retained the duty to sign off the PNA for its area.

The process included formal consultation with specific stakeholders for at least 60 days. In addition key stakeholders would be informed and included in the production of the report including representatives from the Local Pharmaceutical Committee, CCGs, NHS England, Healthwatch, Local Medical Committees and pharmacy (community and hospital).

The first phase was the collation of information detailing the services provided by community pharmacies. The draft PNA would be available on the Council's website over the winter (November to January). Statutory consultees would be sent details together with local stakeholders e.g. RCCG, Yorkshire Ambulance Service and Voluntary Action Rotherham. It would be hosted on the JSNA.

It was noted that the refresh of the PNA coincided with the new pharmacy contract by NHS England. However, everyone was subject to the same timetable for the refresh so would be facing the same difficulties.

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

(2) That the final document be submitted to the Board in March 2021.

**ACTION:- Gilly Brenner/Becky Woolley**

**89. TERMS OF REFERENCE**

Consideration was given to the annual refresh of the Board's Terms of Reference.

It was noted that key changes were proposed:-

- The 'role of the Board' section had been expanded to improve clarity around the focus of the Board
- Reference to the Pharmaceutical Needs Assessment had been included under the section around the responsibilities of the Board
- Further detail had been included regarding the relationship of the Board with the Health Select Commission
- Relevant updates had been made in line with the refreshed Place Plan

Resolved:- That the revised Terms of Reference be supported and referred to the May Council meeting for approval.

**Action:- Becky Woolley/James McLaughlin**

#### **90. ISSUES ESCALATED FROM ICP PLACE BOARD**

There were no issues to report.

#### **91. INTEGRATED CARE PARTNERSHIP PLACE BOARD MINUTES**

The Board noted the minutes of the Rotherham Integrated Care Partnership Place Board held on 4<sup>th</sup> December, 2019.

#### **92. ICP PLACE PLAN Q3 PERFORMANCE**

The Board received for information the Rotherham Integrated Care Partnership Quarter 3 performance report for the ICP Place Plan.

It was noted that performance was very similar to that in Quarter 2.

Resolved:- That the report be noted.

#### **93. DATE AND TIME OF NEXT MEETING**

Resolved:- That a further meeting be held on Wednesday, 10<sup>th</sup> June, 2020, commencing at 9.00 a.m. at Oak House, Bramley.

<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	10 <sup>th</sup> June 2020
	<b>LEAD OFFICER</b>	Terri Roche Director of Public Health Adult Care, Housing and Public Health Directorate 07788286974 Authors: Jacqui Wiltschinsky Consultant in Public Health.
	<b>TITLE:</b>	Update on Covid 19 local response.
<b>Background</b>		
<b>1.1</b>	<p>A Pandemic coronavirus outbreak was announced by the World Health Organisation and following this notification the Public Health Pandemic Flu Plan was activated and a pandemic influenza co-ordinating group was instigated. The Public Health Pandemic Flu Response Plan sets out the precautionary, proportionate and flexible arrangements for the management of response and recovery to a pandemic. Within this plan is the clarity of roles, responsibilities and response arrangements. Following activation of the plan a Rotherham Covid 19 Silver Command (RCSC) was set up to coordinate the place response to the pandemic. An action plan was devised which outlines the response to the pandemic and the key actions for all partners, please see Appendix 1.</p> <p>The UK is now approaching the next phase of responding to the ongoing COVID-19 pandemic, as the peak of the current epidemic wave is passed (mid April), and a relaxation of current extreme social distancing measures is being considered. National plans are being devised and communicated for “testing, tracking and tracing”: scaling up testing for the disease, tracking its spread through the population, and tracing contacts of confirmed cases, in order to contain the rate of spread of the disease in a more targeted way.</p>	
<b>Key Issues</b>		
<b>2.1</b>	<p>Within this complex and rapidly moving situation we are in, the RCSC has a co-ordination role across multi agencies within Rotherham.</p> <p>The RCSC does not duplicate the discussions and processes within organisations and current arrangements of partners, unless that is widely deemed acceptable and helpful for awareness raising on specific issues.</p> <p>The purpose of the RCSC is to: Strategically manage issues regarding Covid 19 that are not raised in the existing system. Partners report their situation and are coping with the current demands. Co-ordinate work necessary to identify, describe and manage cases following declaration of Covid 19.</p> <p>Continuously monitor the current position to inform communications accordingly.</p>	

	Provide a focal point for all partners in the management of Covid 19 to ensure a consistent response and aid a joint response, where appropriate.
<b>2.2</b>	<p>Some of the key issues now in responding to the pandemic is contact tracing, tracking and testing.</p> <p>The South Yorkshire Local Resilience Forum Testing and Contact Tracing Cell is meeting twice weekly with representation from Rotherham Council Public Health Consultants.</p> <p>Rotherham Place-based testing and contact tracing cell established with agreed terms of reference. Membership includes key NHS testing champions and links with the above group.</p> <p>A South Yorkshire/Rotherham model is being developed and discussed regionally. There is a regional testing site at Doncaster airport and one opening shortly at Meadowhall. Mobile testing units will be made increasingly more available, including one currently on a rota which includes days at the AESSEAL Stadium in Rotherham.</p>
<b>2.3</b>	Following national guidance Directors of Public Health will lead the development of Local Outbreak Plans and DsPH with Public Health England's local health protection team will lead the work on contact tracing and managing outbreaks in complex settings and situations: Health Protection Teams will lead at Centre level and DsPH will lead within their Authorities.
<b>2.4</b>	Whilst the death rate is slowing down there are concerns regarding the relaxation of lockdown announced by the government and whether this will effect the death rate and the prevalence of the virus. Public health and the data surveillance cell will be keeping a watching brief on this situation and report accordingly.
<b>2.5</b>	There are other local groups/cells that are co-ordinating the response that report to the RCSC please see Appendix 2.

### Key Actions and Relevant Timelines

<b>3.1</b>	<p>The RCSC meets on a weekly basis (each Friday at 1-2pm). Chaired by Terri Roche Director of Public Health.</p> <p>There is telephone and video conference options to enable remote access. The action plan at appendix one outlines the key actions and relevant timelines for RCSC.</p>
<b>3.2</b>	The SYLRF is co-ordinating the South Yorkshire response to testing and contact tracing and the Rotherham Place based cell is co-ordinating Rotherham's response.
<b>3.3</b>	The local Outbreak Control Plan is to be completed by the end of June.

### Implications for Health Inequalities

<b>4.1</b>	Working with Public Health England the Yorkshire and Humber Health and Wellbeing team to identify, mitigate and monitor the impact of the response to COVID19 on health inequalities in Rotherham and the region.
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### Recommendations

<b>5.1</b>	For the Health and Wellbeing Board to note the action plan, the hierarchy and the update of place response.

## Workstream update: Rotherham COVID-19 Silver Command

Date: 20/05/20

Work Stream	Lead	Representation	Project Lead Support
Rotherham COVID-19 Silver Command	Teresa Roche Jacqueline Wiltschinsky	RMBC – CYPS, ACH&PH, R&E, CX, Comms, Emergency Planning. CCG, TRFT, RDaSH, Hospice, VAR, YAS, Coroner, PHE, Police, Chamber Trade, Local Pharmacy Committee, RNN Group.	Hannah Upstone Ellis France

Corporate Emergency Response Work Stream – COVID 19						
Area/Objective	Task	Milestones	Lead	Due Date	RAG	Update
1. To consider the causes, characteristics and effects (epidemiology) of pandemic flu in order to agree required actions.	a) Monitor and assess the progress and impact of Covid 19 and make local strategic decisions to provide a coordinated response.	<ul style="list-style-type: none"> <li>Action log agreed and updated at every weekly meeting and captures co-ordinated response.</li> </ul>	Terri Roche	Ongoing	Yellow	Action log updated weekly.
		<ul style="list-style-type: none"> <li>To develop a multi-agency sitrep.</li> </ul>			Green	RMBC Sitrep to be shared on 28 <sup>th</sup> April.

	a) Understand and if necessary, lead discussions with broader providers, e.g. Pharmacists, to support the overall response.	Further development of Action log to reflect wider range of services and 'key themes' across the system.	Terri Roche All	SL NLH will flag if concerns arise.		Action log to reflect wider impacts that Covid 19 is having on the Rotherham Borough.
<b>2. To coordinate and identify appropriate actions and next steps.</b>	b) Review and agree Terms of Reference and establish membership from each organisation.	▪ Terms of reference agreed.	Terri Roche/Jacqui Wiltschinsky	08/04/20		Terms of reference agreed on 23 <sup>rd</sup> March. Will be kept under review.  To review and agree at the 8 <sup>th</sup> April meeting. New ToR agreed 22 April.
		▪ Regular meetings scheduled.		23/03/20 COMPLETE		Meeting now scheduled Tues & Friday 13.00 - 14.00
		▪ Report to RMBC GOLD every Thursday	Terri Roche	Ongoing		
	c) Multi agency strategic approach.	▪ Action log agreed and updated at every weekly meeting.	Terri Roche/ALL	Ongoing		Each partner updates the action log and is held to account by the RCSC. Use of the Public health DATER(Detection, Assessment, Treatment,

						Escalation and Recovery) phases will be part of the updates to the RCSC
	d) Address concerns of Prescription collection and delivering. e) Address concerns re NOMADS	System to support this being developed as part of Humanitarian work cell.	Jackie Mould & Martin Hughes	07.05.20 – SL, MH, NA, will inform the group of any concerns		on-going update from humanitarian cell required watching brief. Update in meeting 28.04.20
<b>3. To ensure the appropriate treatment is being made available to those affected.</b>	a) Identify vulnerable groups including those that may become vulnerable as a result of the outbreak.	<ul style="list-style-type: none"> <li>Part of the work by adult social care and CCG and links to the Data Surveillance Cell.</li> </ul>	Gilly Brenner/Deb Johnson	COMPLETE		Data relating to those in the borough who are extremely vulnerable (shielding) & those aged 50+ with multiple Health conditions has been matched to ASC open cases by CCG data colleagues. (13/03/20)
	b) Identify what support is there for residents who are grieving.	<ul style="list-style-type: none"> <li>Working with Excess Death Cell to investigate support within Rotherham and nationally.</li> </ul>	Ruth Fletcher Brown/Kate Tuffnell	April		Investigating if current Amparo service can operate as a listening service for those bereaved by COVID 19. It will cover children 11+ and adults. For younger children the service will

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						<p>support families/carers to support the young child.</p> <p>For staff affected by deaths to COVID 19 (due to deaths of clients/patients) encourage/promote the use of RMBC counselling provision. Cruse offer on their national helpline a service that would offer our residents similar provision with dedicated appointments.</p> <p>Link with local Hospice to investigate what they can offer.  <a href="#">Listening Ear</a> launched on 20.04.20 – for all those bereaved during the pandemic</p>
		<ul style="list-style-type: none"> <li>▪ Briefing to Gold by 10/04/2020 on bereavement support for both public and staff</li> <li>▪ Update to RCSC</li> </ul>	Ruth Fletcher Brown	08/04/2020 COMPLETE		
				22/05/20		

		due on May 22nd				
<b>4.</b> <b>To identify and promote actions required to reduce the risk of further spread.</b>	a) Ensure social distancing messaging is consistent and persistent. Also continue to communicate washing hands, coughs and sneezes etc.	<ul style="list-style-type: none"> <li>Using comms from PHE update websites, social media and other means of communication are up to date and current.</li> </ul>	Terri Roche & Comms	Ongoing		Mixed messages and interpretation vary so need to ensure messaging is consistent and updated.
	b) Maintain close liaison with NHS England and PHE, particularly when considering changes to the delivery of NHS commissioned services.	<ul style="list-style-type: none"> <li>Daily intelligence reports via SCG and PHE.</li> </ul>	Terri Roche Public Health & CCG	Ongoing		Daily reports. Challenge re receiving up to date daily information to be received by data cell.  Reports to Gold and Tactical group & wider partners as appropriate.  This will continue to develop over time as more data/information becomes available.  <b>22/04</b> This is now working better through the data cell

	<p>c) To ensure Rotherham are following guidelines on PPE</p> <p>d) To have MA discussion on key issues including: Safe disposal Supply &amp; Demand</p> <p>Mutual Aid</p>		<p>Alex Hawley/ Richard Hart</p> <p>RFT, RDASH, RMBC</p>			<p>To share FAQ with partners</p> <p>Andrew Denniff sent business contact who can help with supply. RFT procurement to follow up on Place behalf</p>
<p><b>5. To follow the Pandemic Response Group Communications plan.</b></p>	<p>a) Review, agree and activate Communications Plan and agree key messages.</p>	<ul style="list-style-type: none"> <li>▪ Ensure comms plan in place and agree key messages across all partners.</li> </ul>	<p>Diane Clarke</p>	<p>March 2020</p>		<p>Comms plans are in place and the council's plan incorporates working closely with partners. Links to the Rotherham Place comms group.</p>
	<p>b) Receive and disseminate updates from local providers, as appropriate.</p>	<ul style="list-style-type: none"> <li>▪ Receive Sitrep from care homes &amp; home care.</li> </ul>	<p>Nathan Atkinson</p>	<p>Daily</p>		<p>Care Home data will be part of RMBC Sit Rep going forward</p>

	a) Participate in teleconferences to report the local position.	<ul style="list-style-type: none"> <li>▪ LRF daily meeting 15.00hrs.</li> </ul>	Terri Roche/Jacqui Wiltchinsky	Ongoing		
<b>6. To ensure the response provides guidance to be used for business continuity.</b>	b) Consider the extent of local society impacts e.g. school closures, prison services; access to supplies etc.	<ul style="list-style-type: none"> <li>▪ Data Surveillance Cell will consider wider impacts and data analysis to inform the RCSC of the potential impacts. E.g. hospital bed capacity, supply chains and school closures.</li> </ul>	All Gilly Brenner/Nick Leigh Hunt	Ongoing		<p>Data Surveillance Cell first met on the 3<sup>rd</sup> April. Data Cell needs to extend scope to include multi agency sitrep.</p> <p>Rep SY LRF data cell to ensure joined up approach</p>
<b>7. To take and respond to actions as directed by LRF/LHRF/PHE/SCG/NHSE/Place Gold/RMBC Gold.</b>	a) Coordinate multi agency local communications strategy in line with the LRF Strategic Group.	<ul style="list-style-type: none"> <li>▪ Updates will be provided directly from the LRF strategic co-ordination group and disseminated as appropriate.</li> </ul>	Diane Clarke	Ongoing		Rotherham LRF comms lead to inform the RCSC and Gold as appropriate.

	b) Receive and disseminate updates from national and regional levels and SCGs.	<ul style="list-style-type: none"> <li>Agree develop clear process for wide dissemination of key information.</li> </ul>	Jacqui Wiltschinsky	Ongoing		
<b>8. Identify vulnerable groups including those that may become vulnerable as a result of the outbreak.</b>	a) To receive updates regarding the homelessness situation in Rotherham.	<ul style="list-style-type: none"> <li>The RCSC to receive updates from housing team as appropriate.</li> </ul>	Paul Walsh	Ongoing		Currently those that are homeless have been offered council housing. (03/04/20)
	b) To receive updates on any issues regarding DV.	<ul style="list-style-type: none"> <li>The neighborhood police team to report to the RCSC any DV issues.</li> </ul>	Nick Maddocks	Ongoing		NM has been replaced by Ian Proffitt attended first meeting on 12 <sup>th</sup> May.
	c) Discuss how loneliness can be reduced during social distancing measures.	<ul style="list-style-type: none"> <li>Use of website and social media comms to update with support from public health.</li> <li>Work undertaken by Humanitarian work cell.</li> </ul>	Ruth Fletcher Brown/Diane Clarke  Jackie Mould, Martin Hughes & Ruth Fletcher Brown	End of March		Mental Health resource here:  W:\Public Health\HEALTH PROTECTION\Incidents & Outbreaks\2020\COVID-19\Comms\Mental Health and Wellbeing and COVID-19 Resources.docx

						Messages for the Be the One website on suicide prevention and general messages under Five Ways to Wellbeing.
d)	Discuss humanitarian hubs and volunteering.	<ul style="list-style-type: none"> <li>Group to reflect discussions in the Action log &amp; sitrep.</li> </ul>	Jackie Mould or Martin Hughes			Need to capture the legacy regarding volunteering during the pandemic.
e)	Set up MH& WB cell that will also look at MH issues for recovery	<ul style="list-style-type: none"> <li>Presentation to RCSC on 7<sup>th</sup> may</li> </ul>	Matt Pollard & Ruth Fletcher-Brown			Invite Leanne Buchan R&E to be part MH WB Cell
f)	MHWB on forward plan			22 <sup>nd</sup> May		MHWB added onto forward plan.
g)	Ensure clear communication with the public re opening times, collections and nomads.	<ul style="list-style-type: none"> <li>Opening times communicated to the public via website and social media linked to GP practices.</li> </ul>	Chris Bland - LPC	COMPLETE		Communications to public as and when opening times vary.

<p><b>9.</b> <b>To identify system pressures and solutions if possible and escalate as appropriate.</b></p>	<p>a) Develop and maintain local data collection processes to support the overall response to the pandemic, including completion and submission of relevant situation reports as required.</p>	<ul style="list-style-type: none"> <li>▪ Local Data Surveillance Cell will establish membership across the Rotherham system, timetable regular meetings and create a central repository.</li> </ul>	<p>Gilly Brenner/Nick Leigh Hunt Rotherham Data Cell</p>	<p>03/04/20</p>		<p>Informal links already established in with TRFT through Daily situation and impact reports.</p> <p>Initial contact made with key officers across Rotherham to establish the formal Data Surveillance Cell. First meeting on 3<sup>rd</sup> April.</p> <p>Membership will evolve over time.</p>
	<p>b) Discuss potential impact and to mitigate the impact of the nomad issue, with particular reference to Adult Social Care.</p>	<p>Need to understand the impact on social care.</p> <ul style="list-style-type: none"> <li>▪ Identify those effected and arrange mitigation.</li> </ul>	<p>Nathan Atkinson Chris Bland Stuart Lakin</p>	<p>April 2020</p>		<ul style="list-style-type: none"> <li>• Small group to meet and investigate this issue and identify mitigation.</li> <li>• Discussed today's RCSC all agreed concerns addressed maintain watching brief</li> </ul>
	<p>c) Partners to report into the RCSC so the group can understand the management and coordination</p>	<ul style="list-style-type: none"> <li>▪ Data Surveillance Cell to be set up.</li> </ul> <p>Ensure appropriate timely intelligence</p>	<p>Gilly Brenner/Nick Leigh Hunt</p>	<p>03/04/2020 COMPLETE</p> <p>Ongoing</p>		<ul style="list-style-type: none"> <li>• Guidance is being sent out by the Trust regarding changes to their reporting process.</li> <li>• First meeting of data surveillance cell</li> </ul>

	of surge pressure arrangements with commissioned health and social care services to support business continuity and maintain critical services and broader impact on partners.	provided to the RCSC to inform decisions and actions via the Data Surveillance Cell.				Friday 3 <sup>rd</sup> April. <ul style="list-style-type: none"> <li>Hospital data now provided daily</li> </ul>
<b>10. To follow the PH Pandemic Influenza Recovery &amp; Restoration plan.</b>	a) RCSC to decide when to set up a Recovery Group.	<ul style="list-style-type: none"> <li>Group to consider the recovery impact assessment template for SYLRF for each of their organisations.</li> </ul>	Terri Roche Via RCSC	TBC		Essential for emergency planning cycle.  At 22.4.20 agree to discuss recovery at each RCSC. To be added to Forward plan.  Discuss with Judith Hurcombe so links to LRF and supports RMBC recovery cell  05.05.20 - JH attended
	b) Log legacy of actions during	<ul style="list-style-type: none"> <li>Log legacy of actions during</li> </ul>	Terri Roche Jacqueline	ongoing		

	incident	the incident e.g. changes in DBS checks, volunteering, so all alterations as deemed by the government are logged and those that are beneficial to practice are reported back to government.	Wiltshinsky			
	c) To link with the Established Death Management Workstream.	<ul style="list-style-type: none"> <li>▪ To invite the chair of the Excess Deaths Workstream to the RCSC.</li> </ul>	01/04/20 Polly Hamilton & Gilly Brenner	COMPLETE		The workstream was established on Friday 13th March and is now meeting twice weekly (Tuesdays and Fridays). Now meeting once a week from 12 <sup>th</sup> May.
		<ul style="list-style-type: none"> <li>▪ To ensure co-ordinated approach across the Borough and at LRF avoid duplication.</li> </ul>		Ongoing		At a regional level, a new SYLRF Excess Death Cell has been established and is now meeting on Mondays, Wednesdays and Fridays until further notice.

<p><b>11. Economic Impact of Covid 19 on the Rotherham population.</b></p>	<p>a) Ensure that Rotherham's Economic Recovery Plan recognises social, health and economic issues and responds accordingly. To not do so could risk a further entrenchment of pre-existing disadvantage and inequalities.</p>	<ul style="list-style-type: none"> <li>▪ Plan is in development.</li> </ul>	<p>Simon Moss</p>			<p>Need to put on forward plan for a report to RCSC.</p>
<p><b>12. Contribute to the implementation of national systems for testing of wider key workers and other groups.</b></p>	<p>a) Encourage staff to book tests through formal council systems via HR</p>	<ul style="list-style-type: none"> <li>▪ Promotion of testing through council and wider communications ongoing, including Chief Executive's blog</li> <li>▪</li> </ul>				
	<p>b) Work to remove barriers to accessing testing for some groups e.g. transport,</p>	<ul style="list-style-type: none"> <li>▪ Local site, Doncaster site and mobile testing unit available</li> <li>▪ Discussions</li> </ul>				<p>18.05.20 new testing site proposed at the coach park, Meadowhall.</p>

	personal time pressures, language.	regarding further national sites, including discussion				
	c) Monitor testing capacity locally to ensure increased demand can be met.	<ul style="list-style-type: none"> <li>▪ Current pathway of testing RMBC and care home staff in place meeting demand. Remain linked into discussions with TRFT &amp; CCG leads and SYLRF around planning of pathways</li> </ul>				
	d) Increase testing capacity	<ul style="list-style-type: none"> <li>▪ Conversations with IPC nurses and with Tom Smith and Sam Barstow regarding environmental staff involvement.</li> <li>▪ Developing a SLT paper</li> <li>▪ Submitting high level proforma re- capacity as</li> </ul>				

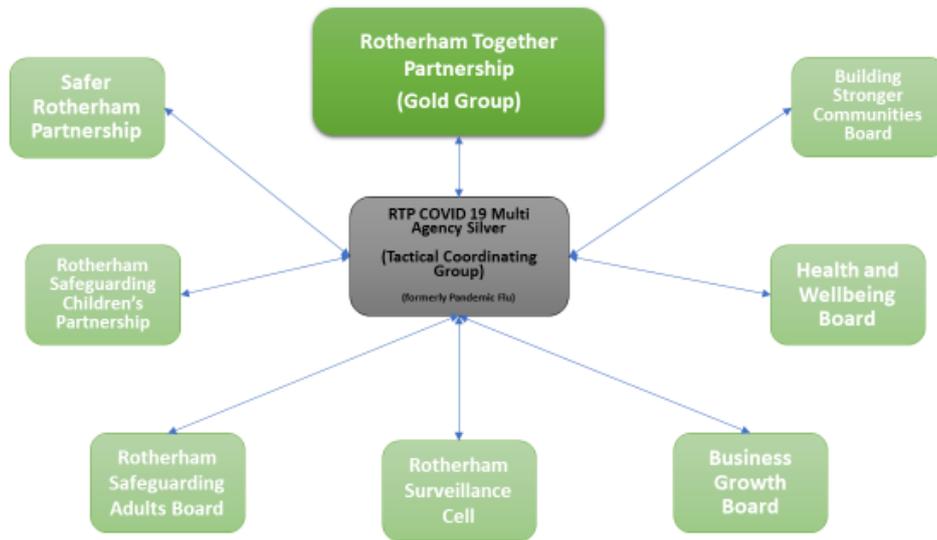
		<p>requested by Richard Gleave</p> <ul style="list-style-type: none"> <li>Drafted business case for additional IPC nurse or equivalent to offer advice.</li> </ul>				
	e) Set up Rotherham PLACE Testing and Contact Tracing cell	<ul style="list-style-type: none"> <li>Work cell set up to occur Thursday's at 1pm.</li> </ul>		COMPLETE		Rotherham Place Testing and Contact Tracing cell set up with ToR. First meeting 14.05.20, enables system wide addressing of issues in relation to testing and contact tracing.
<b>13. Implement contact tracing as part of the next phase to release lockdown following guidance from government</b>	a) Remain linked into national discussions, South Yorkshire LRF testing cell, care homes group and discussions with TRFT & CCG leads	<ul style="list-style-type: none"> <li>RMBC Members of the SYLRF Contact Tracing and Testing Cell via the Public Health Consultants.</li> </ul>				Meeting weekly
	b) Establish a local place group for	<ul style="list-style-type: none"> <li>Remain linked into SYLRF</li> </ul>		COMPLETE		Rotherham Place Testing and Contact

	testing and contact tracing.	testing group discussions.				Tracing Cell set up with ToR. First meeting 14.05.20, enables system wide addressing of issues in relation to testing and contact tracing.
	c) Investigate use of staff from across place with skills in contact tracing to minimise impact on any one service	▪				
	d) Complete Risk assessment on impact of existing staff being used as contact tracers	▪				
<b>14. Ensure clear information and training is distributed regarding national systems for testing of asymptomatic and symptomatic care home staff and residents.</b>	a) Develop letter for managers of care homes and action plan.	▪ Letter developed and sent out with FAQs.		COMPLETE		
	f) Provide further training on swabbing to increase staff competence and	▪ Training video to be disseminated.		COMPLETE		

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	confidence					
	g) Seek clarity on testing routes and communicate this to front-line staff and employees.	▪ Staff can be tested via the HR portal.	ongoing			HR will triage those requesting tests and refer on to TRFT

Rotherham Partnership Covid-19 Command and Recovery Structure





Rotherham Doncaster  
and South Humber  
NHS Foundation Trust

# Rotherham Joint Health & Well Being Strategy

## Implications for Mental Health & Suicide Prevention of COVID-19

**Kathryn Singh CEO**

# AIM 2: All Rotherham People enjoy the best possible mental health and wellbeing and have a good quality of life



Rotherham Doncaster  
and South Humber  
NHS Foundation Trust

- Strategic Priority 1
  - Improving mental health and wellbeing of all Rotherham people
- Strategic Priority 2
  - Reducing the occurrence of common mental health problems
- Strategic Priority 3
  - Improving Support for enduring mental health needs (including dementia)
- Strategic Priority 4
  - Improve the health and wellbeing of people with learning disabilities and autism

# MH/LD&A Service update

- Majority of MH/LD & A Services continued with some adjustments:
  - Digitalisation to address social distancing rules
  - Check-in's with vulnerable groups
- Some Staff redeployed into critical service areas from less critical ones
- Capacity in Psychiatric Intensive Care Units remained high throughout
- Have provided access to urgent mental health support 24/7
- Continued focus on Suicide Prevention

# MH/LD&A Service update

- Services saw an initial reduction in demand now seeing this increasing –mirrored across the region and nationally
  - Services have had to move ‘online’ in many cases
  - Impact of this now being experienced
  - Interruption to ongoing care
  - Later presentations with more complex needs
  - Starting to see an increase in MH Act Assessments since easing of lockdown restrictions

# MH/LD & A Service Update

## CYP

Initial reduction in demand now starting to return to normal levels

- Nationally some evidence to suggest there is a growth in suicidal ideation
- Information suggests significant growth in demand in following areas:

Parental conflict, sadness, domestic violence, sleeping issues

# MH/LD&A Future Concerns

- Growth in demand expected
- Anticipate a psycho-social impact
- Existing health inequalities are likely to be exaggerated
- Disproportionate impact on those with existing mental health problems
- Depression is highly prevalent post-disasters and is often co-morbid with PTSD
- Anxiety, panic disorder and phobias
- Increase in substance use and alcohol intake
- Adjustment disorders
- Bereavement support



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# QUESTIONS

# Health and Wellbeing Board Strategic Priorities

# Reviewing our priorities

In light of COVID-19, it has been recommended that we review our priorities as a board. This review would consider:

- Our biggest pressures as a partnership.
- Evidence around the potential medium to long-term impacts of COVID-19 in Rotherham.
- Capacity across the system to respond to these projected impacts.
- Opportunities to learn from our response to COVID-19.



# Proposed next steps

Subject to agreement by the Health and Wellbeing Board, the following key actions are proposed:

- June – initial consultation with board members regarding the refresh of priorities.
- July-August – review of the Health and Wellbeing Strategy and the board’s strategic priorities.
- September – a development session will be facilitated by the LGA to confirm the board’s priorities and key areas of focus.



# Recommendations

1. To agree to a review of the Health and Wellbeing Board's strategic priorities.
2. To provide any initial feedback on this review, including:
  - What are the biggest pressures facing the system in the immediate and longer-term?
  - What needs to change to enable us to respond to these pressures?
  - What has worked well in our response to COVID-19? What would we want to keep i.e. new ways of working, positive behavioural changes?



# Public Health Annual Report 2019

## The First 1001 Days

[www.rotherham.gov.uk](http://www.rotherham.gov.uk)

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
- The annual report continues to be one of the ways in which DPH can highlight specific issues that will improve the health and wellbeing of the population of Rotherham
- 2018 previous Annual Report focussed on ‘What keeps us happy and well in Rotherham?’



# Progress on recommendations from last year (2018)

- 1) Re-launch of JSNA
- 2) Raising awareness/training mental health
- 3) Workforce development and training as part of the Thriving Neighbourhoods strategy
- 4) Support the expansion of the offer of social prescribing
- 5) All partners to continue to support the 'Working Win'
- 6) Rotherham launch of the South Yorkshire BeWell@Work Award
- 7) Interactive artwork at the Rotherham Show



# 2019 Annual Report - Focus of Report

- The First 1001 Days – A legacy for life
- Key Influencers on the First 1001 Days
- Preparing for Parenthood
- Pregnancy
- The First 2 Years of Life , including showcasing what we are doing in Rotherham

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



# The First 1001 Days – Window of Opportunity



- Between conception and a child's second birthday
- Critical to life-long health and wellbeing
- Not every baby has the same opportunities in Rotherham
- Impact of parental behaviours
- Wider societal influences e.g. living in areas with polluted air

# Recommendations

In Rotherham we will develop, jointly with all stakeholders and partners, a clear and ambitious plan to improve support for children, parents and families in the first 1001 days; key actions are outlined below.



# What we can do together

Work in a partnership with our services to improve the HWBB of families and their young children.

In particular have a focus on:

1. Reduction in Smoking in Pregnancy rates
2. Improve diet and nutrition
3. Promote physical activity
4. Increase breastfeeding prevalence
5. Increase Ages and Stages Questionnaire -3
6. Improve air pollution
7. Support offered by Public Health Commissioned Services

**Any questions?**





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# PUBLIC HEALTH ANNUAL REPORT 2019

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## Director of Public Health 2019 Annual Report

### Forward

The annual Director of Public Health report continues to be one of the ways in which I can highlight specific issues that will improve the health and wellbeing of the population of Rotherham. Last year I chose to ask you, the people of Rotherham, what it means to you to be healthy, happy and well, and outlined the plans that we had to address some of the challenges in this area.

This year I have chosen to return to one of the most important areas of the life course, namely the period of life between conception and a child's second birthday, the so-called "1001 Critical Days".

Evidence shows that the first 1001 days is critical to life-long health and wellbeing. Importantly, it is not only a significant time for the child, but also incredibly relevant to parents and would be parents.

With it being acknowledged that early public investment sets the foundation for greater societal return on such investment, by paying attention to this important area now, and reducing inequalities, we can hopefully lessen expensive interventions that would have potentially been required later in life.

I hope that this report helps to showcase some of the steps that services across Rotherham are doing and planning, with the aim of laying the foundations for lifelong health for Rotherham's next generation and enabling them to realise their full potential.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

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## Executive Summary

This year's Director of Public Health annual report focusses on the period of life between conception and a child's second birthday (around 1001 days). This is because evidence shows that experiences during this period can have life-long consequences for health and wellbeing, and the growing understanding that some of these consequences are difficult to reverse beyond this age.

It is generally acknowledged that the earlier the public investment within the life course, the greater the societal return on such investment, owing to the prevention of conditions in later life that require more expensive intervention.

This report will consider how conditions affecting the mother before and during pregnancy affect her unborn baby and the importance of the support of partners or significant family members/friends. It will also set out the critical importance of conditions, behaviours and opportunities once the baby is born, while the brain is experiencing its greatest period of growth.

### **Key messages:**

- Failing to invest in the well-being of women and children in the first 1001 days can have a cost to the economy of billions of pounds in reduced productivity and increased health costs.
- How well or how poorly mothers and children are nourished and cared for during this time can profoundly affect a child's ability to grow, learn and thrive.
- The first 1001 days are increasingly understood to be the most critical phase of every human life, when the foundations for their lifelong health are built.
- Investment in Public Health is essential to ensure that people's chances for a healthy and fulfilling life are not unfairly held back by the circumstances that surround the start of their life, over which they have no control.

Areas in which investment can make a significant difference to child development include:

### **Nutrition and diet:**

During pregnancy the child's brain is principally influenced by the mother's health and nutrition, and any exposures to toxins. Advice should be that a healthy diet (it is important that expectant mothers eat well) and being physically active will benefit both the child and the mother during pregnancy and will also help her to achieve a healthy weight after giving birth. Rotherham's low breastfeeding rates are an obvious incentive for change, and a real opportunity to address a key health inequality. The benefits to both child and mother may go beyond nutrition and include attachment, immunity protection, and even protection against various forms of cancer.

### **Preparing for parenthood:**

Being well prepared for parenthood is likely to have benefits for the future health and wellbeing of the whole family. Evidence shows that women who are healthier in pre-pregnancy have a better chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby.

Teenage pregnancy is more likely to represent an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health. Therefore, a programme of sex and relationship education can be effective in preventing unintended pregnancies.

### Promotion of healthy lifestyle behaviours:

In addition to good nutrition and diet, smoking, alcohol, drug use, and weight are all modifiable lifestyle behaviours that can have an impact on the outcome of a pregnancy and the health of the new-born child. Primary care and antenatal settings in Rotherham, together with midwives, provide opportunities to offer advice to pregnant mothers and their partners about healthy nutrition, physical activity, and health behaviour choices during pregnancy.

### Mental health promotion

Maternal mental health is a major public health issue and one that is now being made a national priority. Specialist perinatal community services are being rolled out across England, including a new service for Rotherham, Doncaster and Sheffield.

### The first 2 years of life

Rotherham is striving for high quality early years settings, through offering its Healthy Foundations accreditation. High-quality childcare should be understood to be more than simply providing a safe place for children but should also include the provision of nurturing relationships and stimulating environments.

Rotherham's Children's Centres/Early Years and the 0–19 Integrated Public Health Nursing Service (IPHNS) represent a key vehicle for addressing inequality, provided they reach those families with the most need and are effective in influencing the home learning environment and the parents' skills for being the primary educators for their child.

The first 1001 days offer a unique opportunity to influence future health states of the Rotherham population. Investing at this stage of life should bring huge social benefits and considerable savings in the long term. The effects of any investment may still be apparent in future generations.

## Introduction

### Why 1001 days?

This year's Director of Public Health annual report is focusing on the period of life between conception and a child's second birthday (around 1001 days). This is because of the growing body of evidence which shows that experiences during this period can have life-long consequences for health and wellbeing, and the growing understanding that some of these consequences are difficult to reverse beyond this age.

It is generally acknowledged that the earlier the public investment within the life course, the greater the societal return on such investment, owing to the prevention of conditions in later life that require more expensive intervention.

Failing to invest in the well-being of women and children in the first 1001 days can have a cost to the economy of billions of pounds in reduced productivity and increased health costs. 'Investment in Public Health is essential to ensure that people's chances for a healthy and fulfilling life are not unfairly held back by the circumstances that surround the start of their life, over which they have no control'<sup>1</sup>.

Unsurprisingly, some leading economists have called for greater investments in the nutrition and well-being of parents, babies, and infants as one of the best ways to increase prosperity for all.

### 1001 days – a window of opportunity

The first 1001 days are a time of unique potential and vulnerability. During this time so many health and developmental advantages and disadvantages are laid down with lifelong consequences for an individual's life chances. How well or how poorly mothers and children are nourished and cared for during this time can profoundly affect a child's ability to grow, learn and thrive. Moreover, a baby brought up in a supportive environment, within a strong loving partnership with a committed other/s, can have a huge impact on their wellbeing.

The first 1001 days are increasingly understood to be the most critical phase of every human life, when the foundations for their lifelong health are built.

However, we know from the science that not every baby born in Rotherham has the same opportunities as their peers for a healthy and fulfilled life. This can be caused by several parental behaviours such as smoking and drinking alcohol during pregnancy, not eating a balanced diet and taking little exercise.

Therefore, there is not only an economic motivation for investing in the earliest stage of life, there is also a health equity imperative. Investment in Public Health is essential to ensure that people's chances for a healthy and fulfilling life are not unfairly held back by the circumstances that surround the start of their life, over which they have no control.

As an example, maternal nutrition through pregnancy and choices for feeding and weaning in the earliest parts of a child's life play a fundamental role in development and the potential to thrive. Poor nutrition in the first 1001 days can set up an irreversible disadvantage in the development of a child's brain and other organs, and can set the stage for later obesity, diabetes, and other chronic diseases which can lead to a lifetime of health problems<sup>2</sup>.

This report will consider how conditions affecting the mother before and during pregnancy can also affect her unborn baby. It will also set out the critical importance of conditions, behaviours and opportunities once the baby is born, while the brain is experiencing its greatest period of growth. It will also take into consideration whether even the conditions our grandparents experienced in the first 1001 days of their lives may exert an influence on our own health expectations and vulnerabilities to disease.

Finally, whilst the home environment is the key setting within which the first 1001 days plays out, there are some key settings provided through public investment that also play an important role, and indeed a number of services that reach into that home environment that can support or enable a better first 1001 days. The report will include 'case study' descriptions of some of the assets that Rotherham already has in this respect.

## Chapter One - The First 1001 Days – A legacy for life

David Barker, a physician and epidemiologist, is a key figure in the growing understanding of the foetal origins of adult disease. His hypothesis is that the conditions in which the foetus develops have profound consequences for lifetime health<sup>3</sup>. This does not undermine the importance of lifestyle factors for avoiding chronic disease, but rather that vulnerabilities to such disease are set up at the earliest possible stages of life, which might mean one individual may find themselves far more dependent than another on maintaining a good lifestyle for continued health.

Importantly, this theory is not just about brain development. There are phases during pregnancy when the major organs are formed, where the nutrition of the foetus is of critical importance. With the exception of the brain, liver and immune system, which remain 'plastic' after birth, the structure of all the organs is laid down in the foetus, within narrow time windows of foetal growth, meaning that the conditions at those times can have life-long consequences.

In recent times, the diet of the United Kingdom has been characterised by an abundance of high-sugar and high-fat food, which evidence suggests may also be having health impacts on the unborn baby. In this respect, it is not just low birth weights that are associated with later health risks; babies are at risk of obesity in later life both when they are born too small and too large<sup>4</sup>.

Beyond nutrition the mother can ingest other substances that can affect the unborn child. Smoking during pregnancy and alcohol or other forms of substance misuse are the most obvious, but there is also now evidence that living in areas with polluted air may be having some effect on the unborn child<sup>5</sup>.

## The first two years of life

### Nutrition

The critical 1001 days enters a new phase once a child is born, and one of the very first things that will happen within the healthcare context is that the infant will be weighed and measured. Growth patterns from this point onwards will continue to be measured during early life and have similar significance to growth in the womb, both of which can affect later life outcomes.

The speed of postnatal growth is highest following birth, when an infant is still entirely dependent on its mother or primary carer for obtaining nutrition. The health risks arising from insufficient nutrition in this phase are self-evident, but the prevailing cultural belief that rapid growth is always good may not be a helpful one, as rapid catch-up growth or excessive weight gain may be linked to obesity later on and other risks<sup>6</sup>.

The earliest nutrition a new-born child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breastmilk remains nutritionally superior due to a number of components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment<sup>7</sup>.

The types and quantities of food given to an infant, and how these are prepared and administered (e.g. spoon-feeding versus self-feeding) are all likely to be important for setting up eating preferences and habits, which might have a lifelong impact, through a complex mixture of microbiological, nutritional, social and psychological influences<sup>8</sup>.

### Attachment

Early on, infants seek closeness and safety through attachment to others, and are likely to form secure attachments where their primary caregiver responds appropriately to their needs. For this reason, parenting styles in the first 1001 days are seen as critically important to establishing a secure attachment which in turn benefits the child later in life<sup>7</sup>.

Most of the research considers the maternal role in this context, but there is also evidence that increased and enhanced paternal engagement is linked to positive outcomes including better levels of cognitive and social performance and academic achievement<sup>9</sup>.

### Brain development

Brain growth following birth is rapid, growing from 25% of its adult weight at birth to 75% by age two<sup>1</sup>. This is mirrored over the same period by the attainment of significant developmental milestones, as gross and fine motor skills develop, and cognitive and sensory skills develop, enabling the infant to move from being a new-born, entirely dependent on its parent for survival, to becoming an increasing independent toddler.

During pregnancy the child's brain is principally influenced by the mother's health and nutrition, and any exposures to toxins. Following birth, brain growth is rapid, as is the creation of connections between brain cells. A new-born child's brain is highly receptive to external stimuli and creates such connections at an astonishing rate in response – more than one million connections per second are created during the first eighteen months of life.

Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all the learning, health and behaviour that follow<sup>10</sup>.

## Chapter Two – Key Influencers on the First 1001 Days

### Socio-economic

Socio-economic circumstances play a very important role in influencing the conditions and circumstances that affect every child during the first 1001 days.

For young children it is clearly not only material wealth that matters. The ‘ecological perspective’ on child development locates a child’s wellbeing in the context of the family, friendship networks, early childcare settings and the neighbourhood, rather than solely in the context of material wealth.

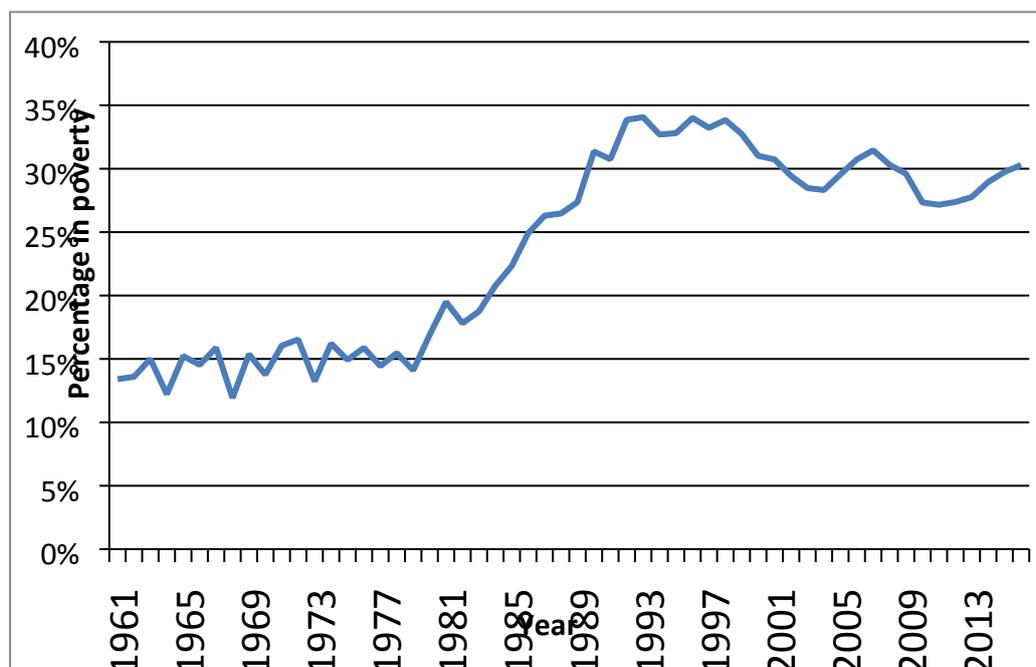
Parenting styles are affected by income and employment stresses; some harmful personal behaviours by parents might be seen as coping strategies (e.g. smoking and drinking); housing conditions are likely to be poorer and may have a direct negative health effect on a child (e.g. cold, damp homes), or may have a constraining effect on a child’s stimulation or capacity to learn; harmful environmental exposure may also be more prevalent in less affluent neighbourhoods (e.g. proximity to traffic causing more polluted air).

### Income and inequality

Income inequality is correlated with so many social and economic factors that impinge on the health of a child and its parents during the first 1001 days. Lower income is likely to, but not necessarily, mean poorer quality housing and local living environments, poorer parenting skills, poorer nutrition and greater likelihood of harmful environmental exposures.

Child poverty in the UK has doubled since 1960 as shown in Fig 1:

Fig 1: The doubling of child poverty in the UK since 1960:



The Joseph Rowntree Foundation has looked at impacts of poverty on parenting. Poor families are more likely to have non-traditional family structures (such as lone parenting); be headed by a teenage parent; have a sick or disabled child; have a child (or children) under

five; and to have many children. The parental stresses of living in low income may also predispose towards less nurturing parenting styles<sup>11</sup>.

Addressing the inequality is a key priority for Rotherham, where the Council vision speaks of building “a town where opportunity is extended to everyone, where people can grow, flourish and prosper, and where no one is left behind”, and the [Health and Wellbeing Strategy](#) is underpinned by a commitment to reduce health inequalities.

## Environment

### Air quality

Air pollution is the largest environmental risk to the public’s health, and there is growing evidence that it may even be causing damage both before and during pregnancy.

Research has previously found an increased risk of miscarriage from long-term exposure to dirty air, and more recent research has pointed to an increased risk arising from short-term increases in exposure to nitrogen dioxide (NO<sub>2</sub>), a very common contaminant, produced by internal combustion engines<sup>12</sup>.

The mechanism by which unborn children are affected by polluted air is not certain, but other recent research has shown that air pollution particles can cross to the foetal side of the placenta<sup>13</sup>.

Rotherham is taking actions to address areas of high concentration of NO<sub>2</sub>, for example, through measures to restrict traffic speeds, but there will always be some pollutants in the air. There are opportunities for individuals to make a difference, both with respect to their contribution to air pollution, and in what they can do to reduce exposure, such as avoiding busy roads, where concentrations are likely to be higher.

### Housing

Children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm homes, and children in deprived areas are nine times less likely to have access to green space and places to play<sup>14</sup>.

Poor housing is cited as an example of social stress that can act against the ability of parents to provide a secure, healthy, nurturing environment during the early years of a child’s life. This in turn can adversely affect a child’s health, for a child’s home environment exerts an important influence over their future health and development<sup>15</sup>.

### Opportunities

Primary schools are places where in the mornings and afternoons there are likely to be a number of pregnant mothers, as well as infant and baby siblings of children at school. Bans on idling of car engines or the provision safe walking routes to school, away from busy roads and preferably with vegetation to screen out pollutants, could give opportunities to provide cleaner air.

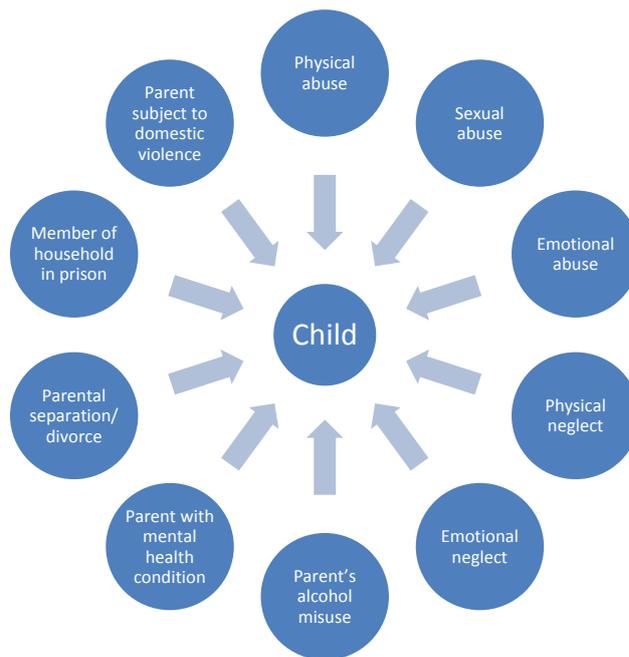
Advice on cheaper energy suppliers and home improvements for more efficient heating and insulation could also be targeted to young family households.

## Health behaviours

### Adverse Childhood Experiences (ACE)

Research has demonstrated an association between traumatic experience in childhood with health and social problems across the lifespan<sup>16</sup>.

Fig 2: Ten Types of Adverse Experiences



Felitti and Anda defined ten types of adverse experience (shown in Fig 2 above), and their findings were that the number of experiences was a key predictor of the likely long-term impact. For example, individuals from the study who had faced 4 or more categories of ACEs were twice as likely to be diagnosed with cancer compared with individuals who hadn't experienced childhood adversity<sup>16</sup>.

As a social determinant of health, ACEs sit firmly within the context of social inequalities, since higher levels of poverty and unemployment tend to correlate with greater prevalence of traumatic experiences during childhood<sup>17</sup>.

## Chapter Three – Preparing for Parenthood

Children born into secure families that respond to their physical and emotional needs are more likely to grow up to achieve well academically and to enjoy a healthier and more financially secure adult life. Furthermore, they are more likely to give their own children the same good start in life.

The health of a would-be parent even before the start of the 1001 days is an important factor in giving every child the best start in life. Being well prepared for parenthood is likely to have benefits for the future health and wellbeing of the whole family.

### Teenage pregnancy

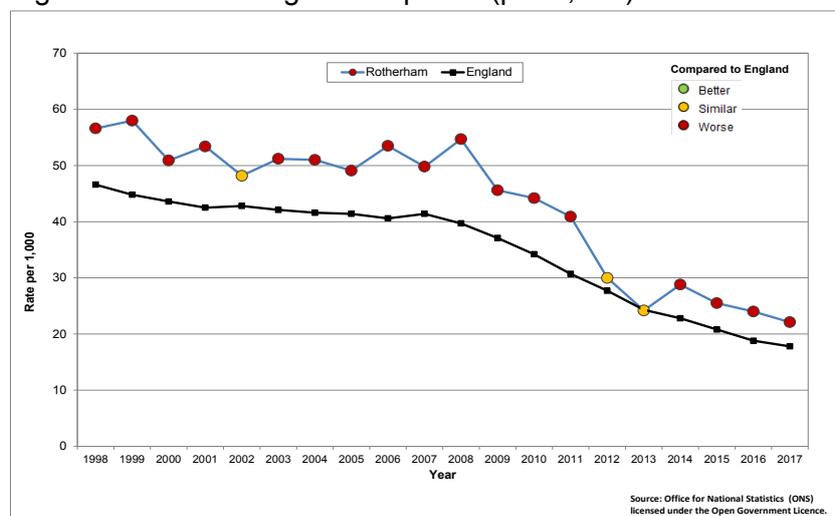
Teenage pregnancy rates are generally higher amongst the most deprived and socially excluded young people. Although being a teenage mum can be a positive experience for some, evidence suggests that it can contribute to some negative long-term outcomes<sup>18</sup>.

Becoming a mother under the age of twenty does not necessarily present health risks, and indeed a woman's fertility naturally declines with age. However, social factors, including the period of formal education and the age of independence from parents and becoming economically active mean that there is some social stigma attached to teenage pregnancy, and there is likely to be an economic impact associated with starting a family at this age. It is also more likely that teenage pregnancy represents an unintended pregnancy, and there is evidence that pregnancy intention is important for maternal and child health<sup>19</sup>.

It should be noted that across the country there has been a steep drop in rates of teenage pregnancies in recent years. There are a range of theories about what might explain this dramatic decline, and it seems likely that it is associated with a few related social changes and some specific policy interventions, including education and access to comprehensive sexual health services.

Rotherham has not missed out on this steep decline (a 60% reduction in the under 18 conception rates between 1998 and 2017) but remains in a comparatively poor position when compared to the region and to England.

Fig 3: Rates of teenage conceptions (per 1,000) in Rotherham and England



A programme of good quality sex and relationship education can have beneficial effects in terms of sexual health behaviour (e.g. by delaying onset of sexual activity, reducing the number of partners and increasing knowledge about methods and availability of contraception).

Whilst the proportion of Year 10 (age 14-15) Rotherham children saying that they have had sexual intercourse has generally been going down in recent years, there is also some evidence that those who are sexually active are more likely to have had sex after taking drugs or alcohol, and less likely to have used contraception (The Rotherham Voice of the [Child Lifestyle Survey 2019](#)).

### Fitness for pregnancy

Evidence shows that women who are healthier in pre-pregnancy have a better chance of becoming pregnant, having a healthy pregnancy and giving birth to a healthy baby<sup>20 21</sup>.

Smoking, alcohol, drug use, weight and diet are all modifiable lifestyle behaviours that can have an impact on the outcome of a pregnancy. Whilst there may be an increasing awareness of the need to modify smoking and alcohol behaviours in preparation for pregnancy, there is still a low level of awareness of the importance of good diet and nutrition and the potential problems that are associated with obesity in pregnancy<sup>22</sup>.

### Diet and weight

In Great Britain, the latest figures show that for the first time more than half (50.4%) of women with a recorded Body Mass Index (BMI) at their first midwife appointment were overweight or obese, with 22% of women classified as obese at the start of a pregnancy (BMI $\geq$ 30)<sup>23</sup>. Furthermore, about a third of women gain too much weight during pregnancy, and this is more likely in those classified as overweight or obese. However, if a pregnant woman is obese, this will have an influence on her health and the health of her unborn child, so it is more important, where possible, to help obese and overweight women lose weight before they become pregnant.

Fig 4: Risks associated with maternal obesity<sup>24</sup>

Risks to mother	Risks to foetus/child
Maternal death or severe morbidity	Stillbirth
Cardiac disease	Neonatal death
Miscarriage	Congenital abnormalities
Pre-eclampsia	Prematurity
Gestational diabetes	Lower breastfeeding rates
Increased risk of Caesarean Section	Increased risk of obesity and metabolic disorders in childhood

Women are advised to take a supplement of 400 micrograms of folic acid each day, from before pregnancy and for the first 12 weeks once pregnant, to help reduce the risk of conditions like cerebral palsy, highlighting another potential advantage of a planned pregnancy.

## Smoking and alcohol

Smoking and alcohol use by parents prior to conception can make it more difficult to conceive.

Smoking is known to impact negatively on male and female fertility. Smoking by men intending to become fathers not only affects their semen in terms of lower sperm counts and lower motility but is also likely to expose their partner to second-hand smoke, with consequent impacts on female fertility<sup>25</sup>.

The influence of alcohol on male and female fertility is not comprehensively understood, but reducing alcohol consumption when trying to conceive is sensible advice<sup>26,41</sup>. Official guidance recommends that couples abstain (from alcohol) in this situation.

## Opportunities

From September 2020 there will be compulsory relationship education in all primary schools, and compulsory sex and relationship education in all secondary schools, as well as compulsory health education. This presents opportunities to raise awareness of the importance of pre-pregnancy health, including diet and nutrition and healthy lifestyle behaviours when planning pregnancy, as well as advice on the importance of planning for pregnancy.

Evidence suggests that where people receive advice from health professionals, they are more likely to make changes to their behaviour before pregnancy, so there are likely to be opportunities to make every related contact count, for example when young people attend a sexual health clinic<sup>27</sup>.

Women who receive counselling prior to pregnancy are three times more likely to quit smoking before conceiving than those that don't<sup>28</sup>.

Sensible preconception advice to men would be to quit smoking three months before attempting to conceive, as sperm take about this length of time to mature.

## Chapter Four – Pregnancy

Once a woman becomes pregnant, her unborn baby's nutrition and development is dependent on her own health/her lifestyle behaviours and that of her partners or support networks. Poor nutrition during pregnancy may influence the growth of key anatomical features in a way that can increase the risk of future health problems.

Pregnancy is also an opportunity, as a strong motivator for behaviour change, with potential benefits to the unborn child, the mother, partners/support networks, any future pregnancies, and even for future generations.

### Communicable diseases

Some communicable diseases also present a higher risk in pregnancy. For this reason, in the UK all pregnant women are offered the seasonal flu vaccine and the whooping cough vaccine and may be advised to have the hepatitis B vaccine if at risk. In Rotherham about 8 in 10 women take up the whooping cough vaccine, better than the England average. Provisional data from PHE shows 45.1% of Rotherham women who were pregnant took up the seasonal flu vaccination in monthly data 1 September 2019 to 29 February 2020 (cumulative uptake); England was 43.7% in comparison<sup>29</sup>.

### Smoking in pregnancy

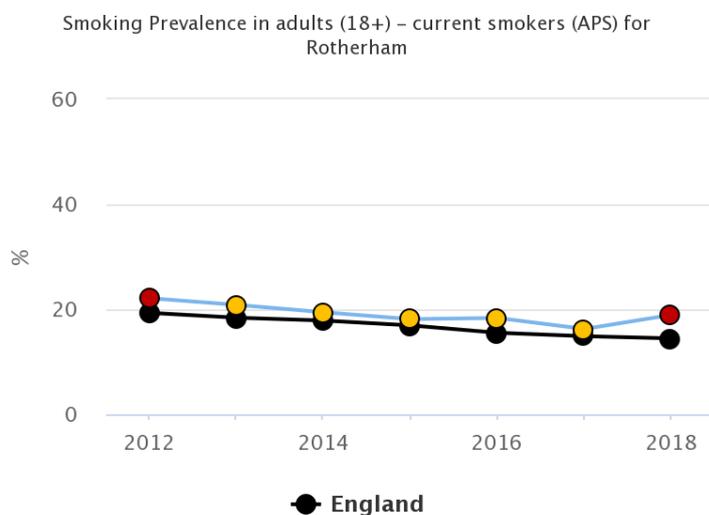
Smoking is the leading cause of preventable illness and premature death in England, with about half of all life-long smokers dying prematurely<sup>30</sup>. Smoking in pregnancy creates an additional potential harm to the growing foetus, as toxins present in tobacco smoke can cross the placenta. Smoking also reduces the amount of oxygen that can reach the baby, which can restrict growth – babies born to smoking mothers tend to weigh less at birth<sup>31</sup>. Smoking in pregnancy risks are shown in the diagram below:

Fig 5: Smoking in Pregnancy – Health Matters PHE



In Rotherham 18.9% of adults were current smokers in 2018 (Annual Population Survey - APS). This has been in general decline since 2012, but with an apparent upturn in 2018, and has remained worse than the England proportion (14.4%) and the regional one (16.7%).

Fig 6: Smoking Prevalence in adults (18+) – Current Smokers (APS) for Rotherham



It is obviously preferable if women manage to quit smoking in preparation for becoming pregnant but stopping smoking at any point in the pregnancy is a positive action with some benefit for both mother and child. In Rotherham there is a dedicated small team, the Stop Smoking in Pregnancy Service (SSPS), who work with pregnant mothers who smoke, helping them to make informed choices about their smoking habit, and to offer support to help them adopt a healthier lifestyle during pregnancy.

Fig 7: Smoking Risk Perception Tool - Stop Smoking in Pregnancy Service (Rotherham NHS Foundation Trust)

- The Service comprises of two (full time) Smoking in Pregnancy Midwives, two (4 days a week) Stop Smoking in Pregnancy Advisors, and one (1 day a week) Administration support, based at the Antenatal Clinic, Greenoaks.
- The Service developed a revolutionary pathway to engage and motivate women and their partners, which has had a huge effect in reducing the percentage of mums smoking during pregnancy.
- This pathway has been embraced by both Newcastle University & Teesside University and called 'The Risk Perception Tool'. The Universities developed a package incorporating a tool called babyClear®. It is now used widely across the UK.
- A key requirement of the Risk Perception Tool is for **all** pregnant women to have routine Carbon Monoxide monitoring tests at every visit and for an 'Opt Out' system for referrals into the Stop Smoking Service.
- A smoking in pregnancy midwife will see all pregnant smokers attending Greenoaks to support them to stop smoking, using their expertise and a personalised approach, supported by visual aids and dispelling any potential myths.
- Women are supported to stop smoking by initially seven weeks of weekly face to face support, then monthly visits throughout pregnancy and at least once post-natal. This results in the team forming close relationships with mothers and their families, providing a unique insight into their lifestyle choices. It also offers the opportunity for appropriate sign posting to the Multidisciplinary team or the 0-19 Integrated Public Health Nursing Service (IPHNS) for either pregnancy related or health issues such as mental health and social care.

"The issue is that many mums feel guilty about their smoking habits and don't want to admit to smoking. It's our job to let them know the full extent of the risks they are taking and benefits of stopping smoking so that they can make an informed decision. In many cases women know that smoking is not healthy but are not always aware of the risks and the impact of it". Wendy Griffith, Smoking in Pregnancy Lead Midwife.

The Service makes use of some innovative Risk Perception methods (see Fig 7), which includes working with parental partners who smoke, and promoting smoke-free homes. The number of women who smoke in pregnancy in Rotherham is high when compared regionally and nationally. However, the Service has had some recent success in reducing the proportion of women smoking in pregnancy and has managed to meet its target of fewer than 18%.

Unfortunately, this still means that a minimum of around 500 babies are born each year in Rotherham to mothers who smoked during pregnancy. Furthermore, a systematic review from 2016 suggests that as many as 43% of women who did manage to quit in pregnancy have restarted smoking by six months after giving birth, giving rise to further risks to the health of both mother and child at such a critical phase<sup>32</sup>.

### Nutrition during pregnancy

Studies have shown the risks to foetal development associated with under-nutrition during pregnancy, and it is important that expectant mothers eat well. However, it is also true overeating can have adverse consequences, but the concept of 'eating for two' may still be ingrained culturally.

Dispelling the myth about eating for two is important, but it is also important that women are advised not to lose weight during pregnancy, as this may harm the health of the unborn child. There are currently no evidence-based UK guidelines on recommended weight-gain ranges during pregnancy<sup>33</sup>. Therefore, the advice should be that a healthy diet and being physically active will benefit both the child and the mother during pregnancy and help her to achieve a healthy weight after giving birth.

Women are also given advice about foodstuffs to avoid during pregnancy, mostly owing to increased risks of infection. These are set out comprehensively on the NHS website <https://www.nhs.uk/conditions/pregnancy-and-baby/foods-to-avoid-pregnant/>. Whilst a good balanced diet should ensure most essential nutrients are obtained during pregnancy, supplements of folic acid and vitamin D are also advised for pregnant women.

The NHS website also has a very good guide to a healthy diet in pregnancy, <https://www.nhs.uk/conditions/pregnancy-and-baby/healthy-pregnancy-diet/>, which includes advice on vitamins, supplements and other nutrition, and also links to the Healthy Start programme. Eligibility for free Healthy Start vouchers can be checked via a postcode search and then the vitamins can be collected from a range of Children's Centres and Pharmacies in Rotherham. However, uptake has not been high in Rotherham, and a new approach is now being trialled by the Acute Trust to try to ensure that *all* mothers seen by health visitors are given the vitamins.

### Physical activity for pregnant women

With respect to physical activity, 30 minutes a day of moderate-intensity activity is beneficial, but women who have not routinely exercised prior to becoming pregnant should start slowly. The diagram below shows an ideal approach:

Fig 8: Physical Activity for Pregnant Women<sup>34</sup>

## Alcohol in pregnancy

The Chief Medical Officers for the UK recommend that if you are pregnant or planning to become pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink, the greater the risk. When a pregnant woman drinks, alcohol passes from the blood through the placenta and to the baby. A baby's liver is one of the last organs to develop and does not mature until the later stages of pregnancy. The baby cannot process alcohol as well as the mother can, and too much exposure to alcohol can seriously affect their development.

Drinking alcohol, especially in the first 3 months of pregnancy, increases the risk of miscarriage, premature birth and your baby having a low birthweight. Drinking after the first 3 months of pregnancy could affect the baby after they're born. Drinking heavily throughout pregnancy can cause the baby to develop a serious condition called foetal alcohol syndrome (FAS). Symptoms include poor growth, distinct facial features, learning and behavioural problems<sup>35</sup>.

The NHS website has a good guide on the impact of drinking during pregnancy <https://www.nhs.uk/conditions/pregnancy-and-baby/alcohol-medicines-drugs-pregnant/>

## Opportunities

Since influenza infections have been shown to increase among smokers compared to non-smokers (and are more often severe)<sup>36</sup>, the smoking in pregnancy service offers an opportunity to increase the uptake of the flu vaccine by pregnant women in a targeted way.

Rotherham's community midwives and outpatient clinics (Greenoaks) already check vaccination status of pregnant women and offer the flu vaccine as appropriate but will look at opportunities to strengthen the advice for smokers.

Primary care and antenatal settings, and midwives, provide opportunities to offer advice to pregnant mothers and their partners about healthy nutrition, physical activity, and health behaviour choices during pregnancy. Schools, through their Personal, Social and Health Education (PSHE) sessions and the upcoming compulsory Relationships and Sex Education (RSE) teaching, provide an opportunity to influence the next generation of parents, both male and female, and to remove the culturally persistent concept of 'eating for two'.

## Chapter Five – The First 2 Years of Life

### Education

Before the age of two, it is likely that children will spend a lot of time at home, however, most parents then face a choice (often driven by a financial imperative) of whether/when to re-enter employment and how to ensure their child is properly cared for.

Research on early childhood education in the UK does provide evidence of benefit from high quality early childhood education<sup>37</sup>, but has largely considered such provision for children aged 3-5.

In this context, high-quality childcare should be understood to be more than simply providing a safe place for children but should also include the provision of nurturing relationships and stimulating environments. The development of an infant's executive function can be stimulated through something as simple as a game of peekaboo<sup>38</sup>. Play England, The Playwork Foundation and The International Play Association England joined forces in 2019 to develop a 'A Manifesto for Play: Policy Proposals for Children's Play in England'<sup>39</sup>. (See link; <https://www.playengland.org.uk/a-manifesto-for-play-2/>)

It was a call for political parties to include in their Manifestos:

1. **Leadership** – create a Cabinet minister for children with responsibility for play
2. **Legislation** – make planning for play a statutory duty
3. **Investment** – more and better play opportunities, spaces and services for children including play in parks and public spaces, playgrounds, housing, play streets, after school and holiday play schemes, adventure playgrounds and schools
4. **Delivering for play** – investment in quality support and training for professionals.

Whatever quality of early years support is provided by Practitioners, parents inevitably exert a greater influence on their child's development in the earliest stages of life, and it is clear that a positive early years home learning environment can provide many benefits for improved cognitive, social and physical development of children.

What happens in our early years settings, especially our Children's Centres, and the extent to which they are able to reach those parents most in need and to positively influence how they interact with their children at home is a key consideration for a good 1001 days experience for Rotherham's most disadvantaged young children.

### Rotherham position

Rotherham is striving for high quality early years settings, through offering its Healthy Foundations accreditation. The aim is for settings to self-evaluate against certain criteria and to attain standards in order to achieve accreditation.

Fig 9: Healthy Foundations Case Study

Healthy Foundations is an accreditation scheme, offered by Rotherham Council, to encourage 'healthy' early years settings in Rotherham. Introduced in 2017, the accreditation is available to any private sector childcare service, including nurseries and child minders, who look after children between the age of 0 – 5 years old.

This locally developed accreditation scheme has a range of benefits. For child minders and other care givers, it allows them to gain a recognised award which gives them the skills to implement into their own practice.

Healthy Foundations covers six elements over 3 stages: Bronze, Silver and Gold. In order to get the accreditation, each childcare provider must complete each element. At the end of the course, a panel decides whether to award accreditation to the Provider based on evidence given at each element.

#### Bronze

- Whole setting Approach and Ethos
- Healthy Eating & Oral Health

#### Silver

- Exercise, Movement, Rest and Sleep
- Emotional Health and Well Being

#### Gold

- Managing Behaviour and Independence (Personal, Social and Emotional Development - PSED)
- Managing Dangers and Risks (Safe and Healthy Environment)

## Children Centres/Early Help

Children's Centres in Rotherham offer a wide range of provision to support children in reaching early years milestones and being 'school ready' when they enter mainstream education.

The Sure Start programme was introduced to provide 'under one roof' services for young children and their families. In 2016, this ethos was broadened to a **whole family approach** and Children's Centres were a key component in the development of an effective Early Help Offer, which integrated a range of services into one Early Help & Family Engagement Service. The now well-established integrated Service supports children aged 0-19; families and has a specific focus on the first 1001 days focus with the following interventions:

### *Triple P Positive Parenting Programme Series*

A parenting and family support system designed to prevent, as well as treat, behavioural and emotional problems in young children through to teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realise their full potential.

Triple P draws on social learning, cognitive behavioural and developmental theory as well as research into risk factors associated with the development of social and behavioural problems in children. It aims to equip parents with the skills and confidence that they need in order to be self-sufficient and to be able to manage family issues by themselves and without ongoing support. Whilst it is almost universally successful in improving behavioural

problems, more than half of Triple P's 17 parenting strategies focus on developing positive relationships, attitudes and conduct. Triple P is delivered in four formats:

- Triple P 0-12
- Triple P Teen
- Triple P Online
- Triple P Stepping Stones (for parents who have a child with disabilities)

## Family Links – The Nurturing Programme

The Nurturing Programme is a 10-week programme for parents with children 0-8 years that aims to improve the emotional health of both adults and children whilst strengthening family relationships. It is a cognitive-relational programme, providing parents with new skills in listening and communicating with their children and developing an understanding of behaviour in the context of relationships. It is based upon four constructs or building blocks: self-awareness, appropriate expectations, positive discipline and empathy.

## Sleep Tight

This 5-week course designed by the Children's Sleep Charity, helps parents understand the impact of poor sleep on behaviour. The programme supports families to implement creative and evidence-based methods of improving sleep patterns in young children. Areas covered include diet, environment, physical and mental health and routines to help both parents and children have a better night's sleep.

## Caring Dads

This is a sixteen-week validated programme for men who have abused or neglected their children or exposed them to domestic violence. The goals of the Caring Dad's group are to improve the fathers' relationship with their child and family, and to help them to better understand children's developments and needs. Some of the topics explore:

- Recognising unhealthy, hurtful, abusive and neglectful behaviours
- Effect on children of exposure to the abuse of their mother
- States of child development – what to expect
- Problem solving in difficult situations and managing frustration
- Alternatives to punishment
- Rebuilding and healing

## Parents as Partners

The Parents as Partners Programme is a validated, group work programme for parents who are struggling with conflict and stress in their parenting and relationships. It explores the whole family dynamic and has proven results in helping:

- Improve parental relationships and communication (whether living together or apart)
- Strengthens the family relationship and improves the child's wellbeing and success
- Helps parents to manage the challenges and stress of family life
- Reduces conflict in the relationship

As well as group interventions the Early Help Service, through its Children's Centres, delivers a range of interventions that seeks to engage children and families in positive activities that will assist child development and support positive outcomes. Examples of this are Baby Massage groups (see Fig 10); Stay & Play interventions; and Cook & Taste sessions.

The Family Support element of the Service supports children and families with additional and/or complex needs through a comprehensive assessment and plan (Early Help Assessment) which then identifies specific need and offers intensive support.

**Fig 10: Baby Massage Intervention: Case Study**

As part of Rotherham Council's Early Help offer, Baby Massage classes help parents and care givers to bond with their babies.

The Council's Early Help Outreach and Engagement Worker for the South Locality, Fran Dawson, explains the benefits of Baby Massaging classes.

"Baby Massage is delivered as a 4-week rolling programme offered across the Borough. The Service supports babies aged between 6 weeks to 6 months. Between April 2019 and December 2019, one Locality worked with 110 babies and 117 care givers, including 11 male care givers.

Parents and babies that are invited to the classes are identified by Health Visitors. We have a range of parents who come along; some need that extra support, whilst others just want to have social interaction with other parents in their area.

In my locality there are six members of staff that deliver this Programme. Usually, classes are no bigger than eight attendees which means a maximum of 8 babies and their care givers, but 1:1 support can be given in the home if the family need this.

The classes are not only a great way for partners, family members and carers to bond with the baby, the intervention also helps to improve sleep patterns and reduce colic. We encourage positive interactions between parent and child, promoting early speech and language development by enabling parents to become familiar with using baby-speak.

Baby massage helps with baby brain development which is linked to the attachment with their care giver. The Service makes sure that parents, guardians and grandparents have everything that they need to continue using baby massage at home as during the class, it's not always the best time to attempt a massage, especially if baby is fussy or sleeping.

My Locality has had a fantastic response to the classes. Parents are always telling us how much of a positive impact the classes have had on their child's routine and health, whilst also helping to develop the parent's confidence at the same time. From the baby massage class, we then recommend that parents use our other services, including our Stay and Play Toddler Groups, which enables us to continue giving parents and babies the support and socialisation that they need."

#### Positive impacts of Baby Massaging Classes

- Research shows increases bond/attachment between care giver and baby
- Tummy strokes help to reduce colic
- Helps to reduce postnatal depression through peer support and creating friendship groups
- Encourages carers to access support from Practitioners for other needs as well as allowing identification of causes for concern, for both care giver and baby much earlier in the development of a problem
- Attendees become more confident in handling their child and better at recognising their baby's needs
- Improved positive interaction with their baby
- Improved sleep for their baby by supporting families with building basic routines

## The Rotherham 0-19 Integrated Public Health Nursing Service

The Rotherham 0-19 Integrated Public Health Nursing Service (IPHNS) offers a variety of services to the children and families of Rotherham to support them in achieving optimum health outcomes for their children.

The Health Visitors, School Nurses and Nursery Nurses within the Service contribute to the delivery of the Healthy Child Programme. All mothers in Rotherham are offered an antenatal contact and following the birth of their babies, a new birth visit and a 6-8-week visit. During these contacts key public health measures are explored including, breast feeding, positive attachment, safe sleep, smoking cessation and home safety. Further assessments are carried out by the wider team at appropriate times. The 2-year assessment is carried out where possible within the child's educational setting to ensure a holistic assessment is completed.

The Service offers "Well Baby" clinics where parents can book on to see a health professional to explore and discuss any concerns they may have regarding their child's health or development. All localities also receive regular introducing solid food sessions which is carried out in groups to introduce weaning and a healthy diet.

Where additional needs are identified, either by the family or other professionals, an evidence based targeted programme of support will be offered to the family by our practitioners in partnership with other agencies when required. The Service also works with families where there maybe safeguarding concerns and contribute to the wider planning to support these families when they need it the most.

## Looked After Children (LAC) Nursing Service

The LAC Nursing Service was established in September 2019. The team support the health needs of all the looked after children across the Borough. Each child has a named Practitioner who will support them on their journey and complete their health assessments reviews, as well as offer regular input and support when required.

## Early Attachment Service

The Early Attachment Service offer a targeted service to parents in Rotherham. The Service offer families 1-1 support where there maybe concerns around attachment issues. The specialist work they offer includes numerous evidence-based programmes including The Solihull Approach <https://solihullapproachparenting.com/quick-guide-to-the-solihull-approach/> and Video Interactive Guidance <https://www.videointeractionguidance.net/aboutvig>. All first-time parents in Rotherham are also offered a six-week group session during the antenatal period with a specific focus on attachment.

## Young Parents Service

The young parents service offers the Healthy Child Programme to all parents under 20 across Rotherham. This group receive a targeted increased offer to meet their individual needs as teenage parents. The Nurses in the team have specialist skills to engage and optimise the outcomes for these families where possible. The Service will work with the families up to the age of one or if additional need is identified until their babies turn two. The families are then transferred back to the 0-19 IPHNS.

## Health Improvement Team (HIT)

The HIT offers a variety of training in a number of settings. These include tooth brushing clubs, training to schools on dental care, weaning advice and support as well as maintaining an active Facebook page for our families.

## Breast Feeding Support

An Infant Feeding Co-ordinator for the 0-19 IPHNS has been in post from August 2019 to develop, promote, support breastfeeding and to drive improvements in infant feeding practices. A staff training programme has been developed to increase staff skills, knowledge and confidence in supporting parents with infant feeding and parent/infant relationship building. An audit programme will monitor standards and evidence improvements across the service. Rotherham are currently working towards meeting the Stage Two Assessment criteria for UNICEF UK Baby Friendly Initiative accreditation. The Service:

- Continues to support the Breast Buddies™ service, working in collaboration with Rotherham Early Help Children's Centres, by training mothers with breastfeeding experience to provide support for new, expectant and breastfeeding mothers. A proportion of Outreach & Engagement workers have completed breast feeding training and can offer the same support as a Breast Buddy in any group, one to one or over the phone.
- Is commissioned to train 20 volunteers per year and is on track to meet the target.

Fig 11: Breast Buddies Case Study – October 2019

Below is a case study of a Breast Buddies personal journey which perfectly illustrates the value of a peer support service:

"I was breast feeding for around six months when I became aware of the Breast Buddies training course. I was shocked to find that the UK's breast-feeding rates were low and in Rotherham were below the UK average. I had heard that eight in ten women stop breast feeding before they would have liked to, and this inspired me to search for a course to enable me to support local women with their breast-feeding journeys.

I found the Breast Buddies Facebook page with details of the course and where I could support Mums. I completed the Breast Buddies training course in July 2018 and began volunteering at the Dinnington and Arnold Children's Centres every week where I supported many mothers with breast feeding. I was able to provide support with positioning and attachment, common breast-feeding challenges and feeding whilst out in the community. Most mothers needed emotional support and reassurance. Mothers with little or no experience of breast feeding were desperate for someone who understood what it is like to be a breast-feeding mother in a bottle-feeding culture.

I found many mothers also came to me for evidence-based information around breast feeding and for support on continuing breastfeeding following their return to work. I was able to give them information around expressing milk, milk storage and their rights as a breast-feeding woman returning to work. This gave them the confidence to continue their breast-feeding journey for as long as they wanted.

Working in the Weigh and Stay sessions provided an opportunity to normalise breast feeding by making it visible in the wider community and presenting breastfeeding as a realistic and relevant choice for local parents.

I volunteered for around twelve months in Rotherham Children's Centres and realised that this is what I wanted to do as a career. I investigated other volunteering opportunities and started to work for both the Rotherham and Sheffield peer support services. Six months later I was successful in applying for a paid post in Sheffield and have been working as an Infant Feeding Peer Support Worker since September 2019. I get real job satisfaction in my new role, where I continue to develop my breastfeeding support skills and knowledge to help women overcome the many barriers they face. Breastfeeding my baby and then embarking on my volunteering journey has enabled me to change my career and I have enjoyed every part of it."

## Breastfeeding (wider picture)

Breastfeeding can reduce the chances of a child becoming obese by up to 25%; breastfed babies have lower rates of: gastroenteritis, respiratory infections, allergies, ear infections and tooth decay.

Overall, the UK's breastfeeding rates are regarded by UNICEF as low compared to other countries, with eight out of ten mothers stopping breastfeeding earlier than they want to, and with as few as 1% of mothers exclusively breastfeeding at six months (as recommended by the WHO)<sup>40</sup>

Breastfeeding rates present an opportunity for Rotherham to enhance the life chances of its new-born population at the first stage of the life course, and to reduce the social gradient in health outcomes.

The WHO recognises that while breastfeeding is a natural act, it is also a learned behaviour. An extensive body of research has demonstrated that mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices<sup>41</sup>. The House of Commons Health and Social Care Committee<sup>42</sup> also supports this in finding that consistent support provision is a key deciding factor in mothers being able to breastfeed for as long as they wish.

The number of women being supported to continue breastfeeding to the 6 weeks point in Rotherham has increased from 30.4% in 2018/2019 to 32.8% 2019/2020, a rise of 2.4% and well above target. This is the most significant increase in the 6-week breastfeeding rate in recent years and can be attributed to several initiatives across the NHS Trust.

As part of the NHS Long Term Plan<sup>43</sup> Rotherham's maternity services have introduced two midwifery continuity of carer teams, with a third planned for May 2020. There is considerable evidence<sup>44</sup> identifying the benefits of this model of care for mothers and babies that included positive personalised experiences, whilst in terms of clinical experience there was evidence of improved breastfeeding initiation and prevalence<sup>45</sup>. Together with other initiatives, such as The Rotherham NHS Foundation Trust's (TRFT) maternity and neonatal services working towards UNICEF Baby Friendly Initiative accreditation, breastfeeding initiation rates have risen.

Fig 12: Rotherham's Annual Breastfeeding Initiation Rates -TRFT

Year	Breastfeeding initiation
2016-2017	58%
2017-2018	59%
2018-2019	67%
2019-2020	68%

In addition, Rotherham's maternity and 0-19 IPHNS have worked collaboratively to strengthen and widen access to the specialist breastfeeding clinics supporting mothers experiencing complex breastfeeding challenges. Furthermore, Local Maternity Systems (LMS) funding has been secured to sustain and improve the service.

Plans are in place to increase the breastfeeding peer support workers in order to improve the quality of the first breast feed and to get the breastfeeding journey off to a good start. In

addition, paid community breastfeeding support workers are being considered. It is the intention to gain accreditation in the Baby Friendly Initiative within the next 12 – 18 months.

### Introducing Solid Foods

The World Health Organisation (WHO) advises the introduction of food other than breast milk from six months of age. Evidence on how to introduce solid foods, such as rate, types of food to introduce, self-feeding versus spoon feeding, is not conclusive. What is clear is that it is a crucial time in a child's early life, marking the beginning of another phase of rapid change, and one that is likely to be associated with the development of food preferences and eating behaviours that might extend into later childhood and even into adolescence and adulthood.

Introducing solid foods is a crucial time in an infant's life, and it can be associated with the development of food preferences, eating behaviours and body weight in childhood and beyond. There is some tentative evidence, for example, that fussy eaters are more likely to be infants who received non-milk foods before the age of four months, but the science and guidance is still developing.

The fact that the science is not settled adds weight to the need for healthcare professionals and others in professional support roles to keep their knowledge up to date, and to keep up our understanding of practices in Rotherham, through good monitoring and recording methods.

The NHS website sets out appropriate advice at <https://www.nhs.uk/conditions/pregnancy-and-baby/solid-foods-weaning/>

### Mental health

As many as one in five women develop a mental health problem during pregnancy or in the first year after their baby is born. Maternal mental health is a major public health issue and one that is now being made a national priority, and specialist perinatal community services are being rolled out across England, including a new service for Rotherham, Doncaster and Sheffield.

Maternal depression is shown to be a risk factor for the emotional and cognitive development of the child<sup>46</sup>. Less attention has been given to the effects on the child arising from maternal anxiety, but a recent systematic review has found that both prenatal and postnatal anxiety can have a small adverse effect on emotional outcomes for the child<sup>47</sup>.

### Opportunities

Two years is a key age for both the Early Years Foundation Stage and for the Healthy Child Programme. There is an opportunity to improve our understanding of the health and development of the Rotherham population at the end of the 1001 days, and how this information is shared, to enable our frontline professionals to work in the most integrated and family-centred way as possible.

The Ages and Stages Questionnaire (ASQ3) is a key tool used to collect information about our children at the end of the 1001 days. It collects information about levels of development in communication skills, gross motor skills, fine motor skills, problem-solving skills, and personal-social skills. We have an opportunity in Rotherham to improve the recording of this

key measure, and to become better informed as a result about our children's development and respond accordingly.

Recording the weight and percentile position of each child at the two to two-and-a-half-year review would also provide an invaluable benchmark and ongoing piece of information. It may well be that by the time the NCMP programme measures weight, early nutritional programming has already taken place, and it is more difficult to bring about sustainable behaviour change.

Rotherham's low breastfeeding rates are an obvious incentive for change, and a real opportunity to address a key health inequality. The benefits (of breastfeeding) to both child and mother may go beyond nutrition and include attachment, immunity protection and protection from long term conditions and diseases, including some forms of cancer.

Rotherham's Early Help Children's Centres and 0-19 IPHNS represent a key vehicle for addressing inequality, provided they reach those families with the most need and are effective in influencing the home learning environment and the parents' skills for being the primary educators for the period of their child's greatest brain development.



## Summary and recommendations

The “First 1001 Days” offer a unique opportunity to influence future health states of the Rotherham population. It is a phase of extremely rapid development, which can set the pattern for the rest of a person’s life, even setting up their likelihood of being predisposed to chronic disease.

Investing at this stage of life should bring huge social benefits and considerable savings in the long term. The effects of any investment may still be apparent in future generations.

The influences on the first 1001 days range from the social, economic and environmental conditions into which people are born, to the lifestyle choices and nurturing and educational styles of parents, and there is a link between all of these.

When considering the first 1001 days inevitably we are discussing a critical point at which two generations intersect, and how the health behaviours of one influence the other. There is growing evidence, however, that the influences from the mother’s own first 1001 days (and indeed the father’s) may be passed on, which offers an opportunity for benefits to be multiplied across generations.

At the life course level, there are distinct phases of development and influence, from conception and pregnancy to new-born life and into infancy and toddlerhood. There are even influences that precede the conception with respect to the preparedness for parenthood with respect to health behaviours and planning for pregnancy.

At the individual level, the lifestyle and health behaviour choices of both parents are important for the health of their child, and both should be supported to make good choices. It is important to avoid the assumption that it is only the mother’s health and lifestyle that is relevant. A father who smokes, for example, increases the risk of adverse health conditions in their children.

The theory of the foetal origin of adult disease largely describes nutrition as the key consideration, and this is reflected in one of the key recommendations of the report. There has been much success in reducing smoking across our population in recent decades, but rates in Rotherham are still comparatively high, and we now know that there can be impacts on the unborn child from maternal smoking (and passive smoking from the father) during pregnancy, so this should be a key focus to give all our children a fair start to life. Once a child is born, brain development is rapid, and in the first two years of life when the parents are the primary educators, there is an opportunity for targeted support from services to improve the skills of the parents, especially those in the most economically disadvantaged circumstances.

### Key recommendations

There are many opportunities to influence the conditions that influence the health of the population during this critical life phase, and not all of them are covered in this report. Key pragmatic recommendations are picked out below that cover the key phases of the first 1001 days.

## Recommendations

In Rotherham we will develop, jointly with all stakeholders and partners, a clear and ambitious plan to improve support for children, parents and families in the first 1001 days; key actions are outlined below.

Smoking in Pregnancy	<ul style="list-style-type: none"> <li>- Continue partnership working between Public Health, TRFT, CCG and ICS to reduce the prevalence of women smoking at time of delivery to 16% or less by end of 2022.</li> </ul>
Diet and Nutrition	<ul style="list-style-type: none"> <li>- Develop a local 'Healthy Weight for All' Plan to promote healthy weight and reduce obesity across all ages, by all NHS partners and Council</li> <li>- Adopt the Local Authority Local Authority Declaration on Healthy Weight to create healthy environments for local people.</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>- Develop local plan by the Rotherham Activity Partnership (RAP) to encourage the population of Rotherham to be more engaged in physical activity</li> <li>- NHS partners to promote physical activity within clinical services</li> </ul>
Breast Feeding	<ul style="list-style-type: none"> <li>- Increase breastfeeding prevalence at 6-8 weeks, with the continued partnership working with Public Health, TRFT, CCG and ICS outlined in the report and offering the necessary support</li> </ul>
ASQ-3	<ul style="list-style-type: none"> <li>- TRFT to increase the proportion of children aged 2 to 2.5 years receiving ASQ-3 as part of the Healthy Child Programme or integrated review</li> </ul>
Air Pollution	<ul style="list-style-type: none"> <li>- Cross Council working to continue taking actions to address areas of high concentration of NO<sub>2</sub> e.g. through measures to restrict traffic speeds</li> </ul>
Get Healthy Rotherham (GHR) Public Health Commissioned Service	<ul style="list-style-type: none"> <li>- GHR will continue to support the 1001 days agenda</li> <li>- Weight management support offer in partnership with Slimming World</li> <li>- Quit smoking service, for non-pregnant women</li> <li>- Provide brief interventions to individuals identified as having high levels of alcohol consumption</li> </ul>

## Progress from 2018 Annual Report – Recommendations

Last year's annual report hoped to 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.

*The table below highlights the progress made with the recommendations*

What we will do	Progress
<p>Lead the development of the re-launch of the Rotherham Joint Strategic Needs Assessment to give clearer insight into the interplay of the factors that influence health and better capturing the assets and strengths of our communities.</p>	<p>The newly refreshed <a href="#">Joint Strategic Needs Assessment website</a> has been shared with partners across the Borough. It is based on the 'influencers on health' model to show the breadth of factors influencing health and to provide a comprehensive coverage of health and wellbeing data. The JSNA is developed and overseen by a multiagency steering group, chaired by a Public Health Consultant. Further work is planned with the voluntary sector to gather more 'community voice' to give context to the data.</p>
<p>All partners should continue to raise awareness of the '5 ways to wellbeing' and the issue of loneliness, such as through collaborative campaigns and Making Every Contact Count training and embedding into contracted service contract delivery. This will include safe talk and mental first aid training for Rotherham staff groups, Councillors and voluntary sector community organisations and targeted suicide prevention training and work in South and Central wards, and a men's mental health football group.</p>	<p>The training to local employers through the BeWell@Work includes the Five Ways to Wellbeing messages. The Five Ways messages have been used by organisations to help people think about their own mental wellbeing and that of others through communications on social media and promotion of different events/activities. They have also been used to help everyone understand how we can work together to address loneliness.</p> <p>The first round of mental health and wellbeing grants to men's groups was launched in 2018. These groups led on work to tackle the issues which can cause men to be at risk of suicide. Many of the groups focused on tackling loneliness and all were encouraged to promote Five Ways to Wellbeing messages. Also, SafeTALK and Mental Health First Aid training has been undertaken. Suicide prevention training was delivered in the central wards to a range of frontline staff and community members. A men's football and mental health group was run by Rotherham Community Sports Trust; this combined football followed by different workshops on mental health topics for men.</p>

<p>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.</p>	<p>Thriving Neighbourhoods recruited local sports workers to enhance sports participation in the community. The Joint Strategic Needs Assessment was presented at a Members' seminar which Neighbourhood officers also attended. A wider voluntary sector event also took place in order to promote the use of evidence and intelligence to support a localised approach to asset-based working. Training has been provided by Public Health for the Neighbourhoods team on Mental Health Awareness.</p>
<p>Partners should work together to enable the local community and voluntary 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 work and pilot work on loneliness. The role of voluntary sector organisations such as (REMA and Rotherfed) and Voluntary Action Rotherham and their volunteer centre - <a href="https://www.varotherham.org.uk/volunteering/">https://www.varotherham.org.uk/volunteering/</a> will be vital in supporting local community organisations and building their capacity and sustaining local based community activity.</p>	<p>Social prescribing is one of the priorities for the Primary Clinical Networks who have overseen the new employment of link workers who are managed by Voluntary Action Rotherham. The link workers are supporting the most vulnerable in Rotherham, and offer a holistic approach to a patient's needs, and when appropriate, signpost to services.</p>
<p>All partners to continue to support the 'Working Win' pilot to support those with mental or physical health conditions to remain in work or gain employment and consider sustainability of this approach.</p>	<p>The Working Win project was supported and promoted by all Rotherham partners. It was led by the Rotherham Local Integration Board. The Local Integration Board coordinated good working practices across all stakeholders. Just over 6,000 people across South Yorkshire were recruited as trial participants enabling the randomised control trial to be of significance. The national evaluation report is awaited which will determine the future of the programme. Sheffield City Region are involved in the continuation of the Working Win model as part of the Local Economic Plan.</p> <p>In Rotherham the people placed in control for the trial were 642 and treatment also 642 (1284 participants in total for Rotherham).</p>
<p>All partners to 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.</p>	<p>In order to support the BeWell@Work scheme, businesses have been offered training in the following areas:</p> <ul style="list-style-type: none"> <li>- Make Every Contact Count (362)</li> <li>- 5 Ways to Wellbeing (numbers unknown)</li> <li>- Alcohol Awareness (47)</li> <li>- Mental health awareness (50)</li> <li>- Sleep Awareness (10)</li> <li>- Health champion training (74)</li> <li>- Dementia awareness (102)</li> </ul> <p>Figures in brackets show how many individuals have undertaken the training within the last 12 months.</p>

	<p>Currently engaged with 32 businesses who are either working towards accreditation or have been accredited in the past year, 15 of these are schools.</p>
<p>Public Health will work with a community arts organisation to create an interactive artwork at the Rotherham Show based on this report, stimulating more people to get involved in thinking about what keeps them healthy, happy and well.</p>	<p>Rotherham Open Arts Renaissance (ROAR) were commissioned to support Public Health in hosting a stall at the Rotherham Show as part of the Diversity Festival. Lots of families and residents came to the stall and discussed the wide range of things they do to keep healthy and considered other ways they could increase the ways they regularly incorporate the 'five ways to wellbeing' into their daily lives. 350 cards were completed and displayed over the weekend to describe some of the activities people do. The insight from this information will be shared through the Joint Strategic Needs Assessment website.</p>

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# HEALTH AND WELLBEING BOARD ANNUAL REPORT 2019/20

A healthier Rotherham by 2025



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# FOREWORD

**Welcome to the second annual report from Rotherham’s Health and Wellbeing Board. In this report, we will reflect on the progress we made in 2019/20, as well as looking forward to 2020/21. As a system, we have experienced a lot of change in recent months and it is very important to me that we make time to reflect on the past year, what we’ve achieved and what we’ve learned.**

I am immensely proud of the strength of partnership working in Rotherham and the commitment across all partner organisations to work together to further the health of local people. The strength of this commitment has never been clearer to me than in our response to COVID-19. I would like to take this opportunity to say thank you to all of the staff across the health and social care system in Rotherham who have been working tirelessly on our response to this pandemic.

We are certainly living through challenging times, and as a board we remain focussed on protecting and improving the health and wellbeing of Rotherham people. Our key next step as a partnership is to review our priorities in the context of COVID-19, including considering any longer-term impacts for the people of Rotherham. It is crucial that we continue to meet these challenges together, and I am confident that our strong commitment to partnership working will continue.



**Councillor David Roche**

Cabinet Member for Adult Social Care and Health  
Chair of the Health and Wellbeing Board

# THE HEALTH AND WELLBEING BOARD

Rotherham's Health and Wellbeing Board brings together local leaders and decision-makers to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote the integration of services.

Organisations represented on the board include:

- Rotherham Metropolitan Borough Council
- Rotherham Clinical Commissioning Group (CCG)
- The Rotherham NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Healthwatch Rotherham
- South Yorkshire Police
- South Yorkshire Fire and Rescue
- NHS England

The board has a number of specific responsibilities, including producing a local joint strategic needs assessment, overseeing the delivery of the joint health and wellbeing strategy, and producing an assessment of the need for pharmaceutical services.

Further detail around the role of the board, including how the board has met the statutory duties over 2019/20 is outlined below.

## Joint Strategic Needs Assessment (JSNA)

One of the board's key responsibilities is to carry out a joint strategic needs assessment (JSNA) for Rotherham. The JSNA is an assessment of the current and future health and social care needs of the local population. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery.

Following a period of consultation, a project was launched to redesign the JSNA to make it more user-friendly and to better meet the needs of local partners. In November 2019, the new JSNA which is called the 'Rotherham Data Hub' was launched at the Health and Wellbeing Board meeting.

The format of the Rotherham Data Hub is based on an adaptation of the Dahlgren and Whitehead model, highlighting how the health of Rotherham people is impacted by a wide range of factors throughout the life course. To reflect this, the website is broken into five themed sections:

- Socio-economic
- Environment
- Community and neighbourhoods
- Health behaviours
- People

The redesign was received very positively by the Health and Wellbeing Board and work has been ongoing to promote the Rotherham Data Hub amongst partners and key stakeholders. The JSNA is a live document, so continuing to develop this resource will be an ongoing priority for the Health and Wellbeing Board.

The Rotherham Data Hub is publicly accessible at <http://www.rotherham.gov.uk/data/>.

### **Joint Health and Wellbeing Strategy**

Joint Health and Wellbeing Strategies set out how local health needs identified in the JSNA will be addressed. They set out the priorities for local commissioning and must be taken into account by local councils and CCGs.

Rotherham's Health and Wellbeing Strategy for 2018-2025 was agreed in March 2018 and is focussed on four key aims:

- All children get the best start in life and go on to achieve their full potential
- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- All Rotherham people live well for longer
- All Rotherham people live in healthy, safe and resilient communities

### **Pharmaceutical Needs Assessment (PNA)**

The board has a statutory responsibility to undertake a PNA every three years. The PNA reviews the current pharmaceutical services in Rotherham and identifies any gaps in provision through assessment, consultation and analysis of current and future local need.

The current PNA for Rotherham runs from April 2018 to March 2021. The mapping of services is a core part of the PNA regulations and a map not only has to be produced, but the regulations ask that this be maintained. For the first time, this assessment utilised the Strategic Health Asset Planning and Evaluation (SHAPE) tool to map the provision and access to pharmaceutical services. This tool has played a key role in continuing to map pharmaceutical services in Rotherham.

## Principles

As well as meeting the duties outlined above, partners of the Health and Wellbeing Board have also committed to embedding the following principles in everything they do, both individually as organisations and through working in partnership:

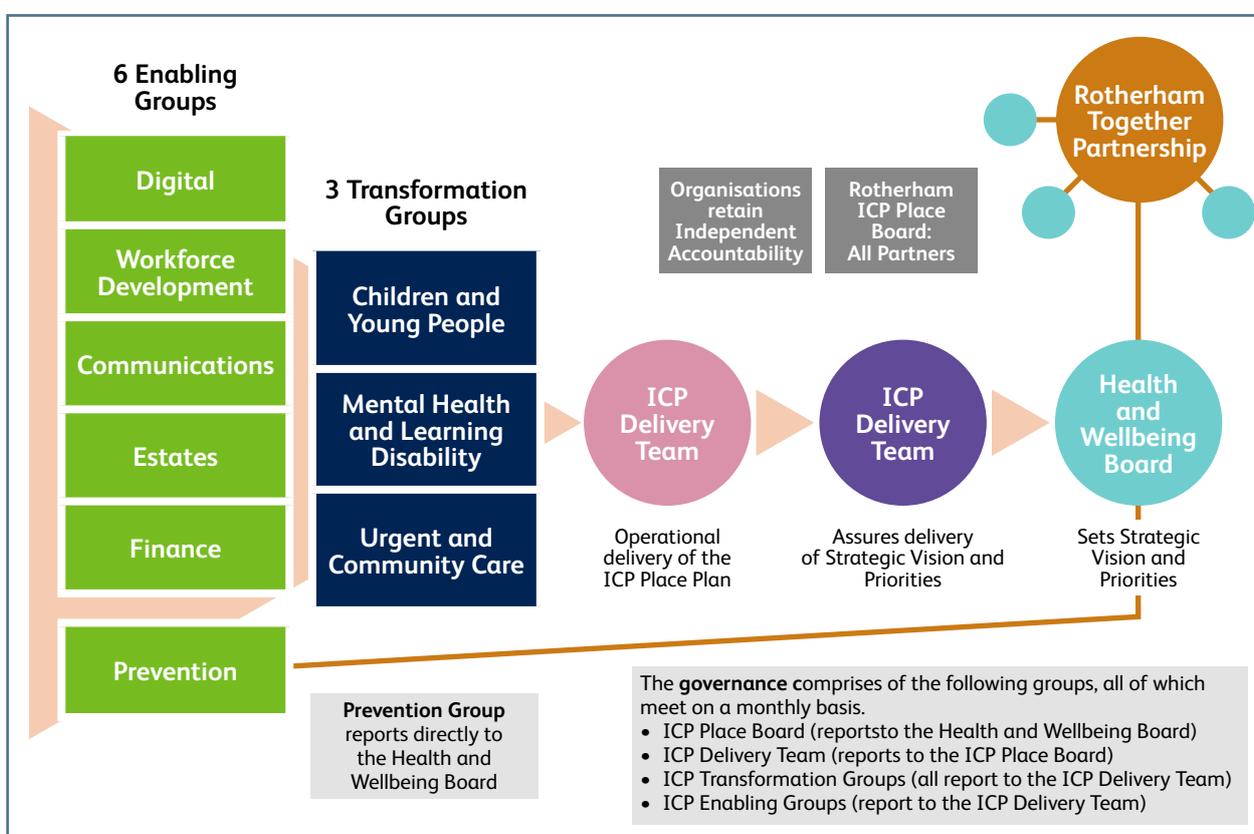
- Reduce health inequalities by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest.
- Prevent physical and mental ill-health as a primary aim, but where there is already an issue, services intervene early to maximise impact.
- Promote resilience and independence for all individuals and communities.
- Integrate commissioning of services to maximise resources and outcomes.
- Ensure pathways are robust, particularly at transition points, so that no one is left behind.
- Provide accessible services to the right people, in the right place, at the right time.

# GOVERNANCE

The Health and Wellbeing Board is a statutory sub-committee of the Council and is an integral part of Rotherham's wider strategic partnership structures, the Rotherham Together Partnership. In addition, the Integrated Care Partnership (ICP) Place Board reports into the Health and Wellbeing Board and takes strategic direction from the Health and Wellbeing Strategy.

As part of the refresh of the ICP Place Plan, a new Prevention enabling group was established. It was agreed that this group would directly report to the Health and Wellbeing Board to ensure ongoing strategic oversight of this work.

**A summary of these governance arrangements is outlined in the diagram below.**



## Rotherham Together Partnership (RTP)

The Rotherham Together Partnership brings together statutory boards such as Safer Rotherham Partnership and the Health and Wellbeing Board, with other key strategic partnerships, such as the Business Growth Board, to deliver on Rotherham's medium-term priorities. These priorities, or "game changers", are set out in the Rotherham Plan 2025.

One of the game changers is 'integrating health and social care', which requires significant input from the Health and Wellbeing Board, working closely with the Integrated Care Partnership (ICP) Place Board. The Health and Wellbeing Board also contributes to the other game changers, particularly 'building stronger communities' and 'skills and employment'.

## **Integrated Care Partnership (ICP)**

The ICP is made up of the local health and social care community, including the Council, CCG, providers of health and care services and the voluntary sector, who are working together to transform the way they care for the population of Rotherham.

The ICP Place Plan takes strategic direction from the Joint Health and Wellbeing Strategy and is the delivery mechanism for the aspects of the strategy relating to integrating health and social care. The NHS Long Term Plan was published in January 2019 and as a result, place partners took the decision to refresh the ICP Place Plan to ensure it addressed the requirements set out in the Long Term Plan. The refreshed version of the ICP Place Plan 2020-2022 was endorsed by the Health and Wellbeing Board at the meeting in March 2020.

The Place Board reports progress to the Health and Wellbeing Board through quarterly performance reports, and there is also a standing agenda item for the Health and Wellbeing Board to consider any issues escalated from the Place Board.

## **Safeguarding**

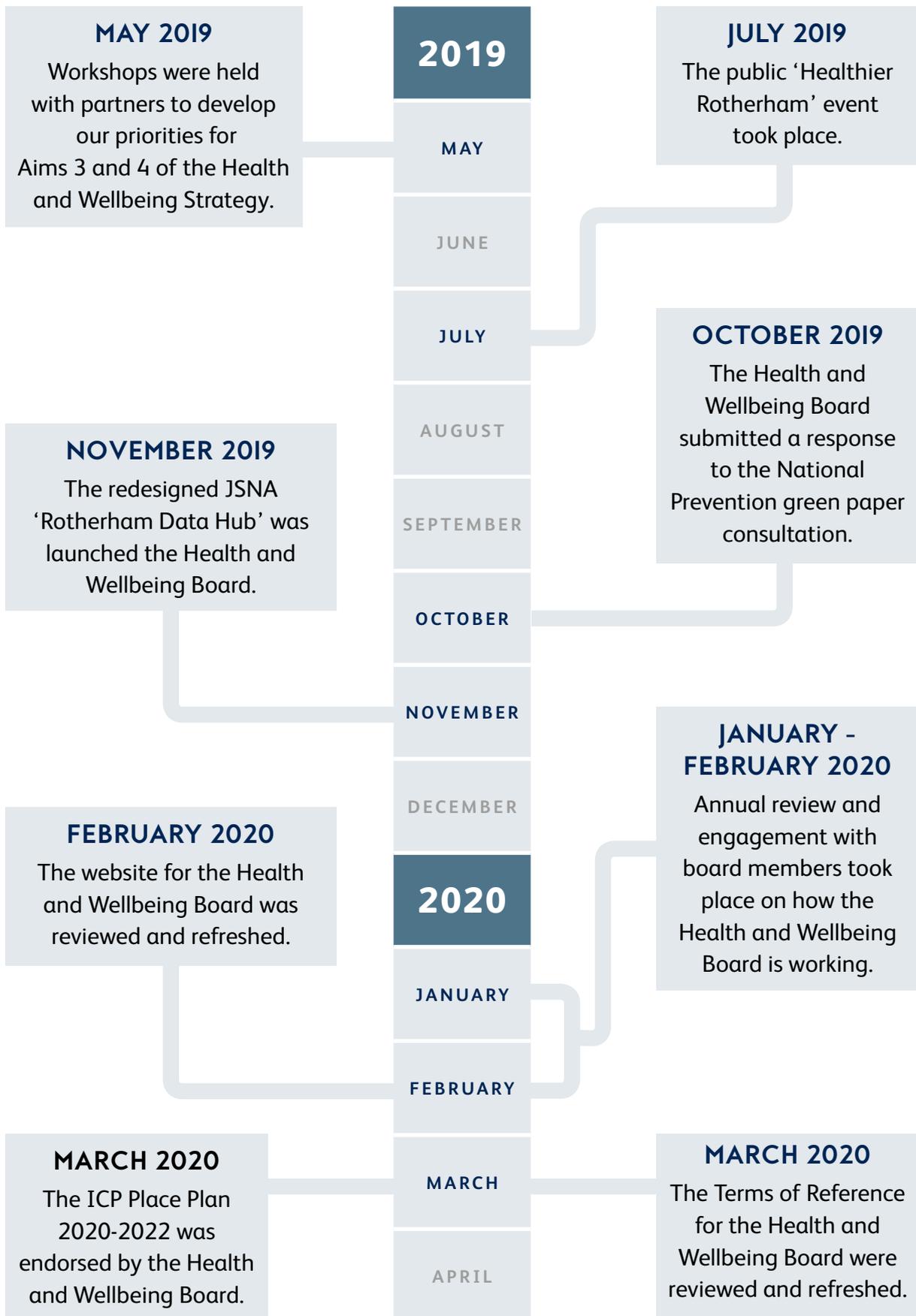
Safeguarding is a priority area of collaboration for local partners, and the Health and Wellbeing Board is a signatory to the partnership safeguarding protocol.

The protocol describes the roles, functions and interrelationship between partnership boards in relation to safeguarding and promoting the welfare of children, young people, adults and their families. It aims to ensure that the complementary roles of the various boards are understood so that identified needs and issues translate to effective planning and action.

Delivering on the protocol includes each board delivering and receiving updates from one another on annual basis, to ensure connectivity and appropriate oversight of issues relating to safeguarding. The terms of the protocol were fulfilled for 2019/20. Ensuring we are taking an integrated and co-ordinated approach to addressing issues relating to safeguarding will continue to be a priority for 2020/21.



# KEY DATES - 2019/20



## WHAT'S WORKED WELL?



### CASE STUDY

#### LAUNCHING A NEW WEIGHT, HEALTH AND ATTITUDE MANAGEMENT SERVICE

**Childhood continues to be a challenge in Rotherham. Over 24.2% of reception age students are overweight, rising to 37.1% of year 6 age students, which is above the national average.**

The new child weight management service, delivered by TRFT 0-19 Service, began in May 2019, providing a pathway for children measured via the national Child Weight Management Programme (NCMP) and identified as overweight or obese. The programme offers tailored support for children aged 4-18, but with specific targeted programmes for reception and year 6 primary children (following NCMP) and young people aged 11+.

The service is a partnership between the 0-19 service, the Council and Rotherham United Community Sports Trust (RUCST). All families with overweight or obese children are contacted by the NCMP team in the 0-19 service, and referred where possible to WHAM, so that the reach of the service is much wider than has been achieved previously. RUCST deliver a 6 week programme element which includes health eating and physical activity advice along with support to develop skills and confidence in relation to maintaining a healthy weight. Families are offered support for up to 12 months following the programme if they wish.

WHAM also produced a video working with a local school to help families understand the purpose of NCMP and why it was important for children to be weighted and measured so we can understand the local picture and design services accordingly. The video was well received by local schools and families.

## CASE STUDY

### REACHING MEN TO REDUCE THE NUMBER OF LIVES LOST TO SUICIDE IN ROTHERHAM

Every life lost to suicide is an individual tragedy. It also has a widespread and devastating impact on friends, family and the wider community. Men account for around three-quarters of deaths by suicide locally, so reaching men as a high-risk group is one of the areas of focus within the Rotherham Suicide Prevention and Self-Harm Reduction Plan.



In 2019, grants were awarded to several voluntary and community organisations working within neighbourhoods with the highest suicide rates. These grants funded activities to bring men together, raise the importance of men's mental health and work to support local work around suicide prevention.

The projects used a wide range of activities as a backdrop for conversations around mental health, including walking groups, crewing a barge, setting up a market stall and storytelling through creative writing, poetry, music and painting. Some projects were very focused on engaging a small number of vulnerable people in displacement or therapeutic activity; others used activity as an opening for challenging discussions that would not have taken place previously.

**Some very positive reflections were shared on the difference these activities had made to attendees:**

*'For some members of the group, it was the first time they could openly mention the word suicide and even talk about their previous attempts.'*

*'The men have reported how useful the sessions have been and engaging to give them confidence and self-respect, friendships and companionship. Learning as well as enjoyment and they feel Rotherham lacks this type of activity to engage just men. The sessions have seen changes in the men attending including physical appearances as well as mental health symptoms. Loneliness and engaging in conversation has definitely changed the lives of the men attending.'*

*‘Two of the attendees took up positions with local organisations on a voluntary basis, they used the session to submit their application.’*

As well as targeted work within communities, on World Suicide Prevention day, partners launched a new campaign called ‘Be the One’ to promote the message that talking, listening and caring can have a significant impact in preventing someone from taking their own life. This campaign also promotes key resources to help equip the Rotherham public with vital knowledge around suicide, including free suicide prevention training.

This was a universal campaign aimed at all Rotherham people, but as men are a high-risk group, a key part of the approach was to promote this message amongst men in Rotherham. To support this, local men fed into the design of the campaign and it was also launched at local men’s groups. Rotherham United also supported ‘Be the One’, by dedicating the match against Bolton Wanderers to the campaign and promoting the resources amongst football fans. The reach of this campaign has been a significant success and work will continue to promote the message and the resources.



## CASE STUDY

### PROMOTING STOP SMOKING SUPPORT IN ROTHERHAM

On national No Smoking Day, an event was held at Rotherham Hospital to celebrate 20 years of stop smoking support for Rotherham people. Over the past 20 years, the proportion of people smoking in the borough has reduced significantly; in 2018, the smoking prevalence in Rotherham was 18.9% of the adult population, a reduction from the 2000 UK prevalence which was 27%. Since the data for Rotherham started to be recorded separately in 2005, stop smoking services have helped over 24,000 people in Rotherham to stop smoking.

However, compared with the national average, a higher proportion of the Rotherham population smokes, and reducing the numbers of local people smoking continues to be a priority. Therefore, as well as celebrating the positive progress made, this event was used to raise awareness around the support available locally, with the message ‘we’ve not quit helping you quit!’

To promote the support available, a five-foot-pledge tree was displayed in the foyer of the hospital and those passing through were asking to make a pledge to quit, support someone they know to quit or to support a smoke-free Rotherham. As part of this engagement, over 100 people made pledges and staff were on hand to explain more about the stop smoking programmes available, including Get Healthy Rotherham’s smoking cessation programme and TRFT’s specialist programme for stopping smoking in pregnancy. This helped raised awareness amongst both the public and hospital staff around the resources available, as well as securing referrals into services.

Furthermore, this event was also used to introduce the QUIT programme, which means that all patients admitted to Rotherham Hospital will be asked about their smoking status, offered support to stop smoking and given Nicotine Replacement Therapy Treatment to support their quit attempt. This model recognises that tobacco addiction needs to be treated, and that treating tobacco addiction significantly contributes to reducing smoking related illness and hospital admissions. By supporting smokers to stop while they are in hospital, with medicines such as nicotine replacement and advice from specialist stop smoking advisors, they are much more likely to stay quit.

Anyone interested in stopping smoking can contact Get Healthy Rotherham via [www.gethealthyrotherham.co.uk](http://www.gethealthyrotherham.co.uk) or call **01709 718720**. To refer to The Rotherham NHS Foundation Trust's Smoking in Pregnancy service please call **01709 423729**.



## CASE STUDY

### SIGNING THE LOCAL AUTHORITY DECLARATION ON HEALTHY WEIGHT

**Unhealthy weight (overweight and obesity) is a serious public health problem that increases the risk of disability, disease and death. Evidence shows that weight is not only influenced by health behaviours, but also by a range of other wider determinants of health. To help address the factors that contribute towards obesity and ensure obesity remains a priority locally, cabinet members and senior officers across the Council and Health and Wellbeing Board partnership agreed to work towards the Local Authority Declaration on Healthy Weight.**

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

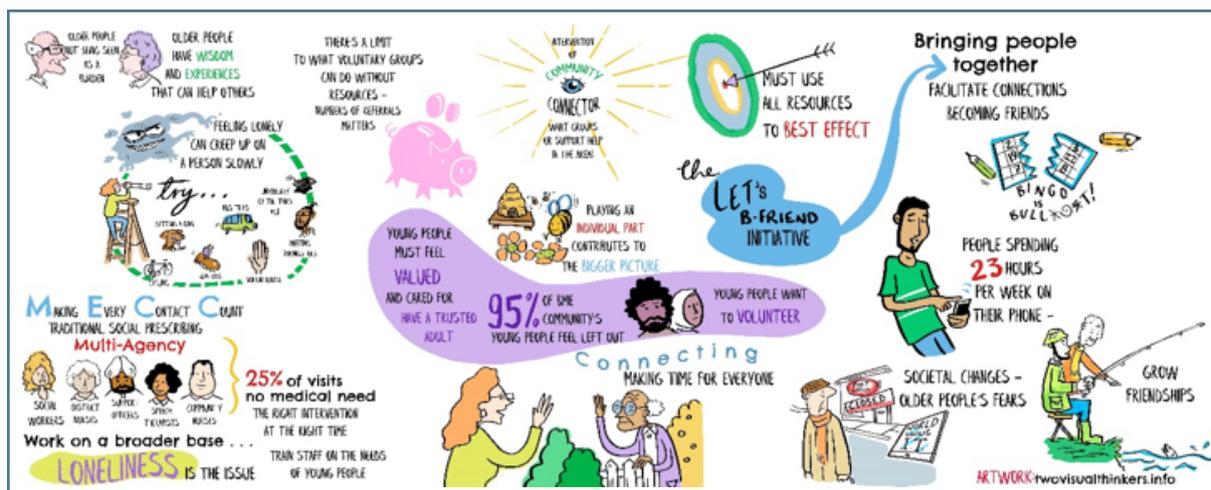
The Declaration is about prevention, and addressing the obesogenic environment that people live in. It focuses on all of the areas that the Council either controls or has

influence over, to promote healthy weight wherever possible, and work with key 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.

The declaration therefore is a statement of intent, demonstrating there is local commitment 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 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 but will contribute towards Aims 3 and 4 of the Health and Wellbeing Strategy.

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.



## CASE STUDY

### CO-PRODUCING A ROTHERHAM LONELINESS ACTION PLAN

Loneliness is not a new problem, but it is increasingly being recognised as a major public health issue, with research showing that loneliness is as harmful to our health as smoking 15 cigarettes a day. Loneliness has also been linked to numerous health issues like coronary heart disease, stroke, depression, cognitive decline and an increased risk of Alzheimer's. On the other hand, when people feel connected to others it can reduce the risk of mortality or developing certain diseases.

As loneliness is a cross-sector issue, taking a partnership approach is crucial. It was therefore, important for all partners to contribute towards the development of the plan. In September 2019, partners of the Health and Wellbeing Board were invited to a workshop to share their experiences of loneliness, showcase some of the many examples of good practice and to start to contribute to Rotherham's action plan to address this public health issue.

The presentations and discussions highlighted the abundance of initiatives across Rotherham which are helping address loneliness and build social connections. One example of positive work already taking place to reduce loneliness in Rotherham is the use of the Making Every Contact Count approach by housing staff. Using a tenancy health check form, staff have been having supportive conversations with tenants around loneliness and referring those experiencing loneliness to ongoing support.

Through reflecting on positive case studies, partners were asked to consider how we can build on what we are already doing locally. It was emphasised that there are many opportunities to take this work forwards including the need to work with people, empowering them to find solutions.

**The other themes which were raised on the day by partners these were:**

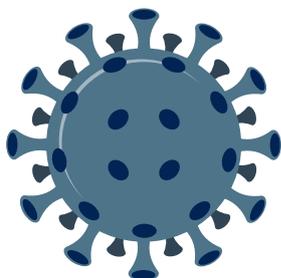
- the value of partnership and neighbourhood working
- the great contribution the voluntary and community has and can make to this issue
- the need for intergenerational and inclusive working
- the need to identify and reach out to people
- the need for better communication, marketing and information technology.

The feedback from the workshop and ongoing contributions from partners shaped the development of the plan, which was formally approved by the Health and Wellbeing Board in March 2020. Delivering against the vision and the aims within this action plan has become increasingly important under lockdown conditions, with many people facing dramatic changes in their daily levels of social interaction.

# WHAT ARE WE WORRIED ABOUT?

All data relates to 2018/19 unless otherwise stated:

## THE IMPACT OF COVID-19



including the impact on vulnerable groups, mental health conditions and financial hardship.

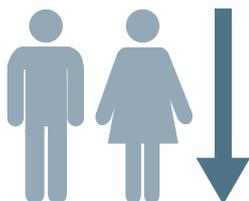


## SMOKING IN PREGNANCY

**17.9%** of Rotherham women were known to be smokers at time of delivery compared to 10.6% nationally.

## HEALTH INEQUALITIES

for the period 2016-18, **life expectancy** was 9.9 years lower for men and 9.5 years lower for women in the most deprived areas of Rotherham than in the least deprived areas.



## UNHEALTHY WEIGHT

**24.2%** of reception age students school children are overweight or obese rising to

**37.1%** of children in year 6 age students and an estimated

**75.6%** of adults are classified as overweight or obese.

**All are higher than the national average.**



## HEALTHY LIFE EXPECTANCY



Rotherham men are expected to live an estimated 18.4 years in poorer health and Rotherham women

are expected to live an estimated 22.9 years in poorer health.



## PHYSICAL ACTIVITY LEVELS

**54.9%** of Rotherham adults are physically active compared to 67.2% nationally.

## SMOKING

In 2018, an estimated **18.9%** of the Rotherham population smokes, which is higher than the national average of 14.4%.



## MENTAL HEALTH AND WELLBEING

**11.1%** of Rotherham people report low levels of happiness and 24.8% report feeling highly anxious.



## WHAT WILL WE DO NEXT?

**The impact of COVID-19 and lockdown has brought with it some new challenges and emerging priorities. In this context, the key next step for the Health and Wellbeing Board is reviewing our priorities as a partnership, taking into consideration the potential long-term consequences of the pandemic.**

A discussion around the review of our priorities will take place at the Health and Wellbeing Board meeting in June, and a development session will also take place in September with support from the Local Government Association.

**As part of this review, we will:**

- Continue to focus on health inequalities, including the impact of COVID-19 on vulnerable groups.
- Utilise data, research and our JSNA to ensure that our refreshed priorities are informed by a strong-evidence base.
- Explore opportunities to engage as a partnership with the Rotherham public virtually on key issues impacting on public health.
- Seek to identify lessons learned from our response to COVID-19, including opportunities for new ways of working.
- Maintain a dialogue with other boards within the Rotherham Together Partnership to ensure a joined-up approach to priority-setting.