HEALTH AND WELLBEING BOARD

Venue: **Virtual meeting via Microsoft Teams**

Date: **Wednesday, 11th November, 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 (Pages 1 - 7)

8. Update from Local Outbreak Engagement Board
   Sharon Kemp, Chief Executive, RMBC, to report

9. Refreshed Health and Wellbeing Board Priorities and Action Plan (Pages 8 - 22)
   Anne Marie Lubanski, Strategic Director, Adult Social Care, Housing and Public Health and Becky Woolley, Policy Officer, to present

10. Health and Wellbeing Board Priority Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
    Kathryn Singh, RdaSH, to present

11. Hospital Discharge for Rotherham Residents (Pages 23 - 41)
    Lesley Cooper, Healthwatch Rotherham, to report

12. Carers Strategy - Update (Pages 42 - 44)
Anne Marie Lubanski, Strategic Director, Adult Social Care, Housing and Public Health, and Jo Hinchliffe, Service Improvement and Governance Manager, Adult Social Care, to report

13. Food Advertisement
Jacqui Wiltschinksy, Head of Service, Public Health, and Kate Green, Public Health Specialist, to report

14. Issues escalated from the Place Board

15. Date and time of next meeting
Wednesday, 13th January, 2021 commencing at 9.00 a.m.

HEALTH AND WELLBEING BOARD
21st October, 2020

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health **(in the Chair)**
Lesley Cooper	Healthwatch Rotherham
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Councillor R. Elliott	Health Select Commission
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Sharon Kemp	Chief Executive, RMBC
Anne Marie Lubanski	Strategic Director, Adult Social Care, Housing and Public Health
Dr. Jason Page	Governance Lead, Rotherham CCG
Kathryn Singh	RDaSH
Jacqueline Wiltschinsky	Head of Service, Public Health
Paul Woodcock	Strategic Director, Regeneration and Environment
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Toni Tranter	South Yorkshire Fire and Rescue Service
Moira Wilson	Rotherham Safeguarding Adults Board

Also Present:-

Becky Woolley	Policy Officer, RMBC
Dawn Mitchell	Governance Adviser, RMBC

Apologies for absence were received from Steve Chapman (South Yorkshire Police), Sally Hodges, (Children and Young People's Services, RMBC), Carole Lavelle (NHS England) and Councillor Mallinder.

105. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

106. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

107. COMMUNICATIONS

There were none to report.

108. MINUTES OF THE PREVIOUS MEETING

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

It was noted that feedback received in relation to Minute No. 101 (Health and Wellbeing Board Strategic Priorities) had been incorporated into discussions on the refresh.

Resolved:-

That the minutes of the previous meeting held on 10th June, 2020, be approved as a correct record.

109. ROTHERHAM SAFEGUARDING ADULTS BOARD - ANNUAL REPORT

Moira Wilson, Independent Chair, presented the Rotherham Safeguarding Adults Board 2019/20 Annual Report with the aid of the following powerpoint presentation:-

Board Priorities
- Prevention and Early Intervention
- Making Safeguarding Personal
- Quality Assurance
- Service User Engagement

Achievements 2019/20
- Completed the first joint self-assessment with Children's Safeguarding Partnership. All partners completed an electronic submission to evidence their safeguarding practice across Adults and Children's Services
- Carried out a training needs analysis across the Partnership to develop a refreshed safeguarding training offer
- Complete a Safeguarding Adults Review
- Safeguarding Awareness Week 2019

Common Themes
- Mental Health - RDaSH Board and Sub-Group members, Chair of Workforce Training and Development Group
- Self-Neglect – Policy for Self-Neglect and Hoarding launch November 2020
- Domestic Abuse – Working with SRP and Children's Services to ensure shared learning
- CSE – Close partnership working and monitoring
- Users and Carers – Attendance at Carers Groups and VAR events

Future

- Support the Safeguarding Adults Partnership through the Covid-19 pandemic
- Ensure that effective engagement with the public occurs during this time and that safeguarding messages are communicated effectively regarding prevention and protection
- Assurance - ensuring Making Safeguarding Personal is embedded in all safeguarding practice across the Partnership
- Commission a safeguarding training package that delivers an effective partnership approach to safeguarding
- Development – continue to work jointly with Health and Wellbeing, Community Safety and Children's Boards to deliver a joined-up approach to "Safeguarding is Everyone's Business"

It was noted that the 2020 Safeguarding Awareness Week would take place on 16th-20th November.

The Chair thanked Moira for her presentation as well as the help and support she had given the Adult Social Care Directorate at the time of Government intervention.

Resolved:-

Local Safeguarding Children Board and the Rotherham Local Safeguarding Adults Board's Annual Report 2019-20 be noted.

(DUE TO THE ANNOUNCEMENT OF THE GOVERNMENT TO PLACE SOUTH YORKSHIRE INTO TIER 3 "VERY HIGH ALERT" THE CHAIR AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM)

110. SOUTH YORKSHIRE MOVE INTO "TIER 3 VERY HIGH ALERT"

Sharon Kemp, Chief Executive, reported that it had been announced that the South Yorkshire area of Sheffield, Rotherham, Doncaster and Barnsley would move into the Very High Alert level as from 00.01 a.m. Saturday, 24th October, 2020. Given the rising infection rates and the significant challenge within the NHS, the focus was on how to save lives and protect the NHS as well as many livelihoods as possible throughout the discussions with the Government.

South Yorkshire would be included in Tier 3 for a period of 28 days and then to be revised by Parliament. The restrictions that would come into force would include:-

- You must not meet socially with friends and family indoors in any setting unless they were part of your household or support bubble. This included private homes and indoors in hospitality venues such as pubs

- You must also not meet with people outside of your household or support bubble in a private garden or in most outdoor public venues
- Pubs and bar would be closed unless they were serving substantial meals
- Avoid travel where possible outside the Very High Alert areas or enter into a Very High Alert Area other than for education, work or caring responsibilities.
- Betting shops, soft play centres, casinos and adult gaming centres were to close
- Leisure centres and gyms could remain open but classes would not be allowed

A Government support package of £41M would be provided. It was a one-off allocation of £30M to support the region's businesses and £11M across all 4 local authorities to support the Public Health measures to reduce the spread of infection.

Further information would be provided as more detail was known.

111. UPDATE FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD

Anne Marie Lubanski, Strategic Director, Adult Social Care, Housing and Public Health, gave an update on the work of the Local Outbreak Engagement Board.

The numbers in Rotherham and South Yorkshire had significantly risen; the latest test and trace data was approximately 340 cases. There had been an increase in the number of cases of people over 60 years of age as well as a steady increase across all age groups across the Borough. This obviously then had an impact on the NHS. Cases were widespread across the Borough which was some of work the Health Protection Board had been looking at.

A lot of communications had been issued and would continue. The key communication was not to become complacent about the basics i.e. washing hands, 2 m distance etc. and communications would continue in an attempt to embed that over the coming weeks in order to get infection rates down. It was known that a lot of infection was within household settings; there were no wide outbreaks being seen in work settings. Over the last 10 days there had been an increase in the number of positive cases of staff and residents within the care home setting; work would be carried out to reinforce the actions that care homes needed to do.

It would be a very challenging time for the Partnership but it was working to the 7 themes with an additional theme in terms of Wellbeing. One of the concerns of the further restrictions was the impact on isolation and people's mental wellbeing that needed to be supported over the coming 4 weeks and possibly longer.

Michael Wright, Deputy Chief Executive, Rotherham Foundation Trust, reported that about a week ago the Hospital had had approximately 30 Covid positive patients; as of last night the figure had risen to the mid 60's and increasing very rapidly. The first Covid ward had opened a few weeks ago for those tested positive and was now looking at opening a third. The Trust had reviewed its elective activity and had taken the decision to pause non-essential urgent elective procedures for the timebeing.

It was an extremely challenging time for the Hospital with approximately 110 members of staff absent from work due to Covid related reasons. This was having an impact on how work took place across the wards.

Anne Marie and Michael were thanked for their reports.

112. SAFE AND WELL REFERRAL SCHEME

Toni Tranter, Partnership Manager, South Yorkshire Fire and Rescue Service, gave the following presentation on the Service's Safe and Well Referral Scheme:-

Making South Yorkshire Safer and Stronger

- The Service's prevention work over the last 15 years had helped to reduce accidental house fires to historically low levels
- In common with most other fire and rescue services nationally, recent years had seen a slight increase in fatal incidents
- Since 2011 more than 50 people had died in house fires in South Yorkshire

Analysis of each incident had found common factors involved in almost all of South Yorkshire's recent fire deaths such as

- Hoarding
- Social isolation
- Substance misuse
- Mental health problems

For reasons such as these, many house fire victims were already known to at least one agency whether it was

- A landlord
- Doctor's surgery
- Drug and Alcohol Services
- Council
- Social Care Team

Sadly in most cases, SYFR did not. Most of the deaths could have been prevented but the Service needed help. The best way to help the Service help those most at risk was to sign up to become one of the Safe and Well Referral Partners.

Referral Types
- Home Safety Check
- Threat of arson including domestic abuse
- Think Family

Partnership Working
- St Leger Homes
- DMBC Adult Social Care
- SCC Adult Social Care
- SCC Housing Teams
- Berneslai Homes
- SWYPT NHS Trust
- IDVA/IDAS Partners
- RDASH
- DCST

How to become a S&W Partner
- Contact safe&well@syfire.gov.uk
- Toni Tranter, Partnership Manager
  Email - ttranter@syfire.gov.uk
  Telephone – 07785310943

  David Fox-Meakin, Partnership Officer
  Email: dfox-meakin@syfire.gov.uk
  Telephone: 07825009024

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

- Adult Social Care and Housing Services were signed up to the Scheme but there needed to be separation between the 2 to enable determination of which teams were making the referrals
- Rotherham was the lowest referral area
- Safeguarding Awareness Week – activities organised via Microsoft Teams plus 8 Safe and Well partner training sessions i.e. 2 additional sessions on emmolient cream, air pressure mattresses and oxygen use fire safety plus 2 sessions on Think Families

Toni was thanked for her presentation.

Resolved:-

(1) That the presentation be noted.

(2) That Toni be invited to a meeting of the Council's wider Leadership team to raise awareness of the Scheme.
ACTION:- AML

113. LONELINESS AND SOCIAL ISOLATION IN THE ARMED FORCES COMMUNITY

The Board received for information a briefing for local authorities, circulated by The Royal British Legion, on the cross-organisation project they had conducted exploring loneliness and social isolation in the Armed Forces community.

114. REFRESH OF HEALTH AND WELLBEING BOARD PRIORITIES: PROGRESS UPDATE

Becky Woolley, Policy Officer, presented an update on the refresh of the Board's priorities taking into consideration the impact of Covid-19 and evidence regarding health inequalities.

A development session had been held in September, 2020, facilitated by the LGO, together with a period of consultation with Board members and the Health Select Commission, the feedback from which was being used to inform the development of the plan.

The refreshed action plan would be submitted to the next meeting of the Board i.e. 11th November, 2020.

It was proposed that the plan run until June 2021 which would ensure alignment with the Council's Year Ahead Plan as well as the Rotherham Together Partnership Year Ahead Plan.

It was noted that due to the pandemic it may be that consideration would have to be given as to whether some of the priorities were achievable given the other commitments/priorities of the partners.

Resolved:-

That the progress update be noted.

115. ISSUES TO ESCALATE FROM PLACE BOARD

Chris Edwards, Chief Operating Officer, RCCG, reported that the Place Board had been re-enacted to Gold Command and was now meeting weekly. It had been planned to recommence Place Board business being held in the public domain but it that may have to be delayed for the current time.

116. DATE AND TIME OF NEXT MEETING

Resolved:-
That a further meeting of the Board be held on Wednesday, 11th November, 2020, commencing at 9.00 a.m.

Rotherham Health and Wellbeing Strategy Action Plan:

November 2020-June 2021

Contents

Foreword

The ongoing COVID-19 pandemic has significantly altered the context that we are operating within as a partnership. Not only have our ways of working changed, but so have the daily lives of Rotherham people. We understand that these are unique and difficult times, both for services and for our communities. In this context, the partners of the Health and Wellbeing Board agreed that the time was right to review the board's priorities.

Rotherham's Health and Wellbeing Board is a very successful partnership and I am hugely proud of the way that we have worked together to protect and support local people throughout the pandemic. I would like to take this opportunity to thank all partners for going above and beyond in the response to COVID-19. It has been inspiring to see the tireless work happening across organisations to keep local people healthy, safe and well.

As we look to the future, strong partnership working will remain a vital enabler to everything we do. Many of the longer-term impacts of the pandemic are yet to be known, and it is likely that there are further challenges to come. Building on our excellent strengths as a partnership, we will continue to meet any challenges together, with a focus on delivering the best possible outcomes for Rotherham people.

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

Introduction and context

The consequences of the COVID-19 pandemic have been far-reaching. There have been new demands and challenges, as well as new opportunities. Additionally, many of the longer-term implications of the pandemic are yet to be known. Responding to the immediate and longer-term impacts of COVID-19 on the health and wellbeing of our local population has been a key component of the priority refresh.

The refresh of priorities has also been driven by an aim to continue to strengthen the board's focus on health inequalities. The Marmot Review: 10 Years on report which was published in February 2020 found that over the past decade, health inequalities have widened, and health improvements are stalling nationally. This reflects the picture in Rotherham; over the past 10 years, health inequalities have grown between the most and least deprived communities, as has the gap between Rotherham and the national average across a range of measures. To support the focus on health inequalities, the findings of this report, as well as consideration of local data and intelligence, have been used as the foundation for this priority refresh.

Furthermore, research also indicates that COVID-19 is having a significant impact upon health inequalities nationally, and many of the longer-term implications remain unknown. Continuing to develop our understanding and monitor the way that the pandemic is impacting our communities will be an integral part of the delivery of this plan.

Developing the plan has been an iterative process and has been informed by engagement with key stakeholders, including an initial discussion at the Health and Wellbeing Board in June, engagement with the Health Select Commission, consultation with board members and a development session in September which was facilitated by the LGA. Ongoing engagement around the priorities with partners will be integral to the successful delivery of the plan.

Four aims

The Health and Wellbeing Strategy was agreed in 2018 and is structured around four high-level aims. These are the outcomes that partners agreed to work towards collectively to improve the health and wellbeing of people in Rotherham. They are:

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

The key priorities and action that will be taken up to June 2021 to meet these four aims are outlined below. It should be acknowledged that there are key links across all of the aims, and activity will be not be siloed. Taking the plan up to June 2021 ensures alignment with the Council's Year Ahead Plan, as well as the Rotherham Together Partnership Year Ahead Plan. Additionally, in the context of the ongoing response to the pandemic and rapidly changing situation, taking a more agile approach and reviewing priorities on a more regular basis is considered appropriate.

As well as setting a strategy to improve the health of the local population, the board also has a number of specific responsibilities as outlined within the Health and Social Care Act (2012), including producing a joint strategic needs assessment (JSNA). Additionally, the board has new responsibilities around outbreak control, linking with the Local Outbreak Engagement Board. Cross-cutting actions to fulfil these duties are also outlined within the plan.

To monitor progress against the action plan, board sponsors will present regular updates at board meetings. All partners of the Health and Wellbeing Board will collectively be responsible for assuring delivery.

It should be noted that these priorities have been agreed based on an understanding that the response to the pandemic is ongoing. Therefore, the Health and Wellbeing Board's approach as a partnership will need to remain flexible and responsive to emerging needs.

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

Board sponsors: Sally Hodges, Strategic Director of Children and Young People's Services, Rotherham Metropolitan Borough Council and Dr Jason Page, Vice Chair, Rotherham Clinical Commissioning Group

Priority	#	Milestones	Timescale			Delivery Group	Lead(s)
			Nov-Dec	Jan-Mar	Apr-Jun		
Develop our strategy for a positive first 1001 days.	1.1	Engage with the ICS regarding maternity transformation plans and take forward local implementation.				TBC	TBC
	1.2	Explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services.				TBC	TBC
Support positive mental health for all children and young people.	1.3	Monitor the impact of the trailblazer in pilot schools and prepare to submit a bid to future waves when they are released.				SEMH Strategy Delivery Group	Jenny Lingrell
	1.4	Continue to monitor the impact of COVID-19 on children and young people through a series of mental health surveys (first survey July 2020, second survey October 2020, third survey TBC.)				Rotherham Public Mental Health and Wellbeing COVID Group	Jenny Lingrell/ Ruth Fletcher-Brown
	1.5	Roll out DFE Wellbeing for Education Return programme, responding to the findings of the mental health survey.				SEMH Strategy Delivery Group	Jenny Lingrell
Support children and young people to achieve their full potential.	1.6	Ensure that children reach a good stage of development across core subject areas as part of educational attainment measures.				Primary and Secondary Headteacher Forum	Nathan Heath
	1.7	Ensure that children continue to consistently attend education across this academic year.				Primary and Secondary	Nathan Heath

						Headteacher Forum	
	1.8	Develop a supportive network for elective home education, with a focus on ensuring support is in place for vulnerable groups within this cohort.				Primary and Secondary Headteacher Forum	Nathan Heath
	1.9	Develop an understanding of the impact of school closures and intermittent school attendance on children and young people with SEND.				Children and Young People's Services	Jenny Lingrell

Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Board Sponsor: Kathryn Singh, Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust

Priority	#	Milestones	Timescale			Delivery Group	Lead(s)
			Oct-Dec	Jan-Mar	Apr-Jun		
Deliver the Better Mental Health for All Strategy.	2.1	Development and implementation of the Public Mental Health and Wellbeing COVID action plan, ensuring that vulnerable and at-risk groups are reflected in the plan.				Rotherham Public Mental Health and Wellbeing COVID Group	Jacqueline Wiltschinksy/ Ruth Fletcher-Brown
	2.2	Develop and deliver a communications and engagement plan to promote better mental health.				Rotherham ICP Place Communications and Engagement Group	Gordon Laidlaw
Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan.	2.3	Review local action plan in line with COVID-19 and emerging risk groups.				Rotherham Suicide Prevention and Self-Harm Group	Anne-Marie Lubanski/ Ruth Fletcher-Brown
	2.4	Delivery and evaluation of year 3.				Rotherham Suicide Prevention and Self-Harm Group	Anne-Marie Lubanski/ Ruth Fletcher-Brown
	2.5	Promote and evaluate the Be the One campaign.				Rotherham Suicide Prevention and Self-Harm Group	Anne-Marie Lubanski/ Ruth Fletcher-Brown

		Coordinated training programme for suicide prevention and self-harm				Rotherham Suicide Prevention and Self-Harm Group	Anne Marie Lubanski/ Ruth Fletcher-Brown
Promote positive workplace wellbeing for staff across the partnership.	2.6	Promote all Health and Wellbeing Board partners to sign up to the Be Well at Work award.				Public Health	Colin Ellis
	2.7	Share and pool resources across the partnership relating to workplace wellbeing.				Integrated Care Partnership Workforce Enabler Group	Leanne Dudhill

Aim 3: All Rotherham people live well for longer

Board sponsor: Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council

Priority	#	Milestones	Timescale			Delivery Group	Lead(s)
			Oct-Dec	Jan-Mar	Apr-Jun		
Build a social movement to support local people to be more physically active, to benefit physical and mental wellbeing.	3.1	Launch the Moving Rotherham campaign, using real stories and images of local people being active to encourage more physical activity across the borough.				Rotherham Activity Partnership	Kate Green
	3.2	Develop and roll out a Making Every Contact Count training programme for physical activity.				Public Health	Phil Spencer/ Kate Green
	3.3	Roll out Clinical Champions Training for GPs and other healthcare professionals.				Public Health	Kate Green
Ensure support is in place for carers.	3.4	Refresh and co-produce the Carers Strategy, with consideration of the new cohort of carers that has emerged because of the pandemic.				Carers Programme Project Group	Jo Hinchliffe
	3.5	Apply the carers offer within the adult social care pathway.				Carers Programme Project Group	Jo Hinchliffe
	3.6	Enhance the information offer for all carers in Rotherham.				Carers Programme Project Group	Jo Hinchliffe
Develop a whole-systems approach to tackling obesity in Rotherham, with consideration	3.7	Establish a Healthy Weight Strategy Group with representation across all key partners.				Health and Wellbeing Board	Senior Chair (TBC) and Kate Green

of the impact of COVID-19.	3.8	Review the children's obesity pathway.				Healthy Weight Strategy Group	Senior Chair (TBC) and Kate Green
	3.9	Develop and agree an all-age Healthy Weight for All Plan, with consideration of the impact of COVID-19.				Healthy Weight Strategy Group	Senior Chair (TBC) and Kate Green

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

Board sponsor: Steve Chapman, Chief Superintendent, South Yorkshire Police and Paul Woodcock, Strategic Director of Regeneration and Environment, Rotherham Metropolitan Borough Council

Priority	#	Milestones	Timescale			Delivery Group	Lead(s)
			Oct-Dec	Jan-Mar	Apr-Jun		
Delivery of a loneliness plan for Rotherham.	4.1	Review the loneliness action plan in the context of the impact of COVID-19.				Rotherham Public Mental Health and Wellbeing COVID Group	Ruth Fletcher-Brown
	4.2	Relaunch MECC training around loneliness.				Rotherham Public Mental Health and Wellbeing COVID Group	Phil Spencer/ Ruth Fletcher-Brown
	4.3	Work with the voluntary and community sector to use the befriending guidance and learning from the Rotherham Community Hub to mitigate loneliness in communities.				Rotherham Public Mental Health and Wellbeing COVID Group	Ruth Fletcher-Brown
	4.4	Develop and deliver a communications and engagement plan to raise awareness around loneliness and befriending.				Rotherham ICP Place Communications and Engagement Group	Gordon Laidlaw
Promote health and wellbeing through arts and cultural initiatives.	4.5	Hold a joint workshop between the Health and Wellbeing Board and the Cultural Partnership Board on health inequalities.				Health and Wellbeing Board and the Cultural Partnership Board	Polly Hamilton

	4.6	Deliver a programme of group-based activities as part of the Rotherham Together programme providing a creative response to recovery from COVID-19 in Rotherham with a focus on offering particular support to those who are bereaved.					Polly Hamilton and Leanne Buchan
	4.7	Co-design targeted activities in libraries to those groups which have been identified as part of the Health and Wellbeing review.				Culture, Sport and Tourism, RMBC	Polly Hamilton and Zoe Oxley
Ensure Rotherham people are kept safe from harm.	4.8	Continue to embed the Home Safety Partnership Referral Scheme with key partners in Rotherham.				South Yorkshire Fire and Rescue	Steve Adams and Toni Tranter
	4.9	Work with other partnership boards on crosscutting issues relating to safety and safeguarding.				Rotherham Together Partnership Safeguarding Board Chairs Group	Board Chairs

Cross-cutting priorities

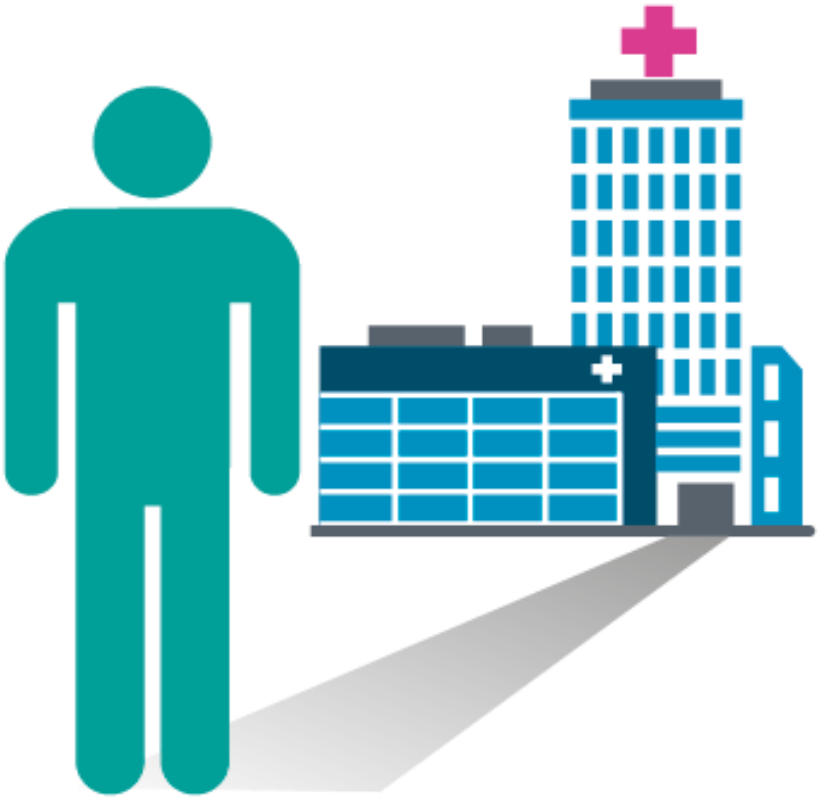
Priority	#	Milestones	Timescale			Delivery Group	Lead(s)
			Oct-Dec	Jan-Mar	Apr-Jun		
Work with the Local Outbreak Engagement Board to ensure the negative impacts on health and wellbeing from COVID are minimised.	5.1	Updates from the Local Outbreak Engagement Board to be a standard agenda item at every Health and Wellbeing Board meeting.				Local Outbreak Engagement Board/ Bronze Operational Partnership Group	Councillor Roche
Develop our understanding of the impact of COVID-19 on our communities and on health inequalities.	5.2	Undertake a rapid review of the mental health impacts of COVID-19.				Public Health	Gilly Brenner, Tracey Liversidge and Ruth Fletcher-Brown
	5.3	Complete an equality analysis relating to the refresh of board priorities, identifying areas for further action.				RMBC Policy and Equalities Team	Becky Woolley
	5.4	Undertake a review of the impacts of COVID-19 on our local population, including utilisation of population health management to anticipate future demand on services.				Place Data Group	Andy Clayton, Anthony Lawton and Gilly Brenner
Deliver on Phase 2 of the Joint Strategic	5.5	Agree an action plan to deliver the second phase of the JSNA.				JSNA Steering Group	Gilly Brenner

Needs Assessment, capturing the impact of COVID-19.							
	5.6	Launch Phase 2 of the JSNA with a focus on the impact of COVID-19 and enhanced information on health inequalities.				JSNA Steering Group	Gilly Brenner

healthwatch Rotherham

DISCHARGE FROM HOSPITAL DURING THE COVID-19 PANDEMIC AND HOW IT WORKED FOR ROTHERHAM RESIDENTS

October 2020



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Introduction and background

Prior to March 2020, the NHS's hospital discharge process was a long and lengthy one in which every possible scenario was considered before a patient could be discharged. With the coronavirus pandemic, hospitals were no longer safe for patients to wait in and the NHS needed to free up capacity to cope with increased demand on acute services. The government introduced new guidance to streamline the discharge process in March, which is now being incorporated for the long term.*

The most important change of this streamlined process was that once patients were no longer in need of hospital care, they were discharged home as soon as possible. This meant that the assessment and provision of on-going care would be organised by community health and/or social care services from the patient's own home or a short-term care setting, rather than in the hospital.

In order to understand the impact of the new discharge processes, Healthwatch England in collaboration with British Red Cross conducted a nationwide survey into patient and staff experiences. In this report, Healthwatch Rotherham analyses their findings and further information to provide the local picture. This report explains the key changes made to the discharge process, highlights the steps taken by the Rotherham NHS Foundation Trust to implement them, and evaluates their impact on patients who were discharged between March and August 2020. Using these insights, it outlines some short and longer term recommendations.

* COVID-19 Hospital Discharge Service Requirements (March 2020) https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements. These requirements were replaced by the Hospital Discharge Service (August 2020) https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model

What can patients expect?

Arrival at Hospital

Patients should be given information explaining that the process of leaving hospital has changed due to COVID-19. These changes mean that while you and your loved ones will still receive high quality care in hospital, you must be discharged as soon as you no longer need hospital care. For most patients, this will mean that the assessment and organising of on-going care, if needed, will take place in their home.

Before you leave hospital

1) Discussion

When you are ready to be discharged, your health team should discuss the process with you. You should be escorted to the hospital discharge lounge within one hour.

2) Hospital lounge and patient transport

While you are waiting in the hospital discharge lounge, the discharge coordinators should discuss with you your transport home. They should also support you with immediate practical measures, such as shopping or turning the heating on if there is no one at home to help you do this.

3) Future care

If needed, a health professional should visit you in your home or other place of discharge to assess your on-going healthcare needs after you leave hospital. If you need immediate care or support on the day of your discharge from hospital, this should be arranged by a care coordinator before you leave hospital.

If your condition means that you will be discharged to a care home or other place with additional support, you may not be given a choice about where you will go, but you should be supported to move to your preferred long-term care home later.

4) Contact information

Before you are discharged you should be given information about who to contact if you need further health advice or support after leaving hospital.

What happens if I have continuing support needs after I've been discharged?

You should be visited in your home by a community health professional who will arrange your on-going health support. This could include things like:

- Whether any changes are needed to make your home safe and comfortable
- Ensuring there are people to support you and keep you company
- Whether you need support for daily tasks (e.g. washing, getting dressed, cooking)
- Whether a short-term wheelchair loan would be helpful for you
- Whether you need support taking any medication

This should happen the day you leave hospital or the day after and this support should then be made quickly available.

Will I face any costs?

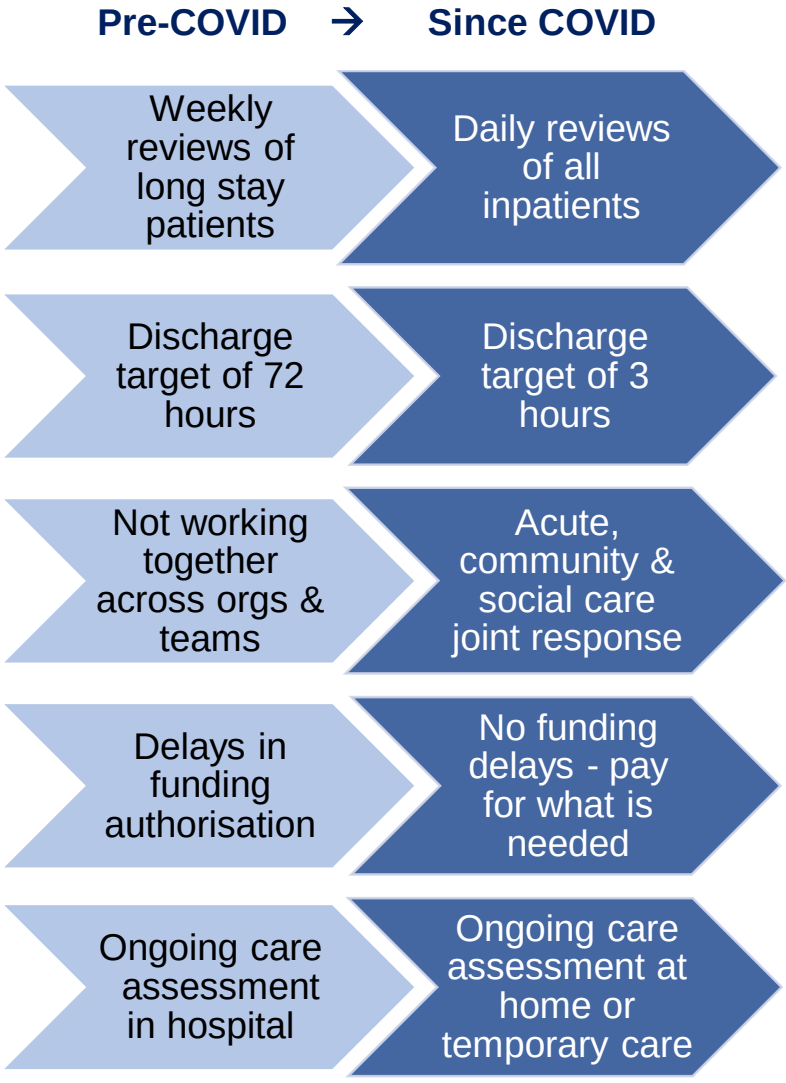
During the acute phase of the COVID-19 pandemic, all community healthcare support after discharge from hospital was fully funded by the NHS to ensure patients moved on from their hospital stay as quickly as possible. From the **1 September,** new funding arrangements have come into effect.

If you need recovery or support services following your hospital discharge, such as rehabilitation or reablement, these will be provided **free of charge for up to six weeks**. During this time, your eligibility for further funding will be assessed alongside consideration of your longer-term care needs. After this time, you may be required to contribute towards the cost of your care.

Your healthcare team should discuss options with you if it is a possibility that you will be asked to pay for your care.

The Rotherham NHS Foundation Trust

Like all NHS services, Rotherham NHS Foundation Trust has faced exceptional pressures because of the pandemic. Following government guidance, the Trust implemented new discharge processes with the aim of freeing up capacity and moving patients away from a potentially dangerous place. Some of the major changes to the hospital discharge process were:



Overall, the Rotherham NHS Foundation Trust has viewed the changes as positive. There has been acceptance of the new system and a reluctance to return to the old processes. **A supportive team approach with joined up thinking across acute, community and social care sectors has been vital to this success.**

Results from the Healthwatch Survey

Healthwatch England conducted a nationwide survey of patients and their carers who were discharged from hospital between March and August 2020.* Their report can be found here: https://www.healthwatch.co.uk/report/2020-10-27/590-peoples-stories-leaving-hospital-during-covid-19

There were twelve responses (7 patients and 5 carers or relatives of patients) to the survey from the Rotherham area. Our analysis is limited by this small sample size and it is difficult to draw out conclusive results. However, the findings do correlate with those found nationally and can, to a certain extent, be taken as indicative of experiences more broadly. Rotherham CCG may benefit from further research into a wider sample of patients to explore some of these issues further.

Most of the patients concerned were discharged between June and August, with over half (7) of them discharged in July. Two patients were discharged in March at the start of the pandemic, and none were discharged in April or May. All the patients were discharged during the day and were spread across the week.†

Survey respondents:

- 11 identified as women, 1 as a man
- 11 identified as heterosexual/straight, 1 preferred not to say
- 8 were between 25-49 years, 4 were between 50-64 years
- 11 were white, 1 preferred not to say
- 1 had a long-term health condition

Key findings are given below – more detailed analysis of results can be found in the Appendix

* 529 people responded across England, representing 352 patients and 177 unpaid/paid carers
† 7 between Monday – Thursday, 2 on Friday, and 3 at the weekend

Key findings from Rotherham

- 58% of patients waited over 2 hours to be discharged
- Waiting for medication was the biggest reason for delay
- 92% of patients were not told the discharge process had changed because of covid-19
- 58% of patients were not given information about who to contact if they needed further health advice or support after leaving hospital
- 60% of carers or relatives did not feel sufficiently informed or involved

Overall, most respondents said that they thought the new discharge procedures were *worse* than before*

The main issues related to **communication**:

- Lack of information about the discharge process
- Lack of understanding about next steps and follow-on support services
- Lack of involvement of carers and relatives

* 7 out of the 9 patients who had been discharged from hospital before thought the new process was worse (2) or significantly worse (5). Two patients thought it was about the same

Patient quotes:

The good…

"[The procedure] enabled my Mum to begin to get better. We are eternally grateful."

"Due to covid a member of staff would escort him down to the main entrance so I could just drive to that point without having to re enter the hospital. Everything went smoothly and husband called after his surgery and told me he would be discharged two hour later and ready to be collected."

"Everything went well, my medication was delivered to my hospital bed quickly for me to be discharged."

"I was given key contacts for any information I would require."

The bad…

"… [my] relative was faced with having to go and see the cancer specialist on their own which was upsetting, still awaiting a home visit from a doctor, not enough support has been given for relatives"

"My Mum couldn't communicate because she was poorly and everyone was wearing a mask so she couldn't use lip reading as her usual back up. She misunderstood her treatment plan a number of times which created huge distress to her."

"Discharged without aftercare information and medication which needed to collect myself. Only realised I required this 3 days later. Follow up should have been 1 week nothing received or given."

Case Study: Simon*

Simon contacted his GP during early July 2020 as he had some rectal bleeding. After a telephone consultation his GP advised him to go to the Urgent and Emergency Care Centre to be seen face to face and have a physical examination.

Simon was admitted to the general surgery ward for investigations. As family were not allowed to visit at this time they frequently rang and spoke to Simon or the nursing staff for an update on his care. He had several tests and scans done during his stay but the family were never given any details or results. The hospital rang after 2 weeks to say that Simon was being discharged and arrangements were made for a family member to collect him from the main entrance.

When his daughter went to collect him she was told that a discharge letter would follow in the post and a copy would be sent to his GP. After 10 days, no discharge letter or information had arrived from the hospital and Simon's daughter rang his GP to see if they had received a copy. The GP receptionist confirmed that they had not received any discharge papers from Rotherham Hospital, although they did have a copy of an appointment for Weston Park Hospital.

This news absolutely floored the family as they had no idea that Simon had had a cancer diagnosis, but an appointment at Weston Park could only mean one thing. In desperation the family contacted the Macmillan Advocacy Service who put them in touch with the Colorectal Team at Rotherham Hospital. The family said the CNS team at Rotherham were fantastic and really understanding. They explained that Simon had a large tumour in his bowel which they were hoping to shrink via radiotherapy before operating to remove.

The family feel let down by the process. They accept that communication wasn't always great between nursing staff and home but understand that during the pandemic everyone was pulled out and there often wasn't time for lengthy conversations. However, they feel that had the discharge process been followed they would have been aware of the situation much earlier.

Simon's daughter said that although normally in good health her dad had previously had a stroke which means he suffers with his memory and cannot retain information – she feels that the staff on the ward would have been aware of this information from his

* Real names have been changed

medical records and that the family should have been made more aware of the tests taking place.

Case Study: Ruth

Ruth was admitted to Rotherham Hospital during June 2020 after a fall at home. She was discharged home one week later. When she arrived home her usual care team were not happy and contacted the hospital – she was readmitted the following day.

Ruth stayed in hospital for another 7 weeks, being treated for various infections and also contracting COVID-19 whilst in hospital. The hospital rang Ruth's daughter Helen to let her know that mum was being discharged later that day. Helen went to mum's and made sure everything was ready for her coming home and went shopping for essentials. As it was getting late, Helen called the ward to discover that there was no transport available and mum would not be discharged that day. Helen went home only to receive a telephone call at 9pm to say mum was on her way home in an ambulance. Helen went to her mum's to meet the ambulance, and the crew helped mum settle into bed. They then discovered that no discharge notes or medication had been given so the ambulance crew contacted the ward and discovered that no care package had been put into place. The ambulance crew refused to leave Ruth with no care in place and despite being made comfortable in her own bed she was taken back to the hospital.

Ruth returned home the next day, but there was still no medication which meant the district nurse had to contact her GP for a prescription for her diabetes medication. The district nurse was not happy with the situation and she felt that Ruth was clearly still unwell and arranged with the GP for her to be re-admitted. The family begged the ambulance crew not to take Ruth back to Rotherham Hospital as they did not feel she was getting the care she needed. The ambulance crew took Ruth to Northern General Hospital in Sheffield where she is still currently receiving treatment.

The family also claim that when Ruth was admitted to Rotherham Hospital back in June, although she was not allowed to take any personal belongings with her she was wearing some items of jewellery which had a sentimental value. These items of jewellery were not given back to Ruth (or the family) on her discharge and despite several calls to the hospital and people promising to "look into it" and "call back" nothing has been done.

Case Study: Adam

Adam suffers from diabetes and in June 2020 was found unconscious at his flat and taken to Rotherham Hospital before being transferred to Northern General where he was treated for his diabetes, a nasty leg ulcer and a bowel infection. The ulcer was not responding to treatment and the decision was taken to amputate his leg. Visitors were not allowed due to COVID-19 and the family were left to speak with Adam on his personal mobile. It soon became apparent to the family that Adam was having trouble accepting the decision to amputate his leg and they contacted the hospital to ask if there was any counselling or support groups that could help him, but they were told that counselling would be available afterwards.

After the amputation plans were being put into place for Adam's discharge. At the time he lived in a 4th floor private rented flat with no lift which would be unsuitable for him as he would be relying on a wheelchair in the first instance. Someone from Northern General Discharge Team went to visit Adam's dad who is almost 70 years old with his own health concerns (asthma, diabetes and angina) and living in a one person OAP bungalow rented from Rotherham Council. They asked if Adam could possibly move in with him in the short term until alternative accommodation was found – of course Adam's dad agreed to help out his son.

Plans were then put in place for Adam to be discharged and Northern General arranged a taxi to take Adam to his dad's bungalow. However, the taxi did not have wheelchair access and Adam had to manoeuvre himself into the front seat for the journey home and with the help of his dad and the taxi driver get himself back into the wheelchair when they reached their destination. Adam didn't receive discharge papers nor did he receive a follow up from the discharge team.

Adam and his dad struggled to cope in the one bedroom property – dad gave up his bed and slept on the sofa as he felt Adam's need was greater. Adam had no support to help him come to terms with his amputation. The bungalow was not adapted for a disabled person hence the wheelchair does not fit through the doors/hallway etc. and Adam is currently getting around by being wheeled in a commode. No one made Rotherham Council aware that Adam needs to be rehoused so his dad received a letter to say his Single Disabled Premium and housing benefit will be cancelled as he now has his son living with him – reducing his income by approx. £70 per week.

Adam and his family feel let down by services and especially the discharge process. It is almost as if they dumped him in a taxi at the main entrance to the hospital and left him to find his own way after going through a life changing experience with no support or co-ordination of services.

Case Study: Charlotte

Charlotte has learning difficulties and was taken by ambulance to Rotherham Hospital with her dad accompanying her. Charlotte was taken to Urgent and Emergency Care on then onto the Acute Medical Unit (AMU).

Her dad says that at no time during her booking in did anyone speak about the discharge process and how it would work, and he didn't ask as everyone seemed so busy. It was a Wednesday afternoon when Charlotte was taken to hospital around 1.30pm and it was 8pm that night before she was booked in and her dad told she would be transferred to AMU.

A doctor did his rounds on Thursday morning and asked Charlotte's dad how she had been during the night. He was told that the doctor would contact a Sheffield neurologist but if things continued as they were Charlotte would be going home on the Friday.

The doctor did his rounds again on the Friday morning and said that Charlotte was medically fit enough to be discharged. He did mention doing some paper work but her dad was never given any discharge papers. There was some prescribed medication that they waited on the ward for but then decided to get Charlotte home and settled and come back later in the day to collect it – previous experience had taught them it would be a few hours before it was up on the ward.

There haven't been any problems since Charlotte was discharged and although the discharge process was not followed the family were not aware of what should have happened.

Recommendations for Rotherham

Test all patients for covid-19 and provide results before their discharge: 33% of patients (4) were not tested for covid-19 while they were in hospital – 2 in March, 1 in July, 1 in August. Of those that were tested, 1 patient did not receive their results before being discharged

Provide all patients with contact details for follow-up care and support: Some patients had on-going care needs but did not know where to turn for support

Timely provision of medication on discharge: Waiting for medication was the number 1 reason for delays in discharge, with one patient telling us that they waited for 6 hours when they could have been at home with family

Make sure follow-up assessments take place: Some patients who had on-going care needs did not receive an assessment at home nor were health and/or social care services provided – make sure services are joined up

Involve carers and families in the decision-making process, especially for patients with disabilities or additional needs: While visitation restrictions continue, make sure families and carers can participate – e.g. ask patients to nominate a named carer who is contacted at every stage of decision-making

Any questions or comments, please let us know at info@healthwatchrotherham.org.uk

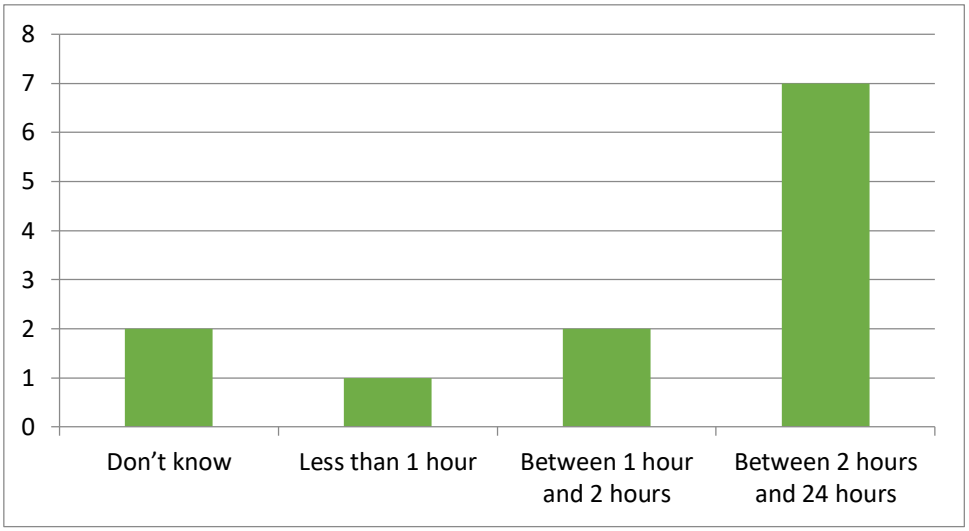
Appendix: Survey results in more detail

Discharge delays

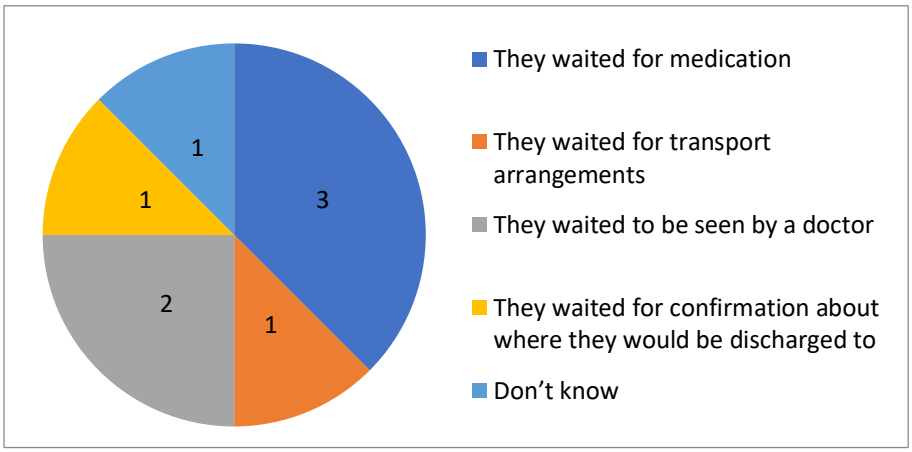
Once patients are well enough to leave hospital, they should be discharged as soon as possible. However, in the survey we found that **58% (7) of patients had to wait over 2 hours until they could actually leave**.

The discharge process seems to have been quicker at the start of lockdown, with 66% (2 out of 3) of patients who were discharged in less than 2 hours leaving hospital in March 2020.

Q: How long did the patient wait between being told they were well enough to leave hospital and actually leaving?



Q: What was the reason they waited for more than 2 hours?



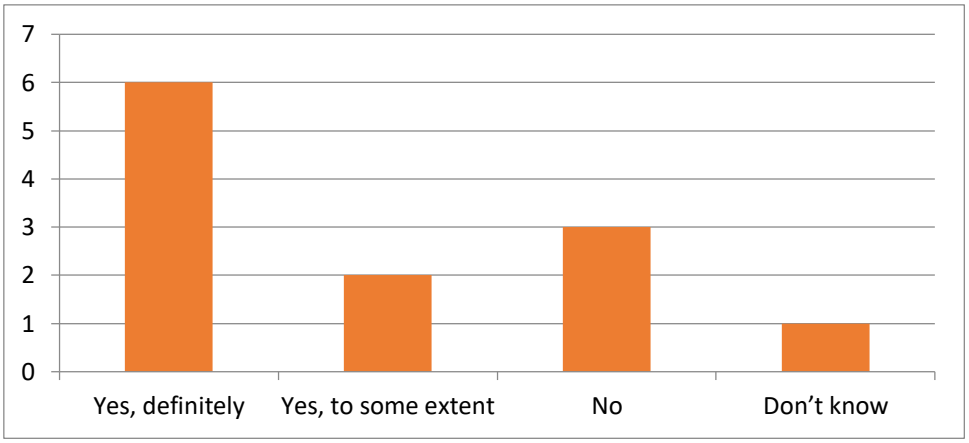
Information given to patients

- 92% of patients (11) were not told that the process of leaving hospital had changed because of COVID-19

- 58% of patients (7) were told that they would receive support from health and/or social care services after they left hospital (for example, home visits from a care worker)

- 58% of patients (7) were not provided with information about who to contact if they needed further health advice or support after leaving hospital

Q: Did the patient feel prepared to leave hospital?



Post-discharge process

- 83% of patients (10) went to their own home after discharge. 17% (2) went to stay with friends or family

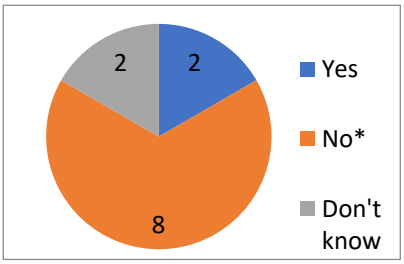
- Only 1 patient was visited by a health professional to assess their support needs (a discharge assessment). The patient received this visit the day after they left the hospital

- 83% of patients (10) had no support needs. However, the remaining 17% (2) had support needs for which they had not received support. 1 of these patients did not know where to find support

Patient & carer involvement in the discharge process

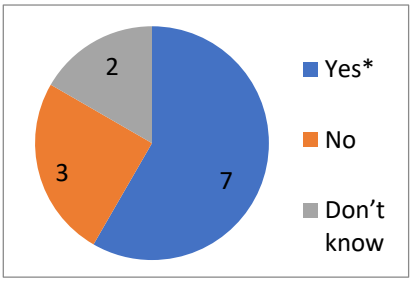
Q: Was the patient asked if they needed support in getting transport to the place they were to be discharged to?

7 out of the 8 'No' respondents said they did not need the support

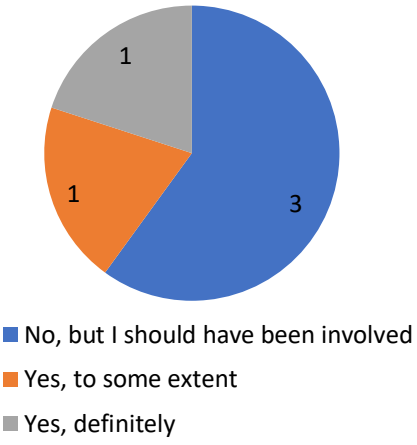


Q: Did anyone discuss with the patient where they were going to be discharged to?

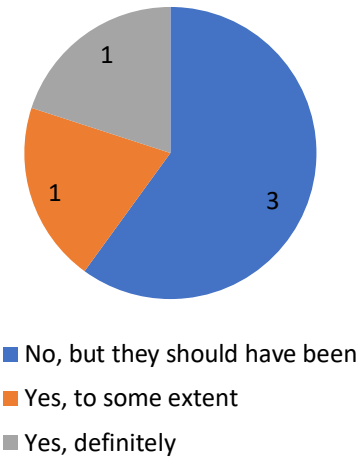
*Yes, and they were discharged to where they wanted to go



Q: As a carer, did you feel sufficiently involved and informed in decision-making about your friend, relative or client's discharge from hospital?



Q: As a carer, do you feel that your own caring responsibilities were considered in the decision-making about your friend, relative or client's care and support after they left hospital?



* 11 patients had a relative or unpaid carer drive them

BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	11th November 2020
	LEAD OFFICER	Jo Hinchliffe Service Improvement and Governance Manager Adult Care, Housing and Public Health
	TITLE:	November 2020 Highlight Report – Carers Programme

Background

1.1 Rotherham's Adult Social Care Pathway puts the person at the centre of everything we do. For us to do our best work, every process, every interaction and every outcome must have the person at the core.

On the 21st October 2019 we introduced a new way of working to ensure a consistent, robust and sustainable Pathway; our work with carers is defined via a "sub-pathway" and in March 2020 plans were shared with the Health and Wellbeing Board explaining how we anticipated we would deliver a carers programme.

Furthermore, there is a requirement to review our Adult Social Care - Carer Assessment and Eligibility Policy Guidance for Carers as well as refreshing the existing Rotherham Carers Strategy.

With the introduction of the sub-pathway and the need to review the key policy and strategy documents a high-level action plan was devised to provide a framework for future work. This will ensure we deliver a quality customer journey and provide the right level of support for carers.

The council offer is part of a wider system approach and carers have been added to the Rotherham Health and Social Care Place Plan as a key area of focus, recognising the importance they play and very much highlighted by Covid-19.

The week after the information was presented to the Health and Wellbeing Board the council mobilised resources appropriate for the management of the Covid 19 Pandemic and this had significant impact on the proposed programme timeline.

However, out of adversity came opportunity and although the programme timeline was considerably compromised several actions have been progressed. Having to work extremely quickly in significantly different ways meant partnerships had to be even stronger to ensure carers were fully supported in the most difficult of situations.

Key Issues

2.1 Due to the repositioning of council resources a number of key projects / services were paused. The original plan for Quarter 1 was superseded by the Covid 19 emergency response. Working with carers however was even more critical and so it was appropriate to ensure all attention was directed to supporting carers through the Covid 19 period. This was done by setting up the Unpaid Carers Group.

This group came together to focus energy and resources on helping our unpaid carers, both adults and young people; and to develop solutions for support in a very challenging environment. Virtual groups were set-up with the aim of looking at getting information out to carers and to also set-up the carers grant scheme.

Carers Grant = £50k in grants which was a significant investment from Cabinet for carers during Covid 19 pandemic period. The approach was co-produced with carers and is facilitated by Crossroads

Key Actions and Relevant Timelines

3.1 Action Plan:

Quarter 2 **July, Aug, Sept 2020**	**Quarter 3** **Oct, Nov Dec 2020**
PMO: Governance Reset: Establish Carers Programme Project Group - reports into ASC Project Assurance Meeting (PAM) 17th Sept & then into Health and Wellbeing Board	Monthly Project Group Meeting with highlight Report to PAM: 15th October 19th November 3rd December 1/4 highlight report to Health and Wellbeing Board
WS1: Review of the Carer Strategy	Coproduction work for the strategy
WS2: Assistive Technology (AT) requirements for carers feeding into the Digital Solutions Programme	Engagement activity (Sandi Whiting)
WS3: ASC Pathway: Process mapping / assessments consistency checks Young Carers: transition work mirrors ASC Pathway	Carer Journey Mapping (with all partners) ASC Pathway: Refresh Policy / Guidance for Carers
WS4: Carers Centre - Review / Impact Assessment	Carers Centre - future options / consultation
WS5: Information Offer - scoping work (Partner conversations)	Coproduction work (Digital channels)

Key Objectives to be achieved by the end of Quarter 3:

- ✓ We are mapping the carer experience and ensuring the carers programme addresses any gaps.
- ✓ We are ensuring effective communication processes are in place to fully support carers.
- ✓ We are refreshing our understanding of the profile of carers in Rotherham in the light of Covid 19.
- ✓ We are inviting representatives from the Unpaid Carers Group to become members of the Carer Programme Project Group.
- ✓ We are continuing to progress the Carers Grant work.

Implications for Health Inequalities	
4.1	The Carers Strategy review work began at the end of September 2020 and will result in a new strategy scheduled to launch June 2021; which still means we are within the timeframe of the existing strategy lifespan. This work is happening in partnership with carer support groups from across Rotherham. As a result of the response to Covid some work has occurred around the mapping of services and the ASC pathway; this will continue and result in a refresh of the policy and guidance by December 2020. (A Sub-group is being set-up to look at young carers and how they transition into the ASC pathway.) As per the government guidance and in line with council recovery principles the Carers Centre is not currently accessible – work will be undertaken to plot out the recovery activity needed. Alongside a strategic review and impact assessment of the facility commenced at the end of September the findings report due by December 2020. To support carers through the Covid 19 crisis a Carers Information Pack was produced by the council and signed-off by partners. This work is being maximised and we are looking to expand this approach and think about ways of increasing digital connectivity and skills for carers. This will be alongside all the traditional options for sharing and communicating information, advice and guidance.
Recommendations	
5.1	The programme will be subject to check and challenge via the Monthly ASC Project Assurance Meeting and will feed into the Health and Wellbeing Board each quarter. The programme is also part of the council's Year Ahead Plan; further consolidating the importance of carers and their caring role.