

HEALTH AND WELLBEING BOARD

**Venue: Virtual Meeting via
Microsoft Teams**

Date: Wednesday 13 January 2021

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 November, 2020 (Pages 3 - 17)

For Discussion

8. Update from the Local Outbreak Engagement Board
Sharon Kemp, Chief Executive RMBC, to provide verbal update
9. Aim 1: All children get the best start in life and go on to achieve their full potential
Presentation by Suzanne Joyner, Strategic Director CYPS, and Dr Jason Page, Rotherham CCG
10. Aim 3: All Rotherham people live well for longer
Presentation by Sharon Kemp, Chief Executive RMBC

11. Section 75 Framework Agreement and Better Care Fund (BCF) Call-Off Partnership/Work Order (Pages 18 - 43)
Scott Matthewman, Interim Assistant Director, for Commissioning, to present
12. Refreshed Health and Wellbeing Board Priorities and Action Plan (Pages 44 - 61)
Becky Woolley, Partnership Officer, to present
13. Suicide and Five Ways to Wellbeing Update (Pages 62 - 66)
Ruth Fletcher-Brown, Public Health Specialist, to present
14. Workplace wellbeing: Be Well @ Work Award
Presentation by Phillip Spencer and Colin Ellis
15. Food Advertisement
Update by Kate Green, Public Health Specialist
16. Issues from the Place Board
Sharon Kemp, Chief Executive RMBC, and Chris Edwards, Chief Operating Officer RCCG, to update
17. Date and time of next meeting
Wednesday, 10th March, 2021, at 9.00 a.m.

HEALTH AND WELLBEING BOARD
11th November, 2020

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Ben Anderson	Director of Public Health, RMBC
Steve Chapman	South Yorkshire Police
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
Jo Hinchliffe	Adult Social Care (representing Anne Marie Lubanski)
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Suzanne Joyner	Strategic Director, Children and Young People's Services
Sharon Kemp	Chief Executive, RMBC
Councillor J. Mallinder	Improving Places Select Commission
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 Presenter:-

Kate Green	Public Health Specialist, RMBC
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Also Present:-

Jessica Brooks	Public Health, RMBC
Polly Hamilton	Assistant Director, Culture, Sport and Tourism
Chris Siddall	Team Leader, Culture, Sport and Tourism
Becky Woolley	Policy Officer, RMBC
Dawn Mitchell	Governance Adviser, RMBC

Apologies for absence were received from Gill Hunt (NHS England), Richard Jenkins (TRFT) and Anne Marie Lubanski (RMBC).

117. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

118. NEW MEMBERS - SUZANNE JOYNER AND BEN ANDERSON

The Chair welcomed Suzanne, Strategic Director, Children and Young People's Services, to her first meeting of the Board and Ben Anderson, newly appointed Director of Public Health who would be joining the Authority in the New Year.

119. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

120. COMMUNICATIONS

There were no communications to report.

121. 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 21st October, 2020, be approved as a correct record.

122. UPDATE FROM LOCAL OUTBREAK ENGAGEMENT BOARD

Sharon Kemp, Chief Executive, provided a verbal update on the work of the Local Outbreak Engagement Board as follows:-

- Currently the infection rate, as at 3rd November, 2020, was 505 per 100,000 population. There had not been a reduction but it did appear that the increase might be slowing down to that previously seen
- The Local Outbreak Engagement Board had considered its plan which built on its responses to information i.e. looking at the Incident Management Teams supporting the workplace, business and residents to stay safe. That continued and continued to work with areas that had seen a small number of people testing positive but no significant outbreaks at this particular time
- There was still community transition but not specific to a workplace; it was general transmission within the community. An impact on local schools was being seen who continued to work very collaboratively and adhere with national guidelines. Staff abstraction rates were increasing across all agencies but to date no significant Service impacts arising therefrom
- After the national lockdown period, there would be consideration by the Government as to what happened next. If the infection rate was such, then the tiered system would come into play and there would be further discussions with Government officials nearer to the date (2nd December) as to which tier Rotherham and South Yorkshire would go back into if the national tiering system was still in operation

- Work continued on communications and encouraging members of the public with the right message in a friendly way but still getting the message across. There had an increase in enforcement seen, with the support of South Yorkshire Police, with regard to organisations/business that were flagrantly breaking the legislation
- Through the Gold arrangements in Health, colleagues would work with the Government as more information became available regarding mass vaccination. Discussions would take place over the coming weeks with regard to mass testing/whole town testing as well as an opportunity to consider with the Government and from their feedback, what might be available and what was the best fit for South Yorkshire
- As from 5th November the clinically extremely vulnerable individuals would receive a letter through their health system advising them to minimise their contacts as far as possible. The Rotherham Community Hub had never been stood down and continued to provide support for those isolating or clinically extremely vulnerable
- The situation continued to be fast paced in terms of engagement with the Government and good partnership arrangement through the Local Outbreak Engagement Board

Chris Edwards, RCCG, commented that, in terms of the Rotherham response, the Public Health experts were saying that although we might have reached a peak in infection rates it was likely that services would be maintained at the high level for 8 weeks or so and, in terms of partnership, had to make sure that it was working on the assumption the services would be under pressure for a prolonged period.

Resolved:-

That the update be noted.

123. REFRESHED HEALTH AND WELLBEING BOARD PRIORITIES AND ACTION PLAN

In accordance with Minute No. 114 of the meeting held on 21st October, 2020, Becky Woolley, Policy Officer, presented the refreshed Health and Wellbeing Board priorities and action plan November 2020-June 2021 with the aid of the following powerpoint presentation:-

Background

- In June 2020 it was agreed that the Health and Wellbeing Board would refresh priorities taking into consideration the impact of Covid-19 and evidence regarding health inequalities

- A development session was held in September 2020 which was facilitated by the LGA. Prior to this session, there was also a period of consultation with Board members and consideration at the Health Select Commission regarding the priority refresh

Outcome of the Development Session – September 2020

- The four aims within the original strategy remained relevant and should still be the overarching outcomes that the Board was working towards
- Covid-19 had led to new cohorts of people being vulnerable. There was a need to continue to develop our understanding of the impact that the pandemic was having on these groups as well as the rest of the population
- Action needed to be focussed around health inequalities and the wider determinants of health
- There should be a targeted focus on a small number of priority areas
- The Marmot principles should underpin the refresh of priorities

The Marmot Review 10 Years On Report was published in February 2020. The key findings were:-

- People can expect to spend more of their lives in poor health
- Improvements to life expectancy have stalled and declined for the poorest 10% of women
- Only the 20-30% least deprived will receive a state pension before they develop a lifelong disability
- The health gap has grown between wealthy and deprived areas
- There are marked regional differences and widening health inequalities between the North and the South
- The slowdown in life expectancy increase cannot for the most part be attributed to severe winters. More than 80% of the slowdown, between 2011 and 2019, results from influences other than winter associated mortality
- 2/3s of those with lifelong disabilities in the most deprived areas have disabilities before they reach pension age
- For males, years in poor health has increased from 15.8 to 16.2 since 2009, for females from 18.7 to 19.4
- It is likely that public sector cuts have harmed health and contributed to widening health inequalities in the short term and are likely to continue to do so over the longer term. Cuts over the period shown have been regressive and inequitable – they have been greatest in areas where need is highest and conditions are generally worse

Covid-19 and the Social Determinants – Impact of lockdown on health behaviours e.g. mental health

- School closures, loss of education, issues with exam results, changes of university provision/availability
- Reduction in commuting, less air pollution

- Disruptions to health care provision, delays to care, avoidance of care
- Disruption to/loss of culture and leisure activities. Increased use of outdoor space
- Unequal Covid impact
- Care home impacts
- Disruption to community/social interaction
- Public transport impact. Cycling opportunities
- Job losses, furlough, zero hours contracts, changes to work availability
- Changes to homeless, asylum seeker provision. Risk of rent/mortgage problems due to loss of earnings

Refreshed Priorities

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

- Develop our strategy for a positive first 1001 days
- Support positive mental health for all children and young people
- Support children and young people to achieve their full potential

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

- Deliver the Better Mental Health for All Strategy
- Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan
- Promote positive workplace wellbeing for staff across the partnership

Aim 3: All Rotherham people live well for longer

- Build a social movement to support local people to be more physically active
- Ensure support is in place for careers
- Develop a whole-systems approach to tackling obesity in Rotherham with consideration of the impact of Covid-19

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

- Delivery of a loneliness plan for Rotherham
- Promote health and wellbeing through arts and cultural initiatives
- Ensure Rotherham people are kept safe from harm

Cross-cutting Priorities

- Links to the Local Outbreak Engagement Board
- Building the understanding of the impact of Covid-19 on our communities and on health inequalities including
 - Bringing together different pieces of work on health inequalities from across the partnership
 - Engaging with the public on the impact of Covid-19 and health inequalities
- Delivery of Phase 2 of the Joint Strategic Needs Assessment

It should be noted that priorities had been agreed based on an understanding that the response to the pandemic was ongoing, therefore, the Board's approach as a partnership would need to remain as flexible and responsive to emerging needs.

Each Board member was asked for their comments on the refresh which are summarised as follows:-

- Culture and Leisure Services welcomed the refreshed document. There was to be a joint workshop in January with the Cultural Partnership Board. There were real opportunities particularly around the 3 other actions within the plan around physical activity, delivery of the Rotherham Together Programme, which had received a fantastic response already, and the targeted work with communities through the Library Service. The Arts Council England had announced a new fund to support Social Prescribing which built upon the fantastic work that Rotherham had been doing in this area already. Culture and physical activity could help with lot of work around the important work around Mental Health and loneliness
- Really like the idea of having a theme per Board meeting and involving those looking at services for. A good opportunity to consider a subject in a different way
- Rotherham CCG were longstanding supporters of Social Prescribing and would provide assistance to support and enhance/expand
- The Kings Fund recently produced a new report on the impact of Social Prescribing
- Voluntary Action Rotherham was developing a Rotherham Arts Council bid for Social Prescribing and was happy to talk to partners about what that might look like
- Theme 4 – the Strategic Director of Regeneration and Environment was content with the actions contained therein
- The plan demonstrated that Public Health was part of everyone's daily life and is a real testament as to how everyone is working together and trying to get the issues sorted for the Rotherham population
- RDaSH felt it was really positive how the Board had moved from 4 priorities to 3 and focussing efforts on the true priorities for the Board
- South Yorkshire Police felt that the priorities were more than appropriate going forward for the next 12 months

- CYPS was supportive of what was included within Aim 1
- TRFT was supportive of the document

Resolved:-

(1) That the refreshed Health and Wellbeing Board priorities and action plan November 2020-June 2021 be approved in principle.

(2) That Becky Woolley be notified as soon as possible of anyone who wished to be part of/Chair the Healthy Weight Group.

ACTION: All Board Members/Becky Woolley

124. 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, presented the following powerpoint presentation:-

- | | |
|------------|--|
| Priority 1 | Improving mental health and wellbeing of all Rotherham people |
| Priority 2 | Reducing the occurrence of common mental health problems |
| Priority 3 | Improving support for enduring mental health needs (including Dementia) |
| Priority 4 | Improve the health and wellbeing of people with Learning Disabilities and Autism |

Priority 1 – Improving mental health and wellbeing of all Rotherham people

- Better Mental Health for All/Covid-19 (C19) Mental Health Group
 - C19 and Mental Health Group established
 - Action plan been drafted for whole life course
 - PH Lead worked with CYPS on the survey to school age children, first distributed in the summer and repeated this autumn
 - Work between LD and Public Health (RMBC) to look at staff wellbeing, staff and manager wellbeing guides produced in the summer and shared with other partners
 - Promotion of public Mental Health information across all partners including employers signed up to BeWell@Work
- RMBC has produced a guide on befriending for Rotherham Heroes and this was being used as part of their induction and has been shared with voluntary and community sector partners
- The Five Ways to Wellbeing campaign messages will be used to encourage people to look to access things to address loneliness for themselves and to look out for others

Priority 2 – Reducing the occurrence of common mental health problems

- Launch of iesa digital IAPT service in October 2020 to anticipate demand surge for common mental health conditions completed
<http://www.iesohealth.com/en-gb>
- Launch of <https://rotherhive.co.uk/> in May 2020 a portal to access psychological support
 - Debt section developed October 2020
 - Professional section now in development
 - Half a million site hits to date
- CAMHS Transformation Plan now refreshed and renamed the Rotherham Social Emotional and Mental Healthy Strategy with action plan and partnership forum established

Priority 3 – Improving support for enduring Mental Health Needs (including Dementia)

- In the initial stages of lockdown there was a delay in implementation of the new Dementia Pathway. This has now been reactivated
- Dementia Pathway Redesign Group established with all key stakeholders
- Data analysis to underpin redesign anticipated end of November
- Rollout of a programme of Herbert Protocol/”This is Me” Workshops by Crossroads
- Throughout the C19 period Rotherham Place has maintained its high performance on the Dementia diagnostic target
- CORE 24 Service continues to be in place and continues to deliver
- SMI LES (Local Enhanced Service for people with Serious Mental Illness) in place and working well
 - Whilst there was an increase of 175 patients on an SMI register between Quarter 1 (1,844 patients) and Quarter 2 (2,019 patients), there was an increase in the percentage of patients receiving a health check from 27.5% to 28.7%

Priority 4 – Improve the health and wellbeing of people with Learning Disabilities and Autism

- Significant investment from RCCG for both All-Age and Children and Young People’s Neurodevelopment Pathways
- Redesign of the Children and Young People’s Neurodevelopment Pathway completed and detailed action plan in place to monitor impact
- Launch of the RDaSH All Age Neurodevelopment Pathway in September 2020
- Reduction of waiting list of Rotherham patients at Sheffield Health and Social Care
- Development of a new asset/community focussed Post-Diagnostic Pathway (Adults) to be delivered by Rotherham Parents Carers Forum
- Successful ICS bids for CYP Key Workers (Learning Disabilities and Autism) and expanding peer support and support for annual health checks for people with Learning Disabilities

Discussion ensued with the following issues raised/clarified:-

- There was massive evidence that supported insomnia and links to mental health. Quite often people whose sleep patterns were very disrupted were prescribed anti-depressants and there was a challenge as to whether that was the right thing to do. Often poor sleep and anxiety was linked to poor mental health which had been exacerbated by the Covid-19 pandemic because of the uncertainty, tension and anxiety
- Reports had been published recently emanating from Manchester where support for Confidential Enquiries into Suicides took place which raised 2 issues. Firstly there was no significant evidence of an increase in suicide as result of lockdown. The numbers were very comparable to what was seen as year on year increase in death by suicide across England. A similar shift in pattern had been seen in Rotherham i.e. increase in the number of women suicides. Secondly, a report had been issued around the reporting of suicides with a cause for consideration was that the reporting of suicides quite often led to duplication and replication and there was some real nervousness of how they were actually reported
- A significant piece of work had been carried out locally in February around the reporting of suicides to which the local media had been invited. Quite often too much detail was reported in the press coverage; there was significant evidence that showed there was imitation as a result of that reporting
- In a second Covid lockdown coming up to Christmas it was really important to be sighted on the sort of campaigns to be run supporting peoples' mental health in a positive way perhaps without too much attention/less focus on death by suicide
- Over the years a change had been seen in Rotherham around females that took their lives by suicide with the method also changing
- However, Rotherham was not dissimilar to other areas in Yorkshire and the Humber. The data from Office for National Statistics this year had shown Yorkshire and the Humber ranking as the highest region for death of females to suicide. It was known from some mental health research during the pandemic that women were reporting more mental health distress – lack of social networks with people they were unable to engage with and also caring responsibilities
- The local response had been the Be the One Campaign, the Board's campaign for suicide prevention and a very proactive approach to engaging with women/getting messages out to women of signpost to support. That message would switch in the lead up to Christmas and the New Year and be to the general population and again follow the

steps of the Be the One Campaign of TLC approach and people being very vigilant

- The voluntary sector had played a huge role in terms of supporting people with their mental health wellbeing and work was taking place to ensure that any training was open to the whole partnership together with the voluntary and community sector
- At the height of the first lockdown real high levels of acuity had been seen in terms of admissions to the in-patient unit and high levels of psychosis
- There had been new demand very much linked to issues of employment and housing. RDaSH was trying to work in a way that recognised that if intervention could be provided quite early and support offered, it would avoid someone getting a much more serious mental health situation. Discussions were taking place with the Chamber of Trade around potential for redundancies/employment issues as to how the Service could work alongside the workplace situation to support employers to offer mental health help and support
- People were contacting the Service requesting post-funeral bereavement support
- The Service could not deliver the sort of services it did without the support of the voluntary sector
- During lockdown, Primary Care was seeing low grade mental health issues that were probably not yet getting to a level that would impact upon full Mental Health Services

The Chair referred to the film that had been made to advertise the 5 Ways to Wellbeing and suggested that it be redistributed through the communications system

Kathryn was thanked for her presentation.

Resolved:

(1) That the presentation be noted.

(2) That the 5 Ways to Wellbeing be distributed through the Council's Communications system.

Action: Sharon Kemp

125. HOSPITAL DISCHARGE FOR ROTHERHAM RESIDENTS

The Chair reported that the Rotherham Foundation Trust had not had chance to respond to the report by Healthwatch Rotherham. Therefore, the report would not be considered at today's meeting to allow the Trust opportunity to comment and then a decision would be made as to whether the report was submitted to the Board again or to another forum.

Michael Wright, Deputy Chief Executive, TRFT, stated that consideration would be given to the report and an action plan developed to address the issues raised.

126. CARERS PROGRAMME - FRAMEWORK FOR THE FUTURE

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

- Rotherham's Adult Social Care Pathway put the person at the centre of everything the Service did
- On 21st October, 2019, a new of working was introduced to ensure a consistent, robust and sustainable Pathway; work with carers was defined via a "sub-pathway" and in March 2020 plans were shared with the Board explaining how the Service anticipated it would deliver a Carers Programme
- The Covid pandemic had had a significant impact on the proposed programme timeline. This had meant that partnerships had to be every stronger to ensure carers were fully supported in the most difficult of situations
- Due to Covid
 - Unpaid Carers Group utilised to be the Carers Programme Project Group
 - Review of the Carer Strategy - reschedule the review work for end of Quarter 2 with a new timeline and resource plan
 - Young Carers – action shifts into Quarter 3
 - ASC Pathway: process mapping/assessments consistency checks – some work has occurred within ASC as a result of Covid
 - Carers Centre – Review/Impact Assessment – Impact Assessments moved into Quarter 2 and building subjected to the council's recovery principles. Need to define the building base offer for carers. The Crossroads Carers Hub demonstrates the support for carers from business partners and the Council
 - Information Officer – scoping work partner conversations – Covid impact needs exploring – different ways of working and engaging virtually

- Assistive Technology – the use of digital tools – Zoom/Teams – has also enabled a wider reach with carers and the Service was capturing the learning within the ASC Digital Solutions Project Group
- Getting things back on track – programme refresh August 2020

Quarter 2 July Aug, Sept 2020	Quarter 3 Oct, Nov, Dec 2020	Quarter 4 Jan, Feb, Mar 2021	Quarter 1 April, May, June 2021
PMO Governance Reset Establish Carers Programme Project Group – reports into ASC Project Assurance Meeting (PAM) 17 th Sep and then into HWBB	Monthly Project Group Meeting with highlight report to PAM: 15 th Oct 19 th Nov 3 rd Dec ¼ highlight report to HWBB	Monthly Project Group Meeting with highlight report to PAM ¼ highlight report to HWBB	Monthly Project Group Meeting with highlight report to PAM ¼ highlight report to HWBB
WS1: Review of the Carer Strategy	Coproduction work for the Strategy	Consultation work for the Strategy	Refreshed Carer Strategy
WS2; Assistive Technology (AT) Requirements for carers feeding into the Digital Solutions Programme	Engagement activity	AT Pathway proposed and out to consultation	AT Carer Offer launch
WSS3: 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	Decision Making	
WS5: Information Offer – scoping work (partner conversation)	Coproduction work (Digital channels)	Consultation linked to the Strategy work	
Routine Activity: Training Programme for carers/staff Support for carers through Covid (Carers Grant) Regular and sustained communications Activity and events (Carers Week/Carer Rights Day)			

- How we will progress a summary
 - We are mapping the carer experience and ensure 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
- Other Considerations
 - The Carers Strategy review work began at the end of September 2020 and would result in a new Strategy scheduled to launch June 2021 which still meant the Service was within the timeframe of the existing Strategy lifespan
 - As a result of the response to Covid, some work had occurred around the mapping of services and the ASC Pathway; this would continue and result in a refresh of the Policy and guidance by December 2020
 - As per the Government guidance and in line with Council recovery principles, the Carers Centre was not currently accessible. Work would be undertaken to plot out the recovery activity needed. 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 had been produced by the Council and signed-off by partners. This work was being maximised and the Service was looking to expand this approach and think about ways of increasing digital connectivity and skills for carers. This would be alongside all the traditional options for

- sharing and communicating information, advice and guidance
- The programme would be subject to check and challenge via the ASC Project Assurance Meeting and would feed into the Health and Wellbeing Board each quarter

Discussion ensued with the following issues raised/clarified:-

- Pleasing progress with the Unpaid Carers Group which now had representation from the Partners, Forum, Carers Forum and REMA
- It was a difficult piece of work in terms of trying to collate information with regard to the new carers that had been revealed through the pandemic. Meetings had taken place with Age UK, Crossroads and Active Independence, who had formed a partnership called Active Solutions. They all had their own internal ways of capturing who they worked with through their Charity Log; the Council had a Key Performance Indicator for carers as well as work through CCG and Health colleagues. Consideration was to be given as to how the information could be collated from the third sector perspective. There was a need to be smarter as to how the information was captured.
- Of the £50,000 Carers Grant approved by the Cabinet, approximately £23,000 had been issued. There had 123 referrals of which 9 had not been suitable for the Grant but Crossroads Care had referred then onto the Carers Trust Grant

Resolved:-

(1) That the presentation be noted.

(2) That the next quarter progress update include information as to the capturing information with regard to the carer profile.

ACTION:- Jo Hinchcliffe

127. FOOD ADVERTISEMENT

Kate Green, Public Health, gave a verbal report on a regional project that was taking place and requested Board support for Rotherham participating in it.

In January 2020 the Yorkshire & Humber Association of Directors of Public Health Network had agreed to support an advocacy project from the Regional Healthy Weight and Physical Activity Community Improvement Group. This was to support the implementation of a shared ambition of the Local Authority Declaration on Healthy Weight by supporting the reduction of exposure to advertising of food and drink which was high in fat, salt and sugar in the out of home environment, predominantly on local authority-owned advertising space, although potential to expand further if local areas wanted to.

The project had commenced in October and would run until April, 2021. All local authorities across the region have been involved in discussions to date and anticipated to take part. All projects would be evaluated and a report produced upon completion of the project.

Discussion ensued with the following issues raised:-

- Enforcement - The project purely looked at advertising on local authority-owned spaces. There was potential to go wider and possibly include the transport sector. The project was looking to develop guidance protocol for local authorities
- The CCG would in principle support the project but on a practical level would struggle to support due to the call on resources during the pandemic
- The Local Authority would support in principle but needed more information e.g. how many local authority-owned sites did Rotherham have and what impact the lack of advertising that would have
- Given the pressures on the Public Health Team at the current time there needed to be flexibility on how such a project was programmed in and how much time was dedicated to it

Resolved:-

That the project be supported in principle but further information be provided given the current pressures on Services due to the Covid pandemic.

ACTION:- Kate Green to provide further information as to what a project would mean for the Local Authority and health sector

128. ISSUES ESCALATED FROM THE PLACE BOARD

It was noted that the Place Board had assumed command for Gold Command in Rotherham.

There were pressures in the system but no issues to be escalated.

129. DATE AND TIME OF NEXT MEETING

Resolved:-

That a further meeting be held on Wednesday, 13th January, 2021, commencing at 9.00 a.m.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	13 th January, 2020
	LEAD OFFICER	Karen Smith, Strategic Commissioning Manager (RMBC/RCCG)
	TITLE:	Section 75 Framework Agreement and Better Care Fund (BCF) Call-Off Partnership/Work Order
Background		
1.	<p>The purpose of this report is to outline progress on the development of a new Section 75 Framework Agreement and Better Care Fund (BCF) Call-Off Partnership/Work Order for 2020/21.</p> <p>Department of Health and Social Care, Ministry of Housing, Communities and Local Government and NHS England have specifically requested within the BCF Planning Requirements (2019-20 & 20-21) that plans will be approved, subject to all funding agreed as part of the BCF plan, and that this must be transferred into one or more pooled funds, established under Section 75 of the NHS Act (2006).</p>	
Key Issues		
2.	<p>The Better Care Fund (BCF) will continue to provide a mechanism for personalised, integrated approaches to health and social care that support people to remain independent at home or to return to independence after an episode in hospital. The BCF was established by Government to provide funds to local areas to support the integration of health and social care.</p> <p>The BCF Plan for Rotherham has been developed to promote and implement integration, and these schemes are set out in the Rotherham Section 75 Agreement for 2020/21. A BCF planning template was not required by the National team for 2020-21. One of the key requirements of the BCF planning guidance is for a Section 75 Framework Agreement to be in place and fully signed by both partner organisations, due to the pandemic this National Guidance has only just been published which does not stipulate a required date in 2020-21 for the formal sign off of the Section 75 Agreement.</p> <p>The BCF Planning Requirements 2020-21 shows that a formal agreement needs to be established in each local area to enable the Council and the CCG to work collaboratively in delivering the services. The requirement is for an agreement using Section 75 of the National Health Service Act, 2006. This partnership framework agreement gives powers to local authorities and health bodies to establish and maintain pooled funds, out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.</p> <p>A Section 75 framework agreement is used when there is some cross-over of functions between the two organisations; to allow them to act in partnership to pool budgets or create non-pooled funds, to agree that staff carrying out the inter-related functions can undertake work for both parties and to delegate functions to provide a more seamless service. A Section 75 framework agreement records a wider working relationship between health and social care organisations, with a view to arrangements being developed across a number of different services or it can be used for a single discrete service.</p> <p>Rotherham Clinical Commissioning Group (RCCG) and Rotherham Metropolitan Council (RMBC) jointly developed a new overarching Section 75 Framework Agreement and BCF Call-Off Partnership/Work Order in 2019-20, customising the latter document to reflect local need and priorities.</p>	

	<p>The Section 75 Framework Agreement has established two pooled budgets. With each authority hosting one fund, the proposal allows the local authority to maximise the benefits of hosting a pooled fund.</p> <p>A performance management programme has been developed which will allow a close focus on each of the BCF schemes. The schemes have been mapped into two pooled budgets to allow similar services to explore opportunities for further integrated working, and to work together to collect and monitor data, ensuring duplication is avoided.</p> <p>The BCF Operational Group gathers reviews and interprets performance data, and ensures targets are monitored and met. The BCF Executive Group is the body which has strategic oversight of the whole BCF plan. The officer groups will be held accountable across the system and have key representatives from both RCGG and RMBC. Terms of Reference for each of these groups are set out in BCF Call-Off Partnership/Work Order.</p> <p>This partnership will ensure there is maximum focus on reducing the number of non-elective admissions and admissions to residential care, The CCG and Council have agreed a risk fund, spread across the two pooled budgets, which will be used to fund any shortfall due to targets being missed, or unexpected overspends.</p> <p>The details of the two pooled funds are set out in the BCF Call Off Partnership/Work Order. In brief, there are two funds within the £42.690m BCF Plan for 2020/21. One fund, hosted by the CCG, is valued at £11.179m and the other fund, hosted by the Council, is valued at £31.511m. Both funds sit under the same Section 75 Framework Agreement which provides governance for the BCF plan.</p> <p>In line with previous years a risk pool of £0.5 million for the fund has been set up to cover unintended pressures arising from workstreams in other parts of the system and the pay for performance element of the BCF for 2019/20.</p> <p>Risk sharing agreements have been agreed to protect both parties from areas of overspend and financial risk.</p> <p>The Council and CCG have finalised, agreed and signed the Section 75 Framework Agreement and BCF Call-Off Partnership/Work Order, and this has now been fully agreed by the BCF Executive Group.</p>
Background Papers	
3.	Appendix 1 – Rotherham BCF Call-Off Partnership/Work Order
Recommendations	
4.	<p>That the Health and Wellbeing Board:</p> <p>(i) Receive BCF Call-Off Partnership/Work Order for 2020/21 incorporated into the Section 75 agreement and note the contents</p>

Appendix 1

Better Care Fund (BCF) – Call Off Partnership Agreement/

Work Order

1. OBJECTIVES OF THE SCHEME

Department of Health and Social Care, Ministry of Housing, Communities and Local Government and NHS England have specifically requested in the BCF Planning Requirements (2020-21) that all funding is transferred into one or more pooled funds, established under Section 75 of the NHS Act (2006) and agreed through the Health and Wellbeing Board.

The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose. Partners may wish to extend the use of pooled funds to include funding streams from outside of the Better Care Fund.

2. AIMS AND OUTCOMES

The aims and benefits of the Partners in entering into this agreement are to:

- Improve the quality and efficiency of the services;
- Meet the National Conditions and Local Objectives;
- Drive integration between the Health and Social Care Economy;
- Make more effective use of resources through the establishment and maintenance of a pooled fund for revenue expenditure on the services.

3. THE ARRANGEMENTS

In meeting its duties and responsibilities to develop a pooled arrangement to support the BCF Plan, the Partners and Rotherham Health and Wellbeing Board have agreed the establishment of the following pooled arrangements:

Pool 1; Hosted by RMBC; Value of **£31.511m** for Theme 2 Rehabilitation, Reablement and to include the Improved Better Care Fund (iBCF) and Winter Pressures funding.

Pool 2; Hosted by the CCG; Value of **£11.179m** for all Themes excluding Theme 2 Rehabilitation, Reablement and Intermediate Care and to include a Risk Pool.

4. FUNCTIONS

The CCG and Council shall utilise funds to deliver against agreed objectives set out within the BCF Plan.

5. SERVICES WITHIN THE SCHEME

5.1 Persons Eligible to Benefit

5.1.1 Services commissioned by the CCG shall be commissioned for the benefit of individuals for whom in relation to that service the CCG is the responsible commissioner; for services commissioned by the Council, the services shall be commissioned for the benefit of individuals who are ordinarily resident in the Borough of Rotherham.

5.1.2 The CCG and the Council shall each liaise with any relevant neighbouring authority or CCG in respect of individuals who are the responsibility of either the CCG or the Council but not both.

5.2 Commissioning Arrangements

Each partner organisation will manage the commissioning of specific services for which it is identified as the responsible organisation, in line with its own internal processes.

5.3 Contracting Arrangements:

Each partner organisation will manage the contracting of specific services for which it is identified as the responsible organisation, in line with its own internal processes

6. FINANCIAL CONTRIBUTIONS

6.1 The CCG's base contribution for 2020/21 will be **£23.222m** and the Council's base contribution, including the Improved Better Care Fund (iBCF) and Winter Pressures funding, will be **£19.468m** as per the table below:

BCF Budget 2020/21	2020/21 INVESTMENT			2020/21 SPLIT BY POOL	
BCF Investment	RCCG SHARE	RMBC SHARE	Total	Pool 1 RMBC Hosted	Pool 2 RCCG Hosted
THEME 1 - Mental Health Services	1,186		1,186		1,186
THEME 2 - Rehabilitation & Reablement	11,645	5,363	17,008	17,008	
THEME 3 - Supporting Social Care	3,617		3,617		3,617
THEME 4 - Care Mgt & Integrated Care Planning	4,985		4,985		4,985
THEME 5 - Supporting Carers	600	50	650		650
THEME 6 - Infrastructure	241		241		241
Risk Pool	500		500		500
Improved Better Care Fund		12,710	12,710	12,710	
Winter Pressures		1,345	1,345	1,345	
Population Health	448		448	448	
TOTAL	23,222	19,468	42,690	31,511	11,179

Appendix 2A provides a list of detailed schemes under each theme.

- 6.2 In the event that the partners agree to extend this agreement, there will be no automatic annual uplift to the amounts stated in this agreement for any subsequent year. Any uplift to these figures in future years will be determined by both partners as part of their budget setting process.
- 6.3 It is expected that the Pool Fund Managers will manage the Agreement within the approved budget for the financial year. Any proposed expenditure over and above the approved budget must be agreed in writing by the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred.
- 6.4 Any overspend in the pooled funds shall be subject to the risk share agreement (Section 8) in the first instance. If all appropriate options in this agreement have been explored it will need to be jointly agreed with the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council that the overspend be borne in equal shares and may, subject to any national conditions applying in any subsequent year, be deducted from the following year's contribution of both the CCG and the Council to the Pooled Fund.

- 6.5 Any underspending in one year will be refunded to each partner based on percentage contribution to the pooled budget, subject always to the powers of the parties to make grants to each other outside the terms of this agreement.
- 6.6 Separate to any base contribution, further contributions may be agreed between parties in year or removal/alteration of services may be agreed through the scheme governance arrangements. Any base or subsequent contribution will be agreed and notified between the joint fund managers of the CCG and RMBC.
- 6.7 The BCF includes the Improved Better Care Funding of £12.710m for 2020/21 which are subject to the following grant conditions:
- Meeting adult social care needs
 - Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
 - Ensuring that the local care provider market is supported

There is no requirement to spend across all three purposes, or to spend a set proportion on each. However, the grant determination requires the Council and the CCG and providers to meet the National Condition 4 (Managing Transfers of care) in the 2019-20 & 20-21 Better Care Fund Policy Framework and Planning Requirements.

- 6.8 Also included within the BCF is Winter Pressures revenue grant funding of £1.345m which must be used for the purposes of supporting the local health and care system to manage demand pressures on the NHS with particular reference to seasonal winter pressures including on interventions which support people to be discharged from hospital, who would otherwise be delayed, with the appropriate social care support in place, and which help promote people's independence
- 6.9 Where capital expenditure forms part of the Pooled Fund it shall be identified and accounted for separately from revenue expenditure and treated in accordance with any specified grant funding conditions. Capital funding cannot be used to finance revenue expenditure, however, revenue funding may be used to fund capital expenditure if in agreement with the BCF Executive Group and is in compliance with Financial Regulations and Standing Orders and recommended accounting codes of practice of the lead commissioner. Any capital asset acquired from the Pooled Funds shall be the property of the Council, who shall be responsible for it.

7. PAYMENT TERMS

- 7.1 The Council will invoice the Rotherham Clinical Commissioning Group in arrears one quarter of the estimated annual costs of the schemes.
- 7.2 The CCG will invoice the council in arrears one quarter of the estimated annual costs of the IBCF schemes.
- 7.3 Each party shall provide such accounting information as may be required for the preparation of accounts and audit as may be required both during and at the end of each financial year recognising the need to ensure that both the Council and the CCG meet their specific financial reporting deadlines.
- 7.4 The Council and the CCG will pay invoices within 30 days of receipt.

8. RISK SHARE ARRANGEMENTS

- 8.1 The areas of risk are under or overspending of budgets within Better Care Fund budget lines and exceeding affordable levels of care outside the Better Care Fund.
- 8.2 As part of the initial development of the BCF pooled budget a number of risks were identified where the individual schemes would potentially result in additional demand for services and/or additional costs, or the required efficiencies and reductions do not materialise to the extent planned. The pooled budget in total includes an amount of £0.5m as a risk pool. In applying the risk pool funding it is important to have a jointly agreed approach.
- 8.3 It is proposed that the BCF Executive Group is the forum where decisions on the application of risk pool funding for either pool is made.
- 8.4 Risk is attributable to the scheme commissioner pro rata to the proportion of that scheme commissioned. This is to reflect where the levers for change and control sit. Similarly, where the scheme is joint and there is one lead commissioner, the risk should be shared pro-rata to the proportion of that scheme commissioned, subject to the maximum level of funding each partner contributes to the pool unless agreed by the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council prior to any additional expenditure being incurred (paragraph 6.3).
- 8.5 Over and Underspends

If an overspend is identified the following approach will be taken:

- Seek to cover the overspend from areas of underspend identified within either pool;
- Utilise the risk pool funding;
- Reduce uncommitted scheme allocations;
- Cover from resources outside the pool.

If an underspend is identified the following approach will be taken:

- Underspends remain within the pooled arrangement to support overspends elsewhere in the pool;
- Further joint schemes within budget lines to be proposed in year which can utilise the resources in year.

In all of these scenarios the BCF Executive Group is the forum where decisions would be made.

- 8.6 The use of the BCF pooled budget is anticipated to deliver greater outcomes for patients and the public, as well as anticipated reductions in non-elective spend. In the event that demand for acute non-elective care exceeds affordable levels it is proposed that the approach suggested above is taken.
- 8.7 Where issues arise under this category the Partners shall meet and discuss the appropriate means of addressing the problem through the Health and Wellbeing Board or such other forum as the Partners may decide.

9. FINANCIAL MANAGEMENT AND YEAR END ARRANGEMENTS

- 9.1 Except by prior agreement between the CCG and the Council, expenditure to be made from the scheme otherwise than in respect of the performance of the services identified above is not permitted.
- 9.2 Both parties will keep proper accounts in relation to the use of the funds for which it is responsible under the agreement. Accounts will be open to inspection at any reasonable time together with all invoices, receipts and any other related documents.
- 9.3 Both parties will arrange for the funding and related expenditure to be audited by its respective external auditors as part of the accounts process of each organisation.
- 9.4 Monitoring information, financial or otherwise, will be provided as required and in accordance with the agreed format.
- 9.5 All utilisation of the budget and day to day management of services delivery will be subject to each Partner's scheme of reservation and delegation.
- 9.6 The budget will be governed by any regulatory requirements of each Partner as necessary.

- 9.7 Funds will be provided to each organisation in line with its delegated commissioning responsibilities net of VAT implications. Utilisation of funds delegated will then be subject to each partners' relevant VAT regime.
- 9.8 To meet requirements in relation to the preparation of annual accounts SI 2000/617 paragraph 7(6) the host must prepare and publish a full statement of spending signed by the accountable officer or section 151 officer, to provide assurance to all other parties to the pooled budget. This is required to meet the specified timescales for the publication of accounts and should include:
- Contributions to the pooled budget, cash or kind;
 - Expenditure from the pooled budget;
 - The difference between expenditure and contributions;
 - The treatment of the difference;
 - Any other agreed information.

10. GOVERNANCE ARRANGEMENTS

- 10.1 The joint Fund Managers for the scheme shall be the CCG Chief Finance Officer and the Head of Finance - Adult Social Care, Housing and Public Health for RMBC, working in collaboration.
- 10.2 The fund managers shall jointly agree appropriate use of the fund in line with the objectives of the scheme, and ensure the scheme is appropriately transacted.
- 10.3 Using the governance framework set out below, all partners will monitor the BCF plan effectively ensuring plans are delivered through each scheme.
- 10.4 The CCG and RMBC have co-terminus boundaries which supports the delivery of good governance. The BCF plan was produced through effective governance mechanisms which have been reviewed and updated to facilitate the implementation and delivery of the BCF plan.
- 10.5 These mechanisms are known and agreed with all partners within the health and social care sector in Rotherham, and there is a commitment from all, including TRFT and RDaSH to work within the governance framework.
- 10.6 **Governance Framework**

The Health and Wellbeing Board will have overall accountability for the delivery of BCF plan, and for the operation of the delivery of this Section 75 Partnership Framework Agreement they will:

- monitor performance against the BCF Metrics (National/Local) and receive exception reports on the BCF action plan;
- agree the Better Care Fund Commissioning Plan;

- agree decisions on commissioning or decommissioning of services, in relation to the BCF.

The framework below demonstrates the decision making structure and how the BCF plan will be delivered.

The management and oversight of the delivery of the BCF plan has been delegated to the BCF Executive Group, chaired by the HWB chair and including senior representatives from both the council and CCG.

The BCF Executive Group is supported by the BCF Operational Group, which is made up of the identified lead officers for each of the BCF actions within the plan, plus other supporting officers from the Council and CCG. The BCF Operational Group meets on a quarterly basis and reports directly to the BCF Executive Group.

10.7 **BCF Executive Support**

The BCF Executive Group and BCF Operational Group will be supported by officers from the Partners from time to time.

10.8 **Meetings**

The BCF Executive Group will meet quarterly (this may be via virtual communication) at a time to be agreed within 30 days following receipt of each quarterly report from each Pooled Fund Manager.

The quorum for meetings should they take place in person or via Microsoft Teams/Zoom of the BCF Executive Group shall be a minimum of one representative from each of the Partner organisations with a minimum of two members of the group present. The same principle should apply regarding agreement virtually via email.

The BCF Operational Group meets on a quarterly basis. Quorum for these meetings will be a minimum of four representatives from each of the schemes with at least two representatives from each organisation present. This meeting may also take place virtually via Microsoft Teams/Zoom, with the same Quorate principles applying.

Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way (applies to both virtual and face to face meetings).

Minutes of all decisions shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.

10.9 **Delegated Authority**

The BCF Executive Group is authorised within the limits of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:

- authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund subject to the agreement of the Chief Finance Officer of the CCG and the Strategic Director of Finance and Customer Services of the Council; and
- authorise a Lead Commissioner to enter into any contract for services necessary for the provision of Services under an Individual Scheme

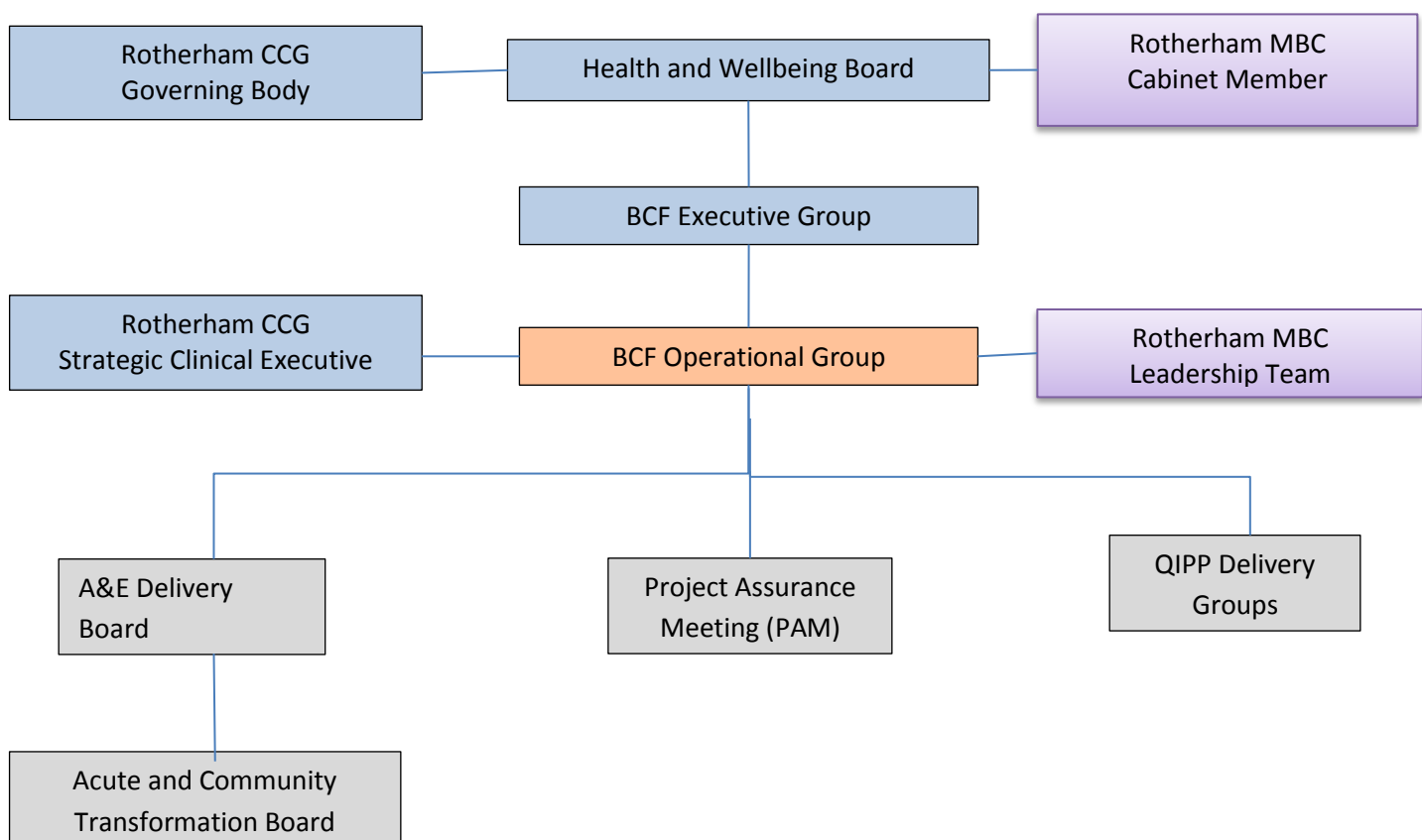
10.10 **Information and Reports**

Each Pooled Fund Manager shall supply to the BCF Executive Group on a Quarterly basis the financial and activity information as required under the Agreement.

10.11 **Post-Termination**

The BCF Executive Group shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

10.12 **BCF Governance - Reporting Structure**



ROTHERHAM METROPOLITAN BOROUGH COUNCIL ADULT CARE, HOUSING AND PUBLIC HEALTH

ROTHERHAM CLINICAL COMMISSIONING GROUP BETTER CARE FUND (BCF)

BCF EXECUTIVE GROUP

Purpose of the Executive Group
<p>The purpose of the BCF Executive Group is to take responsibility for the delivery of the Better Care Fund plan for Rotherham; the strategic operation and delivery of the Framework Partnership Agreement; and to make recommendations for the strategic direction and management of the Better Care Fund to the Health and Wellbeing Board (HWB).</p>

Functions of the Executive Group
<ul style="list-style-type: none"> • Take responsibility for the fund's feasibility, business plan and achievement of outcomes; • Defining and realising benefits and budgetary strategy • Monitor delivery of the Better Care Plan through quarterly meetings • Ensure performance targets are being met • Ensure schemes are being delivered and additional action put in place where the plan results in unintended consequences • Undertake an annual review (“Annual Review”) of the operation of this Agreement • Undertake or arrange to be undertaken a review of each Pooled Fund, Non Pooled Fund and Aligned Fund and the provision of the Services within 3 Months of the end of each Financial Year. • Arrange or oversee the production of a joint annual report- to be presented to the Executive Group within 20 Working Days of the presentation of the annual review ensure the fund's scope aligns with the requirements of the stakeholder groups; • Address any issue that has major implications for the fund; • Keep the fund scope under control as emergent issues force changes to be considered; • Reconcile differences in opinion and approach, and resolve disputes arising from them; • Report quarterly to HWB, and • Take responsibility for any corporate issues associated with the fund.

In the event that the Partners fail to meet the requirements of the Better Care Fund Plan and NHS England the Partners shall provide full co-operation with NHS England to agree a recovery plan.

The role of the individual members of the BCF Executive Group Fund Board includes:

- Understand the strategic implications and outcomes of initiatives being pursued through fund outputs;
- Appreciate the significance of the fund for stakeholders and ensure the requirements of stakeholders are met by the fund's outputs;
- Be an advocate for the fund's outcomes;
- Have a broad understanding of fund management issues and the approach being adopted;
- Help balance conflicting priorities and resources;
- Review the progress of the fund;
- Check adherence of fund activities to standards of best practice, both within the organisation and in a wider context.
- To ensure the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures, i-statements and the plan.

Chair

The meeting where this takes place face to face or virtually via Microsoft Teams/Zoom will be co-chaired by the respective Accountable Officer and Cabinet Member for Public Health and Adult Social Care. The Executive Group may agree reports via email where appropriate.

Membership of the Executive Group

Cabinet Member for Public Health and Adult Social Care
 CCG Chief Officer
 CCG Chief Finance Officer
 CCG Deputy Chief Officer
 CCG Assistant Chief Officer
 RCCG/RMBC (Joint) Head of Adult Commissioning
 RMBC/RCCG (Joint) Strategic Commissioning Manager

RMBC Chief Executive

RMBC Head of Finance (Adult Social Care, housing and Public Health)

RMBC Director of Adult Care, Housing and Public Health (DASS)

RMBC Assistant Director, Strategic Commissioning

RMBC Director of Public Health

Both parties will call in relevant officers for specific topics where required and a standing invitation will be made to Public Health Director to attend.

Quorate

One representative from each of the organisations, with a minimum of two members present for face to face or virtual meetings.

Frequency of Meetings

Quarterly

Co-ordination of Meetings

Strategic Commissioning Manager, RMBC/RCCG will co-ordinate.

Governance

The group will report to the HWB.

Key Deliverables

- Ensure that the financial reporting framework is adhered to.
- To be responsible for maintaining the risk register and ensuring risk mitigation plans are in place.
- Recommend actions and deliver reports to the HWB, LGA and NHSE.

**ROTHERHAM METROPOLITAN BOROUGH COUNCIL ADULT CARE, HOUSING
AND PUBLIC HEALTH**

ROTHERHAM CLINICAL COMMISSIONING GROUP

BETTER CARE FUND (BCF) OPERATIONAL GROUP

Purpose of the Group
<p>To oversee the delivery of the Better Care Fund Plan for Rotherham, making recommendations to the Better Care Fund Executive Group to ensure effective action and implementation of the plan</p>

Functions of the Group
<ul style="list-style-type: none"> • To provide the forum for BCF accountable operational leads to co-ordinate the delivery of the BCF Performance Measures and BCF Action Plan. • To ensure that effective performance management of the BCF Performance Measures takes place and where performance is not meeting targets appropriate and timely action is taken. • To ensure the effective delivery of the BCF action plan at operational level and allow for necessary operational partnership discussions to take place to meet the outcomes of the plan. • To ensure that the accountable leads of the BCF performance measures and the BCF action plan are collectively discussing their progress and key actions. • To identify the areas which need to be reported on progress and performance by exception to the BCF Executive Group. • To ensure the BCF conditions are met. • To co-ordinate partner activity within the BCF Plan, ensuring that all elements of the plan are linked together to deliver positive outcomes. • To ensure the Rotherham BCF Scorecard is updated on a monthly basis. To review risk and to oversee the implementation of mitigating action plans. • To ensure the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures, i-statements and the plan.
Chair
<p>The meeting will be co-chaired by the CCG Chief Finance Officer and the Strategic Director of Adult Care, Housing and Public Health</p>

Membership of Group

RCCG Chief Finance Officer
 RCCG Assistant Chief Officer
 RCCG Performance and Intelligence Manager
 RCCG/RMBC (Joint) Head of Adult Commissioning
 RMBC/RCCG (Joint) Strategic Commissioning Manager
 RMBC Public Health Principal
 RMBC Finance Manager (Adult Social Care, Housing and Public Health)
 RMBC Assistant Director, Independent Living and Support
 RMBC Assistant Director, Strategic Commissioning
 RMBC Performance Manager
 Both parties will call in relevant officers for specific topics where required

Quoracy

Two representatives from each of the organisations

Frequency of Meetings

Quarterly

Co-ordination of Meetings

Strategic Commissioning Manager, RMBC/RCCG will coordinate.

Governance

Each organisation maintains accountability for service specific operational delivery.

The group will report to the BCF Executive Group.

This does not replace existing performance management and accountability mechanisms, but will provide a specific focus and bring coordination to the BCF targets and actions.

Key Deliverables

- | |
|--|
| <ul style="list-style-type: none"> • Maintain financial reporting framework. • Maintain a risk register appropriate to the level of group operation. • Coordinate the completion of reports for the Health and Wellbeing Board and the Department of Health |
|--|

11. INTEGRATED PROVIDER PERFORMANCE MANAGEMENT FRAMEWORK

11.1 Purpose

To ensure that Partners adopt an integrated performance management framework in order to plan, deliver, review and act on relevant information to commission improved outcomes for the people of Rotherham. It is the expectation that the Lead for each BCF Scheme will be responsible for ensuring this framework will be completed for each scheme.

The BCF Executive, supported by the BCF Operational Group will be responsible for ensuring the performance management framework for the BCF programme is in place, updates produced, and reports compiled for NHS England and the Health and Well Being Board.

11.2 Definition

For the purposes of this Schedule, “performance management” shall mean the overall process that integrates planning, action, monitoring and review and shall incorporate the following:

- Identifying the aim, (e.g. purpose, mission, corporate aims, strategic goals etc.) and the action required to meet the aim (e.g. business plan, project plan, etc.);
- Identifying priorities and ensuring there are sufficient resources to meet them;
- Monitoring performance of any commissioned provider or voluntary organisation;
- Reviewing progress, detecting problems and taking action to ensure the aim is achieved;
- Determining which services should be delivered; benchmarking performance against an agreed and transparent set of measures.

11.3 Outline Framework

The performance management framework should incorporate three processes in relation to joint commissioning, i.e. Business Planning, Reporting and Review and Performance Improvement.

11.4 Commissioning Business Planning Process

This process consists of integrated commissioning plans, which should set out:

- strategic objectives and key performance measures for 17/18
- the commissioning intentions for the strategic objectives and
- the timescales for achievement.

Contracts with service providers that state how performance shall be monitored, reported and reviewed will also be required.

11.5 Reporting and Review Process

This will involve monitoring overall progress against:

- delivery of the strategic objectives in the integrated commissioning plans,
- delivery of the contracts as detailed in Schedule 4
- identifying the reasons for any under-performance of service providers.

11.6 Performance Improvement Process

To ensure action is taken where the continuation of current performance would lead to an outcome/target not being met.

The application of a range of tools and techniques to improve overall performance.

11.7 Commissioning Plan

The Partners shall agree an Integrated Commissioning Plan for each Service by 1 April each year. This will set out the “direction of travel” and the shared commissioning intentions for the development of the Services The plans shall be agreed by the Partners.

11.8 Contracts with Service Providers

The lead commissioner shall be required to agree a contract with each third party provider regarding the outcomes they are to deliver.

Contracts with third party providers should:

- Take account of the requirements of the relevant current plans of the respective partners and the actions agreed in response to external review;
- Include a requirement that the service provider develop a detailed service plan, which covers how the provider intends to achieve the said outcomes and the risk associated with not achieving them.

- Require the provider to regularly measure progress against achieving the outcomes and to report this to the Host Partner at a frequency to be agreed
- Require the provider to provide an improvement plan in the case of significant under or over performance.
- Include a process whereby outcomes may be added/removed as a result of changing needs.

11.9 Reporting and Review Process

Regular meetings should be held between the Host Partner and the service provider to review the latter's performance.

The Host Partner shall monitor services having regard to national, regional and local key performance indicators, including:

- Performance assessment framework indicators
- National performance indicators
- Audit and inspection recommendations
- Self-assessment Statement actions
- Relevant operational plan indicators
- NHS clinical commissioning board targets
- Relevant core and Care Quality Commission standards
- Patient and Customer feedback

11.10 Performance Reporting and Review of the Section 75 Agreement

The pooled fund manager will be responsible for producing quarterly reports to the BCF Executive Group and Health and Wellbeing Board on a quarterly basis.

The pooled fund manager will be responsible for producing an annual report to the BCF Executive Group and Health and Wellbeing Board.

The BCF Executive Group will be responsible for ensuring the timeline to ensure the data is collected, reported, authorised by the health and wellbeing Board, and submitted to the NHS England on their specified reporting dates, these being one day after the dates specified in section 9.1.

11.11 Rotherham CCG / RMBC BCF Metrics:

Rotherham CCG / RMBC BCF Metrics:

As part of the Better Care Fund Plan we will measure against the national metrics and Rotherham's agreed local metrics. The BCF Policy Framework establishes that the national metrics will continue as they were set out for 2019/20. In summary these are:

- Non-elective admissions (General and Acute)
- Admissions to residential and care homes
- Effectiveness of reablement

The Delayed Transfers of Care (DToC) has now been removed from the National Requirement due to the new discharge guidance published during the Covid Pandemic.

The detailed definition of the non-elective admissions (NEA) metric is set out in the Planning Round Technical Definitions. The level of non-elective activity which BCF plans seek to avoid, in addition to reductions already included within the calculation of CCG operating plan figures, are clearly identified in the BCF planning return. The detailed definitions of the other three metrics are set out in Table 4

Table 4 – BCF Metrics Definitions

Metric	Numerator	Denominator
2 Admissions to residential and care homes	The sum of the number of council-supported people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year. Data from Short- and Long-Term Support (SALT) collected by HSCIC	Size of the older people population in area (aged 65 and over). This should be the appropriate ONS mid-year population estimate or projection
3 Effectiveness of reablement	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move on/back to their own home who are at home 91 days after the date of their discharge from hospital.	Number of older people discharged from acute or community hospitals to their own home or to a residential home for rehabilitation, with a clear intention that they will move back to their own home.

Non-elective hospital admissions – The plan illustrated (within the BCF planning template) is the affordable level of non-elective admissions reflected in CCG contracts. The plan is a composite of shares of all the CCG's plans covered by the

HWB area. The definitions and shares used for this target are set nationally by the BCF programme.

The Rotherham CCG plan for non-elective admissions is built up from growth assumptions produced by analysing local data on previous trends and from the planned impact of relevant quality improvement and targeted intervention programmes which are all established.

Key schemes for 2020/21 include the on-going implementation of an integrated Intermediate Care and Reablement Pathway, interventions in mental health liaison, ambulatory care, social prescribing, case management in risk stratified patients, integrated locality working and Hospice at Home services.

Non-elective activity and the impact of these schemes are monitored through a number of contractual processes and meetings.

No additional reductions have been planned in as part of BCF as the broader non elective plan already encompasses the key schemes impacting non elective admissions.

Permanent admissions of older people to residential and nursing care homes (per 100,000)

In order to provide customers with greater independence and choice within a recovery model, admission to 24 hour care is provided only for those people who can no longer be supported to have their needs met by remaining at home in the community. Final year end (published December 2020) admissions data for 2019-20 demonstrated an improvement in overall rate of 562 per 100,000 population, although a small rise of 2 admissions with 294 admissions in year when compared with previous year admissions of 292 (or a rate of 565) in 2018-19.

A repeat challenge of the 2019/20 target of 264 admissions (or a rate of 505) has been agreed for 2020/21.

The service continues mitigating the short stay risk by ensuring that officers explore alternative options and that these are only used in exceptional circumstances. The application of the *Home First* principles underpinning discharge, maximise opportunities for people to return to their homes and community where appropriate. The target takes account of recent trend analysis and is realistic when considering demographic pressures.

Proportion of older (over 65) people still at home 91 days after discharge from hospital into rehabilitation and reablement services

This is an annual measure and collation of data is undertaken during January to March period each year, to track service users who have been 'offered' (i.e.

commenced) the service during the previous October to December period, to identify those who were still at home 91 days following discharge from hospital.

Performance for 2019/20 has seen a significant fall on the previous year (2018/19, 85.6%) to 72.3% against a target of 86%. Although proportion at home at 91 days declined, the service recognises that 2019/20 changes to the reablement cohort (offering service to people with more complex needs and younger than 65 years) and operating pathways, impacted more than estimated in terms of those people still at home a significant increase in the proportion offered the service improved from 1.6% to 2.1% and is now (2020-21) just below regional and national averages of 2.4% and 2.6% respectively.

A recovery target of above regional and national averages of 83% has been agreed for 2020/21 and data will be collected using the same criteria adopted in previous years.

12. NON FINANCIAL RESOURCES

Non-financial contributions to the Schemes are confined to current support for joint and integrated commissioning arrangements and will continue with no charges being made to the pooled fund.

13. ASSURANCE AND MONITORING

The Fund Managers will make financial information available quarterly to the BCF Executive and Operational Groups, reporting on performance against the BCF metrics and in each of the 6 Themes listed above.

13. POOLED FUND MANAGER DETAILS

Partner	Lead Officer	Address	Teleph one Number	Email Address
CCG	Chief Finance Officer	Oak House, Moorhead Way, Rotherham S66 1YY	01709 302025	Wendy.allott@nhs.net
RMBC	Head of Finance - Adult Social Care, Housing and Public Health	Riverside House, Main Street, Rotherham S60 1AE	01709 382121	Owen.campbell@rotherham.gov.uk

14. DURATION AND EXIT STRATEGY

There is no requirement for an exit strategy, over and above each organisation's own strategies.

Responsibility for any debts, liabilities, record-keeping, equipment and contractual arrangements will remain with the relevant Partner.

15. OTHER PROVISIONS

No other provisions.

16. AUTHORISATION

	Rotherham MBC	Rotherham CCG
Signature		
Date of signature		
Name of signatory (print)		
Title or role of signatory (print)		

Better Care Fund Budget 2020-21	Budget 2019-20	Additional Investment	Budget 2020-21
	£'000	£'000	£'000
THEME 1 - Mental Health Services			
Adult Mental Health Liaison	1,169	17	1,186
THEME 2 - Rehabilitation & Reablement			
Home Improvement Agency	75		75
Falls Service	462	6	468
Home Enabling Services :			
Reablement	1,085		1,085
Pressures on Domiciliary Care Budgets	756		756
Community Stroke Service	192	332	524
Community Neuro Rehab	159	2	161
Breathing Space	2,440	(629)	1,811
Expert Patient Programme	50	(50)	0
Otago	20		20
REWS	1,715	(10)	1,705
Community OT	786		786
Disabled Facilities Grant	2,700	364	3,064
Age UK Hospital Discharge	158		158
Stroke Association Service	50		50
Intermediate Care Pool:			
Intermediate Care Therapy(TRFT)	374	34	408
Therapy & Nursing cover to support vulnerable patients and Fast Response team	285	(178)	107
Increase residential capacity by 8 beds (Lord Hardy Court)	228	(228)	0
Intermediate Care Independent spot beds	30	(30)	0
Further Investment into Intermediate Care (LH/DC)	560	(560)	0
Intermediate Care (LH/DC)	2,916	(1,678)	1,238
Interim Care beds (Lord Hardy Court)	100	(100)	0
Short Term Residential/ Respite care for older people to avoid hospital admission or speed up discharge (Davies Court).	115	(115)	0
Intermediate Care beds (30) - Davies Court	0	1,452	1,452
Home first	0	777	777
Intermediate Care 24 Beds - Althorpe	0	1,322	1,322
RDASH Therapies	0	97	97
GP Support - medical cover	0	53	53
Other Intermediate care (TRFT)	0	330	330
Intermediate care Transition (RMBC) - ibcf b/fwd	0	561	561
THEME 3 - Supporting Social Care			
Direct Payments:			
Direct Payments/ Personal Budgets (Physical Disabilities)	395		395
Direct Payments (Older People)	525		525
LD Supported Living	409		409
Direct Payments (Learning Disabilities)	314		314
Direct Payment Support	46		46

Better Care Fund Budget 2020-21	Budget 2019-20	Additional Investment	Budget 2020-21
	£'000	£'000	£'000
Residential Care			
Mental Health rehabilitation services	209		209
Learning Disability Services:			
Learning Disabilities independent sector residential care/Transitional Placements	982		982
Learning Disabilities Domiciliary Care	37		37
Care Act - Older People Direct Payments	500		500
Care Act - IT (Liquid Logic)	60		60
Care Act - LD Domiciliary Care	30		30
Care Act - PD Domiciliary Care	60		60
Care Act - OP Domiciliary Care	10		10
Care Act - DoLs	40		40
THEME 4 - Care Mgt & integrated Care Planning			
GP Case Management	1,352	20	1,372
Care Home Support Service	277	5	282
Hospice - End of Life care	789	40	829
Social Prescribing	760	16	776
Social Work Support (A&E, Case management, Supported Discharge):			
Single Point of Access	100		100
Fast Response Twilight Service (TRFT)	60		60
Fast response Nursing team(TRFT)	60		60
Supported Discharge Pathways Team	432		432
Early Planning Team	230		230
Mental Health Crisis Team	36		36
Care Co-ordination Centre	797	11	808
THEME 5 - Supporting Carers			
Carers Support Service:			
Early Planning Team	237		237
Carers Emergency Service	78		78
Direct Payments (Older People)	250		250
Carers Centre	35		35
Crossroads	50		50
THEME 6 - Infrastructure			
Joint Commissioning Team	49		49
IT to support Comm Trans	192		192
RISK POOL			
Risk pool	500		500

Better Care Fund Budget 2020-21	Budget 2019-20	Additional Investment	Budget 2020-21
	£'000	£'000	£'000
Improved Better Care Fund			
Increase current capacity of social work resource within the localities	875	(875)	0
Increase capacity of the social prescribing service	100	(100)	0
Adaptation of Liquid Logic to support care pathways	88		88
Rotherham System Wide Escalation Management Tool	70		70
Head of Service for Adult Care, Operations, Integration and Transformation	60	32	92
RMBC / TRFT joint partnership provider lead post	60	(52)	8
Rotherham Place DTOC Project Manager, to manage and oversee implementation of the agreed DTOC action Plan	60	20	80
Resource for Winter Bed Capacity	500	(500)	0
Age Uk 'Back to Home'	90	(70)	20
Trusted Assessor	0	70	70
Social Care Sustainability	7,244		7,244
Re-ablement capacity to commission additional hours during winter	235	(235)	0
Tactical Brokerage	110	(110)	0
Non Recurrent support for system transformation	600	(600)	0
Engagement with the independent sector providers in respect of fee increases due to increase in NLW	1,805	2,420	4,225
Changes to HMRC in relation to sleep in arrangements - impact on LD provider fees	553		553
External Shared Lives support/Supporting LD transformation	200		200
Advice and Guidance VCS support - SPA	50		50
Social Isolation	10		10
Winter Pressures/Population Health			
Re-ablement capacity to commission additional hours during winter	0	100	100
Supporting Discharge Pathways	151	(151)	0
Tactical Brokerage	0	110	110
Reablement additional staffing	107	(107)	0
Resource for Winter Bed Capacity	0	500	500
Intermediate Care Pathway triage - double running costs	178	22	200
Intermediate Care discharge Manager (50%)	33	(33)	0
Integrated Discharge Team	157	201	358
Mental Health Transformation	120	(43)	77
Spot purchase reablement beds	90	0	90
Perform Plus	300	(255)	45
Additional OT capacity - extension of contract in SPA	25	0	25
Digital Lead Project Manager	61	0	61
Commissioning - Brokerage support	123	0	123
LD Transformation (Attain replacement)	0	80	80
In-house transition support	0	24	24
GRAND TOTAL	40,381	2,309	42,690

**Health and Wellbeing Strategy Action Plan:
Update to board, January 2021**

Key:

Completed
On track
At risk of not meeting milestone
Off track
Not started

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

Board sponsors: Suzanne Joyner, 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			Lead(s)	BRAG rating	Progress update
			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.				Sarah Petty, Head of Midwifery, TRFT		TRFT continue to work towards achieving Continuity of carer, currently achieving >35% point prevalence. Work is ongoing with LMS for the plan for including BAME communities and those with vulnerabilities. TRFT is engaged in all MTP workstreams.
	1.2	Explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services.				Anne Charlesworth, Commissioning Manager, RMBC		Work continues to take place between public health, adults and children's services to assess the requirements for 0-19 services and the work is on track.
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.				Jenny Lingrell		The July-Sept quarterly report from With Me In Mind demonstrates positive outcomes in terms of child and staff wellbeing, although numbers remain low due to school closures and school holidays. Since children returned to school in September, pilot schools are reporting a significant positive

							<p>impact from having Mental Health Support Teams in their settings.</p> <p>The opportunity to bid for a future wave has not yet been made available by NHSE.</p>
	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.)				Jenny Lingrell/ Ruth Fletcher-Brown	<p>The second survey ran between 1st October and 26th October. 4,203 young people participated in the October survey. This is a 35% increase from the 2,737 that participated in June 2020.</p> <p>The findings have been shared with the individual schools for their action. The findings have also been shared with CYPS DLT and the Public Mental Health and Wellbeing COVID Group for them to identify any actions to address key areas of concern.</p>
	1.5	Roll out DFE Wellbeing for Education Return programme, responding to the findings of the mental health survey.				Jenny Lingrell	<p>This has been rolled out across schools during the autumn terms. 141 participants have attended and then cascaded learning onwards in their school. A recorded version of the training will be made available.</p>
Support children and young people to achieve their full	1.6	Ensure that children reach a good stage of development across core subject areas as part of educational attainment measures.				Nathan Heath	<p>All schools are continuing to support the return to school as part of the Covid-19 pandemic, the challenges in relation to self-isolation periods and</p>

potential.							staff/student absence is having a direct impact on educational outcomes. The DFE have supported the adjustment of the attainment benchmarks across several areas although impact on education remain a clear concern aligned to the impact of the Covid-19 pandemic.
	1.7	Ensure that children continue to consistently attend education across this academic year.				Nathan Heath	Impact of the Covid-19, confirmed cases and periods of self-isolation on student is having direct impact on school attendance across the autumn term in Rotherham. This remains a key area of impact on student's attainment and educational engagement.
	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.				Nathan Heath	Work has continued to address the increment in EHE cases across this half term including direct work with Ofsted, DFE and multi-agency partners. Rotherham Parents Forum has also looked at approaching DFE to garner funding for supportive work to collective parents' views on the rationale to increased Elective choices to home educate. The EHE multi-agency governance group has remained a strong mechanism to make sure a strong level of support is available for students/families who have elected to home

							educate.
	1.9	Develop an understanding of the impact of school closures and intermittent school attendance on children and young people with SEND.				Jenny Lingrell	<p>SEND Strategic Board have developed an outcomes framework, monitored via a performance dashboard. This will be supplemented with case studies.</p> <p>A risk assessment process is in place to understand the impact on individual children who are not attending school.</p>

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			Lead(s)	BRAG rating	Progress update
			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.				Ruth Fletcher-Brown, Public Health Specialist, RMBC		An action plan has been produced which addresses the needs of children and young people, older people and adults who work, in addition to cross cutting issues of bereavement and loneliness. The Public Mental Health and Wellbeing COVID Group will oversee the implementation.
	2.2	Develop and deliver a communications and engagement plan to promote better mental health.				Gordon Laidlaw, Head of Communications Rotherham CCG and Rotherham Integrated Care Partnership (ICP) Diane Clarke, Account Manager Adult Care, Housing and Public Health, RMBC		Regular meetings are held between Comms Leads and Public Health Lead for Mental Health. Recent work includes the promotion of Rotherhive and a briefing paper for HWbB staff on bereavement.

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.				<p>Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC</p> <p>Ruth Fletcher-Brown, Public Health Specialist, RMBC</p>		<p>A full review of the borough-wide plan will take place with partners early 2021 but any gaps identified as a result of the pandemic are currently being included.</p> <p>The Suicide Prevention Operational Group which reviews all suspected suicides has updated its own action plan considering the pandemic reflecting risk factors and groups as they emerge.</p>
	2.4	Delivery and evaluation of year 3.				<p>Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC</p> <p>Ruth Fletcher-Brown, Public Health Specialist, RMBC</p>		<p>Rotherham CCG has been leading Year 3 of the small grants scheme. In October, 14 groups were successful in securing funding. Rotherham CCG and Public Health, Rotherham Council are working with South Yorkshire Leads to tender for the listening service for people bereaved/affected and exposed to suicide. It is anticipated that the successful provider will be ready to take referrals from January 2021.</p>
	2.5	Promote and evaluate the Be the One campaign.				<p>Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public</p>		<p>Promotional activity has included:</p> <p>August- a call to all partners to promote the campaign in the lead up to the first anniversary</p>

					Health, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC		<p>promoting the Zero Suicide Alliance Training.</p> <p>October & November - social media messages targeted women at risk and friends, family and colleagues who could spot the signs and follow the TLC steps.</p> <p>November- 2 workshops sessions on Be the One were held as part of Safeguarding Awareness week.</p> <p>December-social media messages are asking people to look out for each other over Christmas and the New Year and use the 3 Steps in the campaign Talk, Listen and Care.</p> <p>All suicide prevention training sessions promote the website.</p>
	2.6	Coordinated training programme for suicide prevention and self-harm			<p>Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC</p> <p>Ruth Fletcher-Brown, Public Health Specialist, RMBC</p>		<p>During December and January, RMBC are piloting some online suicide prevention training with a view to rolling out a full programme in 2021.</p>
Promote positive	2.7	Promote all Health and Wellbeing Board partners to			Colin Ellis, Workplace		A discussion around this is on the agenda for the January

workplace wellbeing for staff across the partnership.		sign up to the Be Well at Work award.				Health Advisor, RMBC		Health and Wellbeing Board meeting.
	2.8	Share and pool resources across the partnership relating to workplace wellbeing.				Leanne Dudhill, HR Business Partner (OD), RMBC		<p>All Place Partners are engaged in the Workforce Enabling Group which supports the delivery of the Place Plan. Via this group, knowledge and resources in relation to workplace wellbeing have been shared across the partnership during 2020 and will be an ongoing practice into 2021. The detail of the work that has been undertaken was provided to the Place Board on 24th June and 16th September and a further update is scheduled for 23rd December 2020.</p> <p>The Wellbeing Guides produced by the Council have also been shared with colleagues in CYPS and Strategic Housing and Development for circulation to other local partner organisations.</p>

Aim 3: All Rotherham people live well for longer

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

Priority	#	Milestones	Timescale			Lead(s)	BRAG rating	Progress update
			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.				Kate Green, Public Health Specialist, RMBC		Soft-launched #MovingRotherham campaign end of September, resulting in increased number of partners engaged. The partnership has encouraged and supported several new projects aimed at marginalised groups. Submitted bids for a legacy project following the women's euros in 2022. Successful in getting to the 3rd stage of Shaping Places for Healthier Lives programme with a project looking at physical activity in green spaces. Presented Moving Rotherham vision at SY PE Conference and now have primary schools interested in working with the partnership.
	3.2	Develop and roll out a Making Every Contact Count training programme for physical activity.				Phil Spencer, Public Health, RMBC Kate Green, Public Health		Discussions have taken place to establish whether a MECC package would be useful for specific teams, (e.g. social prescribing and PCN link workers and adult social care

					Specialist, RMBC		workers).
	3.3	Roll out Clinical Champions Training for GPs and other healthcare professionals.			Kate Green, Public Health Specialist, RMBC		Shared information about the training opportunity with GPs via CCG comms, as well as with local midwife team and inpatient therapy team at TRFT. COVID has resulted in capacity issues and this has not been a priority for many teams. The offer is still available for free and is now on a virtual platform.
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.			Jo Hinchliffe, Service Improvement and Governance Manager, RMBC		Unpaid Carers Meetings have taken place and work has been progressing with partner organisations throughout Nov / Dec. Meetings are scheduled in for the new year and the work will begin to shift into the detail of the old and new strategic priorities for carers.
	3.5	Apply the carers offer within the adult social care pathway.			Jo Hinchliffe, Service Improvement and Governance Manager, RMBC		Weekly meetings are in place to look at the carer journey through the end to end ASC Pathway. Performance information is being evaluated to give an understanding of what tangible actions / improvements are required. We are also drawing on good practice from around the region via a monthly regional carers meeting.
	3.6	Enhance the information offer for all carers in Rotherham.			Jo Hinchliffe, Service Improvement		We are maximising on the Unpaid Carer Meetings to ensure C19 information is

					and Governance Manager, RMBC		flowing and an information sub group is being set-up with Carer Forum to build on the progress made throughout the C19 pandemic.
Develop a whole-systems approach to tackling obesity in Rotherham, with consideration of the impact of COVID-19.	3.7	Establish a Healthy Weight Strategy Group with representation across all key partners.			Kate Green, Public Health Specialist, RMBC		A proposed approach is being put forward to the HWbB in January. Subject to this being agreed, work will take place on the development of the declaration on healthy weight, plus partner declarations and pledges.
	3.8	Review the children's obesity pathway.			TBC		To be agreed who will lead on this piece of work.
	3.9	Develop and agree an all-age Healthy Weight for All Plan, with consideration of the impact of COVID-19.			Kate Green, Public Health Specialist, RMBC		A draft plan is in place for the local authority healthy weight declaration, although development of this has paused due to COVID. Once the approach has been agreed (as above) further development of the wider plan can be picked back up.

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			Lead(s)	BRAG rating	Progress update
			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.				Ruth Fletcher-Brown, Public Health Specialist, RMBC		Whilst the plan has not formally been reviewed in the context of COVID-19, work is progressing on actions relating to the pandemic through the Public Mental Health and Wellbeing COVID Group and the VCS Befriending Group.
	4.2	Relaunch MECC training around loneliness.				Phillip Spencer, Public Health Practitioner, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC		Work is taking place to redevelop the training, and this is scheduled to be finalised for the end of January. MECC training is offered to all partners doing the Be Well @ Work programme, as well as Health and Wellbeing Board partners.
	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.				Ruth Fletcher-Brown, Public Health Specialist, RMBC		The Befriending Guidance was launched in May 2020 and this is being used by Rotherfed and VAR in their induction of Rotherham Heroes to their befriending role. The guidance has been circulated to other VCS organisations for use in

							<p>this area of work.</p> <p>Both Ruth Fletcher-Brown and Martin Hughes (RMBC) attend a VCS Befriending group which meets monthly to share good practice and look at joint learning opportunities. A recent meeting explored information and services available to support people in debt. This group is joint chaired by Rotherfed and VAR.</p>
	4.4	Develop and deliver a communications and engagement plan to raise awareness around loneliness and befriending.				<p>Gordon Laidlaw, Head of Communications Rotherham CCG and Rotherham Integrated Care Partnership (ICP)</p> <p>Diane Clarke, Account Manager Adult Care, Housing and Public Health, RMBC</p>	<p>RCCG & RMBC Comms Leads and Public Health recently met with Rotherfed and VAR to consider promotional messages and opportunities. The first one will look to promote positive stories about befriending and encourage people living and working in Rotherham to take action to reach out to support anyone who might be lonely. A promotional film will be shared via social media over the next couple of weeks and will be promoted by all partners of the H&WBB.</p>
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.				Polly Hamilton, Assistant Director, Culture, Sport and Tourism, RMBC	Work has started to develop a plan for the workshop. It is anticipated that this will be scheduled before the end of Q4.
	4.6	Deliver a programme of group-				Polly Hamilton,	Rotherham Together has been

		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.				Assistant Director, Culture, Sport and Tourism, RMBC Leanne Buchan, Head of Creative Programming and Engagement, RMBC		<p>running for four months delivering a series of events, exhibitions, activities and self-led trails.</p> <p>Activities already delivered include:</p> <ul style="list-style-type: none"> - Land Art at Clifton Park (September) - Projection on to the side of the Rotherham Minster, carrying the messages of Joy (festive spirit), Hope (support for those who have lost loved ones) & Gratitude (for key and essential workers) over three days 14th-16th December <p>Hope Fields memorial garden is on track for delivery March 2021.</p>
	4.7	Co-design targeted activities in libraries to those groups which have been identified as part of the Health and Wellbeing review.				<p>Polly Hamilton, Assistant Director, Culture, Sport and Tourism, RMBC</p> <p>Zoe Oxley, Head of Operations and Business Transformation,</p>		<p>Planning has started with a variety of partners.</p> <p>Library buildings have been mainly closed during COVID, but services are operating via click and collect etc.</p>

					RMBC		
Ensure Rotherham people are kept safe from harm.	4.8	Continue to embed the Home Safety Partnership Referral Scheme with key partners in Rotherham.			Steve Adams, Group Manager, South Yorkshire Fire and Rescue Toni Tranter, Partnership Manager, South Yorkshire Fire and Rescue		Awaiting confirmation of a date for South Yorkshire Fire and Rescue to attend meeting with Heads of Service at Rotherham Council. South Yorkshire Fire and Rescue have also started to explore Housing Associations within South Yorkshire.
	4.9	Work with other partnership boards on crosscutting issues relating to safety and safeguarding.			Rotherham Together Partnership Safeguarding Board Chairs		Partnership Safeguarding Board Chairs continue to meet to identify key cross-cutting themes. Work is underway to plan a development session for Spring 2021, which will bring together the boards to pick up on key cross-cutting themes and the impacts of COVID.

Cross-cutting priorities

Priority	#	Milestones	Timescale			Lead(s)	BRAG rating	Progress update
			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.				Councillor Roche		The link has been maintained between the LOEB and the HWbB through standard updates at all HWbB meetings.
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.				Gilly Brenner, and Ruth Fletcher-Brown		Mental Health Impact Assessment will be ready to be shared with partners at the beginning of January. Final data is being incorporated.
	5.3	Complete an equality analysis relating to the refresh of board priorities, identifying areas for further action.				Becky Woolley		An analysis of health inequalities and key policy developments such as the Marmot 10 Years on report was undertaken alongside the refresh of priorities. Key messages from this analysis were presented to board members at the November meeting.
	5.4	Undertake a review of the				Andy Clayton,		Development of population

		impacts of COVID-19 on our local population, including utilisation of population health management to anticipate future demand on services.			Anthony Lawton and Gilly Brenner		health management datasets and approaches have been impacted by COVID, but work has restarted to move this forward. Mapping work has also been undertaken to help generate a fuller picture of health inequalities data currently available and work taking place across the partnership to feed into the review.
Deliver on Phase 2 of the Joint Strategic Needs Assessment, capturing the impact of COVID-19.	5.5	Agree an action plan to deliver the second phase of the JSNA.			Gilly Brenner		The JSNA Steering Group has been re-instated, with the first meeting taking place on 15 th December. Timescales are in place, and the live action plan was discussed and formalised at that meeting.
	5.6	Launch Phase 2 of the JSNA with a focus on the impact of COVID-19 and enhanced information on health inequalities.			Gilly Brenner		There is a plan in place to refresh the JSNA by end of March, with inclusion of COVID lens narrative on the data sets and greater coverage of inequalities data.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	13 th January 2021
	LEAD OFFICER	Ruth Fletcher-Brown Public Health Specialist RMBC
	TITLE:	Suicide Prevention and Public Mental Health update including Five Ways to Wellbeing
Background		
1.1	Suicide Prevention Currently, there is little evidence specific to COVID-19 and suicide prevention. (NCISH National Confidential Enquiry into Suicide and Safety in Mental Health, 2020) The national message is that many of the main priorities for suicide prevention remain the same during the pandemic.	
1.2	However, it is thought that certain subgroups may be more at risk during the pandemic and guidance on the NCISH website can be found for the following: <ul style="list-style-type: none"> • Children and young people • Prisoners • People with gambling addictions 	
1.3	A report in the Lancet and by the World Psychiatric Association outlines certain risk factors associated with the pandemic: financial issues, domestic violence, isolation and loneliness, relationship conflict, discord and loss, chronic pain, and mental health problems worsening.	
1.4	Other studies have shown that the following groups are showing an increase in mental distress: <ul style="list-style-type: none"> • young people • women and those with preschool aged children 	
1.5	People may have greater access to means through increased buying and stockpiling of medication, firearms, and poisons/chemicals.	
1.6	Reduced help seeking behaviour due to stigma and belief that services are under pressure due to COVID.	
1.7	Public Mental Health and Wellbeing Research from quarantines during previous epidemics (SARS, Ebola, and Influenza pandemics) has shown the negative psychological effects which present including post-traumatic stress symptoms, confusion, and anger.	
1.8	This pandemic will likely have many psychological impacts on the population which may have a detrimental effect on the short, medium, and long-term mental health of people living and working in Rotherham.	
1.9	Recovery planning will need to include effective responses to the public mental health and wellbeing.	

1.10	The Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) have jointly produced a briefing for Directors of Public Health on the public mental health and wellbeing issues arising from the Covid-19 outbreak.
1.11	Preventing mental health problems and promoting mental wellbeing amongst people living and working in Rotherham requires a whole system approach.
1.12	The Better Mental Health for All Group already existed to address the promotion of mental wellbeing for people living and working in Rotherham. In addition, this group oversees the implementation of the loneliness action plan for the borough.
1.13	This group has formed the Rotherham Public Mental Health and Wellbeing COVID- 19 Group and has included other stakeholders where gaps have identified. The primary purpose of this group is to develop and implement an action plan addressing the potential mental health impacts of COVID-19 across the life course.
1.14	The group recommends and take collaborative action on local prevention and mental health promotion planning in relation to COVID 19, in the short medium and long term. This planning covers people living and working in Rotherham.

Key Issues

2.1	<p>Suicide Prevention</p> <p>For several years Rotherham has looked at suspected suicides in real time to ensure that support can be put in place for those bereaved and affected and to mitigate against further suicides. This is now collated through the ICS Real Time Surveillance Project led by SYP.</p> <p>The real time data has been used during the pandemic to direct the actions within local plans, to offer support to those bereaved, affected and exposed to suicide and to mitigate against further suicides.</p>
2.2	The Suicide Operational Group, which reviews deaths by suspected suicides have updated their action plan in line with emerging risk factors during the pandemic.
2.3	Be the One campaign has been promoted throughout the pandemic with a focus on women in October and November and the wider population in the lead up to Christmas and the new year. The campaign was also promoted across the partnership as part of Safeguarding Awareness week in November 2020.
2.4	Zero Tolerance Suicide prevention training has been promoted across the council and with other partners.
2.5	The NHSE suicide prevention funding Year 3 has enabled Rotherham to promote the third round of the small grants scheme to community groups who are addressing the underlying causes which can lead to suicide. This is led by Rotherham CCG with input from Public Health RMBC. The Chair of the Health and Wellbeing Board and Cabinet Member, Councillor Roche was a member of the grants panel.
2.6	The Listening Service for people bereaved and affected by suicide has been promoted throughout the pandemic. The service is currently out for tender and the successful provider will commence in January 2021.
2.7	The Care Pathway for Children & Young People Bereaved by Sudden Traumatic Death has been updated with input from practitioners and is now on the Tri-x system for partners to adopt.

2.8	The pandemic has disrupted the programme of suicide prevention and self-harm training which was planned. The challenge has been two-fold to deliver these courses in a way which achieves the same learning outcomes whilst keeping participants safe. Courses for suicide prevention are being piloted and subject to evaluation a role out of training will be promoted in the spring.
2.9	The Suicide Prevention Top Tips for Primary Care has been amended to include risk factors and groups emerging because of the pandemic.
2.10	Meetings have commenced with Survivors of Bereavement by Suicide (SOBS) to advertise for volunteers to be trained to run a Rotherham peer support group.
2.11	Public Mental Health and Wellbeing, including Five Ways to Wellbeing Partners of the Public Mental Health and Wellbeing COVID 19 Group worked on an action plan which is being implemented by partners. This includes work on cross cutting themes like bereavement and loneliness.
2.12	A Rapid Mental Health Impact Assessment has been produced to inform decision makers on how the pandemic might have impacted on the mental health and well-being of local communities.
2.13	Public Health England recommended that local authorities capture the views of children and young people to establish the state of their mental health and wellbeing during lockdown. The Yorkshire & Humberside regional public health teams had reviewed a series of surveys already undertaken and they felt the one produced by Hull was of high quality and good practice. Rotherham Public Health worked with CYPS to adapt this survey. This has been administered twice in Rotherham with 4,203 young people completing the second survey. The results are given to individual schools for them to develop their own actions in response to the findings. The SEMH Strategy Group and the Public Mental Health and Wellbeing Group are looking at key areas of concern to address.
2.14	RCCG's Rotherhive website has been promoted across all partners and information has been sent to employers through the Be Well@Work project. Partners of the HWBB contributed to the information on debt.
2.15	Rotherham CCG and Public Health have been working together to look at promoting mental health support to employers.
2.16	Be Well@ Work has promoted mental health resources to employers.
2.17	Public Health Leads have run a variety of workshops for employees within the council on a variety of mental health issues, for example sleep management. These are promoted to other employers.
2.18	RMBC staff wellbeing toolkits have been shared with other partners.
2.19	RMBC has used the Five Ways to Wellbeing campaign messages to promote mental wellbeing with staff during the summer and Autumn months.
2.20	The Creative Recovery Programme has used the Five Ways to Wellbeing themes to promote activities each month.
2.21	The SY Listening service for those bereaved during the pandemic has was piloted in May and June, then extended until December. This was promoted by all HWBB partners

<p>2.22</p> <p>2.23</p>	<p>with Rotherham seeing the second largest number of referrals into this service. A decision was made across SY to continue to fund this service and it went out to tender in December and the successful provider will commence in January.</p> <p>RCCG chaired a multiagency task and finish group which looked at mapping bereavement provision, locally and nationally. This information is now promoted on Rotherhive.</p> <p>Partners of this group worked on simple key messages for all staff on bereavement. This communication has now been promoted across HWBB and Place partners.</p>
<p>Key Actions and Relevant Timelines</p>	
<p>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p> <p>3.6</p> <p>3.7</p>	<p>Following a successful symposium in June 2019 with partners of the Health and Wellbeing Board, a further event is planned as a self-assessment of the Rotherham Suicide Prevention and Self Harm Action Plan. Following the symposium, the action plan will be amended and will go to the Health and Wellbeing Board for their approval. (April 2021)</p> <p>Delivery of the NHSE Year 3 suicide prevention funded activity. (March 2021)</p> <p>Delivery of suicide prevention training across the partnership, targeting different levels of training. (from March 2021)</p> <p>Relaunch of the Self Harm Train the Trainer project. (March 2021).</p> <p>Promotion of the listening service for those bereaved and affected by suicide and the service for those bereaved during the pandemic. (from January 2021)</p> <p>Communication and Engagement plan delivered for Five Ways to Wellbeing and Be the One. (ongoing)</p> <p>Launch of the Resilience Toolkits as part of the Creative Recovery Programme. (April 20210)</p>
<p>Implications for Health Inequalities</p>	
<p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p>	<p>The Rapid Mental Health Impact Assessment (HIA) has examined the impact of the pandemic on the mental health and wellbeing of the whole of the population. However it has highlighted at risk and vulnerable groups, this evidence will be used to inform the Public Mental Health and Wellbeing action plan. This HIA can be added to as new evidence and data emerges.</p> <p>The real time data on suspected suicides produces demographic information which allows actions to be targeted at vulnerable and at-risk groups, specific geographic locations and communities of interest.</p> <p>The work on the resilience toolkits will look to work with a wide range of groups to ensure that the end product is accessible to all.</p> <p>People with lived experience were invited to be part of the tender process for both listening services and they will continue to work with PH Leads and RCCG Commissioning to monitor these services.</p>

Recommendations	
5.1	To note the updates on suicide prevention and Public Mental Health including Five Ways to Wellbeing.
5.2	For partners of the HWBB to commit to the forthcoming review of the Rotherham Suicide Prevention and Self Harm Action Plan.
5.3	For partners of the HWBB to ensure that their organisation maintains their commitment to the work of the Public Mental Health and COVID 19 Group.