

HEALTH AND WELLBEING BOARD

**Venue: Virtual Meeting via
Microsoft Teams**

Date: Wednesday 10 March 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 (Pages 3 - 18)
8. Special Education Needs and Disabilities Strategy (Pages 19 - 48)
Jenny Lingrell, Joint Assistant Director, Commissioning Performance and Inclusion
9. Developing a Prevention Led System in Rotherham (Pages 49 - 70)
Presentation by Ben Anderson, Director of Public Health
10. Update from the Local Outbreak Engagement Board
Verbal update by Sharon Kemp, Chief Executive
11. Update on Aim 4: All Rotherham People Live in Healthy, Safe and Resilient Communities (Pages 71 - 84)
Presentation by Paul Woodcock, Strategic Director, Regeneration and Environment, and Steve Chapman, Temporary Chief Superintendent and District Commander, South Yorkshire Police

12. Health and Wellbeing Board Priorities and Action Plan (Pages 85 - 106)
Rebecca Woolley, Policy Officer, to present
13. Rotherham's Older People and the impact of COVID-19 (Pages 107 - 135)
Presentation by Lesley Dabell, Barbara Booton and Iain Cloke, Age UK
Rotherham
14. Date and time of Future Meetings
Wednesday, 26th May, 2021

21st July

22nd September

24th November

26th January, 2022

16th March

22nd June

All commencing at 9.00 a.m. venue to be confirmed

HEALTH AND WELLBEING BOARD
13th January, 2021

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
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Suzanne Joyner	Strategic Director, Children and Young People's Services, RMBC
Sharon Kemp	Chief Executive, RMBC
Anne Marie Lubanski	Strategic Director, Adult Care, Housing and Public Health, RMBC
Councillor J. Mallinder	Improving Places Select Commission
Dr. Jason Page	Governance Lead, Rotherham CCG
Kathryn Singh	RDaSH
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Colin Ellis	Occupational Health Advisor
Ruth Fletcher-Brown	Public Health Specialist
Kate Green	Public Health Specialist, RMBC
Scott Matthewman	Interim Assistant Director, for Commissioning

Also Present:-

Gavin Jones	South Yorkshire Fire and Rescue Service
Becky Woolley	Policy Officer, RMBC
Dawn Mitchell	Governance Adviser, RMBC

Apologies for absence was received from Councillor Watson and Paul Woodcock (RMBC).

130. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

131. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the press and public.

132. COMMUNICATIONS

It was noted:-

The Board's response to Community Care Next Steps paper had been submitted in accordance with the 8th January, 2021 deadline. The Chair thanked Board members for providing comments.

Healthy Weight Group – any member who wished to become involved in the Group/Chair the Group should contact Becky Woolley as a matter of urgency.

133. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH NOVEMBER, 2020

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

Resolved:-

(1) That the minutes of the previous meeting held on 11th November, 2020, be approved as a correct record.

(2) That Sharon Kemp follow up Minute No. 124(2) (5 Ways to Wellbeing video).

Action:- Sharon Kemp to follow up

134. UPDATE FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD

Sharon Kemp, Chief Executive RMBC, together with Ben Anderson, Director of Public Health, and Chris Edwards, Chief Operating Officer RCCG, gave the following verbal update on behalf of the Local Engagement Board:-

The country had gone into another national lockdown as from 4th January, 2021. Briefings had taken place across the different partners in terms of the new rules and guidance. In terms of the current restrictions, Legislation had been laid until March with review periods within which allowed different restrictions to be put in place if the Government deemed it.

Rotherham Incident Management - activity continued with the Bronze Group meeting on a daily basis; this Group met with a range of partners looking at key local issues and ensured that actions was taken.

Health Protection Board – Ben Anderson now Chaired the meeting which continued to meet weekly. The Outbreak Engagement Board meeting every 2 weeks.

Testing Facilities - There were still 4 testing facilities in Rotherham – Midland Road, Forge Island, Dinnington and Maltby. There was capacity within the system so no challenges were being seen within those testing centres. A lateral flow testing facility had now opened in Riverside House.

Community Testing - Announcements had been made recently with regard to community testing focussing on those who had to go to work and were asymptomatic. The prospectus from Government had only been received the previous evening so was currently being looked at to ascertain what was being offered to local areas and would be considered at the Local Outbreak Engagement Board.

Epidemiology – As of 6th January, the current data report showed that the case rate was 307.4 per 100,000 down on the previous 2 days i.e. 326 cases as of 4th January.

This level put Rotherham mid-table for Yorkshire and Humber and in the bottom 25% nationally.

With regard to the over 60's, the rate was 250.6 per 100,000, significantly lower than the national average but still a high rate and the age group which put most of the pressure on to the Trust. However, there were very high rates in younger adults. Currently the average age of patients in the Trust was in the high 50 age group rather than the over 60's.

Prevalence of the new variant of Covid in Rotherham – Data received from Public Health England this week showed that at the end of December up to ¼ of Rotherham's cases were of the new variant. It was really important for the Board to be aware that the new variant was in Rotherham but not the most prevalent variety at the moment but, because of the evolution of the disease, it was expected to become predominant over the new few weeks/months with the effects of lockdown reducing the spread. It was likely that the lockdown would reduce the spread of the old variant because of it being less transmissible.

All the health and social care workforce needed to be made aware of existence of the new variant as its high transmissibility rate did mean that any lapse in PPE and good Covid safe practice was more likely to have worse consequences. That also applied to the rest of community in terms of individuals and wider workplaces, education settings etc.

Vaccinations – There were 6 vaccination sites in Rotherham – the Hospital (focussing on health and social care staff) together with 5 primary care GP-based vaccination centres – Bramley, Anston, Wath, St. Ann's and Rawmarsh – which were patient focussed. It was a real success story with general practices in Rotherham having done a fantastic job.

The latest figure was that in South Yorkshire 72,000 people had been vaccinated already.

It was expected that Rotherham and South Yorkshire should be able to meet the Prime Minister's target of all the 4 top groups vaccinated by mid-February.

Resolved:-

That the update be noted.

135. AIM 1: ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR FULL POTENTIAL

Suzanne Joyner, Strategic Director CYPS, and Dr Jason Page, Rotherham CCG, gave the following powerpoint presentation:-

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

Priority 1: Develop our strategy for a positive 1001 days – What's Working Well

There continues to be a focus on delivering against the ambition of plans to transform maternity care

- TRFT continue to work towards achieving the Continuity of Care target of 35% by March 2021 (currently exceeding target – 38% as at December 2020)
- TRFT engaged in all of the Maternity Transformation Plan workstreams
- The prevention maternity workstream was progressing well with smoking in pregnancy, infant feeding and healthy weight taking priority
- An action being was being developed to enhance maternity engagement with BAME and vulnerable groups

Adult Care, Public Health and Housing Directorate will lead the strategic re-commissioning of the 0-19 Service:

- A Project Board has been established
- The Board was recommending that a Cabinet paper be developed with revised timelines and seeking permission to re-tender the Service acknowledging the delays that have been incurred due to the pandemic
- The revised timeline would support wider consultation and collaborative commissioning between Public Health and CYPS
- The re-commissioned Service would be fully aligned with wider children's pathways and would develop pathways with other Public Health commissioned services including Sexual Health and Weight Management

Issues to address

- It had not been possible to realise the full potential of mapping the services and support available across the first 1001 days of a child's life

- Capacity for ongoing engagement from providers and stakeholders was likely to remain challenging as the system responds to the Covid-19 pandemic
- Capacity for commissioning 0-19s and the market for provider response was challenging and may require the consideration of extension to the current contract
- For maternity there was reduced capacity within the SY&B ICS Team to co-ordinate activity across the areas until vacant posts were recruited to

Next Steps

- Refresh the Rotherham Local Maternity Transformation Plan
- Continue engagement with maternity stakeholders particularly in relation to the smoking in pregnancy, infant feeding and healthy weight priority areas of work
- Rotherham to input into the future development of the SY&B Maternity Prevention Work Plan to embed outcomes and emerging themes from consultation
- Formal agreement of 0-19 re-commission plans by RMBC Cabinet
- Implementation of plans to re-commission the 0-19 Service including full stakeholder engagement and exploration of opportunities to align delivery across services to meet the priority needs of Rotherham children and deliver the National Healthy Child Programme
- Linking in with Healthy Weight work taking place within Aim 3

Priority 2: Support positive mental health for all children and young people – What's Working Well

- The implementation of the Mental Health Trailblazer in Schools 'With Me in Mind' was demonstrating positive outcomes
- The second mental health survey ran between 1st-26th October. 4,203 young people participated in the survey. This was a 35% increase from the 2,737 that participated in June 2020. The findings had also been shared with CYPS leadership teams and the Public Mental Health and Wellbeing COVID Group for them to identify any actions to address key areas of concern
- DFE Wellbeing for Education Return programme has been rolled out across schools during the Autumn terms. 141 participants had attended and then cascaded learning onwards in their school
- Rotherham's Neuro-Developmental Pathway had been re-designed to ensure that children were supported regardless of whether they had a formal diagnosis

Issues to address

- Children and young people were reporting that Covid-19 was having an impact on their mental health
- Whilst positive that this was being recognised, there was a need to support the school workforce and wider system to respond to children and young people's needs

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- The results from the October 2020 survey compared to June 2020 showed that:
 - 7% increase in young people feeling anxious
 - 11% increase in young people feeling stressed
 - A decline in young people feeling positive and managing problems well
 - An increase in young people feeling confused, uncertain and sad

Next steps

- Schools will use the findings of the mental health survey to support children and young people across the new term
- Plans may now need to be revised in light of announcements of further school closures
- The importance of supporting staff wellbeing has been highlighted through the DfE Wellbeing for Education Return programme
- An ongoing programme of CPD and opportunities for networking/sharing good practice was being developed
- Rotherham was preparing to bid for any forthcoming opportunities to extend Future in Mind
- The annual Lifestyle Survey would integrate questions from the mental health survey in 2021
- The Covid-19 Mental Health Group and Social, Emotional and Mental Health Strategy Delivery Group would retain oversight of these areas of work

Priority 3: Support children and young people to achieve their full potential – What's Working Well

- As part of the national lockdown, vulnerable groups and children with Education, Health and Care Plans continued to have access to education despite the wider school closures. RMBC and school were prioritising access to education for these groups and other cohorts which could be determined vulnerable
- A well embedded and supported Incident Management structure was in place to support Covid-19 clusters and outbreaks. This was a supportive and multi-agency response which provided additional access to direct support for schools and their students
- The Elective Home Education (EHE) multi-agency governance group had remained a strong mechanism to make sure a strong level of support was available for students/families who had elected to home educate. Work had taken place with Ofsted to look at areas of development across this
- SEND Strategic Board had developed an outcomes framework and performance dashboard to monitor the impact of school closures and intermittent school attendance on children and young people with SEND

Issues to address

- The continued impact of Covid-19 was having on education was clear. The new national lockdown would limit the access to education for only defined groups and the wider holistic support that schools had on the wellbeing of its students would be impacted. Schools would move to supportive working practices but the face-to-face supportive interaction that was offered through school support raised a clear concern
- Increased EHE numbers across the Autumn term sat outside normal trends. The primary reason given from the elective choice to home education (60% of new students) was fears around Covid-19 and contraction of the virus in schools
- The ongoing impact of the pandemic on the wider wellbeing of children and young people was a key concern. With a number of student groups having reoccurring periods of self-isolation, the continuum of support provided by schools was being disrupted. Although schools were adapting to meet the needs of their students, the visibility of vulnerable students remained an area of concern

Next steps

- The prioritisation of EHE in discussions with school leaders, Ofsted and the DFE was an ongoing priority. Outreach work and support to provide families with the full overview of EHE responsibilities and routes of support continued to be enhanced
- Close work with school leaders to look at ways of minimising the impact of Covid-19 on school attendance, wider regular testing and daily testing would be available for secondary schools from January 2021. The prioritising of students that were vulnerable or had a Social Worker had been enhanced as part of the phased start to Spring term in the secondary phase of education

Discussion ensued with the following issues raised/highlighted:-

- Strong engagement with the Office of the Regional School Commissioner
- Recommended work to re-establish the Rotherham Education Strategy Group which was key and would continue to help drive that strong collaboration across the sector
- SEND Sufficiency work continued at a pace
- Was there a better understanding from the results of the Mental Wellbeing survey conducted of any impacts on children or any actions/priorities schools should be taking? This would also be picked up by the Public Mental Health and Health Wellbeing Covid Group

Suzanne and Jason were thanked for their presentation.

Resolved:-

- (1) That the presentation be noted.

(2) That the Strategic Director of Children and Young People's Services ascertain if there was a deeper analysis of the results of the Mental Wellbeing survey available.

Action:- Suzanne Joyner

136. AIM 3: ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

Sharon Kemp, Chief Executive RMBC, gave the following powerpoint presentation:-

Priority 1: Build a social movement to support local people to be more physically active to benefit physical and mental wellbeing – What's Working Well?

The Moving Rotherham Partnership leading and supporting with:

- Launched #MovingRotherham campaign
- Sport England 'Tackling Inequalities Fund' funded 21 projects
- Shaping Places for Healthier Lives – discovery stage project looking at physical activity and green spaces
- Local 'Beat the Street' project commissioned – 'game phase' taking place from 17th March 2021
- Women's Euros taking place 2022 and local 'Legacy Plan' developed

Issues to address

- Not enough people physically active in Rotherham
- Covid-19 having deconditioning effects on older people
- Loss of lean body mass can result in decreased immunity and increased risk of infection
- Main motivation for older people to be active was social contact
- Covid shown we need to think about 'physical activity' differently – building movement into every day life

Next Steps

- Continue to push #MovingRotherham through the Rotherham Activity Partnership
- Develop local MECC physical activity training package to roll out
- Utilise free resources including Moving Professionals and Clinical Champions training where appropriate
- Communication messages linked to 'Be Active' theme as part of 5 Ways to Wellbeing

Priority 2: Ensure support is in place for carers – What's working well

- Monthly partner meetings in place to ensure unpaid carers were supported throughout the pandemic
- 142 unpaid carers had accessed the Carers Grant – C19 Funding Programme delivered by Crossroads Care on behalf of the Council
- Regular update meetings with Carers Forum in place to ensure information reaches unpaid carers in a timely manner
- Work underway with partners to refresh the Rotherham Carers Strategy

- Review of the Carers Centre underway to look at what unpaid carers would need from a future face-to-face offer
- Working with colleagues from around Yorkshire and Humber to share ideas and explore best practice to ensure the future Rotherham unpaid carer offer was of the highest quality

Issues to address

- National lockdown – creating impact on carers with increased anxiety, loneliness and isolation
- Capacity challenges due to increased requirement for organisations to support carers

Next steps

- Carer profile needs to be refreshed in light of Covid-19 as agreed at Health and Wellbeing Board (deadline of 10th March 2021)
- Evaluate carer assessments within Adult Social Care to understand the Covid-19 impact upon unpaid carers (deadline of 10th March 2021)
- Finalise the report on the future of the Carers Centre (deadline of 25th February 2021)
- Carers mapping work to look at a carer journey document that aligned with the refreshed guidance and future strategy (deadline of 29th April)

Priority 3: Develop a whole-system approach to tackling obesity in Rotherham with consideration of the impact of Covid-19

Proposal – ‘Healthy Weight Champions’ and developing local plan

- Council formally adopted Local Authority Declaration on Healthy Weight in January 2020 providing the framework for a local plan
- Develop a local NHS Healthy Weight Declaration and Partner Pledges to sit alongside
- Suggest each partner organisation nominates a ‘Healthy Weight Champion’
- Champions to work with Public Health lead to develop the local plan

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

- Continued participation in the Shaping Places for Healthier Lives. Now at Stage 3, the Discovery Stage, with £20,000 available for research into some of the key challenges and barriers for people actually living healthy lives. Information from that would inform a final bid application which would be up to £300,000 bid for a 3 year period
- Excellent feedback from the recipients of the electronic equipment purchased through the Unpaid Carers Grant. Work was taking place on Phase 2 to make further purchases

Sharon was thanked for her presentation.

Resolved:-

(1) That the presentation be noted.

(2) That Board members notify Kate Green of the organisation Champion by the end of January to work with Public Health lead on healthy weight.

(2) That work continue on developing a partnership Healthy Weight Plan based on the proposal taking into consideration the impact of Covid-19.

Action: All Board members/Kate Green

137. SECTION 75 FRAMEWORK AGREEMENT AND BETTER CARE FUND (BCF) CALL-OFF PARTNERSHIP/WORK ORDER

Scott Matthewman, Interim Assistant Director, for Commissioning, presented a report outlining progress on the development of a new Section 75 Framework Agreement and Better Care Fund (BCF) Call-Off Partnership/Work Order for 2020/21.

It was noted that the Council and CCG had finalised, agreed and signed the Section 75 Framework Agreement and BCF Call-Off Partnership/Work Order, and had been fully agreed by the BCF Executive Group for the current financial year.

There had been some delays nationally with the planning requirements and guidance from the centre due to the current pandemic and there had been no requirement to undertake any quarterly planning returns as normal with BCF. However, there would be a requirement for a year end summary a template for which had been produced by the national team. Once received this would be populated and fed through the governance structure around the BCF Executive Group.

There was continued dialogue with the national team and BCF lead around planning guidance for the next financial year. When known the local planning officer would be informed.

Resolved:-

That the BCF Call-Off Partnership/Work Order for 2020/21, incorporated into the Section 75 Agreement, be noted.

138. REFRESHED HEALTH AND WELLBEING BOARD PRIORITIES AND ACTION PLAN

Further to Minute No. 123 of the meeting held on 11th November, 2020, Becky Woolley, Policy Officer, presented the first update on the Health and Wellbeing Action Plan.

Good progress was being made with the majority of actions on track despite all Covid-19 pressures and none considered to be significantly off track.

A part of the refresh was how partners could understand work inequalities and strengthen the understanding particularly in light of the current pandemic. Work was taking place mapping out all the data available across the partnership and what projects were taking place with the aim of submitting a comprehensive overview which would then inform any gaps.

It was noted that a lot of work had been taking place during the pandemic centred around the Rotherham Community Hub and support that befriending had provided which was being managed through work with the voluntary and community sector.

Work continued between the 2 Rotherham Safeguarding Boards with the Board's Chair leading on some of the work.

Resolved:-

That the report be noted.

139. SUICIDE AND FIVE WAYS TO WELLBEING UPDATE

Further to Minute No. 124 of the meeting held on 11th November, 2020, Ruth Fletcher-Brown, Public Health Specialist, presented an update on suicide prevention and Five Ways to Wellbeing.

Suicide Prevention

- Currently there was little evidence specific to Covid-19 and suicide prevention, the national message was that many of the main priorities for suicide prevention remained the same during the pandemic. However it was thought that certain sub-groups may be more at risk i.e. children and young people, prisoners and people with gambling addictions
- The Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) had jointly produced a briefing for Directors of Public Health on the public mental health and wellbeing issues arising from the Covid-19 outbreak. Preventing mental health problems and promoting mental wellbeing amongst people living and working in Rotherham required a whole system approach
- The Better Mental Health for All Group already existed to address the promotion of mental wellbeing for people living and working in Rotherham as well as oversight of the implementation of the Loneliness Action Plan for the Borough. This Group had formed the Rotherham Public Mental Health and Wellbeing Covid-19 Group and had included other stakeholders where gaps had been identified. Its primary purpose was to develop and implement an action plan addressing the potential mental health impacts of Covid-19 across the lifecycle. It recommended and took collaborative action on local prevention and mental health promotion planning in relation to Covid-19 in the short, medium and long term for people living and working in Rotherham

- For some time Rotherham had looked at suspected suicides in real time to ensure that support could be put in place for those bereaved/affected and to mitigate against further suicides. This was now collated through the ICS Real Time Surveillance Project led by South Yorkshire Police
- The real time data had been used during the pandemic to direct the actions within local plans, to offer support to those bereaved/affected/exposed to suicide and to mitigate against further suicides
- The Suicide Operational Group had updated their action plan in line with emerging risk factors during the pandemic
- Be the One Campaign promoted throughout the pandemic with a focus on women in October/November and the wider population in the leadup to Christmas/New Year. The Campaign was also promoted across the partnership as part of Safeguarding Awareness Week in November 2020
- Zero Tolerance Suicide prevention training promoted across the Council and other partners
- NHSE Suicide Prevention Funding Year 3 had enabled Rotherham to promote the third round of the small grants scheme to community groups who were addressing the underlying causes which could lead to suicide. It was led by Rotherham CCG, with input from Public Health
- The Listening Service for those bereaved/affected by suicide had been promoted throughout the pandemic. The Service and the Suicide Listening Service had been out to tender with the successful provider commencing in January 2021. Both Services were funded until January 2022
- The Care Pathway for Children and Young People Bereaved by Sudden Traumatic Death had been updated with input from practitioners and was now on the Tri-x-system for partners to adopt
- The programme of suicide prevention and self-harm training had been disrupted. Courses were being piloted and, subject to evaluation, a role out of training would be promoted in the Spring
- The Suicide Prevention Top Tips for Primary Care had been amended to include risk factors and groups emerging because of the pandemic

- Meetings had commenced by Survivors of Bereavement by Suicide (SOBS) to advertise for volunteers to be training to run a Rotherham peer support group
- Ongoing training together with ICS colleagues looking at bereavement for children and young people
- Action plans had been looked at in light of Covid-19 and updated

Public Mental Health and Wellbeing including Five Ways to Wellbeing

- Partners of the Public Health and Wellbeing Covid-19 Group had worked on an action plan which was being implemented by partners. It included work on crosscutting themes such as bereavement and loneliness
- A Rapid Mental Health Impact Assessment produced to inform decision makers on how the pandemic might have impacted upon the mental health and wellbeing of local communities
- Public Health England had recommended that local authorities capture the view of children and young people to establish the state of their mental health and wellbeing during the lockdown. Following a review by the Yorkshire and Humberside Regional Public Health Teams of surveys already undertaken, Rotherham Public Health had worked with CYPS to adapt the survey to suit the Borough. This had been administered twice in Rotherham with 4,203 young people completing the second survey. The results were given to individual schools for them to develop their own actions/responses to findings. The SEMH Strategy Group and Public Mental Health and Wellbeing Group were looking at key areas of concern to address
- RCCG's Rotherhive website promoted across all partners and information sent to employers through the Be Well@work project. The project promoted mental health resources to employers
- Joint working with RCCG to look at promoting mental health support to employers
- A variety of workshops for Council employees run by Public Health leads
- RMBC staff wellbeing toolkits shared with other partners
- Five Ways to Wellbeing campaign messages to promote mental wellbeing with staff during the Summer and Autumn months. Also used by the Creative Recovery Programme to promote activities each month

- Multi-agency task and finish group looked at mapping bereavement provision locally and nationally with the information now promoted on Rotherhive

Discussion ensued with the following issues raised/highlighted:-

- The Chair, Ruth and Becky Woolley had been asked to make a presentation at the Westminster Policy Forum later in the month on the work RMBC and its partners were doing with regard to loneliness
- It had been a whole system effort and was a really good example of Place based working
- The Bereavement Service was receiving good reviews
- Gathering evidence from post-traumatic stress from Covid especially for staff who were working on the frontline
- When there was a death by suicide work did take place to ascertain if the pandemic had been a factor and reporting thereon. Good work had been done together with the support of the local coroner

Resolved:-

(1) That the updates on suicide prevention and Public Mental Health including Five Ways to Wellbeing be noted.

(2) That Board members commit to the forthcoming review of the Rotherham Suicide Prevention and Self Harm Action Plan.

(3) That Board members ensure that their respective organisations maintain their commitment to the work of the Public Mental Health and Covid-19 Group.

Action: All Board Members

140. WORKPLACE WELLBEING: BE WELL @ WORK AWARD

Colin Ellis, Occupational Health Advisor, gave the following powerpoint presentation on the Rotherham Workplace Health offer to businesses:-

Our offer of support to you

- Free workplace visit
- Workplace health needs assessment
- Share workplace health information
- Provide training to support the scheme
- Accredit your business with the Be Well@Work award

Be Well@Work Award Overview

- Audit tool to demonstrate best practice in employee health and wellbeing
- Suitable for businesses of all sizes
- Includes mandatory requirements
- Allows progression – bronze, silver and gold
- Allows a business to select from a range of themes

Mandatory Requirements

- Designate a Workplace Co-ordinator
- Undertake the Workplace Health Needs Assessment
- Complete an action plan
- Undertake a number of health campaigns

Level of award

- Bronze, silver and gold
- Compulsory themes of human resources, absence management and health and safety
- Bronze - compulsory plus 3 themes
- Silver – compulsory plus 6 themes
- Gold – compulsory plus 8 themes

Optional Themes

- Consultation and communication
- Training and development
- Mental Health
- Ageing workforce
- Long term conditions/MSK
- Smoking
- Physical activity
- Healthy eating
- Drugs and alcohol

Process to achieve the award

- Undertake the Workplace Health Needs Assessment
- Decide the level of award
- Select the optional themes
- Upload the evidence onto the Create Wheel portal
- The Workplace Health Advisor checks the evidence uploaded
- Interviews with staff
- Site tour
- Post-assessment report
- Award certificate

Discussion ensued with the following issues raised/highlighted:-

- The award enabled employers to start thinking about how they could look after the wellbeing of their staff
- If any of the partners were interested to signing up to the award scheme, they should contact Colin
- The award lasted for 2 years. If an employer achieved Bronze and wanted to move onto Silver, they could be reassessed before the end of the 2 years
- A number of awareness sessions were offered e.g. mental health awareness, sleep awareness, healthy eating and alcohol awareness

- Training of Workplace Wellbeing Champions
- Close working with Barnsley and Doncaster with any good practice shared and networking
- Ability to provide for an individual GP surgery

Colin was thanked for his presentation.

141. FOOD ADVERTISEMENT

Further to Minute No. 127 of the previous meeting, Kate Green, Public Health Specialist, reported that little progress had been made due to lack of capacity within the system.

Resolved:-

That a further report be submitted to a future Board meeting when the current situation eased and capacity was available to look at it at the project in more detail.

Action: Becky Woolley/Kate Green

142. ISSUES FROM THE PLACE BOARD

Sharon Kemp, Chief Executive RMBC, and Chris Edwards, Chief Operating Officer RCCG, provided the following update:-

- The Place Board was currently operating as the Rotherham Gold Command for Health and Social Care
- Once a Government response was received regarding the Integrated Care Paper it would be shared with the Board at the appropriate time

Resolved:-

That the update be noted.

143. DATE AND TIME OF NEXT MEETING

Resolved:-

That a further meeting be held on Wednesday, 10th March, 2021, commencing at 9.00 a.m.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	March 2021
	LEAD OFFICER	Jenny Lingrell
	TITLE:	Joint Assistant Director Commissioning, Performance & Inclusion (RMBC and RCCG)
Background		
1.1	<p>The Special Educational Needs and Disabilities Code of Practice was published in 2014; it sets out the statutory requirements for local authorities to work together with local health partners to identify and meet the needs of children with special educational needs and disabilities.</p> <p>The strategy describes an effective system: <i>‘for children and young people this means that their experiences will be of a system which is less confrontational and more efficient. Their special educational needs and disabilities will be picked up at the earliest point with support routinely put in place quickly, and their parents will know what services they can reasonably expect to be provided. Children and young people and their parents or carers will be fully involved in decisions about their support and what they want to achieve. Importantly, the aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence.’</i></p>	
1.2	<p>The Code of Practice also refers to the expectation that, through the preparation of the Joint Strategic Needs Assessment, the Health and Wellbeing Board will identify the needs of children and young people with SEND.</p>	
1.3	<p>Furthermore, the Code of Practice states that: <i>‘local authorities must place children, young people and families at the centre of their planning, and work with them to develop co-ordinated approaches to securing better outcomes, as should clinical commissioning groups (CCGs). They should develop a shared vision and strategy which focuses on aspirations and outcomes, using information from EHC plans and other planning to anticipate the needs of children and young people with SEN and ensure there are pathways into employment, independent living, participation in society and good health.’</i></p>	
1.4	<p>In order to fulfil these expectations, a SEND Strategy and a Joint Commissioning Strategy have been prepared.</p>	
Key Issues		
2.1	<p>Rotherham has 8885 children identified with SEND; 2333 of whom have an Education, Health and Care Plan; this is a high number in comparison to regional nearest neighbours.</p>	
2.2	<p>The SEND agenda is shared across the local system, with responsibilities held by the local authority, the health system and education providers. SEND is a priority in the Rotherham Place Plan and the Place Board receives regular performance reports and spotlight updates.</p>	

2.3	The SEND Strategy sets out the key outcomes for children and young people (up to the age of 25) and identifies the key priorities and objectives that will deliver these. The strategy identifies how the work will be organised and the oversight and accountability that is in place.
2.4	Rotherham has a long-established process for developing and agreeing strategy in relation to Special Educational Needs and Disabilities which involves co-production with children, young people and their families as well as partnership work with SEND practitioners.
2.5	The previous version of the SEND Strategy was only ever produced in draft form and was criticised for not reflecting the voices of children, young people or families due to a lack of co-production activity.
2.6	In order to provide the strategic direction for the joint SEND Strategy a co-produced 'Voices' day was held in November 2019 where young people, parents, carers and practitioners came together to reflect on Rotherham's journey in relation to inclusion and agree next steps and priorities. This day provided an opportunity to reflect on progress made following the initial 'Voices' day that took place in 2017.
2.7	The 'Voices' Day held in November 2019 agreed a specific set of outcomes for children with SEND in Rotherham. The outcomes were originally formulated by the SEND Strategic Board via an outcomes based accountability process; these were shared with attendees at the 'Voices' day and it was agreed that these outcomes did reflect the priorities of children, young people and their families. Alongside the SEND Strategy a scorecard and strategic action plan have been developed.
Key Actions and Relevant Timelines	
3.1	The draft SEND Strategy and SEND Joint Commissioning Strategy will be published on the SEND Local Offer.
3.2	The SEND Strategic Board will continue to monitor the impact of the Strategy on outcomes for children and young people through monthly meetings and will provide spotlight updates to the Place Board.
Implications for Health Inequalities	
4.1	The SEND Strategy and the SEND Joint Commissioning Strategy have been produced in order to provide the strategic direction that will enable the system to work together to effectively support children and young people with SEND and reduce health inequalities.
Recommendations	
5.1	The Health and Wellbeing Board is asked to approve the SEND Strategy and the SEND Joint Commissioning Strategy.

ROTHERHAM PARTNERSHIP

SPECIAL EDUCATION NEEDS AND DISABILITIES (SEND) STRATEGY



INTRODUCTION

Rotherham is ambitious for all children and young people to achieve their potential and have the best start in life. The Rotherham Partnership Special Education Needs and Disabilities (SEND) Strategy recognises that children and young people have different strengths and needs and that services and provision need to be differentiated so that all children and young people have their needs met and experience success.

This strategy is a partnership strategy because in Rotherham we recognise that for children and young people to achieve their potential then all services need to work together with parents , carers, children and young people being equal partners and their voices heard at all levels when planning and developing a SEND Strategy. The SEND Strategy is overseen by the Place Board in recognition that SEND is an area of responsibility for all partners in Rotherham.

In Rotherham we have developed Four Cornerstones which we believe are essential for ensuring that good practice in working with children, young people, parents and carers is achieved these are:



We recognise that when these values are integrated into practice then trust is developed and progress in achieving outcomes for children and young people is made; without trust systems, partnerships, organisations and families cannot working together effectively and meaningful partnership work cannot be achieved. This strategy was developed following a series of Voices Events including focus groups, workshops and events held throughout October and November 2019.

OUR VISION AND OUTCOMES

In Rotherham our strategic leaders for integrated place-based priorities share the vision that services and organisations should support people and families to live independently in the community, with prevention and self-management at the heart of our delivery. Our SEND Strategy therefore starts with a conversation with our population, parents, carers, children and young people about how best we can support them to achieve this.

On 13th October 2017 Rotherham held its first VOICES event. Young people, parent carers, leaders and front-line practitioners from health, education and care services including the private and voluntary sector, schools and settings, came together. The event provided an opportunity to identify areas of strength when it comes to experience of SEND and co-production, as well as suggestions for further development, were highlighted.

Over the next two years partners continued to work together to create a Rotherham VOICES Action Plan: Co-production is Everyone's Business. The aim of the action plan was to embed a culture in Rotherham in which front-line practitioners, administrative and support staff, organisational and strategic leaders, and commissioners, work together to ensure that children and young people, parent carers and families are equal partners in decision-making that affects their lives at all levels (individual, organisational and strategic).

Two commitments were made:

Make our relationships stronger

Make communication more honest, open and accessible

Three priority areas were identified:

Believe

Get Me Help Quicker

Make Transitions to Adulthood Better and Plan Them With Me

These priorities were revisited at the workshops, focus groups and at the Voices Day that took place throughout October and November 2020. This strategy reflects the feedback that was captured. These priorities are recognised as informing a number of strategic projects within Children and Young People's Services and Partnerships with a number of organisations and partnership delivery groups responsible for ensuring that these priorities are delivered.



AREAS FOR DEVELOPMENT: VOICES PRIORITIES

Areas for Development: Voices Priorities	Strategic Oversight	Responsible Individual
<p>Listening, involving and believing children, young people, their carers and their families</p>	<p>Workforce development Programme linked to SEMH Strategy.</p> <p>SEMH Strategy reporting to SEMH Strategic Implementation Board</p> <p>SEND Strategy reporting to SEND Board</p> <p>Integrated Care Partnership Workforce Enabler Group</p>	<p>Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
<p>Resources to sustain and develop the voice of young people in the way they would like it to happen</p>	<p>Strategic audit of children and young people's voices (to include LAC Council, Different but Equal Board; EHCP Audit findings; SENDIASS Annual report; POET survey) reporting to SEND Board to identify where children's voices are evident within their planning and where they are absent and identify next steps and resources.</p> <p>Further joint work to identify how arrangements can be aligned between Place Board partners.</p> <p>SEND Strategy reporting to SEND Board</p>	<p>Sue Wilson Head of Performance at RMBC</p> <p>Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>

Areas for Development: Voices Priorities	Strategic Oversight	Responsible Individual
Working in a person/ family-centred way	Workforce Development Programme SEMH Strategy reporting to SEMH Strategic Implementation Board. SEND Strategy reporting to SEND Board Integrated Care Partnership Workforce Enabler Group	Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)
Workforce development to aid better understanding of experience and to promote better responses	Workforce Development Programme SEMH Strategy reporting to SEMH Strategic Implementation Board SEN Strategy reporting to SEND Board Integrated Care Partnership Workforce Enabler Group	Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)
Communication	Integrated Care Partnership Communication and Engagement Group Local Offer Steering Group reporting to SEND Strategic Board.	RMBC/RCCG Communications Team.
Clearer pathways and thresholds – better joined up thinking	Review of service descriptions and content of Local Offer Local Offer Steering Group. SEND Strategy reporting to SEND Board	Mary Jarrett Head of Inclusion RMBC.
Developing the offer from mainstream schools	Workforce Development Programme SEMH Strategy reporting to SEMH Strategic Implementation Board SEND Strategy reporting to SEND Board	Assistant Director Education RMBC

Areas for Development: Voices Priorities	Strategic Oversight	Responsible Individual
<p>Reducing waiting times for neuro-developmental diagnosis (Neuro-developmental pathway re-design)</p>	<p>SEMH Strategy Delivery Group reporting to Place Board Autism Strategy</p>	<p>Christina Harrison RDASH/Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG) Garry Parvin Joint Commissioner RMBC/RCCG.</p>
<p>Understanding of, and response to, SEMH/ anxiety/autism (Neuro-developmental pathway re-design)</p>	<p>SEMH Strategy Delivery Group reporting to Place Board</p>	<p>Christina Harrison RDASH/Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
<p>Increasing support to enable independence, including in paid employment</p>	<p>Preparation for Adulthood Board</p>	<p>Ian Spicer Assistant Director Adult Services. RMBC</p>

We will measure how successful we are in making progress against these priorities by using series of outcome measures which reflect the need to measure the impact of strategic work on the lives of individual children, young people and their families.

Rotherham has developed four strategic outcomes which will form the basis of planning and measuring the successes for children and young people with SEND and ensuring that the priorities in this strategy are recognised and met.

Each outcome has a series of indicators and performance measures which will ensure that they create a meaningful understanding of the experiences and successes of children and young people with SEND in Rotherham and that the partnership is held accountable for the success of achieving these outcomes and begins to understand where progress is not being made and why, or where success is being achieved and should be shared and celebrated.

The Four Outcomes are as follows:

WELLBEING Outcome: All children and young people in Rotherham with SEND to enjoy good physical and mental health

Preparation for Adulthood Outcome: All young people in Rotherham with SEND are well prepared and supported to exercise choice and control that enable them to enjoy fulfilling lives

CYP and Parents Voice Outcome: All Children and Young People in Rotherham with SEND and their families have their voices heard and this makes a difference to their experiences and outcomes

Whole Child Progress: Promises and Commitment (Attainment) Outcome: All children and young people in Rotherham with SEND have positive opportunities to make progress in a person-centred way

Accountability and Measuring Success:

For each of the four outcomes a score card has been developed which will report to the SEND Strategic Board. A refined set of headline measures will be reported quarterly to the Place Board, who also receive a detailed spotlight update three times a year. These performance measures will encourage accountability across systems and organisations and increase operational accountability for achieving these outcomes.

The oversight for the Rotherham SEND Strategy is the responsibility of the SEND Strategic Board who meet bi-monthly. The SEND Strategic Board reports to the Rotherham Place Board.

This Strategy will be reviewed annually to ensure accountability for progress and outcomes for children, young people and their families.





ROTHERHAM INTEGRATED CARE PARTNERS

Connect Healthcare Rotherham CIC
NHS Rotherham Clinical Commissioning Group
Rotherham Doncaster and South Humber NHS Foundation Trust
Rotherham Metropolitan Borough Council
The Rotherham NHS Foundation Trust
Voluntary Action Rotherham

ROTHERHAM SEND JOINT COMMISSIONING STRATEGY 2020-2022



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INTRODUCTION

Rotherham is ambitious for all children and young people to achieve their potential and have the best start in life. The Joint Commissioning Strategy for Children and Young People with Special Educational Needs and Disabilities underpins the overarching SEND Strategy. It recognises that children and young people have different strengths and needs, and that services and provision need to be differentiated so that all children and young people have their needs met and experience success. The SEND Strategy is overseen by the Place Board in recognition that SEND is an area of responsibility for all partners in Rotherham.

Joint commissioning is a continuous improvement cycle and as stated in the Code of Practice for SEND (2014), over time, partners may shift the focus of their activity as the needs of the local population change and delivery of services improves. This strategy builds upon its predecessor, the Rotherham Joint Commissioning Strategy for SEND 2015-18.

The Strategy will be monitored and reviewed by the Rotherham SEND Strategic Board, which reports on a regular basis to the Children and Young People's Transformation and Partnership Board and to the Rotherham Place Board. The governance structure is outlined at **Appendix A**.



2

COMMISSIONING RESPONSIBILITIES AND APPROACHES

Joint commissioning is the process of meeting needs and improving outcomes through joint planning, agreeing and monitoring services across agencies.

Figure 1.1: The Joint Commissioning Cycle



The Children and Families Act (2014) and Code of Practice for SEN (2014) places explicit duties on local authorities and Clinical Commissioning Groups (CCGs) for developing joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities. The duty includes the joint arrangements for commissioning services to improve outcomes for 0 to 25-year-old children and young people with SEND, including those with Education Health and Care (EHC) plans.

The duties for joint commissioning of SEND services extend to a range of partners, including: the Local Authority, Clinical Commissioning Groups, NHS England, Health and Wellbeing Board, Healthwatch and education providers. Further details of commissioning responsibilities for agencies are set out in **Appendix B**.

2

Figure 1.2: Commissioning Accountabilities



3

UNDERPINNING PRINCIPLES OF COMMISSIONING SEND SERVICES

In Rotherham we have developed Four Cornerstones which we believe are essential for ensuring that good practice in working with children, young people, parents and carers is achieved. These are:



The Four Cornerstones should be embedded within our joint commissioning arrangements to ensure that, in every part of our delivery, these values are integrated into practice. This will enable trust to develop and progress to be made in achieving outcomes for children and young people.

The Rotherham Place Plan 2020-2022 sets out the shared principles across the Integrated Care Partnership. These are:

- Focus on people and places rather than organisations, pulling pathways together and integrating them around people's homes and localities; we will adopt a way of working which promotes continuous engagement with and involvement of local people to inform this.
- Actively encourage prevention, self-management and early intervention to promote independence and support recovery and be fair to ensure that all the people of Rotherham can have timely access to the support they require to retain independence.
- Design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better.
- Be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in the most cost-effective way.

- Strive for the best quality services based on the outcomes we want within the resource available.
- Be financially sustainable and this must be secured through our plans and pathway reform.
- Align relevant health and social care budgets together so we can buy health, care and support services once for a place in a joined-up way.

The priorities outlined in Section 8 of the SEND Joint Commissioning Strategy are underpinned by the four cornerstones, the Integrated Care System principles and the duties for joint commissioning, including the requirements to:

- Be informed by a clear assessment of local needs;
- Enable partners to make best use of all the resources available in an area to improve outcomes for children and young people in the most efficient, effective, equitable and sustainable way;
- Cover the services for 0-25 year old children and young people with SEN or disabilities, with and without EHC plans;
- Include arrangements for: securing EHC needs assessments, securing the education, health and care provision specified in EHC plans, and agreeing Personal Budgets;
- Engage children and young people with SEN and disabilities and children's parents in commissioning process and decisions, including the review of processes to enable improvements to be made to services;
- Use the Joint Strategic Needs Assessment (JSNA) to inform the joint commissioning priorities made for children and young people with SEN and disabilities, which will in turn be reflected in the services set out in the Local Offer;
- Put local governance arrangements in place to ensure clear accountability for commissioning services for children and young people with SEN and disabilities from birth to the age of 25;
- Be based on evidence about which services, support and interventions are effective;
- Agree how they will work together to monitor how outcomes in education, health and care are being improved as a result of the provision commissioned.

4

OUTCOMES

We will measure how successful we are in making progress against our commissioning priorities by using series of outcome measures which reflect the need to measure the impact of strategic work on the lives of individual children, young people and their families.

Rotherham has developed four strategic outcomes which will form the basis of planning and measuring the successes for children and young people with SEND.

Each outcome has a series of indicators and performance measures which will ensure that they create a meaningful understanding of the experiences and successes of children and young people with SEND in Rotherham and that the partnership is held accountable for the success of achieving these outcomes and begins to understand where progress is not being made and why, or where success is being achieved and should be shared and celebrated.

The Four Outcomes are as follows:

WELLBEING Outcome: All children and young people in Rotherham with SEND to enjoy good physical and mental health

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CYP and Parents Voice Outcome: All Children and Young People in Rotherham with SEND and their families have their voices heard and this makes a difference to their experiences and outcomes

Whole Child Progress: Promises and Commitment (Attainment) Outcome: All children and young people in Rotherham with SEND have positive opportunities to make progress in a person-centred way

There is now a requirement to ensure that our local commissioning arrangements are linked to these outcomes and key performance indicators are captured to evidence impact.

5

LOCAL NEEDS

In Rotherham there are 56,900 children aged under-18, which represents 21.6% of the local population (ONS, 2017). Further local and national demographic information tells us that:

21.8% of children live in low income families (HMRC, 2016) (England 17%)

FSM entitlement rate is above national ave. (14.8% compared to 13.7% at Primary, 14.4% compared to 12.4% at Secondary)

17.8% of Rotherham's school age population is from BME background (England 32.2%) (DfE 2018)

Over the last ten years there has been a significant increase in the Eastern European Roma population (from Slovakia and Czech Republic since 2004 and Romania since 2014), concentrated in a few central neighbourhoods

Disability Living Allowance (DLA) is claimed for 5.3% of children aged under 16 years in the local authority area compared with 3.8% in England as a whole. Learning Difficulties affect 55% of DLA claimants under 16 years in Rotherham. (DWP 2018).

The Rotherham school census data from January 2019 identifies that:

There are 45,209 children and young people attending Rotherham's schools

7796 children in the Census are identified as having a Special Educational Need (17.2%) compared to the latest national average of 14.6%

1506 children (3.3%) in the Census have needs met with support of an Education Health and Care Plan being in place compared to the latest national average of 2.9%

Local data shows that at the end of April 2019 - 2160 CYP aged 0-25yr old have an Education Health and Care Plan in place. This number equates to 4.8% of our School population but if compared to the 2018 latest Rotherham ONS 0-25yr population projections this equates to 2.7%

6290 children (13.9%) have needs met by a graduated response (Sen Support level) compared to the national average of 11.7%



The main Primary Needs coming through from Schools via Census data on all Rotherham SEND Children are recorded as:- Specific Learning Difficulty (22%) , Speech, Language and Communication Needs (16.8%) and Social Emotional Mental Health (15.9%) needs.

When focussing on CYP who are in Rotherham Schools whom have a EHCP in place – the information from the Census shows that the main primary needs for these CYP are around Autistic Spectrum Disorder (29.3%), Moderate Learning Difficulties (15.7%), Social Emotional Mental Health needs (14.6%) and Speech, Language and Communication Needs (10.8%).

There are more Children and Young People in Rotherham who have an EHCP in place that won't be included in the Census dataset, as they may not be of statutory school age or they access a provision out of area:

Local Data shows that at the end of January 2020, 2240 children and young people aged 0-25yr old had an Education Health and Care Plan in place. This number equates to 4.9% of our School population – however when compared to the latest Rotherham ONS 0-25yr population projections this equates to 2.8%.

235 children and young people (10.5%) from the overall 2240 on Plans access on out of authority provision, 89.5% of CYP access a provision in Rotherham.

Data shows that between January 2015 and the end of January 2020 we have had 1179 more CYP with EHCP's, which equates to a 111% increase over this 5 years period.

The latest dataset around SEND shows the rising trend in the number of CYP who have EHCP's in place and fewer CYP having needs met through SEN support.



Local data shows the main presenting areas for needs for CYP who have a EHCP are Autism Spectrum Disorder, (31%) Social, Emotional & Mental Health needs (21.4%), Moderate Learning Difficulty, (20%), Speech, Language and Communication Needs (8.9%)

There is now a requirement to ensure that our local commissioning arrangements are linked to these outcomes and key performance indicators are captured to evidence impact.

6

WHAT FAMILIES TELL US

In November 2019, the VOICES Next Steps event brought together young people, parents/carers and a wide range of stakeholders to consider the priority areas to be taken forward for a refreshed Rotherham SEND Strategy. The key priority messages from the event were as follows:

Believe

- Workforce development on how to understand, work with and involve young people with SEND
- Involvement of partners in the Believe movement

Get me help quicker

- Workforce development that focusses on being welcoming, inclusive, an empowering and holistic approach, person-centred reviews and practice and pathways and referral processes

Improved communication

- Reduce waiting times (Health and Social Care)
- Closer working with mainstream schools
- Enhance early identification, including more focus on the two-year assessment and longer Child Development Centre support
- More timely Social Care and Health input into EHCPs
- Increase respite opportunities, including those for siblings
- Review SEND funding for services
- Review traded services offer
- Make transitions to adulthood better
- Create a person-centred lifelong service with clear pathways
- Improve communication
- Increase support to enable independence including in paid employment.

7

KEY ACHIEVEMENTS

Much has been achieved over the lifetime of the SEND reforms in Rotherham. Some Of our key achievements to date are:

The relationship between Rotherham MBC and Rotherham CCG is strongly developed and this has enhanced the ability to work collaboratively on joint commissioning activity at individual, operational and strategic level to ensure high quality provision to meet the needs of children and young people with SEND

A well-established Children and Young People's SEND Strategic Board, which is overseeing the development of SEND provision and joint commissioning work in Rotherham

Rotherham MBC and Rotherham CCG commissioners have strong links with the Rotherham Parent Carer Forum, with parent/carer representation on key strategic groups and on-going consultation and co-production exercises

There are a number of jointly commissioned packages of individual support for children and young people with complex, which are now reviewed regularly by the newly established Joint Resourcing Panel.

There is an established Joint Commissioning Operational Continuing Health Care Panel.

Alongside any individual packages of support, Rotherham MBC and Rotherham CCG currently jointly commission Child and Adolescent Mental Health (CaMHS) in Rotherham through a Section 75 pooled budget agreement.

There are jointly funded posts between Rotherham MBC and Rotherham CCG

An All-Age Autism Strategy and implementation plan has been co-produced with all stakeholders and there is a commitment to create an All Age Neurological Pathway

In 2019/20 Rotherham Clinical Commissioning Group invested £390k to support additional services for children and young people with Special Educational Needs and Disabilities. This has included investment to create a co-produced Sensory Model, additional Speech and Language Capacity and additional training capacity.

The SEND Education Sufficiency Strategy will create 111 new school places to support children and young people with Education, Health and Care Plans. Health provision will be aligned to support new education provision.

8

JOINT COMMISSIONING PRIORITIES FOR ROTHERHAM 2020-2023

Areas for Development: Voices Priorities	Joint Commissioning Opportunities	Responsible Individual
Listening, involving and believing children, young people, their carers and their families	<p>Embed the Four Cornerstones into service specifications as they are refreshed</p> <p>Embed SEND Strategic Outcomes into commissioning arrangements</p>	<p>Paull Theaker RCCG Commissioning Manager</p> <p>Sean Hill RMBC Commissioning Manager</p>
Resources to sustain and develop the voice of young people in the way they would like it to happen	<p>Review existing arrangements to capture the voice of children, young people and families and explore Joint Commissioning Arrangements for:</p> <p>Parent Carer Forum</p> <p>SENDIASS</p>	<p>Sue Wilson Head of Performance at RMBC</p> <p>Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
Workforce development to aid better understanding of experience and to promote better responses	<p>Undertake a joint review of workforce development offer for children, young people and families with SEND</p> <p>Devise a consolidated offer with a single point of access</p> <p>Embed Four Cornerstones and SEND Workforce Development Offer into Place Workforce Enabler Group</p>	<p>Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>

Areas for Development: Voices Priorities	Joint Commissioning Opportunities	Responsible Individual
	<p>Joint work between Rotherham CCG, The Rotherham Foundation Trust and Special Schools to develop Core Competencies Framework and Documented Roles and Responsibilities</p> <p>Roll-out the Health Offer approach across all community health services, so as to provide clarity to schools and wider partners as to health roles and responsibilities</p>	<p>Paul Theaker RCCG Commissioning Manager</p> <p>Vicky Whitfield Designated Clinical Officer</p>
<p>Clearer pathways and thresholds – better joined up thinking</p>	<p>Develop joint commissioning arrangements for Home Care arrangements</p> <p>Re-commission short-breaks, identifying opportunities for alignment between the Local Authority and Rotherham CCG.</p> <p>Review Joint Equipment Panel</p>	<p>Sean Hill RMBC Commissioning Manager</p> <p>Jane Newton Head of Continuing Health Care To be confirmed</p>
<p>Developing the offer from mainstream schools</p>	<p>Develop clear joint pathways of support for children and young people who are accessing specialist school places (SEND Education Sufficiency Strategy)</p> <p>Develop an SEN Support Toolkit</p> <p>Review Inclusion Services that are traded by the Local Authority</p> <p>Review the offer of speech and language to ensure that it is targeted appropriately at need</p>	

Areas for Development: Voices Priorities	Joint Commissioning Opportunities	Responsible Individual
<p>Reducing waiting times for neuro-developmental diagnosis (Neuro-developmental pathway re-design)</p>	<p>Develop a joint commissioning plan for 2020/21 to reduce the waiting time for neuro-developmental diagnostic pathway</p> <p>Develop a joint commissioning plan for 2021/22 to sustain the reduction in waiting time for neuro-developmental diagnostic pathway</p>	<p>Christina Harrison RDASH/Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
<p>Understanding of, and response to, SEMH/ anxiety/autism</p>	<p>Joint commission a Therapeutic Review and identify opportunities to align pathways</p> <p>Reflect findings of Therapeutic Review in refreshed arrangements for CAMHS Section 75 agreement</p> <p>Develop a Learning and Evaluation approach to the Mental Health Trailblazer and ensure that findings are embedded into joint commissioning arrangements to support children and young people to be emotionally resilient and have good mental health</p> <p>Review joint commissioning arrangements for all residential care packages with a focus on quality assurance and clear funding arrangements</p>	<p>Christina Harrison RDASH/Jenny Lingrell Joint Assistant Director Commissioning, Performance and Inclusion (RMBC/RCCG)</p>
<p>Increasing support to enable independence, including in paid employment</p>	<p>Develop pathways to support the transition for children and young people with long-term conditions</p>	<p>Ian Spicer Assistant Director Adult Services. RMBC</p>

APPENDIX A

RMBC/CCG GOVERNANCE STRUCTURE

The diagram below shows the governance structure for the joint commissioning process. The SEND Strategic Board is the forum where joint commissioning priorities are discussed, agreed and monitored, with periodic updates given as part of wider SEND update reports at the oversight groups outlined below.



APPENDIX B

COMMISSIONING ROLES AND RESPONSIBILITIES (CODE OF PRACTICE FOR SEN, 2014)

The roles and responsibilities of bodies involved in joint commissioning arrangements are summarised below:

Agency	Key responsibilities for SEND	Accountability
Local authority	Leading integration arrangements for Children and Young People with SEN or disabilities	Lead Member for Children's Services and Director for Children's Services (DCS)
Children's and adult social care	Children's and adult social care services must co-operate with those leading the integration arrangements for children and young people with SEN or disabilities to ensure the delivery of care and support is effectively integrated in the new SEN system	Lead Member for Children and Adult Social Care, and Director for Children's Services (DCS), Director for Adult Social Services (DASS)
Health and Wellbeing Board	The Health and Wellbeing Board must ensure a joint strategic needs assessment (JSNA) of the current and future needs of the whole local population is developed. The JSNA will form the basis of NHS and local authorities' own commissioning plans, across health, social care, public health	Membership of the Health and Wellbeing Board must include at least one local elected councillor, as well as a representative of the local Healthwatch organisation. It must also include the local DCS, DASS, and a senior CCG

Agency	Key responsibilities for SEND	Accountability
Clinical Commissioning Group	To co-operate with the local authority in jointly commissioning services, ensuring there is sufficient capacity contracted to deliver necessary services, drawing the attention of the local authority to groups and individual children and young people with SEN or disabilities, supporting diagnosis and assessment, and delivering interventions and review.	<p>CCGs will be held to account by NHS England.</p> <p>CCGs are also subject to local accountability, for example, to the Health and Wellbeing Board for how well they contribute to delivering the local Health and Wellbeing Strategy.</p> <p>Each CCG has a governing body and an Accountable Officer who are responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically and to improve the quality of services and the health of the local population whilst maintaining value for money</p>
NHS England	NHS England commissions specialist services which need to be reflected in local joint commissioning arrangements (for example augmentative and alternative communication systems, or provision for detained children and young people in relevant youth accommodation)	Secretary of State for Health
Healthwatch	Local Healthwatch organisations are a key mechanism for enabling people to share their views and concerns – to ensure that commissioners have a clear	Local Healthwatch organisations represent the voice of people who use health and social care services and are represented in the planning and delivery of local services. This can include supporting children and young people with SEN or disabilities. They are independent, but funded by local authorities.

Agency	Key responsibilities for SEND	Accountability
<p>Maintained nurseries and schools (including academies)</p>	<p>Mainstream schools have duties to use best endeavours to make the provision required to meet the SEN of children and young people. All schools must publish details of what SEN provision is available through the information report and co-operate with the local authority in drawing up and reviewing the Local Offer</p> <p>Schools also have duties to make reasonable adjustments for disabled children and young people, to support medical conditions and to inform parents and young people if SEN provision is made for them</p>	<p>Accountability is through Ofsted and the annual report that schools have to provide to parents on their children's progress</p>
<p>Colleges</p>	<p>Mainstream colleges have duties to use best endeavours to make the provision required to meet the SEN of children and young people. Mainstream and special colleges must also co-operate with the local authority in drawing up and reviewing the Local Offer</p>	<p>Accountable through Ofsted and performance tables such as destination and progress measures</p>

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NHS Rotherham Clinical Commissioning Group
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Rotherham Metropolitan Borough Council
The Rotherham NHS Foundation Trust
Voluntary Action Rotherham

Introduction to Prevention Led Systems – Rotherham HWB

10th March 2021

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Rotherham
Metropolitan
Borough Council 

Prevention Led Systems Model

- Why Prevention?
- Prevention and Health Inequalities?
- A 'Whole System' approach to prevention



Why Prevention?

The prevention potential:

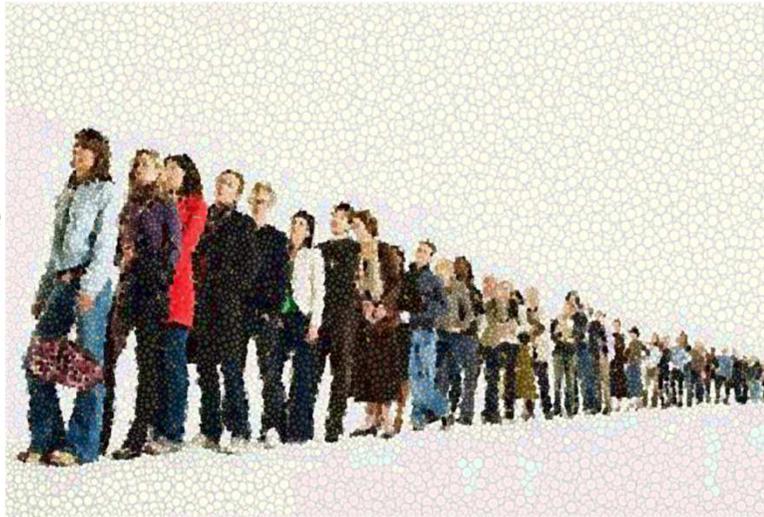
- 95% of liver disease is attributable to 3 preventable causes – alcohol, obesity and viral hepatitis
- 90% of 1st heart attacks related to 1 of 9 modifiable factors
- 80% of diabetes spend is treating avoidable illness and complications
- Two thirds of premature deaths could be avoided through improved prevention, early detection and better treatment
- 42% of cancers in the UK are preventable
- 17% of deaths in adults over 35 are attributable to smoking

Why Prevention?

Twin Paradigms for Sustainable Care Systems

Managing Demand

- Increasing supply
- Waiting targets
- Service flow and efficiency
- Improving discharge
- Changing skill mix
- New models of care



Preventing Demand

- Improving lifestyles and tackling the wider determinants of health
- Prevention services
 - Health checks
 - Screening and Immunisation
 - DPP
- Tackling variat

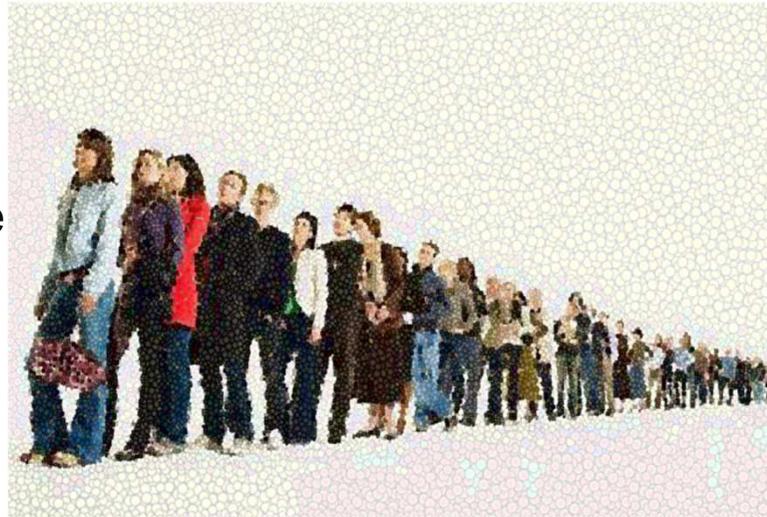
It's not “either... or...”

But “both...and...”

Why Prevention?

Managing Demand

- Increasing supply
- Waiting targets
- Service flow and efficiency
- Improving discharge
- Changing skill mix
- New models of care



**Drives expectation,
increases throughput,
creates demand and cost**

Preventing Demand

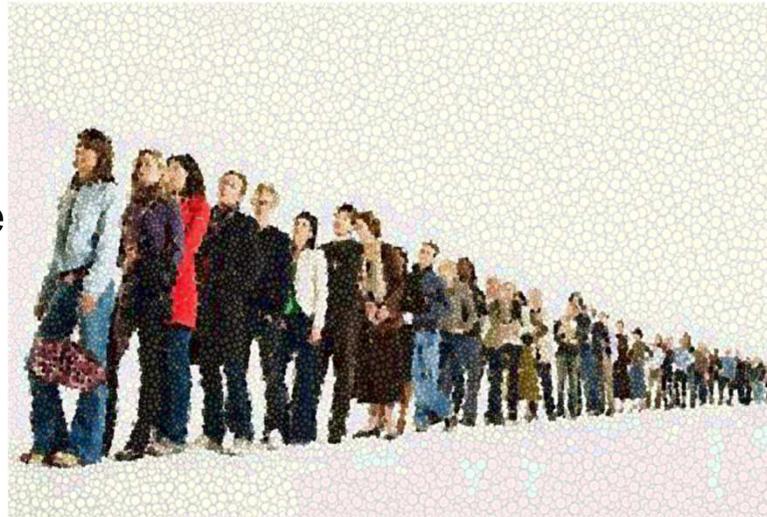
- Improving lifestyles and tackling the wider determinants of health
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**Supports empowerment,
reduces throughput,
stems demand and costs**

Why Prevention?

Managing Demand

- Increasing supply
- Waiting targets
- Service flow and efficiency
- Improving discharge
- Changing skill mix
- New models of care



Preventing Demand

- Improving lifestyles and tackling the wider determinants of health
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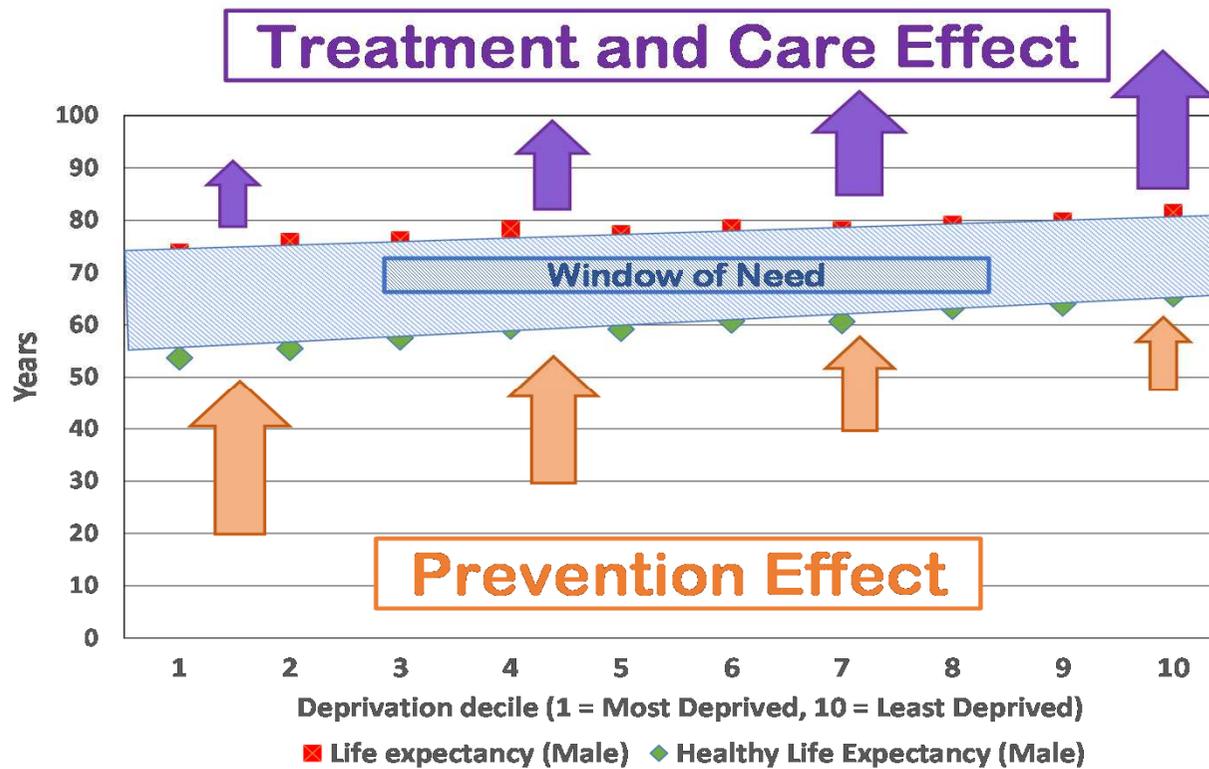
Extends Life Expectancy and prolongs health and care service need

Extends Healthy Life Expectancy, reduces inequalities delays health and care service need

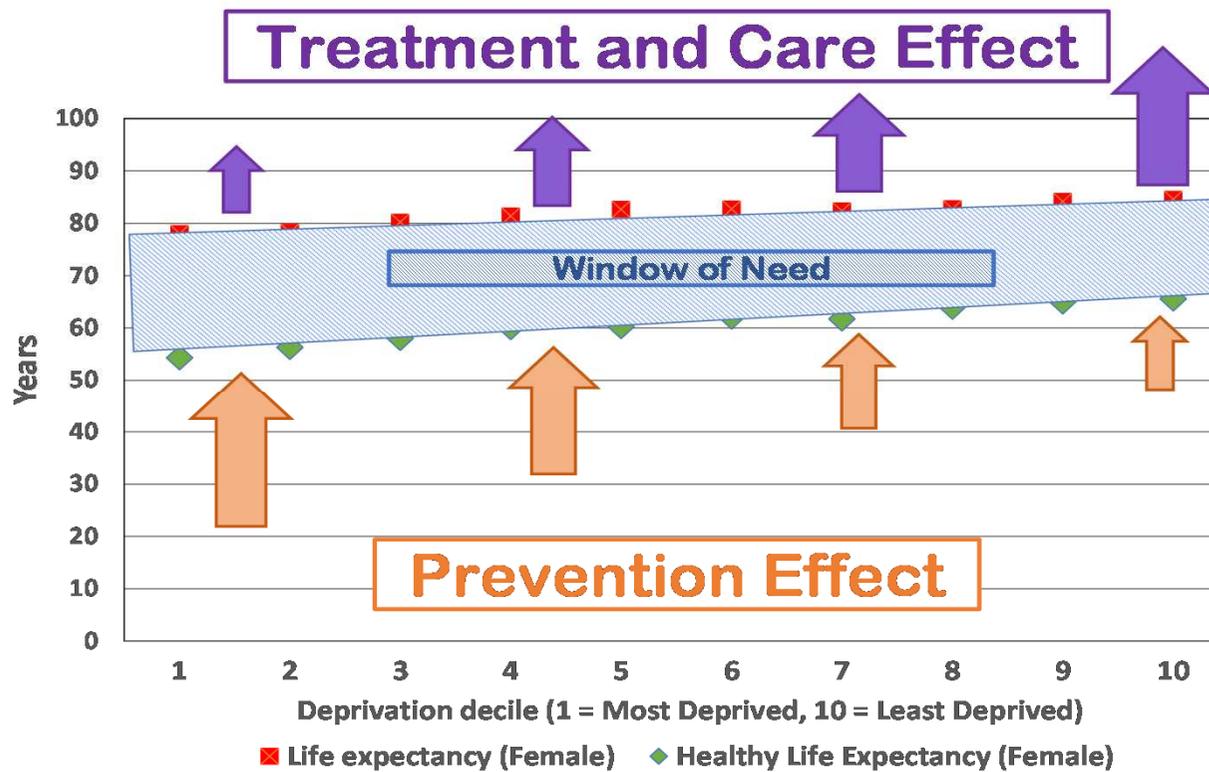
Prevention and Health Inequalities



Demonstrating the gaps – Rotherham Males

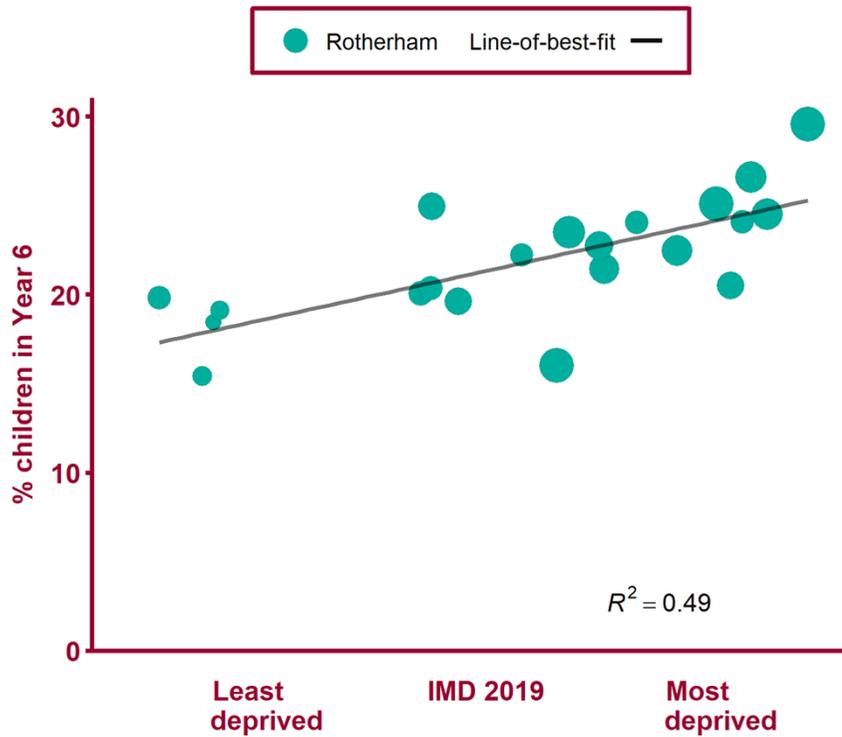


Demonstrating the gaps – Rotherham Females

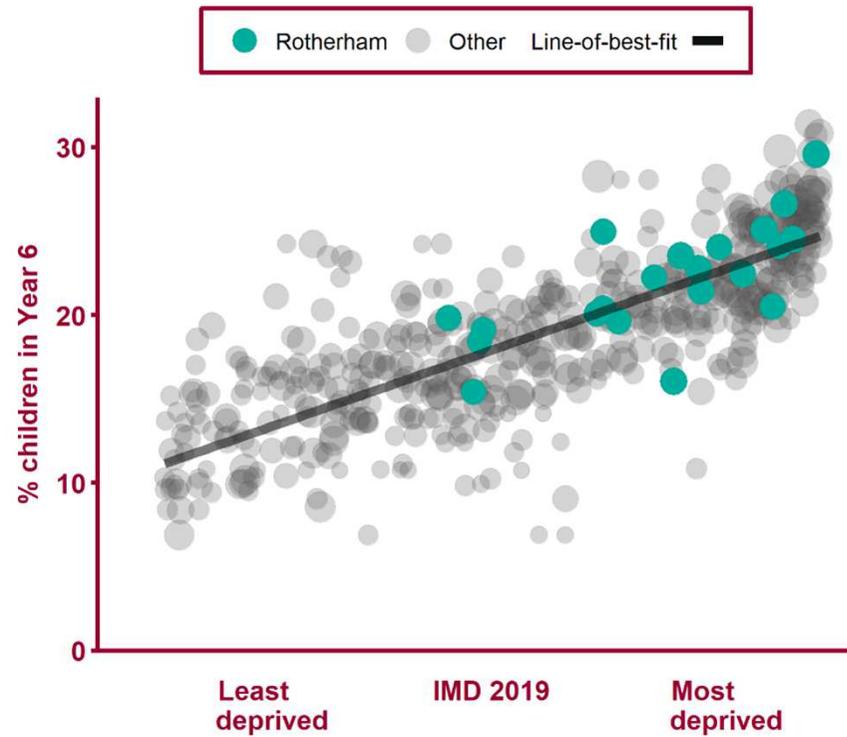


Obese children, Year 6 (2015/16 - 2017/18)

Wards within Rotherham

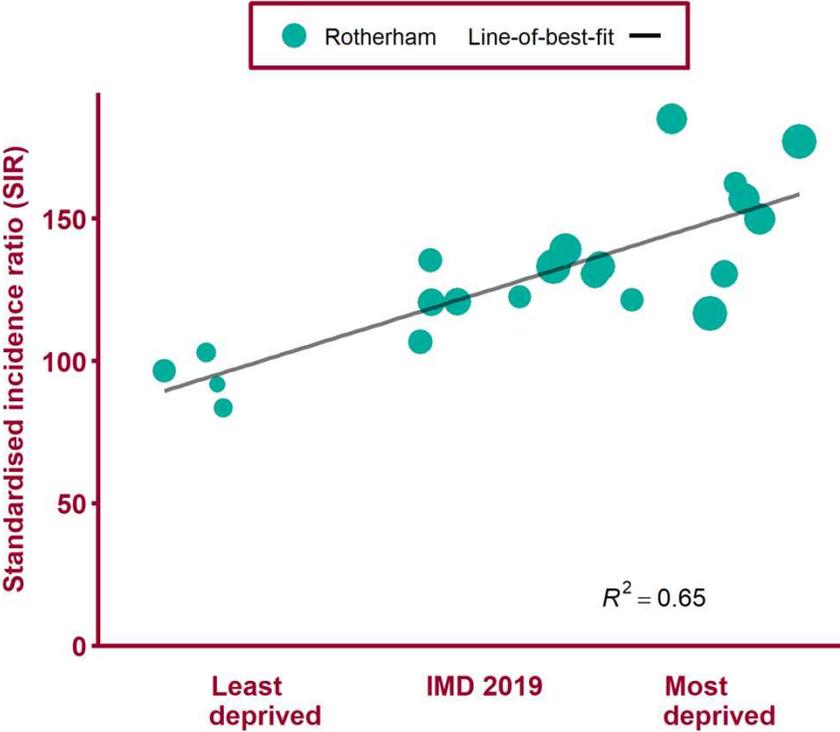


Wards within Yorkshire and The Humber

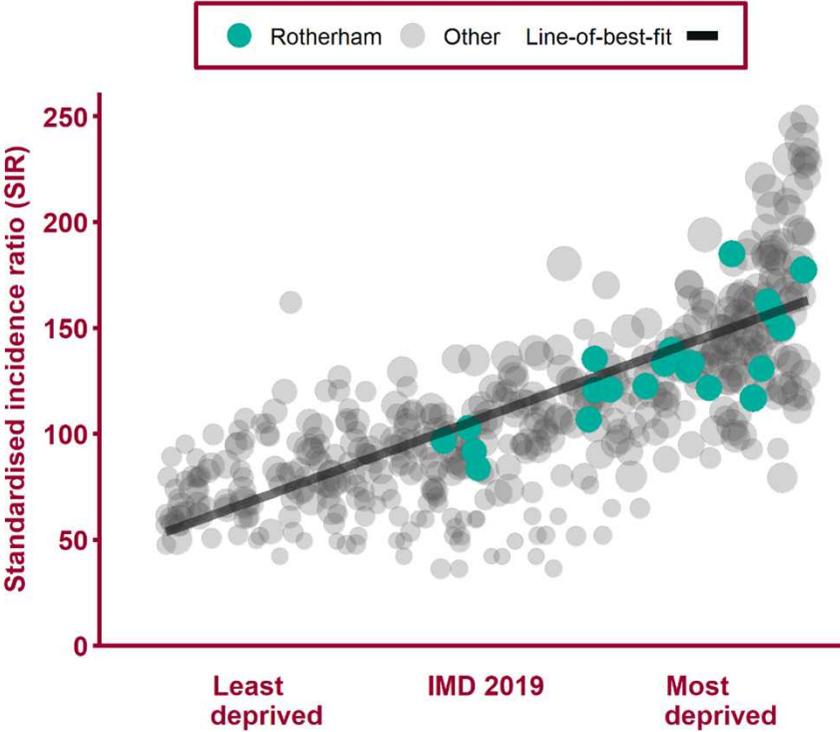


Incidence of lung cancer (2012 - 16)

Wards within Rotherham

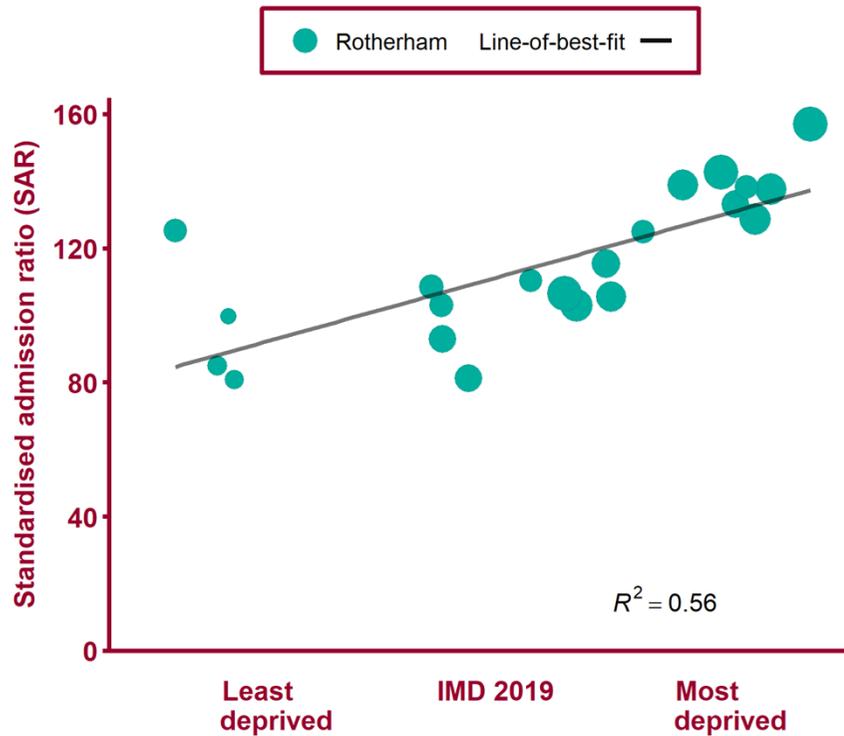


Wards within Yorkshire and The Humber

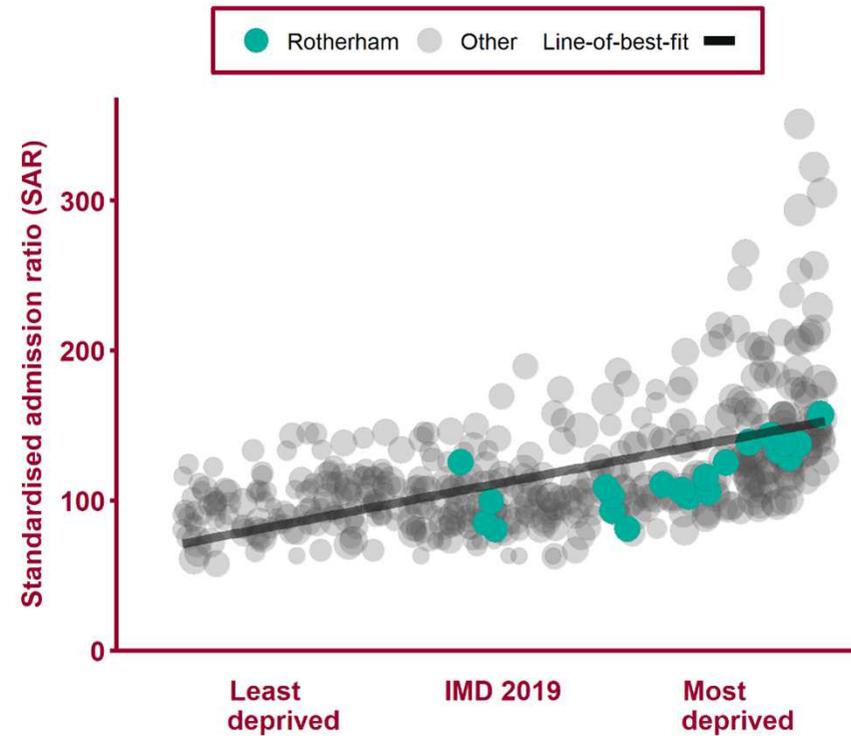


Emergency hospital admissions for CHD (2013/14 - 2017/18)

Wards within Rotherham

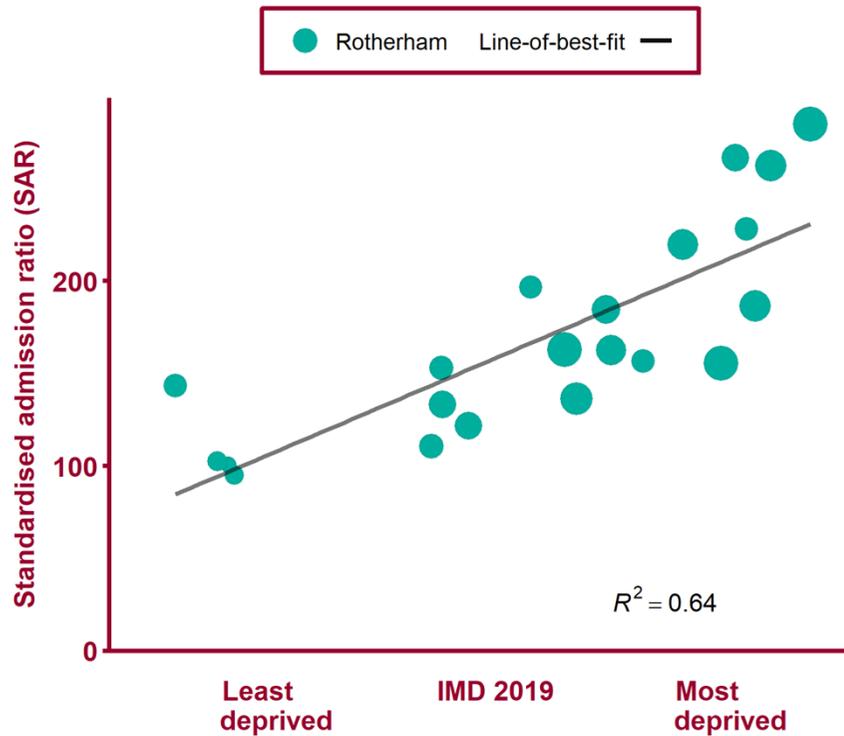


Wards within Yorkshire and The Humber

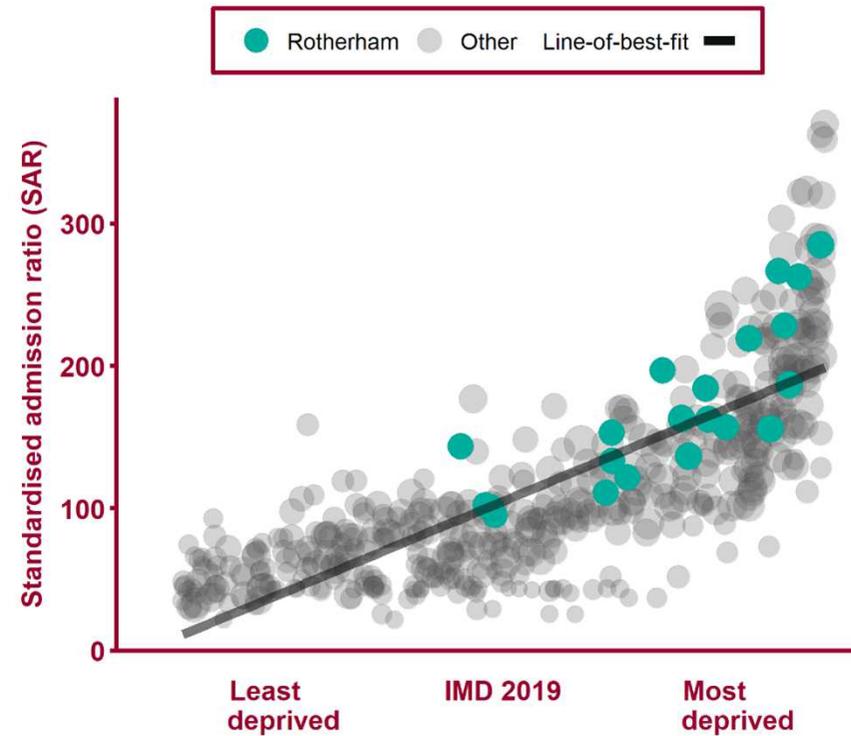


Emergency hospital admissions for COPD (2013/14 - 2017/18)

Wards within Rotherham

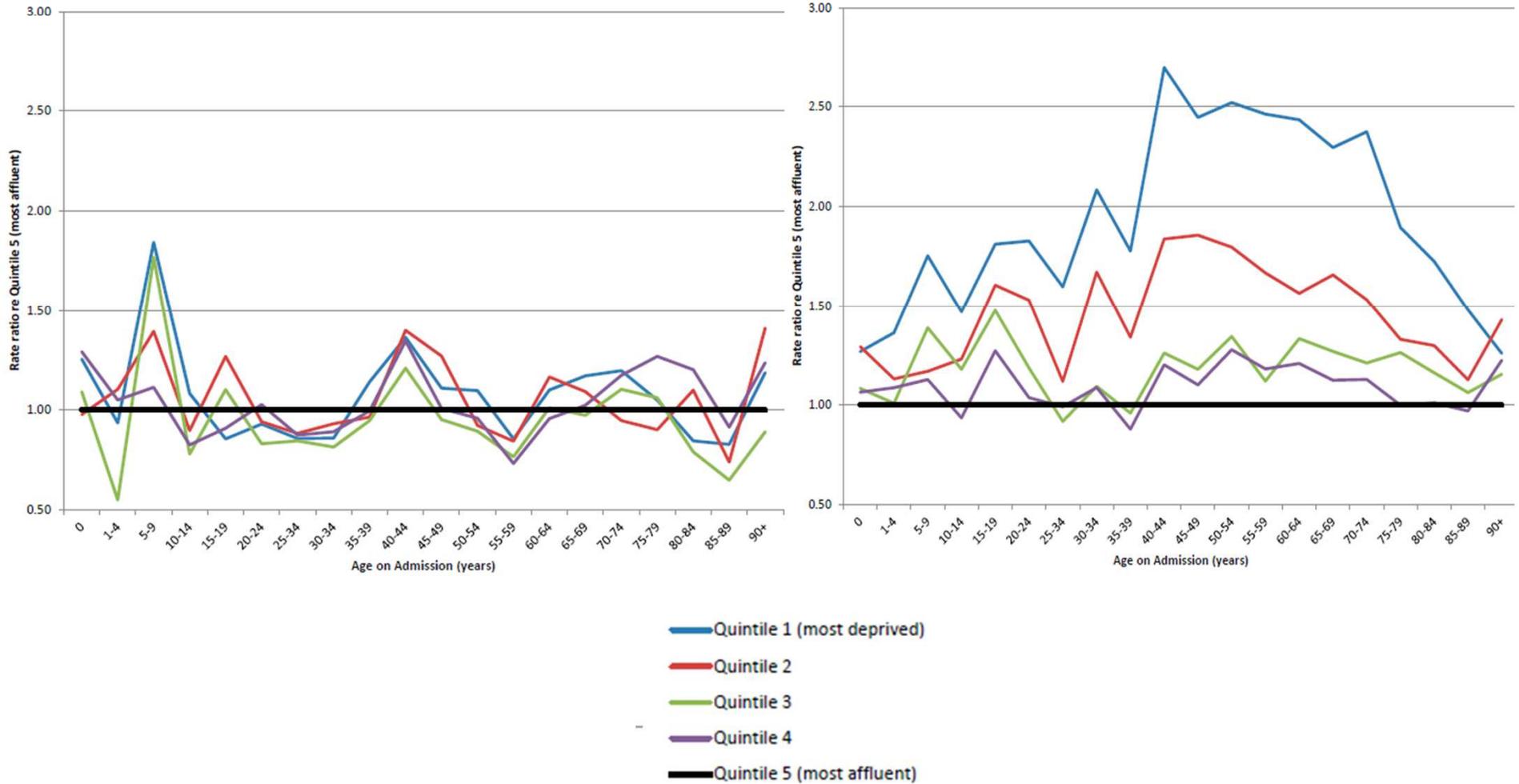


Wards within Yorkshire and The Humber



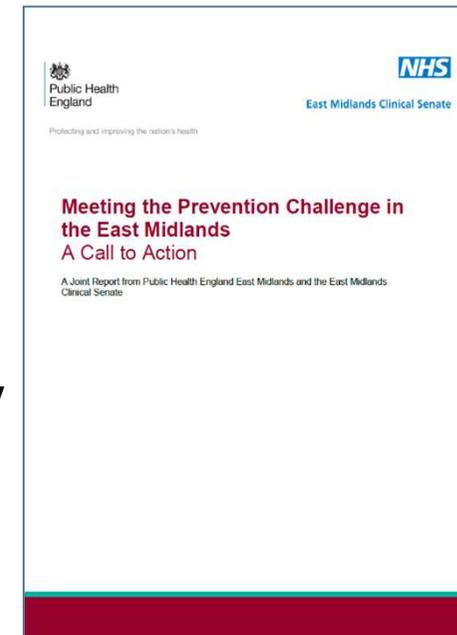
Hospital Admission Rates

Relative to 20% most affluent national LSOAs



A Whole System Approach to Prevention

- Joint report “*Meeting the Prevention Challenge in the East Midlands: A Call to Action*” supporting a direct response to the NHS 5YFV
- Practical recommendations for Providers and Commissioners across Health and Care covering: -
 - Leadership and Governance
 - Commissioning and Delivering services
 - Staff Wellbeing
 - Sustainability and Corporate Responsibility



<http://www.emsenatescn.nhs.uk/media/1582/east-midlands-prevention-challenge-report-2015-final.pdf>

Leadership and Governance

- Embed prevention within NHS leadership with an identified board level prevention champion
- Create the governance structures required to deliver on prevention from policies to performance management, including the use of Health Impact Assessment and Health Equity Audit tools
- Ensure strategic level Public Health input to NHS planning and delivery through the 'Core Offer' from the local authority
- Work through the Health and Wellbeing Board to deliver system level prevention
- Advocate for prevention within the wider system

Commissioning and Delivering Services

- Adopt a whole pathway approach considering opportunities for Primary, Secondary and Tertiary Prevention across services
- Ensure that prevention is systematic and delivered at the required scale to deliver a population level impact
- Embed Making Every Contact Count within services, maximising support for lifestyle change with clear pathways to support
- Rigorously challenge clinical variation raising the bar for all in the management of risk factors and chronic conditions
- Adopt the 'Proportionate Universalism' approach to target investment to maximise impact on the 'window of need'

Staff Wellbeing

- NHS staff and their families make up a significant proportion of our local populations. Supporting them to achieve and maintain good health delivers business and population health benefits
- Develop policies to support good health in relation to active travel, workplace food and drink offers, smoking and alcohol use, work/life balance
- Ensure good quality management of staff absence and ill health adopting policies that support staff to manage long term conditions and balance their health needs with their work
- Consider sign up to the Workplace Wellbeing Charter

Sustainability and Corporate Responsibility

- Develop a Corporate Responsibility Strategy that considers how NHS organisation's actions impact on population level prevention
- Consider the impact of estates, transport, commissioning and procurement policies and activities on the local population and economy
- Consider the food and beverage retail offer within NHS buildings promoting healthy options and working to remove sugary snacks and beverages from the offer
- Consider how NHS organisations can support employability within the local population through placement and apprenticeship options to support the local worklessness agenda.

Discussion

- Rotherham's four Health and Wellbeing aims are prevention focused
 - Children getting the best start in life
 - Rotherham people enjoying the best possible mental health and wellbeing and having a good quality of life
 - Rotherham people living well for longer
 - And, Rotherham people living in healthy, safe and resilient communities
- Prevention and reducing inequalities are our strategic principles
- ... but do we have the systematic approach to prevention across our organisations to maximise our delivery?



Update on Aim 4

10th March 2021

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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.

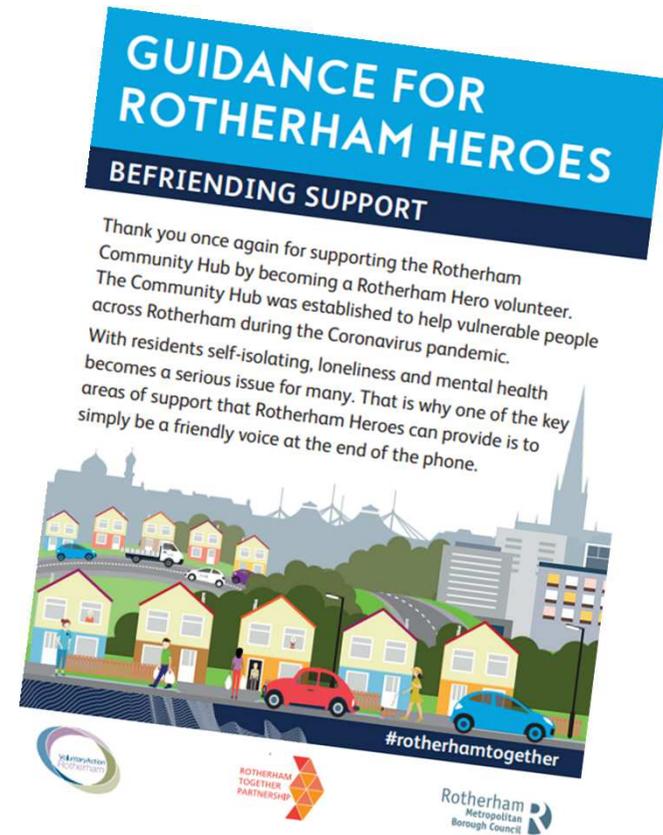
Ensure Rotherham people are kept safe from harm.

Priority 1. Delivery of a loneliness plan for Rotherham.



What's working well?

- Befriending support continues to be in place for local people, via the Rotherham Community Hub and the voluntary and community sector.
- [A promotional video](#) was produced and shared via social media, sharing positive stories about befriending.
- Work continues to reach out to 'at-risk' groups.
- The Loneliness MECC training has been updated to reflect referral routes and the impact of COVID-19.
- The Chair of the Health and Wellbeing Board was asked to present on work taking place around loneliness as an example of good practice.



Issues to address

- There has been an increase in younger people reporting that they are feel lonely all the time or sometimes (according to second Mental Health Survey.)
- Parents are reporting their children are suffering from being in the home for too long leading to increased anger, frustration, loneliness and mental health deterioration.
- Carers have reported loneliness, isolation; reduced contact/no contact with other family members and not feeling connected to the outside world
- There has been an increase in local people requesting support with loneliness through the Rotherham Community Hub.



Next steps

- Continue to operate the Rotherham Community Hub to provide support to local people.
- Take forward learning from Rotherham Community Hub and Rotherham Heroes approach.
- Rollout of MECC training from March 2021.
- Continue with our Place Comms and Engagement planned activity.
- Evaluate Year 3 MH and Suicide prevention small grants scheme and take learning forwards.



Priority 2. Promote health and wellbeing through arts and cultural initiatives.



What's working well?

- Around 200,000 people have engaged in online activities and targeted events as part of the Rotherham Together creative programme.
- Activities have included:
 - Wildflower Park land art commissioned at Clifton Park
 - Light and Hope projection on to the side of the Rotherham Minster
 - Two partnerships with Women of the World
 - 'No Leotards Necessary' programme of physical activity through guided exercises, self-led walks and activities in parks
 - Online StoryTime with Rotherham libraries
 - Virtual celebrations for Chinese New Year
- The libraries service has actively contacted more vulnerable users and are offering click and collect and e-books/e-magazines etc.



Issues to address

- The joint workshop between the Health and Wellbeing Board and Cultural Partnership Board has been delayed due to workforce capacity.
- Library buildings have been mainly closed during the pandemic, meaning it has not been possible to hold activities and events as planned.
- Many Culture, Sport and Tourism staff are currently redeployed on essential COVID work i.e. testing.
- Parks and open spaces have been busy, particularly during periods of good weather – (this could be a challenge around social-distancing.)



Next steps

- The Rotherham Together programme will culminate in March 2021 with the opening of a memorial garden at Thrybergh Country Park – Hope Fields.
- Work is ongoing to prepare for the reopening of libraries (which will be no earlier than 12th April.)
- The joint workshop for Health and Wellbeing Board and Cultural Partnership Board has been rescheduled for the summer.

Priority 3. Ensure Rotherham people are kept safe from harm.



What's working well?

- The Council and South Yorkshire Police are undertaking joint patrols around COVID-19 hotspots and problematic areas.
- A dedicated mental health nurse is in place within community safety and referrals are increasing.
- Successful partnership working is taking place around domestic abuse.
- There has been investment in neighbourhood policing teams, who are leading work to respond to district organised crime.
- A campaign has been launched to encourage everyone to 'Spot the Signs' of CSE.
- South Yorkshire Fire and Rescue have had positive engagement with local housing associations regarding the Home Safety Partnership Referral Scheme.



Issues to address

- Continuing to address COVID hotspots and supporting outbreak control work from an enforcement perspective.
- Challenges around the visibility of safeguarding issues.
- There is a temporary pause to the Victim Perpetrator Programme due to CRC being absorbed by the probation service.
- The level of acuity and complexity of the referrals made to the mental health nurse.
- There is currently uncertainty relating to the ongoing funding of the mental health nurse.



Next steps

- A joint safeguarding partnership development session will be taking place in March.
- Continuing to enforce the lockdown rules, particularly as schools and businesses gradually re-open.
- Resolving funding options for the mental health nurse role.



Health and Wellbeing Strategy Action Plan: Update to board, March 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 >45% point prevalence which exceeds the target. Working 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		A paper will be presented to Cabinet on the 23 rd March 2021 requesting permission to go to open tender for the service in April 2022. The paper also requests that the current contract with TRFT is extended until March 2023 to allow for a collaborative commissioning exercise.
Support positive mental health for all children and young	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 Oct-Dec quarterly report from With Me In Mind demonstrates positive outcomes in terms of child and staff wellbeing, although numbers

people.							<p>remain low due to school closures and school holidays. Since children returned to school in September pilot schools are reporting a significant positive impact from having Mental Health Support Teams in their settings.</p> <p>School settings continue to engage well with the consultation and advice model which is embedded across all settings.</p> <p>Referrals for direct CBT based work for low to moderate mental health concerns are increasing with young people engaging either directly face to face or remotely via video consultation.</p> <p>Co-production and participation with young people and staff from within the settings has continued to shape the delivery model.</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				Jenny Lingrell/ Ruth Fletcher-Brown	<p>The third survey is due to run during March 2021 and will capture the response of children and young people following this second period of limited school</p>

		survey October 2020, third survey TBC.)					opening. Schools have shared the positive support that has been put in place in response to findings from the survey, including, a full recovery curriculum delivered through PSHCE, targeted work with specific year groups and producing both student and parental wellbeing newsletters. At a system level the findings are shared with system leaders and relevant services.
	1.5	Roll out DFE Wellbeing for Education Return programme, responding to the findings of the mental health survey.				Jenny Lingrell	Following the roll out during the autumn term we are piloting follow-up group supervision and support sessions in response to feedback from the education workforce.
Support children and young people to achieve their full potential.	1.6	Ensure that children reach a good stage of development across core subject areas as part of educational attainment measures.				Nathan Heath	Sessions for school/early years leaders are arranged for March 3rd to provide a supportive forum whilst preparing for wider opening of school on March 8th when all students will return to education. Key updates and revisions to statutory guidance have been provided to schools. Further support across education services will be provided to support schools and early years settings ahead of

							reopening. The Council is also working with DfE and the charity Laptops for Kids to help ensure that all children and young people have access to digital devices, enabling them to access the full remote learning offer.
	1.7	Ensure that children continue to consistently attend education across this academic year.				Nathan Heath	In the context of the national lockdown, this remains a key area of impact on student's attainment and educational engagement. Significant central government investments in the 'catch up' for post COVID gaps in academic attainment are moving forward.
	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 received external funding for supportive work to collate 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>
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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		<p>The Public Mental Health and Wellbeing COVID Group continue to oversee the implementation.</p> <p>Current actions include: workshops held for employees on variety of mental health related topics, workshops shared with other employers, promotion of Be Well@Work scheme, RCCG produced a leaflet on mental health services which has been circulated widely, Public Health Lead delivering presentations on mental wellbeing and support to care homes and voluntary and independent providers, bereavement listening service commissioned and promoted across the partnership and national mental health days promoted across the partnership.</p>

							Other actions include: C&YP surveys and actions to address the findings, loneliness (reflected in Aim 4) and suicide prevention.
	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	Work is underway to create a 2020/21 comms plan with a focus on three key themes: 1. Be the One suicide prevention campaign 2. Emotional resilience 3. Loneliness and isolation The plan will set out campaign activity to boost awareness and launch new resources as well as ongoing social media activity throughout the year.
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.				Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC	A full review of the borough-wide plan will take place with partners April 2021, but any gaps identified as a result of the pandemic are currently being included. 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. Specific actions include: promoting information re debt advice and signposting to Rotherhive website, Be the One campaign targeting women in Oct and November, RDASH developing a resource on coping with relationship breakdown and refresh of GP Suicide Prevention Top Tips to reflect at risk groups.
	2.4	Delivery and evaluation of year 3.				Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC	Evaluation of Year 2 and 3 of the small grants scheme will take place in March/April 2021. Rotherham CCG led the procurement of the SY listening service working with SY Public Health Leads. This service is for people bereaved/affected and exposed to suicide. The contract with the successful provider commenced in January 2021. Regular contract meetings with the provider. Working with Comms to promote the listening service.
	2.5	Promote and evaluate the Be the One campaign.				Anne-Marie Lubanski, Strategic Director, Adult Care, Housing	Promotional activity has included: December-social media messages asking people to look

					and Public Health, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC		<p>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> <p>Sessions for care providers to promote the campaign.</p> <p>Awareness raising session with VCS organisations with a remit for befriending.</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>Courses piloted during December and January. Now working to a full roll out programme which will include a blended approach with virtual and face to face when social distancing restrictions are relaxed.</p> <p>Self-Harm Train the Trainer project- Cohort 1 trainers have had a top up training session with the Provider (February) and will be ready to run these courses now they have been adapted by the Provider to be delivered virtually.</p> <p>Letters have gone to Health and Wellbeing Board partners re recruitment of trainers for Cohort 2. The Train the Trainer</p>

							dates have been set for March and April.
Promote positive workplace wellbeing for staff across the partnership.	2.7	Promote all Health and Wellbeing Board partners to sign up to the Be Well at Work award.				Colin Ellis, Workplace Health Advisor, RMBC	A discussion around this took place at the January Health and Wellbeing Board meeting, as a way of promoting the award amongst all partners. Discussions are ongoing regarding further ways to engage partners.
	2.8	Share and pool resources across the partnership relating to workplace wellbeing.				Leanne Dudhill, HR Business Partner (OD), RMBC	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. A further workplace wellbeing report was provided to the Place Board in January. Information sharing across all partners in relation to wellbeing continues. The council is reviewing the Wellbeing Guides to ensure they remain current and useful to all staff. Once revised these will be shared with partners in April.

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	<p>Approx. £42k now invested into Rotherham projects via the Sport England tackling Inequalities Fund – with several other projects in planning stages.</p> <p>Shaping Places for Healthier Lives programme – Moving in Nature – now commissioned 3 artists to work in 3 local parks to engage communities and explore use of green space for physical activity (this is to inform final application for a larger scale project).</p> <p>Beat the Street game due to start mid-April (dependent on restrictions) to encourage more people to get out walking/cycling around the borough.</p> <p>All of the above will help the Moving Rotherham Partnership gather real stories about people being active to encourage more</p>	

							to get involved.
	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 Specialist, RMBC		Due to other MECC programme (loneliness) currently being rolled out, this will be explored for later in the year.
	3.3	Roll out Clinical Champions Training for GPs and other healthcare professionals.			Kate Green, Public Health Specialist, RMBC		Information has been shared 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, meaning it has not yet been possible to utilise this opportunity. 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		Strategy Focus Group Sessions have taken place with partners from voluntary sector. Further work is set to continue through March to consolidate strategic outcomes with a draft delivery plan by the end of March 2021. Carer cohort mapping work is complex but is developing – partners are supporting this work and it is integral to the forthcoming carer vaccination roll-out. It is anticipated that

							there will be a snapshot by the end of Feb 2021. This work is slightly off track as organisations are prioritising COVID response work.
	3.5	Apply the carers offer within the adult social care pathway.				Jo Hinchliffe, Service Improvement and Governance Manager, RMBC	Regional meetings are ongoing and are still providing useful oversight / resources that are being applied locally. Internal senior management development sessions have been taking place throughout Jan/Feb to look at the Adult Social Care Pathway and an action plan is currently being drafted to address improvements for carers to be complete by the end of March 2021.
	3.6	Enhance the information offer for all carers in Rotherham.				Jo Hinchliffe, Service Improvement and Governance Manager, RMBC	Subgroup in place with Carers Forum to manage and plan information offer. Links to be made with Rotherham Parent Carer Forum to maximise on the work of the subgroup.
Develop a whole-systems approach to tackling obesity in	3.7	Establish a Healthy Weight Strategy Group with representation across all key partners.				Kate Green, Public Health Specialist, RMBC	Due to capacity across the partnership, this work will be paused for a period – to be reviewed in April.
	3.8	Review the children's obesity				TBC	To be agreed who will lead on

Rotherham, with consideration of the impact of COVID-19.		pathway.					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. As above, further work on the local partnership plan will be paused and reviewed in April to consider partner capacity to deliver this.

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		<p>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.</p> <p>Actions include: the production of a loneliness film encouraging everyone to take responsibility, Five Ways to Wellbeing campaign messages included in Rotherhive Wellness section and in the Rotherham Together Programme, examples of good practice within workplaces and wider community are being shared and partners promoted Time to Talk Day to general public and staff encouraging people to connect with others. Comms plan is in development for consistent promotion of actions to address loneliness</p>
	4.2	Relaunch MECC training around loneliness.				<p>Phillip Spencer, Public Health Practitioner, RMBC</p> <p>Ruth Fletcher-Brown, Public Health Specialist,</p>		<p>The MECC training has been updated to reflect referral routes and the impact of the pandemic. Dates and contact details are being proposed for the rollout of training to partner organisations. Training to commence in March 2021</p>

					RMBC		
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		<p>The Befriending Guidance continues to be used in the induction of Rotherham Heroes to their befriending role.</p> <p>The guidance has been circulated to other VCS organisations and partners for use in this area of work.</p> <p>Both Ruth Fletcher-Brown and Martin Hughes (RMBC) regularly attend the VCS Befriending group which meets monthly to share good practice and look at joint learning opportunities.</p> <p>At the last meeting in February Ruth shared information on suicide prevention encouraging VCS partners to visit Be the One for resources and to access the free online training from the Zero Suicide Alliance.</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>Rotherham CCG and Rotherham Council are working together to raise awareness around loneliness and befriending, with input from other key partners including Rotherfed and VAR. As part of this plan, a promotional video has now been shared via social media, sharing positive stories about befriending and encouraging people living and working in Rotherham to take action to reach out to support anyone who might be lonely. The video can be found on YouTube: https://www.youtube.com/watch?v=4h6hcSAY24o.</p>

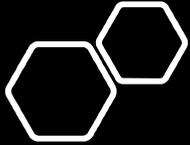
Promote health and wellbeing through arts and cultural initiatives.	4.5	Hold a joint workshop between the Health and Wellbeing Board and the Cultural Partnership Board on health inequalities.				Polly Hamilton, Assistant Director, Culture, Sport and Tourism, RMBC		A decision has been taken to postpone this workshop until the summer due to workforce capacity issues.
	4.6	Deliver a programme of group-based activities as part of the Rotherham Together programme providing a creative response to recovery from COVID-19 in Rotherham with a focus on offering particular support to those who are bereaved.				<p>Polly Hamilton, Assistant Director, Culture, Sport and Tourism, RMBC</p> <p>Leanne Buchan, Head of Creative Programming and Engagement, RMBC</p>		<p>Rotherham Together has been running for six months delivering a series of events, exhibitions, activities and self-led trails which has engaged with an estimated 200,000 people across Rotherham and beyond through a mix of both virtual and physical programming depending on the government regulations.</p> <p>Activities already delivered include:</p> <ul style="list-style-type: none"> - Wildflower Park land art commission at Clifton Park throughout September - Light & Hope Large-scale projection on to the side of the Rotherham Minster, carrying the messages of Joy, Hope & Gratitude over three days 14th-16th December - Two partnerships with Women of the World – WOW to the Women of Hope programme of online discussions and debates with women from across Rotherham for Black History Month and International Women’s Day - No Leotards Necessary programme of physical activity through guided exercises, self-led walks and activities in parks - Online StoryTime with Rotherham Libraries - Celebrations for Chinese New Year took place as a virtual programme through RMBC’s Facebook Page

								In the final month of the programme (March 2021) the Hope Fields COVID-19 Memorial Garden at Thrybergh Country Park will open to the public to support residents struggling with mental health, grief and anxiety.
	4.7	Co-design targeted activities in libraries to those groups which have been identified as part of the Health and Wellbeing review.				Polly Hamilton, Assistant Director, Culture, Sport and Tourism, RMBC Zoe Oxley, Head of Operations and Business Transformation, RMBC		<p>Planning has started with a variety of partners.</p> <p>Library buildings have been mainly closed during the pandemic and remain closed as of this update, but services are operating via click and collect etc.</p>
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		<p>SYFR are still awaiting a date to attend the meeting with Heads of Service.</p> <p>Since the last meeting, the SYFR Partnership Team have had positive engagement with Action Housing and Sadeh Lok who are both Housing Associations in the Rotherham area.</p>
	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. A development session will be taking place in March 2021, which will bring together board representatives to pick up on key cross-cutting themes and the impacts of COVID-19. This will include a focus on mental health.

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		Due to capacity issues and awaiting national data releases, the timescales for this work have been somewhat delayed. The rapid review has been drafted and the latest national data is now being incorporated. This will be shared with partners as soon as possible.
	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 impacts of COVID-19 on our local population, including utilisation of population health management to anticipate future demand on services.				Andy Clayton, Anthony Lawton and Gilly Brenner	Development of population 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. A session with data leads took place in February to identify action to be taken.
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 April, with inclusion of COVID lens narrative on the data sets and greater coverage of inequalities data.



A Conversation about the Impact of Covid-19 on Older People in Rotherham and Planning for Recovery

Rotherham Health & Wellbeing Board 10th March 2021

David Vickers

Rotherham Older People's Forum

Iain Cloke & Lesley Dabell

Age UK Rotherham

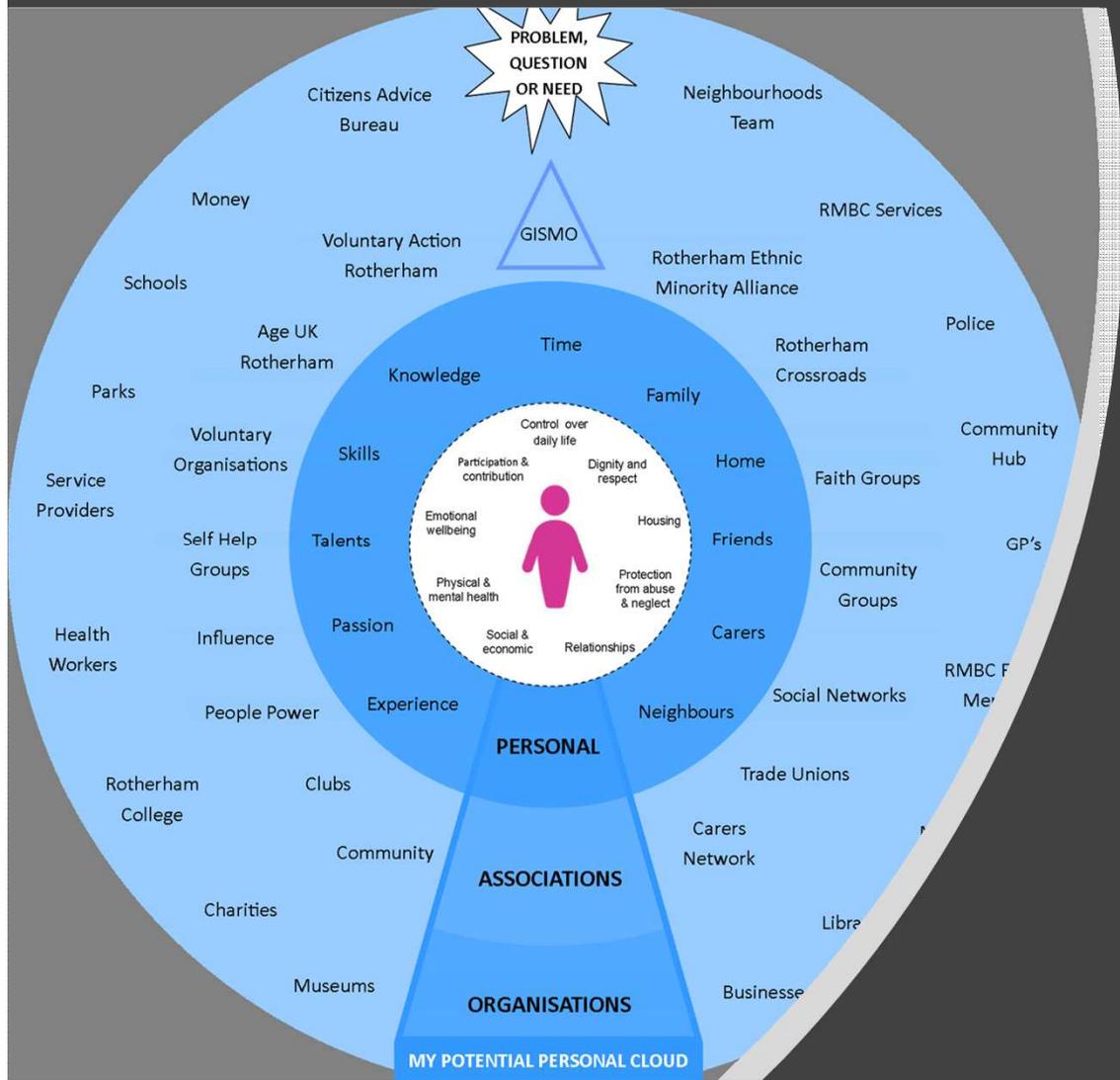


Why is this Important?

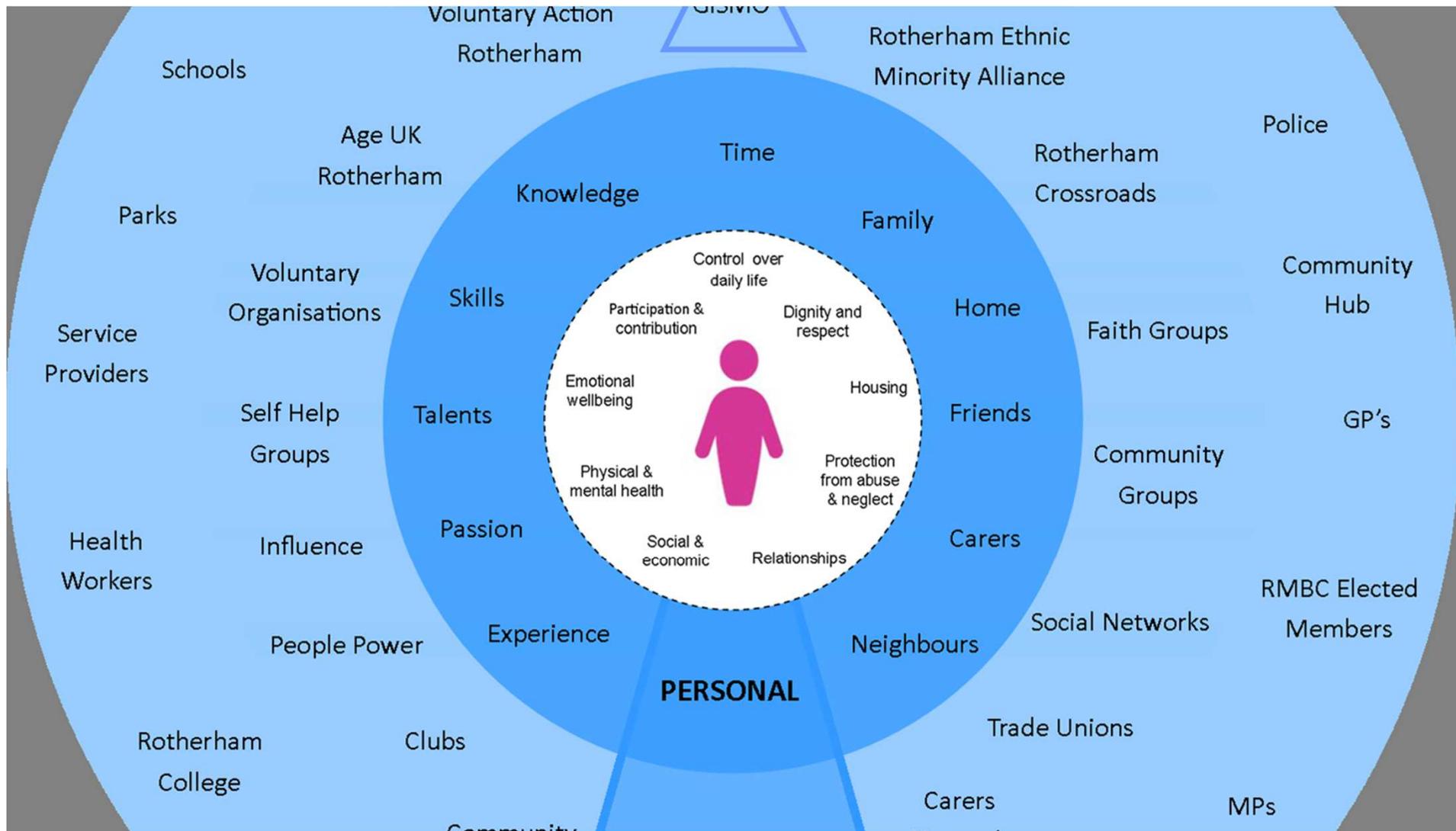
- Everyone has been affected by the impact of Covid-19.
- Some have been affected more than others
- Older people have been disproportionately affected
- It is time for change – a moment to focus on what matters most
- We want older people and the whole community to have the best possible recovery they can have: “Age Friendly”
- As part of this we need to involve older people and support them to have the best possible recovery
- Therefore it is important to listen to what older people are saying and involve them in finding the solutions we need
- Working together on a ‘Year Of Reconditioning’

A journey through Covid-19 through the eyes of older people

... The start of a conversation



My Personal Cloud



Covid-19 has disproportionately impacted older people

- Almost 1.8 million people over the age of 50 have been advised to shield*, while everyone over the age of 70 has been advised to take extra precautions.
- 28% of people 50-69 and 24% of people 70+ say their exercise routine is being affected **
- 26% of people 50-69 and 33% of over 70s say their access to non-Covid related healthcare is being affected
- 42% of adults aged 70+ are reporting high levels of anxiety

*NHS Digital Shielded Patient List Data Accessed on 19/01//2021

** ONS data Coronavirus and the social impacts on Great Britain Published 15th January

Physical health

"I seem to have become less able in many ways. I think the less you use it the more you lose it"

Physical deconditioning

- Older people are finding it harder to walk and are more reliant on aids
- They are also finding every day activities around the house harder to complete.
- Reductions in mobility are having a knock-on effect on older people's weight, mood, and energy
- Some older people have told us they are falling more frequently than before

"Much poorer mobility and weight gain has made it even harder to do normal everyday things like accessing the upper floor of my home, hanging out washing doing a bit of gardening"
(Female, 60-64)

"Weakness in legs more difficult need to use walking stick or pusher. Also balance poor and no energy."
(Female, 85-89)

"Mum used to catch busses to the next town and walk across town and back home on the bus. Now she is struggling to walk down the path."

Mental health

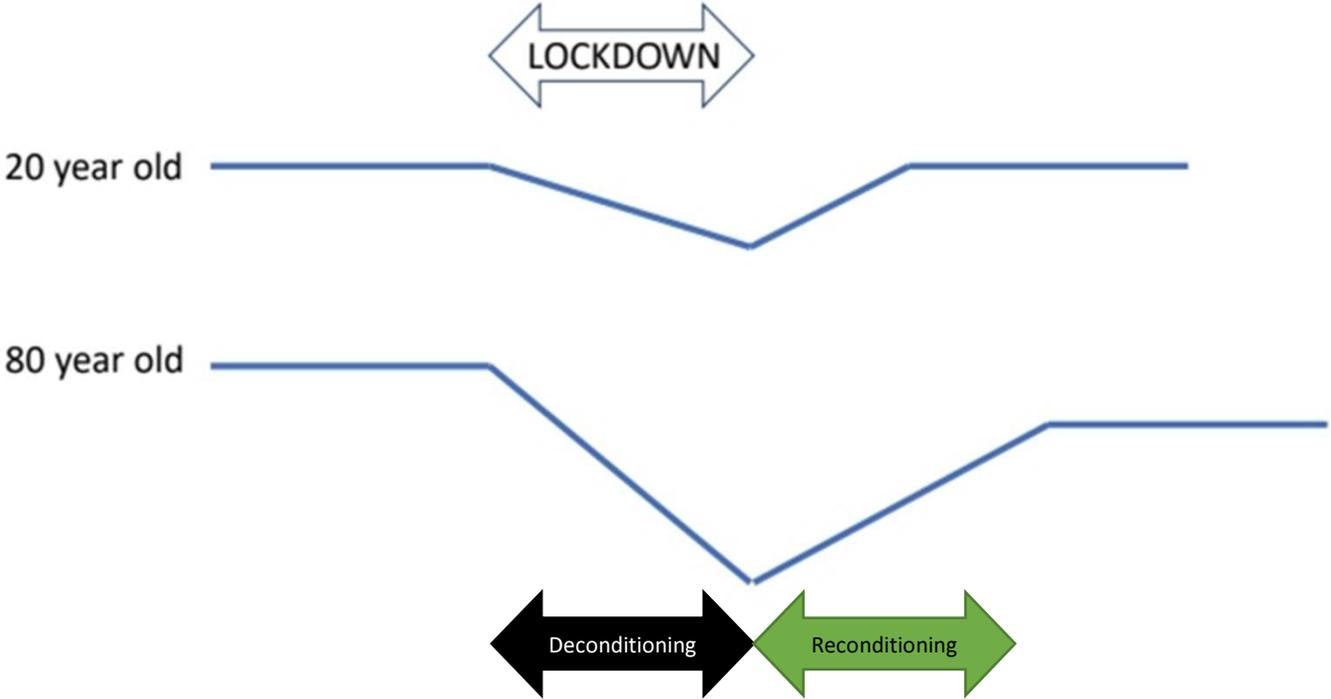
"I just feel so scared to go out, my depression has a knock on effect on my pain, not being able to go outside means my mind keeps going round in circles making more depressed, no conversations, no laughter, in debt and overweight from take aways, I feel unloved unwanted" (Female, 55-59)

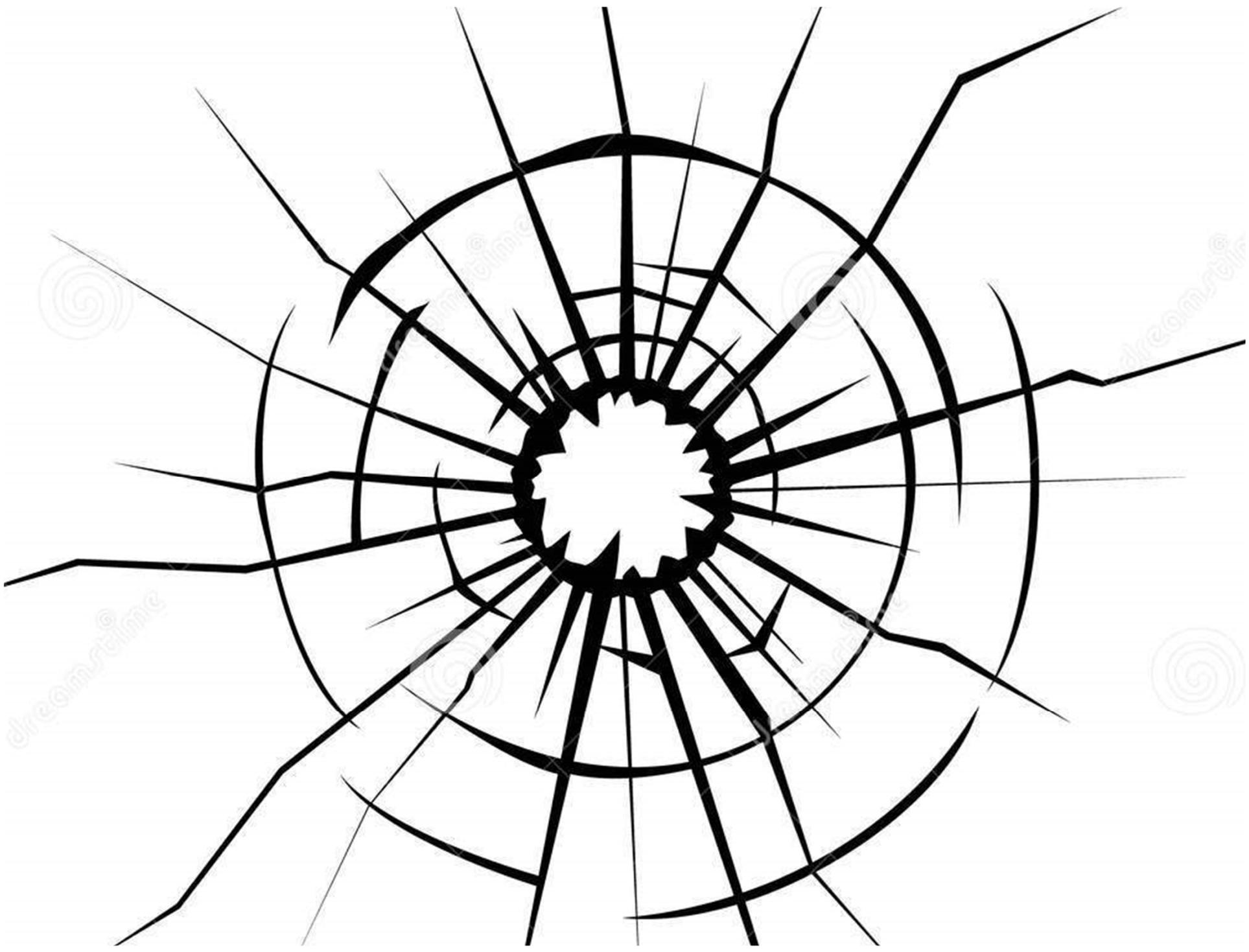
Anxiety

Low Mood
and lack of
motivation

Loss of
Confidence

Covid-19 has disproportionately impacted older people





Seeing through the eyes of older people In Rotherham

... What are older people in Rotherham telling us about their journey through Covid-19?

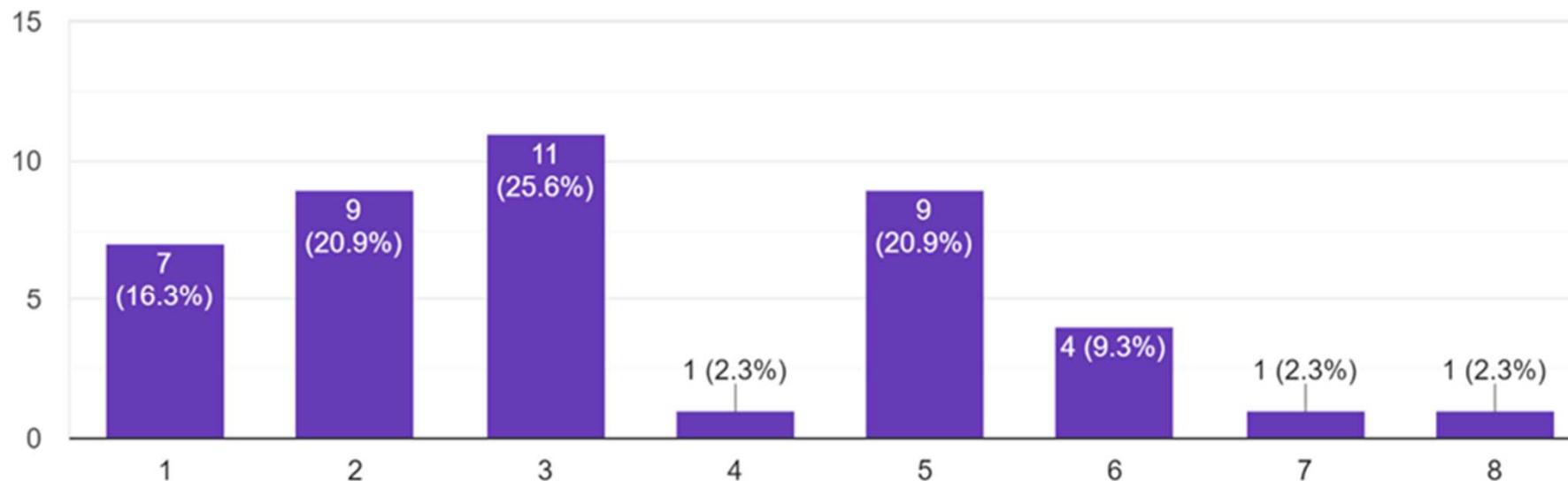


Positive outcomes during Covid-19

- Digital Inclusion
- Wisdom of age leads to resilience
- Older people are carers too
- Supporting each other informally and through volunteering

What are the best things YOU have done or are doing to help get through the crisis?

- Sticking to a routine
- Staying in touch with others
- Being active
- Creativity In Later Life
- Mindfulness
- Helping Others

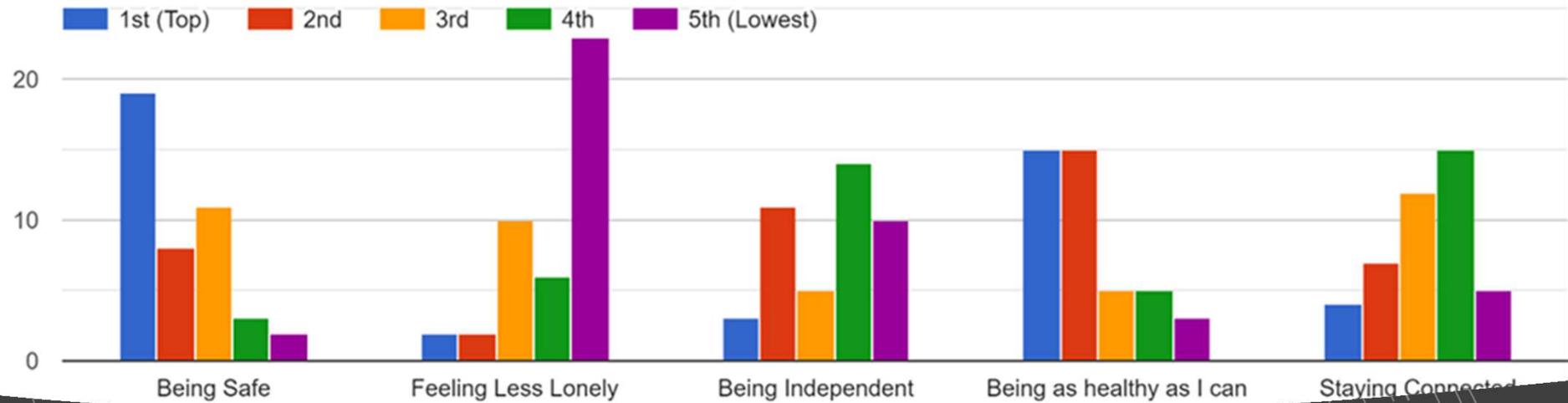


Local Listening

We asked how are you coping with the impact of Covid

- 2/3 said they were coping okay
- 1/3 not coping
- A few really struggling a lot

Older people have told us over several years what matters to them most. Please rank the priorities that currently matter most to you



What matters most to you during the Covid19 pandemic?

Being Safe

*“Staying safe and **keeping others safe**”*

“Making sure that my immediate family are all well and safe”

“Being safe and knowing my disabled daughter is safe”

“Keeping my family safe by not going out unless absolutely necessary & keeping apart, wearing a mask & continually washing our hands, plus using antibacterial wipes on anything I purchase & bring home”

Being a healthy as I

*“Remaining healthy for myself and so **can** that I can support my family and older friends/relatives. I have little confidence that the statutory bodies have the capacity to reach all of those in need.”*

“safety and health, particularly mental health are probably joint first priority”

*“**managing my mental health** and stress levels”*

*“Staying well and **keeping in touch** with people”*

Our Needs in Later Life



Abraham Maslow's theory about a human 'Hierarchy of Needs' gives us a way of understanding the motivations of people in later life and many of the things older people have been saying to us can be understood in this way.

If our most basic needs are not met, we are motivated to fill those needs and focus on the unmet needs before we move to the next set of needs.

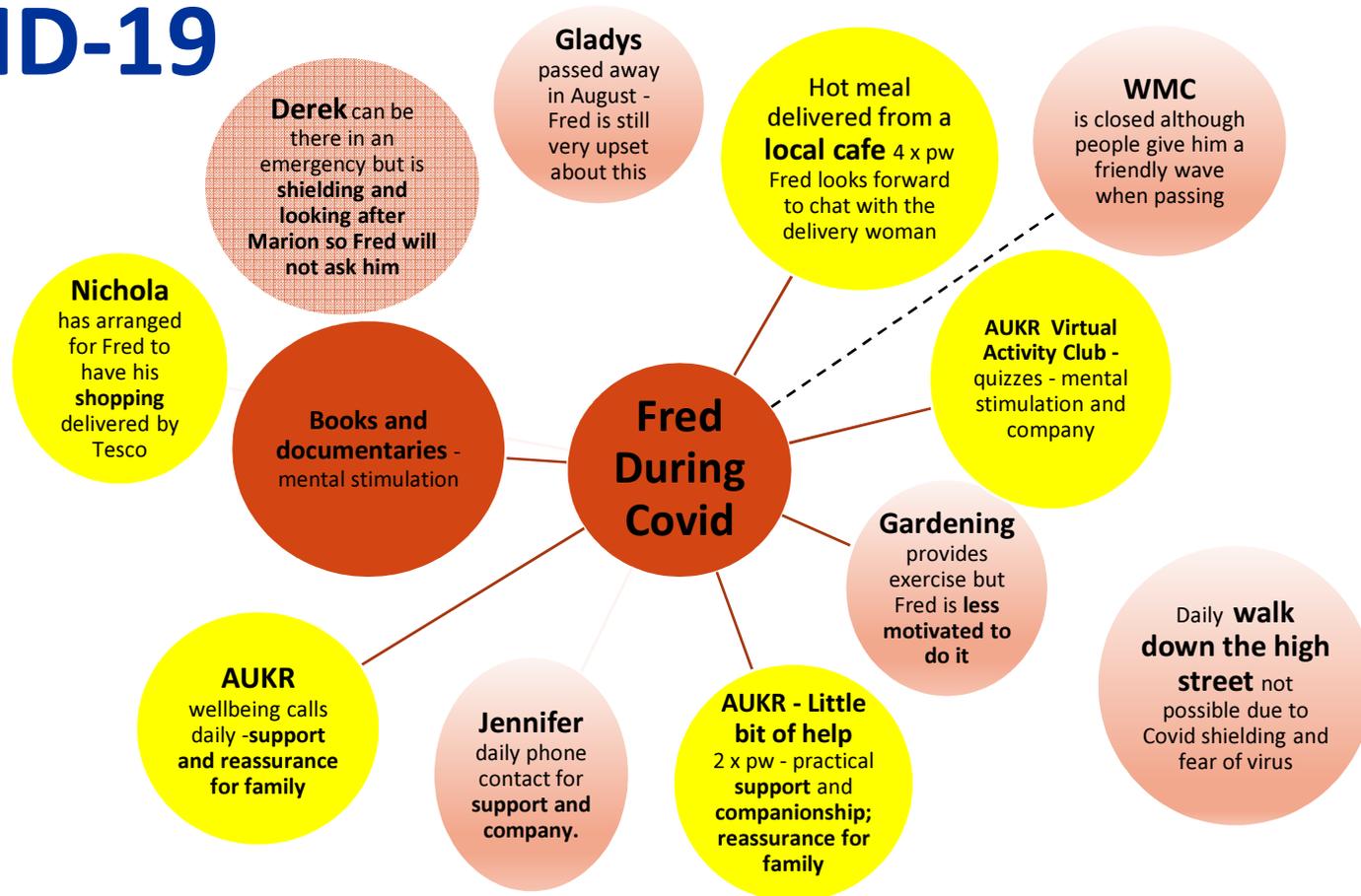


Fred's Journey through Covid

FRED BEFORE COVID-19



FRED DURING COVID-19



What are the best things OTHER PEOPLE OR ORGANISATIONS have done or are doing to help you?

- Mostly not services
- Practical help from family and neighbours
- Local people, organisations, churches, other faith groups and community hubs
- Health Services

Thinking about “the next 6 months”, what aren’t you able to manage? What feels impossible to deal with?

- Separation from family and friends
- The unrelenting demands on unpaid family carers
- Anxiety, worry about the world
- Solitary grief
- Coping with loss – of all kinds



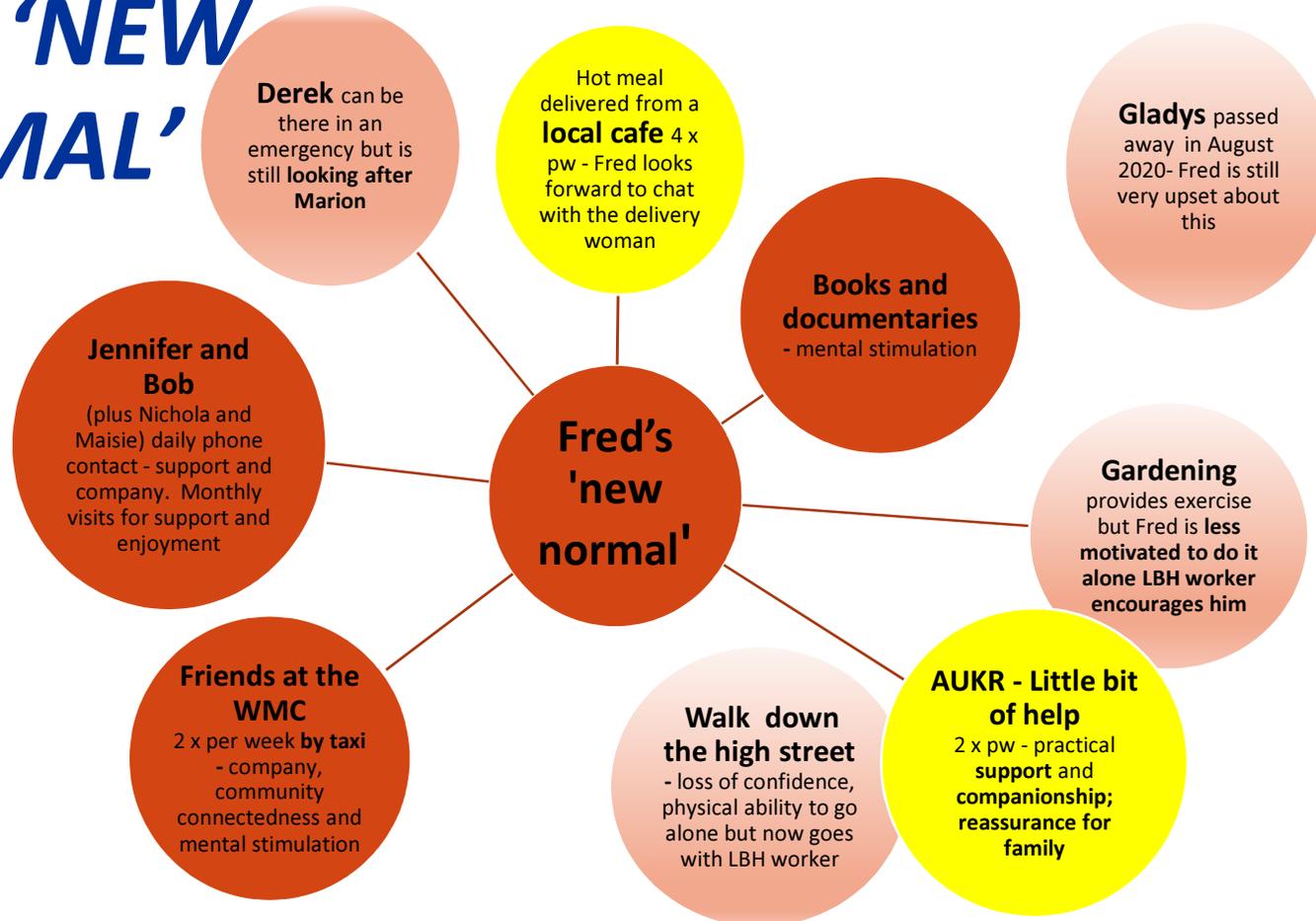
'RECONDITIONING' POST COVID-19: WHAT NEXT FOR FRED?



POST COVID-19 'RECONDITIONING' WHAT NEXT FOR **FRED?**

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FRED 'NEW NORMAL'



Summary

Covid has affected everybody but how well you have weathered the storm depends on 'the boat' you were in.



Create the environment to encourage people to create solutions



Discussion

How must we continue, and develop our support for older people so they can make the best possible recovery from the impact of Covid-19?

- How will it happen?
- Where will the conversations happen?
- Who are the right people to involve?
- Where will the ACTIONS be planned?
- Who will make sure they are implemented?
- How will they be monitored and evaluated?
- What already works?
- What is the structure for partnership?
- Where are the resources?

To Join the conversation contact Iain Cloke
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07585225832

Full Age UK report on the Impact of Covid19 on older people's physical
and mental health can be found [here](#).

