

HEALTH AND WELLBEING BOARD

Venue: Council Chamber -
Rotherham Town Hall,
Moorgate Street,
Rotherham, South
Yorkshire S60 2TH

Date: Wednesday 26 May 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 - 16)

For Discussion

8. Joint Strategic Needs Assessment (Pages 17 - 33)
Presentation by Gilly Brenner and Jessica Dunphy, Public Health
9. Update from the Local Outbreak Engagement Board
Verbal update by Sharon Kemp, Chief Executive, RMBC
10. Timeline - Implementation of the Health and Social Care White Paper
Verbal Update by Chris Edwards, Chief Operating Officer, Rotherham CCG

11. Health and Wellbeing Board Annual Report (Pages 34 - 63)
Councillor Roche (Chair) and Ben Anderson, Director of Public Health, to present
12. Health and Wellbeing Board Priorities and Action Plan (Pages 64 - 87)
Becky Woolley, Policy Officer, to present
13. Health and Wellbeing Board Terms of Reference (Pages 88 - 93)
Becky Woolley, Policy Officer, to present
14. Loneliness and Befriending
Presentation by - Phil Hayes (Rotherfed), Julie (Live Inclusive) and Hayley (Lets Befriend)

For Information

15. South Yorkshire and Bassetlaw Integrated Care System: Health and Care Compact (Pages 94 - 119)
16. Date and time of Meetings 2021/22
Wednesday, 21st July, 2021 commencing at 9.00 a.m.
22nd September
24th November
26th January, 2022
16th March
22nd June

Venues to be confirmed

HEALTH AND WELLBEING BOARD
10th March, 2021

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health (in the Chair)
Ben Anderson	Director of Public Health
Steve Chapman	Temporary Chief Superintendent/District Commander, South Yorkshire Police
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
Councillor J. Mallinder	Improving Places Select Commission
Dr. Jason Page	Governance Lead, Rotherham CCG
Kathryn Singh	Chief Executive, RDaSH
Paul Woodcock	Strategic Director, Environment and Regeneration, RMBC
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Iain Cloke	Engagement Lead, Age UK Rotherham
Lesley Dabell	Age UK Rotherham
Jenny Lingrell	Joint Assistant Director, Commissioning, Performance and Inclusion
David Vickers	Chair, Rotherham Older People's Forum

Also Present:-

Gavin Jones	South Yorkshire Fire and Rescue Service
Becky Woolley	Policy Officer, RMBC
Dawn Mitchell	Governance Advisor, RMBC
Jacqueline Wiltschinsky	Head of Service, Public Health

Guests

Ben Aveyard, Barbara Booton, Maxine Dennis and Rod Kersh.

Apologies for absence were received from Lesley Cooper (Healthwatch Rotherham), Gill Hunt (NHS England), Anne Marie Lubanski (Adult Care, Housing and Public Health, RMBC) and Richard Jenkins (The Rotherham Foundation Trust).

144. DECLARATIONS OF INTEREST

There were no Declarations of Interest to report.

145. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

146. COMMUNICATIONS

(1) The Chair reported that ,on 11th February, the Department of Health and Social Care (DHSC) had published a White Paper setting out legislative proposals for a Health and Care Bill. This included proposals around integrated care systems that could have a significant impact on the way of working.

The final details were expected to be released mid/end of April.

The Chairs of the South Yorkshire Health and Wellbeing Boards were to send a joint letter to Sir Andrew Cash, Chief Executive of the Regional ICS.

(2) The dates of the Health and Wellbeing Board for the 2021/22 Municipal Year had now been agreed. Diary invitations would be sent out shortly for these meetings.

147. MINUTES OF THE PREVIOUS MEETING

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

Arising from Minute No. 135 (Aim 1: All children get the best start in life and go on to achieve their full potential), Suzanne Joyner, Strategic Director CYPS, advised that a report had been submitted to the Health Select Commission on the findings of the Children's and Young People Mental Wellbeing survey.

Resolved:- (1) That the minutes of the previous meeting held on 13th January, 2021, be approved as a correct record.

(2) That the Governance Advisor ascertain if Minute No. 133(2) (5 Ways to Wellbeing video) had been actioned.

Action:- Dawn Mitchell

(3) That the report submitted to the Health Select Commission be circulated to Board members.

Action:- Suzanne Joyner/Becky Woolley

148. SPECIAL EDUCATION NEEDS AND DISABILITIES STRATEGY

Jenny Lingrell, Joint Assistant Director, Commissioning Performance and Inclusion, presented the Special Education Needs and Disabilities (SEND) Strategy for approval.

The Strategy set out the key outcomes for children and young people (up to the age of 25) and identified the key priorities and objectives that would deliver them. It identified how the work would be organised and the oversight and accountability that was in place.

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. In order to provide the strategic direction for the joint Strategy, a co-produced 'Voices' day had been 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 the next steps and priorities.

The 'Voices' Day had 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 they did reflect the priorities of children, young people and their families. A scorecard and strategic action plan had also been developed.

Oversight for the Strategy was the responsibility of the SEND Strategic Board which would meet bi-monthly. The SEND Strategic Board reported to the Rotherham Place Board.

It was also noted:-

- Strong element of parent/care input
- There was a suite of indicators that sat under the Voice outcome on the performance scorecard, which was considered by the SEND Board, that enabled agencies to look at whether they were continuing to consult and co-produce against the agenda; there were specific measures related to Voice and consultation
- Parents and carers were embedded throughout the governance arrangements for SEND and represented on the SEND Board
- A piece of deep dive work was to be undertaken to hold agencies to account in terms of outcomes and use the experience of families to evidence that
- For each of the 4 outcomes, a scorecard had been developed which would report to the SEND Strategic Board. A refined set of headline measures would be reported quarterly to the Place Board which would also receive a detailed spotlight update 3 times a year

Resolved:- That the SEND Strategy and the SEND Joint Commissioning Strategy be approved.

149. DEVELOPING A PREVENTION LED SYSTEM IN ROTHERHAM

Ben Anderson, Director of Public Health, gave the following powerpoint presentation:-

HEALTH AND WELLBEING BOARD - 10/03/21

Why Prevention

- 95% of liver disease was attributable to 3 preventable causes – alcohol, obesity and viral hepatitis
- 90% of first heart attacks related to 1 of 9 modifiable factors
- 80% of diabetes spend was treating avoidable illness and complications
- 2/3s of premature deaths could be avoided through improved prevention, early detection and better treatment
- 42% of cancers in the UK were preventable
- 17% of deaths in adults over 35 were attributable to smoking

Twin Paradigms for Sustainable Care Systems

Managing Demand	Preventing Demand
Increasing supply	Improved lifestyles and tackling the wider determinants of health
Waiting targets	Prevention services
Service flow and efficiency	Health checks
Improving discharge	Screening and immunisation
Changing skill mix	DPP
New models of care	Tackling variations
Drives expectation, increases throughput, creates demand and cost	Supports empowerment, reduces throughput, stems demand and costs
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 in Rotherham males and females – treatment and care effect/prevention effect
- Obese children Year 6 (2015/16-2017/18)
- Hospital stays for alcohol-relating harm (2013/14-2017/18)
- Incidence of lung cancer (2012-16)
- Emergency hospital admissions for all causes (2013/14-2017/18)
- Emergency hospital admissions for CHD (2013/14-2017/18)
- Emergency hospital admissions for COPD (2013/14-2017/18)
- Hospital admission rates

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 Delivery Services
 - Staff Wellbeing
 - Sustainability and Corporate Responsibility

Leadership and Governance

- Embed prevention within NHS leadership with an identified broad 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
- Working through the health and Wellbeing Board to deliver system level prevention
- Advocate for prevention within the wider system

Commissioning and Delivery Services

- Adopt a whole pathway approach considering opportunities for Primary, Secondary and Tertiary Prevention across services
- Ensure that prevention was systematic and delivered at the required scale to deliver a population level impact
- Embed Making Everything 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 delivered 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 supported staff to manage long term conditions and balanced their health needs with their work
- Consider sign up to the Workplace Wellbeing Charter

Sustainability and Corporate Responsibility

- Develop a Corporate Responsibility Strategy that considered how NHS organisation's impacted upon 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 were prevention focussed:-
 - 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
 - Rotherham people living in healthy, safe and resilient communities
- Prevention and reducing inequalities were our strategic principles
- But do we have the systematic approach to prevention across our organisations to maximise our delivery?

Michael Wright, Assistant Chief Executive, TRFT, stated that the Trust was keen to work collectively and interrogate the data that underpinned emergency admissions in an effort to understand why some patients were not getting earlier intervention and thereby came through on a more planned elective pathway rather than as an emergency admission.

Discussion ensued with the following issues raised/clarified:-

- Further work was required to understand the different pathways and what was happening in different Wards of the Borough
- There was a need to build expectation and aspiration to enable people to come forward at an early stage when at a preventable level of taking therapy rather than higher level treatments. It was a massive piece of work to raise that aspiration and understanding of the health literacy in the population
- Prevention and early intervention had been discussed for some time. The Board would need to explore this over the coming months. Developing local matrix and through the population health management workstream would assist
- The driver should be to extend healthy good life and delay people joining a disease register
- Nationally the focus would always be on access to treatment

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

(2) That if any Board member had any further comments, they should email Ben directly.

Action:- All Board members/Ben Anderson

(3) That the presentation slides be provided to all Board members.

Action:- Ben Anderson/Becky Woolley/Dawn Mitchell

150. UPDATE FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD

Sharon Kemp, Chief Executive RMBC, gave the following verbal update on behalf of the Local Engagement Board:-

- Since the last Board meeting, on 22nd February the Government had announced its Roadmap out of lockdown which set out the various stages/dates of the relaxation of lockdown
- Rotherham had seen a reduction in case rates – 145 positive cases per 100,000 on the 7 day rate. However, it was still one of the higher areas in the country. This was likely to be related to the fact that a lot of Rotherham's employment required people to go into and work from a workplace
- The testing centres at Midland Road, Herringthorpe Stadium, Maltby and Dinnington were still using the PCR tests. In the afternoons they were becoming collection sites for lateral flow kits for families and bubbles of school children
- Riverside House was and would continue to be a testing centre
- Businesses with under 50 employees could now register for lateral flow tests
- The Council had established a Self-Isolation Payment Scheme in January in light of the success of the 2 national schemes. 78 applications had been received of which 76 had been approved
- Rotherham would continue to increase its local contact tracing offer where information was received directly from the national Test and Trace system of those individuals they had not been able to contact. The team, which had had its number of team members increased, contacted individuals by telephone/email or knocking on doors
- Letters had been sent out in January to those that fell within the new criteria for the clinical extremely vulnerable cohort. These individuals had been supported by the Community Hub. This classification was until 31st March with further information awaited from Government
- There had been significant communications activity including support of the local vaccination take up

The success of vaccination programme was illustrated in the case rate data by age group and a clear line could now be seen between the 65+ age groups where case rates were down to 49 per 100,000 in the 65-69 age group, 34 per 100,000 in 70-74 age group and 44 per 100,000 in 80+ age group as opposed to higher rates in the working age population. There was a clear distance in case rates between those vaccinated and those not showing the impact of the programme.

Resolved:- That the update be noted.

151. UPDATE ON AIM 4: ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

Paul Woodcock, Strategic Director, Regeneration and Environment, and Steve Chapman, Temporary Chief Superintendent and District Commander, South Yorkshire Police, gave the following powerpoint presentation on Aim 4: All Rotherham people live in healthy, safe and resilient communities

Priority 1 – Delivery of a loneliness plan for Rotherham – What’s working well

- Befriending support continued 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 continued to reach out to ‘at risk’ groups
- The loneliness Making Every Contact Count training had been updated to reflect referral routes and the impact of Covid-19
- The Board Chair had been asked to present on work taking place around loneliness as an example of good practice

Issues to address

- There had been an increase in younger people reporting that they were feeling lonely all the time or sometimes (according to the second mental health survey)
- Parents were reporting their children were suffering from being in the home for too long leading to increased anger, frustration, loneliness and mental health deterioration
- Carers had reported loneliness, isolation, reduced contact/no contact with other family members and not feeling connected to the outside world
- There had 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 the Rotherham Community Hub and the Rotherham Heroes approach
- Rollout of Making Every Contact Count training as from March 2021
- Continue with the Place Communications and Engagement planned activity
- Evaluate Year 3 Mental Health and Suicide Prevention Small Grants Scheme and take learning forward

Priority 2 – Promote health and wellbeing through arts and cultural activities – What’s working well

- Around 200,000 people had engaged in online activities and targeted events as part of the Rotherham Together Creative Programme

- Activities had included:-
 - Wildflower Park land art commissioned at Clifton Park
 - Light and Hope projection onto 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 Story Time with Rotherham libraries
 - Virtual celebrations for the Chinese New Year
- The Library Service had actively contacted more vulnerable users and were offering click and collect and e-books/e-magazines etc.

Issues to address

- The joint workshop between the Health and Wellbeing Board and the Cultural Partnership Board had been delayed due to workforce capacity
- Library buildings had been mainly closed during the pandemic meaning it had not been possible to hold activities and events as planned
- Many Culture, Sport and Tourism staff were currently redeployed on essential Covid work i.e. testing
- Parks and open spaces had been busy particularly during periods of good weather

Next Steps

- The Rotherham Together Programme would culminate in March 2021 with the opening of a memorial garden at Thrybergh Country Park – Hope Fields
- Work was ongoing to prepare for the re-opening of libraries (no earlier than 12th April)
- The joint workshop for the Health and Wellbeing Board and the Cultural Partnership Board had 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 were undertaking joint patrols around Covid-19 hotspots and problematic areas
- A dedicated Mental Health nurse was in place within Community Safety and referrals were increasing
- Successful partnership working was taking place around domestic abuse
- There had been investment in Neighbourhood Policing Teams who were leading work to respond to district organised crime
- A campaign had been launched to encourage everyone to 'Spot the Signs' of CSE
- South Yorkshire Fire and Rescue had 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
- Temporary pause to the Victim Perpetrator programme due to CRC being absorbed by the Probation Service
- Level of acuity and complexity of the referrals made to the Mental Health nurse
- Current uncertainty relating to the ongoing funding of the Mental Health nurse

Next Steps

- A joint safeguarding partnership development session would be taking place in March
- Continuing to enforce the lockdown rules particularly as schools and businesses gradually re-opened
- Resolving funding options for the Mental Health nurse role

Discussion ensued with the following issues raised/clarified:-

- Befriending Guidance produced by Public Health and supplied to volunteers and the community as well as information regarding suicide prevention and free online training from Zero Suicide Alliance
- Rotherham Together Creative Programme specifically developed to respond and support Covid-19 – 3 key themes – Joy, Gratitude and Hope
- 736 Covid-19 Enforcement related actions to date including warnings to business premises and to individuals
- 73 Closure of Prohibition Notices served on premises
- Over 400 Fixed Penalty Notices served to date
- A lot of work ongoing around domestic abuse with people and key messages in place around how Covid-19 might have affected demand for services. Although demand for services may feel reduced, would there be historic domestic abuse reports in the future. It was known that the referrals going into MARAC were becoming more complex in nature
- South Yorkshire Police had set up an initiative called Multi-Agency Tactical and Co-ordination Group which focussed on perpetrators. The top 4 perpetrators based on risk were discussed every month, in a similar way to which victims were discussed at MARAC, with the aim of reducing the risk posed to victims by such
- Joint Co-Located Teams in the 3 localities had worked on organised crime disruption identifying where crime groups were, the vehicles they used, who was visiting the houses and Gang Injunctions issued where appropriate. It had resulted in significant arrests and warrants being obtained

- Although there had not been an increase in CSE referrals, it was acknowledged that there may be a delay in the reporting of/responding to concerns. It was important that partners and members of the public were able to spot the signs of CSE
- CRC was now absorbed by the Probation Service and the service was no longer available. The Safer Rotherham Partnership had the funding to commission the Victim Perpetrator Programme but no service to accept the tender. The work continued and it was hoped to have an agency in place soon
- Work was ongoing to find a funding solution for the Mental Health nurse

Paul and Steve were thanked for their presentation.

152. HEALTH AND WELLBEING BOARD PRIORITIES AND ACTION PLAN

Becky Woolley, Policy Officer, presented the latest update on the Health and Wellbeing Board's priorities and action plan.

It was noted that a further update on the Joint Strategic Needs Assessment was to be submitted to the May meeting. The content had been updated to increase the focus on the health inequalities and also include Covid-19.

Pre-pandemic, there had been a bid submitted to the Shaping Places Fund around Green Spaces and the use of Green Spaces for physical activity in Rotherham (Aim 3). That work had been paused during the height of the pandemic but had now re-started. The bid had now passed through to the Discovery Phase which brought a small amount of funding for engagement work with communities and system mapping to inform the final submission. An update would be submitted in due course.

Resolved:- That the update be noted.

153. ROTHERHAM'S OLDER PEOPLE AND THE IMPACT OF COVID-19

The Board received the following presentation by David Vickers, Chair of the Rotherham Older People's Forum, and Iain Cloke and 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 was time for change – a moment to focus on what matters the most
- We want older people and the whole community to have the best possible recovery they could have : "Age Friendly"
- As part of this, need to involve older people and support them to have the best possible recovery

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- Important to listen to what older people were saying and involve them in finding the solutions needed
- Working together on a 'Year of Reconditioning'

Covid-19 has disproportionately impacted older people

- Almost 1.8M people over the age of 50 had been advised to shield* whilst everyone over the age of 70 had been advised to take extra precautions
 - 28% of people 50-69 and 24% of people 70+ said their exercise routine was being affected**
 - 26% of people 50-69 and 33% of over 70s said their access to non-Covid related healthcare was being affected
 - 42% of adults aged 70+ were reporting high levels of anxiety
- *NHS Digital Shielded Patient List Data Access on 19th January 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 were finding it harder to walk and were more reliant on aids
- They were also finding every day activities around the house harder to complete
- Reductions in mobility were having a knock-on effect on older people's weight, mood and energy
- Some older people had said they were falling more frequently than before

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 me more depressed, no conversations, no laughter, in debt and overweight from takeaways. I feel unloved and unwanted” (females 55-59)

Seeing through the eyes of older people in Rotherham

- What were older people in Rotherham saying about their journey through Covid-19?

Positive outcomes during Covid-19

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

What were the best things you had done or were 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

How are you coping with the impact of Covid-19

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

Our needs in later life

- Self-actualisation – desire to become the most that one can be
- Esteem – respect, self-esteem, status, recognition, strength, freedom
- Love and belonging – friendship, intimacy, family, sense of connection
- Safety needs – personal security, employment, resources, health, property
- Physiological needs – air, water, food, shelter, sleep, clothing, reproduction

What were the best things other people or organisations had done or were 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 are you not 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

Summary – Covid has affected everybody but how well you have weathered the storm depends on ‘the boat’ you were in

- Seize the moment
- Person-centred tailored solutions
- Celebrate wisdom of age
- Prevent, recover, recondition
- Building on resilience of age
- Whole community
- Enable not care

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- Informal not formal
- Support not services
- Positive thinking
- People actively involved
- Recover and develop assets
- Beware unintended outcomes
- Create the environment to encourage people to create solutions

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?

It was noted that Ian Spicer, Assistant Director, Adult Care and Integration, and the Chair was to meet with Lesley and her team in March to discuss this issue further.

Should any Board member have any questions, they should email either Ian or the Chair and they would be raised in the meeting with Age UK Rotherham.

Lesley, David and Iain were thanked for their presentation.

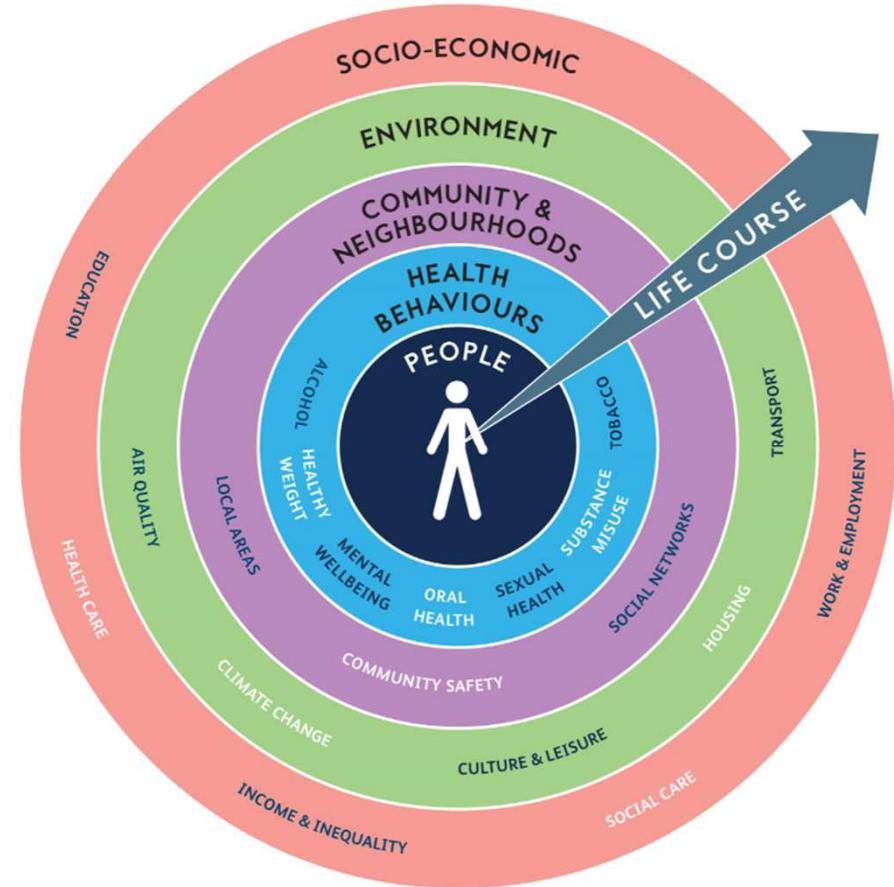
154. DATE AND TIME OF FUTURE MEETINGS

Resolved:- That meetings take place during the 2021/22 Municipal Year as follows:-

- 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.

JSNA 2020/2021 Update

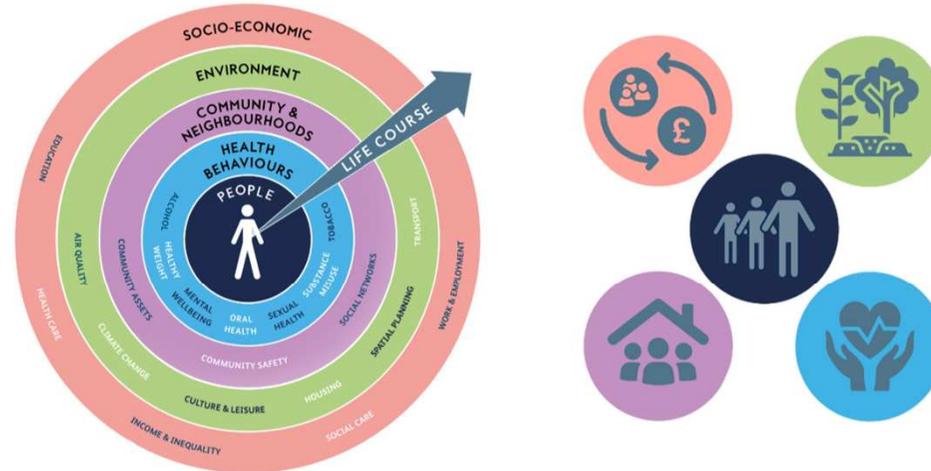


What is the JSNA?

- “An assessment of current and future health and social care needs of the local community”
 - This includes specific health and social care behaviours (e.g., smoking) but also wider determinants of health such as housing and access to green spaces
- The information found from the JSNA can be used to inform strategy, policy and action by any organisation in the borough.
- All local authorities must produce a JSNA, but there is no specified format, meaning that they vary between areas
- Rotherham’s version of the JSNA is the Rotherham Data Hub:
<http://www.rotherham.gov.uk/data/>

ROTHERHAM DATA HUB

MENU ≡



Welcome to the Rotherham Data Hub, the new home of the Rotherham Joint Strategic Needs Assessment (JSNA.) This website brings together data and intelligence to inform the local understanding of the current and future health needs of Rotherham people. The Rotherham Data Hub is a partnership initiative overseen by Rotherham's Health and Wellbeing Board.

We know that our health is not only influenced by health behaviours (such as smoking, alcohol, diet and exercise) and the health care we receive, but also by our social interactions with others, our sense of community, the environment we live in and our economic circumstances.

Evidence demonstrates that these 'wider determinants of health' have a significant impact across the life course and drive health inequalities between the most and least advantaged in society. The Rotherham Data Hub has been based on this model and broken into five sections, reflecting the wide range of influences on health. For more information on what is included within each section, please refer to the diagram.

- [Socio-Economic](#)
- [Environment](#)
- [Community and Neighbourhoods](#)
- [Health Behaviours](#)
- [People](#)
- [Accessibility Statement](#)

What does the Rotherham JSNA contain?

Section	Theme
People	Population including IMD domains and autism subsections
Socio-economic	Work and employment
	Income and inequality
	Health care
	Adult social care
	Children social care including special educational needs and disability (SEND)
	Education
Environment	Air quality
	Climate change
	Culture and Leisure
	Housing
	Transport
Community and Neighbourhoods	Local areas
	Community safety
	Social networks
Health Behaviours	Alcohol
	Healthy weight
	Mental wellbeing including gambling subsection
	Oral health
	Sexual health
	Substance misuse
	Tobacco



Structure of theme sections

Most theme sections are set up in a similar way:

- Initial **introductory** page – introducing the topic, it's overall relevance to good health and key points for Rotherham
- **COVID lens** – a page discussing the current impact of COVID on this topic and some potential impacts for the future
- **Data for Rotherham** – local authority level data or, where available, ward level or lower super output area (LSOA) level data
- **Useful links** – links to further reading
- **List of data sources**



Example 'Introduction' page

Healthy Weight

DATA REFRESHED: 13 APRIL 2021



Obesity is associated with an increased risk of developing ill health including diabetes, circulatory disease and some types of cancer (such as colon and breast cancer). It is recognised as a major determinant of premature mortality and avoidable ill health. Obesity increases the risks of complications during pregnancy and planned care. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Lack of physical activity may lead to ill health including circulatory problems, diabetes and some forms of cancer. Taking part in regular physical activity can improve physical and mental health and well-being. Remaining physically active into older age can improve functioning and contribute to maintaining independence.

Headlines

Rotherham residents (data relates to 2017/18 unless stated):

- Around 1 in 4 (26.6%) of children aged 4-5 years were overweight or obese (2019/20)
- Around 1 in 4 (22.4%) of children aged 10-11 years were overweight or obese (2019/20)
- Over two-thirds (75.6%) of adults (18+) were overweight or obese
- Around 30% of adults were physically inactive
- Just under half (44.6%) of adults (aged 16+) ate the recommended '5 a day' portions of fruit and vegetable on a 'usual day'

Local Picture

Data on excess weight in children at ward level shows a strong link with deprivation especially at Year 6 (children aged 10-11)

Trends

Over time, the trends for many factors involved in healthy weight such as breastfeeding initiation, overweight/obesity in reception age children, adult overweight/obesity and adult inactivity have worsened. Overweight or obesity in Year 6 children has shown slight improvement.

Example 'Impact of COVID' page

Healthy Weight - Impact of COVID

DATA REFRESHED: 13 APRIL 2021



Recent data has shown that people who are overweight or obese are at not at higher risk of contracting COVID-19 compared to those of normal weight. People with excess weight are, however, more likely to be go to hospital, get admitted to intensive care and die from COVID-19 than those who are a healthy weight. One recent study found that compared to people who were not obese, people with a body mass index (BMI) of 35-40 were 40% more likely to die from COVID-19. People with a BMI of over 40 were 90% more likely to die than those who weren't obese.

A potential reason that overweight and obese people are at higher risk of COVID-19 complications is likely to the fact that excess fat can affect the respiratory system. In addition, excess weight can affect immune function, affecting the way in which a person's has to respond to an infection which may make them more vulnerable to the effects of infections such as COVID-19.

The key findings of [a review of weight management services](#) during the earlier stages of the Pandemic included: Individuals who were overweight and obese being concerned about the risks of Covid-19 infection, access to weight management services were reduced and adults living with obesity were using food to manage their emotions during the first lockdown, adversely impacting self report dietary and physical activity behaviours.

Behavioural changes which may have an impact on weight, such as healthy eating and exercise, have been mixed during lockdown. A recent Food Standards Agency/IPSOS Mori survey of 2000 adults suggested that more people were cooking from scratch and 'eating healthier' than they had been before lockdown. Over the same time, however, 42% of people said they were eating more cakes, biscuits, chocolate, sweets or savoury snacks than they had done previously.

It appears that people were thinking about doing exercise at home, with Google searches for words such as 'home-based exercise' increasing following the March 2020 lockdown announcement. A Sport England survey, however, found that physical activity levels may have decreased following lockdown. From April to May 2020, a survey found that around 33% of those who responded were doing a similar amount of activity as before lockdown, 30% were doing more exercise and 37% were doing less exercise. Increased working from home may have contributed to an increase in sedentary lifestyle which also has a big impact on health. Those with a physical or mental disability or long-term illness were more likely to have done less exercise than the general population. An [Age UK study](#) looking at the impact of the pandemic on older peoples physical and mental wellbeing found that 26% reported not being able to walk as far as they used to.

Support services have had to adapt their services as a result of lockdown. The case study on the next page provides an example of what has been happening in Rotherham.

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☰ Impact of COVID



Example 'Data' page

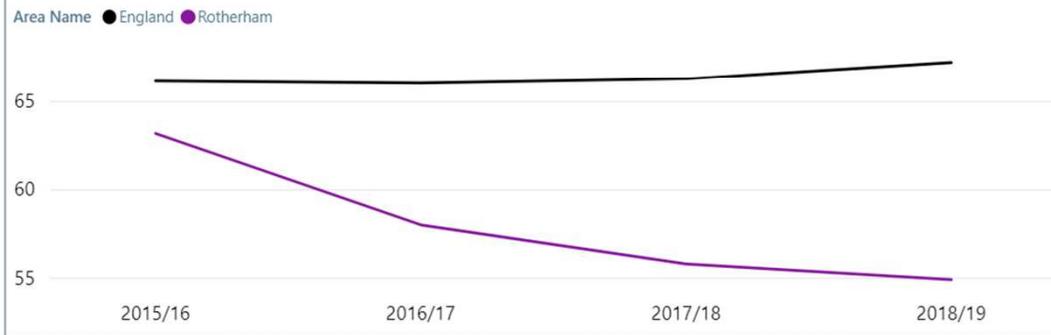
Physically active adults

DATA REFRESHED: 13 APRIL 2021



Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

Percentage of physically active adults. Percentage 2015/16 to 2018/19. Rotherham compared to England



Percentage of physically active adults. Percentage 2018/19. Rotherham and CIPFA nearest neighbours



Example 'Data' page

Child Poverty (Absolute)

DATA REFRESHED: 13 APRIL 2021

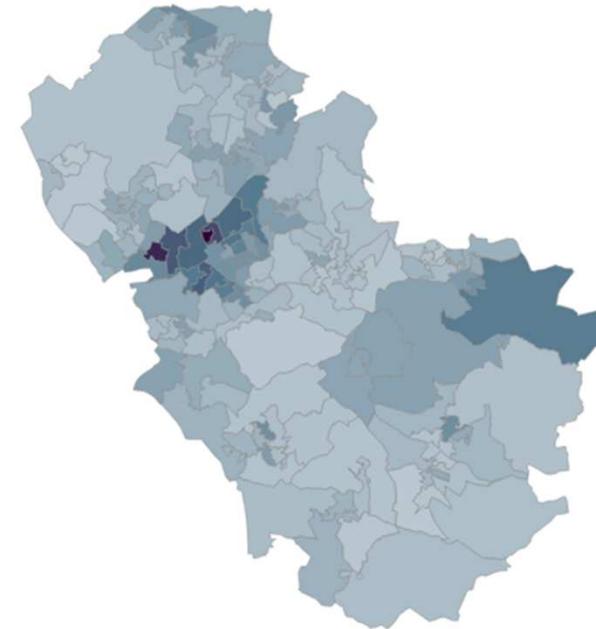


Nationally the relative poverty line is 60% of median income, which means that 14m people in the UK live in poverty. Absolute poverty is where a household's income is less than 60% of the median as it stood in 2011.

The figures below show the number of children in absolute poverty for each lower layer super output area (LSOA) in Rotherham. Please note that this is a number, rather than a rate, and so may be affected by the overall age distribution of the population within that LSOA.

Local SOA Name	2014/15	2015/16	2016/17	2017/18	2018/19
Anston Greenlands	34	24	34	18	23
Anston Park	29	21	25	33	21
Aston East	22	13	19	12	25
Aston Lodge	85	81	83	94	109
Aston North	28	38	44	49	31
Aston North West	112	141	128	118	139
Aston South	31	19	21	22	35
Aughton North & Ulley	51	29	28	28	22
Blackburn	73	80	76	45	55
Bow Broom	38	40	19	53	42
Bradgate	136	124	93	97	108
Bramley Grange	29	35	27	23	29
Bramley North	32	23	23	20	37
Bramley South East	37	35	30	43	30
Bramley South West	43	23	32	28	33
Bramley West	43	55	41	31	31
Brampton North	103	96	111	98	100
Brampton South	70	48	66	69	67
Brecks	31	14	35	32	28

Number of Children Living in Absolute Poverty by LSOA, 2018/19



Example 'Further Reading'

Further Reading

DATA REFRESHED: 13 APRIL 2021



NHS guidance on healthy eating: <https://www.nhs.uk/live-well/eat-well/>

Further NHS guidance on eating well: <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

NHS guidance on exercise for children: <https://www.nhs.uk/live-well/exercise/>

NHS guidance on exercise for children: <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-children-and-young-people/>

Sport England tips on exercise at home: <https://www.sportengland.org/jointhemovement>

BBC Sport Get Inspired (list of sports clubs in the UK): <https://www.bbc.co.uk/sport/get-inspired/45353880>

BMI calculator: <https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

PHE guidance for obesity/diet is available at: <https://www.gov.uk/health-and-social-care/obesity>

PHE guidance for physical activity is available at: <https://www.gov.uk/government/publications/health-matters-physical-activity>

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Recommendatio... ▾



Example 'Data sources'

Data sources

DATA REFRESHED: 13 APRIL 2021



Contextual information is from online Fingertips Profiles data published by Public Health England (PHE)

Most data and context from PHE Public Health Outcomes Profile (PHOF) at :

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000003/ati/102/are/E08000018/iid/93088/age/168/sex/4>

Prevalence of obesity and context from:

<https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1/gid/1938132859/pat/6/par/E12000003/ati/102/are/E08000018/iid/92588/age/168/sex/4>

Public Health England. Public Health Profiles. [last accessed 2 March 2021] <https://fingertips.phe.org.uk> © Crown copyright [2021]

Source data:

Breastfeeding initiation: NHS England.

Childhood excess weight data: NHS Digital, National Child Measurement Programme.

Adults classified as overweight or obese: Public Health England (based on Active Lives survey, Sport England)

Prevalence of obesity: Quality and Outcomes Framework (QOF), NHS Digital

Adults classified as overweight or obese.

Proportion of the population meeting the recommended '5 a day' on a 'usual day'.

Percentage of physically active/inactive adults

All above: Public Health England (based on Active Lives survey, Sport England)

COVID Lens data:

Public Health England. Excess weight and COVID-19: insights from new evidence [2020].

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19_FINAL.pdf

Sport England. Activity habits in early weeks of lockdown revealed [2020]. <https://www.sportengland.org/news/activity-habits-early-weeks-lockdown-revealed>

Ding D et al. Is the COVID-19 lockdown nudging people to be more active: a big data analysis [2020]. <http://dx.doi.org/10.1136/bjsports-2020-102575>

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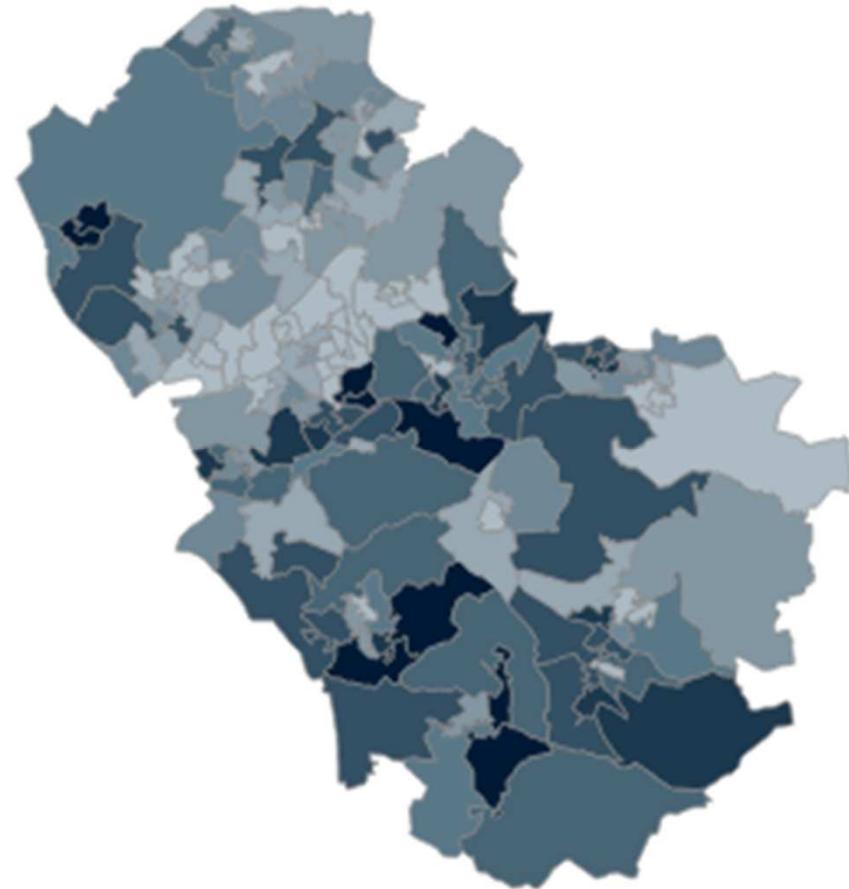
☰ Data sources inf... ▾



Impact of covid

- The long-term impacts of COVID are yet to be fully determined, but they are likely to be worse in more deprived areas and to worsen any pre-existing inequalities in all areas
- Deprivation in Rotherham is high compared to England as a whole – a third of Rotherham residents live within the top 20% most deprived areas in the country and overall deprivation increased between 2015 and 2019 according to the Index of Multiple Deprivation (IMD)

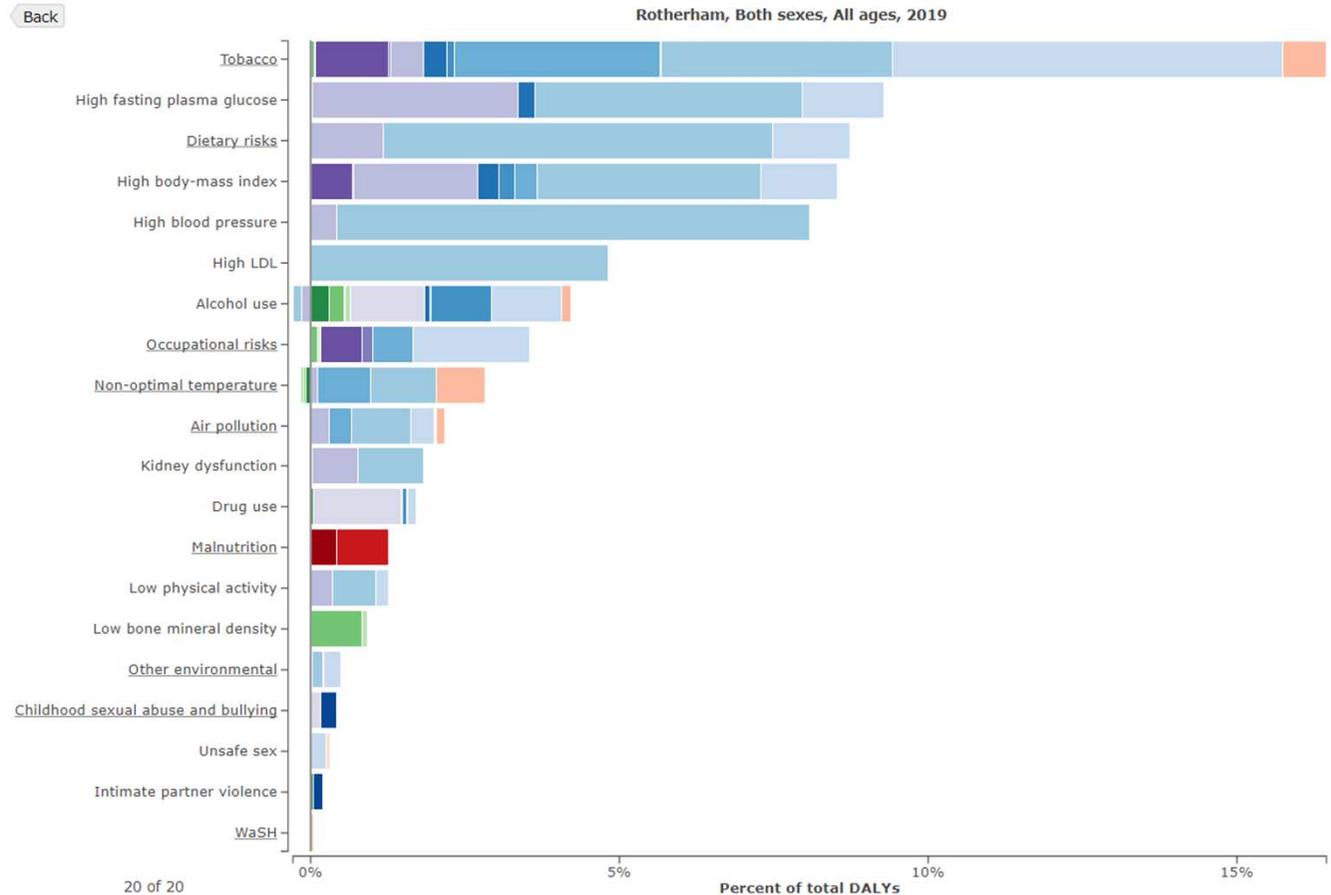
2019 IMD Decile by LSOA



Lighter colour = more deprived
Rank 1 equates to the top 10% most deprived LSOAs in England

Risk factors affecting DALYs

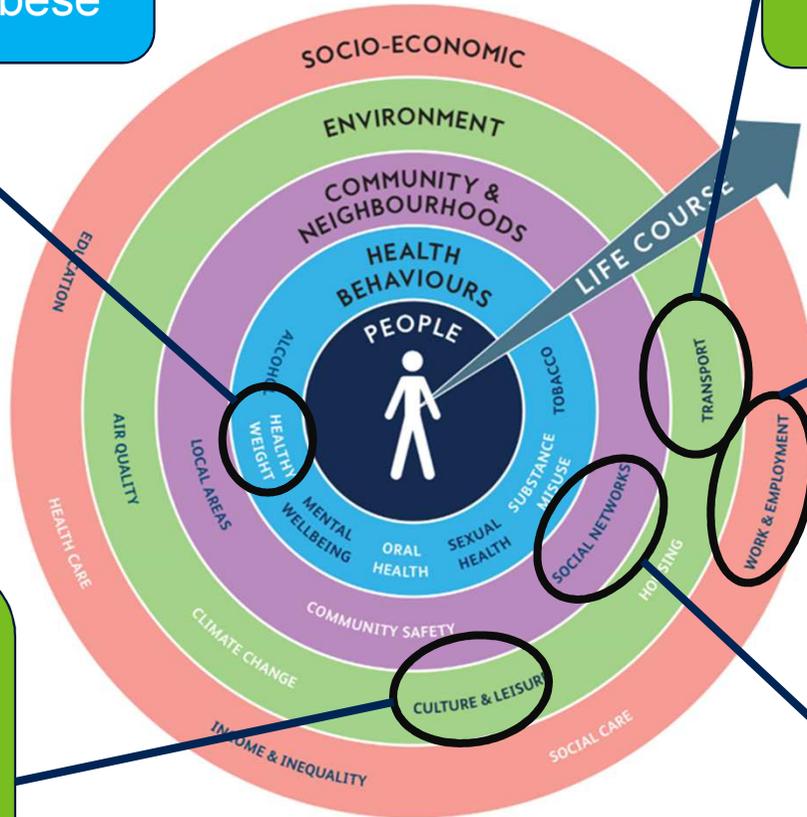
- The top 10 risk factors contributing DALYs in Rotherham are:
 - Smoking
 - High blood glucose
 - Diet
 - High BMI
 - High blood pressure
 - High cholesterol
 - Alcohol use
 - Occupational Risk
 - Cold homes
 - Air Quality



Headline data examples

75.6% of adults classified as overweight or obese

0.5% of workers cycle to work



25% of 16-64 years olds not economically active

14% of residents utilise outdoor space for health or exercise purposes

Gismo search for 'weight' -> RUCST weight loss programme

Links to the JSNA

- [Homepage – Rotherham Data Hub](#)
- [Socio-Economic – Rotherham Data Hub](#)
- [Environment – Rotherham Data Hub](#)
- [Community and Neighbourhoods – Rotherham Data Hub](#)
- [Health Behaviours – Rotherham Data Hub](#)
- [People – Rotherham Data Hub](#)



Future Actions

- Greater focus on **prevention and inequalities**
- Greater input across **place** – CCG, Healthwatch Rotherham and VAR all contributed data this year
 - TRFT and RDASH keen to contribute some data during this calendar year (e.g. smoking, IAPT (Improving Access to Psychological Therapies))
- As part of input across place, greater inclusion of information about **long-term conditions** such as cancer and cardiovascular disease
 - Links to work around Population Health Management



Future Actions cont.

- Incorporating an interactive '**ward profile**' element within the JSNA, collating all data at ward level into one place rather than having to go through each section individually
 - Acknowledging delays to data available at new ward level
 - Changes to ward boundaries this year may reduce the degree of comparable data available for the next few years
- Incorporating a '**lifecourse**' element, where data relevant to each life stage (child, young adult, adult, elderly) across all themes is brought together



Health and Wellbeing Board Annual Report, 2020/21

A healthier Rotherham by 2025



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Foreword

I am delighted as Chair of the Health and Wellbeing Board to present our annual report. Our Health and Wellbeing Board is a very successful board and is recognised as such by external bodies such as the Local Government Association. That success owes a great deal to the very strong partnerships we have built up over the past few years, which is a real hallmark of our board. I would like to thank all the partners for their strong commitment to delivering Rotherham's Health and Wellbeing Strategy and working together to improve outcomes for local people. I believe that the strength of our partnership has also been instrumental in our response to the COVID-19 pandemic, including the roll out of the successful vaccination programme in our community.

It has been an interesting year due to the COVID-19 pandemic, with the board not being able to physically meet for many months and the heavy call on member's capacity. Nevertheless, the board has continued to meet virtually throughout the pandemic, and as the report shows we have achieved much over the past year, such as our work on loneliness, encouraging better physical health and activities, supporting young people's mental health, setting up an unpaid carers group that is supporting the refresh of our Carers Strategy and placing an increasing emphasis on the wider determinants of health.

Clearly, in Rotherham we still need to do a lot more work on tackling health inequalities, including inequalities between our least and most deprived communities. The Health and Wellbeing Board has committed that this will be our main area of focus, to ensure that the health of the most vulnerable is improving the fastest.

In the coming year, we face the need to refresh our board priorities, taking into account the impact of the pandemic. We also need to consider the changes being brought in through the Health and Care Bill, including to our regional ICS. Although work is taking place, we still await further details on the impact that these changes will have on the Health and Wellbeing Board.

Once again, I would like to thank all members of the Health and Wellbeing Board who have helped to make the partnership what it is. I would also like to thank the hard work and dedication of officers who work in, and with the board from a number of partner organisations.



Councillor David Roche

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

A handwritten signature in black ink, appearing to read 'D Roche', with a horizontal line underneath it.

The Health and Wellbeing Board

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

Organisations represented on the board include:

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

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

Further detail around the role of the board, including how the board has met the statutory duties over 2020/21 is outlined below.

Joint Strategic Needs Assessment (JSNA)

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

The JSNA is hosted on a live website called 'the Rotherham Data Hub.' As part of the refresh for 2020/21 there has been a greater focus on health inequalities and data around the impact of COVID-19. The type of data incorporated in this website has also been expanded, to give a broader view of the issues facing local people.

This data will be used to inform commissioning decisions and strategy development. In particular, the findings of the updated JSNA will inform the refresh of Health and Wellbeing Board priorities and the strategic approach to tackling health inequalities.

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

Joint Health and Wellbeing Strategy

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

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

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

The Health and Wellbeing Board receives regular updates against each of these four aims.

Pharmaceutical Needs Assessment (PNA)

The board has a statutory responsibility to undertake a PNA every three years. However, due to ongoing pressures across all sectors in response to the COVID-19 pandemic, the national requirement to publish renewed Pharmaceutical Needs Assessments has now been suspended until October 2022. The PNA reviews the current pharmaceutical services in Rotherham and identifies any gaps in provision through assessment, consultation and analysis of current and future local need.

The current PNA for Rotherham now runs from April 2018 to October 2022.

Principles

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

- Reduce health inequalities by ensuring that the health of our most vulnerable communities, including those living in poverty and deprivation and those with mental health problems, learning or physical disabilities, is improving the fastest.
- Prevent physical and mental ill-health as a primary aim, but where there is already an issue, services intervene early to maximise impact.
- Promote resilience and independence for all individuals and communities.
- Integrate commissioning of services to maximise resources and outcomes.

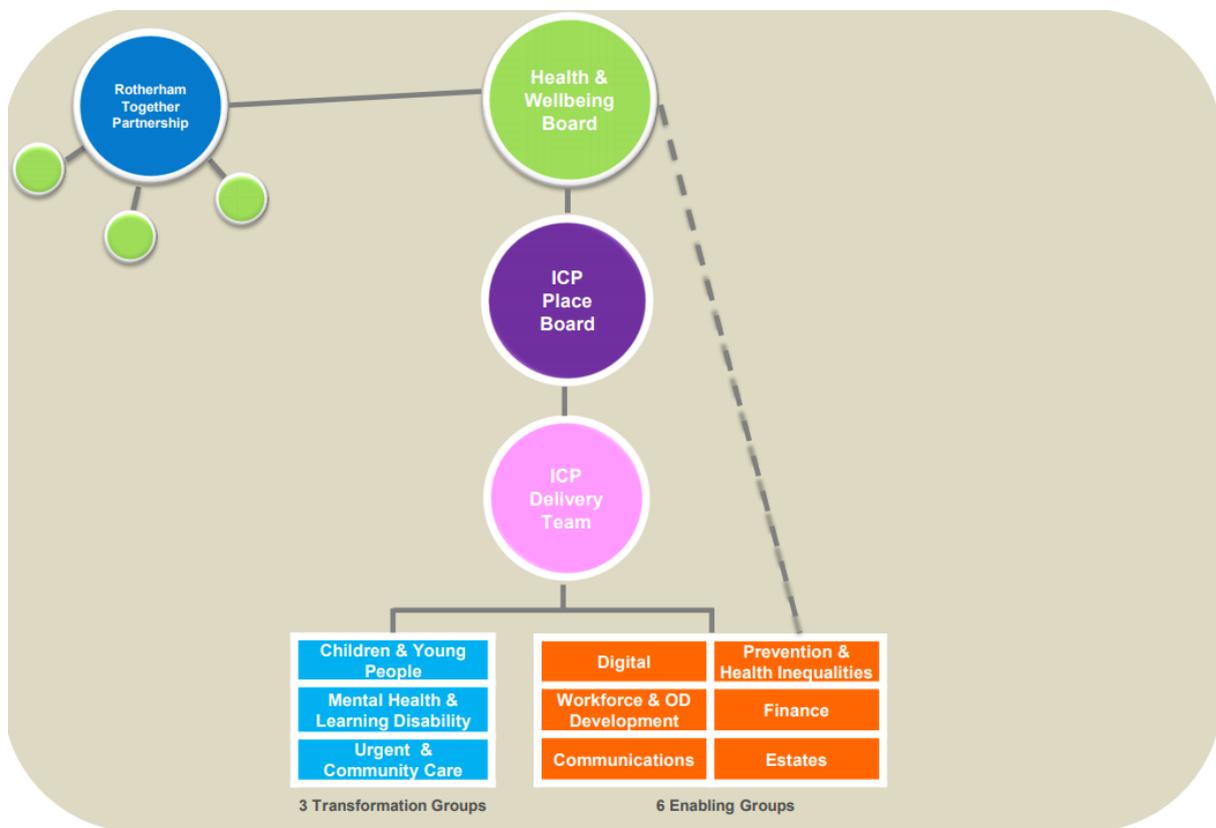
- Ensure pathways are robust, particularly at transition points, so that no one is left behind.
- Provide accessible services to the right people, in the right place, at the right time.

Governance

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

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

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



Rotherham Together Partnership

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

One of the game changers is ‘integrating health and social care’, which requires significant input from the Health and Wellbeing Board, working closely with the Integrated Care Partnership (ICP) Place Board. The Health and Wellbeing Board

also contributes to the other game changers, particularly 'building stronger communities' and 'skills and employment'.

Integrated Care Partnership (ICP)

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

The ICP Place Plan takes strategic direction from the Joint Health and Wellbeing Strategy and is the delivery mechanism for the aspects of the strategy relating to integrating health and social care. The Place Board regularly reports progress to the Health and Wellbeing Board, and there is a standing agenda item for the Health and Wellbeing Board to consider any issues escalated from the Place Board.

Safeguarding

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

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

Delivering on the protocol includes each board delivering and receiving updates from one another on annual basis, to ensure connectivity and appropriate oversight of issues relating to safeguarding. The terms of the protocol were fulfilled for 2020/21. Ensuring we are taking an integrated and co-ordinated approach to addressing issues relating to safeguarding will continue to be a priority for 2021/22.



Key dates – 2020/21

- June 2020 – The Health and Wellbeing Board agreed to refresh its priorities in line with the priorities emerging from the COVID-19 pandemic.
- September 2020 – The Health and Wellbeing Board held a session with the Health Select Commission on the findings of the Marmot Review: 10 Years on Report and the refresh of Health and Wellbeing Board priorities.
- September 2020 – A development session was held with support from the LGA.
- November 2020 – The Health and Wellbeing Board approved the renewed priorities and refreshed action plan.
- November 2020 – The ‘Integrating care: next steps’ paper was published and consultation was launched.
- January 2021 – The Health and Wellbeing Board submitted a joint response to the integrated care next steps consultation.
- January 2021 – The Chair of the Health and Wellbeing Board shared good practice from Rotherham in a national webinar held by Public Policy Exchange on tackling loneliness and social isolation.
- February 2021 – The integrated health and social care White Paper was published.
- February 2021 – The Health and Wellbeing Board ran an annual review survey with board members. The board received an average rating of 9/10 in terms of how effectively it has worked over the past year (1 being poor, 10 being excellent.)
- March 2021 – Health and Wellbeing Board members participated in a workshop with the other safeguarding boards, which included a focus on mental health as a cross-cutting issue.
- March 2021 – The Health and Wellbeing Board held an engagement session with Age UK Rotherham and Rotherham Older People’s Forum to explore the impact of the pandemic on older people.

What's worked well?



As well as partners working closely together on the response to the COVID-19 pandemic, there has also been significant progress made over the past year to support delivery of the Health and Wellbeing Strategy.

Examples of some of the achievements to deliver the strategy in 2020/21 include:

- Engaging with the Local Maternity System on the maternity transformation plan.
- The implementation of the Mental Health Trailblazer in schools 'With Me in Mind'. Since children returned to school in September pilot schools are reporting a significant positive impact from having Mental Health Support Teams in their settings.
- Delivery of the Suicide Prevention and Self-harm Reduction Action Plan, including promoting information around debt advice and signposting to Rotherhive website, sharing information for people at risk of relationship breakdown, helping carers and following up missed appointments.
- Pooling knowledge, expertise and resources across the partnership with regards to the mental health and wellbeing of our workforce.
- Launching the Moving Rotherham campaign to encourage local people to be more physically active. This has included activity such as the 'Moving in Nature' project, which is focussed on engaging local people with green spaces in their area.
- Establishing an unpaid carers group to ensure carers have the support they need throughout the pandemic. This group has also been closely involved in

the co-production of the Carers Strategy.

- Tackling loneliness and social isolation during COVID-19, including reaching out to at-risk groups, raising awareness via social media and redeveloping the MECC training.
- An estimated 400,000 people engaged in the Rotherham Together programme, which was developed to respond and support recovery from COVID-19. The programme focussed on three key themes: Joy, Gratitude and Hope and provided innovative and COVID-secure ways to foster connectedness.
- Working with the other boards across the Rotherham Together Partnership to deliver the safeguarding protocol, including coming together to discuss mental health as a cross-cutting issue.



Case Study: Supporting children and young people's mental health



The COVID-19 pandemic has disrupted the lives and education of children and young people – leading to anxiety, sadness, stress and uncertainty. To support young people and their mental health, it was recognised by Public Health England that the views of young people would need to be sought to establish the state of their mental health and wellbeing during the 2020/2021 pandemic and lockdowns.

Rotherham worked jointly with all secondary schools and pupil referral units to enable all children and young people aged between 11 to 17 attending an educational establishment to have their voice heard.

It has been the aim to capture the views of children and young people in three stages: the beginning of the first lockdown (March/April 2020), approximately six months into the pandemic (October 2020) and during the easing of restrictions (May/June 2021). *

Worryingly, the results from the October 2020 survey compared to June 2020 show that there was:

- A 7% increase in young people feeling anxious
- An 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

However, schools have fed back that the surveys been a valuable resource in shaping their approach to supporting children and young people with their mental health. There are many examples of positive support that schools have been put in place in response to findings from the survey, including:

- Inviting students to be a part of National Feeling Good Programme
- Developing a recovery curriculum for Years 7-11 in PSHCE
- Supporting students to work with Student Council to develop information

around joint relaxation techniques

- Development of a pathway to share a clear picture of where and how support can be accessed
- Communication to students in the form of Student Wellbeing Newsletter; Parental Wellbeing Newsletter

Young people have also fed back about the strategies they have put in place to support their mental health through the pandemic, which have included talking with friends/family, building a routine, starting a new physical activity and learning new skills – all of which align with the Five Ways to Wellbeing.

The findings of these surveys are also fed into partnership meetings to shape decisions around service-delivery. This is also being picked up by the Mental Health Recovery Cell and will continue to inform recovery planning.

*These results will be available July 2021

Case study: Engaging local people on the Great Big Rotherham To-do list



The Five Ways to Wellbeing is a nationally recognised, evidence-based set of actions that enhance personal wellbeing, helping individuals feel and function well. During the pandemic people have dug deep and found resilience they didn't know they had. Many local people have made positive changes – like spending quality time with family, getting outdoors more or learning something new.

It turns out many of these things fit with the Five Ways to Wellbeing:

- being physically active
- connecting with others
- giving time or skills to support others
- learning something new
- pausing to take notice and reflect.

It will be just as important for local people to look after their wellbeing – and keep doing those positive things as Rotherham moves into recovery. A call out has gone through the press, social media, through partner organisations and community groups to learn from local people about how they have remained resilient during the COVID-19 pandemic.

Resident's ideas and suggestions will then be compiled to create The Great Big Rotherham To-Do List – a free pocket guide full of inspiration to find everyday moments of calm, interest, health and fun based on the Five Ways to Wellbeing.

The Great Big Rotherham To-Do List will be available as a fold-out planner via libraries and community groups as well as online; it will also contain information about the Five Ways to Wellbeing – simple steps that can easily be incorporated into daily life to protect physical and mental health.

Case study: Launching 'Beat the Street' to encourage local people to move more



Regular physical activity has significant health benefits, including protection against many chronic diseases, better mental wellbeing and improved quality of life. Unfortunately, evidence suggests that Rotherham people are less physically active than the national average, with only 55% of adults being physically active and 30% being physically inactive.

In the context of some of these challenges, the Beat the Street project was launched in Rotherham. Beat the Street is a free, interactive challenge that encourages people of all ages to incorporate physical activity into their daily lives by turning the area into a six-week game which incentivises walking, cycling, running, scooting and active travel.

Beat the Street is being delivered by Intelligent Health and is funded by and Rotherham Council's grant funding allocation from DfT's Sustainable Transport Access Fund and the National Lottery on behalf of Sport England.

The game is completely contactless and players take part in their family groups or support bubbles are encouraged to walk, cycle, run, wheel or scoot as far as possible within the local area, with prizes for the teams that clock up the highest number of miles.

Beeping and flashing sensors called Beat Boxes have been placed on lampposts around the area for the duration of the six-week game. Primary school pupils received a pack via school containing a fob, a card for an adult to play, and a map.

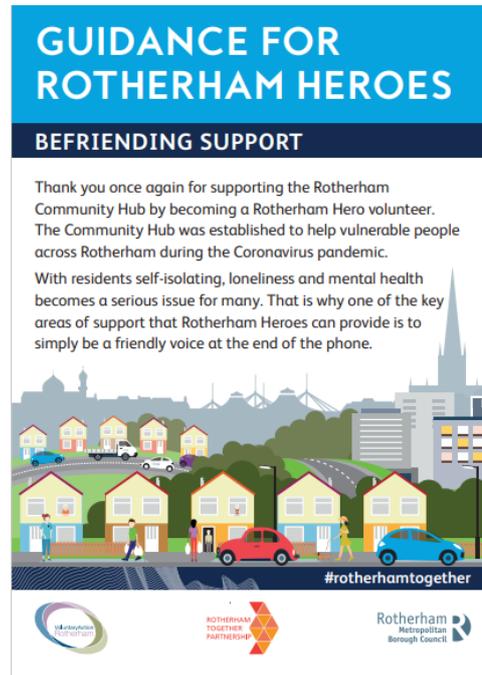
Players can form virtual teams, then walk, run, roll, scoot or cycle between the Beat Boxes scoring points with their fobs or cards as they go. The more Beat

Boxes on their journey, the more points they score for their community or school team. Each week is themed with different activities to help participants get the most out of their Beat the Street experience. There are around 14k players in Rotherham, with 87,640 miles travelled so far.

Rotherham Council Cabinet Member for Adult Social Care and Public Health, Cllr David Roche, said: “We know that lockdown has impacted people’s activity levels and Beat the Street gives a safe and stimulating way for young people and families to get out and get active with a purpose. It’s clear that now, more than ever, it is vitally important to ensure that we adopt healthy lifestyle habits around incorporating physical activity into our days and trying to travel in more active ways by walking or cycling.”

Once the game finishes, a plan is in place to ensure sustained behaviour change in people who took part through work with primary schools, workplaces and linking into opportunities and activities already available locally via partners. Active travel will be a key focus of this plan, building on the learning from the project.

Case study: Making friendship calls to residents experiencing loneliness



The COVID-19 pandemic has radically changed the daily lives of our residents. Through following the restrictions to stay safe and protect others, the opportunity to interact with friends, family and other people in the community has significantly changed. In this context, it is not surprising that many people have experienced feelings of loneliness.

In response to the pandemic, the Rotherham Community Hub was launched in late March 2020, to provide support to any Rotherham resident affected by COVID-19. Through the Hub, Rotherham residents are linked up with Rotherham Heroes volunteers, who can provide various kinds of support, including support with loneliness. As part of this campaign, Rotherfed developed the Friendship Calls project, to offer a friendly voice over the phone to local people.

The Friendship Calls project is a no-barriers service and any Rotherham resident over the age of 18 can receive the calls. Recipients are carefully matched with a trained volunteer, who Rotherfed think will be a good fit for a weekly phone call.

A wide range of people have accessed the service – from a 21 year old student to a 105 year old gentleman – reinforcing that loneliness can affect people from all ages and from all backgrounds. These are just a few examples of the people who have accessed the service and the impact it has had on them:

- Paul is over 100. He relishes the calls he gets weekly and will play the harmonica for the volunteers over the phone. His confidence has increased and is now out and about more on his scooter!
- Steven is a man in his fifties who has served time in prison and is now out on probation. Steven really enjoys the calls as he feels that no one is judging him and he feels he can really connect to the volunteers and start building his trust

in people again.

- Angela is a young mum and the survivor of domestic abuse. These calls have built her confidence up and given her a will and strength to believe in herself again.
- Mary is a disabled lady who started receiving calls during lockdown as she was very socially isolated. The calls have built up her confidence and she has now decided to become a volunteer herself!
- Harry lives with Borderline Personality Disorder and lives on his own with no family support. He says that the calls give him a chance to have a friendly chat with someone who does not judge him, or try to change him, but someone who just lets him be 'normal' for a change.

In the first year of the Friendship Calls project:

- 290 number of people were referred to the service (159 currently active),
- 61 volunteers supported the service (49 currently active),
- 3,190 calls have been made.

Rotherfed provides support and personal development opportunities for all volunteers. This includes regular support sessions and all relevant training.

To find out more about the project, please contact Jane Owen (jane.owen@rotherfed.org/07399 888034) or Nicola Evans (nicola.evans@rotherfed.org/07376 666191).

What are we worried about?

There are large gaps in life expectancy and healthy life expectancy both within the borough and compared with the national average. Moreover, the coronavirus pandemic has exacerbated existing health inequalities, with the most disadvantaged communities being hit the hardest.

The leading causes of death in Rotherham include ischaemic heart disease (IHD), stroke, lung cancer, COPD and Alzheimer's / dementia. For a disease such as ischaemic heart disease, 93.2% of deaths are considered attributable to risk factors that are potentially preventable. The risk factors contributing the most to deaths in Rotherham are smoking, high blood pressure, high blood glucose, high BMI and high cholesterol.

Considering the picture for some of these key risk factors in Rotherham:

- Smoking prevalence in adults is higher than the national and regional averages.
- There is a high prevalence of both childhood and adult obesity with a strong correlation with areas of highest deprivation.
- A significant proportion of adults are physically inactive.

This emphasises the importance of prevention and early intervention.

Mental health and wellbeing is also a concern:

- In Rotherham, self-reported wellbeing scores for 2018/19 were significantly worse than England in relation to low satisfaction, low happiness and anxiety.
- The percentage of adults registered with GPs for depression is higher than the national average.
- Rotherham's suicide rate is higher than the national average.

What will we do next?

The impact of COVID-19 and lockdown has brought with it some new challenges that are likely to be felt within our communities for some time. Supporting local people as we move into recovery will be a key aim of the Health and Wellbeing Board, with a focus on reducing health inequalities and prevention and early intervention.

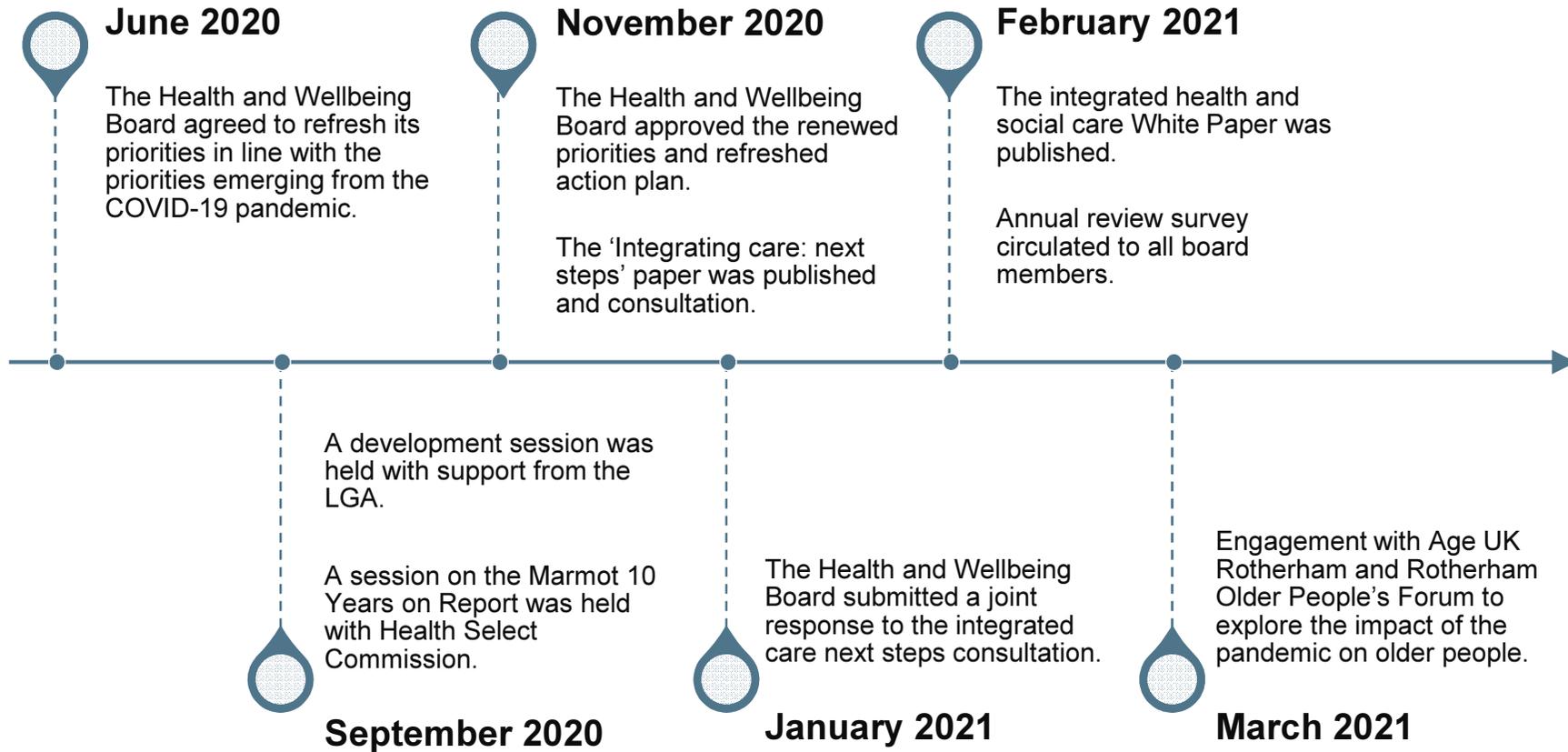
The Health and Wellbeing Board will now:

- Engage with board members to update the board's priorities and the action plan which underpins the strategy.
- Embed a prevention-led systems approach across the Place.
- Work with the South Yorkshire and Bassetlaw ICS to shape the future arrangements.
- Continue to monitor the longer-term impacts of the pandemic on our communities.
- Focus on reducing health inequalities between our most and least deprived communities.

Health and Wellbeing Board Annual Report – 2020/21

26th May 2021

Our 2020/2021



Refreshed strategic priorities

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

Develop our strategy for a positive first 1001 days.

Support positive mental health for all children and young people.

Support children and young people to achieve their full potential.

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

Deliver the Better Mental Health for All Strategy.

Deliver the Rotherham Suicide Prevention and Self-Harm Action Plan.

Promote positive workplace wellbeing for staff across the partnership.

Aim 3: All Rotherham people live well for longer.

Build a social movement to support local people to be more physically active.

Ensure support is in place for carers.

Develop a whole-systems approach to tackling obesity in Rotherham, with consideration of the impact of COVID-19.

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

Delivery of a loneliness plan for Rotherham.

Promote health and wellbeing through arts and cultural initiatives.

Ensure Rotherham people are kept safe from harm.

Key areas of progress

- The implementation of the Mental Health Trailblazer in schools 'With Me in Mind'.
- Delivery of the Suicide Prevention and Self-harm Reduction Action Plan.
- Launching the Moving Rotherham campaign to encourage local people to be more physically active.
- Establishing an unpaid carers group to ensure carers have the support they need throughout the pandemic.
- Tackling loneliness and social isolation during COVID-19.
- Delivering the Rotherham Together Programme focussed on three key themes: Joy, Gratitude and Hope.
- Maintaining a link between the Health and Wellbeing Board and the Local Outbreak Engagement Board.
- Working with the other boards across the Rotherham Together Partnership to deliver the safeguarding protocol.



Thank you



Reviewing our priorities and action plan

- Our current priorities and action plan run until June 2021
- Engagement with board members is the key next step



Our challenges

Health inequalities between our most and least deprived communities, and between Rotherham and national average.

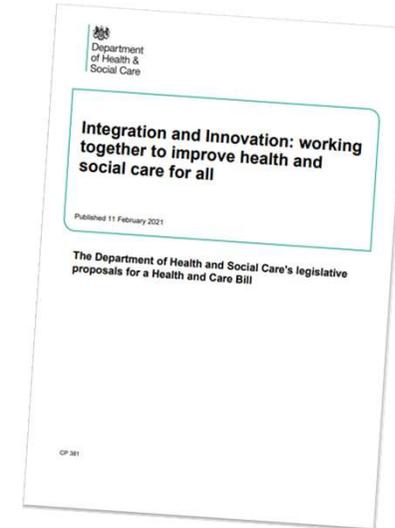
The leading causes of death in Rotherham are associated with preventable risk factors.

Mental health and wellbeing remains a concern.

The pandemic will continue to impact local people's lives in the long-term.

Forward look

- Implementation of the health and social care White Paper – implications for our system and our partnership
- Supporting our communities through COVID recovery
- Board members' feedback in the annual review survey:
 - Further prioritisation – not trying to do everything
 - Doing more to communicate with Rotherham people about our work
 - Involving partners engaged with the wider determinants
 - Increasing our focus on health inequalities



Discussion

- Refresh of priorities or refresh of the strategy?
- What are our biggest priorities to support recovery from COVID-19?
- How can we strengthen our focus on prevention and health inequalities?
- What could we do differently?



Health and Wellbeing Strategy Action Plan: Update to board, May 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 continues to work with the LMS, with the aim to achieve most women on a continuity of carer pathway, covering 75% of BAME and women with Vulnerabilities by 2024.
	1.2	Explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services.				Anne Charlesworth, Commissioning Manager, RMBC		Cabinet have agreed that a service be re-procured by open tender, to be published in April 2022. The current contract has been extended by 12 months to ensure continuity. A project board, chaired by the Director of Public Health is established to manage the programme of work.
Support positive mental health for all children and young people.	1.3	Monitor the impact of the trailblazer in pilot schools and prepare to submit a bid to future waves when they are released.				Jenny Lingrell		The Q3 (Oct-Dec) quarterly report from With Me In Mind demonstrates positive outcomes in terms of child and staff wellbeing. 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>It has been confirmed that Rotherham has been successful in its bid to expand Mental Health Support Teams and will add an additional team in Wave 6 (from Jan 2022).</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>
	1.4	Continue to monitor the impact of COVID-19 on children and young people through a series of mental health surveys (first survey July 2020, second survey October 2020, third survey TBC.)			Jenny Lingrell/ Ruth Fletcher-Brown		<p>The third survey is currently open and will capture the response of children and young people following the second period of limited school opening and the subsequent return to school / relaxation of lockdown.</p> <p>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</p>

							<p>specific year groups and producing both student and parental wellbeing newsletters.</p> <p>The Education Recovery Cell will retain oversight of this agenda.</p> <p>At a system level, the findings are shared with system leaders and relevant services.</p>
	1.5	Roll out DFE Wellbeing for Education Return programme, responding to the findings of the mental health survey.				Jenny Lingrell	<p>Following the roll out during the autumn term, work is taking place to pilot follow-up group supervision and support sessions in response to feedback from the education workforce. This approach will be embedded in plans for offer CPD / support to schools.</p>
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	<p>Continued supportive sessions for school/early years leaders are arranged for the rest of the academic year to provide a supportive forum whilst preparing for schools as part of the education recovery. Key updates and revisions to statutory guidance have been provided to schools.</p> <p>RMBC has developed an Education Recovery cell which is focused on supporting all areas of education to have a proactive approach to challenges across</p>

							the final part of the academic year. Key areas of focus include access to additional support for vulnerable groups, education recovery curriculum, and school attendance.
1.7	Ensure that children continue to consistently attend education across this academic year.				Nathan Heath		Across the final part of this academic year, the impact that the pandemic has had student's attainment and educational engagement remains a clear area of focus. The Education Recovery Cell is focussed on maximising the use of central government investment in the 'catch-up' for post-COVID gaps in academic attainment.
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 term, including a series of multi-agency EHE summits looking at support and oversight to make sure this cohort are visible and supported. The EHE multi-agency governance group has remained a strong mechanism to ensure 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		SEND Strategic Board have developed an outcomes framework, monitored via a performance dashboard. This will be supplemented with case

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 has now formed as the Mental Health and Wellbeing Recovery Cell, reporting to RMBC Gold. it also has reporting links to the Health and Wellbeing Board and Mental Health & Learning Disability Transformation Group.</p> <p>Partners are refreshing the plan to address the next phase of recovery.</p> <p>Workshops on bereavement in relation the general bereavement listening service and the suicide listening service (Amparo) are being promoted to staff across the partnership. The workshops are aimed at professionals working in organisations who may be able to refer people to the service.</p> <p>Other actions include: the third</p>

							C&YP survey and actions to address the findings (reflected in Aim 1), 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	<p>Work is progressing on the Great Big Rotherham To-Do List. This is about capturing ways people have kept themselves resilient, many of which come under the Five Ways to Wellbeing. These ideas will be used in a resource which will celebrate this and encourage everyone to keep doing these things going forwards. It will be a resource suitable for the whole life course with ideas to do at home and around Rotherham.</p> <p>The Comms and Engagement group are working on a 2021 comms plan with a focus on three key themes:</p> <ol style="list-style-type: none"> 1. Be the One suicide prevention campaign 2. Emotional resilience Loneliness and isolation
Deliver the Rotherham Suicide Prevention and Self-	2.3	Review local action plan in line with COVID-19 and emerging risk groups.				Anne-Marie Lubanski, Strategic Director, Adult Care, Housing	The Suicide Prevention Operational Group which reviews all suspected suicides has updated its own action plan reflecting on the real time data,

Harm Action Plan.					and Public Health, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC		<p>considering the pandemic and associated risk factors including groups of people who may be at risk.</p> <p>Specific actions include: promoting information re debt advice and signposting to Rotherhive website, information for people at risk of relationships breakdown, helping carers and best practice for following up missed appointments.</p> <p>A full review of the borough-wide plan will take place with partners in the summer. Partners are currently updating the plan to evidence progress achieved.</p> <p>Be the One was promoted over the Christmas and New Year period. A comms plan includes specific promotional events throughout 2021.</p>
	2.4	Delivery and evaluation of year 3.			Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC		<p>Evaluation of Year 2 and 3 of the small grants scheme will take place in May/June 2021. Self-Harm Train the Trainer- the provider organisation, Harmless, has been working with RMBC and RCCG officers to plan for a second training</p>

					Ruth Fletcher-Brown, Public Health Specialist, RMBC		<p>cohort which is running in May/June 2021. The trainers are from across the partnership some will have a specific focus on older people and self-harm. Cohort 1 Trainers attended a refresher course in February 2021. The awareness course has been adapted for virtual delivery until restrictions ease for face to face training.</p> <p>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. Workshops are being promoted to staff across the partnership so that staff know how to refer people in.</p> <p>Regular contract meetings with the provider.</p>
	2.5	Promote and evaluate the Be the One campaign.			Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC		<p>Promotional activity has included:</p> <ul style="list-style-type: none"> • All suicide prevention training sessions promote the website. • Sessions for care providers, befriending

					Ruth Fletcher-Brown, Public Health Specialist, RMBC		organisations and Rotherham Rise to promote the campaign.
	2.6	Coordinated training programme for suicide prevention and self-harm			Anne-Marie Lubanski, Strategic Director, Adult Care, Housing and Public Health, RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC		Virtual courses were piloted during December and January. Training provider secured in March 2021. Programme of half day training sessions is being promoted across the partnership with a particular emphasis on VCS, police and primary care. The training is virtual until social distancing restrictions are relaxed.
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 ICP Place Plan.

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>Moving Rotherham Partnership, chaired by Chris Siddall, Acting Head of strategic Projects and Partnerships R&E, taking place quarterly. Continuing to engage wider group of partners through Twitter and #MovingRotherham.</p> <p>Shaping Places for Healthier Lives programme – Moving in Nature project – stakeholder workshops taken place and artists due to complete engagement activity early May. Final application to be submitted with proposal for 3-year project (at value of £300k) to increase use of local urban green space across Rotherham by 26th May.</p> <p>Mid-way through Beat the Street game with 13,806 players registered and 76,475 miles travelled so far. Sustain plan in development to support continued behaviour change in those taking part – which will run</p>

							until Dec 2021. Two local parkrun events to start back 5 th June (pending council approval) at Rother Valley and Clifton Park, with an average of 400-500 runners/walkers each week across two sites. New junior parkrun event to start in Rawmarsh in due course.
	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. 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		Work has been ongoing to co-produce a refreshed Carers Strategy with partners and Rotherham carers. Resources and capacity challenges within partner organisations have impacted on the timescales for developing the strategy. However, activity is on track to

							have phase 1 of the Carers Strategy, which will be focussed on COVID recovery and stabilisation, in place by June 2021. Work will then continue to develop phases 2 and 3; phase 2 will be focussed on improvement work and creating communities of support for carers and phase 3 will be focussed on transformation and ensuring that support for carers is everyone's business.
	3.5	Apply the carers offer within the adult social care pathway.				Jo Hinchliffe, Service Improvement and Governance Manager, RMBC	<p>Regional meetings are ongoing and are still providing useful oversight / resources that are being applied locally. This is also an opportunity to share examples of best practice.</p> <p>As a result of management development sessions, pathway priorities are being explored, with work focussing on defining the carers offer in line with the refreshed Carers Strategy. An action plan is in place to guide this work.</p>
	3.6	Enhance the information offer for all carers in Rotherham.				Jo Hinchliffe, Service Improvement and Governance Manager,	A communications subgroup is in place with Carers Forum to manage and plan information offer.

					RMBC		
Develop a whole-systems approach to tackling obesity in Rotherham, with consideration of the impact of COVID-19.	3.7	Establish a Healthy Weight Strategy Group with representation across all key partners.			Kate Green, Public Health Specialist, RMBC		Due to capacity across the partnership this work was paused – guidance to be sought from the Health and Wellbeing Board as to when capacity will enable this work to re-start.
	3.8	Review the children’s obesity pathway.			TBC		Public Health team priority/structure review currently taking place. To be agreed through this process who is best to lead 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 was in development for the local authority healthy weight declaration and plans to engage partners in developing their own declarations in support of this, which was paused due to COVID. Guidance to be sought from Health and Wellbeing Board as to when capacity will enable this work to re-start.

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 Mental Health and Wellbeing Recovery Cell and the VCS Befriending Group.</p> <p>Actions include: Suicide awareness training for befriending providers and Community Hub staff, Draft Evaluation of Rotherham Heroes programme completed in advance of presentation to SLT in May, along with Valuing Volunteers Policy for Council, The Great Big Rotherham To-Do List, Befriending providers discussing and sharing best practice on staff wellbeing and recovery at their meetings.</p>
	4.2	Relaunch MECC training around loneliness.				Phillip Spencer, Public Health Practitioner,		The MECC training has been updated to reflect referral routes, case studies and the

					RMBC Ruth Fletcher-Brown, Public Health Specialist, RMBC		impact of the pandemic. Training rollout about to commence.
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>The group are looking at recovery and how the services will continue to support people in this next phase.</p>
4.4	Develop and deliver a communications and engagement plan to raise awareness around loneliness and befriending.				Gordon Laidlaw, Head of Communications Rotherham CCG and Rotherham Integrated Care		Work is progressing on the Great Big Rotherham To-Do List. This is about capturing ways people have kept themselves resilient, many of which come under the Five

					Partnership (ICP) Diane Clarke, Account Manager Adult Care, Housing and Public Health, RMBC		Ways to Wellbeing. These ideas will be used in a resource which will celebrate this and encourage everyone to keep doing these things going forwards. It will be a resource suitable for the whole life course with ideas to do at home and around Rotherham. The Comms and Engagement group are working on a 2021 comms plan, which includes a focus on loneliness and social isolation.
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.			Polly Hamilton, Assistant Director, Culture, Sport and Tourism, RMBC Leanne Buchan, Head of Creative Programming and Engagement, RMBC		An estimated 400,000 people have engaged in the Rotherham Together programme over the seven months of activities. The programme launched on 4th September to coincide with what would have been Rotherham Show, delivering the Wildflower Park land art installation at Clifton Park, a Demonstration of Thanks in the town centre and the Life in Lockdown exhibition at the Museum. Other events have

						<p>included Black History Month, Christmas Activities, and Chinese New Year Celebrations.</p> <p>No Leotard Necessary is a programme of outdoor activity aimed at supporting continued physical exercise during lockdown and has been running across all monthly programmes. Sparks of Joy is a programme of small, contained pop-up performances in care home settings ran throughout March.</p> <p>The Rotherham Together Programme came to an end in March 2021.</p>
4.7	Co-design targeted activities in libraries to those groups which have been identified as part of the Health and Wellbeing review.				<p>Polly Hamilton, Assistant Director, Culture, Sport and Tourism, RMBC</p> <p>Zoe Oxley, Head of Operations and Business Transformation, RMBC</p>	<p>Libraries have provided a number of virtual events and activities for children and families including stories, rhymetimes and craft sessions. They have also started an online book club for home educated children who have been particularly isolated this year due to many of their normal group activities being cancelled. For adults the libraries have linked in with a national Reading Friends initiative and have been making regular telephone calls to</p>

							<p>participants to talk about books and reading.</p> <p>As part of another project the libraries have been encouraging people to have a go at creative writing, with some fantastic video workshops with a local author and performer Ray Hearne. Library Shared Reading groups in conjunction with The Reader have also managed to continue virtually over the last year.</p> <p>Throughout most of the pandemic libraries have been regularly delivering books and audio books to customers of the Home Library Service, many of whom have been shielding, and who have really appreciated receiving their reading material. The School Library Service have also continued to deliver books and resources to schools, along with virtual reading initiatives and topic sessions.</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.				<p>Steve Adams, Group Manager, South Yorkshire Fire and Rescue</p> <p>Toni Tranter, Partnership</p>	<p>A meeting took place between South Yorkshire Fire and Rescue and the Council in May 2021. This was a positive meeting which also highlighted areas of opportunities for partnership working wider than</p>

					Manager, South Yorkshire Fire and Rescue		the Council. This will be pulled together by leads within the Council and sent over to Toni Tranter to commence work on creating referral pathways. This meeting also led to the attendance of the RMBC Homecare provider monthly meeting. Feedback will be given on which providers sign up/re-engage.
	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 took place in March 2021, which brought together board representatives to discuss mental health as a key crosscutting issue. Work is taking place to progress the actions from this workshop.

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		The mental health impact assessment is complete but can be added to as and when new data emerges. It will be linked into the relevant JSNA pages. It has been shared with the Mental Health and Wellbeing Recovery Cell.
	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. The findings of this workshop will feed into the Health Inequalities and Prevention Enabler Group.
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 was 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	The refreshed JSNA will come to the May Health and Wellbeing Board.

**Terms of Reference:
Rotherham Health and Wellbeing Board**

Key Contacts	
Chair	Councillor Roche – Cabinet Member for Adult Social Care and Health, Rotherham Metropolitan Borough Council
Vice Chair	Dr Richard Cullen – Chair of Rotherham Clinical Commissioning Group
Health and Wellbeing Board Support Officer	Becky Woolley – Policy Officer, Rotherham Metropolitan Borough Council rebecca.woolley@rotherham.gov.uk

Role of the Health and Wellbeing Board
<p>The Health and Wellbeing Board brings together local leaders and decision-makers, to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote an integrated approach. The Health and Wellbeing Board is a statutory sub-committee of the Council but will operate as a multi-agency board of equal partners.</p> <p>The role of the board includes:</p> <ul style="list-style-type: none"> • Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2018-2025. • Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest. • Identifying priorities and needs within our system, and mobilising action to respond to these priorities. • Setting the strategic direction for the Integrated Care Partnership Place Board and Place Plan. • Influencing other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies. <p>Rotherham's Health and Wellbeing Board is also committed to delivering the four aims outlined within the Health and Wellbeing Strategy, which are:</p> <ol style="list-style-type: none"> 1. All children get the best start in life and go on to achieve their potential 2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life 3. All Rotherham people live well for longer 4. All Rotherham people live in safe and resilient communities.

Responsibilities
<p>The Health and Wellbeing Board has a number of responsibilities and duties. This includes:</p> <ul style="list-style-type: none"> • Assessing the needs of the population and producing the local joint strategic needs assessment (JSNA) • Using the data and knowledge in the JSNA to publish a local health and wellbeing strategy, setting priorities for joint action • Undertake a Pharmaceutical Needs Assessment (PNA) every three years.

- Using the strategy and its priorities to influence and inform commissioning decisions for the health and wellbeing of Rotherham people
- Enabling, advising and supporting organisations that arrange for the provision of health or social care services to work in an integrated way
- Holding relevant partners to account for the quality and effectiveness of their commissioning plans
- Ensuring that public health functions are discharged in a way that helps partner agencies fully contribute to reducing health inequalities.

Partners of the Health and Wellbeing Board have also committed to embedding the following principles in everything they do, both individually as organisations and in partnership:

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

The Health and Wellbeing Board has a responsibility to equalities and diversity and will value, respect and promote the rights, responsibilities and dignity of individuals within all our professional activities and relationships.

Expectations of a Health and Wellbeing Board member

Delivery of the Health and Wellbeing Strategy is the responsibility of all board members. Considering this responsibility, it is the expectation that board members will:

- a) Act in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests.
- b) Effectively communicate and action outcomes and key decisions of the board within their own organisations.
- c) Contribute to the development of the JSNA.
- d) Ensure that commissioning is in line with the requirements of the Health and Wellbeing Strategy.
- e) Deliver improvements in performance against measures within the public health, NHS and adult social care outcomes frameworks.
- f) Declare any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services.
- g) Act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.
- h) Act as ambassadors for the work of the board.
- i) Participate where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the board, including working with the media.
- j) Read and digest any documents and information provided prior to meetings to ensure the board is not a forum for receipt of information.

It is also expected that members will attend board meetings and actively engage in

discussions. If the member is not able to attend, an appropriate deputy should be agreed with the Chair to attend in their place.

All members of the board, as a statutory sub-committee of the council, must observe the Council's code of conduct for members and co-opted members.

Membership

The board will be chaired by the Council's Cabinet member for Adult Social Care and Health, with the vice-chair from a non-council health partner (e.g. Rotherham Clinical Commissioning Group). Members of the board should be of sufficient seniority to be able to make significant commitments on behalf of their relevant organisations. All members of the board will have equal voting status.

The board is committed to having a broad membership, engaging as many partners as possible. In order to ensure that this continues to be the case, membership will be reviewed on a regular basis.

The membership of the board is as follows:

- Cabinet Member for Adult Social Care and Health (Chair)
- Chair of NHS Rotherham Clinical Commissioning Group (Vice Chair)
- Cabinet Member with responsibility for Children's Services
- Deputy Leader, RMBC*
- Director of Public Health
- Chief Executive, RMBC
- Strategic Director of Adult Care, Housing and Public Health
- Strategic Director of Children and Young People's Services
- Chief Officer, NHS Rotherham Clinical Commissioning Group (CCG)
- GP Executive Member of NHS Rotherham CCG
- Senior representative, NHS England South Yorkshire and Bassetlaw
- Healthwatch representative
- Rotherham District Commander, South Yorkshire Police
- Chief Executive, Voluntary Action Rotherham
- Chief Executive, Rotherham NHS Foundation Trust
- Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust

Standing invites will also be circulated to:

- Chair, Rotherham Local Safeguarding Children Board
- Chair, Rotherham Safeguarding Adults Board
- Strategic Director Regeneration and Environment, RMBC
- Representative, South Yorkshire Fire and Rescue Service
- Rotherham ICP Place Board Manager, CCG

Governance

The Health Select Commission is the health scrutiny function and the Health and Wellbeing Board provides updates on progress to Health Select where required. The minutes of the Health and Wellbeing Board are also received at every meeting of the Health Select Commission to ensure that Health Select can scrutinise items from the Health and Wellbeing Board if they so wish.

Critically, the Health and Wellbeing Board will also be an integral part of Rotherham

Together Partnership's structures. The Chair will be a member of the Rotherham Together Partnership and will be required to regularly report on progress.

The board is also signed up to the Rotherham Safeguarding Partnership Protocol which is an agreement between several partnership boards to ensure that strategic priorities in relation to safeguarding are translated effectively into action plans. The Chair and the Health and Wellbeing Board support officer will be responsible for ensuring that the requirements of this protocol are met.

The Health and Wellbeing Board will also be responsible for setting the strategic direction for the Integrated Care Partnership Place Board, as the Place Plan is the delivery mechanism of the aspects of the Health and Wellbeing Strategy relating to integrating health and social care. Regular updates on the delivery of the Place Plan will be received by the Health and Wellbeing Board to ensure appropriate oversight. The Chair and the Health and Wellbeing Board support officer will also attend Place Board meetings as observers.

Further to this, the Health Inequalities and Prevention Enabling Group established by the Place Plan will report directly into the Health and Wellbeing Board.

A diagram is included within appendix one which outlines the governance arrangements.

Quorum

A quorum of the board will be at least one third of members (i.e. six), including at least one representative from RMBC and the CCG.

Meeting arrangements

The board will meet every two months, with additional special meetings arranged as required to discuss specific or urgent issues. The schedule of meetings will be reviewed and agreed annually by the board. The meeting venue will rotate between Rotherham Town Hall (RMBC), Oak House (the CCG) and The Spectrum (Voluntary Action Rotherham). Alternative or virtual meeting venues may be considered according to the discretion of the Chair and the requirements of the meeting.

Board meetings will be conducted in public, though the board will retain the ability to exclude representatives of the press and other members of the public from a defined section of the meeting having regard to the confidential nature of the business to be transacted (in accordance with the Public Bodies Act 1960).

Papers for the board will be distributed at least one week in advance of the meeting. Additional items may be tabled at the meeting in exceptional circumstances at the discretion of the chair. Minutes of the board will be circulated in advance of the next meeting and approved at the meeting.

All agenda items brought to the board need to clearly demonstrate their contribution to delivering the board's priorities.

Engaging with the public and providers

The public and providers may wish to attend meetings to observe or submit questions to the Health and Wellbeing Board. Any questions should be submitted to the Health and Wellbeing Board support officer (contact details included in the key contacts section above) one working day before the date of the meeting. Ordinarily, this will mean that any questions will need to be submitted by 9am on the Tuesday preceding a Health and Wellbeing Board meeting on the following Wednesday.

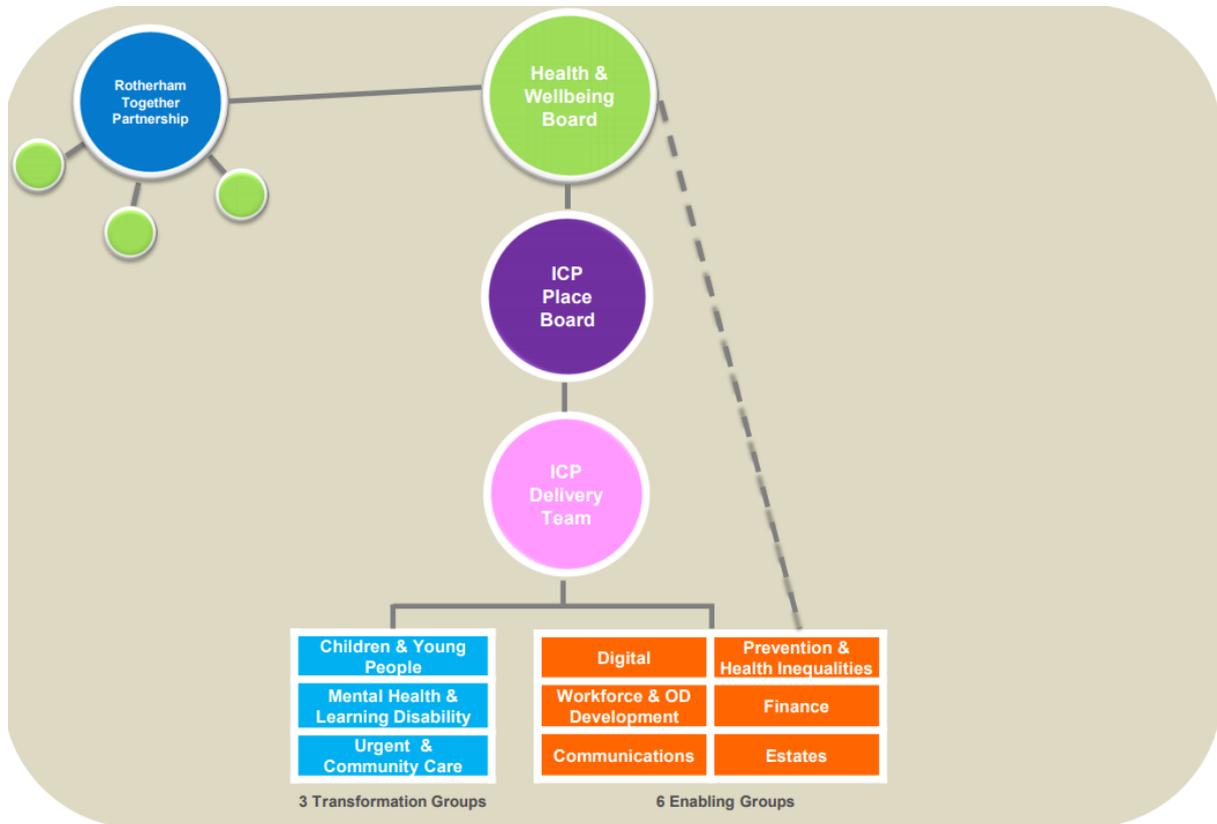
In responding to queries, the board may wish to provide a written response and will commit to providing this response within a month of the board meeting.

The board is inclusive of commissioners and providers and it is intended that all members will take part in and support the development of strategic priorities and direction. However, members who have a provider role should declare any conflict of interest whenever appropriate.

Review date

Reviewed in May 2021 – subject to sign off at Health and Wellbeing Board. Next review due May 2022.
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APPENDIX ONE: Rotherham Health and Wellbeing Board governance arrangements



South Yorkshire and Bassetlaw
Integrated Care System



South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact

Health and Care Partnership

Terms of Reference



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Introduction

On February 11th 2021, the Department for Health and Social Care published its White Paper *Integration and Innovation: working together to improve health and social care for all*.

The proposals within the White Paper follow the journey of integrating care - a journey that South Yorkshire and Bassetlaw (SYB) has been on since 2016. They take account of NHS England and Improvement's recommendations to government following its engagement on Integrating Care – the Next Steps in November 2020.

The White Paper builds on the NHS Long-Term Plan with a strong emphasis on improving population health and tackling health inequalities through a whole population approach. The shared purpose of our Integrated Care System (ICS) is to deliver the quadruple aim of;

- Better health and wellbeing for the whole population
- Better quality care for all patients
- sustainable services for the taxpayer; and
- a reduction in health inequalities.

The White Paper also responds to the recommendation to strengthen governance, transparency and public accountability, to remove barriers and to give the opportunity to develop an even deeper relationship with Local Authority partners in ICSs. It includes the formal merger of NHS England and Improvement as a new statutory body, NHS England.

ICSs of the future are expressed as a NHS Statutory Body with an NHS Board and separately, a statutory Health and Care Partnership.

The Health and Care Partnership is an opportunity to address the wider health, public health and social care needs of the system, with the NHS ICS Board and Local Authorities having regard to that plan when making decisions.

The current indicative timeline for progression of the proposals through parliamentary process sees the earliest that the Bill will become an Act of Parliament is January 2022, with the provisions of the Act brought into effect in April 2022.



This document sets out an agreed way of working in South Yorkshire and Bassetlaw for the Health and Care Partnership during the transition year 2021-22 as partners get ready to set up a statutory organisation. Partners will continue to work within existing statutory frameworks during this time while developing future ways of working which will cover:

- Provider collaboratives
- Place-based partnerships
- How the nature of commissioning will change
- Integrated care system operating model

SYB partners formed a Steering Group to oversee the development work. The Group has been meeting regularly to co-produce the Compact and the roles and responsibilities, scope, accountability and reporting of the Health and Care Partnership for the transition year 2021/22.

The Compact captures the commitment of SYB health and care partners in focussing on the key purposes of an ICS and quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayers and reduction in health inequalities.

The new Health and Care Partnership for 2021/22 has a terms of reference and membership with a golden thread from the Health and Care Compact.

The Compact and Health and Care Partnership are interim arrangements for the year 2021/22 and will be refreshed as guidance and legislation is published.

The Steering Group has agreed to continue to meet during the transition year and continue to progress the development agenda as outlined in the timetable below (taken from the NHS 2021/22 priorities and operational planning guidance implementation guidance).



Route Map for ICS Development 2021/22

Route Map

By end Q1 Update System Development Plans and confirm proposed boundaries, constituent partner organisations and place-based arrangements.

By end Q2 Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI).

Confirm proposed governance arrangements for health and care partnership and NHS ICS body.

By end Q3 Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.

By end Q4 Confirm designate appointments to any remaining senior ICS roles.

Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies.

Submit ICS NHS body Constitution for approval and agree "MOU" with NHS England and NHS Improvement.

1 April - Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.



Steering Group

Steering Group Member	Workstream	Designation
Richard Parker	Bassetlaw Place Partnership	Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Sarah Norman	Barnsley Place Partnership	Chief Executive, Barnsley Metropolitan Borough Council
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
John Somers (Deputy Ruth Brown)	System Children's and Young People Collaborative	Chief Executive, Sheffield Children's NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Collaborative	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer, Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield)	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead, SYB ICS
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS
In attendance		
Mike Farrar	-	Independent Consultant
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain



Design Group

Steering Group Member	Workstream	Designation
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Alexis Chappell	Sheffield Place Partnership (Nominated by Sharon Kemp)	Director of Adult Social Services Sheffield City Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Collaborative	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer, Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield)	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS
In attendance		
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain



Health and Care Compact



The aim of partners in the South Yorkshire and Bassetlaw Integrated Care System is to bring about better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer.

The Compact enshrines the collaboration and principles of working together and is intended to be a golden thread during the transitional year 2021/22.



Health and Care Compact

Background and Purpose

The South Yorkshire and Bassetlaw Integrated Care System (ICS) has evolved from the establishment of a Sustainability and Transformation Partnerships in January 2016, Accountable Care Systems, April 2017, to become one of the first ICS systems in England. The ICS comprises of five places, Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The ICS vision is for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.

The partners of the ICS acknowledge the gross state of inequalities in South Yorkshire and Bassetlaw (SYB) and that these have widened during the Covid-19 pandemic. The Marmot Review highlighted that the health gap has grown between wealthy and deprived areas and that place matters in terms of deprivation and life expectancy. This is also reflected in the wider socio-economic challenges for the development of the SYB region.

There is a compelling need for the partners of the ICS to come together to better address the inequality issue using a transformational collaborative approach with their combined resources.

The shared purpose of the ICS is to deliver the quadruple aim (better health, care, value and reduced inequalities) in order to;

- Improve population health outcomes and;
- Reduce health inequalities for the population of SYB.

This will be through the prevention of ill health and provision of safe and high quality needs led/ outcome-focussed public services that work well together, looking after staff and managing health and ill health.

Data, technology and innovation will be harnessed across the ICS and at place to achieve this and enable transformational change to make SYB the best place to be born, live and work ('the Shared Purpose').



The Integrated Care System

Partners of the ICS now (those set out as signatories to this Compact below) are wishing to develop the ICS in response to the changes to the system set out in the White Paper:

Integration and Innovation:
working together to improve
health and social care for all

(the **White Paper**) and the forthcoming legislative changes from a Health and Care Bill to better meet the Shared Purpose.

The current core ICS arrangements consist of Collaborative Partnership Board, Health Oversight Board, Health Executive Group and Integrated Assurance Committee, together with a clinical forum, citizens' forum and a number of Programme Boards working with existing statutory governance. Partners of the ICS are seeking to transition to an appropriate approach to the ICS NHS Body and the Health and Care Partnership through 2021/22 and the adoption of the new Bill and this Compact will be reviewed during the course of the year to ensure that it and its membership reflects the current position and constituency of the ICS.

The new arrangements will include the development of a statutory ICS NHS Body and an associated ICS Health and Care Partnership (the **Partnership**). The Partnership will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and the voluntary and community sector. Amongst its roles, it will be responsible for developing a plan that addresses the wider health, public health, and social care needs of the system - the ICS NHS Body and Local Authorities will have regard to the plan when making decisions.

This Compact sets out the underlying values and principles amongst the partners on matters that will guide the development of the ICS. It is not intended to be a legally binding document but rather a shared commitment. It should be used as a guide in discussions and for holding each other to account when developing the ICS and the Partnership.

The partners intend to work together in a collaborative and integrated way across system, place and neighbourhoods in SYB in line with the Values and Principles set out below, for the Shared Purpose.



Values and Principles for the ICS Partnership

The partners recognise that achieving the Shared Purpose will depend on their ability to effectively co-ordinate themselves in order to deliver an integrated approach to the provision of services across the ICS. This may include (if partners choose) combining expertise, workforce and resources and also a review of how the Health and Wellbeing Boards in each of the five Places can play a key role in the development and structure of the Partnership.

The partners also wish to support each other in the development of successful place based systems within the ICS for Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield, which will each work as an effective part of the wider system and key building block. Members will also deploy appropriate resource to support the Partnership (each member retains ownership of its resources and is solely responsible for decisions about how those resources are used).

The members will embrace the following values:

- The **'quadruple aim'** of 'better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer alongside the reduction of health inequalities
- To play their part in social and economic development and environmental sustainability of the SYB region
- Committing to making decisions

- Always keeping citizens at the centre of everything the partners do
- Ensuring that the children's, young people and families agenda is a key element of this work
- Supporting each other and working collaboratively to take decisions at the most local level as close as possible to the communities that they affect whether that be system, place or neighbourhood (subsidiarity) and not to simply replicate what is at place in the ICS
- Developing collaborative leadership to deliver the Shared Purpose, and a culture and values to support transformation. All partners are respected and valued. They understand their own contribution and support the contributions of other partners to the Shared Purpose
- Strengthen the links between Place and ICS as well as other local representative structures such as Health and Wellbeing Boards and demonstrate inclusivity and shared ownership
- Making time and other resources available to develop the Partnership and deepen working relationships between partners at all levels
- Being transparent with each other and the people of SYB around decisions and appointments
- Using the best available data to inform priorities and decision-making
- Looking for simplicity and effectiveness in any Partnership structures and governance and follow the rule of form following function



- Acting with honesty and integrity and trusting that each other will do the same;
This includes each member being open about the interests of their organisation and any disagreement they have with a proposal or analysis. Partners will assume that each acts with good intentions; and
- Working to understand the perspective and impacts of their decisions on other parts of the health and social care system
- Decisions should be taken together at the right level to deliver the Shared Purpose and benefit the population of SYB. Decisions around resource at place should be made with the relevant partners at the place level and when decisions are taken together across the SYB system they should not adversely affect the outcomes or equity for populations within SYB ICS
- Communicating openly about major concerns, issues or opportunities relating to this Compact and adopting transparency as a core value, including through open book reporting and accounting, subject always to appropriate treatment of commercially sensitive information if applicable
- Having conversations about supporting the wider health and care system, not just furthering their own organisations' interests
- Undertaking more aligned decision-making across the partners and trying to commission and deliver services in an integrated way wherever reasonably possible
- Routinely using insights from data to inform decision making
- Positive engagement with other partners in other geographies in pursuit of the quadruple aim and effective planning and delivery including Clinical and Professional Networks
- Ensure that problems are resolved where possible rather than being moved around the system
- Acting promptly. Recognising the importance of integrated working and the Partnership and responding to requests for support from other partners

...together these are the **'Values'**.

The ways in which the members will put the Values into practice include:

- Promoting and striving to adhere to the Nolan Principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership) including:
- Specifically being accountable to each other for performance of respective roles and responsibilities for the Partnership and the ICS, in particular where there is an interface with other members; and

...together these are the **'Principles'**.



Signatories to the Compact

Organisation	Officer	Signature
Barnsley Clinical Commissioning Group		
Barnsley Hospital NHS Foundation Trust		
Barnsley Metropolitan Borough Council		
Bassetlaw Clinical Commissioning Group		
Bassetlaw District Council		
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust		
Doncaster Clinical Commissioning Group		
Doncaster Metropolitan Borough Council		
Healthwatch (signed on behalf of Healthwatch partners in SYB)		
Nottinghamshire Healthcare NHS Foundation Trust		
Nottinghamshire County Council		

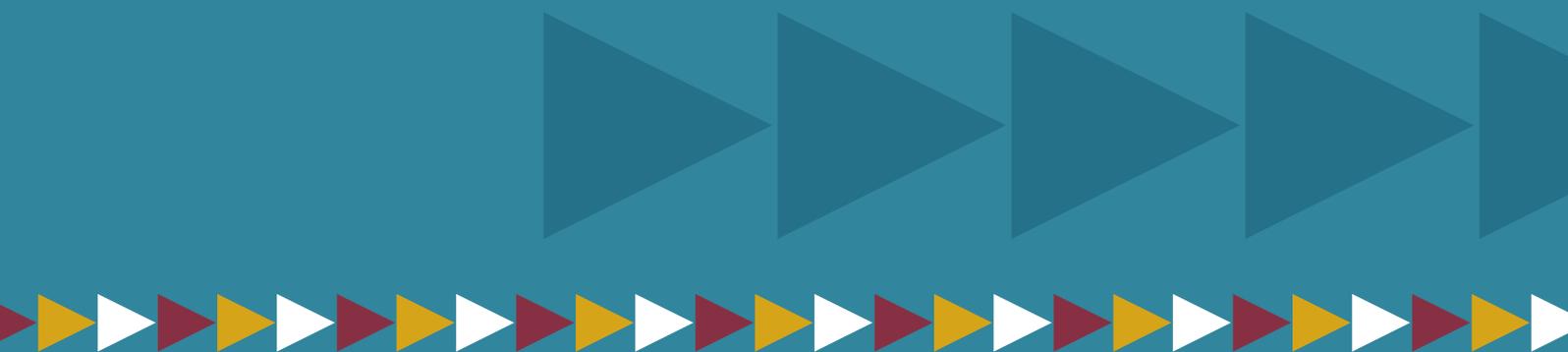


Signatories to the Compact

Organisation	Officer	Signature
Rotherham Clinical Commissioning Group		
Rotherham Metropolitan Borough Council		
The Rotherham NHS Foundation Trust		
Rotherham, Doncaster and South Humber NHS Foundation Trust		
Sheffield Children's NHS Foundation Trust		
Sheffield City Council		
Sheffield Clinical Commissioning Group		
Sheffield Health and Social Care NHS Foundation Trust		
Sheffield Teaching Hospitals NHS Foundation Trust		
South West Yorkshire Partnership NHS Foundation Trust		
Voluntary, Community and Social Enterprise (VCSE) (signed on behalf of the VCSE partners in SYB)		



Health and Care Partnership Terms of Reference



The Health and Care Partnership is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.



Health and Care Partnership

Introduction

Transitional Phase to April 2022:

The South Yorkshire and Bassetlaw ICS Health and Care Partnership (H&CP) will replace the Collaborative Partnership Board. It will have a transitional role until the adoption of the statutory ICS in April 2022 (the Transitional Phase) and will be reviewed during this phase in the light of emerging legislation and guidance.

New statutory role post - April 2022:

As set out in the White Paper, ICSs will be established to include an NHS body and a Health and Care Partnership (H&CP).

The SYB H&CP has been co-produced and will be established in the transition year with the new structure in mind. Further guidance is expected from the Department of Health and Social Care which will inform its role.

Its role for this later period is expected to include promoting SYB partnership arrangements, and developing a plan to address the health, social care and public health needs of the SYB system. It is intended that (from April 2022) the ICS NHS Body and each local authority in SYB will have regard to this plan.

The role for the ICS H&CP post April 2022 will be developed by the members with reference to appropriate legislation and guidance during the Transitional Phase and the H&CP will support this process.



Roles and responsibilities

The H&CP is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.

In the Transitional Phase the H&CP's role and responsibilities will be to:

- a) **support delivery of the Shared Purpose (as set out in the Compact agreed between the ICS members)** working in partnership across the SYB ICS membership in particular around population health and the need for transformational changes to address health inequalities
- b) **engage with the Health and Wellbeing Boards at place** and have regard to their plans for their place as well as the plans from the place based partnerships in SYB in developing an ICS Health and Care Plan to address the systems' health, public health, and social care needs. (See Health and Wellbeing Board Interface section below)
- c) to set the framework within which the transitional ICS Executive and Health Executive Group (HEG) will operate in the Transitional Phase and to prepare for the transition to the new statutory structure for the ICS
- d) to involve, inform and engage patients, the public, staff and their representatives in the work of the partners of the ICS
- e) be responsible for the agreement and oversee the delivery of the SYB ICS Five Year Plan (and an annual refresh of this plan) as well as a finance plan and such other plans for SYB as may be agreed
- f) receive regular update reports from the transitional ICS Executive and Health Executive Group (HEG) on the ongoing progress of the transition to the new statutory form for the ICS on 1 April 2022
- g) provide a mutual assurance function and holding each other to account as outlined in the Compact
- h) support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector
- i) promote collaboration and the Values and Principles set out in the Compact across SYB through its constituent parts (organisational, provider collaboratives, place and neighbourhood)
- j) provide leadership across the SYB health economy to ensure that the values and principles for the SYB health and care system as set out in the Compact are followed

These roles and responsibilities will be reviewed during the Transitional Phase and will be periodically updated to reflect any agreed or required changes following legislation and guidance.



Health and Wellbeing Board Interface

We recognise the importance of bringing together ICSs and Health and Wellbeing Boards (HWB) as complementary bodies at system and place level. ICS NHS Bodies and Health and Care Partnerships will have formal duties to have regard to HWB plans.

The Health and Wellbeing Board Chairs (HWBC) for each of the constituent five places in SYB will be asked to meet to assure and agree the process and common format for the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies as well as the timing for these to be presented to the H&CP in order to inform the H&CP planning process on the SYB plans for the forthcoming financial year.

In preparing the H&CP plan for SYB the H&CP will submit its draft plan to the HWBC at an agreed time in the planning process together with a summary of how the local HWB plans have been reflected in the SYB plan for review and comment.

The HWBC will have the option to either support the SYB plan or to make comments for consideration by the H&CP within an agreed timeframe.

The H&CP will also be required to inform the HWBC of how any of their documented concerns have been reflected in subsequent drafts or why they have not been included and provide the HWBC with a copy of the proposed final form of the H&CP plan when this is sent to the H&CP members for approval.

If the final form H&CP plan is not supported by the HWBC or they have specific concerns then they will have the option to attend and make representations at (or to table a document at the meeting reflecting their concerns) the H&CP Meeting where the H&CP plan is to be discussed or approved directly.

The intention of the members is to review this joint planning process over the Transitional Period and to consider prior to April 2022 whether the H&CP will require either the overview and review of the SYB plan by the HWB as set out above or alternatively the direct membership of the HWBC on the H&CP.



Membership

The H&CP will exercise its role in relation to the SYB ICS region.

Geographical scope

In the Transitional Phase it is acknowledged there will initially be a wider membership of the Health and Care Partnership (H&CP) building on places and recognising the current statutory framework including and up to April 2022. In the Transitional Phase the H&CP will facilitate the development of the H&CP to take on its statutory form and a refresh of the membership will take place following Department of Health and Social Care (DHSC) guidance expected in June/July. Membership will be reviewed in the light of this guidance and other local discussions in SYB, for example any other emerging provider collaboratives. At the same time, a small steering group will work to the Partnership in the transition year. In addition, the H&CP will engage Health and Wellbeing Boards to seek their views on how they wish to work with the H&CP in their respective statutory roles. We would seek to rotate the meeting in Local Authority premises where live streaming would be available and local people could attend. Meetings will be expertly facilitated, well-organised and with the opportunity for places to exchange ideas and all partners to agree on major system priority programmes. The H&CP will hold four meetings per year, with the possibility of two of the meetings having extended membership and

the format adapted to facilitate 1) input to the SYB strategic plan and priorities and 2) reviewing delivery against the plan and priorities.

The initial membership of the H&CP in the Transitional Phase will comprise of:

- a) Six nominations from each place, representing the views of commissioners and providers in each of our five places (30)

Nominations must include:

- Two nominations from the Local Authorities; Chief Executive and Director of Public Health
- Two nominations from CCGs, recognising the clinical leadership of these organisations; Clinical Chair and Accountable Officer
- GP Primary Care Collaborative representative for place (may take a few months to get in place)*
- One nomination from other Providers

- b) Provider collaboratives (6)

A Chair and Chief Executive from each provider collaborative:

- SYB Primary Care Programme Director and Community Pharmacy Representative*
- Mental Health Collaborative
- Acute Provider Collaborative

*NB primary care structures are still emerging.



- Health Education England for SYB
- c) Yorkshire Ambulance Service and East Midlands Ambulance Service (2)
A Chair or Chief Executive nomination
- d) South Yorkshire Housing Association (1)
A Chair or Chief Executive nomination
- e) Voluntary, Community, Faith and Social Enterprise Sector (1)
- One nomination representing voluntary, community, faith and social enterprise sector for SYB
- f) Clinical and professional representation (4)
- One nomination representing adult social care for SYB
 - One nomination representing children, young people and families
 - One nomination representing Nursing and Midwifery for SYB
 - One nomination representing Allied Health Professionals for SYB
- g) Health Education England
- One nomination representing
- h) Healthwatch (1)
- One nomination representing Healthwatch for SYB
- i) Strategic commissioning (2)
- Clinical Chair Joint Committee of Clinical Commissioning Groups
NB Will also be a current CCG Clinical Chair
 - One nomination representing NHS England specialised commissioning
- j) South Yorkshire Combined Authority (1)
- One nomination representing Sheffield City Region Combined Authority
- k) ICS system – seven nominations from SYB system to be determined by the ICS lead. (7)
- Nominations must include:
- ICS chair designate
 - ICS chief executive designate
 - ICS chief operating officer
 - ICS medical director
 - ICS digital lead (SRO)
 - ICS finance director

Lay member/Non Executive representatives of ICS programme priorities to include (for example) Equality, Diversity and Inclusion and public and patient involvement leads.



Meetings

The H&CP will operate in accordance with the SYB ICS Standing Orders.

The Chair may agree that members may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities provided every member is able to be heard by every other member. Participation in a meeting in this manner shall constitute presence in person at such meeting.

The Chair may determine that the H&CP needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair acting reasonably. Urgent meetings may be held virtually, using any of the means specified above.

Secretariat support for the H&CP will be provided by the SYB ICS Programme Office hosted by NHS Sheffield CCG.

Quorum

The H&CP is considered quorate if there are representatives from each Place and the ICS Chair or lead are present along with at least two other system leadership members.

ICS Assembly Forum

The H&CP may opt to form an additional Assembly Forum sub-group of the H&CP which will have wider membership of organisations involved in health and care across SYB in order to allow them to participate in, influence and inform the work of the H&CP. The H&CP may decide on the terms of reference as well as how it will report to and receive input from the Assembly Forum.

Conflicts of interest

Members will ensure that they comply with the SYB ICS conflicts of interest policy and with their own host organisational requirements. Members will be transparent about any interest their organisation has in matters being discussed by the H&CP.

Registers of interest will be maintained for the H&CP and members are required to declare any interests annually, as well as on an ad-hoc basis as any should arise or become relevant in the context of their role on the H&CP.

Decision-Making

For the Transitional Phase the decision making is based on the consensus of the H&CP group and each member agrees to work together to seek to find agreement in accordance with the Values and Principles set out in the Compact.



It is acknowledged that the members will in many instances be the representatives for a wider group of organisations and will need to obtain approval from their appointing group on decisions in the H&CP. To assist in this members will be expected to communicate with their appointing groups prior to meetings and decisions of the H&CP in order to ensure that they are able to facilitate representation of their group in any discussions and decision making.

In the event that the members are unable to reach a consensus decision on a matter then they may refer this to dispute resolution whereby the matter will be discussed in a specific meeting of the H&CP to try to reach resolution working under the Values and Principles of the Compact. [If consensus has not been reached following this meeting then the consent of not less than [90]% of the eligible representative members will be taken as the decision of the H&CP.]

From April 2022 together with the ICS NHS Body the H&CP will constitute the ICS. It is intended that from April 2022 that the H&CP will be able to take its own decisions regarding matters within its remit such as the setting of the H&CP Plan for the SYB ICS.

The ICS NHS Body may also then delegate parts of its role to the H&CP. This will be done in accordance with the ICS NHS Body governance rules and these Terms of Reference will be updated accordingly prior to April 2022.

Frequency

It is proposed that the H&CP meets between four and six times per year to coincide with key budgetary, planning and priority setting timetables and that two of these meetings are broadened out to include a wider membership and format which facilitates input to developing the wider system plan and priority setting and sharing of progress, innovation, learning and best practice.

Deputies

Members will nominate deputies to attend on their behalf when they are unable to do so. Deputies should only be asked to attend a meeting in exceptional circumstances.

Public meetings

The members intend that the formal meetings of the H&CP from the end of the Transitional Phase shall be open to members of the public and that notice of these meetings will be provided via the ICS website. Members of the public may be excluded from a meeting for special reasons.

Where providing a record of a public meeting the H&CP minutes shall be made available to the public.



Accountability and reporting

In the Transitional Phase the H&CP will report on its work and the delivery of the H&CP plan into the Health Executive Group and transitional ICS Executive and members will be expected to ensure that the work of the H&CP is reported back into its member organisations directly.

From April 2022 the H&CP will form part of the statutory NHS South Yorkshire and Bassetlaw Integrated Care System.

The H&CP will then report on its work and the delivery of the H&CP plan into the SYB ICS NHS Body and members will be expected to ensure that the work of the H&CP is reported into member organisations.

The H&CP will also publish its plan to address the systems' health, public health, and social care needs and make this available to the public by such routes as the H&CP shall determine.

Review

These Terms of Reference will be reviewed after the draft Health and Care Bill is issued and following guidance on the structures for the ICS and thereafter on an annual basis from April 2022.

Reviewer

Date of review





South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact

Health and Care Partnership
Terms of Reference

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