

## **HEALTH AND WELLBEING BOARD**

**Venue:** Town Hall, Moorgate  
Street, Rotherham S60  
2TH

**Date:** Wednesday 16 March 2022

**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 - 14)

### **For Discussion**

8. Safeguarding Children Board Annual Report (Pages 15 - 42)  
Laura Gough to present
9. Befriending  
Presentation by Mike Niles, letsbfriend
10. Director of Public Health Annual Report (Pages 43 - 88)  
Presentation by Ben Anderson, Director of Public Health
11. Learning from a Domestic Homicide Review  
Amanda Raven, RMBC, to report.

12. Update on Aim 2 of the Health and Wellbeing Strategy  
Presentation by Kathryn Singh, RDaSH
13. Health and Wellbeing Board Action Plan 2021/22 (Pages 89 - 119)
14. Update on the development of the South Yorkshire Integrated Care Board  
(Pages 120 - 121)  
Presented by Chris Edwards, Rotherham Clinical Commissioning Group
15. Update from Local Outbreak Engagement Board  
Sharon Kemp, Chief Executive, to report.
16. Issues escalated from the Place Board

#### **For Information**

17. Place Plan Priorities as at end Quarter 2 (Pages 122 - 148)
18. Minutes of the meetings of the Rotherham ICP Place Board held on 3rd November, 2021 and 2nd February, 2022 (Pages 149 - 159)
19. Date and time of Meetings in 2022/23

Wednesday, 22<sup>nd</sup> June, 2022,  
21<sup>st</sup> September  
23<sup>rd</sup> November  
25<sup>th</sup> January, 2023  
22<sup>nd</sup> March

commencing at 9.00 a.m. venue to be confirmed

**HEALTH AND WELLBEING BOARD**  
**26th January, 2022**

**Present:-**

Councillor D. Roche	Cabinet Member, Adult Social Care and Health
Ben Anderson	Director of Public Health
Jamie Ashton	Healthwatch Rotherham
Steve Chapman	District Commander, South Yorkshire Police
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Councillor V. Cusworth	Cabinet Member, Children and Young People
Chris Edwards	Chief Operating Officer, Rotherham CCG
Shafiq Hussain	Voluntary Action Rotherham
Suzy Joyner	Strategic Director, Children and Young People's Services
Sharon Kemp	Chief Executive, RMBC
Scott Matthewman	Adult, Social Care and Health
Dr. Jason Page	Governance Lead, Rotherham CCG
Paul Woodcock	Strategic Director, Regeneration and Environment
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

**Report Presenters:-**

Jane Davies	Head of Strategic Housing and Development
Jo Hinchcliffe	Adult Care, Housing and Public Health
Garry Newton	Housing Development Intelligence Co-ordinator
Jacqui Scantlebury	Safeguarding Adults Board Manager

**Also Present:-**

Councillor B. Aveyard	Observer
Michael Holmes	Partnership Officer
Gavin Jones	South Yorkshire Fire and Rescue Service
Councillor J. Thompson	Observer
Dawn Mitchell	Governance Advisor, RMBC

Apologies for absence were received from Steve Adams (SYFRS), Kathryn Singh (RDaSH), Alison Smith (NHSE) and Leonie Wieser (RMBC)

**40. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

There were no questions from the member of the press present at the meeting.

**42. COMMUNICATIONS**

The Chair reported:-

- The Board had been scheduled to receive a presentation from Kooth. However, representatives from the organisation were reluctant to attend face-to-face meetings at present
- Due to the ill health of the key officer at the moment, the update on action being taken regarding physical activity in Rotherham would be submitted in 6 months' time
- Since the presentation at the previous meeting (Minute No. 32 refers), discussions had taken place with the Yorkshire Sports Foundation with regard to a joint post. Discussions had also taken place with the Regeneration and Environment Directorate around physical activities

**43. MINUTES OF THE PREVIOUS MEETING**

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

**Resolved:-** That the minutes of the previous meeting held on 24<sup>th</sup> November, 2021, be approved as a true record.

**44. UPDATE ON SYSTEM PRESSURES, ICS AND THE PLACE BOARD**

Ben Anderson, Director of Public Health, gave the following verbal update:-

- Rotherham's overall Covid rate had reduced to 933.6 and most importantly 381 in the over 60's age bracket. The rate had reduced fairly rapidly but was still at a very high level
- The message was still that Omicron was not over yet and would go on for sometime
- The number of patients in the Trust was high 80/low 90s with the number expected to fall. The pressures were being managed well across the system
- The key priority for the NHS was elective recovery i.e. those people waiting for surgery and tackling waiting times

**Resolved:-** That the update be noted.

**45. SAFEGUARDING ADULTS ANNUAL REPORT**

Jackie Scantlebury, Safeguarding Adult Board Manager, presented the Rotherham Safeguarding Adults Board 2020/21 Annual Report.

The report set out the Board's priorities:-



Board Priorities

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

Achievements 2020/21

- Despite the challenges presented by the Covid-19 pandemic, the Board and its sub-groups had continued to meet regularly via Microsoft Teams
- The Safeguarding Awareness Week (November 2020) had taken place via a virtual platform with many more people able to access training and workshop sessions than would have been the case in person
- The opportunities the new way of working had provided would be built upon as well as recognising the importance of face-to-face contact in vital aspects of Safeguarding work
- Self-Neglect and Hoarding Policy and Procedure launched. Continuing offer of training sessions to embed the Policy and to ensure that everyone was comfortable using and following the procedure
- People in Positions of Trust (PiPoT) Policy launched in November, 2020, the statutory guidance to the Care Act 2014 requiring Safeguarding Adults Boards to establish and agree a framework and process to respond to allegations against anyone who works (either paid or unpaid) with adults with care and support needs. Awareness sessions were held during Awareness Week and further sessions will continue throughout the year

2021/22

- The Board, Executive Group and its 4 Sub-Groups would continue to meet on a quarterly basis either by virtual platform or face-to-face meetings
- A full training package to be delivered as online learning and consideration given to the possibility of face-to-face training in 2022
- Continued work to promote the Self-Neglect and Hoarding Policy and Procedure to ensure awareness
- All learning from Safeguarding Adult Reviews would be shared across the partnership and different ways explored of ensuring the recommendations made were embedded in practice
- Development day planned for April to prepare for the next 3 years strategic plan

Discussion ensued with the following issues raised/clarified:-

- Discussions would take place at the development day in April as to how partners felt about bringing everyone back together for face-to-face meetings/training

- Some training companies preferred to continue online training
- Consideration was being given, together with the other Safeguarding Boards across South Yorkshire, with regard to holding a Safeguarding Day in June to discuss safe transitions to in-person meetings
- The digital aspect of learning was important and should not be lost in the move back to in-person training/meetings
- As the CCG ceased operating and the emergence of the Integrated Care Board for South Yorkshire it was important to ensure there was a safe transition of the accountability changes
- Importance of the embedding of the Self-Neglect and Hoarding Policy and Procedure across all community organisations to enable those on the grounds to feel confident to make referrals

**Resolved:-** That the Local Safeguarding Children Board and the Rotherham Local Safeguarding Adults Board's Annual Report 2020-21 be noted.

#### 46. HOUSING STRATEGY CONSULTATION

Jane Davies, Head of Strategic Housing and Development, and Garry Newton, Housing Development Intelligence Co-ordinator, gave the following powerpoint presentation on the Housing Strategy Refresh:-

##### Objectives

- How the Housing Strategy will help meet the aims of the Health and Wellbeing Strategy
- Next steps in the consultation process

All children get the best start in life and go on to achieve their potential  
Affordable housing to meet local needs

- Larger family homes
- Looked After Children Sufficiency Strategy
- House Project

Making sure Rotherham's communities benefit from housing development

- Create jobs/apprenticeships

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

High quality energy efficient housing

- Design and space
- Improved health
- Green Housing Strategy

All Rotherham people live well for longer  
Supporting people to live independently

- Acquiring and building bungalows
- Shared ownership for Over 55s
- Market Position Statement

All Rotherham people live in healthy, safe and resilient communities  
Bring empty homes back into use

- Address homelessness need

Invest in existing homes

- Working with Public Health on:-  
Fuel poverty Action plan  
JSNA

Timetable

- Early February – first draft available for comment
- March – finalise Strategy
- May – Cabinet for approval

Discussion ensued with the following issues raised/clarified:-

- Importance of keeping Health engaged to assist with future planning of GP/dental surgeries etc.
- Welcome the work being carried out to support the Sufficiency Strategy for children in care and the House Project recognising the Council's role as good corporate parents
- Could Fuel Poverty be broadened out to include water poverty in the future?
- The Strategy was largely around the provision of housing, understanding the needs of housing, how the Council met them, how it worked in partnership and the ways of working. However, Making Every Contact Count could be clearly referenced therein

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

(2) That a copy of the Strategy be sent to Leonie Wieser, when ready for publication, for circulation to Board members.

**Action:- Jane Davies/Leonie Wieser**

#### **47. CARERS STRATEGY**

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

The Borough That Cares  
Strategic Framework 2022-25  
Creating a Carer friendly Rotherham

#### Background – Creating a carer friendly Rotherham

- More than 30,000 were providing unpaid care in Rotherham often alongside work or education, for someone who otherwise could not manage without help due to illness, disability, addiction or mental health
- This care was often invisible
- The Covid-19 crisis had emphasised the fundamental importance of taking action to improve the way unpaid carers were identified, recognised and supported
- Carers had been disproportionately affected during the pandemic, both socially and economically; creating a Borough that cared for its carers was more important than ever

#### Our carers – working as a network

- Being a carer often meant a person was providing support out of love or friendship for the individual they were caring for
- Caring roles varied and anyone could become a carer at any time
- It was important to recognise when a typical relationship developed the added dimension of one person taking a caring role for another
- Carers could be adults caring for other adults, parents caring for children who were ill/had a disability or young carers caring for a parent, sibling, relative or friend
- Carer organisations came together in May 2020 to ensure a joined-up response to the pandemic. The Unpaid Carers Group formed to support the emergency response work and this ensured the carer partnership was as strong as it could be in the most extreme of circumstances
- This had continued through 2021 and shaped the strategic framework for 2022-25
- Borough that Carers Strategic Group now in place consisting of representatives from Health, Social Care, the voluntary sector and those with lived experience

#### How we created the framework

- Focus group sessions with partners suggested that a new strategic approach “kept it all simple” but allowed work programmes to evolve and grow

#### Recovery and Reflection

- Over the last 2 years a lot of time and energy taken up by adapting to the constraints and restrictions of the pandemic
- Services and organisations had flexed and worked in diverse and different ways
- Some ways of working had stopped, some elements of services were paused and workplaces no longer looked and felt like they did pre-pandemic
- Important to take time to consider how all of the changes had impacted on front-facing services for carers

- Recovery Plan adapted from the ADASS regional carers group. It had 6 quality marker themes and each had a range of statements:-  
Awareness and culture

Identification and recognition

Information and advice

Better conversations

Support and services

Carers as expert care partners

- It provided an opportunity for all partners to  
Reflect on current practice

Identify areas where improvements could be made

Demonstrate progress and achievement

#### Strategic Framework 2022-25

- Regular conversations, workshops, meetings and task groups since May, 2020, focussed on creating a new carer strategic framework
- Key statement – the need for something different to help make a real impact for carers
- Dynamic way of working together wanted; a framework that would nurture the organisational relationships; a collaborative workspace for carers to share their lived-in experience and needed to encompass all the caring roles

#### Roadmap for the next 3 years

Recovery and Reflection Plan Issued January 2022 Quality Markers addressed by March 2022	The Borough That Cares Strategic Group in place	The Borough That Cares – Position Statement Recovery and Reflection Plan Shared Impact Measures
Year 1 Area of Focus 1: Carer Cornerstones April 2022-March 2023  Consolidating a community offer for carers – ensuring 3 <sup>rd</sup> sector organisations are stabilised	Carer meeting spaces made available around the Borough  Establish the Voice and Influence Group  Information offers evaluated and refreshed	Meeting place map  Activity and Events Plan  Bi-Monthly Newsletters with timetable for issue  Service Information Packs

## HEALTH AND WELLBEING BOARD - 26/01/22

<p>Year 2 Area of Focus 2: Creating Communities of Support April 2023-March 2024</p> <p>Ensure organisations work together to provide services that are flexible and accessible throughout the Borough</p>	<p>Organisations work together to address carer health and wellbeing</p> <p>Set-up locally based Borough That Cares Groups to feed into the overall strategic meeting</p> <p>Co-production programme in place to build on the activity and events carried out in year 1</p>	<p>Health and wellbeing action plan</p> <p>Borough That Cares Locality Network Meetings</p> <p>“Get involved make a difference” Co- production Plan implemented</p> <p>Co-produce the social movement model</p>
<p>Year 3 Area of Focus 3: Carer Friendly Borough April 2024-March 2025</p> <p>Carers feel their role is understood and valued by their community</p>	<p>Carer Friendly Communities action pack developed</p> <p>Empowerment Plan – carer reps (navigators) aligned to key strategic meetings</p> <p>Community generated content/activity – pulling through to The Borough That Cares virtual platform</p>	<p>Carer Friendly Communities Action Pack</p> <p>Carer Empowerment Plan</p> <p>Online information hub/face-to-face hubs in place</p> <p>Social Movement launched</p>

## Summary

- Values  
Carers are respected, listened to and seen as expert care partners
- Vision  
To make caring visible  
  
To make improvements to all our service and to our communities to  
make carers lives easier  
  
To live in a Borough that cares about its carers
- Mission  
To ensure carers can live well, can be active and have fulfilled lives
- Objectives  
Consolidating a community offer for carers

Ensure organisations work together to provide services that were flexible and accessible throughout the Borough

Carers feel their role is understood and valued by their community

- Actions and Outputs  
Meeting place map

Activity and events plan

Bi-monthly newsletter with timetable for issue

Service information packs

Health and wellbeing action plan

Borough That Cares Locality Network Meetings

“Get Involved make a difference” Co-production Plan implemented

Carer Friendly Communities Action Pack

Carer Empowerment Plan

Online information hub/face-to-face hubs in place

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

- Ben Anderson, Director of Public Health, would take over as Chair of the Borough That Cares Strategic Group
- There were good links in terms of young carers and the wider brief around that kind of caring role. There was representation from CYPS colleagues and close work with Barnardos in terms of young carers and the carer voice
- There were regular touch points to ensure all the agendas were aligned as appropriate including attendance at the Young Carers Council. There were plans in place to look at how to get young carers integral in terms of some of the outputs
- The need to strengthen young carers element in the Strategy
- Carers' needs were very individual and quite specific; many carers may be accessing voluntary groups and services which may not have carers in their title. What could the voluntary sector do more to support carers that currently did not feel supported
- NHS England and NHS Improvement were looking to receive appropriate bids from voluntary sector organisations on the theme of catch, learn and best practice from supporting carers and unpaid carers applications during the Covid-19 pandemic. There was a very short timescale - applications by 31<sup>st</sup> January
- Ensure the action plans illustrated the activity with young carers

- It would be interesting to see how the carers felt and what difference the Strategy was making to the experiences of those that provided care

**Resolved:-** (1) That the progress made by the Strategic Group be noted and a further update, taking into account the comments made today, be submitted to the June, 2022 meeting of the Board.

(2) That the Framework be endorsed and the document be considered by other Boards/Forums/organisations.

**ACTION:- Jo Hinchcliffe**

#### **48. UPDATE ON THE HEALTH AND WELLBEING BOARD ACTION PLAN**

Ben Anderson, Director of Public Health, provided an update of activity taking place around the Health and Wellbeing Board action plan.

**Resolved: -** (1) That the update be noted.

(2) That the 4 Aims sub-groups give consideration to any changes required to the action plan.

(3) That at the next meeting of the Executive Board consideration be given as to how to take forward the Strategy beyond March 2023.

(4) That an update be submitted to the September meeting of the Board.

**ACTION: Leonie Wieser**

#### **49. SECTION 75 FRAMEWORK AGREEMENT AND BETTER CARE FUND CALL-OFF PARTNERSHIP/WORK ORDER 2021/22**

The Board noted that the Rotherham Clinical Commissioning Group (RCCG) and Rotherham Metropolitan Council (RMBC) had jointly developed a new overarching Section 75 Framework Agreement and BCF Call-Off Partnership/Work Order in 2021/22, which reflected local need and priorities.

The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) had published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2021/22.

The Framework formed part of the NHS mandate for 2021/22. As set out in the BCF Policy Framework, the requirements of the planning process had focussed on continuity in 2021/22, while enabling areas to agree plans for integrated care that supported recovery from the pandemic and built on the closer working relationships that many systems had developed to respond to this.



**Resolved:-**

That the Better Care Fund Call-Off Partnership/Work Order for 2021/22, incorporated into the Section 75 Agreement, be noted.

**50. LOCAL OUTBREAK ENGAGEMENT BOARD**

Sharon Kemp, Chief Executive RMBC, gave the following verbal update:-

- Following the Prime Minister's announcement, the country had moved from Plan B to Plan A which had seen the new requirements coming into force as from 19<sup>th</sup> January, 2022
- A lot of work on communications had taken place as to what the changes meant and also to refer to national guidance; whilst not mandatory or legislation, but guidance encouraging members of the public to wear masks in crowded and indoor spaces where they might come into contact with people they would not normally do so
- The Director of Public Health has been very clear on the guidance coming from Chief Medical Officer around good practice
- Over Christmas there had been some challenges around the availability of LFT tests but the partnership had worked together and kit moved to where it had been needed i.e. Social Care/medical
- Rotherham was performing really well around the roll out of vaccines and in line with national good practice. The CCG had worked hard to ensure the booster programme had taken place. Work was now focussed on pop-ups, looking at intelligence of any areas where something was needed to be provided over and above the standard offer that had been going across the Borough
- The Outbreak Control Plan would continue to be reviewed in light of Government guidance. A view would be taken on the future once further national guidance had been received as to what the next steps were on the National Outbreak Plan and what the emphasis was going forward

It was also noted that the 16-17 years old age group booster was part of the vaccination programme. 5-12 years old classed as clinical vulnerable were being offered the vaccine through Primary Care as well as those who lived in the same household as someone classed as clinical vulnerable.

**Resolved:-** That the update be noted.

**51. DATE AND TIME OF NEXT MEETING**

Resolved:- That a further meeting be held on Wednesday, 16<sup>th</sup> March, 2022, in Rotherham Town Hall.



# ROTHERHAM SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL ASSURANCE REPORT

OCTOBER 2020 – SEPTEMBER 2021

# Contents

<b>Introduction</b>	<b>3</b>
<b>Governance and Effectiveness</b>	<b>4</b>
<b>Independent Scrutiny from the Chair, Jenny Myers</b>	<b>5</b>
<b>Learning and Improvement</b>	<b>9</b>
<b>Update on RSCP Key Priorities</b>	<b>13</b>
Stay at home	13
Safe in the community	17
Safe Safeguarding Systems	22
<b>Listening to the views of children and their families</b>	<b>25</b>

## Introduction

Welcome to the second annual assurance report from the Rotherham Safeguarding Children Partnership (RSCP). This annual report is a summary of the assurance we have sought over the last year to keep children and families safe in Rotherham. In line with statutory guidance Working Together to Safeguard Children 2018, it:

- gives an overview and provides transparency about the activity undertaken by safeguarding partners between October 2020 and September 2021.
- highlights how the safeguarding partners have committed to work together effectively in a multi-agency approach to identify where action can be taken to improve the services provided to children and their families.
- provides assurance as well as identified areas for further development including identifying learning from local child safeguarding practice reviews, rapid reviews and serious incidents.
- provides evidence of how the RSCP have worked together to deliver services to children and families effectively through the continued and unprecedented times of the COVID -19 pandemic.
- demonstrates that despite such adversity the challenges presented by the pandemic also provided an opportunity to work in new and innovative ways, embrace technology and use this to develop partnership relationships, communicate faster and be more productive.

The RSCP priorities set out in 2020 have continued to be themed under three key headings:

- **Safe at Home**
- **Safe in the Community**
- **Safe Safeguarding Systems**

The above priorities were also informed by key principles which underpinned all activity undertaken by the partnership to safeguard promote the welfare of children in Rotherham as follows:

**Principle 1** Championing the interests and rights of children and young people

**Principle 2** Involving all partners in Rotherham in a duty to cooperate on safeguarding matters

**Principle 3** Receiving independent challenge and scrutiny, to ensure feedback, accountability, and learning

**Principle 4** Change is led by measurable improvements in the safeguarding systems and outcomes for children and their families.

**Chris Edwards**, Chief Officer, NHS Rotherham Clinical Commissioning Group

**Sharon Kemp**, Chief Executive, Rotherham Metropolitan Borough Council

**Sarah Poolman**, Assistant Chief Constable, South Yorkshire Police

## Governance and Effectiveness

The Rotherham Safeguarding Children Partnership was established in September 2019 in accordance with the Children Act 2004 (as amended by the Children and Social Work Act 2017) and Working Together to Safeguard Children 2018.

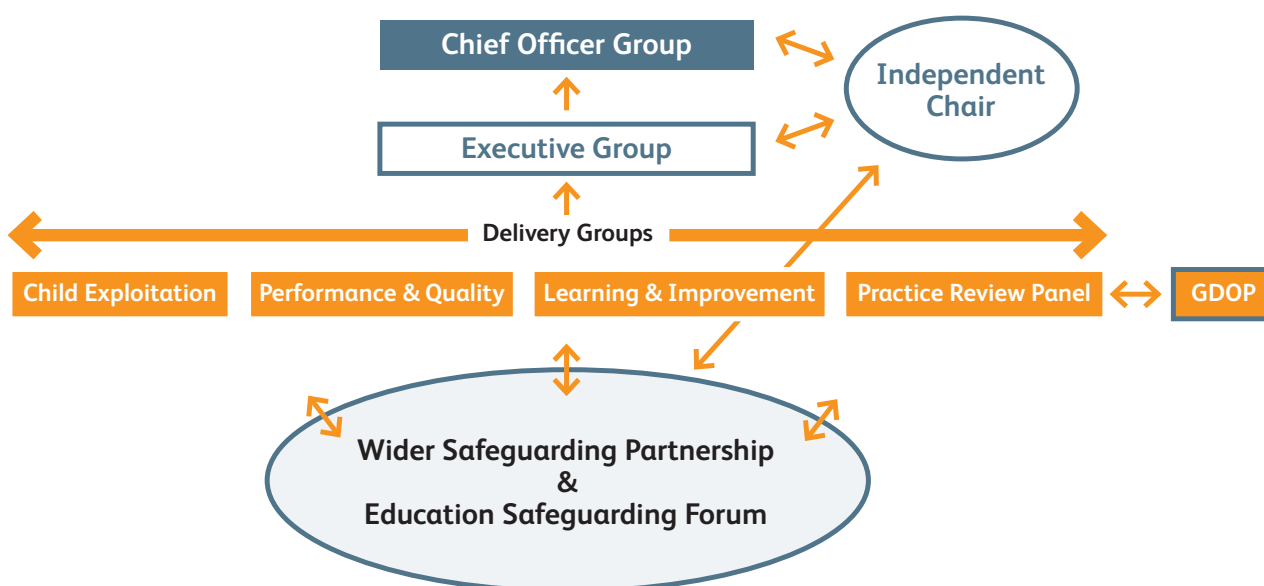
A review of multi-agency safeguarding arrangements was written into the constitution and on the appointment of a permanent Director of Children's Services, a review of the Executive Group was undertaken to strengthen governance, accountability, and assurance.

The Executive Group, which includes Suzanne Joyner, Director of Children's Services, Stephen Chapman, Chief Superintendent District Commander for Rotherham, Sue Cassin, Chief Nurse, Executive Lead for Safeguarding, Rotherham Clinical was restructured to include Safeguarding Partners and the Independent Chair, providing a more focused

approach to decision making, challenge and assurance. They have undertaken significant review and activity to strengthen the partnership. They monitor and drive the partnership action plan, allocate resources, commission high quality services and monitor performance via subgroups, and through seeking assurance.

Joint meetings with the Chief Officer Group have provided clarity of decision making and accountability at the most senior level across the safeguarding children partnership. The Executive Group has evidenced robust challenge and assurance on some key aspects of safeguarding, including Elective Home Education and Babies born into vulnerable families during the pandemic. Broader issues have been supported and led by the Executive Group at the Wider Partnership meetings including Neglect and the effectiveness and challenges in relation to the Front Door MASH (Multi-Agency Safeguarding Hub).

### RSCP Structure October 2021



The partnership has concentrated on specific assurance areas to drive further child focussed, self-reflective practice with strong challenge within and across agencies, with a particular spotlight on:

- **Child Exploitation (CE)**
- **Neglect and Early Help**
- **Safeguarding vulnerable children during the pandemic**



# Independent Scrutiny from the Chair, Jenny Myers

Independent scrutiny in Rotherham continues to be through the role of the RSCP chair, alongside external inspection, and peer review. This is my second year in the role where I have provided an element of assurance, monitoring & challenge to the quality of RSCP and their work. I have focused on:

- Providing assurance in judging the effectiveness of multi-agency arrangements to safeguard & promote the welfare of all children, including arrangements to identify & review serious child safeguarding cases
- Acting as a constructive critical friend, promoting a culture of reflection for continuous improvement
- Judging how effectively the arrangements are working for children & families as well as for practitioners; and how well the safeguarding partners are providing leadership.

The approach taken by me over the last 18 months has involved:

- Chairing the Executive Group of the RSCP
- Chairing the Wider Safeguarding Partnership Group
- Scrutinising the work of RSCP the serious child safeguarding case Practice Review Group to ensure the effectiveness of arrangements to identify & review serious child safeguarding cases
- Chairing the Chief Officer's group
- Scrutinising the work of the RSCP delivery groups, including their work plans and outputs
- Reviewing reports into multi agency audits, training and performance data

- Resolving partnership escalation and conflict resolution process including around capacity in the RSCP business unit and budget contributions, especially from the South Yorkshire OPCC.
- Ensuring that the partnership response to COVID -19 effectively safeguarded the most vulnerable children.

In addition to the above, I meet with the Lead Member for children, the Safeguarding Adults Board chair, chairs of other key strategic partnerships for Rotherham and the lead officer for NCA Operation Stovewood. As independent chair for Rotherham I have participated in national and regional safeguarding forums and government round table events to ensure that I can continue to bring challenge and learning to the role.

The RSCP has continued to evolve and increase confidence in its ability to challenge and scrutinise each other and hold each other to account. Examples of this has included:

- Developing the governance framework to revise membership and ensure that only the key statutory safeguarding partners are on the Executive Group, strengthening accountability.
- A joined-up approach to protecting vulnerable children during the COVID -19 pandemic both at a strategic and operational level.
- Strengthening the process of serious incident management and decision making around notification and local child safeguarding practice reviews.
- Revising and developing the work of the delivery groups to align better with the business priorities and strengthen leadership by the Executive.

- Holding agencies to account when they consider there are serious cross agency working issues that are not being managed well at operational level. An example of this was around the CQC inspection of The Rotherham Foundation Trust (TRFT) where Chief Officers and me, as Independent Chair, held assurance meetings with the Chief Executives of the hospital around their improvement plan. Another was around the availability of Tier 4 beds where children with severe eating disorders were being left waiting on wards at Rotherham Hospital for appropriate Tier 4 beds (this is a national issue).
- Development of a forward plan with regular assurance reports around key areas of concern. Over the last 12 months these have included reports on; Safeguarding vulnerable children in the pandemic, with a focus on safeguarding children in education, assurance around numbers of children home educated, CAMHS provision and waiting lists, the child criminal exploitation pilot (EVOLVE), child sexual exploitation.

### Scrutiny of the RSCP work on ensuring vulnerable children are kept safe during the pandemic

This year has been unprecedented in the challenges arising from the COVID -19 pandemic, but in my view, agencies have pulled together and kept services to children running effectively including ensuring priority face to face visits to those most vulnerable. The RSCP continued to hold assurance meetings both at an operational and strategic level throughout 2020. I chaired the strategic meetings to ensure scrutiny and challenge. The RSCP agreed at the end of 2020 to cease additional meetings and brought the assurance within the business-as-usual work of the Executive. For example, in January 2021 we requested an assurance report from the responsible officer for Education on the actions taken to respond to the increase in children Electively Home Educated (EHE) and the response of the Council to ensure as far

as possible their support and safety. Other examples are provided in the report.

The other key area of my scrutiny has been around reducing serious harm and preventing deaths caused by abuse and neglect in under 1s. Rotherham was identified as a contributor to the national review published in September 2021, ***“The myth of invisible men”*** (Safeguarding Children Practice Review Panel Sept 2021) and played an active role in the review resulting in the national report.

A good example of innovative partnership work was the creation of a regular ‘baby clinic’ where practitioners in health could bring concerns about unborn babies to children’s social care services for discussion and planning. This resulted in an improvement in timeliness of notifications of pregnancies, leading to an improvement in the timeliness of referrals.

This in turn allows social care assessments to be completed in a timely manner ensuring clear safety and support plans / expectations for the families prior to the birth of the baby.

I presented to the Executive in July 2021 on key wider themes coming out of the Child Practice Review Panel’s work and asked some reflective questions of the Executive which need to be considered over the next year:

- How do safeguarding partners model personal leadership of, and accountability for, the dissemination and embedding of learning in their local area?
- How do they know that the local child practice reviews and rapid reviews are making an impact? What are the key barriers?
- How can RSCP make better use of national reviews to support learning and improvement
- How RSCP work together to give practitioners a sense of confidence, support and progress in addressing the stubborn challenges in child safeguarding?



## Wider partnership meetings and learning

As independent chair of RSCP I have chaired three wider partnership meetings over the last year. These have a specific area of focus and are intended to provide a forum both for learning but also challenge and discussion. All meetings were held virtually and well attended across statutory, independent, and voluntary agencies.

My scrutiny comments about these issues are in the report:

- Nov 2020 - Thematic Spotlight on Child Exploitation (CE), adolescent neglect and Contextual Safeguarding
- June 2021 - Spotlight on Neglect and the launch of the Rotherham Neglect Strategy
- Oct 2021 - The remit and function of the Front Door

## Joint Adult and Children Safeguarding

The two independent chairs meet quarterly to look at cross partnership issues and to ensure there is good joint working. They also meet annually with the RMBC Chief Officer. As part of the commitment to work together, provide independent scrutiny and to meet statutory guidance (for children around Section 11 safeguarding self-assessment) we facilitated two virtual self-assessment sessions as well as joint involvement in the Safeguarding Awareness Week (SAW21).

## Self-Assessment Challenge sessions

The sessions drilled down on two aspects of the Section 11 standards which had been broadened for use across the adult and child agenda. Both sessions were well attended, and the challenge conversations drew out areas for individual improvement alongside some cross agency areas for improvement and learning.

## Summary

The RSCP has concentrated over the last year on embedding the changes to the partnership and evolving the three statutory partners' joint accountability and responsibility to work together more equitably. I am assured that the representation at all levels of meetings from strategic to operational is appropriate and that partners are committed to multi agency working. The response by agencies to safeguarding children during the first 18 months of the pandemic, as evidenced in this report and by Ofsted has been robust.

Last year I made comment on the need for more scrutiny of the Front Door, and I believe this has been achieved and that development plans are in place. The Section 11 self-assessment tried to capture how well the voice of children was represented in services and whilst there was some evidence of good practice there is still more to do on a wider partnership level to really achieve this.

## Performance Monitoring & Assurance

As highlighted in this report there has been scrutiny of both single and multi-agency performance and assurance information and audit. Whilst multi agency training has been run virtually, it has continued and a successful Safeguarding Awareness Week (SAW21) was held over a week in November 2021, 28 different events were attended by 386 attendees.

However, there is still much more to do. The past year has created challenge in capacity of the RSCP Business Unit to respond to demand following the previous year's reduction in staffing. This has been impacted further by staff sickness, retirement of the Safeguarding Education lead and maternity leave of the Policy and Quality Assurance Officer. As scrutineer I have challenged some of the decision making about the partnership budget restrictions and slowness to recruit or cover these

posts which has created additional pressure on the Partnership Manager and a lack of follow through on some actions and audits.

**As part of our continuous assurance activity we focussed on:**

- Embedding learning from national and local reviews better and ensuring that actions are followed through, and assurance gained as to the impact of such learning.
- More work with delivery groups, to consider a refresh to any membership, chairing and ensure increased communication and oversight by the Executive
- Ensuring that multi agency policy and procedures are kept up to date and that there is a planned programme to address changes.
- Transition from children to adults' services and a joint piece of work with adult safeguarding board around current practice improvements and assurance
- Assurance on how well the Neglect Strategy has been embedded and evidence of improvement.
- More assurance on the move to contextual safeguarding (CE), and the revision of CE strategy
- Ensuring the outcome of the RSCP Child Sexual Exploitation (CSE) review (Jan-March 2022) addresses concerns raised in the Conservative briefing report to Council and the subsequent approved motion (Nov 2021).



# Learning and Improvement

Learning and Improvement		
Assurance Through	Actions and Progress	Impact and future challenges
Overview	<p>Rotherham Safeguarding Children Partnership promotes a culture of continuous learning and improvement across all organisations that work together to safeguard and promote the welfare of children, to identify what works well, what promotes good practice and outcomes for children, and where changes need to be made to improve the effectiveness of practice and service delivery.</p>	
Safeguarding Practice Review Group (SPRG)	<p>The Safeguarding Practice Review Group - SPRG (formerly the Serious Case Review subgroup) ensures that cases requiring a Child Safeguarding Practice Review or a local safeguarding review. Where a serious child safeguarding incident is identified and notified to the National Panel, an immediate Rapid Review is undertaken within the partnership to identify learning and establish whether a more comprehensive Child Safeguarding Practice Review is required.</p> <p><b>CR - 19</b></p> <p>A review of a case was commissioned by the RSCP in May 2020, and this was published in January 2021. There are 5 learning points contained within the report, alongside recommendations given. The main improvement actions sit with Social Care, Early Help and The Rotherham NHS Foundation Trust. The report has been published on the RSCP website.</p> <p><b>Rapid Review</b></p> <p>In March 2021 a 10-month-old baby died, and a Rapid Review was conducted. The case was discussed at the SPRG and it was decided that a full safeguarding practice review was not required. The case was submitted to the National Panel who concurred with that decision and noted it as an exemplary Rapid Review. An improvement action plan was developed to provide assurance from the learning points and that the improvement actions identified are completed.</p>	<p>SPRG monitors review action plans to ensure implementation of the learning and improvements identified.</p>

Assurance Through	Actions and Progress	Impact and future challenges
<p><b>The Learning and Improvement Delivery Group</b></p>	<p>The Learning and Improvement Delivery Group is the lead delivery group for taking learning across the partnership forward. The learning and development prospectus for inter-agency safeguarding training and workforce development is published annually. Inter-agency training is mostly delivered from safeguarding leads within the partnership; however, some specialist training will be commissioned and from external provider where a need is identified, and this is a priority. Training is at no cost to any safeguarding partner organisation within Rotherham. Every participant is required to provide feedback in relation to the training course received and then as a follow up so that all learning activity can be monitored for impact on practice and outcomes for children.</p> <p><b>What's Worked Well</b></p> <ul style="list-style-type: none"> <li>● Links to CE Delivery Group and P&amp;Q Delivery Group re learning</li> <li>● Safeguarding Awareness Week – variety of sessions and topics covered</li> <li>● Learning on a page from audit findings</li> <li>● Recent Practitioner Event – Neglect, Trauma/impact on parenting</li> <li>● Practitioner Event for National Panel – learning across the Partnership</li> </ul>	<p>The partnership has a valued learning and development offer, delivered free to all partner organisations, including schools and the voluntary sector.</p> <p>Additionally, a termly Education Safeguarding Forum provides opportunities for all education providers to network and engage with other statutory partners on key initiatives.</p>
<p><b>Practice Standards Group</b></p> <p><b>Subgroup of Learning and Improvement Delivery Group</b></p>	<p>The Practice Standards Group (the Group) – with representatives from Education, Social Care, Early Help, Youth Offending Service, South Yorkshire Police, NHS Trusts (TRFT and RDaSH), and Voluntary Sector Agencies – monitors multiagency practice, reporting to the Learning and Improvement Delivery Group. Standards are upheld with reference to relevant safeguarding procedures and practice guidance, and the standards of conduct set out by professional bodies.</p> <p>The Group uses the Story on a Page model for reporting, and 7-Minute Briefings to disseminate learning; but will consider other methods on a case-by-case basis, including training events, whole service events, mentorship and work-based learning.</p>	<p>The Practice Standards Group provides the partnership with a mechanism to review, and learn from, individual cases which are not serious incidents.</p>

Assurance Through	Actions and Progress	Impact and future challenges
<p><b>“The Myth of Invisible Men”</b></p> <p><b>September 2021</b></p>	<p>The national Child Safeguarding Practice Review Panel published a report to which Rotherham contributed. The report focusses on the circumstances of babies under 1 year old who have been harmed or killed by their fathers or other males in a caring role.</p>	<p>The themes from this report are being considered by the Child Death Overview Panel.</p>
<p><b>Performance and Quality Assurance Delivery Group</b></p>	<p>The Performance and Quality Assurance Delivery Group’s remit includes:</p> <p>Use key data from across the partnership to inform the Performance Assurance Framework (PAF) and use it to monitor the effectiveness of work undertaken by Rotherham Safeguarding Children Partnership and partners, in relation to the safeguarding of children from harm and promotion of their welfare.</p> <p>The commissioning of multi-agency audits against key priorities or emerging themes. These evaluate individual cases to identify effective practice and any learning for services individually and collectively across the partnership. Evidence of these audits are detailed elsewhere in this report.</p>	<p>The PAF is scrutinised to seek assurance of partnership performance and the effectiveness of the local safeguarding system and outcomes for children against RSCP priorities.</p>
<p><b>Child Death Overview Panel (CDOP)</b></p>	<p>There have been improvements in the effectiveness of child death review process due to the role of lead nurse for child death in The Rotherham NHS Foundation Trust. An audit of safe sleep, in children’s maternity and acute services was carried out and this was key in identifying further developments. The role of lead nurse for child death, and a keyworker role for families, has greatly improved the effectiveness of the child death review process</p>	<p>New processes are still being embedded and more consistency for Joint Agency Response (JAR) processes.</p>



Assurance Through	Actions and Progress	Impact and future challenges
<b>Vulnerable Child Partnership Group</b>	<p>The Vulnerable Children's meeting has been running since March 2020 in response to the COVID -19 outbreak, recognising the need for a partnership approach to best support our children. Includes representation from Children's Social Care, Early Help, Education, LAC Nurse, TRFT, RDaSH, CCG, Police, CGL (Change Growth, Live – drugs services), 0 -19 service.</p> <p><i>The areas of focus have included:</i></p> <ul style="list-style-type: none"> <li>● Partnership updates recognising areas pressures</li> <li>● Use of PPE when working with children</li> <li>● Distribution of laptops to vulnerable children during school closures</li> <li>● Sharing of direct work tools to assist children in understanding the changes the pandemic was bringing about.</li> <li>● Review of teenage pregnancies – following a peak over a few months</li> <li>● Impact of the pandemic on drug using parents, and what this means for children</li> <li>● Hidden harm</li> <li>● S85 Assessment for Children – where children are likely to be in hospital for longer than 12 weeks</li> <li>● Eating disorders</li> <li>● Single view of childhood</li> <li>● Neglect – case study presentation from social worker</li> <li>● Baby clinic – referred to elsewhere in this report</li> </ul>	<p>The Vulnerable Child Partnership Group has provided an invaluable forum for problem solving and planning for vulnerable groups of children during the pandemic and lockdown periods.</p>

## Update on RSCP Key Priorities

Safe at home		
Assurance Through	Actions and Progress	Impact and future challenges
<b>Children at risk from FGM (FGM)</b>  <b>October 2020</b>	<p>A Multi-Agency Audit Report about Children at Risk from Female Genital Mutilation was finalised in October 2020. This was a re-audit using a dip sample to seek assurance from a similar audit conducted in 2018. At that time an Action Plan had been agreed and completed. This audit found there have been a lot of positive changes and positive information sharing, most notably within the referral information provided to MASH. A report was presented to the Executive Group and a new action plan agreed.</p>	<p>The Action plan was monitored through the Performance &amp; Quality Assurance Delivery Group and all actions were signed off and completed by December 2021.</p>
<b>Babies born into vulnerable families</b>  <b>February 2021</b>	<p>In October 2020, the Parliamentary Under-Secretary of State for Children and Families requested that Local Authorities undertake work alongside wider safeguarding partners to review circumstances of families who have historically caused significant concern, have recently 'turned a corner' but have had a new baby in the last 6 months. There had been several serious notifications/incidents involving injuries to babies in the last 2 years in Rotherham. An audit of 8 families was completed and action plan agreed.</p>	<p>Audit findings presented at Executive Group in February 2021 and action has been monitored through the Performance &amp; Quality Assurance Delivery Group. Most actions have been completed.</p>
<b>Teenage pregnancies</b>  <b>March 2021</b>	<p>The Named Midwife for TRFT flagged what was thought to be a spike in the number of teenage pregnancies during the first COVID -19 lockdown. A Task and Finish Group was convened, and a piece of work conducted to examine the issue.</p>	<p>Investigation of data proved otherwise, but this review allowed scrutiny of issues such as contraception and isolation for this cohort and changes made to working practice.</p>

Assurance Through	Actions and Progress	Impact and future challenges
<b>Safeguarding in Education and Elective Home Education (EHE)</b>  <b>March 2021</b>	<p>During the Inspecting Local Authority Children's Services (ILACS) in October 2020, it was noted that the number of children who are electively home-educated (EHE) has significantly increased. Assurance was sought by the Executive Group from the EHE service.</p>	<p>Assurance was provided to Executive Group: EHE has a multi-agency governance group that oversees EHE work, holds EHE Officers to account and has oversight of all children who are EHE.</p>
<b>Baby Clinic</b>  <b>April 2021</b>	<p>Baby clinic was initiated as part of a local learning process which produced a published report overseen by Safeguarding Practice Review Group. Outcomes included improvement in timeliness of notifications of pregnancies, leading to an improvement in the timeliness of referrals and social care assessments.</p>	<p>There has been improved operational relationships between social care, midwifery, and early help with improved understanding of each other's roles.</p>
<b>Launch of the Rotherham Neglect Strategy</b>  <b>June 2021</b>  <b>Spotlight on Neglect and the launch of the Rotherham Neglect Strategy</b>	<p>The <b>Rotherham Neglect Strategy</b> was launched in June 2021. The strategy was developed through a multiagency task and finish group process. Through participation in the process, partner agencies reviewed their procedures and training offers to ensure neglect is understood and acted upon through the workforce.</p> <p>The RSCP Independent Chair led a session for the wider partnership to assist in revising the Neglect Strategy. There was an overview of local data presented and how it relates to neglect, the local context and prevalence and a look at what systems and initiatives were in place to tackle it.</p>	<p>The Graded Care Profile 2 (assessment tool for use by all safeguarding partner practitioners) is being re-launched. Program of core training rolled out across the workforce. Police Officers are receiving a bespoke education package supported by the NSPCC. Future: Action plan needs to be monitored through the P&amp;QA delivery group.</p>
<b>Safeguarding children with Special Educational Needs and Disabilities (SEND)</b>  <b>July 2021</b>	<p>Ofsted visited in July 2021 to conduct a Special Educational Needs and Disabilities (SEND) inspection. The inspection identified that the partnership had not fully implemented the national reforms although several strengths were identified across all aspects of Rotherham's SEND services.</p>	<p>Partner agencies responses are through a written plan of action to the SEND Improvement Board. The RSCP Executive will provide scrutiny of this process.</p>



Assurance Through	Actions and Progress	Impact and future challenges
Effectiveness of services for Early Help	<p>The Early Help offer in Rotherham forms part of a continuum of support, to respond to a range of needs in children and families. The responsibility for preventative and early help work lies across the multi-agency partnership, and the Early Help Service forms part of this wider system, providing targeted family support as well as outreach and engagement across the 0-19 age range. The partnership contributes to the early help offer by offering support and this is underpinned by an Early Help Assessment and Plan, to ensure shared visibility of concerns.</p>	<p>We know from extensive quality assurance, audit and performance data that the Early Help Service is well established and 'mature' in Rotherham. We know that early help improves the child and family situation and reduces escalation to Children's Social Care as CIN numbers have consistently dropped year on year from 2016 when the offer was launched.</p>
Early Help the wider system	<p>Extensive work has taken place during the period October 2020 to September 2021 to embed integrated early help pathway with Midwifery and work is also taking place to co-locate midwifery services into Children's Centres. Integrated Working Leads (IWLs) are responsible for supporting partners in completing Early Help Assessments and carrying out the Lead Professional role. This includes training and quality assurance support for partners.</p>	<p>The establishment of a partnership 'Baby Clinic' has enabled those vulnerable families where there is an unborn baby have their needs identified and Early Help support provided where appropriate.</p>
Scorecard	<p>October 2020 – September 2021:</p> <ul style="list-style-type: none"> <li>● In September 2021 there were 1356 families (2902 children) open to the Early Help Service.</li> <li>● Initial Engagement: 88.8% within three days</li> <li>● Early Help Assessments: 93.9% completed in the 45-day timescale</li> <li>● 10698 home visits completed within the period of Oct 20- September 21</li> <li>● 4993 virtual visits within the period of October 20- September 21</li> <li>● Re-referral rate to Early Help has decreased to 14.4%</li> </ul>	<p>During the period Oct 2020 - Sep 2021, partners completed 343 Early Help Assessments which was 24.2% of all EHAs completed in the timeframe. The current year to date performance is 28.7%.</p> <p>Whilst the number of Early Help Assessments completed by partners needs further commitment from across the partnership, there has been an increase year on year for the past 2 years.</p>

Assurance Through	Actions and Progress	Impact and future challenges
<p><b>Keeping Children Safe in Rotherham – South Yorkshire Police</b></p> <p><b>March 2021</b></p>	<p>Recognising the importance of always keeping children safe, with a real focus on child neglect SYP has developed (and delivered) a one-day training/awareness package for all its officers, regardless of rank and some of its Partners. This package looks at the indicators for child neglect such as poor health, poor living conditions, lack of parental engagement with children and poor school attendance. The training makes the links with children subject of neglect, being at increased risk of exploitation. This training has been supported with a central audit and scrutiny function to ensure officers /staff/ partners are doing the very best for our children. SYP now record many more offences of neglect, and ensure the supporting investigation is to the appropriate standard.</p>	<p>South Yorkshire Police provided assurances on keeping children safe in the home from their perspective.</p> <p>NSPCC referrals, non-crime, neglect, investigations over 2yrs. The work has identified improvements across Partnerships e.g., seeking timely strategy minutes and medical records/examinations, these improvements have been implemented across Rotherham. SYP work in this area is now informing policing nationally.</p>
<p><b>Effectiveness of services for Looked After Children and Care Leavers</b></p> <p><b>CYPS audits</b></p> <p><b>February 2021</b></p>	<p>Learning from audit: LAC Care Plans - Key themes from the audit sample</p> <ul style="list-style-type: none"> <li>● In all the cases audited, it was felt the best outcome had been pursued through the child's care plan</li> <li>● Auditors gave children, young people and families the opportunity to have a voice as part of the audit process.</li> </ul> <p>These are highlighted as a reminder of the impact and outcomes Social Workers practice and approach has on lives.</p>	<p><i>I feel I can trust her; she was reliable and open and honest. She left us with "no doubts" or any unanswered questions. She is always available and responsive. She has been the consistent person in [child's] life; and [child] would give her 10 as well!</i></p> <p><i>She has kept me and [young person] informed on all aspects of the care plan. She will be coming out on the next visit to share a calendar with the young person of her family time with her mum and journey back home.</i></p>

## Safe in the community

Assurance Through	Actions and Progress	Impact and future challenges
<p><b>Children Missing from Home and Care</b></p> <p><b>April 2021</b></p>	<p>An audit was conducted by CYPS regarding children who go missing from home or care. Rotherham offers Return Home Interviews for all children that have had a missing from home episode, allowing independent (of the police/ social worker etc) exploration of the reasons for the child going missing, and working sensitively with young people (and carers) to prevent further episodes.</p>	<p>From April 2021- September 2021 - 197 children were reported missing from home: 42 had 3 or more episodes. 425 Return Home Interviews were conducted.</p>
<p><b>The Philomena Protocol - piloted in Rotherham by South Yorkshire Police</b></p>	<p>The <b>Philomena Protocol</b> clarifies expectations on placements of Looked After Children when they think a young person is missing, and the measures they should take before reporting that young person missing to avoid unnecessary Police involvement.</p>	<p>The Philomena Protocol - piloted in Rotherham by South Yorkshire Police in 2020 and is now being rolled out across the region.</p>
<p><b>Child Exploitation (CE) Child Sexual Exploitation (CSE) and Contextual Safeguarding</b></p>	<p>The <b>Child Exploitation Delivery Group</b> meet quarterly. The group is well represented across the partnership including South Yorkshire Police, Children's Social Care, National Crime Agency (NCA), Rotherham Clinical Commissioning Group (RCCG), The Rotherham NHS Foundation Trust (TRFT), Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), National Probation Service, Community Safety, Housing &amp; Estates, Children, Young People and Families Consortium (CYPF) consortium.</p>	<p>The Child Exploitation Delivery Group brings together all the key stakeholders from across the Partnership. It oversees the implementation of the Child Exploitation Strategy and maintains a dynamic Delivery Plan and Scorecard to monitor progress.</p>

Assurance Through	Actions and Progress	Impact and future challenges
The Evolve Service	<p>The <b>EVOLVE service</b> is a multiagency team, with South Yorkshire Police (SYP), Health and Youth Offending Service (YOS) working together, co-located. Direct Support to individual young people and their parents, to identify, reduce and manage risk in relation to Child Sexual Exploitation and Child Criminal Exploitation. Other activities include mapping of connectivity, hot spots, venues, adults of concern, other children at risk. The hotel and licencing venues are engaged to report and disrupt activity; work with SYP to investigate and prosecute offenders, utilise trafficking laws and use of Abduction Orders.</p>	<p>EVOLVE have supported 99 young people in the last 12 months Social Care have completed 464 Child Exploitation Assessments resulting in a package of support and risk management in the last 12 months.</p>
Commissioned Services in relation to Child Sexual Exploitation and Child Exploitation	<ul style="list-style-type: none"> <li>● <b>Barnardo's Trusted Relationships</b> (CE) and <b>ReachOut</b> services (CSE) deliver activities to reduce Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE).</li> <li>● <b>Rotherham Rise</b> – Provides help and support for survivors of Domestic Abuse and Child Sexual Exploitation</li> <li>● <b>The Grow Project</b> – A women's organisation supporting women and girls with a wide range of issues, often those who are in crisis and have experienced stress and trauma.</li> <li>● <b>Rotherham Abuse Counselling Service (Rothacs)</b> Provides free therapeutic counselling for women, men and young people who have experienced abuse including rape, sexual abuse, domestic abuse, honour-based violence, and child sexual exploitation.</li> </ul>	<p>The contract is still in its infancy, to run from 1st January 2021 but began taking clients after this date, is a 3-year contract with option to extend for a further 2 years.</p> <p>A monthly contract meeting is held with providers to review referrals and contact and provide assurances.</p> <p>The first contract meeting was held in September 2021.</p>

Assurance Through	Actions and Progress	Impact and future challenges
Child Criminal Exploitation Pilot	Additional resources have been made available to the Evolve Team to incorporate working with children at risk of Child Criminal Exploitation (CE). The pilot will run for 6 months from July 2021: 4 social workers, a Youth Offending Service (YOS) worker, 2 missing advocates. In addition, there is a Health CSE nurse. SYP and YOS are also co-located in the office.	This will be reported on in the next annual report.
Nov 2020  Thematic Spotlight on Child Exploitation (CE), adolescent	The RSCPC Chair spotlighted the work of Bedfordshire University under Carlene Firmin at a wider partnership level. An overview was given by the police on progress and local data on CE within a Rotherham context – and evaluation as a partnership of views around effectiveness in this area of practice, and the move forward from child exploitation to more of a contextual safeguarding framework. The Chair presented the recommendations from National Review by the Child Safeguarding Practice Review Panel, <i>It was Hard to Escape</i> (2020).	The question was asked: What would help Rotherham take a more systemic approach to Contextual Safeguarding with adolescents?  The Child Exploitation Delivery Group will be refreshing the Rotherham Child Exploitation Strategy in 2022.

Assurance Through	Actions and Progress	Impact and future challenges
<p><b>Neglect and Contextual Safeguarding</b></p>	<p>South Yorkshire Police (SYP) and its Partners</p> <p>There were over 75 investigations which were reviewed to ensure:</p> <ul style="list-style-type: none"> <li>● correct identification/flagging</li> <li>● victims/survivors appropriately safeguarded</li> <li>● all opportunities to identify suspects maximised.</li> </ul> <p>Except for some inaccuracies in the flagging and disposal, this review confirmed investigation were of the appropriate standard.</p>	<p>The final phase of this review is to ensure the voices of victim/survivors are heard, to ensure the Partnership is as good as it can be, and in being so, listening to our children. This review is ongoing with an independent organisation, with information obtained being overlayed with investigation findings, and recommendations progressed.</p> <p>South Yorkshire police recognise that there is a real opportunity for Rotherham/ South Yorkshire Police to lead the way nationally in this area of policing and are taking steps with Partners to move closer to this aim.</p>

# ROTHERHAM SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT

Safe Safeguarding Systems		
Assurance Through	Actions and Progress	Impact and future challenges
<b>Effective leadership across whole safeguarding system</b>	<p>Together We are Stronger - Rotherham Safeguarding Children Partners undertook a “what went well” exercise around COVID -19 resulting in the one-page “Together We Are Stronger” article with actions to be taken “Going Forward”.</p>	<p>RSCP Chair meets with Chairs of other key strategic partnerships (Safeguarding Adults Board, Safer Rotherham Partnership, Health &amp; wellbeing Board) to ensure that any cross-cutting issues can be addressed collectively.</p>
<b>Effective Front Door and Early Help Services</b>  <b>October 2020</b>	<p><b>Ofsted</b> conducted an inspection in October 2020 under the Inspecting Local Authority Children’s Services (<b>ILACS</b>) framework.</p> <p>There were no recommendations for changes in front door services. Their findings included:</p> <ul style="list-style-type: none"> <li>● Early help services and children’s social care are integrated, promoting positive working relationships and a clear understanding of thresholds. This has been maintained during COVID -19.</li> <li>● Effective multi-agency working in the multi-agency safeguarding hub (MASH) and the wider partnership means that children and families receive an appropriate response to identified need.</li> </ul>	
<b>Front Door Health Check (FDHC)</b>  <b>May 2021</b>	<p>A <b>Front Door Health Check</b> was completed in May 2021. Findings identified positives for both a safe front door and partnership working.</p> <p>Challenges relating to the RSCP:</p> <p>Holding partners to account for referral-in culture - too many contacts being sent through to the Front Door that may be dealt with effectively by partners</p> <ul style="list-style-type: none"> <li>● Safeguarding Partnership issue - would recommend that this issue is taken to the Children Safeguarding Partnership Board to be discussed</li> </ul>	<p>The Executive received a presentation in August 2021 and a themed discussion was held at the Wider Partnership Group. A task and finish group has been set up. The outcomes of this will be reported in the next annual report.</p>



Assurance Through	Actions and Progress	Impact and future challenges
<b>Safeguarding Awareness Week</b>  <b>November 2020</b>	SAW21 Events included: <ul style="list-style-type: none"> <li>● Advocacy working with Children &amp; Young People</li> <li>● Launch of the People in Positions of Trust (PIPOT)</li> <li>● Neurodiversity and the Criminal Justice System</li> <li>● Spot the Signs – CSE</li> <li>● CSE Video Launched (SYP)</li> <li>● Thinking Family – Trauma Informed consultation - Stovewood Survivors - CYPS</li> <li>● Contextualised Safeguarding</li> </ul>	There were 28 different events hosted with a total of 386 attendees over all the events.  The week was held as a South Yorkshire initiative, and in conjunction with the Safeguarding Adults Boards, with local activity in each area.
<b>Achieving Best and Timely Outcomes for Children &amp; Young People</b>  <b>December 2020</b>	This audit requested by RSCP focused on the following: <ul style="list-style-type: none"> <li>● Assure that appropriate organisational values and attitudes underpin the management and delivery of services across key agencies.</li> <li>● Assure there is sufficient rigour in the system to demonstrate the interest of the child (as a victim or perpetrator) is pursued through robust approaches, appropriate safeguarding, and support to the child and to the criminal investigation, from any agency.</li> </ul>	The audit was presented to the RSCP Executive Group, and the resulting action plan continues to be monitored through the Performance and Quality Assurance Delivery Group.
<b>Public health Pathways Inc 0 – 19 services</b>  <b>July 2021</b>	Assurance given through presentation by Director of Public Health - health and wellbeing strategy: Key areas: <ul style="list-style-type: none"> <li>● Best start portfolio priorities</li> <li>● Recommission of 0-19 services &amp; proposed timetable</li> <li>● Community water fluoridation</li> <li>● Child Death Overview Panel</li> </ul>	Presentation to Executive Group for scrutiny.
<b>Care Quality Commission (CQC) Improvement Plan for TRFT</b>  <b>Update September 2021</b>	The Rotherham NHS Foundation Trust (TRFT) Improvement Plan completed on schedule. All 184 improvement actions have now been completed and closed. The CQC no longer request minutes of all executive meetings and is now business as usual.	Assurance was requested in relation to improvement plan. This was provided by a presentation by the Chief Nurse, The Rotherham NHS Foundation Trust.

Assurance Through	Actions and Progress	Impact and future challenges
<p><b>Effective Workforce Development</b></p> <p><b>RSCP multi-agency training</b></p>	<p>As part of its Learning and Development Strategy, the RSCP provides partner-led, multi-agency safeguarding training workshops, e-learning, briefing / bite size sessions and conferences. A prospectus is published annually. The RSCP multi-agency safeguarding training is offered free to staff and volunteers from all partner agencies who encounter children, young people and / or their families within Rotherham in the course of their work.</p>	<p>The Learning and Development Offer is well received across the partnership inc vol sector. Key challenge - organisations should have their own core offer for their workforce, not solely rely on the RSCP offer.</p>

# Listening to the views of children and their families

Listening to the views of children and their families	
Assurance Through	Actions and Progress
<b>Ofsted - Inspecting Local Authority Children's Services (ILACS)</b>  <b>October 2020</b>	<ul style="list-style-type: none"> <li>Children and young people are encouraged to have a voice and influence the design and delivery of services. Senior leaders talked warmly of their input, and members of the Looked After Children Council regularly attend the corporate parenting board.</li> <li>The Looked After Children Council coordinator has been central in ensuring that laptops are available for members of the Looked After Children Council, and online sessions have been completed for approximately 50 children during COVID -19 restrictions. The focus of these sessions was mental health and well-being, getting children prepared for returning to school, and offering an opportunity to discuss any concerns.</li> </ul>
<b>The Looked After Children's Council (LAC Council)</b>	<p>The Looked After Children's Council (LAC Council) and Lil' LAC Club enable children and young people to meet up in a safe and welcoming environment where they can talk about the issues that affect them whilst they are in the care of Rotherham Council. This gives the young people the chance to share their experiences, and gives our looked after children a voice, which also helps Rotherham Council to make important decisions that help improve the lives of young people in care. Activities over the past year include:</p> <ul style="list-style-type: none"> <li>The Big Ask - The LAC Council invited by the Children's Commissioner to engage in 'the Big Ask', the largest ever survey of children in England, designed to find out what their concerns and aspirations about the future are.</li> <li>LAC Council have given their views to be heard in a national consultation of children in care into the Independent Review of Children's Social Care.</li> <li>Neglect Strategy</li> <li>Consultation on LAC Nurses Trial Questions - The Looked After Children's Nurses are compiling a questionnaire to gain feedback regarding their involvement with LAC to ensure young people have an opportunity to share their thoughts with the team after their health assessments.</li> </ul> <div> <p><i>Take time to build a positive relationship with me, hear my voice, my choice, my feelings &amp; emotions, make me feel important &amp; valued, recognise the power imbalances between us, get to know who I am not what my notes say, understand what is important to me as this will guide you to keep your promises to me. (Rotherham LAC COUNCIL members)</i></p> </div>

Assurance Through	Actions and Progress
<b>Right to Rights Service</b>	<p>Children or young people who are, or have ever been, looked after can get support from the Right to Rights Service. The service provides information, advice and assistance to help put things right or to help the child or young person to understand what's happening and why. The services also include independent advocacy to make sure that their voice is heard and acted upon. Some feedback from young people:</p> <p><i>"I feel like you and my old PA help me and you are only 2 people that I can call. [PA] does care and you can tell and not just after the job for the money"</i></p>
<b>Feedback from children and families about health professionals (TRFT)</b>	<p><i>"My school nurse has been amazing with me. She has helped me get through everything and is one of the kindest people I have met. She has helped me turn everything from upside down to the right way round and positive. The more I saw her the more confident I became"</i></p> <p><i>"The school nurse just has this way of making you feel that you could talk to her about anything. She is so good at her job and we honestly can't thank her enough for the work she has done with me and my family. She will always have a place in my heart for the time and care she has given us"</i></p>
<b>Barnardo's Child Protection Conference (CPC) Advocacy Service</b>	<p>This service provides Advocates who are independent of CYPS to support children and young people who are attending an Initial or Review Child Protection Conference. All children aged above 8 years are given the opportunity to be supported.</p> <p>In November 2020 the service implemented Child Friendly Plans created by the Advocates following attendance at Conference or receipt of minutes. These plans are clarified with the Conference Chair and then shared with the child/young person in a child friendly age/need appropriate format. Feedback from children has been positive.</p> <p><i>"... the plan that you did helped me last time (Child Friendly Plan that the Advocate completes). It really helped and if it weren't for that I wouldn't have known anything or understood anything."</i></p>

Assurance Through	Actions and Progress
<b>Rotherham Youth Cabinet</b>	<p>Rotherham Youth Cabinet are a group of young people aged 11 to 18 from across Rotherham, who work on campaigns and help make decisions which have a positive difference to the lives of young people in Rotherham. Youth Cabinet members attended a RCPC Partnership Board Meeting and gave a presentation on their activities and campaigns. The Board offered their support to various elements of their work. The Youth Cabinet contributed to gathering feedback from young people in Rotherham in relation to the Neglect Strategy.</p>
<b>COVID -19 Survey – Voice of Children &amp; Young People</b>  <b>June 2021</b>	<p>Findings from consultation during May/June 2021, with children and young people in Rotherham to inform planning for emotional health and wellbeing support for young people. Public Health England recommended local authorities capture the views of children and young people to establish the state of their mental health and wellbeing during lockdown in March 2020. A second piece of consultation work was carried out in October 2020, to capture the views from young people around the impact of the pandemic and school closures and how these were affecting their health and wellbeing. It was agreed that Rotherham would carry out a third consultation with students. 4,118 young people participated in the June 2021 survey.</p>
<b>Rotherham Young Inspectors</b>	<p>The Rotherham Young Inspectors Programme:</p> <ul style="list-style-type: none"> <li>● Inspect services to make sure they are doing what they should be doing.</li> <li>● Give feedback to services including what's good and what could be made better.</li> <li>● Make sure that children, young people &amp; families are listened to.</li> <li>● Raise young people's confidence and self-esteem.</li> <li>● Get young people engaged with the services.</li> </ul> <p>During September 2020 to October 2021 the Young Inspectors were limited to the inspections and meetings that could be held due to the COVID -19 Pandemic and the restrictions and guidance.</p>



**w:** [www.rscp.org.uk](http://www.rscp.org.uk)  
**e:** [cyps-safeguardingboard@rotherham.gov.uk](mailto:cyps-safeguardingboard@rotherham.gov.uk)



# The impact of COVID-19 in Rotherham



## Contents

Introduction .....	2
Section 1: .....	3
COVID-19 Infection rates: Rotherham and all England .....	5
COVID-19 Vaccination Rates by age .....	6
Inequities and COVID-19 .....	7
Section 2: COVID-19 and the individual .....	10
Mental Health, Loneliness and Social Contact .....	11
Health behaviours: Tobacco, alcohol and substance misuse .....	16
Education .....	18
Access to health care .....	18
Section 3: COVID-19 and our communities .....	26
Community cohesion and support to vulnerable people .....	27
Community safety .....	29
Section 4: The economic impact of COVID-19 .....	31
Business .....	32
Employment .....	34
Income, debt, and poverty .....	37
Section 5: Future priorities: .....	38
Conclusions .....	41
Appendix 1: Update on recommendations from previous annual report .....	43



## Introduction

The COVID-19 pandemic, and restrictions introduced to control infection rates, have caused profound changes to everyday life, health and wellbeing across the world. As our health and social care systems recover from the early stages of the pandemic, and we learn to live safely with COVID-19, we need a shared understanding of its impact.

This year's Director of Public Health Annual Report focuses on the impact of COVID-19 in Rotherham between March 2020 and 31<sup>st</sup> January 2022, during which time nearly 80,000 cases of COVID-19 were recorded locally. Where possible, local data for the full period under review is used to help build a picture of the impact of COVID-19 in Rotherham. National data and figures from within this period are also referenced to highlight broader trends, and review the impact felt at different points during the course of the pandemic.

The first section of the report gives a brief snapshot of the pandemic in Rotherham. In recognition that health and wellbeing is affected by multiple factors, we then examine the impact of COVID-19 on the individual (section 2); our communities (section 3); and on the economy in Rotherham (section 4).

The full extent of the impact of COVID-19 is unlikely to be known for many years. This report will, however, discuss some of the short- and medium-term impacts of the pandemic. It will touch upon measures taken to mitigate some of these impacts and focus on what can be done in the future to improve our resilience.

# Section 1: COVID-19 in Rotherham



The first case of COVID-19 was detected in Rotherham on 2<sup>nd</sup> March 2020, just two days after first case was recorded in the UK. As of January 31<sup>st</sup> 2022, the total number of infections recorded in Rotherham was 79,615 (of which, 3,739 are possible reinfections). The true figure will be much higher with many cases going unrecorded.

Rotherham, like England, has experienced four main COVID-19 waves to the end of January 2022 (see Figure 1). The first (Alpha variant) wave struck in spring 2020 and was significantly underestimated by limited testing availability. The second wave peaked in Rotherham and surrounding areas in October and November 2020, considerably earlier than regions in the south of England. The third wave (Delta variant) arrived in late summer / early autumn 2021, and the fourth (Omicron variant), began in Winter 2021 is ongoing at the time of writing.

Local measures to respond to the pandemic, which have included local surveillance; establishing testing centres; conducting incident management reviews (Box 1); and coordinating mass, phased vaccination, have rapidly evolved in response to national policy and local demands.

#### Box 1: Using Incident Management Team reviews to control the outbreak

Early in the pandemic, it became apparent that COVID-19 could spread quickly and with devastating results in care homes, workplaces, schools and other settings where people are in close contact.

It has therefore been essential to act quickly to recognise outbreaks, investigate their possible origin, and identify measures to control and prevent future outbreaks. To ensure that there is a comprehensive review of all risk factors and buy in to any actions, multidisciplinary incident management team reviews (IMTs) have been used with great effect to investigate and control outbreaks within Rotherham.

As of 31<sup>st</sup> January 2022, approximately:

- 96 IMTs have been held in education settings
- 120 IMTs have been held in adult social care settings
- 9 IMTs have been held in workplaces (commercial, industrial, consumer, social, and institutional settings) – no workplace IMTs were held from September 2021 onwards due to a change in guidance resulting in a focus on pre-emptive / preventative work. (1)



Figure 1: COVID-19 7-day rolling infection rates: Rotherham and all-England (March 2020 – January 2022)

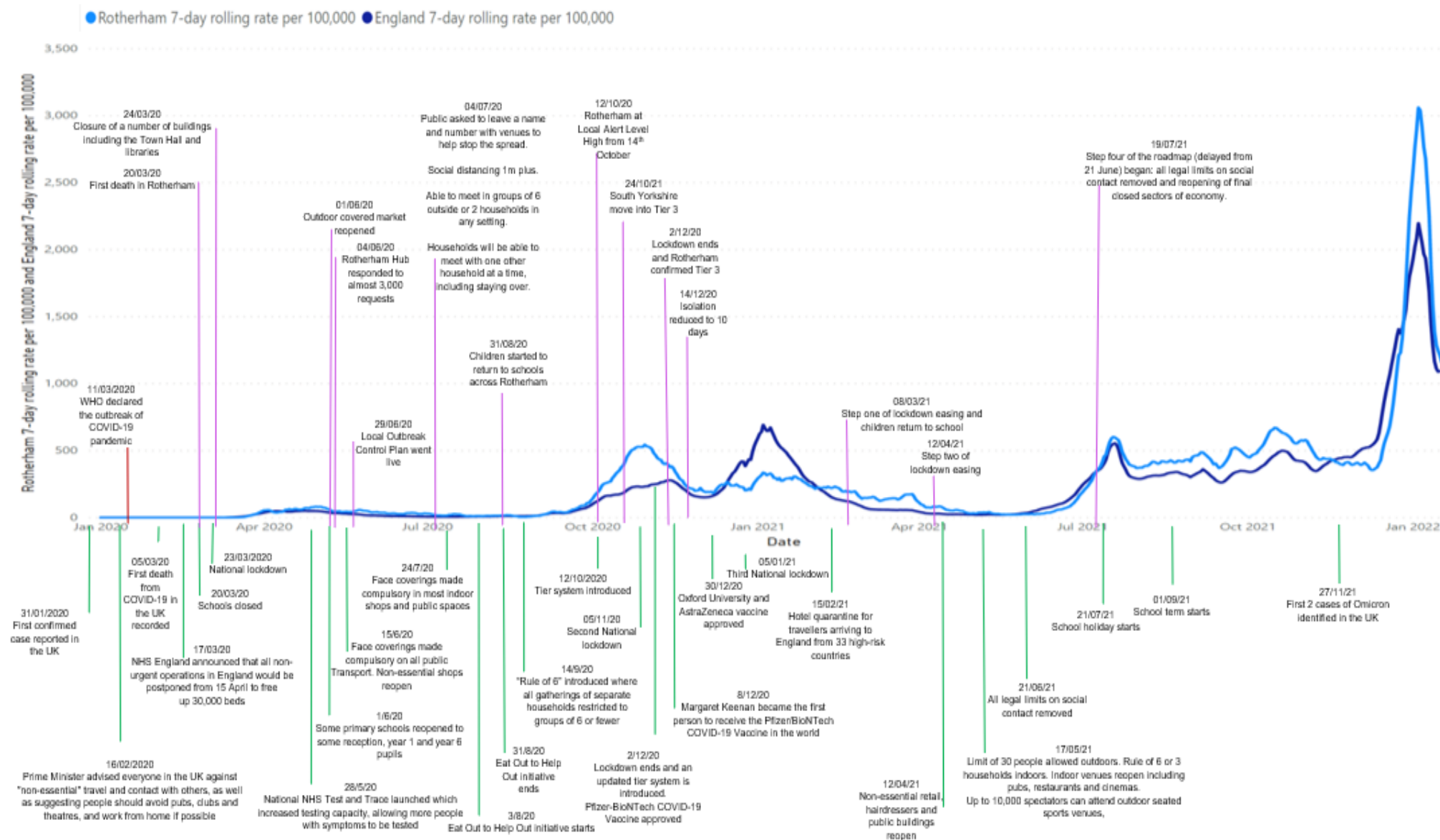
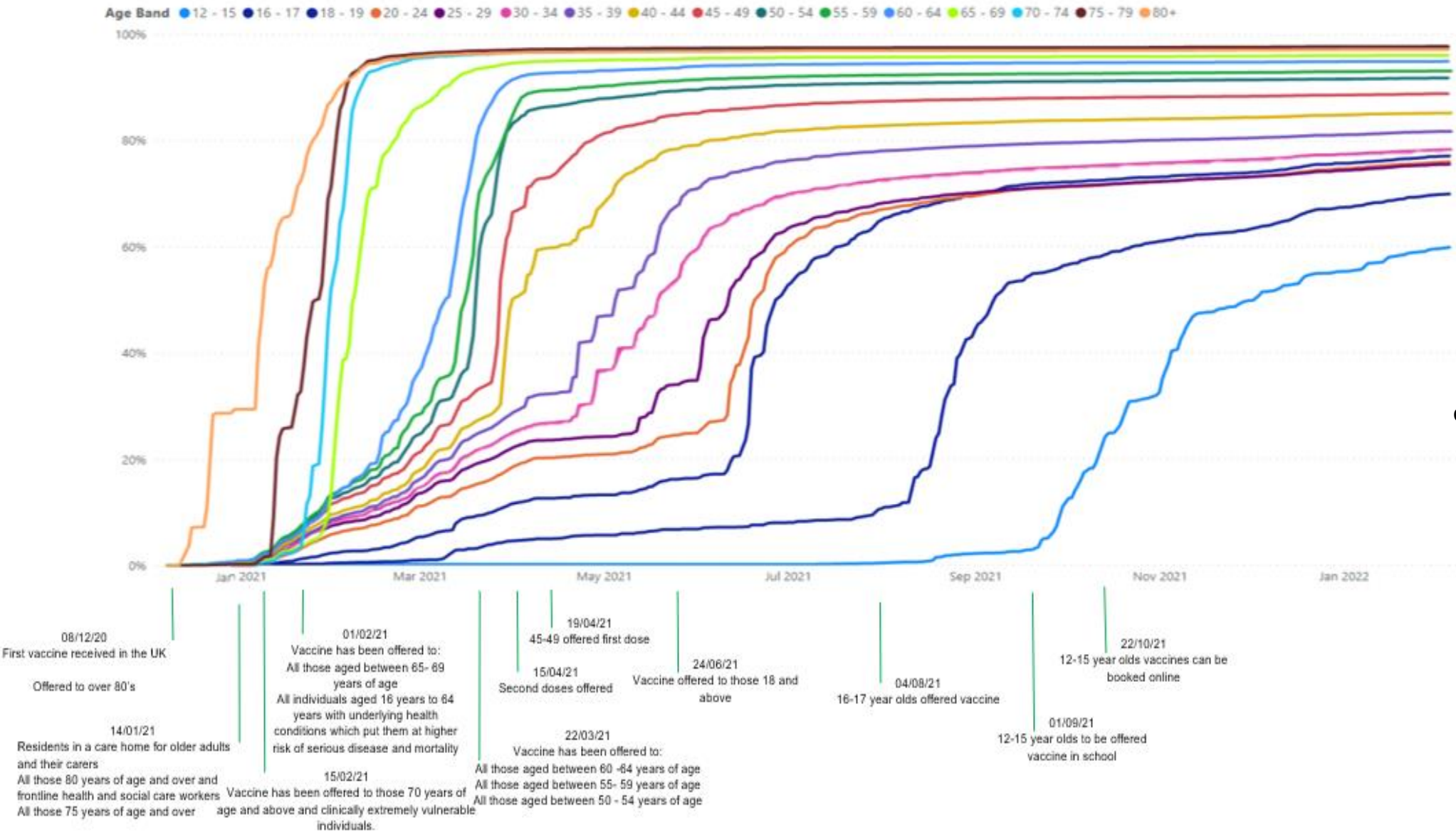


Figure 2: COVID-19 vaccination rates by age in Rotherham



## Inequities and COVID-19

Although COVID-19 has touched the lives of all Rotherham residents, the health risk and the wider impact of the disease has been experienced with different degrees of severity by different populations.

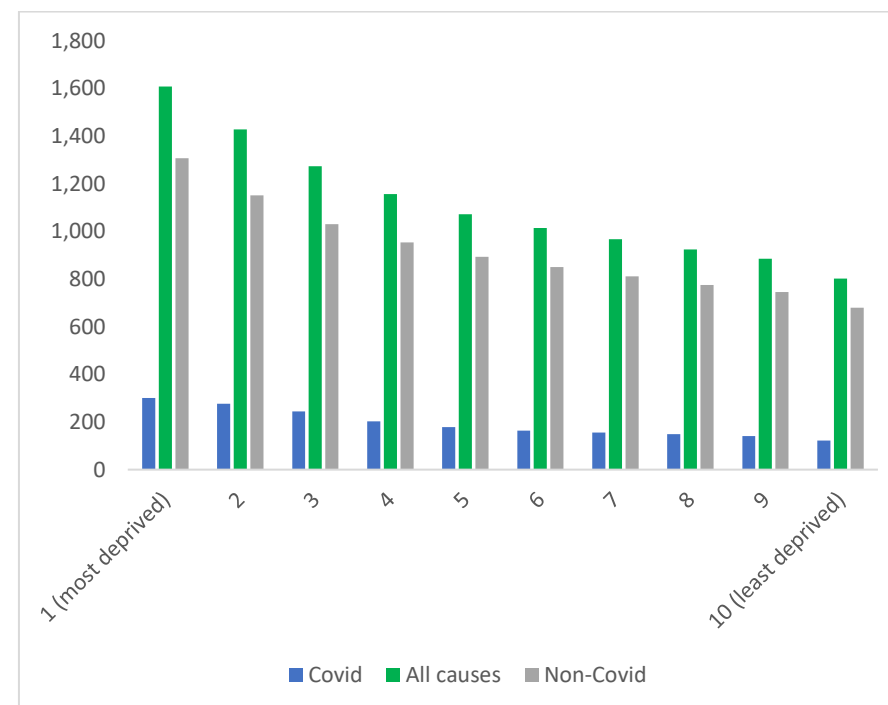
The Public Health England (PHE) report *Disparities in the risk and outcomes of COVID-19* (2) highlights those factors associated with worse health outcomes from COVID-19. Many people in Rotherham experience multiple risks, making them particularly vulnerable.

### Deprivation

Nationally, inequalities in COVID-19 mortality are similar to inequalities in mortality from other causes. The more deprived the area of residence, the greater the risk of mortality from COVID-19. Mortality rates from COVID-19 in England between March 2020 and April 2021 in the most deprived areas were more than double the rate in the least deprived areas (122 deaths and 300 deaths per 100,000 respectively). As shown in Figure 3, there is a clear gradient in mortality rates related to deprivation nationally.

In 2019, Rotherham was ranked 44<sup>th</sup> most deprived authority in England, making the borough amongst the 14% most deprived local authority areas in England. The key drivers of deprivation in Rotherham are health and disability, education and skills, and employment.

**Figure 3: Age standardised mortality rates (per 100,000) by IMD in England (March 2020 to April 2021) (3)**

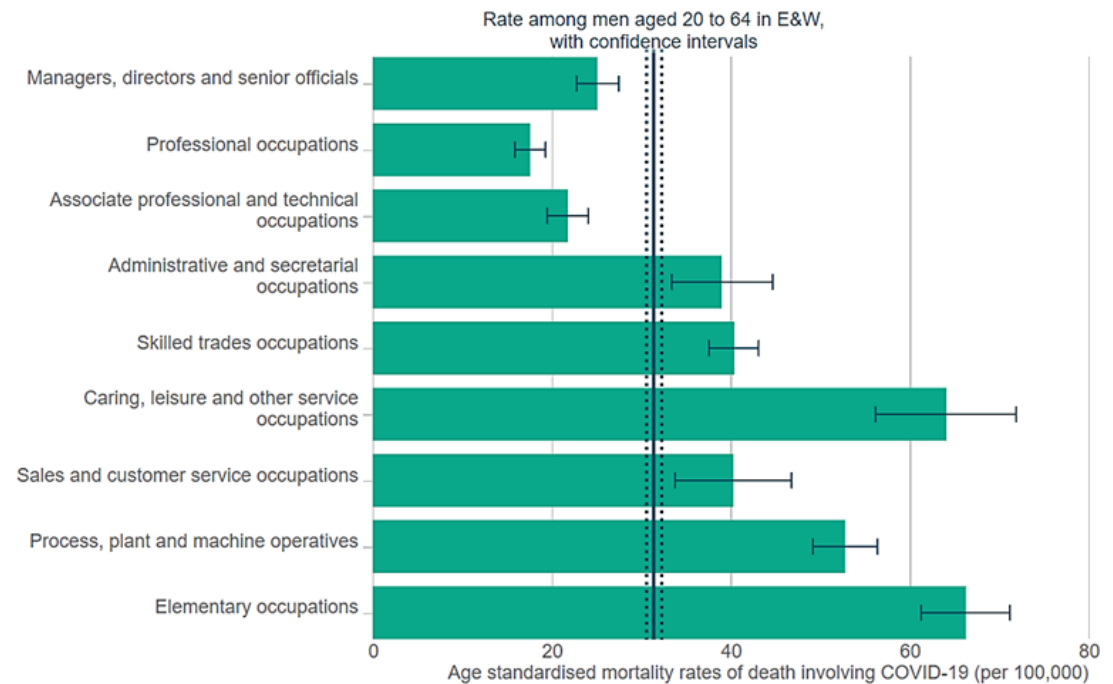


## Employment

Some occupations have particularly high rates of mortality from COVID-19 (see Figure 4). High risk jobs are typically those which cannot be done from home, those that require working in close physical proximity to others, lower grade occupations, jobs with a higher-than-average percent of older workers, and jobs more likely than others to be occupied by those from a Black, Asian and Minority Ethnic (BAME) group.

In Rotherham, the economy is structured such that a relatively high proportion of the population is employed in work that has a high risk of exposure to COVID-19. This may go some way to explaining why Rotherham has experienced consistently higher infection rates since lockdown eased than other parts of the country where people are better able to work remotely or had limited interaction with others.

**Figure 4: Age-standardised mortality rates of death involving COVID-19 in England and Wales, by major occupational group, deaths registered between 9<sup>th</sup> March and 28 December 2020 (4).**



## Ethnicity

Nationally, people from Black ethnic groups were most likely to be diagnosed with COVID-19. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of mortality rates in previous years when all-cause mortality rates were lower in Asian and Black ethnic groups than White ethnic groups.

## Pre-existing health conditions

COVID-19 related morbidity and mortality are increased in people with diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease (COPD), dementia and those who are obese and morbidly obese.

**Table 1: Ethnicity in Rotherham in 2011 Census (6)**

Ethnicity	Rotherham population (2011)
White British	91.90%
White Irish	0.30%
White Gypsy	0.05%
Other White	1.33%
Mixed	0.99%
Indian	0.37%
Pakistani	2.96%
Bangladeshi	0.04%
Chinese	0.23%
Other Asian	0.50%
Black Caribbean	0.11%
Black African	0.65%
Black Other	0.06%
Arab	0.23%
Other ethnic grps	0.28%

As shown in Table 2, the prevalence of many of these conditions in Rotherham is higher than in all-England. This has contributed to the high rates of COVID-19 related mortality and morbidity experienced locally.

**Table 2: Prevalence of comorbidities in Rotherham and all-England (5)**

Comorbidity	Measure	Rotherham	All-England
Diabetes	QOF prevalence of diabetes mellitus (aged 17+) (2019/20)	7.8%	7.1%
Obesity	% of adults (18+) classified as overweight or obese (2019/20)	72.9%	62.8%
Chronic obstructive pulmonary disease	Hospital admissions for COPD (directly standardised rate per 100,000) (2019/20)	561	415
Dementia	Recorded prevalence of dementia (aged 65 yrs and over) (2020)	4.5%	4.0%
Chronic Kidney Disease	QOF prevalence of CKD (18+) (2019/20)	3.9%	4.0%



## Section 2: COVID-19 and the individual





## Mental Health, Loneliness and Social Contact

Good mental health is linked with better physical health and faster recovery rates. Individuals with good mental health are better able to participate and function in school, workplace, community, and home life.

### How has COVID-19 affected mental health, loneliness and social contact locally and nationally?

#### Nationally

Research has shown that mental health distress increased at the beginning of the pandemic due to fear of infection and death, financial concerns, and the impact of isolation.

Measures used to control the spread such as social distancing have subsequently been linked to increases in anxiety, depression, and loneliness in individuals.

Worst affected were BAME groups; older adults, particularly those who had to shield; children and adults with learning disabilities; younger adults; women (who were often providing the care for children and making adjustments for work); people with existing mental health problems; those living with domestic abuse; and those living in more deprived areas.

#### In Rotherham

At the beginning of the pandemic, referrals to mental health services were not as high as expected. However, this gradually changed with local mental health services and community organisations across Rotherham reporting an increase in people presenting with anxiety.

Young people in Rotherham participated in a school-based survey about their mental health three times over a 12-month period during the pandemic, with a total of 11,058 young people sharing their views. Students were asked to think how they felt about their mental health in March/April 2020 and again in June 2021. The findings showed a decline in how well they rated their mental health. The survey also found students to be more anxious, stressed, bored and feeling sad/low in June 2021 than they were at the beginning of the pandemic.

Some parents in Rotherham reported that their children suffered from being in the home for too long leading to increased anger, frustration, loneliness and mental health deterioration.

Reports from some Rotherham carers showed that they felt more anxious, isolated, worried and physically exhausted during the pandemic (surveys conducted by Crossroads).

### ***Suicides***

There were concerns that the pandemic would see a rise in suicides. However, in line with national trends, the latest data shows that Rotherham saw a small decrease in suicides for the period 2018-2020 to 13.3 per 100 000 which is a decrease by 1.4 per 100,000 from 2017- 2019. Rotherham's rate is still significantly higher than the all-England rate of 10.4 per 100,000.

Males still account for most deaths by suicide in Rotherham. The rate for Rotherham in 2017-2019 period was 22.3, and this has now dropped to 19 per 100,000 for 2018-2020. Female deaths for Rotherham for this period have risen by 0.4 to 7.9 per 100,000.

As we emerge from the pandemic and some of the short-term support (financial and services) is removed concerns remain with regard to longer term impacts on suicide rates. January 2022 has seen a rise, with 7 suicides reported, the highest number since 2019.

### ***Bereavement***

Sadly, many people have experienced the death of a loved one during the pandemic, not just for the 992 people who had COVID-19 as a cause of death on their death certificate during the pandemic (data to week ending 28<sup>th</sup> Jan 2022) but to other illnesses too. The restrictions meant that some people

could not be there at the end of the person's life or give their loved one the funeral they would have wanted.

In early 2020 Rotherham Council and RCCG worked with the other councils in South Yorkshire to put in place support for people bereaved during the pandemic (see Box 2).

### ***Loneliness***

Loneliness was a public health concern both nationally and locally prior to the pandemic with all ages experiencing loneliness. The pandemic has heightened this as an issue and referrals for befriending support in Rotherham have reinforced that this is an issue across the life course.

Inequalities in society have meant that experiences and patterns have not been the same. Particularly vulnerable groups include:

- Those living alone
- People living in areas of higher deprivation,
- Those caring for people for someone particularly those with dementia,
- Parents/carers living with a child with SEND needs,
- People recently bereaved or widowed,
- Older people and those who are digitally disadvantaged

The easing of restrictions will have alleviated loneliness for some. However, reports from the voluntary and community

sector indicate that many people continue to experience high levels of anxiety, which makes engaging in social activities difficult.

#### Box 2: Case Study: Listening Ear Service

In the spring of 2020 Rotherham Council and Rotherham Clinical Commissioning Group worked with the other partners in South Yorkshire to put in place support for people bereaved during the pandemic. The Listening Ear service is free to call or email. The helpline is staffed by professional mental health counsellors who provide practical and emotional help to anyone who lost loved ones during the pandemic, whether from the virus or otherwise.

Since the launch of Listening Ear, almost 500 appointments have been accessed by people from across South Yorkshire with overwhelmingly positive feedback.

People can self-refer, or referrals can be made by police, GPs and primary care staff, hospital bereavement services, mortuary staff, funeral directors, coroner's office, crematorium and bereavement services staff and community and faith organisations.

## Physical activity and health weight

Being physically active has significant benefits for health. Not only does being active help people maintain a healthy weight, but it helps prevent and manage diseases and conditions such as heart disease, stroke, diabetes and several cancers, as well as improving mental health and wellbeing and quality of life.

Obesity impacts physical, psychosocial, and emotional health and wellbeing, it can reduce life expectancy, increase the risk of poor health and hospital stays, and many individuals affected are less likely to be in employment. Being obese has also been shown to be a risk factor for poor outcomes from COVID-19 infection. However, obesity is a complex issue, with many factors influencing a person's weight. Being less sedentary, taking part in physical activity or sport, and eating a healthy balanced diet are important for everyone, regardless of current weight, age, or gender.

### Inequities in healthy weight

Nationally and within Rotherham, obesity disproportionately affects disadvantaged communities and is strongly associated with inequalities. Children, people from black, Asian and other minority ethnic backgrounds, people with disabilities, or long-term health conditions, and people living in our most deprived communities are often more affected by the factors

associated with obesity and are much more likely to live in an environment where healthy options and opportunities are not as readily available.

### **High rates of obesity**

Unhealthy weight is a significant public health issue in Rotherham, data for 2019/20 shows that 73% of the adult population, around 27% of children at reception age and 38% of children at year 6 were classed as overweight or obese.

The 2020/21 National Child Measurement Programme shows large increases nationally in the proportions of children in Reception year and Year 6 who are overweight, obese, and severely obese compared to previous years. This suggests the pandemic has had a significant impact on children and their health. The data also shows a further widening of the inequalities gap in obesity between children in the most and least deprived areas in England, and this is most noticeable among children in Reception year.

Whilst there is no available data showing the impact of the pandemic on unhealthy weight for adults locally, national evidence indicates that this issue has been exacerbated for many people, particularly those most vulnerable, due to shielding, reduced income, lack of opportunities to be physically active, poor access to healthy food, and low mental health and wellbeing.

### **Reduced activity levels**

Nationally, the COVID-19 pandemic has had a negative impact on physical activity levels, with a 2.9% rise nationally in people who are 'inactive' (less than 30 mins activity a week), and a 2.4% fall in people classed as 'active' (at least 150 mins a week).

Latest data for Rotherham shows that between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. This is an increase of 2.6% inactive people and a decrease of 3.1% active people since the previous 12-month period pre-COVID-19.

Not all groups or demographics were affected equally by the pandemic; with older people, those with existing long term health conditions, young people, women, people with disabilities and people from minority ethnic backgrounds negatively impacted, and these group were less likely to be active enough to benefit their health pre-COVID-19.

The pandemic also increased sedentary behaviour because of restrictions placed on people, such as shielding, working from home and generally staying at home more often. Being sedentary has its own health risks, independent of people's physical activity levels, and high levels of sedentary behaviour is also seen in similar populations to those who are less likely to be active.

## Deconditioning

The result of this increased sedentary behaviour and inactivity is a 'deconditioning' effect; loss of muscle mass and cardio-respiratory fitness, loss of bone density, increase in body fat, worsening of symptoms of long-term conditions, increased risk of falls and reduced independence, and an increased risk of infection from viruses like COVID-19 and flu. Recent research has even linked physical inactivity to more severe COVID-19 infection and a heightened risk of dying from the disease.

### Case study: Beat the street

Beat the Street is an initiative delivered by Intelligent Health that turns towns into giant games. Local residents are encouraged to earn points, win prizes and discover more about their area by walking, running, scooting or cycling.

In Rotherham, Beat the street saw over 15,000 children and adults walking, cycling, or scooting to and from school or work, around their local communities and in parks and green spaces. Between April and March 2021, over 124,000 miles were travelled by participants across Rotherham, who used Beat the Street cards and fobs to track their progress between contact sensors (beat boxes) which were placed on lamp posts.

The initiative resulted in more people being more active throughout the day, particularly for those who self-reported as less active before the game (doing less than 30 minutes activity a week for adults or less than 30 minutes a day for children). People taking part in the game also reported improved mental wellbeing as a result of being more active.

## Health behaviours: Tobacco, alcohol, and substance misuse

### Tobacco

Smoking is the leading cause of preventable illness and premature death in England and Rotherham. Despite significant reductions over the past 10 years, 17.8% of Rotherham adults smoked in 2019 - significantly more than the all-England rate of 13.9% (5). As smoking prevalence has declined, it has become increasingly concentrated among more disadvantaged communities (7).

The impact of COVID-19 on rates of smoking nationally is not fully understood. It appears that there was a significant increase in successful attempts to quit in 2020/21 as smoking was highlighted as a risk factor for poor COVID-19 outcomes and some data show a significant overall reduction in smoking (5). However, there is some evidence to suggest that there was an increase in smoking prevalence amongst younger adults (18-21 yrs) and older teenagers (8). It is also possible that the pandemic acted to exacerbate inequalities in smoking prevalence between groups along economic lines. More deprived communities experienced higher levels of unemployment during the pandemic and were subject to more economic stress – which has been shown to lead to increases in smoking and alcohol use. Smoking at the time of

delivery rates in Rotherham (which are used to approximate rates of smoking during pregnancy) fell substantially from 16.2% in 2019/20 to 14.0% in 2020/2021, although the absence of carbon monoxide monitoring meant that it has not been possible to verify smoking status throughout the pandemic.

### Alcohol

Sales of alcohol increased in the weeks preceding the announcement of the first national lockdown (March 2020). Initially, it wasn't clear whether people were drinking more alcohol on an average week than they were before lockdown or if they had just 'stocked up' to ensure they had some alcohol at home. Alcohol purchasing remained higher throughout 2020 than the same weeks in 2019 including another increase in sales prior to the second national lockdown (November 2020).

The Alcohol Change Survey (9) found that a third of people surveyed across the UK had reduced their alcohol intake since the pandemic began (either through drinking less often and/or having fewer drinks when they did drink alcohol). Some of this reduction in drinking may be due to people struggling to afford alcohol or because of less availability of alcohol due to pub and restaurant closures. Concerningly, however, some people have increased the amount of alcohol they consume

since lockdown, possibly due to stress or loneliness resulting from COVID-19 restrictions. Analysis of the UK Household Longitudinal Survey suggested that the proportion of people drinking four or more times a week increase from 13.7% pre-lockdown to 22.0% a month into lockdown, with more people also binge drinking (10). This is consistent with the Alcohol Change Survey, which found that 20% of alcohol drinkers had increased their alcohol intake since lockdown (9).

This is worrying because of both the short- and long-term harms associated with alcohol. In the short-term, heavy alcohol drinkers are at risk of accidents, injuries and alcohol poisoning. Longer-term, alcohol can cause liver disease, cancer, pancreatitis, stroke, depression and infertility. According to the Wider Impacts of COVID-19 on Health Monitoring Tool (11), rates of emergency hospital admissions for all alcohol-specific conditions in England were lower in March, April and May 2020 than in the same months at baseline (rates for 2018 and 2019 combined). They then increased above baseline levels for June, July and August 2020 and then fell to be similar to the baseline in September. Mortality rates for alcohol specific conditions were higher for all months from May to November 2020 than in the same months at baseline (11).

Violence associated with alcohol is also a problem. 7% of Alcohol Change survey respondents felt that alcohol had

increased tension in their homes since lockdown begun (9). It is difficult to demonstrate a causative link between alcohol and domestic violence, however previous research has found that 25-50% of perpetrators of domestic abuse have been drinking alcohol at the time of the assault.

### Substance misuse

The impact of COVID-19 on substance misuse is complex and data is still being produced and analysed.

Nationally, preliminary data from the Unlinked Anonymous Monitoring Survey of People Who Inject Drugs (PWID) indicate that the COVID-19 response has affected access to essential services for PWID in England (12). Just over a third (61/166) of PWID participants reported that in 2020 drug and alcohol services were more difficult to access than in 2019, with 22% (30/136) reporting difficulties accessing HIV and/or hepatitis testing and accessing equipment for safely using and/or injecting drugs (29%; 40/137). Treatment changes due to lockdown affected discharge from care and longer-term opiate treatment was required reducing daily monitoring previously in place.



## Education

Educational attainment is strongly linked with health behaviours and outcomes, with better educated individuals less likely to suffer from long term diseases or mental health conditions. Educational qualifications also affect income, housing and access to resources associated with health.

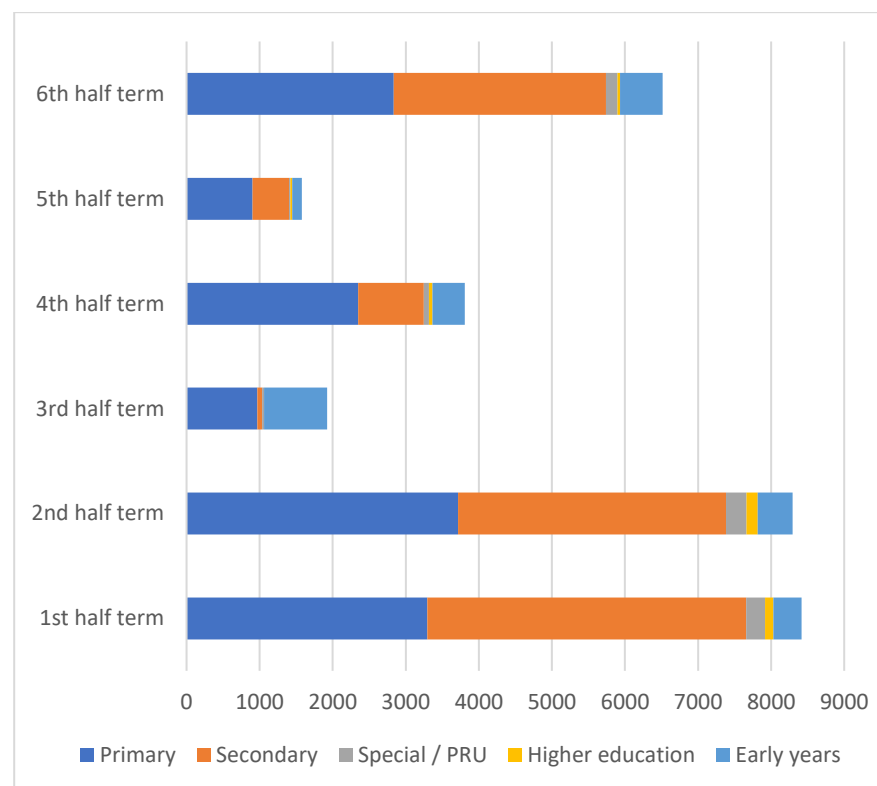
### How has COVID-19 affected education nationally and locally?

National lockdowns have severely disrupted children's access to education. The majority of children in Rotherham were not in school for over five months in 2020. Since then, there have been ongoing disruptions with up to 8,417 students / pupils sent home to isolate per half term in academic year 2020/21 in accordance with national guidance and requirements (see Figure 5) (1). Assuming that a minimum of six days of school were lost per isolation, this equates to 183,198 days of lost education in academic year 2020/21 alone.

The long-term impact of this on education and health is not yet known. However, initial studies conclude that, for most pupils and year groups, learning did suffer to some degree, and this was greater for primary and more disadvantaged students. In academic year 2019/20, average educational

attainment 8 scores (average grade across 8 subjects) at age 16 nationally varied from 54.9 in the least deprived local authorities, to 47.4 in the most deprived authorities (13).

**Figure 5: Number of students/pupils sent home to isolate per half-term (academic year 2020/21) (1)**



## Access to health care

Major shifts in health care access and uptake occurred during 2020 and 2021 as resources were re-focused to provide urgent treatment of COVID-19 cases, and services were rapidly redesigned to minimise infection risk accommodate reduced physical capacity and maximise the use of remote technology.

### GP appointments

As shown in Figure 6, there have been fluctuations in the number of GP appointments available in Rotherham throughout the pandemic. Available GP appointments decreased by 14% in 2020 from 2019, but in 2021 GP available appointments were slightly above 2019 levels.

In 2019, just 9% of GP appointments in Rotherham were undertaken by phone or virtually. This increased to 39% in 2020, before falling slightly to 31% in 2021 as GPs re-introduced face-to-face appointments (Figure 7). Nationally in 2021, 39% of GP appointments were delivered remotely.

As captured in Healthwatch Rotherham's report *Mind, Body and Soul*, Rotherham residents' experiences accessing GP services during the pandemic were varied (see Box 3) (14).

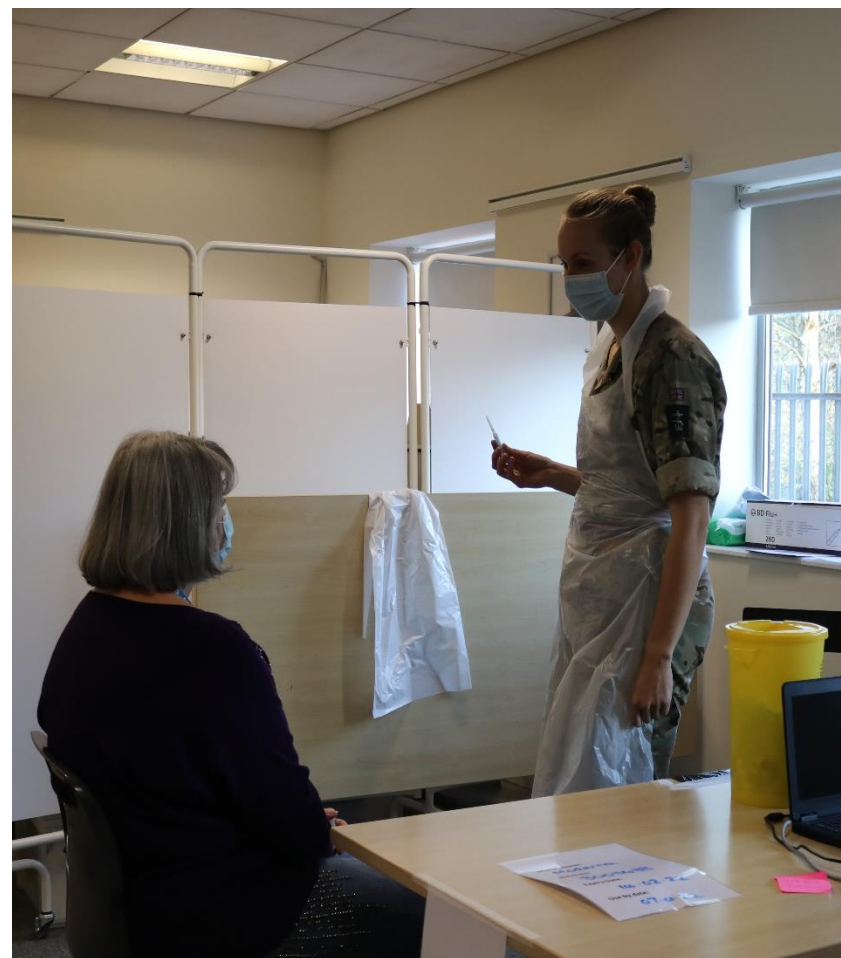
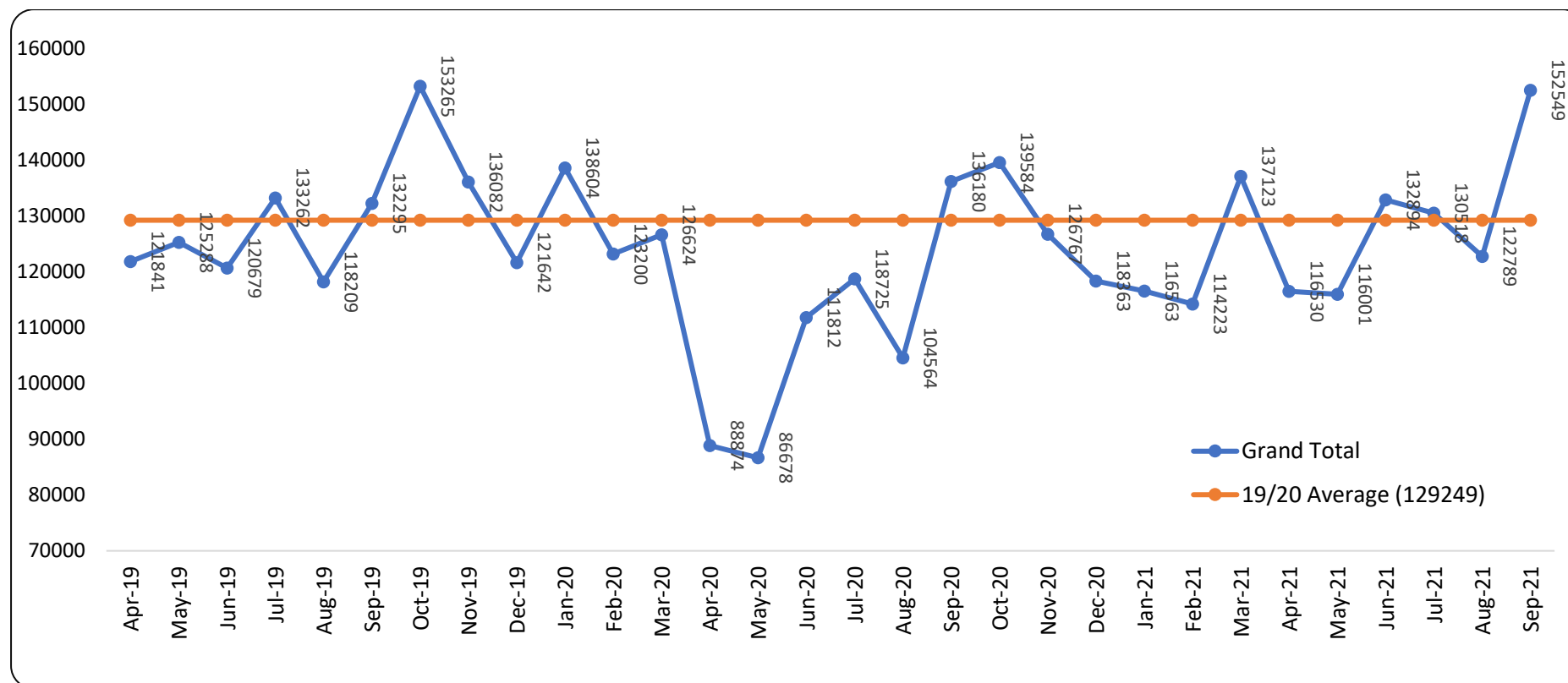
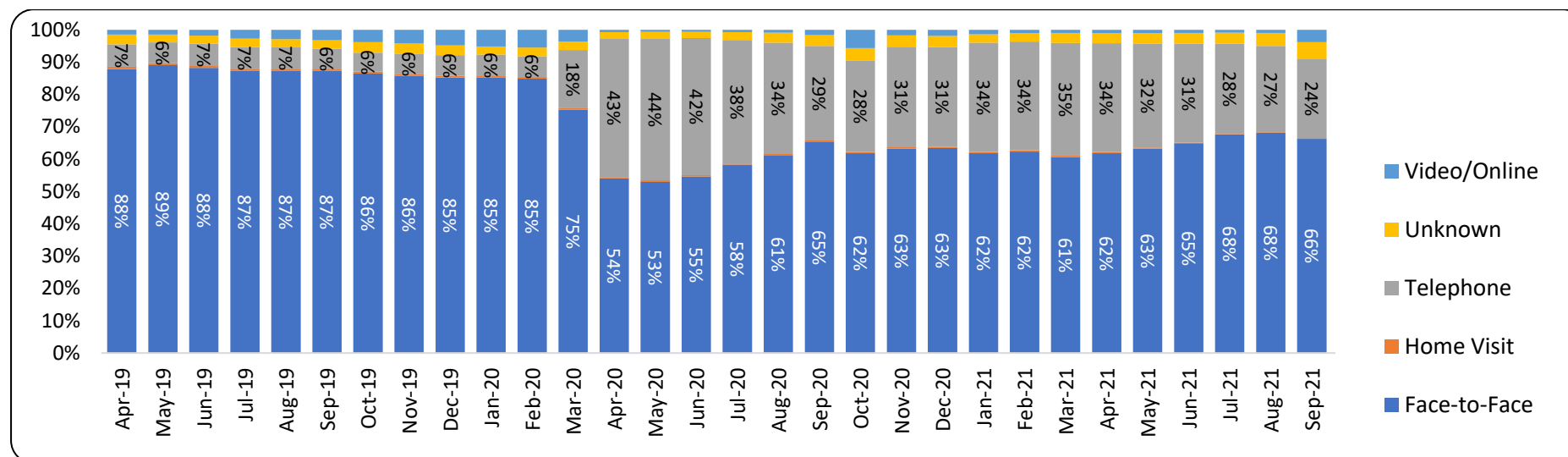


Figure 6: Number of GP appointments available per month in Rotherham (April 2019 – Sept 2021)<sup>1</sup>



<sup>1</sup> This data includes available GP appointments for Rotherham GP practices. The data and technical definitions can be found at NHSD Appointments in General Practice dataset (<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>)

**Figure 7: Method for conducting GP appointments in Rotherham (April 2019 – Sept 2021)**



**Box 3: Patient experiences of GP access during COVID-19 (Extract from Healthwatch Rotherham: *Mind, Body, Soul* – pg. 6) (14)**

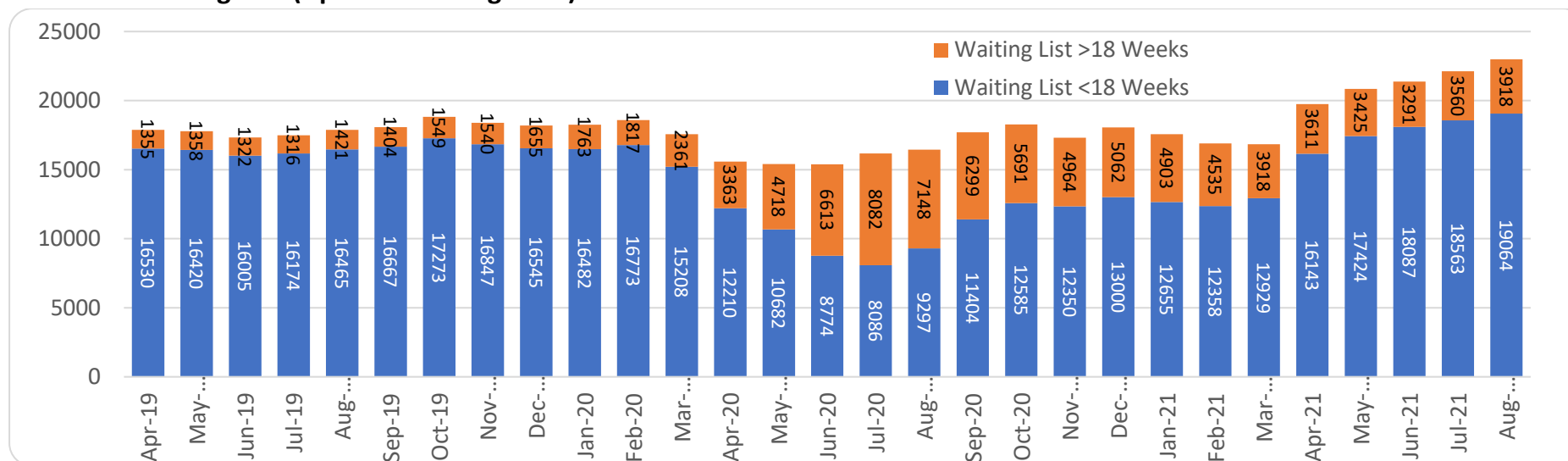
“Respondents reported difficulties in obtaining GP appointments as the pandemic progressed, with one respondent saying that GP service access is *“practically impossible”*, *“having to ring 55 times with no response”*. When this respondent finally got through at 6:30pm, the surgery was nearly closing....

...“There were some positive stories of accessing GP services, however, these were a lot less common than the negative experiences reported. Some respondents reported *“no problems contacting my GP”*, *“excellent service from GP practice”*, *“reception staff extremely helpful”* and they received *“excellent access to services”*. From the data, it is clear that the service received is inconsistent across Rotherham, with some GP practices excelling and able to cope with demand during the pandemic and others being nearly impossible to contact.”

### Waiting times

The shutdown of most non-COVID-19 services during the first wave of COVID-19, left the NHS is facing a large backlog of non-COVID-19 care. Nationally, as of September 2021, the total waiting list sat at a record high of 5.72 million. Over 300,000 patients at this time had been waiting over a year for treatment – a 235-fold increase on August 2019 figures.

**Figure 8: Number of Rotherham CCG patients on referral to treatment waiting lists (April 2019 – Aug 2021)<sup>2</sup>**



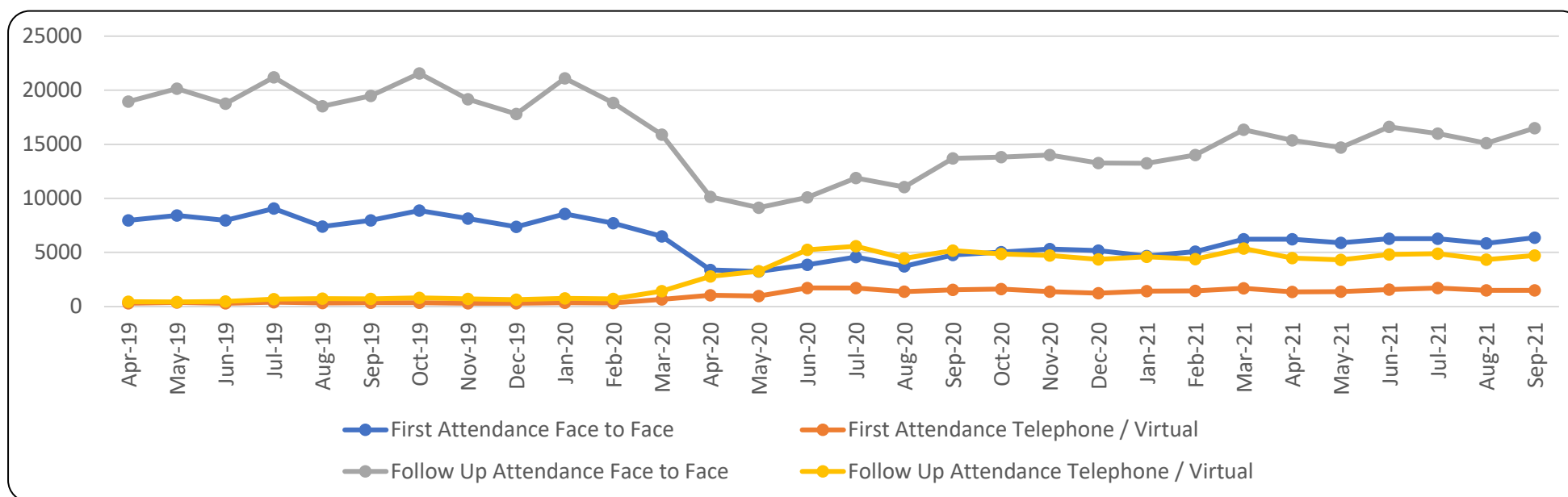
<sup>2</sup> This data includes all patients registered with a Rotherham GP (Rotherham CCG commissioned). It includes patients waiting at any provider at the end of the month indicated and includes services within the scope of national waiting times reporting (called referral to treatment). Further waiting list data and detailed definitions can be found here: NHSE Consultant-led Referral to Treatment Waiting Times - Published data (<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>)

## Outpatient care (see Figure 9)

In Rotherham, outpatient attendances decreased by 37% from 2019 to 2020. In 2021 they have returned to around 90% of 2019 levels. As with GP services, there was a sharp initial increase in the proportion of attendances undertaken by phone or virtually (from just 4% in 2019 to 26% in 2020), before a slight decrease in remote appointments, to 20% in 2021.

Follow Up outpatient attendances decreased by 23% from 2019 to 2020. In 2021 they are slightly above 2019 levels at 101%. The proportion of attendances undertaken by phone increased from 3% in 2019 to 29% in 2020 before dipping slightly to 23% in 2021.

**Figure 9: Trends in outpatient numbers (April 2019 – Sept 2021)<sup>3</sup>**



<sup>3</sup> This data includes all patients registered with a Rotherham GP (Rotherham CCG commissioned). It includes activity at all providers. This data only includes patients who attended for their appointment and doesn't include any attendances solely for a COVID-19 swab

## Admissions (see Figures 10 and 11)

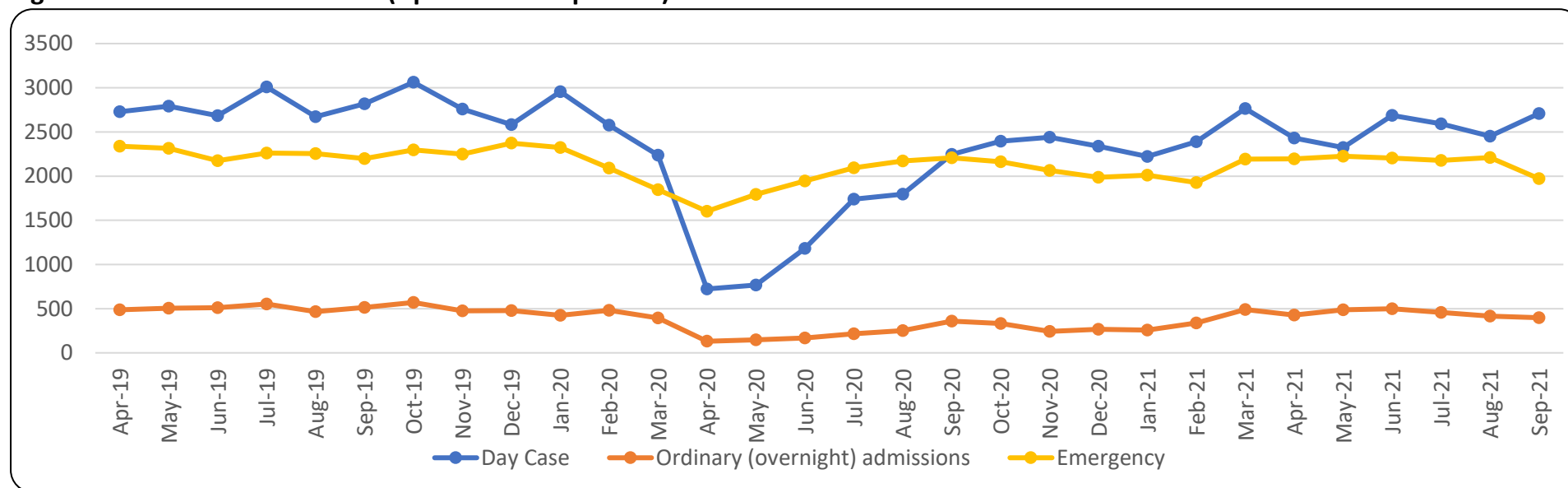
Day-case admissions were reduced by 49% in 2020 compared to 2019 and in 2021 but have since returned to around 91% of the levels seen in 2019.

Overnight elective admissions dropped by 58% in 2020 compared to 2019 and in 2021 they have returned to around 88% of 2019 levels.

A&E attendances fell by 27% in 2020 compared to 2019 and have returned to 99% of 2019 levels during 2021.

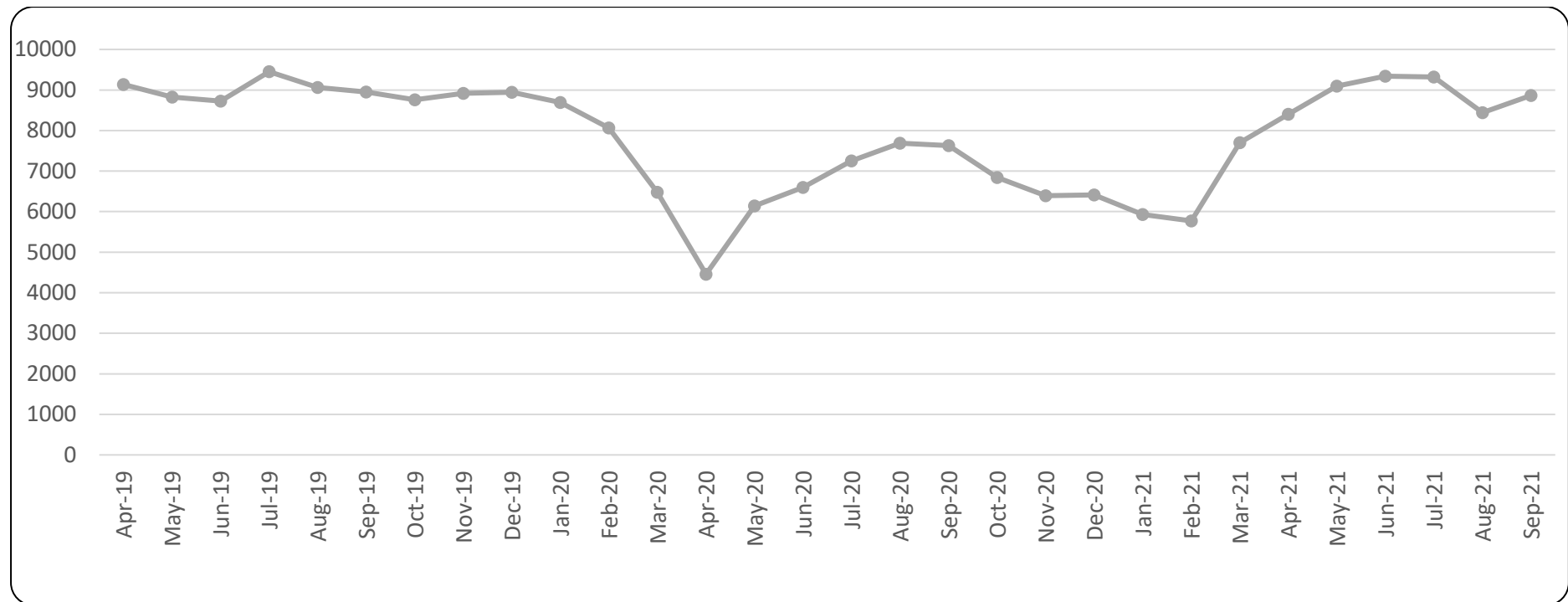
Emergency admissions saw a 13% reduction between 2019 and 2020 but have returned to 96% of 2019 levels in 2021 (see Figure 11).

**Figure 10: Trends in admissions (April 2019 – Sept 2021)<sup>4</sup>**



<sup>4</sup> This data includes all patients registered with a Rotherham GP (Rotherham CCG commissioned). It includes activity at all providers. The Emergency section excludes maternity admissions and patients undergoing an emergency assessment.

**Figure 11: Number of A&E attendances (April 2019 – Sept 2021)**





## Section 3: COVID-19 and our communities



## Community cohesion and support to vulnerable people

Community life and social connections make an essential contribution to health wellbeing and quality of life. These community level determinants build control and resilience and can help buffer against disease and influence health-related behaviour.

### Community volunteering

Measures to control the spread of COVID-19 seriously limited social contact and disrupted traditional routes to community engagement. Voluntary Action Rotherham (VAR) reports that during the pandemic there has been a decrease in formal, regular volunteering undertaken locally through their service. Fewer formal volunteering roles were available, and many older volunteers stopped volunteering altogether due to fear of exposure to COVID-19, leaving gaps in services and projects. This gap was partly filled by people on furlough in the early stages of the pandemic, but as people returned to work, this pool shrunk.

The pandemic has seen unprecedented levels of community cohesion particularly during the early stages when new community-led support structures were spontaneously

created in response to a shared sense of empathy, responsibility and sacrifice. A national survey found that 47% of people informally volunteered during the pandemic and that around 21% volunteered formally (15)

The Rotherham Community Hub was launched in March 2020 as part of the Council's response with the aim of supporting any Rotherham resident affected by COVID-19, self-isolating and lacking support networks. As of 30<sup>th</sup> January 2022, the Community Hub had responded to over 7,900 requests for support and responded to over 1,280 volunteers who come forward to provide help via the Rotherham Heroes programme. Many others provided support outside of formal hub mechanisms, including via local grassroots or "pop up" groups.

### Community responses to food poverty

Across the UK, food bank activity has significantly increased during the COVID-19 pandemic. The Trussell Trust, who support a network of over 1,200 foodbanks nationally, reported a 33% increase in the number of emergency food parcels distributed across the UK in 2020/21 compared to the previous year, 2019/20. In Yorkshire and the Humber, a 13% increase was observed (16). The Trussell Trust identify three main factors driving increased foodbank use during the pandemic:



- Challenges accessing, and gaps within the benefit system.
- Difficult life experiences like poor health, job loss, eviction, bereavement, and relationship breakdown - all of which occurred at a higher rate as a direct result of the pandemic.
- A lack of informal or formal support.

In Rotherham, *The Food for People in Crisis Partnership*, which supports people in financial crisis to access emergency food, saw a more than four-fold increase in the number of parcels provided, from 4,357 in 2019/20 to 19,466 parcels in 2020/21. In response to increased demand, the *Food for People in Crisis Partnership* sought to collaborate with local businesses and supermarkets to generate more donations. Partnerships with local organisations who had furloughed staff (such as South Yorkshire Fire and Rescue and Rotherham United Community Sports Trust) enabled the Partnership to distribute food and other essential supplies to Community Food members.

### Case Study: Five Ways to Wellbeing and the Great Big Rotherham To Do List

During the pandemic 1,241 Rotherham Heroes were recruited and provided support to 1,089 vulnerable households through physical support tasks as well as offering advice and facilitating telephone befriending calls. Many others volunteered through voluntary and community groups in Rotherham. Schools, care homes and workplaces all played their part in taking steps to look after people's mental health and wellbeing.

Rotherham's Five Ways to Wellbeing campaign encouraged people to:

- Be Active,
- Connect with others,
- Give of their time,
- Keep learning and
- Take notice of their surrounding area.

Rotherham people were asked to share how they had kept themselves happy and healthy during the pandemic. The responses came from people of all ages. These ideas have been brought together in a resource called The Great Big Rotherham To Do list. It is hoped that by sharing these ideas people will be inspired to keep doing these things and try others. Please visit: [www.rotherham.gov.uk/great-to-do](http://www.rotherham.gov.uk/great-to-do)

## Community safety

Feeling safe is essential to wellbeing. Crime and the fear of crime can have a significant impact on individuals and whole communities. Crime affects physical and mental health in many ways and experiencing crime can have far reaching psychological consequences. The fear of crime can reduce health promoting behaviours such as physical activity in the outdoors, social contact and access to services.

The National Police Chief's Council published an update on crime trends in January 2021 which showed that sustained falls in crime were recorded throughout the periods of national lockdown. However, there has been a growth in number of fraud cases reported as criminals took advantage of the fact many physical stores had been forced to close.

Rotherham's experience broadly reflects the national picture. Following the implementation of lockdown measures in March 2020, reported crime in South Yorkshire reduced substantially. Crime has been increasing towards pre-pandemic levels since lockdown measures were lifted. However, some offence types remain low, such as burglary. This is likely to be linked to changes in personal behaviours and routines, including more people working from home. Reported incidents relating to COVID-19 breaches have varied



since March 2020, with peaks seen during the lockdown periods.

The impact of the COVID-19 pandemic has been felt across all Safer Rotherham Partnership priority areas.

### Protecting vulnerable children

There are increased concerns about children and young people's vulnerability to exploitation and school closures and disruptions to services added challenges in identifying young people at risk. Work has been undertaken with staff and professionals to raise awareness of the signs of vulnerability or exploitation in order to ensure that signs are recognised.

The prevalence of online offending has continued to grow. In response, efforts are being made to educate professionals, parents/carers and young people about how social media can be used to groom or coerce young people.

### Protecting vulnerable adults

There has been an increase nationally in the targeting of older, more vulnerable people particularly by way of scams and on-line fraud. Locally, work to address this has included providing information via venues more frequently visited by older people such as pharmacies.

### Domestic abuse

It was anticipated that there would be a significant increase in reported domestic abuse across the UK at the start of lockdown and national charity organisations reported an increase in calls to helplines for advice or support. The National Police Chief's Council reported that, whilst there has not been a significant increase in reported domestic abuse, the police continue to monitor this area closely and work closely in partnership with relevant organisations (17).

In Rotherham, the Rotherham Domestic Abuse Partnership monitors and coordinates work on domestic abuse. The number of domestic abuse reports in Rotherham, in line with the national experience, have remained stable. Proactive campaigns have taken place throughout the year to reach out to people in the community who may be experiencing domestic abuse, with information about reporting and support services promoted through shops, COVID-19 testing centres, social media and extended online support.



## Section 4: COVID-19 and the economy



Like the health impact of the pandemic, the economic impact of COVID-19 has not been evenly distributed, with the service sector and low-paying industries more severely affected by lockdown restrictions and other measures to slow the pandemic (18). Similarly, the economic recovery from the pandemic is likely to differ geographically between and within regions, based on the characteristics of households, occupations, and local businesses (19).

The COVID-19 Places Economic Recovery Index (CoPERI) (19), published in 2021, provides an analysis of the local economic impact of the pandemic on people, business, and places. The study identifies and seeks to quantify several key determinants of economic risk post-COVID-19:

- Household risk (affected by employment risk, financial vulnerability, and universal credit uptake)
- Neighbourhood risk
- Business risk (affected by small and medium enterprise indebtedness, and local demand).

These factors are presented in this section of the report in relation to Rotherham.

## Business

The economic impacts of COVID-19 continue to show in business activity across the Rotherham borough. Data from a survey of Rotherham businesses carried out by RiDO and the Chamber of Commerce in December 2020 indicated:

- Over 20% of local businesses had made redundancies
- 40% of companies in construction and 50% in retail had made redundancies.
- Over 50% of local businesses predicting a worsening cashflow
- 44% of companies in the accommodation and food sectors reporting less than three months cash reserves remaining.
- Over 75% of businesses were accessing finance, with a clear increase in companies accessing private finance as government support fails to meet needs.

Whilst the retail and hospitality sectors were the most impacted during the early stages of lockdown, manufacturing was also affected significantly as impacts to retail worked their way back up the supply chain.



### **Movement of workers: Zoom-shock**

The increase in home working caused by COVID-19 has led to a substantial shift of economic activity across geographical areas as people access local amenities near their place of residence rather than place of work. Referred to as a *Zoomshock*, this shift in the geographical focus of economic activity is likely to be a legacy of the pandemic as people remain reluctant to return full-time to their place of work (20).

Overall, an estimated 31% of residents in Rotherham were able to work from home and net increase of 3,000 individuals were based in Rotherham as fewer residents travelled outside of the Borough for work. However, Zoomshock is highly localised, and unsurprisingly, those areas of Rotherham with the highest concentration of office workers are worst hit by an outward flow of workers with Rotherham Central and Wath upon Dearne set to see net outflow of workers (4,500 and 3,300 workers respectively) (19).

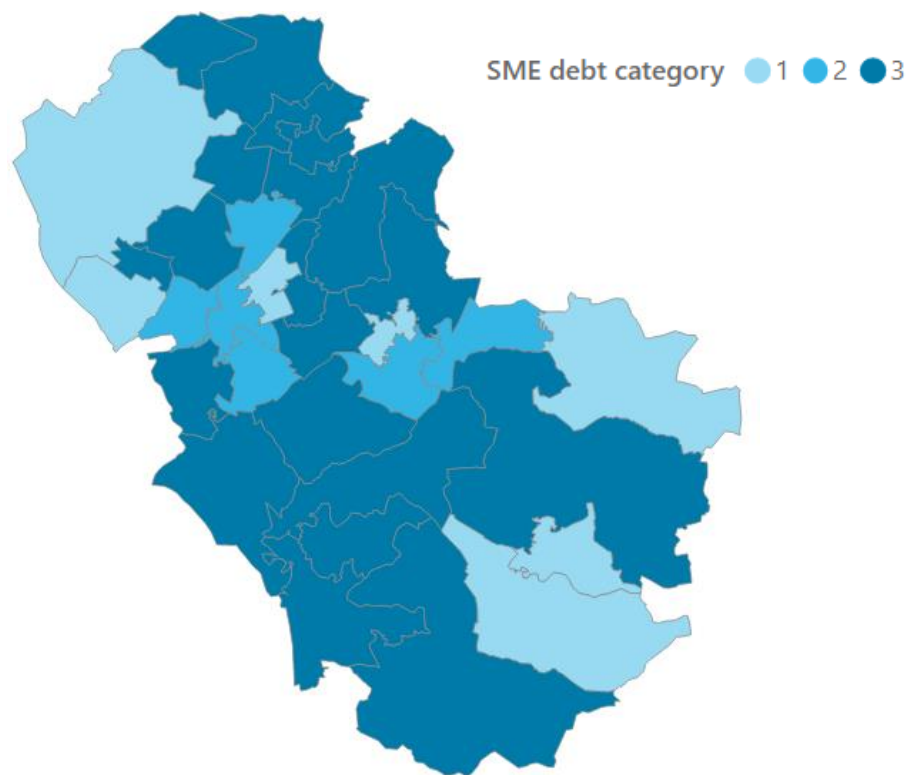
This is reflected in part by the 52% drop in footfall in the town centre footfall from 2019 to 2020 - a smaller decrease than the 73% reduction in footfall in town centres seen nationally during the same period, but acutely felt given that Rotherham Town Centre has experienced a period of sustained decline and is in the process of refocusing its offer.

### **Small and medium enterprise financial vulnerability**

The financial shock created by the pandemic caused many businesses to take on additional debt. Overall, Small and Medium Enterprise (SME) indebtedness in England and Wales in June 2020 was 40% higher than in 2019.

Within Rotherham, SME indebtedness had increased by 59% by June 2020 as compared to 2019 (21). Within Rotherham, levels of indebtedness varied within the Borough, as demonstrated in Figure 12. This could create challenges post-lockdown as businesses struggle to clear debts and find capital to invest in any adaptations required to continue operating in line with a rapidly changing economy.

**Figure 12: SME debt per capita as MSOA level in Rotherham<sup>5</sup>  
(1 = low indebtedness; 4 = high indebtedness<sup>6</sup>) (19)**



<sup>5</sup> Calculated as SME loads divided by the population in the MSOA. SME debt comprises borrowing agreements made in the past and new agreements, less partial or full repayments or borrowing written off. Risk reflects both the level of indebtedness pre-pandemic and growth in indebtedness in 2020.

## Employment

Changes in employment levels are strongly associated with measures of wellbeing with higher rates of employment - boosting quality of life and protecting against social exclusion.

### How has COVID-19 affected access employment in Rotherham?

#### Pay-rolled employees

National and local lockdowns had a major impact on the labour market in England, including a sharp decline in employment rates and wages, despite the Coronavirus Job Retention Scheme (furlough) scheme.

As of late 2021, however, the number of pay-rolled employees nationally exceeded its pre-pandemic number. The surge in pay-rolled employees seen in the second half of 2020 appears to have driven by an upswing in employment amongst young people, who suffered the highest rates of unemployment in 2020. Analysis of employment numbers by sector suggests that increases in employment levels are a result of increases in

<sup>6</sup> 1 = below median average loan value 2019 & below median average growth 2019/20; 2 = above median average loan value 2019 & below median average growth 2019/20; 3 = below median average loan value 2019 above median average growth 2019/20; 4 = above median average loan value 2019 above median average growth 2019/20

hospitality and leisure – both sectors where younger people are more likely to work. In Rotherham, in December 2021, the growth in pay-rolled employees was 3.6% compared to the same period in 2020 – still below the national figure of 4.8%.

Despite overall growth in employment, nationally there are inequalities by gender, deprivation and ethnicity (22). These national patterns are likely to be reflected locally.

### Hours worked

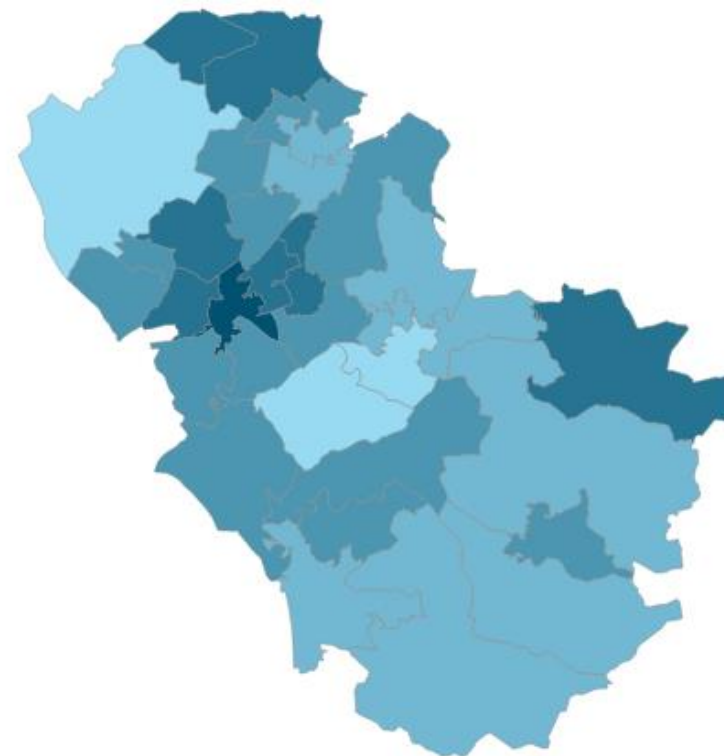
There were significant differences in the impact of lockdown between sectors. During the first lockdown, workers in the leisure and travel sectors experienced the largest decrease followed by construction (19). In Rotherham, there was a 14.4% reduction in the average hours worked per employee per week in the months March – December 2020 compared to the same period in 2019. Although the total hours worked has crept up nationally, fewer hours were still being worked compared to pre-crisis levels in late 2020, despite there being more pay-rolled employees (19).

### Universal credit claimants

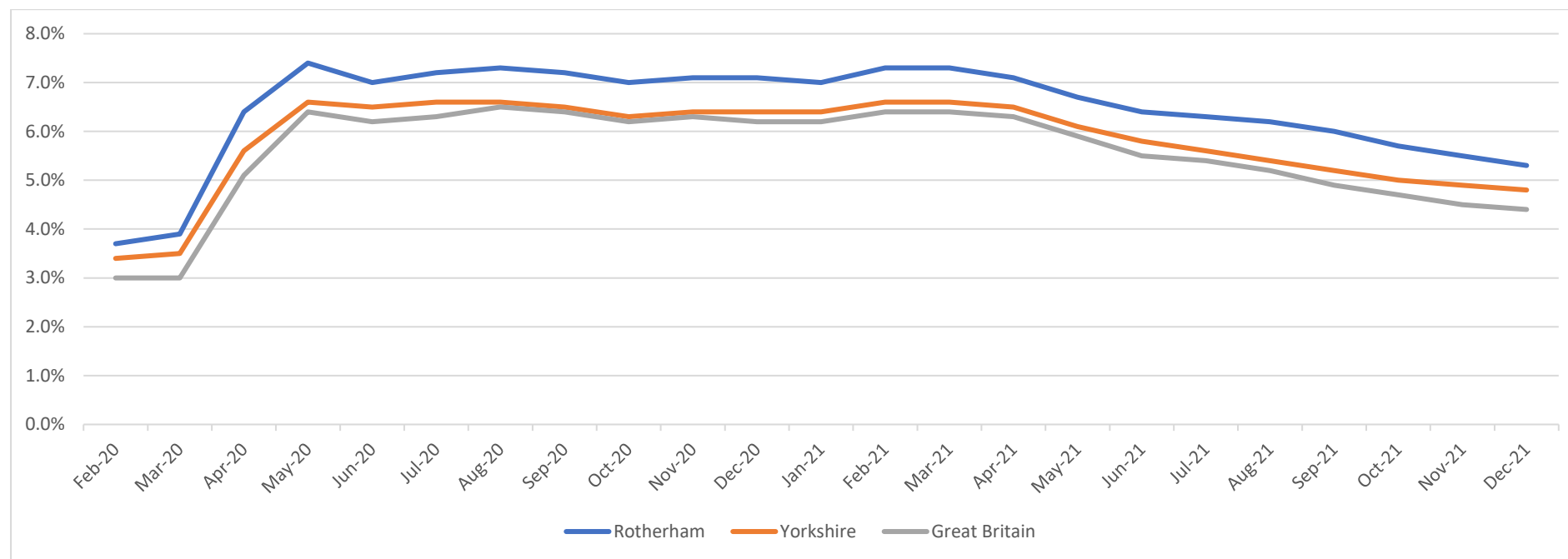
Across England and in Rotherham, the number of Universal Credit claimants increased dramatically at the start of the pandemic and remains significantly higher than pre-pandemic levels. In December 2021, there were 8,590 Universal Credit Claimants in Rotherham, representing 5.3% of the population,

compared to just 3.5% in December 2019, pre-pandemic (23). Throughout the pandemic, Rotherham's rate of universal credit claimant has been higher than the national or regional rate. As demonstrated in Figure 13, there were considerable differences in claimant rates within Rotherham during with pandemic, peaking at 7.4% in May 2020.

**Figure 13: Claimants per head of population by MSOA in Rotherham as of April 2021 (19)**



**Figure 14: Universal credit claimants as a proportion of residents aged 16-64 (January 2020 – December 2021) <sup>7</sup> (24)**



<sup>7</sup> Figures for January 2022 unavailable at the time of writing.

## Income, debt, and poverty

### Wages and debt

Nationally, median weekly earnings among all employees increased by 5.3% in April 2021, compared with April 2020. They were unchanged in April 2020, compared with a year earlier. When adjusted for inflation, median weekly earnings for all jobs were up 3.6% in April 2021, compared with April 2020, after a decrease of 0.9% in real terms between 2019 and 2020 (25).

There is emerging evidence that because of COVID-19, inequalities in wealth have widened in the UK. One-third of families in the top income quintile saved more than usual in the first two months of the pandemic, whereas lower-income families were more likely to have taken on additional debt and 50 percent of people with savings under £1,000 had used them to cover everyday expenses (26).

In Rotherham, during the early stages of the pandemic, household indebtedness decreased by almost 3.6%, pushing the average value of households' loans per capita at the end of June 2020 to £581 per person. This represents a smaller decrease than seen across all England and Wales where a 4% reduction brought average debt per capita to £553. Importantly, the decrease in indebtedness has not been homogenous across the country, or within Rotherham. For example, in Dinnington the average loans per capita in June 2020 was £685 despite a 3.6% reduction, compared to £294 in Rotherham central following a 4.55% reduction (19).

Following the end of the job retention scheme, universal credit top ups, and as creditors restart recovery action, it is possible that the financial impact of the pandemic on the economically marginalised and those who have taken on more debt, will grow. Demand for support services will potentially increase in response.

## Recommendations:

### **1. Living safely with COVID-19**

Recognising the high exposure risks to COVID-19 due to the nature of the local economy, and the high prevalence of risk factors for poor COVID-19 within the Rotherham population there is a need to minimise the ongoing impacts of COVID-19 by:

- 1.1 Continuing to maximise Coronavirus vaccine take up, especially in vulnerable population groups.
- 1.2 Maintaining COVID-Safe practices within Rotherham's workplaces including support for workers to isolate when symptomatic.
- 1.3 Continuing to focus on risk factor reduction to ensure a more resilient population both to COVID-19 and to other health conditions.
- 1.4 Supporting those formally asked to shield and others who are perceived as vulnerable to regain confidence and to safely increase participation within their communities.

### **2. Access to health and social care**

Restore equitable access to quality health & social services by:

- 2.1 Resuming services and equitably catching up with any backlogs that have been stalled by COVID-19 (including screening programmes, long term condition management and health checks).
- 2.2 Ensuring resilient primary care and maximising the benefits of virtual access models developed during the pandemic, so that practices are sustainable and able to offer patients appropriate care.
- 2.3 Stabilising and gradually bringing down waiting lists whilst ensuring harm reviews and equitable access for all those awaiting treatment.
- 2.4 Reinstating routine contacts with vulnerable individuals with a focus on safeguarding.

### **3. Mental health**

Work as a whole system to promote good mental health through evidence-based early intervention and prevention programmes and ensure equitable access to mental health support. This will be achieved by:

- 3.1 Addressing the wider determinants of poor mental health; loneliness, poor physical health, poor housing, unemployment and poor employment, debt, and poverty.
- 3.2 Promoting protective factors with a focus on community assets.
- 3.3 Addressing inequalities by ensuring groups most disadvantaged by the pandemic, as evidence through

local health intelligence, are able to access mental health support at the right time.

- 3.4 Building the capacity and capability across our workforce to prevent mental health problems and promote good mental health.
- 3.5 Continuing to monitor changes in need, demand and rates of mental illness, self-harm and suicide to understand the longer-term impacts of the pandemic.

#### **4. Physical health**

Promote good physical health across the Borough with a particular focus on reducing health inequalities that have been exacerbated by the pandemic. This will involve:

- 4.1 Supporting people to live longer healthier lives by helping them to make healthier lifestyle choices (particularly relating to diet, exercise, smoking and alcohol consumption).
- 4.2 Developing a Prevention Pathway for Rotherham to identify and respond to risk factors at an early stage, and support people to access prevention services where required.
- 4.3 Identifying and treating illness at an earlier stage, focusing on communities or groups with the highest level of need.

#### **5. Education**

Work to support schools with the recovery of lost education with a particular focus on:

- 5.1 Supporting disadvantaged groups to recover from the disproportionate effects of lost education – including the Ofsted priority of reading through the Rotherham Readers Programme.
- 5.2 Supporting pupil inclusion, maximising school attendance, balanced against the challenges of the pandemic and wellbeing of both students and staff.
- 5.3 Providing opportunities for children and young people to catch up with their social and emotional development through extra-curricular activities and youth services.

#### **6. Health inequalities**

Work in partnership to address the underlying health inequalities and the high rates of morbidity that have contributed to the disproportionate impact of COVID-19 in Rotherham through:

- 6.1 Development and implementation of a prevention and health inequalities strategy.
- 6.2 Continued understanding of the differing needs of Rotherham's communities and the development of delivery models that equitably direct resources towards meeting those needs



- 6.3 Challenging ourselves to ensure that service quality and outcomes are of universally high standard for all communities in Rotherham

## **7. Economic recovery**

- 7.1 Continue to monitor and understand changes to Rotherham's economy and build an inclusive economy for Rotherham
- 7.2 Work with partners to ensure employment and skills provision to support all sections of society to access learning and progress in work
- 7.3 Regeneration of the Borough. Make use of Levelling up and other regeneration funding to address the impacts of the pandemic and reduce inequities.
- 7.4 Continue delivery of Rotherham's economic strategy with a focus on developing secure sustainable employment opportunities in the borough

## Conclusions and personal reflections from the Director of Public Health



When I joined Rotherham MBC as Director of Public Health in January 2021, I (like all of us) hoped that the COVID-19 pandemic would soon be over. After a year in post, I've come to accept that the pandemic itself, and its lingering after affects, will be far-reaching and long-lasting. Learning to live safely with COVID-19 and recovering from the effects of the pandemic and restrictions required to manage its impact will

take time.

I am, however, confident that the health and wellbeing of people in Rotherham will flourish in years to come, and that what we have learnt over the past two years will benefit us as we continue our focus on that recovery.

In large part, this optimism comes from having witnessed the generosity and strong community-spirit of local residents. Many thousands of volunteers came forward during this

difficult time to help their neighbours and support those most in need. For that, I thank you.

I've also marvelled at the hard work of colleagues who came together across the Borough to manage the pandemic and support the people of Rotherham through this difficult period. The joint working between the local authority, the NHS and the private and voluntary sectors has been phenomenal. Without the efforts and skill of these people and the commitment of Rotherham residents to follow the guidance and do what was in their power against this pandemic, many more lives would have been lost in. For that I thank you, too.

I feel confident that the innovation and collaboration that has flourished in response to COVID-19 will pave the way for future progress. Simple things such as the streamlining of data sharing and analysis, and the commitment to work across organisational boundaries for a shared purpose will be essential if we are to address the health inequalities that persist in Rotherham.

As this report has highlighted, many of the factors that make communities vulnerable to high rates of COVID-19 related mortality are also associated with poor health and limited quality of life due to other causes. Over the coming year, I look forward to focusing more on the underlying causes of poor health, with an eye to short-term recovery, long-term improvement, and reduced inequalities in health and wellbeing across Rotherham.

# Bibliography

1. Rotherham Metropolitan Borough Council. 2021.
2. Public Health England. Disparities in the risk and outcomes of COVID-19. [Online] August 2020. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities\\_in\\_the\\_risk\\_and\\_outcomes\\_of\\_COVID\\_August\\_2020\\_update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf).
3. Office for National Statistics . Deaths due to COVID-19 by local area and deprivation. [Online] May 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation>.
4. Office for National Statistics. Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020. [Online] January 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020>.
5. Public Health England. Fingertips. [Online]
6. Office for National Statistics. 2011 Census Data. [Online] 2012. <https://www.ons.gov.uk/census/2011census/2011censusdata>.
7. Public Health England. Health Matters: Stopping smoking - what works? [Online] December 2019. <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>.
8. Smoking in England . Smoking Toolkit Study: Top Line Findings. [Online] 2021. <https://smokinginengland.info/graphs/top-line-findings>.
9. Alcohol Change. Covid19 drinking during lockdown headline findings. [Online] 2021. <https://alcoholchange.org.uk/blog/2020/covid19-drinking-during-lockdown-headline-findings>.
10. *Mental health and health behaviours before and during the initial phase of the COVID-19 lockdown: longitudinal analyses of the UK Household Longitudinal Study* . Claire L Niedzwiedz, Michael James Green, Michaela Benzeval, Desmond Campbell, Peter Craig, Evangelia Demou, Alastair Leyland, Anna Pearce, Rachel Thomson, Elise Whitley, Srinivasa Vittal Katikireddi. s.l. : Epidemiology and Community Health , 2020, Vol. September.
11. Public Health England. Wider impacts of COVID-19 on health monitoring tool. [Online] 2020. <https://www.gov.uk/government/statistics/wider-impacts-of-covid-19-on-health-monitoring-tool>.
12. — . Unlinked Anonymous Monitoring (UAM) Survey of HIV and viral hepatitis among PWID: 2021 report. [Online] 2021. <https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring>.
13. OFQUAL. Learning during the pandemic: review of research from England. [Online] July 2021. <https://www.gov.uk/government/publications/learning-during-the-pandemic/learning-during-the-pandemic-review-of-research-from-england#executive-summary>; 2021..

14. Rotherham Health Watch. *Mind, Body, and Soul: A report looking into Rotherham residents' experiences and feelings of lockdown, accessing services during the Covid-19 pandemic and what the future looks like for Rotherham healthcare services*. Rotherham : s.n., 2021.
15. Department for Digital, Culture, Media & Sport. A look at volunteering during the response to COVID-19. [Online] 11th January 2021. <https://www.gov.uk/government/publications/a-look-at-volunteering-during-the-response-to-covid-19/a-look-at-volunteering-during-the-response-to-covid-19>.
16. Trussell Trust. Trussell Trust data briefing on end-of-year statistics relating to use of foodbanks: April 2020 - March 2021. [Online] [https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/04/Trussell-Trust-End-of-Year-stats-data-briefing\\_2020\\_21.pdf](https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/04/Trussell-Trust-End-of-Year-stats-data-briefing_2020_21.pdf).
17. National Police Chief's Council. Damands on the police force in England and Wales during the COVID-19 Pandemic: Update on crime trends – January 2021. [Online] February 2021. <https://news.npcc.police.uk/releases/update-on-crime-trends-january-2021>.
18. Office for National Statistics. Which occupations have the highest potential exposure to the coronavirus (COVID-19)? [Online] May 2021. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/whichoccupationshavethehighestpotentialalexposuretothecoronaviruscovid19/2020-05-11>.
19. J Matheson, E Vanino. Covid-19 Economic Reovery Index: Local economic impact on people, businesses and places. [Online] July 2021. <https://drive.google.com/file/d/1p4UohtK0Q6tym-gmOb0NE4UaEjuBdV4e/view>.
20. *Zoomshock: The Geography and Local Labour Market Consequences of Working from Home*. Gianni De Fraja, Jesse Matheson, James Rockey. 64, s.l. : COVID Economics, 2021.
21. UK Finance. SME Lending within UK postcodes | UK Finance. [Online] 2021. <https://www.ukfinance.org.uk/data-and-research/data/business-finance/sme-lending-within-uk-postcodes>.
22. Public Health England . Health Profile for England 2021. [Online] September 2021. <https://www.gov.uk/government/publications/health-profile-for-england-2021>.
23. Department for Work and Pensions. Universal Credit statistics. [Online] 2021. <https://www.gov.uk/government/collections/universal-credit-statistics>.
24. Office for National Statistics. NOMIS: Official labour market statistics. [Online] 2021. <https://www.nomisweb.co.uk/>.
25. Statistics, Office for National. Employee earnings in the UK: 2021. [Online] 26 October 2021. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2021>.
26. Bangham G, Corlett A, Leslie J, Pacitti C, Smith J. Unhealthy finances:. Unhealthy finances: How to support the economy today and repair the public finances tomorrow, Resolution Foundation, November 2020. *Resolution Foundation* . [Online] November 2020. <https://www.resolutionfoundation.org/app/uploads/2020/11/Unhealthy-finances.pdf>.

## Appendix 1: Update on recommendations from previous annual report

Area	Recommendation	Status update
Smoking in Pregnancy	<ul style="list-style-type: none"> <li>- Continue partnership working between Public Health, TRFT, CCG and ICS to reduce the prevalence of women smoking at time of delivery to 16% or less by end of 2022.</li> </ul>	<ul style="list-style-type: none"> <li>- The Rotherham NHS Foundation Trust (TRFT), Smoking in Pregnancy service, continues partnership working with Rotherham Public Health and the South Yorkshire and Bassetlaw Integrated Care System. Regular meetings are held to review goals achieved and implement strategies to achieve local and national targets for Smoking at Time of Delivery (SATOD). The service has achieved a reduction in the number of women SATOD from 16.2% - 2019/2020 to 14.2% - 2020/2021, current data, April-October 2021 shows SATOD figure of 12.3%.</li> </ul>
Diet and Nutrition	<ul style="list-style-type: none"> <li>- Develop a local 'Healthy Weight for All' Plan to promote healthy weight and reduce obesity across all ages, by all NHS partners and Council</li> <li>- Adopt the Local Authority Local Authority Declaration on Healthy Weight to create healthy environments for local people.</li> </ul>	<ul style="list-style-type: none"> <li>- From Healthy Weight Declaration signed by RMBC – January 2020</li> <li>- Presentation health select commission in March 2020.</li> <li>- Work has been paused from March 2020, agreed at HWBB, because of the Covid-19</li> <li>- Plan to take a paper on Healthy Weight</li> <li>- Declaration and wider partnership plan to ICP</li> <li>- Prevention Group, to resurrect this work</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>- Develop local plan by the Rotherham Activity Partnership (RAP) to encourage the population of Rotherham to be more engaged in physical activity</li> <li>- NHS partners to promote physical activity within clinical services</li> </ul>	<ul style="list-style-type: none"> <li>- RAP launched a social movement campaign in Sept 2020, called 'Moving Rotherham'</li> <li>- The Partnership has been rebranded</li> <li>- Action plan now in place for the next 12 months</li> <li>- Yorkshire Sport Foundation are undertaking a peer review, with the Council and Partners to understand the strategic positioning of physical activity in Rotherham</li> </ul>
Breast Feeding	<ul style="list-style-type: none"> <li>- Increase breastfeeding prevalence at 6-8 weeks, with the continued partnership working with Public Health, TRFT, CCG and ICS outlined in the report and offering the necessary support</li> </ul>	<ul style="list-style-type: none"> <li>- The 0-19 service have piloted having paid peer supporters to enable parents to have contact with staff who can offer experienced breastfeeding advice and support. This has been so successful that now they are employed on permanent contracts.</li> <li>- The infant feeding team also offer peer supporter training (although this has been on hold due to Covid restrictions, but are hoping to recommence these in early 2022</li> <li>- Funding bid was success to undertake a marketing campaign, again in early 2022.</li> <li>- TRFT are undertaking UNICEF baby-friendly accreditation</li> </ul>
ASQ-3	<ul style="list-style-type: none"> <li>- TRFT to increase the proportion of children aged 2 to 2.5 years receiving ASQ-3 as part of the Healthy Child Programme or integrated review</li> </ul>	<ul style="list-style-type: none"> <li>- All children seen for a 2-year review in Rotherham are assessed using the ASQ-3, unless they are seen at a time where the ASQ-3 is not licensed for if there has been some issue with engagement. TRFT continue to work with Early Years, to improve integrated reviews take up.</li> </ul>
Air Pollution	<ul style="list-style-type: none"> <li>- Cross Council working to continue taking actions to address areas of high concentration of NO<sub>2</sub> e.g., through measures to restrict traffic speeds</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Sheffield Parkway A630 Improvement and Speed Reduction</b> RMBC transport team have started a multi-million pound scheme for the A630 Sheffield Parkway, with the expected result being improved journey times and reduced congestion once completed. A key benefit of this scheme is the reduction of the speed limit from 70mph to 50mph speed limit to improve road safety, cut carbon emissions and improve</li> </ul>

		<p>air quality (nitrogen dioxide annual mean concentrations) as part of Rotherham Council's Clean Air Zone plans.</p> <ul style="list-style-type: none"> <li>- <b>Rawmarsh Hill AQMA - Bellows Road Clean Air Plan Scheme</b> In 2019, the Council held a public consultation on the principles of our air quality measures, including to change the existing form of junction control at the A633 High Street junction with Bellows Road Rawmarsh. The scheme incorporates Bus Priority at the site, including re-routing some of the bus services from Rawmarsh Hill. It will improve bus journey time reliability and addresses an identified need for improved pedestrian and cycle facilities and will improve air quality on Rawmarsh Hill in the Air Quality Management Area once complete. Subsequent market research and public consultation is proposed in respect of the actual changes to bus services. The scheme has been through its detailed design stage and will progress to construction during 2021/22.</li> <li>- <b>Wortley Road- uphill HGV ban</b> RMBC Cabinet approved the progression of the Wortley Road heavy goods vehicle prohibition scheme in March 2021. The consultation on the legal orders to implement the prohibition is taking place during the summer 2021, with a view to the scheme being implemented in the second half of the year. Further information will be posted on the Council's website at <a href="http://www.rotherham.gov.uk/clean-air">www.rotherham.gov.uk/clean-air</a> once the consultation is live. The Council is proposing to restrict heavy goods vehicle traffic on a section of A629 Wortley Road and on residential streets in the surrounding areas. The restrictions aim to reduce harmful nitrogen dioxide levels produced by diesel engines to legal levels for residents primarily living along the A629 Wortley Road in the Air Quality Management Area and also in neighbouring residential areas. It will also reduce the noise impact of road freight on these communities.</li> </ul>
Get Healthy Rotherham (GHR) Public Health Commissioned Service	<ul style="list-style-type: none"> <li>- GHR will continue to support the 1001 days agenda</li> <li>- Weight management support offer in partnership with Slimming World</li> <li>- Quit smoking service, for non-pregnant women</li> <li>- Provide brief interventions to individuals identified as having high levels of alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>- The lifestyle interventions and support provided by Get Healthy Rotherham (GHR) include to quit smoking, support with weight management and inactivity.</li> <li>- Using evidence-based behaviour change techniques, GHR has helped residents set SMART goals, actively encourage self-help and learn long term skills to help residents maintain their positive changes.</li> <li>- GHR has processed almost 5500 referrals throughout the past year, helping residents into the right support.</li> <li>- 80% of all clients achieved a behaviour change by the time they completed their intervention.</li> <li>- Despite being in lockdown, over the period of 2020/21, GHR supported over 1114 people in our community to set a quit date, with over 794 people successfully quit by the end of the treatment programme, achieving a 72% quit rate, over 20% higher than the England average of 51%.</li> <li>- In the same period, GHR helped 800 people lose weight and make positive changes to their eating habits.</li> </ul>



# Health and Wellbeing Strategy Action Plan: Update to board, March 2022

**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
Cross-cutting	1.1	<p>Work with Health and Wellbeing Board partners to develop a 'Best Start and Beyond' strategy. *</p> <p>*N.B. the strategy will be developed in four <b>lifecourse</b> stages.</p>	<p>April 2022 – stage one developed, focusing on 1001 Days as first component</p> <p>April 2023 – complete strategy developed</p>	<p>Alex Hawley, RMBC</p> <p><b>CYP Lead to be identified</b></p>		<p>Progress paused to allow space for discussion regarding merging with Early Help strategy, which covers very similar ground. Service mapping and outcome workshops therefore suspended for the time-being.</p> <p>Agreed in principle that Best Start and Beyond framework would sit under broad Early Help system umbrella covering both health perspective and safeguarding perspective. This enables restart of processes to understand service provision with direct</p>

						<p>and indirect influence on children and families</p> <p>Ownership of actions and reporting lines will be set out clearly.</p> <p>Update to be presented to Health and Wellbeing Board in June.</p>
	1.2	<p>Deliver the 0-19 service with a universal offer to support all children and young people and their families, with an enhanced offer for those that need it, ensuring that there is equality across the service.</p>	<p>Ongoing for the duration of the plan</p>	<p>Alison Cowie, Head of Nursing Children's Services, TRFT</p>		<p>Universal service offer provided to all families - although the 12-15 year old Covid vaccination programme has impacted slightly on mandated contacts as the 0-19 service has supported the vaccination programme, which has included the delivery of second doses.</p> <p>Maintaining continuity from antenatal contacts can also impact on new birth visit mandate time period, however this is seen as beneficial for the families but may impact on the defined target. There was consultation on this in</p>

						<p>relation to NICE guidance and the time period being extended but nothing has changed as yet</p> <p>The enhanced targeted offer continues to provide support to more vulnerable families through the Young Parents Team, European Migrant Team and Early Attachment Team. Through Evolve young people subject to CSE/CCE are supported and currently developing pathways to support young people within YOT.</p> <p>There is also a Universal Partnership Plus Team supporting significantly vulnerable families, those who are Looked After are offered a high-level service to review health and development and offer support.</p>
Develop our approach to give every	1.3	Develop a local action plan to deliver on the first 1001 days.	April 2022 – stage one developed, focusing on 1001	Alex Hawley,		Action plan will be developed through Best

child the best start in life.			Days as first component  April 2023 – complete strategy developed	RMBC		Start Strategy, see update in 1.1 above
	1.4	Develop a breast-feeding friendly charter and campaign for Health and Wellbeing Board partners to sign up to.*  *New wording for action: 'Breastfeeding Borough' declaration to be prepared, containing BF friendly places, BF policy, comms plan.	April 2022	Alex Hawley, RMBC		Exploring further options, e.g. for a local scheme for BF-friendly premises. Working with provider about continuity of care between midwifery and health visiting, with specific focus on support for breastfeeding.  Inclusion of targets for recruitment of premises as UNICEF Baby Friendly Initiative accredited included within draft 0-19s specification. This is complete.  To be signed off by Health and Wellbeing Board in June
	1.5	Work with the LMS to ensure continuity of carer is the default model by March 2023.	March 2023	Sarah Petty, Head of		The national target has changed, and continuity of carer will now be the default

				Midwifery, TRFT		model by March 2023. TRFT are in the process of developing the plan, with a focus on targeting the most vulnerable communities in Rotherham, particularly those from deprived communities and ethnic minority groups.
Support children and young people to develop well.	1.6	Review the childhood obesity pathway.	<p>Review of current pathway – March 2022 complete</p> <p>Review of recommissioned 0-19 pathway – April 2023</p> <p>Embedded within Best Start and Beyond Strategy (see 1.1)</p>	Alex Hawley RMBC		<p>Draft Healthier Weight and Physical Activity Health Needs Assessment 2021 for children and adults includes description of 4 Tiers of weight management services.</p> <p>Whilst there are some gaps in current service provision, proposing to broaden this action to one of reviewing the whole strategy/approach - to be a more holistic and prevention-led, and to embed within Best Start and Beyond Strategy.</p>
	1.7	Explore opportunities to increase the number of schools in Rotherham with the Food for Life award.	October 2021	Best Start - Public Health		Public Health have liaised with catering services to explore opportunities and



				Specialist, RMBC		RMBC services have achieved a Food for Life award. Further opportunities to improve food available in schools are being explored.
	1.8	Deliver against PHE funding to develop a team around the school model of working and report learning to the Health and Wellbeing Board.	July 2022	Nathan Heath, RMBC		Pilot roll out from November 2021 to March 2022.
	1.9	Develop the response to the final COVID survey report, including promoting what young people can do to support their own mental health, delivering actions within schools and developing our partnership response to the findings.	March 2022	Nathan Heath, RMBC		<p>The final response to the COVID survey report has been shared with schools and partners.</p> <p>In response to this, several schools have responded to advise they are implementing new practices, including strategies to support children and young people with how they can support their own mental health.</p> <p>Responses received from partners have included the sharing of NHS Guidance for children and young people's mental health by health colleagues including how</p>

						parents and carers can access services, and self-care recommendations for young people. In addition, the VAR CYPS Consortium has commenced a 6 month 'Response' project which will include actions to address findings from the surveys.
	1.10	Deliver the SEND development plan.	Ongoing	Nathan Heath, RMBC		SEND Ofsted/CQC written statement of action submitted and agreed by Ofsted early February 22.

## 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 and Ian Atkinson, Executive Place Director, Rotherham Clinical Commissioning Group

Priority	#	Milestones	Timescale	Lead(s)	BRAG rating	Progress update
Promote better mental health and wellbeing for all Rotherham people.	2.1	Sign up to the Public Health England prevention concordat for better mental health as a Health and Wellbeing Board.	March 2022	Ruth Fletcher-Brown, RMBC		<p>Meeting with Regional OHID lead w/c 7th March to look at next steps.</p> <p>The actual sign up to the Concordat will not be achieved by March 2022 but progress that the Board is working towards this will be evident.</p>
	2.2	Develop and deliver a communications campaign centred around various themes to promote 'self-help', early intervention, and prevention.	March 2022	Gordon Laidlaw, CCG & Aidan Melville, RMBC		<p>Communications activity continues to take place to promote awareness of anxiety and the support available for local people. Key messages have been shared encouraging people to talk, listen and care, centred on national awareness days such as Time to Talk. The mental health self-help guides, available via Rotherhive - <a href="https://rotherhive.co.uk/wellness-">https://rotherhive.co.uk/wellness-</a></p>

						<a href="#">hive/</a> , are being shared through local groups, partners and the business community.
Take action to prevent suicide and self-harm.	2.3	Deliver training to 100 people across the partnership on self-harm and suicide prevention awareness.	March 2022	Ruth Fletcher-Brown, RMBC		<p>This has been achieved through the following:</p> <ul style="list-style-type: none"> <li>• Virtual suicide prevention training courses, 72 people trained to date across the partnership (targeting Voluntary and Community Sector (VCS), police and primary care as priority groups)</li> <li>• Self-Harm Awareness sessions have been run by Early Help staff for parents and carers.</li> <li>• In November and December, the PHS lead for suicide prevention and Mental Health Clinical Specialist (Safer Neighbourhood Team) delivered 4 suicide prevention sessions for RMBC Revs and Benefits Teams and a</li> </ul>

						<p>VCS community organisation.</p> <ul style="list-style-type: none"> <li>• 2 suicide awareness sessions were delivered during Safeguarding awareness week in November by the PHS Lead for suicide and RMBC Adult Safeguarding Lead. These were attended by staff from across the partnership.</li> <li>• Virtual Youth and Adult Mental Health First Aid courses attended by partner organisations.</li> </ul>
	2.4	Launch the Be the One campaign focussed on women.	September 2021	Ruth Fletcher-Brown & Ben Pindar, RMBC		<p>Campaign launch event was held on the 10<sup>th</sup> September. Staff from partner organisations attended. Staff were encouraged to use their own social media to share the campaign. A press release and social media posts were created. The campaign is being promoted across Rotherham.</p> <p>Campaign is being promoted again during Safeguarding</p>

						<p>Awareness week w/c 15<sup>th</sup> November.</p> <p>Campaign is referred to on local suicide prevention training.</p>
	2.5	Hold the Suicide Prevention Symposium, develop action plan in light of new priorities and implement.	October 2021	Ben Anderson & Ruth Fletcher-Brown, RMBC		Action plan is with partners for consultation before sign off by Health and Wellbeing Board.
Promote positive workplace wellbeing for staff across the partnership.	2.6	Ensure Health and Wellbeing Board partners are signed up to the Be Well @ Work award.	Ongoing	Colin Ellis, RMBC		We still need partners to come forward and sign up to the award scheme. Still no real movement from partners on this. we are still wanting partners to come forward and sign up to the award scheme.
	2.7	Deliver the workplace project as part of the better mental health for all fund and identify learning.	March 2022	Colin Ellis and Jacqueline Wiltchinsky, RMBC		This project is up and running and we have engaged with 44 SMEs to ask what support is needed around mental health. We are putting on training, producing a short training video, offering a toolkit and putting on webinars around specific suggested topics. We have identified a provider and agreed a script for the training video.

						<p>We have put in place some mental health webinars for staff and managers which are going ahead in January. We have also agreed a training session around disability including mental health at work. training for managers and staff around mental wellbeing have been undertaken and were well received and well attended. The video is now in the draft stage and should be ready by next month. The resources are also being produced for SMEs and are likely to be available next month too. a training session around disability is being run in March at the football ground.</p>
Enhance access to mental health services.	2.8	Develop an action plan to enhance the access to IAPT for BAME groups, older people, unemployed and those who are post-COVID.	March 2022	Kate Tufnell, CCG		<p>RDaSH IAPT Long-Covid pathway in place.</p> <p>Link established with 'Mental Health at Work Initiative'.</p> <p>BSL IAPT services for people from the deaf community now available in Rotherham.</p>



	2.9	Deliver an IAPT provision communications plan.	March 2022	Kate Tufnell and Gordon Laidlaw CCG		<p>Joint IAPT Communications meeting established (RCCG, DCCG, RDaSH &amp; IESO) – ongoing communication process in place.</p> <p>RDaSH, IESO and RCCG all have ongoing communication plans in place to promote this provision via range of different media.</p> <p>Mental Health Offer leaflet web link <a href="https://rotherhive.co.uk/wp-content/uploads/2021/04/RCCG-MH-A5-4pp-leaflet-digital-V3.pdf">https://rotherhive.co.uk/wp-content/uploads/2021/04/RCCG-MH-A5-4pp-leaflet-digital-V3.pdf</a></p> <p>Refresh of the Mental Health Offer leaflet</p>
--	-----	--	------------	-------------------------------------	--	---

### Aim 3: All Rotherham people live well for longer

Board sponsor: Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council and Michael Wright, Deputy Chief Executive, The Rotherham NHS Foundation Trust

Priority	#	Milestones	Timescale	Lead(s)	BRAG rating	Progress update
Ensure support is in place for carers.	3.1	Support the stabilisation of voluntary sector carers groups/services.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Jo Hinchliffe, RMBC		<p>This work is part of the refreshed carers strategy and is being monitored via monthly meetings.</p> <p>Due to the Omicron variant some groups had reduced face to face contact reverting back to virtual ways of working.</p> <p>Groups have received COMF which has and continues to help with buffering the impact of the pandemic.</p>
	3.2	Strengthen the unpaid carers group meetings.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Jo Hinchliffe, RMBC		The unpaid carers group is now identifying as "The Borough That Cares Strategic Group'. Work is on-going in relation to

						<p>membership and the Terms of Reference.</p> <p>A formal launch of this group coincides with the launch of the new strategic framework – April 2022</p>
	3.3	Establish a voice, influence, and engagement task group with a focus on the health and wellbeing of carers.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Jo Hinchliffe, RMBC		The governance map has been to the strategic group and formal arrangements are being planned to ensure the task group is in place by the end of March 2002
	3.4	Refresh information, advice and guidance available to carers, including the launch of the carers' newsletter.	March 2022 (as part of delivery of area of focus 1 of the carer's strategy)	Jo Hinchliffe, RMBC		Work is still highly focussed on COVID-19 response and recovery. However, Plans are in place to develop the newsletter. A Comms Officer has been identified to support planning and conversations have occurred.
Support local people to lead healthy lifestyles, including reducing the health	3.5	Review delivery of enhanced tier 2 weight management service, being delivered as part of the PHE Adult WM Grant Programme.	March 2022	Michael Ng / Kate Green, RMBC		The service started 01/10/2021. In the first 3 months over 250 people accessed Tier 2 weight management. The Tier programme is a 12-week programme. The first data

burden from tobacco, obesity and drugs and alcohol.						submission to PHE for review submitted.
	3.6	Undertake health needs assessments for healthy weight and tobacco.	January 2022	Jessica Dunphy and Kate Gray, RMBC		Work is on track to complete the needs assessments by end of February.
	3.7	<p>Identify and treat inpatient smokers as part of the QUIT programme.</p> <p>with:</p> <ul style="list-style-type: none"> <li>30% of inpatient smokers prescribed nicotine replacement therapy within 24 hours of admission*</li> <li>50% of inpatient smokers referred to Trust Tobacco Treatment Advisors within 24 hours of admission*</li> </ul> <p>*update on measures to be paused, while work is ongoing to improve data quality and align reporting</p>	End of October 2021	Mike Smith, Healthy Hospitals Manager, TRFT		<ul style="list-style-type: none"> <li>Services are being provided to acute inpatient areas, currently expanding to Urgent and Emergency Care Centre and Outpatient departments.</li> <li>Internal processes in place to support identification and referral of smokers. Staff engagement and communications to increase uptake.</li> <li>TRFT Smoke Free Site Policy currently under internal review.</li> <li>Significant challenges with</li> </ul>

						current ICS data requirements for the service. Escalated to ICS, work ongoing.
	3.8	Offer the free smoking cessation service to all hospital staff as part of the QUIT programme.	End of October 2021	Mike Smith, Healthy Hospitals Manager, TRFT		October 2021, in-house support to staff wanting to stop smoking was commenced, providing both behavioural and pharmacology support for up to 12 weeks.
	3.9	Increase the number of non-opiate and alcohol treatment completions in line with PHE Average.	September 2021-March 2023	Jacqui Wiltschinsky and Anne Charlesworth. RMBC		There has been slight improvement and there remains the hope that new funding will be part of the performance transformation in this area. The new funding also brings the possibility that the targets will change.
	3.10	Review and establish the drug-related death pathway to identify improvements across the system.	September 2021-March 2023	Sam Barstow and Anne Charlesworth, RMBC		The draft process has now been agreed by the governance group and will be tested.

	3.11	Deliver against funding from PHSE to support frequent attenders to ED with complex Alcohol and Mental Health needs through a newly established outreach team.	March 2022	Amanda Marklew, TRFT		Recruited to 3 posts, 1/3/22 shortlisted for the 4th post. Interview 14/3/22
--	------	---	------------	----------------------	--	--

#### 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
Deliver a loneliness plan for Rotherham.	4.1	Launch and deliver MECC training on loneliness, with a target to reach 150 people.	September – March 2022	Phillip Spencer, RMBC		152 people have attended training sessions so far up to 14/02/2022
	4.2	To deliver the Public Health England (PHE) Better Mental Health Fund Befriender project.	July 2021- April 2022	Ruth Fletcher-Brown, RMBC and organisation that is awarded the contract		<p>The Rotherham Befriending Network has been commissioned to deliver the “Befriending Project- Addressing loneliness to protect the mental health of vulnerable groups”</p> <p>The contract lead for this project is Rotherham Federation and they have pulled together a partnership of providers who are all currently involved in the delivery of befriending services and/or supporting</p>



						<p>residents to address loneliness and isolation.</p> <p>The partners involved are: Live Inclusive, Rotherham Ethnic Minorities Alliance (REMA), Rotherham Parent and Carers Forum (RPCF), YAWR Services, Age UK Rotherham, and Voluntary Action Rotherham (VAR).</p> <p>At the time of the January return to OHID the project has seen 319 clients, 49% of the clients live in the 30% most deprived wards.</p> <p>Referrals into the project have come from a range of sources including council community services, social prescribing providers, VCS contacts, health centres, as well as through each partners own client base.</p> <p>Filming for the community volunteer campaign called “Be A Good Neighbour” campaign is almost complete. February – March</p>
--	--	--	--	--	--	---

						2022 dissemination of the film and leaflet across networks and social media to reach the general public.
	4.3	Develop a communications and engagement plan to address loneliness and deliver this plan working with VCS and wider partnership.	September-March 2022	Aidan Melville, RMBC working with VCS and other partner organisations		Discuss with befriending provider network group and link up with key campaigns around loneliness.  Delay in obtaining update due to change of lead officer
Promote health and wellbeing through arts and cultural initiatives.	4.4	Deliver Rotherham Show as a three-day festival, including implementing additional COVID secure measures to reassure residents and instil confidence.	September 2021	Leanne Buchan, RMBC		The event was delivered from 3 <sup>rd</sup> to 5 <sup>th</sup> September. Estimated audience of 90,000, of which 75% identified that this was the first event that they had attended since COVID restrictions were relaxed.  Infection rates in Rotherham fell during the period of the Rotherham show delivery, indicating that the security measures were effective.

						The satisfaction rating was 98%, which was a rise from 96% from 2019.
	4.5	Develop a cultural programme using COMF funding targeting over 55s to support physical and mental reconditioning.	Autumn-March 2022	Leanne Buchan, RMBC		The programme is on track and in delivery. The first project within this programme was Care Home Choir which was delivered as part of the Rotherham Christmas Campaign and included performances at the Lights Switch On and a touring programme across the borough. Further activities delivered between January and March including: Circus Elders (physical reconditioning using circus skills), a performance of Good Grief at Rotherham Civic Theatre with an associated Death Café pop-up exploring themes of grief, loss and loneliness, a photography project celebrating Age Positivity in libraries and an intergenerational programme at Clifton Park

						Museum celebrating the role of grandparents.
	4.6	Launch a Rotherham Year of Reading event which will target disadvantaged pupils.	January 2022	Zoe Oxley, RMBC		A video will be launched on World Book day 3rd March 2022, led by Rosis, to launch Rotherham Loves reading. This will include a section highlighting Libraries. All activities and events that are planned for this date will be updated onto the Forge platform. On World Book day as well as activities being planned at sites we have an event at Maltby Library with Author Suzy Senior to launch her new book. This info has been given to corporate comms for circulation. There were initial plans for a big event at Magna but due to staffing issues within Rosis, this wasn't feasible. The official launch will be the video on the 3rd March 2022.

	4.7	Utilise libraries as death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy.	March 2023	Zoe Oxley, RMBC		<p>The first two good grief screenings have now taken place at Mowbray and Swinton. The open discussion following the screening was welcomed and very well received. Feedback so far has been great and given attendees an opportunity to share their experiences of death and grieving. Further good grief and open discussion sessions are planned for Maltby and Riverside. In addition to this a death café has been scheduled for Friday 25th March at Boston Castle with plans also underway to have a tour follow on from this around the oldest cemetery in Rotherham at Moorgate. Following the end of this project feedback will be reviewed and meetings scheduled with relevant parties to look at what offer can continue within libraries. Libraires will also look to</p>
--	-----	--	------------	-----------------	--	--

						utilise the Libraries Connected tool kit on becoming a death positive library when it is published.
Ensure Rotherham people are kept safe from harm.	4.8	Embed the Home Safety Partnership Referral Scheme with key partners in Rotherham.	March 2022	Steve Adams and Toni Tranter, South Yorkshire Fire and Rescue		Work continues by SYFR Partnership Team to embed the referral scheme across more organisations.
	4.9	Work with other partnership boards on crosscutting issues relating to safety and safeguarding.	Ongoing for the duration of the plan	Board chairs, RTP		Work continues to maintain the partnership relationship between the safeguarding boards, Safeguarding Adults annual report was shared with the Health and Wellbeing Board in January 2022, and the Safeguarding Children annual report will be shared at the March meeting.
Develop a borough that supports a healthy lifestyle.	4.10	Undertake a review of the strategic positioning of physical activity in Rotherham.	December 2021	Sam Keighley, Yorkshire Sport Foundation		Sam is currently having conversations with partners to secure resources to match Yorkshire Sport Foundation resources to create a post to lead this

				(supported by Kate Green, RMBC)		<p>work. This should be agreed by the end of February. The 4 priorities remain;</p> <ul style="list-style-type: none"> <li>• All public sector anchor organisations doing what they can as employers to get and keep their workforces active.</li> <li>• Creating the conditions where social movements that normalise physical activity can flourish.</li> <li>• Training front line workers across multiple organisations (prevention, early intervention and clinical) to be confident to talk about and signpost people to being active.</li> <li>• Strengthen local social prescribing structures; including building the</li> </ul>
--	--	--	--	---------------------------------	--	---



						confidence of G.P.'s and other prescribers to talk about the benefits of physical activity and refer
	4.11	Deliver a range of programmes to welcome women and girls into football, focussing on under-represented groups.	Ongoing for the duration of the plan  (up to July 2023)	Chris Siddall, RMBC		<ul style="list-style-type: none"> <li>• A range of programmes are being advertised for International women's day on 7<sup>th</sup> March.</li> <li>• A STEM project is being worked up with local schools for May</li> <li>• 2 Pilot activities for "Soccercise" are in the planning at local leisure centres.</li> <li>• A current focus on activating the fanzones during the tournament.</li> <li>• 15x bursaries have been awarded to local females to become qualified coaches.</li> </ul>
	4.12	Use football to encourage more women and girls to adopt and maintain a healthier lifestyle.	Ongoing for the duration of the plan  (up to July 2023)	Chris Siddall, RMBC		<p>Living a healthy lifestyle is covered in Educational settings across Rotherham. With more schools getting involved in the Girls Football School Partnership this will reach a wider audience.</p> <p>The Women and Girls Website, hosted by</p>

						Rotherham United CST, has received further improvements this past quarter.
	4.13	Complete public consultation on the draft Cycling Strategy and present the final draft for approval.	October 2021	Andrew Moss, RMBC		Cycling Strategy approved at Cabinet in January.

## Cross-cutting priorities

Priority	#	Milestones	Timescale	Lead(s)	BRAG rating	Progress update
Work in partnership to maximise social value across the borough.	5.1	Undertake a baselining assessment regarding social value through the Rotherham Anchor Network.	March 2022	Karen Middlebrook, RMBC		Conversations remain ongoing with partners to develop a baselining assessment regarding procurement expenditure made with local suppliers. Information from partners is expected in March.
Assess and respond to the impact of the COVID-19 pandemic.	5.2	Commission State of the Sector Research to understand the impact of the pandemic on the voluntary and community sector.	Early 2022	Shafiq Hussain, VAR		South Yorkshire discussion to approach the SoS work from a SY perspective, still expected to go out QTR1 2022.
	5.3	Update the GISMO directory, taking into account the impact of the pandemic of voluntary and community sector organisations.	End of September – 50% updated  End of December – 75% updated	Shafiq Hussain, VAR		80% updated (as of 11 <sup>th</sup> November 2021.)  Further update to be provided in April 2022

			End of March 2022 – 100% updated			
Develop the Pharmaceutical Needs Assessment.	5.4	Host stakeholder consultation to support needs assessment	January 2022	Gilly Brenner, RMBC		Pharmacy data checks are ongoing and report preparation on track
	5.5	Publish updated Rotherham Pharmaceutical Needs Assessment	September 2022	Gilly Brenner, RMBC		On track to deliver by next autumn.
Work in partnership to further develop the Rotherham Data Hub and assess population health.	5.6	Establish a partnership steering group to prepare the 2021/22 JSNA.	December 2021	Gilly Brenner, RMBC		Partnership steering group meeting for 21/22 held 14/10/21.  Refresh and priorities for 21/22 including small area data agreed and collation on track.
	5.7	Refresh the JSNA for 2021/22.	April 2022	Gilly Brenner, RMBC		On track, agreement across partners to provide refreshed content.



---

**South Yorkshire & Bassetlaw Integrated Care System**  
**722 Prince of Wales Road**  
**Sheffield**  
**S9 4EU**  
**Programme Office: 0114 3051905**

25 February 2022

**Sent by email**

Dear colleague,

I am delighted to inform you that following an and organisational change process and national recruitment a number of designate Executive appointments have been made to the South Yorkshire Integrated Care Board (SY ICB).

As you are aware we are currently developing the local arrangements set out in the Government's Health and Care Bill to support the formation of a new statutory NHS body – the South Yorkshire Integrated Care Board (SY ICB) – which will come into effect from the 1<sup>st</sup> July 2022 subject to the successful passage of the Health and Care Bill through parliament.

The individuals joining the Board have extensive experience of working within NHS organisations.

- Cathy Winfield MBE has been appointed to the position of Chief Nursing Officer. She is currently Executive Chief Nurse at University Hospitals of Derby and Burton NHS Foundation Trust.
- Chris Edwards has been appointed to the position of Place Director for Rotherham and SYICB Deputy Chief Executive. Chris is currently the Accountable Officer for both Barnsley and Rotherham Clinical Commissioning Groups and a Senior Responsible Officer within the ICS.
- Christine Joy has been appointed to the position of Chief People Officer. Christine is currently Operational Lead for Change, HR and OD for the National ICS Development Programme at NHS England/ Improvement.
- Dr David Crichton has been appointed to the position of Chief Medical Officer. David is currently Medical Director at Doncaster Clinical Commissioning Group.
- Lee Outhwaite has been appointed to the position of Chief Financial Officer. Lee is currently Director of Finance and Contracting at Chesterfield Royal Hospital NHS Foundation Trust and Derbyshire Community Healthcare NHS FT.

- 
- Will Cleary-Gray has been appointed to the position of Executive Director of Strategy and Partnerships. Will is currently Chief Operating Officer for the South Yorkshire and Bassetlaw Integrated Care System.

The draft constitution for the ICB describes a Board of 20, including Executives, Non-Executives and Partner Members. Recruitment is also underway for the Non-Executive Directors and the remaining Place Director posts will be advertised shortly. We are also working with our partners to receive nominations for the partner positions on the Board, with the aim of having everyone in post to start to operate in shadow format in April.

I would like to extend my thanks to the partners who played an active part in the recruitment, through attending stakeholder panels, interview panels or other inputs.

These appointments pave the way for the development of the ICB to take another step forwards.

If you have any questions please don't hesitate to contact me.

Kind regards.

A handwritten signature in black ink, appearing to read 'Gavin Boyle', followed by a period.

**Gavin Boyle**  
**South Yorkshire, Integrated Care Board**  
**Chief Executive (designate)**



## Rotherham ICP Public Place Board – 2 February 2022

### ***Assessment of Place Plan Priorities as at end Quarter 2***

Lead Executive:	Ian Atkinson, Executive Place Director – Rotherham CCG
Lead Officer:	Lydia George, Strategy & Delivery Lead, Rotherham CCG/ICP

#### **Purpose:**

To provide members with an assessment on progress against Rotherham Place Plan Priorities as at the end of Quarter 2.

#### **Background:**

Before the pandemic the Place Board received regular quarterly performance reports covering both key performance indicators and milestones/timescales against each of the priorities for each of the three Transformation Groups. This performance report had been received since 2018.

The impact of the pandemic on key performance indicators meant that it was either not possible to report against them or that the reporting was very skewed as performance was severely impacted due to covid. As a result since August 2020, reports have been focussed on only the milestones element of the performance report i.e. this update of priorities document.

During April 2021 each Transformation Group jointly reviewed their priorities within the Place Plan along with the associated actions and timescales. The priorities were assessed in light of covid both in terms of capturing learning and identifying where priorities had significantly changed. It was clear that the assessment had raised a significant level of partner discussion and as a result had a notable impact on the priorities.

The Place Board received an update on the progress of reaffirming the priorities at their meeting in May 2021, this outlined the headline priorities but not the detail. Members reviewed and were happy with the direction of travel and noted the intent to expand the document to include key priorities and milestones for the Enabling Groups.

Transformation Groups refined their priorities and milestones and a further version representing the position as at the end of quarter one was received at confidential Place Board in July. In early August, as there was no meeting, a final version for quarter one was circulated by e-mail to Place Board members.

In July 2021 we reported that a further update would be received at Place Board in September, however, this was subsequently moved to November due to the significant system pressures experienced at that time impacting on capacity and that by delaying the update to November, it would bring the report back in line with the quarterly reporting previously provided to Place Board.

#### **Analysis of key issues and of risks**

Place Board members received the attached update at the November 2021 confidential Place Board. The report was received at confidential Place Board as there were a number of ratings still to be confirmed in terms of gaps and confirmation of RAG ratings.

The completed document was to be received at December Public Place Board, however due to the high levels of system pressures both the December 2021 and January 2022 public Place Boards were cancelled. The document was shared by e-mail to Place Board members in December and is subsequently being received at February 2022 public Place Board for completeness.

In addition, as highlighted by partners, the document contained a significant number of acronyms, these have now been addressed.

Following discussion at the ICP Delivery Team it was recommended that, in light of the ongoing system pressures, the quarter 3 update be suspended and a final year end version be prepared to be received at Place Board in June /July 2022.

**Approval history:**

Rotherham ICP Place Board – confidential November 2021

**Recommendations:**

Place Board members to note:

- progress against the Place Plan priorities
- that a final year end version will be received at the June 2022 Place Board
- that the acronyms within the document have been addressed

# Rotherham Place Reset: Assessment of Priorities as at October 2021

In March 2020 the Rotherham Place Board agreed the revised Rotherham Integrated H&SC Place Plan, significant work by all partners went into setting and agreeing the priorities for the Rotherham Place.

As part of the system reset following the first wave of the pandemic the priorities were set for the remainder of the financial year 2020/21 and were received by Place Board in October and December 2020.

In March 2021 worked commenced once again to reaffirm the priorities following the subsequent wave of the pandemic and the winter period. Transformation Groups have spent significant time assessing and reconfirming priorities and the key actions associated.

This document provides a Q2 end of September position which was received at Place Board at their 3<sup>rd</sup> November Confidential meeting so enable members understand performance against revised target dates and any risks to delivery. As the public meetings in December and January were cancelled it is being received at February 2022 Public Place Board for completeness.

In this version of the priorities document the Enabling Groups have identified their key priorities, although further work is taking place to refined these, and this version also addresses the high number of acronyms identified.

## Key

<b>Red</b>	Milestone significantly off target
<b>Amber</b>	Milestone slightly off target
<b>Green</b>	Milestone on target
<b>Blue</b>	Milestone complete
<b>Purple</b>	Milestone not due

<b>Abbreviation</b>	<b>Organisation</b>
CCG/RCCG	Rotherham Clinical Commissioning Group
RMBC	Rotherham Metropolitan Borough Council
VAR	Voluntary Action Rotherham
RDASH	Rotherham Doncaster and South Humber NHS Trust

# Children and Young People

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation area:

1. The first 1001 days
2. Special Education Needs and Disabilities
3. Looked After Children
4. Children & Young People's Mental Health and Emotional Wellbeing
5. Transition to Adulthood

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	The First 1001 Days	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Alex Hawley			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 1	Local leadership and governance in place to deliver on the first 1001 days	Q2 2021			<ul style="list-style-type: none"> <li>A 0-19s re-commissioning project group continues to meet, chaired by the Director of Public Health, with subgroups to work to procurement timetable milestones. A needs assessment has been carried out. A draft specification is in place and will be finalised by end of November. A market engagement event took place early September. A co-production exercise will be undertaken with Rotherham Parent Carers Forum in Oct/Nov. A report will go to RMBC Cabinet in December, outlining good progress against timeline for tender in April 2022. A new contract will be in place by April 2023.</li> <li>Public Health has restructured - to have 4 Consultant portfolios aligned to the 4 aims of the Health and Wellbeing Strategy. A new Best Start (Aim 1) portfolio has been in place since 1st July. A second Public Health Specialist post has been recruited to and will commence in January 2022.</li> <li>A 'Best Start and Beyond strategy' will adopt a life-course structure and provide a context for priorities for 0-19s service and rest of children's workforce and will enable a 1001 Days sub-group to be established. A kick-off workshop with partners will take place on 11th October.</li> </ul>
CH 2	Carry out a scoping exercise and gap analysis to identify services already contributing to the first 1001 days and what we need to develop	Q2 2021			<ul style="list-style-type: none"> <li>A scoping exercise took place with representatives from Health services on 10th August – a "jamboard" session to map commissioned services, and aspects of services provided.</li> <li>A further exercise to better map non-healthcare services is still needed.</li> <li>The Best Start and Beyond Strategy sub-groups will adopt a template for mapping pathways. May be adapted from pathway mapping tool already deployed by Speech, Language and Communication Network to map related pathways from 0 to 60 months. Will be informed by "Start for Life" user journeys, described in <a href="#">The Best Start for Life. A Vision for the 1,001 Critical Days</a>.</li> </ul>
CH 3	Development of a local action plan to deliver on the first 1001 days	Q2 2021			<ul style="list-style-type: none"> <li>The Best Start and Beyond Strategy will provide a Public Health-led evidence-based set of agreed priority outcomes for 1001 Days, and associated sub-group will agree an action plan.</li> <li>Strategy will enable better links to actions of South Yorkshire and Bassetlaw Local Maternity and Neonatal System Prevention Group in respect of post-COVID recovery and maternity transformation. NHS England published <a href="#">Equity and equality: Guidance for local maternity systems</a> in September, aimed at aligning Local Maternity Systems with the five health inequality priority areas set out in March operational guidance (Priority 1: Restore NHS services inclusively; Priority 2: Mitigate against digital exclusion; Priority 3: Ensure datasets are complete and timely; Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor health outcomes; Priority 5: Strengthen leadership and accountability. South Yorkshire and Bassetlaw Local Maternity and Neonatal System Equity Analysis focuses on Priority 4a (Understand your population and co-produce interventions).</li> </ul>

CH 4	To explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services	Q1 2023			<ul style="list-style-type: none"> <li>• Preparations to re-commission the 0-19 service are well advanced and on track for Tender to open in Spring 2022. This milestone remains on track.</li> <li>• The specification for new 0-19s has been developed to optimize the ability of the service to adapt to the system and changes in needs and priorities, and to include co-production (based on Four Cornerstones) as an ongoing aspect of service development. The 0-19s Project Group is exploring evaluation models that acknowledge the importance of integration, adaptability, and additionality.</li> <li>• Public Health is commissioning Rotherham Parent Carers Forum to conduct a co-production exercise (October – December) to inform the specification, using the Four Cornerstones ethos.</li> <li>• The Best Start and Beyond strategy will provide a framework for the 0-19s to be integrated within a system (covering preconception through to transition to adulthood, but with a key focus on 1001 Days).</li> <li>• Discussions have commenced with 0-19s provider about developing the current service in light of the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service.</li> </ul>
------	--	---------	--	--	--

#### Key Risks / Issues

- Pandemic is ongoing – Best Start portfolio within Public Health is resuming 'Business as Usual', but further surges or advent of vaccine-escape variants still present a risk to resource deployment, including commissioned healthcare resources, which might need to be redeployed (e.g. currently some disruption due to 12-15 vaccination programme).
- Risk of lack of adaptability to changing priorities of 0-19s service within a long term contract – a well designed specification is the mitigation for this, albeit always constrained by the available budget and the core Healthy Child Programme requirements. Central government thinking might lead to different expectations for local systems: e.g. Early Years review and ongoing Public Health England review of Healthy Child Programme.

Priority 2	Special Educational Needs and Disabilities	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Julie Day			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 5	The Rotherham Sensory Model is implemented and embedded.	Q4 2020			<ul style="list-style-type: none"><li>Progress against this had slowed down due to the limited school opening arrangements between January and March 2021. However, progress work has been made over the last 6 months and the sensory model forms part of the work associated with the Special Educational Needs toolkit.</li></ul>
CH 6	Roles and responsibilities to support children with Special Educational Needs and Disabilities in school are clearly understood	Q1 2021			<ul style="list-style-type: none"><li>There will be a focus on roles and responsibilities as part of the Written Statement of Action related to the graduated response which will have oversight by the Special Educational Needs and Disabilities Strategic Board. Representatives from a variety of schools and settings will be expected to form part of any appropriate working party or sub-group.</li><li>There is a core group in place with school representatives to help design and facilitate Continuous Professional Development (CPD) opportunities and networking with all Special Educational Needs Co-ordinators. This will allow for a greater understanding of roles and responsibilities when meeting the needs of those with Special Educational Needs and Disabilities.</li></ul>
CH 7	A Special Educational Needs Toolkit is developed, launched and implemented across education settings	Q4 2020			<ul style="list-style-type: none"><li>The Special Educational Needs toolkit is in place and an official launch is taking place with Special Educational Needs Co-ordinators on 3rd November.</li><li>The work is to now embed and implement its use across the system, reference it in the Local Offer and continue to develop as part of implementing the graduated response. This will fulfil an expectation in relation to the Written Statement of Action.</li></ul>
CH 8	Develop an understanding of the impact of Covid and related changes to service provision on outcomes for children with Special Educational Needs and Disabilities	Q1 2021			<ul style="list-style-type: none"><li>Special Educational Needs and Disabilities Strategic Board and Education Recovery Cell have clear oversight with regular reporting regarding outcomes for children. The Cell has made an Innovative bid which has been successful to pilot a Team Around the School approach to prompt practitioner delivery and model for support in school. This will be monitored closely as part of implementation to establish the impact.</li></ul>

#### Key Risks / Issues

- The toolkit needs to be part of wider cultural transformation and review of support to schools to support inclusion.
- The challenge is in relation to schools refusing to offer placements to children with challenging Social, emotional and mental health and cognitive issues. The toolkit needs to be set in wider transformation, including increased capacity for service delivery and work within the whole school context.

Priority 3	Looked After Children and Vulnerable Children and Young People	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Ailsa Barr			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 9	Refreshed commissioning arrangements are in place to complete Looked After Children health assessments.	Q3 20/21			<ul style="list-style-type: none"> <li>The new arrangements for enhanced Looked After Children health assessments are in place and are now complete. These arrangements are detailed in the Looked After Children Service Specification, further monitoring will continue as the timescales for completion are currently lower than we would like.</li> </ul>
CH 10	A review of therapeutic services includes key recommendations to support the social, emotional, and mental health needs of Looked After Children.	Q4 20/21			<ul style="list-style-type: none"> <li>Paper presented April 2021 provided key recommendations which suggested focus on developing arrangements for children with complex needs including looked after children with social, emotional and mental health needs, where current service provision is not meeting their needs.</li> </ul>
CH 11	Implementation of review recommendations to support the social, emotional, and mental health needs of Looked After Children.	Q4 2022			<ul style="list-style-type: none"> <li>The new Assistant Director starts in post on 1<sup>st</sup> November and will prioritise activity across RMBC and RCCG to understand the current arrangements to inform proposals to deliver the recommendations.</li> </ul>
CH 12	New milestones to be identified by the Multi-Agency Vulnerable Children's Group.	Q4 2020			<ul style="list-style-type: none"> <li>This group is now meeting regularly and is business as usual and can be closed as an action.</li> </ul>
Key Risks / Issues					

Priority 4	Children and Young People's Mental Health and Emotional Wellbeing	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Christina Harrison			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 13	Children in Rotherham will have timely access to an assessment and intervention for neurodevelopment disorders when a need has been identified. Business Case submitted and funded by the CCG to reduce waiting lists over a 3-year period	Q1- 2024			<ul style="list-style-type: none"> <li>The Special Educational Needs Toolkit with resources for school-based workforce was launched w/b 14.12.2020</li> <li>The digital offer provided by Healios has been well received by families and has been extended</li> <li>The waiting list has currently plateaued and is reviewed weekly, identifying where the referrals are from, and support needed to wider services</li> <li>A Neuro dashboard is updated on a weekly basis and shared with the Commissioners on a monthly basis</li> <li>RDASH are creating an implementation plan for the Business Case. This work will commence in 2022</li> </ul>
CH 14	A programme of licensed training (Autism Education Trust) is rolled out to learning providers and GPs	Q4 20/21			<ul style="list-style-type: none"> <li>Autism Education Trust training is still being rolled out – We are identifying schools that have received this and where targeted training needs to be focused</li> </ul>
CH 15	A multi-disciplinary team to respond to neuro-developmental difference is established	Q3 20/21			<ul style="list-style-type: none"> <li>The new pathway is now operational with multi-agency involvement and meet weekly.</li> </ul>
CH 16	All children in Rotherham will have a first line of support for their mental health and emotional wellbeing available in their school or educational settings	Q1 2021			<ul style="list-style-type: none"> <li>Department of Education Wellbeing for Education Return has been rolled out</li> <li>There is a pilot in place to provide supervision and consultation to the school workforce</li> <li>Mental Health Support Teams are becoming established in pilot schools and an evaluation framework has been agreed</li> </ul>



					<ul style="list-style-type: none"> <li>Two cohorts for the Anna Freud Link Programme have met and are using the Cascade framework to map whole system provision.</li> <li>A further Mental Health Support Teams programme will go live in January 2022.</li> </ul>
CH 17	Communicate the multi-agency offer to support children's mental health and emotional wellbeing to schools and ensure that it is accessible to all.	Q3 20/21			<ul style="list-style-type: none"> <li>Department of Education Wellbeing for Education Return is being rolled out through this term with input from the whole system</li> <li>The social, emotional and mental health toolkit has been developed and available to schools which supports the graduated response</li> </ul>

#### Key Risks / Issues

- Pressures have emerged to meet the needs of children with eating disorders, and lack of specialist inpatient availability. Children are presenting later and with complex health needs.
- Whilst we now have funding and a 3 year plan, some children will be waiting longer than desirable for a neurodevelopment assessment.

Priority 5	Transitions to Adulthood	Lead Officer			Subgroup reporting to the C&YP Transformation Group with lead responsibility is:
		Paul Theaker			TBC
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
CH 18	Local leadership and governance in place to deliver on transitions to adulthood for young people with long-term conditions and complex care needs	Q1 2021			<ul style="list-style-type: none"> <li>The Preparing for Adulthood Board is in place to provide local leadership and governance. The board is now meeting frequently with consistent attendance (after a period of inconsistent attendance as a result of conflicting covid-19 pressures.)</li> <li>Transitions to adulthood remains a priority for all Place partners.</li> </ul>
CH 19	Carry out a scoping exercise and gap analysis to identify where there is a need to develop pathways to support transitions to adulthood for young people with long-term conditions and complex care needs	Q1 2021			<ul style="list-style-type: none"> <li>A scoping exercise was undertaken and all current activity mapped, gap analysis informed the development of a story board and the Special Educational Needs and Disabilities Strategy Preparing for Adulthood Action Plan.</li> </ul>
CH 20	Carry out further gap analysis to identify where to prioritise the development of pathways to support transitions to adulthood for young people with long-term conditions and complex care needs				<ul style="list-style-type: none"> <li>Despite the above activity described being achieved, the transitions to adulthood workstream have rag rated this action amber on reflection as further gap analysis and a prioritization exercise is now required</li> <li>There were a number of key recommendations developed that outline a way forward and will result in a refreshed action plan and a restart of the work programme.</li> <li>Following receipt of the Ofsted/Care Quality Commission Special Educational Needs and Disabilities Inspection feedback letter, discussions are now taking place with senior leaders within Health to consider how achievable the recommendations are and to ensure strategic buy-in from adult health colleagues. It is anticipated that a refreshed action plan will be in place by mid-November 2021.</li> </ul>
CH 21	Develop, implement, and embed the pathway to support transitions to adulthood for young people with diabetes	Q1 2021			<ul style="list-style-type: none"> <li>Additional investment was secured to develop, implement and embed the pathway to support transitions to adulthood for young people with diabetes.</li> </ul>
Any new milestones/actions as a result of Covid					
N/A					
Key Risks / Issues					



# Mental Health, Learning Disabilities and Neurodevelopmental Care

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation group:

1. Improving Access to Psychological Therapies (IAPT) service
2. Dementia diagnosis and post-diagnostic support
3. Adult Severe Mental Illnesses (SMI) in the Community including perinatal mental health
4. Mental Health Crisis and Liaison
5. Suicide prevention
6. Better Mental Health for All, including loneliness
7. Improving residential, community and housing support for people with Mental Health and/or Learning disability
8. Delivering the NHS Long Term Plan for people with a learning disabilities and / or autism (this includes Transforming Care)
9. Delivery of My Front Door transformation programme
10. Delivery of Autism Strategy and Neurological Pathway

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Improving Access to Psychological Therapies (IAPT) service	Lead Officer Kate Tufnell			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is: Rotherham IAPT Provision Communications / Rotherham Health App – IAPT integration group,
No.	Milestones PWPs = Psychological Wellbeing Practitioner HITs – High Intensity Trainers IAPT = Improving Access to Psychological Therapies CBT = Cognitive Behavior Therapy	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 1	RDASH workforce IAPT trainee expansion in 20/21 & 21/22. Actions required:	Q2 21/22			<ul style="list-style-type: none"> <li>3x trainee PWPs recruited and started for October intake.</li> <li>3x trainee CBT places allocated for March 2022 and recruitment due to commence for these in the next month (December).</li> </ul>
	20/21 Improving Access to Psychological Therapies trainees complete training (Psychological Wellbeing Practitioner (PWPs) and High Intensity Trainers (HITs))	Q4 20/21			<ul style="list-style-type: none"> <li>4x PWPs completed training on schedule.</li> <li>1x PWP delayed approx. 1-2 months</li> <li>2x CBT delayed approx. 1-2 months</li> <li>2x CBT delayed approx.. 8-10 months</li> <li>1x CBT completed in July (9 months delayed)</li> </ul>
	Recruitment of 2 PWPs in 2021/22	Q4 21/22			<ul style="list-style-type: none"> <li>None recruited to date</li> </ul>
	Recruitment of 4 High intensity Therapists – HITs in 21/22	Q4 21/22			<ul style="list-style-type: none"> <li>None recruited to date</li> </ul>
MH/LD 2	Reduction in the RDASH IAPT CBT waiting times.	Q2 21/22			<ul style="list-style-type: none"> <li>During this period the CBT waiting list has decreased, due to the implementation of the RDASH/IESO waiting list initiative. It is, however, still above the trajectory– July 408, August 442, September 385 (trajectory 321) people waiting</li> <li>Work is underway to support the reduction of the waiting list over the next reporting period</li> <li>Additional capacity commissioned to support IESO / RDASH waiting list initiative</li> </ul>
	Mobilisation of IESO/RDASH waiting list initiative (due to commence July 2021)	Q3 21/22			<ul style="list-style-type: none"> <li>Additional capacity commissioned to support IESO / RDASH waiting list initiative</li> <li>CBT waiting list preparation underway between RDASH &amp; IESO</li> <li>CBT waiting list initiative commenced July 2021 and it almost complete.</li> </ul>

	CBT trainee recruitment and commence training (21/22 cohort)	Q4 21/22			<ul style="list-style-type: none"> <li>As above October trainees x3 PWP recruited as planned on schedule.</li> <li>March 2022 trainees x3 CBT on track</li> </ul>
	CBT (qualified posts) vacancies recruitment completed or alternative explored - to be agreed with RDaSH	Q2 21/22			Employment Checks completed and posts advertised.
MH/LD 3	Recruitment of 2 PWPs in 2021/22	Q4 20/21			<ul style="list-style-type: none"> <li>None recruited to date</li> </ul>
MH/LD 4	Develop an action plan to enhance access for Black and Minority Ethnic groups, older people, unemployed and those who are post COVID	Q4 21/22			<ul style="list-style-type: none"> <li>Work underway to develop an action plan - discussions ongoing with a number of partner's organisations.</li> <li>RDaSH IAPT service is part of the Rotherham Long-Covid pathway</li> </ul>
MH/LD 5	Increase digitalization of IAPT / low level psychology provision. Actions required	Q4 21/22			<ul style="list-style-type: none"> <li>Work is underway to include the referral to the Rotherham IAPT service as a part of the Rotherham Health App functionality. Initial testing has been completed. This has highlighted a few adjustments will need to be made to extend further rollout.</li> <li>Referrals to both RDASH IAPT and IESO can be made via the Rotherhive site</li> <li>IESO digital offer in place</li> <li>RDaSH IAPT services can be accessed video, telephone and face-to-face. is provide</li> </ul>
MH/LD 6	Increase awareness of IAPT Provision and low-level psychological support available in Rotherham. Actions required:	Q3 21/22			<ul style="list-style-type: none"> <li>Joint IAPT Communications meeting in place (RCCG, DCCG, RDaSH &amp; IESO)</li> <li>Ongoing communication plans in place for RDaSH, IESO and RCCG</li> <li>Further work undertaken to promote the Mental Health offer leaflets across the borough</li> </ul>
MH/LD 7	Rotherham IAPT Provision Communications plan delivered	Q4 21/22			
MH/LD 8	Development and agreements of mental health themed communications campaign <ul style="list-style-type: none"> <li>Anxiety campaign launched Q.3 2021/22</li> </ul>	Q3 21/22			<ul style="list-style-type: none"> <li>Rotherham Anxiety Campaign has been launched. This is a partner campaign that will be rolled out over the next 3 months.</li> <li>CCG promoted World Mental Health Day via social media</li> <li>A resource library of self-help leaflet to support the Rotherhive and Wellness Hive are under-development / due to be launched shortly.</li> <li>A Rotherhive professional page is underdevelopment and will be launched shortly</li> <li>A Rotherhive Sleep section is being developed and will be launched shortly</li> </ul>
MH/LD 9	Continued development of RotherHive and Wellness Hive digital platform <a href="https://rotherhive.co.uk/">https://rotherhive.co.uk/</a>	Q4 21/22			<ul style="list-style-type: none"> <li>Wellness Hive number of visitors continue to increase 616,957 page visits <a href="https://rotherhive.co.uk/wellness-hive/">https://rotherhive.co.uk/wellness-hive/</a></li> <li>RotherHive site visits 2 million.</li> <li>A Professional section – developed and product tested with a range of key stakeholder. This section of the sight is due to be launched shortly.</li> <li>Rotherhive – new sleep section developed and product tested – due to launched shortly</li> <li>A range of self-help leaflets to support Rotherhive and Wellness Hive site are currently under-development and will be launched shortly. Once available these will be made available electronically and as hard copies (as appropriate).</li> </ul>
MH/LD 10	Integration of Rotherham Health App and RDaSH IAPT provision	Q3 21/22			Awaiting further testing and roll out following initial release and challenges identified.
MH/LD 11	Recruitment of 4 High intensity Therapists – HITs in 20/21		Complete	Complete	
<b>Key Risks / Issues:</b>					

Priority 2	Improving Dementia diagnosis and post-diagnostic support	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Kate Tufnell			TBC
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 12	National Institute for Clinical Excellence (NICE) compliant dementia diagnostic pathway to be agreed	Q4 21/22			<ul style="list-style-type: none"><li>Funding identified as part of 21/22 Finance agreement to support diagnostic/post-diagnostic recovery plan</li><li>Work re- commenced to review pathway</li></ul>
MH/LD 13	National Institute for Clinical Excellence (NICE) compliant dementia post-diagnosis pathway to be agreed	Q4 21/22			<ul style="list-style-type: none"><li>Funding identified as part of 21/22 Finance agreement to support diagnostic/post-diagnostic recovery plan</li><li>Work re- commenced to review pathway</li></ul>
MH/LD 14	To implement the new dementia pathway across the Rotherham place	Q4 20/21			<ul style="list-style-type: none"><li>Funding identified as part of 21/22 Finance agreement to support diagnostic/post-diagnostic recovery plan</li><li>Work re- commenced to review pathway</li></ul>
MH/LD 15	To rollout a programme of training sessions to support people with dementia and their unpaid carers	Q3 20/21			<ul style="list-style-type: none"><li>Rollout of the training programme is now ongoing. Training offer will be reviewed on an annual basis. Four Herbert Protocol and This is Me sessions have been delivered for carers in Quarter 2</li></ul>
Any new milestones/actions as a result of Covid					
	N/A				
Key Risks / Issues					
<ul style="list-style-type: none"><li>Agreed dementia pathway to be reviewed in light of new guidance</li><li>Delivery of elements of the dementia pathway has been impacted by COVID.</li></ul>					

Priority 3	Adult Severe Mental Illnesses (SMI) in the Community	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Kate Tufnell			ICS Individual Placement and Support Group, Community Mental Health Transformation Group (inc. MH ARRS) / Rotherham SMI Register – Data Cleansing Group / ICS Perinatal Group
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
	SMI = Serious Mental Illness				
MH/LD 16	Delivery of all of the SMI Health check long-term plan requirement. Action required:	Q3 20/21			• Work on-going – some delay due to workforce capacity issues
	Complete secondary / primary care SMI register validation	TBC			• Work on-going – some delay due to workforce capacity issues
	Development of single live SMI register across primary and secondary care	21/22			• Work on-going – some delay due to workforce capacity issues
	Development of digital offer to support primary care SMI Locally Enhanced Service (LES) deliver	Q3 21/22			• Work on-going – some delay due to workforce capacity issues
	Increase the number of primary care SMI health checks completed in 2021/22 (against 2021/2, q.4 baseline – 31%)	Q4 21/22			• SMI Locally Enhanced Services (LES) is mandatory across all practices • Number of health checks completed continues to increase. <b>In quarter 2 Rotherham reported 42.1% of annual health checks completed.</b> • Rotherham partners across Primary Care, RCCG and RDaSH continue to work together to increase the uptake of annual health checks across Place.

MH/LD 17	Maintain 60% target of patients requiring Early Intervention for Psychosis (EIP) receiving National Institute for Clinical Excellence (NICE) concordant care within two weeks, and service graded at level 3 for NICE concordance	Q4 21/22			<ul style="list-style-type: none"><li>National target 60% <b>has not been achieved</b> In July and August 21 the Rotherham service reported 50% of patients receiving National Institute for Clinical Excellence (NICE) concordat care within 2 weeks</li><li>The service is currently rated as level 3 National Institute for Clinical Excellence (NICE) concordance</li></ul>																																	
MH/LD 18	Support the delivery of the ICS Individual Placement Support programme	Q4 20/21			<ul style="list-style-type: none"><li>ICS evaluation of the Individual Placement and Support (IPS) service completed / Rotherham input into the evaluation</li><li>Draft evaluation report produced for consideration</li><li>October 21- March 22 mainstream funding for Individual Placement and Support (IPS) workers funded by NHS England Transformation pilot identified and agreed</li><li>Sheffield CCG commenced procurement development for service provision from April 22 onwards</li></ul>																																	
MH/LD 19	Delivery of the 2021/22 Adult SMI in the Community Workforce year 1 plan.	Q4 21/22			<table><tr><th>Post</th><th>Recruiting organisation</th><th>status</th></tr><tr><td>Programme Manager</td><td>RDaSH</td><td>Contract documentation issued Recruitment process completed 9/21 - unsuccessful</td></tr><tr><td>Specialist/Clinical Input - Social Care</td><td>RMBC</td><td>Contract documentation drafted Recruitment process commenced</td></tr><tr><td>Specialist/Clinical Input - Primary Care</td><td>Primary Care</td><td>Contract documentation drafted Marketing of post commenced</td></tr><tr><td>Specialist/Clinical Input – Secondary Care</td><td>RDaSH</td><td>Contract documentation issued Expression of interest received May 21 – on hold waiting funding approval</td></tr><tr><td>Admin/Project Support</td><td>RDaSH</td><td>Contract documents issued Recruitment process completed 8/2 – candidate withdrew Second recruitment round underway</td></tr><tr><td>Older People's community mental health teamSupport Worker</td><td>RDaSH</td><td>Contract document drafted</td></tr><tr><td>Reablement Worker</td><td>RDaSH</td><td>Contract document drafted</td></tr><tr><td>Occupational Therapy Clinical Lead</td><td>RDaSH</td><td>Contract document drafted</td></tr><tr><td>Clinical Associate Psychologists (CAPS)Workers (Adults and Older Adults)</td><td>RDaSH</td><td>Contract documents drafted University/RDaSH Interviews complete Recruitment successful – start date to be confirmed</td></tr><tr><td>Peer Support/Lived Experience Worker</td><td>VAR</td><td>Development commenced – further discussions required</td></tr></table>	Post	Recruiting organisation	status	Programme Manager	RDaSH	Contract documentation issued Recruitment process completed 9/21 - unsuccessful	Specialist/Clinical Input - Social Care	RMBC	Contract documentation drafted Recruitment process commenced	Specialist/Clinical Input - Primary Care	Primary Care	Contract documentation drafted Marketing of post commenced	Specialist/Clinical Input – Secondary Care	RDaSH	Contract documentation issued Expression of interest received May 21 – on hold waiting funding approval	Admin/Project Support	RDaSH	Contract documents issued Recruitment process completed 8/2 – candidate withdrew Second recruitment round underway	Older People's community mental health teamSupport Worker	RDaSH	Contract document drafted	Reablement Worker	RDaSH	Contract document drafted	Occupational Therapy Clinical Lead	RDaSH	Contract document drafted	Clinical Associate Psychologists (CAPS)Workers (Adults and Older Adults)	RDaSH	Contract documents drafted University/RDaSH Interviews complete Recruitment successful – start date to be confirmed	Peer Support/Lived Experience Worker	VAR	Development commenced – further discussions required
Post	Recruiting organisation	status																																				
Programme Manager	RDaSH	Contract documentation issued Recruitment process completed 9/21 - unsuccessful																																				
Specialist/Clinical Input - Social Care	RMBC	Contract documentation drafted Recruitment process commenced																																				
Specialist/Clinical Input - Primary Care	Primary Care	Contract documentation drafted Marketing of post commenced																																				
Specialist/Clinical Input – Secondary Care	RDaSH	Contract documentation issued Expression of interest received May 21 – on hold waiting funding approval																																				
Admin/Project Support	RDaSH	Contract documents issued Recruitment process completed 8/2 – candidate withdrew Second recruitment round underway																																				
Older People's community mental health teamSupport Worker	RDaSH	Contract document drafted																																				
Reablement Worker	RDaSH	Contract document drafted																																				
Occupational Therapy Clinical Lead	RDaSH	Contract document drafted																																				
Clinical Associate Psychologists (CAPS)Workers (Adults and Older Adults)	RDaSH	Contract documents drafted University/RDaSH Interviews complete Recruitment successful – start date to be confirmed																																				
Peer Support/Lived Experience Worker	VAR	Development commenced – further discussions required																																				
MH/LD 20	Workforce expansion of <b>community mental health team</b> in line with 21/22 planning agreement	Q3 21/22			<ul style="list-style-type: none"><li>community mental health team specialist social care input – recruitment underway</li><li>community mental health team specialist secondary care input – service specification / contract change documents approved</li><li>community mental health team specialist primary care input – service specification shared for comments</li></ul> Waiting information on RDaSH specific roles																																	
MH/LD 21	Expansion of peer support /living experience workers to support the provision of community Mental health provision (bid requirement – Voluntary / Community Sector posts)	Q3 21/22			<ul style="list-style-type: none"><li>Initial discussions commenced</li></ul>																																	

MH/LD 22	Support the delivery of the perinatal Mental Health long-term plan requirements: Action required:  RCCG to work with Sheffield and Doncaster to review the perinatal mental health service	Q2 21/22			<ul style="list-style-type: none"> <li>Funding identified to support the expansion of the service in Rotherham, in line with long-term plan and Sheffield / Doncaster developments.</li> <li>Review and discussions on going</li> </ul>
MH/LD 23	Support the further expansion of the Rotherham service (in line with 2021/22 contract agreement) q.4	TBC			Some uplift posts appointed to and some under recruitment
MH/LD 24	Complete an Early Intervention for Psychosis (EIP) profile scoping exercise to inform service development and ensure the service is <ul style="list-style-type: none"> <li>Culturally appropriate to address disparities in access and experience of</li> <li>Black and Minority Ethnic (BAME) people with psychosis.</li> </ul> Delivering to full recommended age range of 14-65 to reduce inequalities in access for age groups.	Q3 21/22			The Early Intervention for Psychosis (EIP) scoping analysis was completed. However, owing to the numbers involved in Early Intervention for Psychosis (EIP) for a relatively small geography such as Rotherham, make any prediction of future trends challenging.
MH/LD 25	Expansion of Early Intervention for Psychosis (EIP) workforce, in line 21/22 with local contract agreement	Q3 21/22			<ul style="list-style-type: none"> <li>Recruited to the following posts with the new investment</li> <li>fte Band 6 First Episode Psychosis (FEP) pathway (commenced in post November 2021)</li> <li>fte Band 6 First Episode Psychosis (FEP) (awaiting DBS expected to start in January 2022)</li> <li>fte Band 3 Support time and Recovery (STR)</li> <li>Jill Fairbank is currently discussing post to lead on family interventions.</li> </ul>
MH/LD 26	Delivery of Community Mental Health Transformation programme (21/22). Action required:	Q4 21/22			<ul style="list-style-type: none"> <li>Programme manager post realigned out to advert imminently</li> <li>RMBC have appointed to social care 0.2 post</li> <li>Primary Care Network (PCN) leads progressing recruitment to Primary Care 0.2 post</li> <li>6 x B7 Mental Health Additional Roles Reimbursement Scheme (ARRS) roles out to recruitment – 1 for each Primary Care Network (PCN)</li> <li>Clinical Associate Psychologists (CAPs) workers appointed for university placement</li> <li>Rapid development day for partnership being planned in December</li> </ul>
MH/LD 27	Enhance eating disorder offer across Rotherham – South Yorkshire Eating Disorder Association (SYEDA), Physical Health shared care protocol, RotherHive development	Q4 21/22			<ul style="list-style-type: none"> <li>RotherHive eating disorder page developed and Launched May 21. In its first month this page reported 2167 hits. <a href="https://rotherhive.co.uk/eating-disorders/">https://rotherhive.co.uk/eating-disorders/</a></li> <li>Further expansion of South Yorkshire Eating Disorder Association SYEDA commissioned to increase both children and young people and Adult eating disorder capacity in Rotherham from March 2021</li> <li>Work commenced on medical monitoring of Physical Health shared care protocol</li> </ul>
MH/LD 28	Development and implementation of the Mental Health Additional Roles Reimbursement Scheme (ARRS) 21/22 requirements. Action required:	Q1 21/22			<ul style="list-style-type: none"> <li>Mental Health Additional Roles Reimbursement Scheme (ARRS) operational group in place</li> <li>Job description produced / reviewed and banded by RDaSH</li> <li>Discussions on-going re recruitment</li> </ul>
MH/LD 29	All contract mechanisms in place CCG/RDaSH	Q2 21/22		Complete	<ul style="list-style-type: none"> <li>CCG /RDaSH Schedule 2ii signed</li> <li>CCG/RDaSH Mental Health Additional Roles Reimbursement Scheme (ARRS) signed</li> </ul>

MH/LD 30	All contract mechanisms in place RDaSH with each of 6 Primary Care Networks (PCNs)	Q2 21/22			<ul style="list-style-type: none"> <li>No contracts in place</li> </ul>
MH/LD 31	Recruitment of mental health Mental Health Additional Roles Reimbursement Scheme (ARRS) across all 6 Primary Care Networks (PCNs)	Q2 21/22			<ul style="list-style-type: none"> <li>Primary Care Network (PCN) / RDaSH clinician discussions underway to inform post requirements.</li> <li>Primary Care Network (PCN) are keen to commence Mental Health Additional Roles Reimbursement Scheme (ARRS)</li> <li>RDaSH are not in a position to recruit until contracts are signed</li> </ul>
MH/LD 32	Embed Mental Health Additional Roles Reimbursement Scheme (ARRS) posts within Primary Care Networks (PCNs), in line with GP and standard contract requirements	Q3 21/22			<ul style="list-style-type: none"> <li>Not due yet</li> </ul>
MH/LD 33	Year 2 Mental Health Additional Roles Reimbursement Scheme (ARRS) plans in place to support recruitment of posts	Q1 22/23			<ul style="list-style-type: none"> <li>Not due yet</li> </ul>
MH/LD 34	Ensure delivery of the Early Intervention in psychosis 21/22, in line with LTP requirement. Action required	Q4 21/22	Complete	Complete	<ul style="list-style-type: none"> <li>Level 3 achieved. Note that if the service had achieved a level 3 rating for the physical health rating (missed by 0.8%) the service would have achieved an overall level 4 rating.</li> <li>National target 60% achieved</li> </ul>
MH/LD 35	Establish community mental health team group (q.1)	Q.2 21/22	Complete	Complete	<ul style="list-style-type: none"> <li>Mental Health Additional Roles Reimbursement Scheme (ARRS) groups established. This will expanded to become the community mental health team group, once initial work on Mental Health Additional Roles Reimbursement Scheme (ARRS) completed</li> </ul>
MH/LD 36	Establish a mechanism to develop the Mental Health Additional Roles Reimbursement Scheme (ARRS) roles contract and finance processes	Q1 21/22	Complete	Complete	<ul style="list-style-type: none"> <li>Mental Health Additional Roles Reimbursement Scheme (ARRS) Finance and Contract Task and Finish group established.</li> <li>Contract /Finance process developed and available to be implemented.</li> </ul>
<b>Key Risks / Issues</b>					
<ul style="list-style-type: none"> <li>Further waves of COVID 19 will have an impact in primary care capacity potential impact on MH/LD13 (Risk mitigation: development of digital mechanism and alternative ways to support process – under-development).</li> <li>Perinatal Mental health – increase in demand (Risk mitigation: 21/22 Mental Health Investment Standard (MHIS) funding agreed to support expansion of service).</li> <li>Perinatal Mental Health – difficulties recruiting expansion workforce especially perinatal psychiatrists</li> <li>Mental Health Additional Roles Reimbursement Scheme (ARRS) – RDaSH experiencing difficulties in recruiting 6 X band 7 posts (Risk mitigations: exploring different recruitment options, such as band 6 /7 development posts).</li> <li>Eating disorders – demand for the service continues to increase (Risk mitigation – additional capacity commissioned, performance monitoring mechanisms in place, preventative work underway – training, RotherHive etc.)</li> </ul>					



Priority 4	Mental Health Crisis and Liaison	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		TBC			S. Yorkshire S12 Solutions Prelaunch Project Group / ICS Adult Crisis Meeting
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 37	Review of the social care delivery model (increase social care capacity / improve care act compliance)	Q4 20/21			<ul style="list-style-type: none"> <li>A meeting is planned early November to take stock of the review, look at how to address operational pressures and set out next steps. A delivery plan with timescales will be developed.</li> </ul>
MH/LD 38	Workforce development of the Crisis Resolution and Home Treatment Teams (CRHTT) and increase social care capacity	Q4 21/22			<ul style="list-style-type: none"> <li>Initial discussions commenced</li> </ul>
MH/LD 39	Establish a Crisis Resolution and Home Treatment Teams (CRHTT) service that operates in line with best practice	Q4 20/21			<ul style="list-style-type: none"> <li>Crisis Resolution and Home Treatment Teams (CRHTT) will need to a further review once the RMBC Social Care review is completed – to ensure alignment of both processes.</li> </ul>
MH/LD 40	Develop at least one alternative crisis service to hospital admission. Actions required:	Q3 20/21			<ul style="list-style-type: none"> <li>Stakeholder engagement to develop the model (inc. stakeholder survey)</li> <li>Further research on best practice from other areas</li> <li>Gathering of Equalities data and identifying data gaps</li> <li>Service Specification &amp; Equality Impact Assessment completed</li> <li>Procurement commenced Q3: High Level timeline <ul style="list-style-type: none"> <li>Invitation to Tender issued 29.10.21</li> <li>Invitation to Tender closes 26.11.21</li> <li>Evaluation Panel will meet w/c 10.12.21</li> <li>Contract award planned w/c 07.01.21</li> <li>Contract commences 01.02.22</li> </ul> </li> <li>Crisis prevention / alternative communication work commenced</li> </ul>
MH/LD 41	Reduction in the number of out of area placements. Action required: <ul style="list-style-type: none"> <li>Implementation of the Out of Area Treatment Services (OATS) agreement (end of q.2)</li> </ul>	Q4 22/23		TBC	Waiting for information
MH/LD 42	Hospital Discharge fund initiatives identified and mobilised – Delivery plan on track	TBC			Waiting for information
MH/LD 43	Outcome report of PITT training and impact on delivery	Q2 21/22			Waiting for information
MH/LD 42	Implementation of the new social care delivery model commenced	Q3 21/22			<ul style="list-style-type: none"> <li>Discussion commenced, but timescales for delivery still to be agreed.</li> </ul>
MH/LD 43	Support the ICS S12 App extended pilot. Action required:	TBC		Complete	<ul style="list-style-type: none"> <li>Pilot extension completed End of September 2021. Future commissioning intentions agreed by SYB Commissioners</li> </ul>
MH/LD 44	Improve IT connectivity at Swallownest (q.2)	TBC		Complete	<ul style="list-style-type: none"> <li>IT connectivity issues have been resolved</li> </ul>
MH/LD 45	Ensure all Rotherham Approved Mental Health Professional (AMPs) are signed	Q2 21/22		Complete	<ul style="list-style-type: none"> <li>Local S12 solutions champion established.</li> <li>All Rotherham Rotherham <b>Approved Mental Health Professional (AMPs)</b> have been trained and are using the platform</li> </ul>



	up to the S12 App and trained to use it (end July 2021)				
	Mobilise S12 App only model (as agreed across the ICS) August – October 2021	TBC		Complete	<ul style="list-style-type: none"> <li>Rotherham worked in partnership to support the move toward S12 App only model, in line with pilot criteria.</li> </ul>
	Support ICS evaluation of the pilot to inform future commissioning intentions (q.3)	TBC	Q2.21/22	Complete	<ul style="list-style-type: none"> <li>ICS S12 solution pilot evaluation completed. Recommendation: continued use of the S12 solution app across SYB ICS.</li> <li>Sheffield CCG have issued a further 12 month contract for the S12 solutions app. Rotherham Place is part of this agreement.</li> </ul>
MH/LD 46	Workforce development training (PITT)	Q3 19/20	Complete	Complete	<ul style="list-style-type: none"> <li>RDASH identified staff team has attended the PITT development training.</li> </ul>
MH/LD 47	Establish a social worker co-ordinator post to operate across the mental health wards	Q4 19/20	Complete	Complete	<ul style="list-style-type: none"> <li>Social worker co-ordinator post now established.</li> </ul>
MH/LD 48	Maintain Mental Health Liaison (Core 24 compliant) service	Q4 20/21	Complete	Complete	<ul style="list-style-type: none"> <li>Now part of mainstream provision</li> </ul>
<b>Key Risks / Issues</b>					

Priority 5	Improving residential, community and housing support for people with Mental Health and/or Learning disability	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin			TBC
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 49	Co-production of a vision for recovery	Q2 21/22			<ul style="list-style-type: none"> <li>New service specifications have been completed that reflect the ideas and learnings from the market engagement work detailed above as well as good examples from other local authorities.</li> <li>This approach identified that there were issues with the current requirement to sign up to the Councils Social Value Portal and work commenced to resolve this in order that it can be utilised with smaller/lower value placements alongside larger contract awards. This has, by necessity, delayed the procurement of the new flexible procurement system to ensure we are able to capture and monitor Social Value without this being a substantial burden to the smaller organisations and contracted providers.</li> <li>Although the work to develop the Social Value Portal is still ongoing once this is resolved the procurement of the flexible procurement system can proceed with confidence that the Social Value for Rotherham brought by the increased provider base can be appropriately captured and monitored.</li> </ul>
MH/LD 50	Service transformation model to be agreed	Q4 21/22			<ul style="list-style-type: none"> <li>A cabinet report has been drafted and is being consulted on. The report will give an update on progress and it is being planned to be presented (subject to Director approval) in December 2021</li> </ul>
MH/LD 51	Scoping the current system to identify challenges and opportunities within a recovery model	Q1 21/22	Complete	Complete	<p>Completed. Scoping has occurred via:</p> <ol style="list-style-type: none"> <li>Housing needs assessment completed by Campbell Tickell led by RMBC Housing on behalf of the South Yorkshire Transforming Care Partnership (SYTCP)</li> <li>Care home research undertaken on behalf of RMBC by Cordis Bright</li> <li>Development of a supported living plan by Atlantic</li> </ol>
<b>Key Risks / Issues</b>					
Place Board is asked to note the developments in relation to Social Value and Flexible Purchasing Systems being developed.					

Priority 6	Suicide prevention	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is: Rotherham Suicide Prevention and Self-harm Group, SYB ICS Suicide Prevention Meeting, ICS Suicide Bereavement Group
		Ruth Fletcher-Brown			
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 52	Delivery of 20/21 actions within local plan	Q2 21/22			<ul style="list-style-type: none"><li>Cohort 2 training for the self-harm train the trainer project has been delivered and trainers are being signed off</li></ul>
MH/LD 54	Delivery of self-harm awareness training programme to commence. Action required: <ul style="list-style-type: none"><li>Cohort two Train-the-trainer training complete (q.1)</li><li>Rollout of self-harm awareness course across the borough</li></ul>	Q4 21/22			<ul style="list-style-type: none"><li>Some of the trainers from Cohort 1 are still delivering courses, Early Help for example</li><li>Cohort 2 trainers are expected to complete signed off delivery courses by September</li></ul> Cohort 2 training delivery will be rolled out October onwards.
MH/LD 55	Refresh of the Suicide prevention and self-harm plan in line with national recommendations	Q3 21/22			<ul style="list-style-type: none"><li>The Suicide Prevention Symposium was held on the 12<sup>th</sup> October and this workshop will inform a one year action plan</li><li>Action plan will go out to partners for consultation by end of 2021.</li><li>Action plan will be signed off by the Health and Wellbeing Board in Feb 2022.</li></ul> Updates on progress will be reported to the Health and Wellbeing Board twice a year.
MH/LD 56	Evidence of impact of the Be the One campaign	Q4 20/21			<ul style="list-style-type: none"><li>Women's campaign launched on the 10<sup>th</sup> September</li><li>Healthwatch held a 'Be the One' promotional event on 22<sup>nd</sup> September</li><li>Continue to promote and evaluate next year. Monitoring website activity <a href="https://www.be-the-one.co.uk/">https://www.be-the-one.co.uk/</a></li><li>The 'Be the One' website will be promoted during Safeguarding awareness week w/c 15<sup>th</sup> November 2021</li><li>Included in various publications circulated across the borough</li></ul>
MH/LD 57	Delivery of Year 3 NHSE funded projects	Q2 21/22			<ul style="list-style-type: none"><li>End of year report to be completed (delayed due to capacity issues, which delayed return of evaluation information). To be completed by end q.2 21/22</li><li>Self-harm train the trainer course has been delivered.</li></ul>
MH/LD 58	Review the suicide prevention and self-harm action plan, in light of emerging at risks / inequalities	Q3 21/22			<ul style="list-style-type: none"><li>The Suicide Prevention Operational Group update their action plan regularly following Covid guidance and informed by real time data.</li></ul>
MH/LD 53	Review of the delivery of Suicide Prevention training in view of Covid	Q3 20/21			<ul style="list-style-type: none"><li>Programme of training being delivered including;</li><li>Promotion of Zero Suicide Alliance training across the partnership</li><li>Face to face training being delivered for staff across the partnership but with a particular focus on Voluntary and Community Sector, primary care and South Yorkshire Police Training accessed through RMBC Learning and Development.</li><li>'Be the One' promoted through various events</li><li>Training planned for SYP Rotherham District and frontline staff RMBC delivered by PH Suicide Prevention Lead, South Yorkshire Police mental health single point of contact and RDASH</li></ul>
MH/LD 59	Coroners Audit Report recommendations - delivery plan to be developed	Q3 21/2			<ul style="list-style-type: none"><li>Report published September 2021, initial findings shared at symposium. Looking at a programme of events/training to share findings</li></ul>
MH/LD 53	Rotherham Suicide prevention Symposium (September 2021)	Q2. 21/22		Complete	<ul style="list-style-type: none"><li>Symposium held 12<sup>th</sup> October 2021</li></ul>
MH/LD 60	Be the One Campaign. Action required:	Q2 21/22		Complete	

MH/LD 61	Development and mobilisation of the Be the One Campaign to be launched September 2021.				<ul style="list-style-type: none"> <li>Targeted promotion at women. Monitoring Facebook and Website activity. – launched September 2021. <a href="https://www.be-the-one.co.uk/">https://www.be-the-one.co.uk/</a></li> </ul>
MH/LD 62	Delivery of 20/21 actions within local plan		Complete	Complete	<ul style="list-style-type: none"> <li>The current action plan has been completed</li> </ul>
MH/LD 63	Delivery of Self-harm train the trainer course (cohort 2)	Q2 20/21	Complete	Complete	<ul style="list-style-type: none"> <li>Training for Cohort 2 was delayed due to Covid. This has now and been delivered 7 participants completed.</li> <li>The trainers are now preparing to commence delivery of self-harm awareness training.</li> </ul>
MH/LD 64	Delivery of Self-harm awareness training to be reviewed in light of COVID (social distancing etc.)	Q3 20/21	Complete	Complete	<ul style="list-style-type: none"> <li>The course has been adapted to enable be delivered both virtually and face to face.</li> <li>The Trainers have received fresher training to support them in the delivery of the course in a virtual format.</li> </ul>
<b>Key Risks / Issues</b>					
<ul style="list-style-type: none"> <li>Research would suggest increase in suicide risk , as a result of COVID 19. This has not been seen during the first year of the pandemic but many of the protective factors are no longer available.</li> <li>Discussions with REMA (Rotherham Ethnic Minority Association) have highlighted the need to review suicide prevention training regarding Black and Minority Ethnic Groups Groups</li> <li>Limited or lack of focus on preventative initiatives</li> <li>Need to have a training plan which is funded to target not only staff but the general public</li> </ul>					

Priority 7	Better Mental Health for All, including loneliness	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Ruth Fletcher-Brown			Mental Health & Well Being Recovery Cell
No.	Milestones	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
<b>Better Mental Health for All</b>					
MH/LD 65	Delivery of Better Mental Health for All Action plan	Q4 20/21			<ul style="list-style-type: none"> <li>Rotherham Mental Health and Wellbeing Recovery Cell continues to meet with representation from Health and Wellbeing partners.</li> <li>The action plan is focusing on the recovery phase and has adapted the action plan accordingly.</li> <li>Groups meets every 6 weeks</li> <li>Recovery and the impact on vulnerable and at risk groups is referenced in the action plan.</li> <li>Plan updates reported to RMBC Gold and Mental Health and Learning Disability Transformation Group</li> <li>Comms and Engagement – launched the Great Big Rotherham To Do List in July 2021, now looking at how this can be embedded into working practice with tenants, clients and patients. RCCG leading on anxiety campaign with input from partner organisations.</li> <li>Rotherham's has 3 projects funded as part of Office For Health Improvement and Disparities (Formally PHE) Prevention and Promotion of Better Mental Health Fund. Implementation has commenced with the first monitoring due 22<sup>nd</sup> October 2021. The three projects are; Team around the school, Workplace mental health working with Small and Medium Enterprises and Befriending project led by the Voluntary and Community Sector.</li> </ul>
<b>Loneliness</b>					
MH/LD 66	To launch the Health and Wellbeing Board partnership action plan	Q2 20/21			<p><b>Impact of COVID:</b></p> <ul style="list-style-type: none"> <li>Action plan approved</li> <li>Emerging research through COVID period identify loneliness and social isolation as a big issue</li> </ul> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Loneliness is addressed within the wider mental health and Recovery action plans plan which has officers representing HWB partner organisations- group meets every 6 weeks and this is an item on the agenda. Public health leads also sits on Voluntary and community sector Befriending group.</li> </ul>

					<ul style="list-style-type: none"> <li>Comms and engagement plan developed to raise awareness around loneliness and befriending, including use of Five Ways to Wellbeing messages as a tool to raise awareness.</li> <li>Voluntary and community sector Befriending group meets monthly to share good practice and support each other with this work.</li> <li>Plan updates to be received by the HWB annually.</li> <li>OHID funded Befriending project has commenced led by the Voluntary and community sector</li> <li>Making Every Contact Count Training has been launched and is being delivered staff across the partnership.</li> </ul>
MH/LD 67	Implementation and delivery of 20/21 loneliness action plan	Q4 20/21			<ul style="list-style-type: none"> <li>Elements of the action plan are being delivered through the Mental health &amp; Wellbeing Recovery Cell action plan</li> <li>Comms and engagement work</li> <li>Making Every Contact Count and loneliness training</li> </ul>
MH/LD 68	Build on the learning from the pilot and roll out 'Making Every Contact Count' and loneliness across the borough	Q4 20/21			<ul style="list-style-type: none"> <li>Commencement of Making Every Contact Count training around loneliness, deliver key messages to staff groups in a COVID secure way.</li> </ul>
<b>Any new milestones/actions as a result of Covid</b>					
	N/A				
<b>Key Risks / Issues</b>					
<ul style="list-style-type: none"> <li>Impact of loneliness and social isolation on mental health and wellbeing has increased during COVID and further evidence to support that this is an issue across the life course</li> <li>It is expected that there will be an increase for low level psychological support, as a result of COVID</li> <li>Organisations like those in the Voluntary and Community Sector reporting higher levels of anxiety</li> <li>Impact of COVID on vulnerable groups to be reflected in action plan</li> </ul>					

Priority 8	Delivering the NHS Long Term Plan for people with a learning disabilities and / or autism (this includes Transforming Care)	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:			
		Garry Parvin / Andrew Wells			Strategic Transforming Care Group			
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions			
MH/LD 69	CCG Governance sign-off of joint S117 documentation	Q2 21/22			<ul style="list-style-type: none"><li>Operational Executive (OE) paper produced. Considered at OE 15.10.21 and agreed in principle subject to full policy ratification by CCG. Next Steps paper to be considered at Strategic Clinical Executive, Audit and Quality &amp; Governing Body in November.</li><li>The first S117 mobilisation meeting of partners (RMBC, RCCG and RDaSH) was held 13 October. The operational launch of the will be arranged once agreed. Further monthly meetings to be established</li></ul>			
MH/LD 70	Commissioning solutions to be in place to meet individual trajectories	Q4 21/22			<ul style="list-style-type: none"><li>This has been completed for all people in CCG commissioned beds. Plans are in place for all patients.</li></ul>			
MH/LD 71	Ensure no more than 3 people are detained in CCG hospital beds at one time, during 21/22	Q4 21/22			<ul style="list-style-type: none"><li>Maintained. Rotherham has met target and is below Transforming Care Partnership (2021/22) planning target of 3 people. Currently there are 2 people with a learning disability detained in Rotherham CCG commissioned beds</li><li>Continues to be on target.</li></ul>			
MH/LD 72	Ensure that Rotherham meets the national target of 75%% of annual health check completed (as a minimum)	Q4 21/22			<ul style="list-style-type: none"><li>The table above shows the Q1 data in relation to completed Annual Health Checks in Q1 2021/22. The Place Board should note that Rotherham has typically completed most of its Annual Health checks in Q3 and Q4.</li></ul>			
					CCG	Q1 Checks Claimed	Q1 Trajectory	% claimed vs Q1 trajectory
					NHS BARNSELEY CCG	105	100	105%
					NHS SHEFFIELD CCG	235	346	68%
					NHS ROTHERHAM CCG	90	420	21%
					NHS DONCASTER CCG	79	270	29%
South Yorkshire	509	1136	45%					

MH/LD 73	RMBC and CCG to agree process for funding learning disability joint placements. Actions required:	Q2 20/21	Complete	Complete	<ul style="list-style-type: none"> <li>Joint policy between RMBC and CCG has been developed led by Andrew Wells/ Marie Staves and Sally– Anne Redhead.</li> </ul>
MH/LD 74	RMBC Governance sign-off of joint S117 documentation	Q2 21/22		Complete	<ul style="list-style-type: none"> <li>Policy approved</li> </ul>
MH/LD 75	RMBC and CCG to agree process for funding learning disability joint placements. Actions required:	Q2 20/21	Complete	Complete	<ul style="list-style-type: none"> <li>Joint policy between RMBC and CCG has been developed led by Andrew Wells/ Marie Staves and Sally– Anne Redhead.</li> <li>Draft document is now available for sign-off via RMBC and CCG Governance routes.</li> </ul>
MH/LD 76	RMBC Governance sign-off of joint S117 documentation	Q2 21/22		Complete	<ul style="list-style-type: none"> <li>Policy approved</li> </ul>
<b>Key Risks / Issues</b>					
<ul style="list-style-type: none"> <li>Not successful for Sensory Ward bid.</li> <li>Increase number of people requiring admission</li> </ul>					

Priority 9	Delivery of Learning Disability Transformation (My Front Door)	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin			Adult Social Care Project Assurance Board
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 77	Delivery of Learning Disability Transformation (My Front Door) – Work Stream 1: <i>Scope: Completion of the changes set out in the Transformation of Services and Support for People with a Learning Disability - Cabinet and Commissioner's Decision-Making Meeting 21st May 2018</i>	Q4 21/22		TBC	<ol style="list-style-type: none"> <li>Supported Living Redesign: to create a flexible commissioning system to ensure that high quality supported living homes are created. Service specifications completed. Awaiting confirmation of Social Value methodology to be applied.</li> <li>Day Opportunities Flexible framework: business case nearly completed. Awaiting confirmation of Social Value methodology to be applied</li> <li>Microenterprise program – implement program by December 2021- Completed</li> <li>CIC/ Key ring retender: re tender complete, new service in place by November 2021 (action from Decisions approved by Cabinet October 2020). Completed</li> <li>Supported Living Redesign: to create a flexible commissioning system to ensure that high quality supported living homes are created. Service specifications completed. Awaiting confirmation of Social Value methodology to be applied.</li> <li>Day Opportunities Flexible framework: business case nearly completed. Awaiting confirmation of Social Value methodology to be applied</li> <li>Microenterprise program – implement program by December 2021- Completed</li> <li>Community Interest Company/ Key ring retender: re tender complete, new service in place by November 2021 (action from Decisions approved by Cabinet October 2020). Completed</li> </ol>
MH/LD 78	Learning Disability The Future Offer – this will include adults with a learning disability into paid employment	Q4 21/22	TBC	TBC	<ul style="list-style-type: none"> <li>Preparing for Adulthood (PFA) work is continuing as part of the employment element pathway.</li> <li>Scoping work is still outstanding about the target. This has been delayed due to C-19</li> <li>The Future Offer work will commence from December 2021.</li> <li>Preparing for Adulthood (PFA) work is continuing as part of the employment element pathway.</li> <li>Scoping work is still outstanding about the target. This has been delayed due to C-19</li> <li>The Future Offer work will commence from December 2021.</li> </ul>
<b>Any new milestones/actions as a result of Covid</b>					
	N/A				
<b>Key Risks / Issues</b>					
<ul style="list-style-type: none"> <li>Delivery of key projects associated with My Front Door. The project reports to Adult Social Care Project Assurance Board</li> </ul>					

Priority 10	– Delivery of Autism Strategy and Neurological Pathway	Lead Officer			Subgroup reporting to the MH & LD Transformation Group with lead responsibility is:
		Garry Parvin / Kate Tufnell			Rotherham Adult Neurodevelopment Meeting
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
MH/LD 79	Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy in light of new publication	Q. 4 21/22 REVISED		TBC	<ul style="list-style-type: none"> <li>Review of Autism strategy targets is being undertaken in light of publication of National (England) strategy.</li> <li>Removed</li> </ul>
MH/LD 80	Ensure all staff working in mental health inpatient settings have access to autism awareness training	Q4 21/22	TBC	Not due	<ul style="list-style-type: none"> <li>Not yet commenced. A commitment in the national strategy for autistic children, young people and adults: 2021 -2026 in line with tier 3 of the Core Capabilities Framework for supporting autistic people.</li> </ul>
MH/LD 81	Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/children and young people, learning disability, autism or both)	Q4 21/22	TBC	Not due	<ul style="list-style-type: none"> <li>Not yet commenced. Metric as outlined in the National Strategy for autistic children, young people and adults: 2021 -2026 Plans agreed with RDaSH, with anticipated timescales.</li> <li>Bid submitted</li> </ul>
MH/LD 82	Autism awareness training sessions for all South Yorkshire Police officers and Rotherham elected Members (October 2021).	Q4 21/22	TBC	TBC	<ul style="list-style-type: none"> <li>To review with South Yorkshire police</li> </ul>
MH/LD 83	95% of All schools, colleges and GP's / primary care staff to have autism awareness training. Autism education trust.	Q4 21/22	TBC	TBC	<ul style="list-style-type: none"> <li>To review with school leads</li> </ul>
MH/LD 84	Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy in light of new publication	Q. 4 21/22 REVISED		TBC	<ul style="list-style-type: none"> <li>Review of Autism strategy targets is being undertaken in light of publication of National (England) strategy.</li> <li>Review of Autism strategy targets is being undertaken in light of publication of National (England) strategy.</li> </ul>
MH/LD 85	Ensure all staff working in mental health inpatient settings have access to autism awareness training	Q4 21/22	TBC	Not yet commenced	<ul style="list-style-type: none"> <li>Not yet commenced. A commitment in the national strategy for autistic children, young people and adults: 2021 -2026 in line with tier 3 of the Core Capabilities Framework for supporting autistic people.</li> </ul>
MH/LD 86	Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/Children and young people, learning disability, autism or both)	Q4 21/22	TBC	Not yet commenced	<ul style="list-style-type: none"> <li>Not yet commenced. Metric as outlined in the National Strategy for autistic children, young people and adults: 2021 -2026 Plans agreed with RDaSH, with anticipated timescales.</li> <li>Bid submitted</li> </ul>
<b>Key Risks / Issues</b>					
<ul style="list-style-type: none"> <li>Difficulties in recruiting staffing to support the RDaSH (diagnostic and post-diagnosis) element of the pathway (Risk mitigation: alternatives will be explored to ensure delivery of commissioned activity)</li> <li>Post-diagnostics currently delivered by Professional Capabilities Framework (PCF), but expansion will be subject to a Voluntary Ex ante Transparency Notice (VEAT).</li> </ul>					



# Urgent and Community Care

In the refreshed Rotherham Place Reset Plan the following were identified as priority areas for this transformation group:

## Workstream 1: Prevention and Urgent Response

1. Front Door (priority 1)
2. Urgent Response Standards (priority 2)
3. Prevention and anticipatory care in localities: long term conditions and unplanned (priority 3)

## Workstream 2: Integrating a sustainable discharge to assess model (priority 4)

## Workstream 3: Enhanced Health in Care Homes (priority 5)

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Front Door	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 1	Clinical assessment services (CAS) emergency care working with 111 and 999 to ensure urgent services are effectively managed through the Directory of Services (DOS) to reduce unnecessary conveyances to hospital and avoidable admissions	Q1 21/22	Green	Complete	The Directory of Services (DOS) has been aligned with Rotherham access points and a review carried out. A collaborative approach has been established between the YAS Emergency Care Practitioner service and Rapid Response to develop the hospital avoidance pathway through Care Co-ordination Centre (CCC). A further meeting is arranged to widen scope to 111/999. An identified pathway is under development to support referrals via 111/999 to the Care Home Advanced Nurse Practitioner (ANP) service in the hours of 8-8pm – this stalled due to Covid and requires development of the final process and agreement across partners.
UC 2	To pilot an integrated community hub for the triage of complex urgent and intermediate care and reablement	Q1 21/22	Green	Complete	An initial pilot has been carried out but the model of 3 Multi Disciplinary Team meetings per week was not responsive enough. An alternative model is being implemented to co-locate nursing, therapy and reablement to enable an Multi Disciplinary Team response in real time 5 days a week. Nursing cover is provided 24 hour / 7 days which will refer out of hours cases to the as required. This will inform UC3
UC 3	Expand the local 111 Clinical assessment Services (CAS) offer and develop directory of services (DOS) profiles for admission avoidance	Q4	n/a	Green	Work is underway through the Urgent and Emergency Care Centre work stream with the ICS to expand the local clinical assessment services offer, with mental health and social care resource & develop additional directory of services profiles for hospital avoidance linked to cohorts such as frailty & Same Day Elective Care (SDEC) pathway
UC 4	Implementation of the approved model	Q4 21/22	Not yet due	Not yet due	



Priority 2	Urgent Response Standards	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 5	Organisational approval of intermediate care and reablement service specs	Q2 21/22	green	Complete	A suite of draft specifications has been approved by health and social care. These are aligned to the Place intermediate care and reablement strategy and national community and discharge to assess models to increase the numbers of people supported at home.
UC 6	Developing and embedding the urgent 2 hour and reablement 2 day urgent standard and mandatory reporting Note - Reablement 2024 (nationally mandated timeline)	Q4 21/22 (for urgent)	Green	Green	Data requirements are mapped. Development of a community capacity and demand tool has been commissioned which will identify steady state and scenario based predictive requirements. This will also assist discharge planning and contribute to the cross system escalation model.

Priority 3	Prevention and anticipatory care in localities: long term conditions and unplanned	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Penny Fisher/Claire Smith			Prevention and Urgent Response
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 7	Pre scoping analysis of population health information (aligned to national project)	Q2 21/22	Green	Complete	Initial identification and analysis of frailty indicators has been completed. The national model due in quarter 2 has not yet been published. Further analysis will be carried out as part of the development work.
UC 8	Articulation of Place ambitions	Q2 2022	Not yet due	Green	The national milestone has been deferred to September 2022 due to system pressures on Primary Care Networks. Systems are encouraged to progress work in the interim. See UC 9 below
UC9	Pilot a frailty model to inform ambitions	Q4 21/2	Not yet due	Green	A draft pilot has been proposed to support people living with severe frailty by providing a comprehensive geriatric assessment which will provide them with a holistic plan and reduce avoidable conveyances and admissions.
UC 10	Implementation of Place ambitions	Phase 2 2022-23	Not yet due	Not yet due	

Priority 4	Integrating a sustainable discharge to assess model	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Jayne Metcalfe, Emma Roberts			Sustainable Discharge Model
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 11	Approval of a discharge to assess community unit with nursing	Q2 21/22	Green	Complete	A business case for a 24 bedded community unit was approved by Place partners in July 2021
UC 12	Implementation of a discharge to assess community unit with nursing	Q3 21/22	Not yet due	Green	An Official Journal of the European Union procurement process has been carried out with a preferred provider identified. The governance process is due to complete in October with implementation in time for the end of the current contract in November.

UC 13	Review current discharge pathways and processes to remove barriers to flow	Q3 21/22	Green	Green	A review has been carried out and an acute and community action plan developed and underway.
UC 14	Develop a Business case for sustainable model	Q3 21/22	Not yet due	Green	Extensive work has been carried out to develop new ways of working to support same day/7 day discharge planning. National Covid monies have been used to facilitate discharge. There has been a drive to fill vacant posts and absence cover in the discharge team. A business case to fund some temporary social care roles substantively is under consideration. Further work will be done to review weekend discharges. However, when built, the capacity and demand model will inform future requirements and changes to the model need time to embed before the impact can be assessed. Further consideration will be given to if and when a business case may be required.

Priority 5	Enhanced Health in Care Homes	Lead Officer			Subgroup reporting to the U&C Transformation Group with lead responsibility:
		Claire Smith			Enhanced Health in Care Homes
No.	Description	Target	RAG position as end June 2021	RAG position as at Oct 2021	Update / Key actions
UC 15	Integrating Multi Disciplinary Teams: review of referral routes and signposting for residents and families	Q4 21/22	Green	Green	A GP lead has been identified who has held wider discussions with primary care. A quality standard will be agreed with targeted work to support where required
UC 16	Review of physical and mental health care homes team	Q4 21/22	Not yet due	Not yet due	Work will commence later in the year following outcomes from the multi disciplinary team work
UC 17	Development of the Rotherham Health Record for Care Homes (following 4 milestones)				<b>Note:</b> phase 1 has been funded by the ICS Aging Well programme. Phase 2-4 are dependent on securing external funding (potentially further monies from Aging Well Enhanced Health in Care Homes or digital solutions to support roll out of community operational plan)
UC 18	Care home view of existing information for health and social care practitioners	Q1 21/22	Green	Amber	The build has been completed. Planned roll out was delayed due to competing resource pressures as a result of Covid and work required on access rights for social care information governance.
UC 19	Expansion of information for health and social care practitioners	Q3 21/22	Green	Green	Requirements have been identified.
UC 20	Pilot and roll out of care home view to care homes	Q4 21/22	Green	Green	Discussions with care homes have been positive with clear benefits identified for residents, care homes, health and social care. A number of pilot sites have been identified. Funding has been secured.
UC 21	Pilot and roll out electronic information capture by care homes to feed the Rotherham Health Record care home view	2022-24	Green	Defer dependent on funding	This is a complex piece of work and is currently unfunded The health record is a read only system which interfaces with organisations record systems. Care homes use multiple different systems and many are still paper based. Due to the scale and complexity of the work it has been agreed this should be managed as a discrete project if funding can be secured. This milestone is therefore deferred until funding can be secured
UC 22	Joined up commissioning	Q4 21/22	Not yet due	Not yet due	A review of the Care Home market sustainability was commissioned by the Council. This has provided a framework to develop a robust action plan in which the joint review of service specifications for residential/nursing care has been highlighted. The contract will be reviewed and amended to ensure there is a health and social care approach to commissioning of services in line with the guidelines set out in the Enhanced Health in Care Homes framework.
UC 23	Holistic care in care homes i. medicines management ii. continence	Q4 21/22	Green	Green	An multi disciplinary team project group has been established including medicines management, dietetics, Continence, Wound Care, Care home team, RMBC. Progress to date includes development of a virtual/face to face training package care homes. Using ambulance data four care homes have been identified for intensive training support from the multi disciplinary team Prescribing data will be monitored. Expected outcomes include a reduction in the number of ambulance call outs and improved prescribing data

## Organisational Development and Workforce

**\*Note that the delay in securing the place-based workforce role has impacted on capacity to drive forward some of the actions**

	Priority	Timescales	RAG	Action/Notes
1	Development of agreed Place values and behaviours, and the approach to embedding these across the Place workforce	August 2021 – March 2022		WF Group have shared all organisational values and are looking at the synergies between these, anticipated that work will take longer than expected so extended the timescale. A number of ongoing initiatives will be developed and implemented as part of the approach to embedding the values and behaviours following initial activity.
2	Development of a shared learning approach across the Place. This will include identifying existing shared learning opportunities and scoping out options for a programme to support and enable future system leaders	December 2021- March 2022	Not due	SYB ICS Development Matrix action is in relation to the development of a shared learning culture. This will be a longer-term outcome and an ongoing priority for the Workforce Enabling Group.  Potential to look at opportunities available via apprenticeships
3	Development of an applied approach to OD which can be used where opportunities are identified to develop the workforce who are working across partner organisations	November 2021- March 2022	Not due	Anticipated that the approach will broadly follow the Burke-Litwin model and Making Every Contact Count (MECC) behaviour change approach.
4	Identify opportunities and prioritise teams who are working across partner organisations to participate in the application of the applied OD approach/development	January 2022 onwards	Not due	Anticipated that this activity will be delivered jointly by the Workforce Enabling Group members (or reps) alongside the ICS Place Based Role
5	Provision of ongoing support to the Transformational Groups in line with their agreed priorities in relation to the Place workforce	October 2021 onwards		Anticipated that the ICS Placed Based Role will play a key part in developing and maintaining the conversations about priority support between the Transformational Groups and the Workforce Enabling Group
6	Identify further opportunities for workforce/organisational development activities in line with associated networks and existing groups. e.g. LWAB, ICS Workforce Hub, Place Based Leads Meeting	December 2021 onwards	Not due	Anticipated that the ICS Placed Based Role will play key part in attending these meetings and feedback to the Workforce Enabling Group.  Examples may include how we: <ul style="list-style-type: none"> <li>develop Rotherham Place to become an employer of choice and promote career opportunities to young people/schools</li> <li>review the approach to equality and diversity and how this may link across Transformational and Enabling Groups priorities</li> </ul>

## Communication and Engagement

	Priority	Timescale	RAG	Action/Notes
1	Mental Health support and advice	July to September December to February 2022		Activity based on mental health themes (including suicide prevention, anxiety and depression amongst others) that promote the full spectrum including service provision, prevention, resilience and self-management. Work progressing as per plans 5 themed campaigns for MH
2	System Recovery/Pressures	June to September 2021 November 2021 to February 2022		Communication and engagement across the health and care system to support patients to get the most efficient and effective care they need, whilst supporting the services to recover and manage pressures.  Encourage people of Rotherham to take care of themselves, making healthy choices. We want people to be active, happy and comfortable in their own homes where possible.  Messages are being communicated to Rotherham public and are in line with winter communications plan which was approved at AEDB in October – this is a live document and subject to change
3	Enabling Workstream Transformation	Aligned to workstream requirements		Ensuring the public engagement and consultation requirements are met for service change/transformation. Clear and concise messages to be communicated in a relevant and appropriate way.  TG have updated their priorities over the summer and are reporting on Q2 position at November board – following this an assessment of coms and engagement requirements will be made including individual meetings with leads.
4	ICS/ICP future development	October to March 2021		Public engagement and communications on future system changes. Activity will focus on informing, sharing, listening and responding. Awaiting further national and local guidance on future ways of working

## Digital

No.	Priority Area	Timescale	RAG	Action/Notes
1	Rotherham Health Record (RHR)	July to September 2021		RDASH data received and development underway to display inside the RHR. Discussions with RMBC re additional ASC data items commenced.
2	Rotherham Health Record (RHR)	July to December 2021		Onboarding of social care staff onto the RHR system. IG issues re system use by SC staff resolved. Collection of user data ongoing. Training and implementation plan developed.
3	Rotherham Health App (RHA)	July to September 2021		Integration to display outpatient appointments completed. Work to display community appointments still ongoing.
4	Rotherham Health App (RHA)	July to August 2021		12 month contract agreed with supplier. Contract still under development.
5	Rotherham Health App (RHA)	July to December 2021		Formal SY task and finish group established to lead procurement of the Digital Services for our Public Solution.
6	Population Health Management (PHM)	July to March 2022		Establishment of Rotherham Office of Data Analytics (RODA) underway.
7	Population Health Management (PHM)	August to March 2022		Key forums established such as RODA steering group and ICS discussion group to ensure strong links across the place and the ICS to support the PHM approach.
8	Digital Literacy & Digital Inclusion	June 2021 to August 2022		Digital Inclusion Delivery Manager now been appointed. Reviewing proposal from provider for place digital inclusion baseline.
10	Digital Literacy & Digital Inclusion	July to March 2022		Literature review completed. Focus groups planned for Nov/Dec 2021. For place wide review of nursing/AHP digital capabilities.

## Prevention and health inequalities

No.	Priority Area	Timescale	RAG	Action/Notes
1	Develop the prevention pathway to reduce the harms from smoking, obesity and alcohol and support healthy ageing.	November 2021 onwards		Six programme priorities were agreed at the ICP Prevention and Health Inequalities Enabler Group in November. A first draft of the strategy and action plan is scheduled to be reviewed by the group in January 2022, which will include milestones and KPIs aligned with these priorities.
2	Support the prevention and early diagnosis of chronic conditions (including mental health conditions).	November 2021 onwards		As above.
3	Tackle clinical variation and promote equity of access and care for underserved groups.	November 2021 onwards		As above.
4	Harness partners' collective roles as anchor institutions to address health inequalities.	November 2021 onwards		As above.
5	Strengthen our understanding of health inequalities through data and intelligence.	November 2021 onwards		As above. It has also been agreed that a Health Inequalities Data Sub-group will be established. The Terms of Reference for this group has now been agreed and a meeting is in the process of being setting up.
6	Advocate for prevention across the system.	November 2021 onwards		As above.



Minutes	
<b>Title of Meeting:</b>	<b>PUBLIC Rotherham ICP Place Board</b>
<b>Time of Meeting:</b>	9:00am – 10:00am
<b>Date of Meeting:</b>	Wednesday 3 November 2021
<b>Venue:</b>	Via Zoom (and broadcast live on CCG You Tube Channel)
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George 01709 302116 or <a href="mailto:Lydia.george@nhs.net">Lydia.george@nhs.net</a>

<b>Apologies:</b>	Dr Richard Cullen, CCG Chair & Joint Chair H&WB Board, Rotherham CCG Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Sharon Kemp, Chief Executive, Rotherham MBC Cllr D Roche, Joint Chair H&WB Board, Rotherham MBC
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.

**Members Present:**

Chris Edwards (**CE**) Chair, Chief Officer, Rotherham Clinical Commissioning Group  
 Kathryn Singh, (**KS**), Chief Executive, Rotherham, Doncaster & South Humber Foundation Trust  
 Shafiq Hussain, (**SHu**) Chief Executive Voluntary Action Rotherham  
 Gok Muthoo (**GM**) Clinical Director, Rotherham GP Federation  
 Annemarie Lubanski (**AML**), Strategic Director, Rotherham MBC  
 Ian Atkinson (**IA**), Executive Place Director/Delivery Team Chair, Rotherham CCG

**In Attendance:**

Ben Anderson (**BA**) Director of Public Health, Rotherham MBC  
 Christina Harrison, (**CH**), Care Group Director, Rotherham, Doncaster & South Humber Foundation Trust  
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust  
 Lydia George (**LG**), Strategy & Delivery Lead, Rotherham CCG  
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG/ICP  
 Rebecca Woolley, (**RW**), Policy & Partnerships Officer, Rotherham MBC  
 Wendy Commons (**WC**), ICP Support, Rotherham CCG

Item Number	Business Items
<b>1</b>	<b>Public &amp; Patient Questions</b>
No questions had been received from members of the public.	
<b>2</b>	<b>Transformation Group Updates</b>
<p><i>5i Children &amp; Young People – Mental Health &amp; Emotional Wellbeing (CH)</i></p> <p>Christina Harrison updated members on the areas making good progress which included the transformation of services, a blended model of contact offer for families and young people, 22,367 users accessing the regularly updated CAMHS website, the redesign of the neurodevelopmental assessment pathway including embedding a digital pathway for assessments, partnership development of SENDCO online resources and active implementation of the 'With me in Mind' MH schools team trailblazer pilot.</p>	



Members were informed that waiting times for ASD and ADHD assessments are unacceptably high, however 3-year additional investment has been secured to assist with the increasing capacity and reduce the current backlog.

There was also concern around the long-term unknown impact of the pandemic on children and young people's mental health and wellbeing. There has been a large increase in referrals of children with eating disorders and those presenting have more acute symptoms than pre-covid.

Work is continuing to engage partners in the local graduated response to ensure young people and families can access all support whilst waiting for neurodevelopmental assessment, whilst the Social, Emotional and Mental Health (SEMH) Strategy Group continues to ensure the needs of local young people are met.

Place Board thanked Christina and the Children & Young People's Transformation Group for the update and welcomed the progress being made.

#### *5ii Mental Health, Learning Disability & Neurodevelopmental – Suicide Prevention*

Ian Atkinson advised that suicide prevention is one of the key priorities and there is a full partnership support across Rotherham with strong leadership and commitment to the suicide prevention programme area overseen by Health & Wellbeing Board and Place Plans. More recently work has been undertaken with Voluntary Action Rotherham to offer small grants to the local voluntary sector organisations to support and address risks associated with suicide, such as loneliness and to promote protective factors. The funding has been offered for the next 3 years and will also give sustainability to the voluntary sector. The Be the One Women's campaign has been launched and the successful Rotherhive website has been expanded to include a professional section for those who support staff in our community. Work continues on developing support for those bereaved by suicide. A new peer support group is to be launched in December and the listening ear service is being re-commissioned. A reduction has been recorded by the ONS in Rotherham all person and male suicides in 2018-2020.

Going forward the Group wishes to continue maintaining suicide as a key priority and IA thanked partners for continuing to prioritise this work. No increase had been shown in 2020, however, it is acknowledged that the pandemic will have impacted and it is important to be mindful and keep focus.

A constructive symposium had been held in October 2021 and the feedback from the discussions, along with evidence from the health inequalities audit and real time data will be used to draft a one-year suicide prevention action plan. A service to support those who have attempted suicide will be piloted and work is being undertaken on scoping for general bereavement support as well as looking to procure an alternative to crisis response using a voluntary sector approach rather than traditional services.

Members noted the positive action being taken in Rotherham's approach to suicide prevention.

#### *5iii Urgent & Community Care – Sustainable Discharge*

Michael Wright announced that strong partnership working continues and the Integrated Discharge Team had been awarded 'Team of the Year' by the South Yorkshire Team Partnership and the integrated discharge model that has been implemented across the Trust with RMBC was highly commended in the recent CQC report. A command centre has been developed on the hospital site, which is a shared area with RMBC colleagues with a Place capacity dashboard. It is an asset which has seen Rotherham have the highest discharge weekend in the region. A preferred supplier has been approved for a 24-

community bed unit with nursing and arrangements are in place with Sheffield for covid positive beds.

Unprecedented system demand throughout the summer and increased complexity and the impact of the forthcoming winter is a concern and will be challenging, particularly with the current capacity and staffing recruitment issues.

Members noted the outcomes from the Age UK Safe and Well Pilot and the positive case studies and feedback. The CCG has since commissioned the service.

Looking forward, next steps include recruitment to vacancies, alternative ways of working, continuing improvement in discharge processes, the procurement of winter beds, developing a sustainable 7-day discharge process and implementing the medicines management policy and reducing errors in take home medications.

Members noted the work being undertaken on sustainable discharge.

Place Board thanked the Transition Groups and teams for the continued hard work.

<b>3</b>	<b>Schedule of Future Updates from Transformation Groups</b>
----------	--

A schedule showing the programme of spotlight updates for 2021-22 was noted for information.

<b>4</b>	<b>Provider Alliance Update</b>
----------	---------------------------------

Deferred to the next meeting.

<b>5</b>	<b>Draft Minutes from Public ICP Place Board – 6 October 2020</b>
----------	---

The minutes from the Public Place Board held on 6 October were noted as a true and accurate record.

There were no outstanding issues on the action log.

<b>6</b>	<b>Communication to Partners/Risks and Items for Escalation</b>
----------	---

Given the recognition that the system is under extreme pressure in Rotherham, Chris Edwards asked partners to give a high-level verbal update of system pressures within their organisations. This would be followed by a discussion to identify any mitigations that can be offered or put in place across partners to assist.

*Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)*

KS reported high levels of occupancy in inpatient adults and older people's facilities with high acuity levels which coupled with pressure in the community, staff sickness and vacancies is adding to pressure. Having been in the pandemic for many months there is also general fatigue amongst the workforce. As a result, the difficult decision was taken to purchase some out of area beds in order to ensure that a safe environment and the correct levels of care can continue to be provided. Generally, the system is very overwhelmed, particularly with high demand for CAMHS and the eating disorder service.

*The Rotherham NHS Foundation Trust – Hospital & Community Services*

MW described pressure with an increase in Covid patients, 61 currently with 7 of these in critical care. Over 3300 Covid positive patients have been treated at the hospital since the start of the pandemic which has had a large impact on the health and wellbeing of staff. More recently there has been an increase in the number of patients through the Urgent & Emergency Care Centre which has resulted in long waits. This is proving very challenging as winter approaches.

*Rotherham Council – Social Care*

AML informed Members that there are significant issues with workforce and retention, both within the Council and the wider sector which is impacting the ability to provide services at

the right level as well as affecting hospital discharge and staff morale. Focus is on prioritising discharges and palliative care referrals based on the resources available.

#### *Voluntary & Community Services*

SHu explained that the online directory (GISMO) is showing that a continuous number of VCS organisations are 'standing up' services again, albeit differently because of the impact of Covid. The number of volunteers is not at pre-pandemic levels and work is being done within communities to recruit.

On a positive note, as we approach Christmas the campaign to support food in crisis organisations will be funded so that emergency food parcels can be supplied. The CCG has made available small grants for up to 3 years to organisations that are able to support positive mental wellbeing in adults and the local authority is offering small grants to assist organisation in setting up again, including premises issues, following Covid. The Smiles for Miles lottery funded project is now live and able to take referrals to deliver and support a range of services for children and young people.

#### *Primary Care*

From a primary care perspective, GM advised that general practices are under immense pressure with demand for appointments increasing. The hot site and extended access is running at full capacity, with practices worried about the convergence of flu and covid as we approach winter. Workforce is also problematic with recruiting practice staff at all levels, including locums, difficult.

#### *Public Health*

BA updated that, although a decline was being seen in the overall case rates, since half term there has been an increase in the case rate in the over 60s population. This upward trend in the most vulnerable part of our population is likely to impact on hospitalisation and exacerbate the system pressures being reported by partners.

Extreme pressures were noted across all partners with further sustained intense periods expected as we approach winter. As Chair, CE will convene a meeting with partners next Wednesday to look at the possibilities and options available to address the unprecedented situation. Members will also take the opportunity to stress test current Place governance for partnership working, to check its fitness for purpose and consider alternative and innovative solutions in the way we deliver services since the pandemic.

**Action: CE**

From a communications perspective, GL will summarise the pressures being experienced by individual partners and share with all partner organisations to give a whole system overview of the current situation. A similar version will also be shared with the wider public via partner communication channels to link in with the winter communications messages and highlight pressures, whilst also giving advice about what the public can do and how best to access services.

**Action: GL**

**8**

### **Future Agenda Items**

#### *Forward Items for Place Board*

- Rotherham Place Future Working with SYB ICS (Jan)
- Rotherham IC Development Plan Updates - Quarterly
- Review of Place Wide IT Services Report (Jan)
- Provider Collaborative Update (Jan)
- Transformation Group Updates (monthly)

**11**

### **Date of Next Meeting**

The next meeting is scheduled for **Wednesday 1 December 2021 at 9-10am.**

*The time allocated for the December Public Place Board will be used for a Board Development session. The next meeting will take place in January 2022.*

**Place Board Membership**

NHS Rotherham CCG, Chief Officer - Chris Edwards (Joint Chair)  
Rotherham Metropolitan Borough Council, Chief Executive – Sharon Kemp (Joint Chair)  
The Rotherham Foundation Trust (TRFT), Chief Executive – Richard Jenkins  
Voluntary Action Rotherham, Chief Executive – Shafiq Hussain  
Rotherham Doncaster and South Humber NHS Trust (RDaSH), Chief Executive – Kathryn Singh  
Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr G Muthoo

***Participating Observers:***

Joint Chair, Health and Wellbeing Board, Rotherham MBC - Cllr David Roche  
Joint Chair, Health and Wellbeing Board, Rotherham CCG - Dr Richard Cullen

***In Attendance:***

Deputy Chief Officer, Rotherham CCG – Ian Atkinson (as ICP Delivery Team Chair)  
Director of Public Health, Rotherham MBC – Ben Anderson  
Head of Communications, Rotherham CCG – Gordon Laidlaw  
Strategy & Delivery Lead, Rotherham CCG – Lydia George

DRAFT

Minutes	
<b>Title of Meeting:</b>	<b>PUBLIC Rotherham ICP Place Board</b>
<b>Time of Meeting:</b>	9:00am – 10:00am
<b>Date of Meeting:</b>	Wednesday 2 February 2022
<b>Venue:</b>	Via Zoom (and broadcast live on CCG You Tube Channel)
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George 01709 302116 or <a href="mailto:Lydia.george@nhs.net">Lydia.george@nhs.net</a>

<b>Apologies:</b>	Richard Jenkins, The Rotherham NHS Foundation Trust
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.

**Members Present:**

Sharon Kemp (**SK**), Chair, Chief Executive, Rotherham MBC  
 Chris Edwards (**CE**), Chief Officer, Rotherham Clinical Commissioning Group  
 Kathryn Singh (**KS**), Chief Executive, Rotherham, Doncaster & South Humber Foundation Trust  
 Cllr D Roche (**DR**), Joint Chair H&WB Board, Rotherham MBC  
 Richard Cullen (**RC**), CCG Chair & Joint Chair H&WB Board, Rotherham CCG  
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
 Gok Muthoo (**GM**), Clinical Director, Rotherham GP Federation  
 Ian Atkinson (**IA**), Executive Place Director/Delivery Team Chair, Rotherham CCG

**In Attendance:**

Ben Anderson (**BA**), Director of Public Health, Rotherham MBC  
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust  
 Lydia George (**LG**), Strategy & Delivery Lead, Rotherham CCG  
 Helen Sweeton (**HS**), Joint Assistant Director, Commissioning & Performance, CCG/RMBC  
 Suzie Joyner (**SJ**), Director of Children's Services, Rotherham MBC  
 Steph Watt (**SW**), Urgent & Community Place Programme Manager, TRFT  
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG/ICP  
 Leonie Weiser (**LW**), Policy & Partnerships Officer, Rotherham MBC  
 Wendy Commons (**WC**), ICP Support, Rotherham CCG

Item Number	Business Items
<b>1</b>	<b>Public &amp; Patient Questions</b>
No questions had been received from members of the public.	
<b>2</b>	<b>Transformation Group Updates</b>
<b>2i</b>	<b><i>Children &amp; Young People – Transition to Adulthood (Helen Sweeton)</i></b> HS informed Members of the work being undertaken by the Group including: <ul style="list-style-type: none"> <li>the Preparing for Adulthood Board is in place and, for leadership and governance purposes, she is the Joint Chair of the Board providing alignment of intrinsic work with health transitions.</li> <li>Additional investment is being used to support transitions to adulthood for young people with diabetes.</li> </ul>

- As part of the recovery and reset agenda, Education Health and Care Plans (EHCPs) are being reviewed as a key priority ahead of post 16 transitions
- RMBC's Assistant Director of Adult Care and the Rotherham ICP Workforce Lead have joined the membership of the Employment & Skills Board and are already making a difference.
- The CCG and TRFT have also committed to additional designated clinical officer resource to support the preparing for adulthood work.

In terms of the Group's worries, the recent joint SEND inspection has identified areas for development:

- Preparation for adulthood was identified by parents and carers in the area's evaluation of effectiveness as a serious weakness. At age 18, support ceases for families and many don't know who to turn to for help and support.
- The valuable information that is included in the SEND offer is under-utilised and is creating a barrier, particularly for those preparing for adulthood, to prepare themselves sufficiently.
- The impact of the pandemic had resulted in reduced capacity for developmental work however this appears to be changing now
- There are now several overlapping priorities across the Integrated Care System, the Local Area SEND Inspection Written Statement of Action and Place Board. Robust work will be important across Place to ensure improvement work is cohesive across the key strands.

In line with requirements, a Written Statement of Action had been produced and submitted to explain how the significant areas of weakness will be tackled. These include the C&YP preparation for and transition to adulthood and are around:

- ensuring sufficient resources to deliver priorities by aligning the Preparing for Adulthood (PfA) Board's action plan with the PfA priorities in the written statement of actions
- The Preparing for Adulthood Board overseeing the PfA elements in the written statement of actions and holding accountability for this area of SEND improvement
- The PfA Board overseeing the transition to adulthood elements within the Place Plan to support a place-based approach

In order for Place Board (and the SEND Executive Group) to hold accountability for delivery of these priority actions for SEND improvement, the following approach was proposed:

1. Agree a joint multi-agency standards and quality assurance framework for transition for young people with SEND in line with NTDi minimum standards
2. Co-produce with health providers good practice guidance for protocols of effective transitions
3. Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services
4. Encourage attendance of health staff who write Education, Health and Care Plans and contribute advice following Education Health and Care statutory assessments on NTDi training.

It was noted that there is also one action outstanding in the Place Plan, in association to the development of pathways. Place Board were asked to support the above additions to Group's priorities.

For assurance and oversight, it was agreed that it would be helpful for Place Board to see the RAG rating of the SEND plan to give an understanding of how the recommendations are being practically implemented in readiness for re-inspection and to aid with Members with support and challenge.

SJ advised that the intention is to bring the full Written Statement of Actions from the Joint SEND inspection, (not just those relating to PfA) to a future Place Board to give a complete overview.

**Action: SJ**

HS advised that, 3 of the 4 actions in the current priorities relating to PfA have been completed and Members will be updated on progress in the next quarterly performance report to Place Board in June.

Place Board approved the approach being taken to align the SEND written statement of actions with the priorities in the Place Plan.

## **2ii Mental Health, Learning Disability & Neurodevelopmental – Mental Health Crisis & Liaison (Ian Atkinson)**

IA advised that today's presentation focuses mainly on the community element, but he reminded Members of work done in the acute liaison and crisis service, particularly at the start of the hospital pathway which assisted greatly during the pandemic and is now seen as good practice across the region. He went on to highlight progress with community crisis and liaison services:

- A digital mental health support service launched in November 2021 and has received positive feedback. It is for children and young people and adults up to 25 years old.
- A digital 24/7 online mental health platform for those 18+ has been commissioned and will go live this month to provide a good resource for people to access information at their point of need.
- Voluntary Action Rotherham has provided significant and welcome support recently to manage grants to target vulnerable individuals and small grants providers in a community setting. These will not only make the voluntary sector more resilient but also support those hard to reach during mental health issues and crisis. There have been 39 small grant applications in the first round.
- One of our gaps was identifying safe places for people in crisis to go. An alternative new model called 'safe space' will go live in February 2022.
- The Listening Ear Bereavement Service is due to end in June. The pathway is currently being reviewed.
- The section 12 solution app has been rolled out, across the South Yorkshire footprint following the positive pilot evaluation.

Some of the areas the Group are worried about are:

- further demand on services
- the availability of section 12 doctors to undertake assessments
- workforce recruitment and retention challenges
- continue pathways work with TRFT/RDaSH to realise the ambition for MH clinical support into the Care Co-ordination Centre (CCC) out of hours service
- ensure that the impact of pathway reviews with partners is managed accordingly

Next steps for the Group include:

- mobilising 'Safe Space' and the ICS online digital platform
- continuing the rollout of the small grant schemes and evaluating the effect they have on communities
- scoping for bereavement provision
- continue implementing with partners the social care crisis pathway review
- discussion on the future model of delivery for CCC crisis out of hours helpline
- opportunities to enhance the psychological input into the Adult Mental Health Liaison service will continue to be discussed between TRFT & RDASH



Work will continue with South Yorkshire ICS partners on reviewing Section 12 doctor provision across the ICS, enhance the mental health support within Yorkshire Ambulance Service and develop and align the Section 136 service across the ICS.

KS reiterated the issue relating to the availability of Section 12 doctors and how that supports the operation of the Section 136 suite which is a pivotal issue in the ability to deliver a smooth crisis pathway that is facing all CCGs and MH providers across country and affecting the ability to respond promptly and safely as Place when people are in need.

It was noted that concerns have been escalated into the South Yorkshire Mental Health Alliance who will be requesting that NHSE expands KPIs to show the impact across all sectors and help improve experience and benchmark activity to drive improvement. KS will continue discussions through the MH Alliance but should more traction be required, Place Board offered to support in writing.

Cllr Roche welcomed the small grant scheme which he said had been well received and brought in some excellent applications. He hoped that the scheme could be repeated and be expanded to include applicants from outside the Centre of Rotherham.

Dr Muthoo had a suggestion about the Section 12 doctors issue that would be picked up outside the meeting with IA/KS.

**Action: IA**

### **2iii Urgent & Community Care – Urgent Response (Steph Watt)**

SW informed Members of the new national mandate for community and urgent services to respond to referrals within 2 hours which is being introduced from April with a threshold to meet the standard of 70% from December 2022. The requirement is to have a MDT working across the whole borough from 8am-8pm, 7 days a week.

The good news is that Rotherham already has a service working 8am-8pm and the project is on track:

- New ways of working have been developed and undertaken some system development work, staff training has taken place and the first service went live earlier in the week. It will be rolled out further in the coming weeks.
- The Directory of Services has been developed with NHS111 to ensure the correct algorithms are aligned to the right service and pathways.
- Work is being undertaken with YAS to avoid conveyancing to hospital and support people at home
- A capacity and demand tool been developed and is already being used to help make decisions with investment.

The Group is currently worried about:

- to mitigate reputational risk, work is being undertaken to benchmark and compare data that will be used for the new national comparator
- system pressures, despite these staff have undertaken training and have engaged with the new project and welcome the approach of supporting patients at home.
- Recruiting to additional roles has proved difficult, particularly those that are non-substantive. In mitigation, some roles have been made substantive based on assumptions around vacancy factors and a recruitment strategy is being developed across health and social care across Place and the ICS.

The Group's next steps will include data cleansing, reviewing referral routes and a project developing an urgent community hub to enhance multi-disciplinary teams and cross organisational working.

BA enquired about how we will monitor for inequalities to ensure we are investing in the right support to those who are isolated at home. SW assured that initially it will be part of national dashboard, however we are running some shadow reports and local dashboards

being developed linking into the work of the Prevention & Health Inequalities enabling group to collate tailored local and national data.

The Chair asked that Place Board thanks be passed on to all the teams involved, particularly for continuing to prioritise this important work throughout the recent challenges.

**3**

### **Enabling Groups – Prevention & Health Inequalities**

BA reported that the Group's work is starting to gather momentum and has made good progress with a draft strategy and an action plan now in place containing six priorities ie:

1. Strengthen our understanding of health inequalities
2. Harness partners' collective roles as anchor institutions
3. Develop the healthy lifestyles prevention pathway
4. Support the prevention and early diagnosis of chronic conditions
5. Tackle clinical variation and promote equity of access and care
6. Advocate for prevention across the system

To take forward the population health management aspects of the strategy a sub-group has also been established. Named Executive leads for health inequalities have been confirmed to ensure wider partnership input and leadership.

The Group is worried about:

- the breadth of the anchor institution agenda. It will be necessary to determine the focus and how to take it forward. Currently the procurement group is looking at anchor institutions and social values but other parts on the agenda will require further maturing
- As the ICS develops it will be necessary to align Place level activity with ICS and national priorities and find a balance to keep Rotherham at the forefront whilst contributing to wider priorities.
- Further engagement is required with the PCN and primary care colleagues recognising the important role in clinical variation and pathway work.

The next steps will be:

- to sign off action plan in February
- developing an outcomes framework and dashboard with clear targets and ambitions
- Hold a workshop in March with a focus on the anchor institution role
- Maintain dialogue with the ICS around alignment of priorities
- Engage with PCN Clinical Directors and other stakeholder

Members welcomed traction on this newer area of Place work.

MW explained that he is the Lead Director for Health Inequalities at TRFT where there is a task and finish group chaired by one of the Trust's Non-Executive Directors and BA is a member of the Group. A project has been set up to focus on anchor institutions and work is underway gathering data. Once the work is concluded MW, will be happy to feedback on the outcomes at a future meeting.

SK thanked MW for the offer that it would be helpful to hear the outcome to share the learning across Place.

**4**

### **Place Plan Priorities – Quarter 2 Update**

IA reminded Members that as in the past it had been the intention to provide quarterly updates on all priorities in the Place Plan, however this had been impacted by the pandemic, hence the reason why the Quarter 2 position is being reported.

He went on to highlight a few areas by exception; Although the children's neurodevelopmental (autism) pathway is rated 'red', investment and service re-design has

resulted in an improved position in Quarter 3. Place Board will receive a full update on the proposals as part of some of the SEND actions being taken.

He also drew attention to other areas that have moved from amber to red mainly reflecting where recruitment to posts had not been possible due to the inability to recruit suitable candidates or because of system pressures, like for example, IAPT and primary care additional roles.

Members noted the progress made and the decision taken to suspend the Quarter 3 report in favour of a final year end version that will be received in June/July 2022.

## 5 System Pressures Update

There were no specific pressures escalated. It was noted that challenging times continue but with progress still being made.

## 6 Draft Minutes from Public ICP Place Board – 3 November 2021

The minutes from the Public Place Board held on 3 November 2021 were noted as a true and accurate record.

There was one outstanding issue on the action log for Place Board to receive the review of Place wide IT services. An estimated date for receipt will be added.

**Action: WC**

## 7 Communication to Partners

As previously agreed, consideration will be given to selecting highlights from future Place Board meetings that can be sent to partners for sharing with the public through their communications channels.

## 8 Risks and Items for Escalation

There were no risks for escalation.

## 9 Future Agenda Items

### *Forward Items for Place Board*

- Rotherham IC Development Plan Updates - Quarterly
- Review of Place Wide IT Services Report (date to be agreed)
- Provider Collaborative Update
- Transformation Group Updates (monthly)

## 10 Date of Next Meeting

The next meeting is scheduled for **Wednesday 2 March 2022 at 9-10am.**

### **Place Board Membership**

NHS Rotherham CCG, Chief Officer - Chris Edwards (Joint Chair)  
 Rotherham Metropolitan Borough Council, Chief Executive – Sharon Kemp (Joint Chair)  
 The Rotherham Foundation Trust (TRFT), Chief Executive – Richard Jenkins  
 Voluntary Action Rotherham, Chief Executive – Shafiq Hussain  
 Rotherham Doncaster and South Humber NHS Trust (RDaSH), Chief Executive – Kathryn Singh  
 Connect Healthcare Rotherham Ltd (Rotherham GP Federation) – Dr G Muthoo

### **Participating Observers:**

Joint Chair, Health and Wellbeing Board, Rotherham MBC - Cllr David Roche  
 Joint Chair, Health and Wellbeing Board, Rotherham CCG - Dr Richard Cullen

### **In Attendance:**

Deputy Chief Officer, Rotherham CCG – Ian Atkinson (as ICP Delivery Team Chair)  
 Director of Public Health, Rotherham MBC – Ben Anderson  
 Head of Communications, Rotherham CCG – Gordon Laidlaw  
 Strategy & Delivery Lead, Rotherham CCG – Lydia George