# HEALTH AND WELLBEING BOARD

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

**Date:** **Wednesday 22 June 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 - 16)

## For Discussion

8. Rotherham Suicide Prevention and Self-Harm Action Plan 2022-23 (Pages 17 - 48)
   Ruth Fletcher-Brown, Public Health Specialist, to present

9. Joint Strategic Needs Assessment Update
   Lorna Quinn and Ginny Brenner, Public Health Specialists, to provide verbal update

10. Learning from a Domestic Homicide Review
    Amanda Raven, Community Safety Officer, Regeneration and Environment, to present

11. Rotherham Prevention and Health Inequalities Strategy and Action Plan (Pages 49 - 89)
    Ben Anderton, Director of Public Health, and Becky Woolley, Public Health Specialist, to present

12. Breastfeeding Friendly Borough Declaration (Pages 91 - 99)
Sally Jenks, Public Health Specialist, to present

13. Health and Wellbeing Board Annual Report (Pages 101 - 120)
Councillor Roche, Chair, to present

14. Annual Refresh of the Health and Wellbeing Board's Terms of Reference (Pages 121 - 128)
Leonie Weiser, Policy Officer, to present

15. Heath and Wellbeing Board Annual Survey Feedback
Leonie Weiser, Policy Officer, to report

16. Health and Wellbeing Board 2021/22 Action Plan Final Update and Refresh 2022-25 (Pages 129 - 160)
Ben Anderson, Director of Public Health, and Leonie Weiser, Policy Officer, to present

**For Information**

17. Issues escalated from the Place Board

18. Rotherham ICP Place Board (Pages 161 - 172)
Minutes of meeting held on 2nd March and 6th April, 2022

19. Date and time of next meeting
Wednesday, 21st September, 2022, at 9.00 a.m. venue to be confirmed

# HEALTH AND WELLBEING BOARD
## 16th March, 2022

**Present:-**

| | |
|---|---|
| Councillor D. Roche | Cabinet Member, Adult Social Care and Health |
| Ben Anderson | Director of Public Health |
| Chris Edwards | Chief Operating Officer, Rotherham CCG |
| Shafiq Hussain | Chief Executive, Voluntary Action Rotherham |
| Suzy Joyner | Strategic Director, Children and Young People's Services |
| Dr. Jason Page | Governance Lead, Rotherham CCG |
| Natalie Palmer | Healthwatch Rotherham |
| Paul Woodcock | Strategic Director, Regeneration and Environment |
| Michael Wright | Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins) |

**Report Presenters:-**

| | |
|---|---|
| Laura Gough | Head of Safeguarding Quality and Practice, RMBC |
| Mike Niles | B:friend |

**Also Present:-**

| | |
|---|---|
| Gavin Jones | South Yorkshire Fire and Rescue Service |
| Dawn Mitchell | Governance Advisor, RMBC |
| Leonie Wieser | Policy Officer, RMBC |

**52. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

There were no members of the public or press present at the meeting and no questions had been submitted in advance of the meeting.

**54. COMMUNICATIONS**

The Chair congratulated Chris Edwards on his recent appointment as Place Director for Rotherham and the SYICB Deputy Chief Executive.

**55. MINUTES OF THE PREVIOUS MEETING**

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

Arising from Minute No. 46 (Housing Strategy), it was noted that the Strategy was still in the consultation phase.

Resolved:- That the minutes of the previous meeting held on 26th January, 2022, be approved as a true record.

## 56. SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Laura Gough, Head of Safeguarding Quality and Practice, gave a powerpoint presentation on the Rotherham Safeguarding Children Partnership (RSCP) Annual Assurance report for October, 2020-September, 2021. The report provided a summary of assurance that the RSCP had sought to keep children and families safe in line with statutory guidance. The key priorities were:-

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

The key focus throughout 2020-21 was on:-

- Ensuring that the Partnership response to the Covid-19 pandemic effectively safeguarded children both at strategic and operational level, regular senior leadership meetings and development of the operational Vulnerable Children's Group being an example of good practice of which came the baby clinic
- Developing the governance framework, assurance work of the Executive Group and Delivery Groups to strengthen accountability e.g. serious child safeguarding incidents, notification of and local Child Safeguarding Practice Reviews
- Better cross-agency scrutiny, constructive challenge and multi-agency audit work
- Launch of revised Neglect Strategy
- Independent scrutiny delivered through the role of RSCP Independent Chair, external inspection and Peer Review

Key assurance sought around

- Children in Education especially for those who became EHE (Electively Home Educated) (where a large increase in numbers had been seen) or who were missing from education
- Adequacy of CAMHS provision – large increase in the number of children with mental health issues and especially eating disorders exposed a shortage of TIER 4 beds and long waiting lists for treatment
- Ensuring CSE/CE work was continuing and effective
- Multi-agency Safeguarding and Self-Assessment challenge sessions were facilitated jointly with practitioners from both Adult and Children's Services

What is working well

- Governance and ownership across 3 key partners – CCG, RMBC and SYP – this has evolved and strengthened over the last year
- Wider engagement and willingness of safeguarding partners to work together including Public Health and Adult Services
- Safeguarding Awareness Week
- Child Death Overview Processes (CDOP)

What we need to do more of

- Embed neglect awareness across the whole of Adult and Children agendas
- Ensure that all agencies understand the Early Help Pathways to access family support and how to undertake Early Help Assessments
- CE/CSE – ensure that all agencies understand and were alert to the signs that might indicate that adults/children they worked with may be at risk of criminal or sexual exploitation and how to share information through the right channels
- Ensure continued effective and joined up leadership across the whole Safeguarding agenda especially as family/fuel poverty and hardship increases and impacts on family lives

Discussion ensued with the following issues raised/clarified:-

- The Vulnerable Child Partnership Group, chaired by the Head of Service who managed the Front Door, and also attended by representatives of Early Help, had provided an invaluable forum for problem solving and planning for vulnerable groups of children during the pandemic and lockdown periods

- The parents of children that were Electively Home Educated had to make sure there were arrangements in place in terms of registering their children to be home educated and that the education met certain standards. Should there be concerns about those children, there were robust Safeguarding processes in place to be followed. Although a Health representative sat on the Vulnerable Group, it was not thought that Primary Care was informed of any concerns

- A Local Authority's statutory role in terms of children educated at home was quite limited and had no right of entry into a home. The role of the Vulnerable Group was crucial in alerting agencies to any concerns

- The forthcoming increase in fuel prices would see an increase in fuel poverty and real challenges for families which in turn could have associated Safeguarding issues

Chris Edwards reported that, subject to Parliamentary approval, the CCG would cease to exist by the end of June. He undertook to make sure that the new Integrated Care Board would continue the partnership work.

Resolved:- That the Rotherham Safeguarding Children Partnership (RSCP) Annual Assurance report for October, 2020-September, 2022, be noted.

## 57. B:FRIEND

Mike Niles, B:friend, gave the following powerpoint presentation:-

- 2017 Charity launched out of a garage in Doncaster
- 2018 Received National Lottery funding
- 2019 Project expanded across the whole of South Yorkshire
- 2020 Covid-19 increased demand more than ever seen before
- Present Now created over 1,700 befriending pairings

Befriending – Principles
- Cuppa and chat each week
- Face-to-face
- Local
- Friend rather than volunteer
- A good match is not just about shared interests
- People feel safe and can 'be themselves'
- No such thing as the 'perfect pairing'
- Promote power symmetry
- Opportunities for neighbours to demonstrate their skills and value
- Establish clear boundaries
- Aim for positive endings: onward referral or repairs

Social Club – Principles
- A key strand of intervention
- Unique sessions
- Each week was different
- Rooted in theory
- Focussed on the Five Ways to Wellbeing model
- Members felt safe and could 'be themselves'
- Promote shared identity and what people had in common
- Activities were fun and purposeful
- Opportunities for members to demonstrate their skills and value
- Actively encourage co-designed sessions
- Anti-ageism zone: acceptance of everyone

Some Numbers
- 305 befriend pairings made
- 182 social bundles created and delivered
- 64 partner organisations worked with
- 384 social club sessions delivered
- 180 telephone social club sessions
- 873 total number of older neighbours supported
- 26% attrition rate
- 7,680 cups of tea/coffee made
- 114 legacy pairings confirmed
- 18,825 volunteer hours (total)

Since we started

- 725 current befriend pairings (average increase of 257% per year) (last year was 1% increase)
- 873 current older neighbours being reached (average increase of 196% per year) (last year was 28%)

How we compared last year

- 114 South London Cares
- 66 North London Cares
- 30 Liverpool Cares
- 280 Time to Talk Befriending
- 40 SCCCC
- 305 b:friend

Social Value Add

- According to the Social Value Engine tool, every £1 invested in the project returns £8.20 in social value add. The result was compound impact over time

Defining Principles

- No-one should have no one
- We facilitate meaningful community connections to transform an individual's value of themselves, reduce their feeling of loneliness and develop agency to enable someone to build resilience in later life
- Our befriending project will always be free at the point of delivery. We never charge for friendship and always prioritise face-to-face: in person and in the community
- We strive to reduce social isolation and improve wellbeing for older people and young people alike by creating opportunities for community togetherness
- We reject any form of discrimination and always act decisively to instances of prejudice
- We bring people together to dilute division created by age, heritage, digital skills and attitudinal divides
- Activity was equitable and collaborative. We consult older neighbours when making decisions and only accept voluntary contributions to ensure anyone can participate regardless of financial circumstance

Pledge Contract

- Strive relentlessly to be an inclusive organisation
- Champion good mental health by providing access to staff and volunteers
- Pay the UK Living Wage to all staff
- Target net zero annual carbon emissions

2022 b:friend Interventions around social determinants of health

- Preventative intervention around connection
- Volunteers considered a key community asset
- Investment in Social Value Add projects

- Multi-year commitment to keeping people well
- Meaningful relationships were a 'need to have'
- Leading UK provider of community-led befriending

Discussion ensued with the following issues raised/clarified:-

- Voluntary Action Rotherham and the CCG, in partnership with Sheffield Hallam University, had undertaken evaluation with a cohort of clients taking part in the Social Prescribing Scheme. Could b:friending be included in the evaluation?
- Rotherham had a Social Value Policy; part of the next step for the partnership was to extend the "ask" within that to understand the value of volunteer hours and the impact on services and peoples' health and wellbeing
- The project totally fitted with the ethos of the Health and Care Bill currently going through Parliament i.e. looking at the whole person

Mike was thanked for his presentation.

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

(2) That Chris Edwards and Shafiq Hussain meet with Mike Niles to discuss further the possibility of including the project within the evaluation carried out by Sheffield Hallam University and possible funding opportunities.

**ACTION:- Chris Edwards/Shafiq Hussain**

## 58. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Ben Anderson, Director of Public Health, presented the Annual Report 2022 which had concentrated on understanding the impact of Covid-19 in Rotherham March, 2020-January, 2022:-

**Section 1 - Covid-19 in Rotherham (as at 31st January 2022)**

- 2nd March, 2020 – first case of Covid-19 confirmed in Rotherham
- 20th March, 2020 – first death within 28 days of a positive Covid-19 test in Rotherham
- 79,615 Covid-19 infections officially recorded in Rotherham (of which 3,739 were possible reinfections)
- 992 deaths with Covid-19 recorded as a cause of death on the death certificate in Rotherham
- 547,994 doses of Covid-19 vaccine provided in Rotherham
- 85.7% of eligible people in Rotherham (aged 12 and over) had received at least one dose of a Covid-19 vaccine

Inequities and Covid-19

Deprivation

- Mortality rates in the most deprived areas in England were more than double those in the least deprived areas as of April 2021
- Rotherham was ranked 44th most deprived authority in England making it amongst the 14% most deprived local authority area in England

Health

- Covid-19 related morbidity and mortality was higher in people with underlying conditions including diabetes, obesity, chronic obstructive pulmonary disease, dementia and hypertensive diseases
- All of these conditions were more prevalent in Rotherham than in all England

Employment

- A relatively high proportion of the Rotherham population was employed in work that has a high risk of exposure to Covid-19 i.e. jobs which cannot be done from home, required working in close physical proximity to others, lower grade occupations and jobs disproportionately performed by Black, Asian and Minority Ethnic (BAME) people

**Section 2 – Covid-19 and the individual**

Physical and Mental Health

- Physical Activity and Healthy Weight
  - Reduced activity levels: 32% of the local adult population was inactive from May, 2020-May, 2021 (an increase of 2.6%) vs 28% nationally
  - Increased sedentary behaviour and inactivity expected to result in a 'deconditioning' effect
  - Nationally, large increase in % of Reception and Year 6 children who were overweight/obese. Expect this trend to be replicated in Rotherham where 27% of Reception aged children were obese before the pandemic)
  - Further widening of inequalities in obesity expected.
- Mental Health
  - Young people in Rotherham reported a decline in overall mental health and increased levels of anxiety, stress, boredom and feeling sad/low in June 2021 as compared to the beginning of the pandemic
  - The pandemic heightened loneliness leading to a high volume of referrals for befriending support
  - Rotherham carers reported elevated levels of anxiety, isolation, worry and physical exhaustion during the pandemic
  - Suicide rates – initially fell slightly but still remain significantly higher than for all England. January 2022 had seen a rise with 7 suicides reported, the highest number since 2019

Tobacco

- Increase in successful attempt to quit in 2020/21
- Some indications of a significant overall reduction in smoking
- Increase in smoking prevalence amongst younger adults (18-21 years) and older teenagers
- Possible exacerbation of inequalities in smoking prevalence between groups along economic lines

Alcohol and Substance Misuse

- Changes in drinking behaviour observed at different stages in pandemic
  Initially bulk buying of alcohol
  Later, some evidence that as much as a third of people had reduced intake
  Evidence that around a fifth of people drank increased alcohol consumption during lockdown
  Alcohol-related hospital admissions initially fell but then surged following easing of lockdown restrictions
- People who inject drugs reported reduced access to essential services including difficulties accessing HIV and hep C and safe injecting equipment

Education

- Up to 8,417 Rotherham students were sent home per half term in academic year 2020/21
- Approximately 183,198 days of education were lost in 2020/21 alone in Rotherham
- Nationally, average educational attainment scores at 16 varied significantly according to deprivation level of local authorities

**Section 3 - Covid-19 and our Communities**

Community Cohesion

Volunteering

- Decrease in formal regular volunteering undertaken locally
- Unprecedented levels of community cohesion especially during the early stages of the pandemic
- Community Hub responded to over 7,900 requests for support and 1,280 volunteers by January, 2022

Community responses to food poverty

- Nationally 33% increase in the number of emergency food parcels distributed across the United Kingdom in 2020/21 vs 2019/20
- Four fold increase in the number of parcels provided in Rotherham
- 19,466 parcels in 2020/21
- Community partnerships and generosity key

Community Safety

Local experiences have broadly reflected the national picture

- Crime in South Yorkshire reduced substantially following the implementation of lockdown 1. Crime had been increasing towards pre-pandemic levels since national lockdown measures were lifted
- Some offence types remain low e.g. burglary. This was likely to be linked to changes in personal behaviours and routines including more people working from home
- The number of domestic abuse reports in Rotherham had remained stable despite concerns of a major increase

**Section 4: Covid-19 and the Economy**

Business: Facts and Figures

- Over 20% of local businesses reported having made redundancies since the start of Covid-19 by December, 2020. This varied by industry with 50% of retail companies and 40% of construction companies reporting having made redundancies
- 44% of companies in the accommodation and food sectors reported they had less than 3 months' worth of cash reserves remaining in December, 2020
- 31% of Rotherham residents were estimated to be working from home resulting in a net increase of 3,000 individuals based in Rotherham as fewer residents travelled outside the Borough for work. This was highly localised with some Wards e.g. Rotherham Central and Wath upon Dearne experiencing a net outflow of workers

Business Debt and Financial Vulnerability

- 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
- Indebtedness varied considerably by area within Rotherham

Employment

- 5.3% of the Rotherham population (8,590 people) claimed Universal Credit in December, 2021 vs 3.5% in December, 2019, pre-pandemic
- Throughout the pandemic, Rotherham's rate of Universal Credit claimants had been higher than the national or regional rate and varied by Ward
- From late 2021, the number of pay-rolled employees nationally exceeded pre-pandemic numbers. Driven by an upswing in employment amongst young people and jobs in hospitality and leisure sectors

Wages and Debt

- After a sharp fall at the start of the pandemic, median pay per month had recovered and then grown nationally and locally
- When adjusted for inflation, median weekly earnings for all jobs nationally were up 3.6% in April, 2021 compared with April, 2020 after a decrease of 0.9% in real terms between 2019 and 2020
- However, evidence of widening inequalities in wealth
- One-third of families in the top income quintile saved more than usual in the first 2 months of the pandemic whereas lower income families were more likely to have taken on additional debt
- 50% of people with savings under £1,000 had used them to cover everyday expenses

**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 was a need to minimise the ongoing impacts of Covid-19 by:-

- Continuing to maximise Coronavirus vaccine take-up especially in vulnerable population groups
- Maintaining Covid-Safe practices within Rotherham's workplaces including support for workers to isolate when symptomatic
- Continuing to focus on risk factor reduction to ensure a more resilient population both to Covid-19 and to other health conditions
- 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 and Social Services by:-

- 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
- 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
- Stabilising and gradually bringing down waiting lists whilst ensuring harm reviews and equitable access for all those awaiting treatment
- Reinstituting 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:-

- Addressing the wider determinants of poor mental health, loneliness, poor physical health, poor housing, unemployment and poor employment, debt and poverty

- Promoting protective factors with a focus on community assets
- Addressing inequalities by ensuring groups most disadvantaged by the pandemic, as evidenced through local health intelligence, were able to access mental health support at the right time
- Building the capacity and capability across our workforce to prevent mental health problems and promote good mental health
- 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:-

- Supporting people to live longer healthier lives by helping them to make healthier lifestyle choices particularly relating to diet, exercise, smoking and alcohol consumption
- 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
- 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:-

- Supporting disadvantaged groups to recover from the disproportionate effects of lost education including the Ofsted priority of reading through the Rotherham Readers Programme
- Supporting pupil inclusion, maximising school attendance, balanced against the challenges of the pandemic and wellbeing of both students and staff
- 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:-

- Development and implementation of a prevention and health inequalities strategy
- Continued understanding of the differing needs of Rotherham's communities and the development of delivery models that equitably direct resources towards meeting those needs
- Challenging ourselves to ensure that service quality and outcomes are of universally high standard for all communities in Rotherham

**7. Economic Recovery**

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

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

- Barnsley, Doncaster and Rotherham had very similar levels of deprivation with Sheffield having slightly less
- Huge unemployment had been expected as a consequence of the pandemic, however, it was in fact difficult to recruit across a number of the sectors
- Rotherham Town Centre had already started on its journey of restructuring so was not as reliant on office workers as other towns/cities in the area
- Public transport had been hit badly in terms of passenger numbers and was reliant on Government funding in order to continue providing a service
- In Primary Care the number of elderly patients requesting appointments had reduced, however, the reintroduction of face-to-face appointments was revealing significant health issues that required a lot of resources
- Unrealistic expectations of what was currently available Primary Care wise – manage patient expectations
- There was a feeling that the pandemic had ended and everything should be the same as it was before when in fact things were being delivered differently now
- Key areas for the Foundation Trust were obesity in young people and the increase in smoking within the 18-21 year old age bracket

It was noted that the annual report would be presented at all Council Directorate Leadership Teams.

As of 16th March, 2022, the infection rate was 310.6 per 100,000 and was increasing in Rotherham. This was partly due to the removal of restrictions and those that had received their vaccinations first losing some of their immunity.

It was suggested that a themed meeting take place at the November Board meeting on the impacts and future planning/lessons learning from Covid-19.

Resolved:- (1) That the annual report be noted.

(2) That further discussions take place at the Executive Group with regard to themed meetings.

## 59. LEARNING FROM A DOMESTIC HOMICIDE REVIEW

Due to the unavailability of the presenting officer, this item was deferred to a future meeting.

## 60. UPDATE ON AIM 2 OF THE HEALTH AND WELLBEING STRATEGY

Due to the unavailability of the presenting officer, this item was deferred to a future meeting.

## 61. HEALTH AND WELLBEING BOARD ACTION PLAN 2021/22

Leonie Wieser, Policy Officer, presented the action plan highlighting the activity taking place.

It was planned to submit the 2022/25 action plan to the September Board meeting. Aim sponsors were requested to consider which/if any action needed to be rolled over to the new plan.

Resolved:- That the update be noted.

## 62. UPDATE ON THE DEVELOPMENT OF THE SOUTH YORKSHIRE INTEGRATED CARE BOARD

The Board noted the update submitted.

Chris Edwards, Chief Operating Officer RCCG, reported that the Bill was currently going through Parliament with the expected plan for the South Yorkshire Integrated Care Board to commence on 1st July with hopefully a smooth transition from the CCG to the Rotherham Place Team.

Resolved:- That the update be noted.

## 63. UPDATE FROM LOCAL OUTBREAK ENGAGEMENT BOARD

Ben Anderson, Director of Public Health, gave the following verbal update on the recent activities of the Engagement Board:-

- Discussions on the Living with Covid Strategy
- A number of local activities had now stopped with more to cease at the end of the month

- Contact Tracing finished on 24th February with the team now stood down. They would support the vaccination programme until the end of June as well as supporting some of the community/business engagement on how to live safely with Covid
- Community asymptomatic and symptomatic testing would cease at the end of the month resulting in a different position with accessing tests and knowing the results. The rate had increased to 310 persons per 100,000
- It was important that the Public Health guidance to isolate if you had symptoms/a positive test continued to be pushed out to members of the public

The Board would be meeting later that week where discussion would take place as to its future operation.

It was noted that as of 15th March, there had been 49 positive patients in Rotherham District General Hospital; at the peak of the first wave there had been 72.

Resolved:- That the report be noted.

**64. ISSUES ESCALATED FROM THE PLACE BOARD**

There were no issues to report.

**65. PLACE PLAN PRIORITIES AS AT END QUARTER 2**

The Board noted the Place Plan priorities as at the end of Quarter 2.

**66. MINUTES OF THE MEETINGS OF THE ROTHERHAM ICP PLACE BOARD HELD ON 3RD NOVEMBER, 2021 AND 2ND FEBRUARY, 2022**

The minutes of the Rotherham ICP Place Board held on 3rd November, 2021, and 2nd February, 2022, were noted.

**67. DATE AND TIME OF MEETINGS IN 2022/23**

Resolved:- That meetings of the Health and Wellbeing Board be held during 2022/23 as follows:-

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

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

# Rotherham Suicide Prevention and Self Harm Action Plan 2022-2023

## *'Be the one to Talk, Listen and Care'*

# Introduction

*In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000.* Suicides in England and Wales - Office for National Statistics (ons.gov.uk)

*The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Every local area, whether its own suicide rate is high or low, should make suicide prevention a priority* (PHE, 2016: Local suicide prevention planning: a practice resource).

Suicide is not inevitable. It is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. Suicide prevention is everybody's responsibility and cannot be left to the remit of one agency/organisation.

In 2012 the Government produced "Preventing suicide in England. A cross-government outcomes strategy to save lives":

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf link doesn't open

The strategy outlined six areas for action:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

Local areas should aim to tackle all six areas of the national strategy in the long term. However Public Health England (PHE) guidance issued in 2016 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf) on suicide prevention recommended the following short term actions:

1. Reducing risk in men
2. Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients
3. Mental health of children and young people
4. Treatment of depression in primary care
5. Acute mental health care
6. Tackling high frequency locations
7. Reducing isolation
8. Bereavement support

Reducing suicides remains an NHS priority over the next decade as referenced in the NHS Long Term Plan (https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf)

Suicide prevention is a priority area within the South Yorkshire and Bassetlaw Integrated Care System (ICS) and joint working is taking place across the ICS to address the following areas:

- Working with the media in relation to suicide prevention.
- Establishing, implementing and evaluating one real time surveillance data system across South Yorkshire. Rotherham Safer Neighbourhood Service (SYP) have been doing this work for years and have been key in sharing good practice across the region.
- Supporting those people bereaved and affected by suicide.
- Working with Sheffield University to conduct an audit of coroners records to build up a richer narrative about the wider personal, economic and societal factors that contributed to the suicide that could be used to inform the development of future local and ICS level suicide prevention work.

Locally suicide prevention is a priority area within the Rotherham Place Plan and Health and Wellbeing Board Strategy.

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

This plan outlines the actions Rotherham organisations are taking to prevent suicides from both the national strategy and PHE guidance.

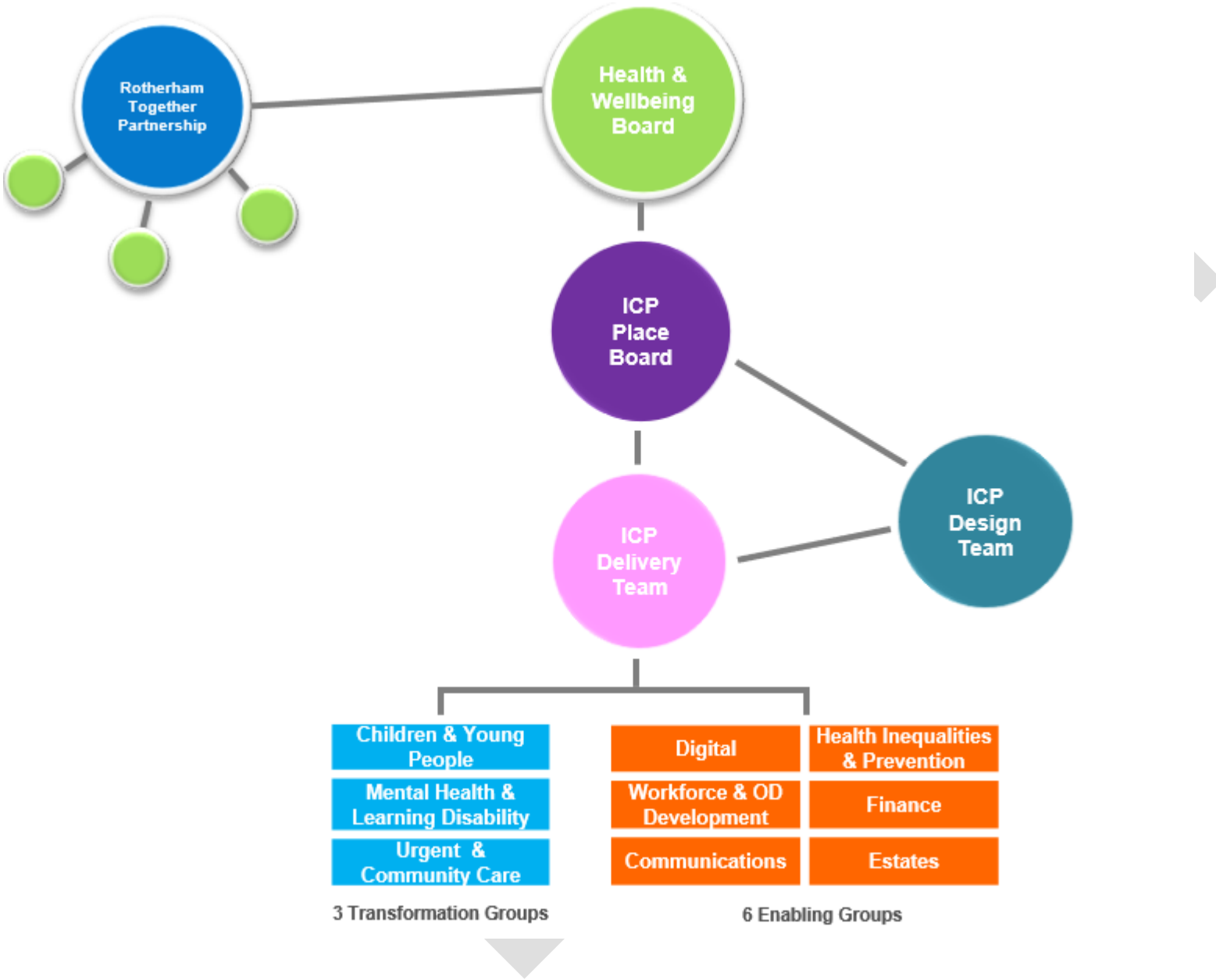
## Governance arrangements

Rotherham takes suicide prevention seriously. The multi agency Rotherham Suicide Prevention and Self Harm Group meets bimonthly and is tasked to implement this plan, with the Suicide Prevention Operational Group meeting every six weeks to review real time data chaired by Public Health Specialist- Lead for Suicide Prevention. There is a Strategic Suicide Prevention Group, chaired by Director of Public Health, which ensures that prompt action is taken in response to real time date and the resourcing of necessary actions is available.

Partners represented on the Rotherham Suicide Prevention and Self-Harm Group include:

- Cabinet Member for Adult Care, Housing and Public Health (Also Chair of the Health and Wellbeing Board)
- CGL Rotherham Drug & Alcohol Service
- Rotherham Clinical Commissioning Group (RCCG)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC- Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community Sports Trust (RUCST).
- South Yorkshire Police

Progress against this action plan is reported on a monthly basis to the Mental Health (MH) and Learning Disability (LD) Transformation Group, a subgroup of the Rotherham Place Plan Board. Annual updates are given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the MH and LD Transformation Group and Strategic Suicide Prevention Group chaired by the Director of Public Health. The diagrams on pages 5 & 7 show the reporting structure for suicide prevention.


Rotherham Together Partnership
Health & Wellbeing Board
ICP Place Board
ICP Design Team
ICP Delivery Team
Children & Young People
Mental Health & Learning Disability
Urgent & Community Care
3 Transformation Groups
Digital
Workforce & OD Development
Communications
Health Inequalities & Prevention
Finance
Estates
6 Enabling Groups

## Rotherham Suicide Prevention Symposium

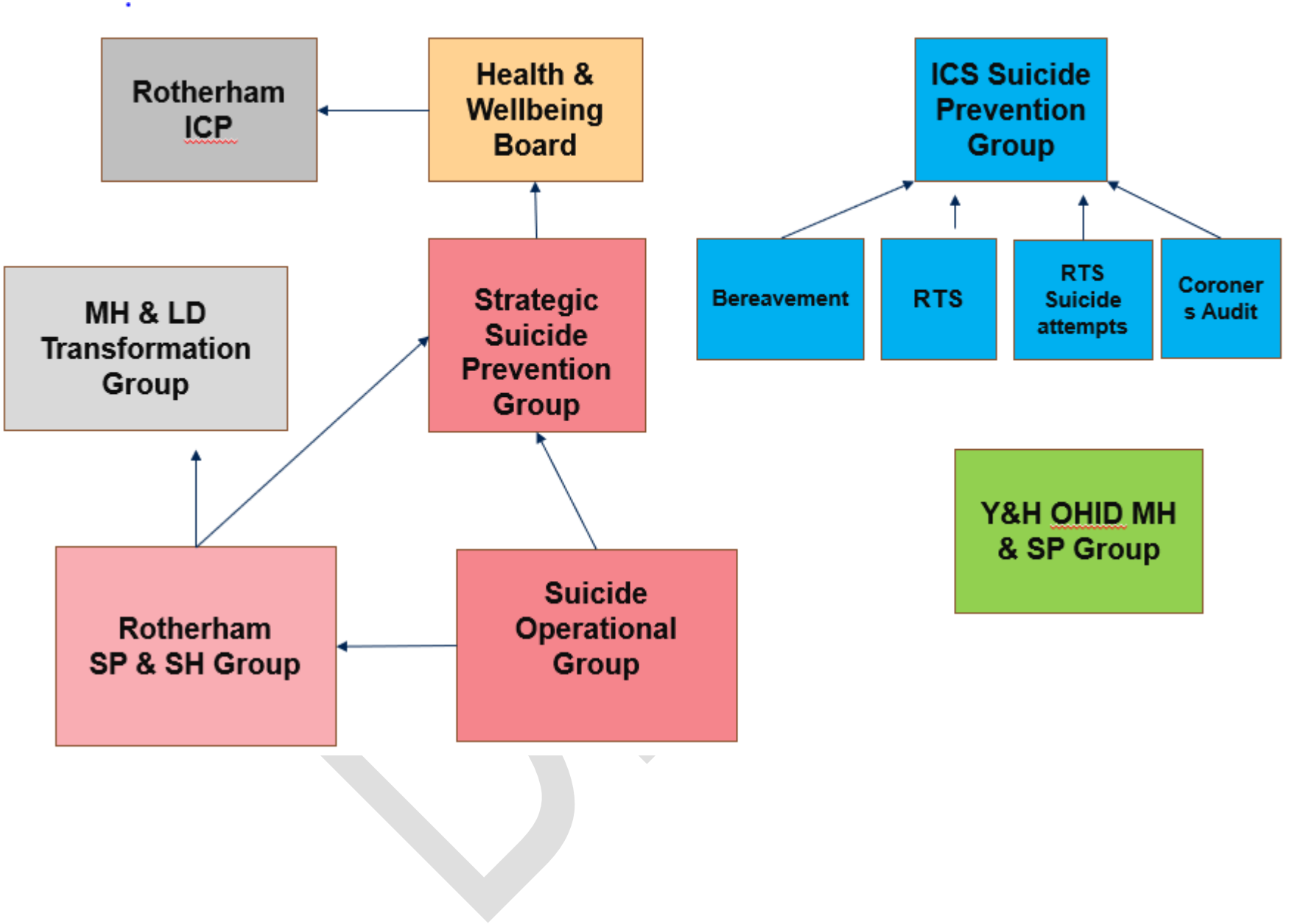
On the 12th October a second suicide prevention symposium was held in Rotherham with the following delegates invited to attend:

- Chief Executive Officers of the Health and Wellbeing Board
- Members of the Strategic Suicide Prevention Group
- Members of the Operational Suicide Prevention Group
- Members of the Rotherham Suicide Prevention and Self Harm Group

The symposium provided an opportunity for partners working across Rotherham to hear about national research and best practice in relation to suicide prevention. The symposium acted as a self-assessment of the Rotherham Suicide Prevention and Self Harm Action Plan. Following the symposium, the action plan was refreshed and will go to the Health and Wellbeing Board for their approval.

Professor Nav Kapur gave the national context/picture for suicide prevention and reflected on the impact the pandemic is having on suicide rates and vulnerable and at-risk groups.

(Professor Kapur is Head of Research at the Centre for Suicide Prevention at Manchester University and also leads the suicide work programme of the National Confidential Inquiry into Suicide and Safety in Mental Health Services).


Rotherham ICP
Health & Wellbeing Board
ICS Suicide Prevention Group
Bereavement
RTS
RTS Suicide attempts
Coroner s Audit
MH & LD Transformation Group
Strategic Suicide Prevention Group
Y&H OHID MH & SP Group
Rotherham SP & SH Group
Suicide Operational Group

## National Picture

National real time data which has been collected during the pandemic has not shown the increase in suicides that perhaps was expected in the UK during this time. However, as the pandemic moves through different phases communities and groups continue to be affected differently and the pandemic has exposed the inequalities that exist. Some of the things which may have supported vulnerable people during the initial stages of the pandemic, for example increased contact from people, may start to erode as people move back to a more normal way of life. For others their lives will now look very different with new financial hardships, loss of loved ones and an increased sense of loneliness.

Office of National Statistics, **Suicides in England and Wales: 2020 registrations.** Registered deaths in England and Wales from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.

- In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000.
- The decrease is likely to be driven by two factors; a decrease in male suicides at the start of the coronavirus (COVID 19) pandemic, and delays in death registrations because of the pandemic.
- Around three-quarters of registered suicide deaths in 2020 were for men (3,925 deaths; 75.1%), which follows a consistent trend back to the mid-1990s.
- The England and Wales male suicide rate of 15.4 deaths per 100,000 is statistically significantly lower than in 2019 but consistent with rates in earlier years; for females, the rate was 4.9 deaths per 100,000, consistent with the past decade.
- Males and females aged 45 to 49 years had the highest age-specific suicide rate (24.1 male and 7.1 female deaths per 100,000).
- For the fifth consecutive year, London has had the lowest suicide rate of any region of England (7.0 deaths per 100,000), while the highest rate in 2020 was in the North East with 13.3 deaths per 100,000.

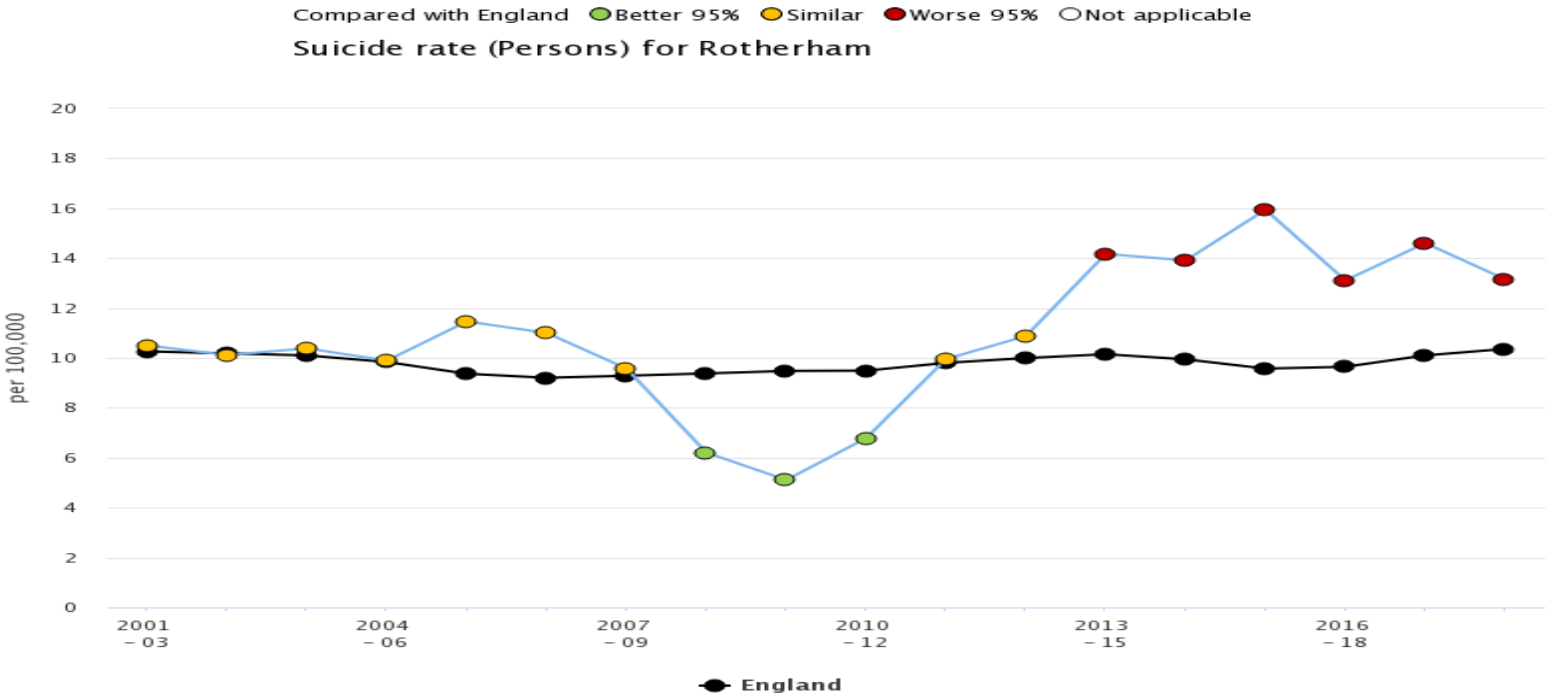
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations

## Local picture

### Rotherham Data

The Fingertips Profiles Updates (PHOF and Suicide Prevention Profiles) for Rotherham in November 2020 (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population), shows:

- **Suicide Rate Persons**
  The latest suicide data shows that Rotherham has seen a small decrease in suicides for the period 2018-2020 to 13.3 per 100 000 which is a decrease by 1.4 from 2017- 2019. Rotherham now ranks 6th compared to CIPFA Nearest Neighbour local authorities. Rotherham's rate is still significantly higher than the rate for England at 10.4 per 100,000.




Rotherham is significantly higher than England (Red RAG-status) 13.2 compared to 10.4 for England. However, rates have dropped from the last three-year period (2017-2019- 14.6)

**Compared with England** ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

*Recent trends:* – Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

## Suicide rate (Persons) New data 2018 - 20

Directly standardised rate - per 100,000

| Area | Recent Trend | Neighbour Rank | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|---|
| **England** | – | - | 15,249 | 10.4 | 10.2 | 10.5 |
| Neighbours average | – | - | - | - | - | - |
| Wakefield | – | 4 | 147 | 16.2 | 13.5 | 18.8 |
| Calderdale | – | 11 | 86 | 15.6 | 12.5 | 19.3 |
| Sunderland | – | 14 | 104 | 14.4 | 11.6 | 17.2 |
| Doncaster | – | 1 | 112 | 13.8 | 11.2 | 16.4 |
| Wigan | – | 5 | 117 | 13.6 | 11.1 | 16.1 |
| Rotherham | – | - | 88 | 13.2 | 10.5 | 16.2 |
| Barnsley | – | 3 | 82 | 12.7 | 10.1 | 15.8 |
| Dudley | – | 10 | 94 | 11.3 | 9.2 | 13.9 |
| Stockton-on-Tees | – | 7 | 57 | 11.0 | 8.4 | 14.3 |
| Halton | – | 9 | 36 | 10.8 | 7.6 | 15.0 |
| St. Helens | – | 2 | 51 | 10.8 | 8.0 | 14.2 |
| Bolton | – | 13 | 72 | 9.8 | 7.7 | 12.4 |
| Telford and Wrekin | – | 6 | 45 | 9.8 | 7.1 | 13.1 |
| Rochdale | – | 15 | 54 | 9.7 | 7.3 | 12.7 |
| Walsall | – | 12 | 68 | 9.5 | 7.4 | 12.0 |
| Tameside | – | 8 | 49 | 8.3 | 6.2 | 11.0 |

In 2017-19 Rotherham ranked as 3rd highest compared to 15 CIPFA nearest neighbour local authorities. Now in 2018-2020 it ranks as 6th

- **Gender**
  Males still account for most deaths in Rotherham. The rate for Rotherham in 2017-2019 period was 22.3, and this has now dropped by 3.3 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.
- Yorkshire and Humber and England have seen increases in all person, male and female deaths during this period, as shown in the diagram below:

| Suicide rate (per 100,000) 2018 -20 | Barnsley | Doncaster | Sheffield | Rotherham | Y&H | Eng |
|---|---|---|---|---|---|---|
| Persons | 12.7 (2) | 13.8 (0.1) | 11.3 (1.3) | 13.2 (1.4) | 12.5 (0.5) | 10.4 (0.3) |
| Male | 20.2 (2.8) | 21.0 (0.5) | 18.3 (3.1) | 19 (3.3) | 19.2 (0.9) | 15.9 (0.4) |
| Female | 5.5 (1.3) | 6.7 (0.1) | 4.3 (0.6) | 7.9 (0.4) | 6.1 (0.2) | 5.0 (0.1) |

South Yorkshire and Bassetlaw Integrated Care System

The University Of Sheffield.

# SUICIDE AUDIT FINDINGS

## AIMS

The purpose of this audit was to use information collected by Coroner's to explore suicides locally

## METHODS

We developed a standardised data collection form and worked closely with local Coroners and their staff.

## WHO & WHEN?

We looked at 157 suicides from 2018 and 2019 of people who lived in Sheffield, Doncaster, Rotherham, Barnsley and Bassetlaw.

## WHY?

Every death by suicide is a tragic loss of life. We hope to use information collected in this way to try to guide our prevention work.

## WHAT DID WE FIND?

Some of the things we found we knew about already from the national picture, such high numbers of white, middle-aged males from areas of higher deprivation.

## NO SUICDE IS THE SAME

We were however struck by how the characteristics and circumstances of those who died differed. No suicide was the same and it can affect a wide range of people in different periods of their lives.

## RED FLAGS?

Those who died were often facing a combination of difficulties around the time of their death such as physical or mental health problems, difficulties with drugs or alcohol and life stressors such as relationship issues.

## WHAT CAN BE DONE?

The results of this audit will be used to inform local prevention strategies and we will continue to collect more information over time to improve our local knowledge of suicide.

**South Yorkshire and Bassetlaw suicide audit: Summary of overall Findings**

**Basic Demographics:**

- 79% were male
- The mean age was 48 years
- There was a similar mean age for males and females
- 45 to 52 years of age was the most common age range (25%)
- Mostly white ethnicity (96%) and born in the UK (85%)

**In summary**:

- Over half of the people who died had one or more existing chronic or long-term health condition.
- A history of alcohol problems was mentioned in more cases than substance misuse
- Many of those who died had received a diagnosis of a mental health problem at some point in their lives according to reports from their GP, mental health team or witness accounts
- The life events were relationship issues (37.2%); housing issues (22.1%); work-related stressors (20.0%) and non-specific financial difficulties (17.9%) in the period prior to death.

**Rotherham data:**

- 88% were male
- 40.7 % lived in most deprived area followed by 33.3% for second most deprived
- 61% had a long-term health condition
- 72% had any mental health condition
- 33.3% were recorded as having  a history of problems with alcohol
- 45.5% had previously attempted to take their own life
- 21.2% had self-harmed
- 45.5 % had consulted with their GP in the 3 months prior to their death
- 58.3% had consulted with their GP about their mental health
- The life events were; relationships issues, work related, housing issues, financial difficulties child protection related, bereavement and armed forces.

## Self-harm- National and Regional Picture

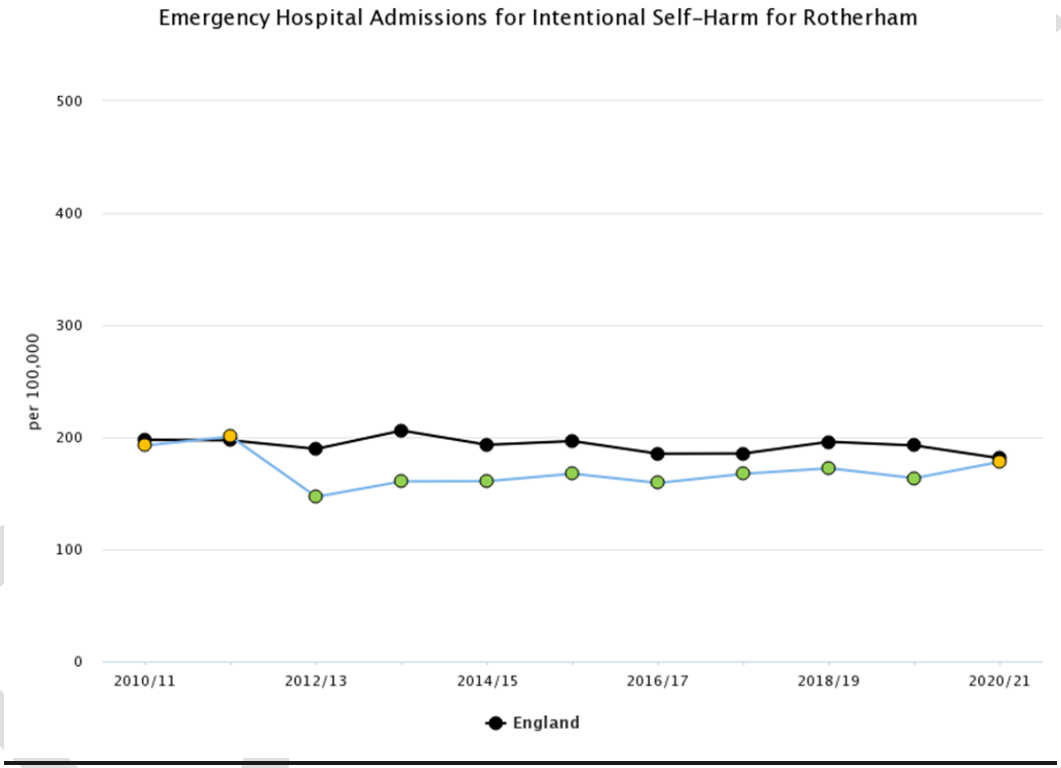
Emergency Hospital Admissions for Intentional Self-Harm **New data** 2020/21

Directly standardised rate - per 100,000

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| **England** | → | 102,472 | 181.2 | 180.1 | 182.3 |
| Yorkshire and the Humber region | → | 9,530 | 172.7 | 169.2 | 176.2 |
| Scarborough | ↑ | 270 | 292.4 | 257.9 | 330.3 |
| Barnsley | → | 635 | 269.5 | 248.9 | 291.5 |
| Hambleton | → | 175 | 221.6 | 189.1 | 258.0 |
| Kingston upon Hull | ↓ | 570 | 218.2 | 200.4 | 237.2 |
| Doncaster | → | 645 | 213.0 | 196.8 | 230.2 |
| Wakefield | → | 705 | 210.7 | 195.4 | 226.9 |
| North East Lincolnshire | → | 280 | 191.5 | 169.5 | 215.4 |
| Calderdale | → | 370 | 179.9 | 161.9 | 199.3 |
| Rotherham | → | 450 | 178.0 | 161.9 | 195.3 |
| Ryedale | ↑ | 85 | 173.3 | 137.4 | 215.4 |
| York | ↓ | 400 | 172.4 | 155.4 | 190.8 |
| Bradford | → | 935 | 169.6 | 158.8 | 180.9 |
| North Lincolnshire | → | 270 | 168.5 | 148.8 | 190.1 |
| Leeds | ↓ | 1,385 | 164.8 | 156.0 | 173.9 |
| Craven | → | 80 | 161.0 | 126.6 | 201.8 |
| Kirklees | → | 695 | 156.9 | 145.4 | 169.0 |
| East Riding of Yorkshire | → | 445 | 145.8 | 132.3 | 160.4 |
| Richmondshire | → | 65 | 128.9 | 99.6 | 164.0 |
| Selby | → | 110 | 127.5 | 104.6 | 153.9 |
| Sheffield | → | 785 | 127.4 | 118.4 | 136.9 |
| Harrogate | ↓ | 175 | 121.1 | 103.3 | 141.1 |

## Self-Harm- local picture

Rotherham hopsital admssions due to intentional self harm are simialr to the average for England. Hospital admissions are often just the tip of the iceberg and do not reflect self harm prevalence rates within the wider community.



**Achievements in the 2019-2021 action plan**

- Rotherham held two suicide prevention symposiums with partner organisations represented at both. The guest speaker at both events was Professor Nav Kapur, Head of Research at the Centre for Suicide Prevention at Manchester University and a national lead on the suicide work programme of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.
- Three years of NHS England suicide prevention funding enabled Rotherham to run a mental health small grants scheme to address risk factors and promote protective factors, provide training for frontline staff, run targeted work in geographical areas and develop and run a Self-Harm Train the Trainer project.
- Rotherham's suicide prevention campaign, Be the One, was launched in 2019 with support from men's groups to get the message and look of the campaign right. The campaign reached had 1 million visits to the website within the first 2 months. It has since seen the launch of a film and campaign messages targeting women.
- A support service for those bereaved, affected and exposed to suicide was commissioned in Rotherham and then across South Yorkshire.
- Workshops for frontline staff on supporting people bereaved by suicide.
- A general bereavement listening service was set up during 2020-2021 across South Yorkshire.
- Top Tips for suicide prevention were produced for primary care and suicide prevention was incorporated into the GP Quality contract. .
- The Sudden and Traumatic bereavement pathway for children and young people was refreshed with input from partner organisations.
- A Suicide Operational Group was established to review all suspected suicides in real time to prevent contagion, identify risk factors and groups and support all those bereaved and affected by suicide.
- Promotion of the Five Ways to Wellbeing messages to help people to adopt ways to look after their mental wellbeing.
- Promotion of RotherHive as a resource for adults to access for information and advice on their mental health, covering issues like loneliness, debt, relationships and alcohol.
- Partnership working with the voluntary sector on suicide prevention.
- Working with colleagues across South Yorkshire and Bassetlaw Integrated Care System on suicide prevention activity which included the Coroners Audit, a memorial event for all those bereaved by suicide and working with the local media,

**Helpful resources on suicide prevention**

HM Government, (2012), Preventing suicide in England: A cross-government outcomes strategy to save lives

Office of Health Improvements and Disparities, Fingertips Public Health Data: Suicide Prevention Profile

Public Health England, (2019), Identifying and responding to suicide clusters: A practice resource

Public Health England (2020) Local suicide prevention planning: A practice resource

Public Health England, (2015), Preventing suicide in public places: a practice resource

Public Health England (2016), Support after a suicide: A guide to providing local services

Support After Suicide Partnership, Help is at Hand

The following action plan should be read conjunction with the following plans which support action to address the wider determinants:

- Rotherham Loneliness Action Plan
- Rotherham Better Mental Health for All Action Plan
- Rotherham Prevention and Health Inequalities Strategy and Action Plan
- Rotherham Domestic Abuse Action Plan

**Aim 1. Reducing the number of suicides amongst people receiving mental health support from across all organisations**

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| **1.1 To have a whole system approach to suicide prevention within acute and community mental health services.** | To implement Rotherham Doncaster and South Humber NHS Foundation Trust<br><br>KEEPING SAFE KEEPING WELL<br><br>Suicide Prevention Action Plan 2019 – 2021<br><br>This action plan is being updated and the plan will continue to be implemented. | RDaSH | Action Plan will be reviewed annually through the Mortality Surveillance Group chaired by the Executive Medical Director. | **A reduction in the number of suicides amongst people receiving mental health support:**<br><br>• Plan focusses on zero suicide for inpatients.<br>• Part of a Place based ambition to of a 10% reduction. | |
| **1.2 Staff across the health, SYP, VCS and social care system are equipped to identify and support people at risk of suicide.** | 1.2.1 Promotion of the Place prompt sheet to enable staff to deal with suicidal ideation.<br><br>1.2.2 Promotion and adoption of the Zero Suicide Alliance Training. | 1.2.1. & 1.2.2 PHS, RMBC & RCCG/Place Comms and Engagement Leads working with Place leads. | Prompt sheet launched March 2022.<br><br>Zero Suicide Alliance Training promoted via prompt sheet and through Be the One from April 2022. | **A reduction in the number of suicides amongst people receiving mental health support:**<br><br>Number of staff trained across the sectors. | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| | 1.2.3 Promotion of RotherHive to health and social care- utilising the briefing pack.<br><br>1.2.4 Training programme for suicide prevention and self-harm promoted during 2022 with a focus on VCS and primary care<br><br>1.2.5 Suicide Awareness session for SYP Sergeants and Inspectors | 1.2.4 PHS & Learning and Development, RMBC.<br><br>1.2.5 PHS, MH Lead Safer Neighbourhood Service | Briefing sessions for health and social care staff on RotherHive March 2022 onwards.<br><br>Training programme launched April/May 2022.<br><br>SYP training delivered July 2022. | Staff feeling more confident and knowledgeable.<br><br>Increasing number of visits to local websites Be the One and RotherHive website. | |

**Aim 2. To improve support to those bereaved and affected by suicide**

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| **2.1 To provide support and early intervention to children and young people bereaved by suicide.** | 2.1.1 To review with Partner organisations, the Child Bereavement pathway, brief all organisations and upload onto Tri-x.<br><br>2.1.2 To review offer of support to schools following a death by suicide of a parent/carer.<br><br>2.1.3 To rollout training to CYPS practitioners working across the partnership re supporting children, young people and families bereaved by suicide.<br><br>2.1.4 To address the recommendations at Place from work conducted by Chilypep on a coproduced toolkit to support CYP and families bereaved by suicide and guide organisations to provide appropriate postvention support. | 2.1.1 PHS working with partners from RMBC C&YP services, SY Police and CAMHS.<br><br>2.1.2 The review will incorporate any feedback from families where this is available.<br><br>2.1.2 Review of offer to schools will be led by Educational Psychology and PH.<br><br>2.1.3 EPS to promote & deliver a suicide bereavement course for CYPS | 2.1.1 Review due October 2022<br><br>2.1.2 Review of Critical Incident information to schools and bereavement toolkit- Sept 2022.<br><br>2.1.3 Training<br><br>2.1.4 ICS CYP coproduced toolkit- key findings to be presented at Place and toolkit launched May-June 2022. Discussion at Place re recommendations to take forwards, June 2022. | **Children bereaved or affected by suicide receiving appropriate support:** Pathway renewed.<br><br>Organisations to cascade updated pathway to their staff.<br><br>Updated pathway on Tri-x.<br><br>Critical Incident information to schools reviewed and updated.<br><br>Positive feedback from Children, young people and families. | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| | | practitioners working across partner organisations.<br><br>2.1.4 PHS Lead working with SY colleagues and ICS Comms and Engagement to oversee the work by Chilypep through the ICS Suicide Bereavement Group. | | Evidence of CYPS practitioners across partner organisations attending training and measured improvements in knowledge and confidence.<br><br>ICS CYPS Toolkit launched, practitioners understand their role in supporting children, young people and families bereaved by suicide. | |
| **2.2 To ensure that timely, coordinated and appropriate support is provided to adults bereaved and** | 2.2.1 To continue to work with PH Leads and Commissioning Leads (RCCG) to provide a suicide listening service for adults living in SY and/or registered with a GP in SY.<br><br>2.2.2 To promote Amparo across Place organisations with a particular focus on funeral directors, libraries and Registrars. | 2.2.1 PHS Lead & RCCG working with SYP and PH Leads across SY.<br><br>Working with suicide prevention colleagues from across the ICS. | 2.2.1 Bimonthly contract and performance meetings held between RCCG, PH Leads and the Provider. | **Adults bereaved or affected by suicide receiving appropriate support:**<br><br>Current provision reviewed on a regular basis and | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| **affected by suicide.** | 2.2.3 To launch and promote a Survivors of Bereavement by Suicide Group (SOBS) in Rotherham. | | 2.2.1 Monthly reviews reported to Strategic Suicide Prevention and the MH & LD Transformation Groups.<br><br>2.2.2 Information circulated to Place Partners with a focus on key stakeholder groups by February 2022.<br><br>2.2.2 Group launched Jan 2022. Promotion of group through channels of communication across Place. | changes made where necessary.<br><br>Positive feedback from people receiving support.<br><br>SOBS peer group launched and families from Rotherham signposted to support.<br><br>Reports of uptake to Strategic Suicide Prevention and the MH & LD Transformation Groups. | |
| **2.3 Frontline staff in contact with families able to offer support and signposting.** | Equip frontline staff to be able to offer appropriate support to families they have contact with:<br><br>2.2.1 Use briefing sessions/newsletters/ internal training, Protected Learning Time Events/ Safeguarding Awareness | Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisation. | 2.2.1 Scoping completed re opportunities to promote these services throughout the year by March 2022. | **Adults bereaved or affected by suicide receiving appropriate support:** | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| | workshops to promote Amparo and the importance of supporting people after suicide.<br><br>2.2.2 To work with the Provider to ensure that regular Zoom workshops raising awareness of the service, are available on a regular basis for frontline staff are available.<br><br>2.2.3 To promote Amparo and SOBS peer support groups on Place websites, Be the One, RotherHive and<br><br>2.2.4 Promote the Help is at Hand guide to all services so that workers can distribute this to families: https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/ | Working with Communication Leads from: RCCG, TFRT, RMBC, RDaSH, SYP<br><br>Working with Amparo and SOBS. | 2.2.1 Services promoted throughout the year at various workshops and training events.<br><br>2.2.2 Work with Provider at bimonthly contract and performance meetings Feb 2022.<br><br>2.2.3 Comms and Engagement Leads to provide reassurance that services are promoted on | Staff distributing the Help is at Hand guide.<br><br>Staff aware of the Amparo service and SOBS peer support group and know how and when to refer people into this service. | |

**Aim 3. People who self-harm**

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| **3.1 Increasing people's knowledge, skills and changing attitudes towards people who self-harm.** | To roll out a series of awareness raising courses for parents/carers and frontline staff on self-harm awareness | L&D and PHS RMBC working with Trainers from partner organisations<br><br>(RDASH, Early Help & Housing RMBC, VCS) | Programme of training from April 2022 | **To reduce self-harm in within the community amongst children, young people and adults:**<br><br>Qualitative and quantitative evaluations showing an improvement in knowledge and confidence of parents/carers and frontline staff. | |
| **3.2 NICE (National Institute for Health and Care Excellence) guidance** | 3.2.1 To hold local workshops to promote the refreshed NICE guidance expected June 2022.<br><br>3.2.2 Services to benchmark against new NICE guidance.<br><br>3.2.3 Rotherham's response to the NICE guidance in the form new pathways/local guidance/action plans | PHS Lead, MH Adult Commissioning Lead, RCCG, Members of the Strategic Suicide Prevention Group | Workshops held July 2022.<br><br>Benchmarking completed September 2022.<br><br>Production of new pathways/ guidance/action plans in response to this- October 2022. | **To reduce self-harm in within the community amongst children, young people and adults:**<br><br>Staff across the system informed of the new NICE guidance. | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| | | | | Individual services reflecting and making changes in line with new NICE guidance. | |
| **3.2 To promote protective factors for children and young people.** | To explore opportunities to introduce trauma-based work in schools so that they become trauma informed and mentally healthy places for all.<br>To encourage schools to adopt the whole school approach, particularly Trailblazer schools. | RMBC C&YPS working with schools.<br>RDaSH CAMHS<br>RDaSH Trauma and Resilience Service. | | **Taking appropriate training for schools, communities and organisations** | |
| **3.3 To increase awareness amongst people living and working in Rotherham of the importance of having good mental health.** | 3.3.1 Promotion of Rotherham Five Ways to Wellbeing Campaign www.rotherham.gov.uk/health and RotherHive and in particular the Wellness Hive https://rotherhive.co.uk/wellness-hive/ to the general public through social media.<br><br>3.3.2 Referencing local campaigns and resources in prevention and early intervention and recovery pathways. | 3.3.1 Comms and Engagement Leads<br><br>3.3.2 All partners of the Health and Wellbeing Board: RMBC, RCCG. TRFT, RDaSH, SYP and voluntary sector. | Ongoing but activity reported to SP & SH Group, Better Mental Health for All Group and MH & LD Transformation Group. | **Improved emotional resilience amongst people living and working in Rotherham:**<br><br>A range of initiatives across the borough. Partners evidencing their actions on the activity record sheet.<br><br>Evidence of pathways referring to early intervention and prevention, | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| | | | | evidence-based self-care and helpful local resources.<br><br>Case studies illustrating impact campaign is having.<br><br>Evidence of campaign message being delivered to health and social care staff. | |

**Aim 4. Reducing suicides amongst high risk groups by reaching people where they live and work**

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| **4.1 To use the real time data to inform practice at a Place level** | 4.1.1 Suicide Operational Group to continue to review all deaths by suspected suicide and deliver actions which will: address risk factors & groups, prevent contagion, support those affected.<br><br>4.1.2 To present the ICS Suicide Audit report at a Place learning event.<br><br>4.1.3. To use real time data to inform training.<br><br>4.1.4 To use real time data to update Top Tips for suicide | 4.1.1 PHS will chair Operational Group, memberships will include colleagues from CYPS, Adult Care, Adult Safeguarding, Drug and Alcohol Services, Housing, SYP, VCS, TRFT and RDASH.<br><br>4.1.2 PHS working with RCCG to deliver a Place based learning event.<br><br>4.1.3 PHS working with colleagues from Learning and Development to ensure this information is used in training offers.<br><br>4.1.4 Members of the Strategic Suicide Prevention Group and | 4.1.1 Meetings take place every 4-6 weeks. Reports given to Strategic Suicide Prevention Group.<br><br>4.1.2 Place event held by April/May 2022.<br><br>4.1.3 Ongoing for internal training courses. Procurement of external courses from April 2022.<br><br>4.1.4 Themes discussed at Strategic Suicide Prevention Group and actions agreed. Findings shared with groups like Adult Safeguarding, Domestic Abuse Priority Group | Timely action taken to prevent suicide contagion and ensure that people affected are supported. Preventative actions can be taken.<br><br>Partners aware of findings of Suicide Audit using this knowledge to inform practice both at provider and commissioning levels.<br><br>Commissioned services and pathways evidence links to suicide prevention actions. | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| | prevention in primary care<br><br>4.1.4 To use real time data to inform local action plans, commissioning intentions and pathways on issues like: domestic abuse, drug and alcohol services and preventative work, debt and money management.<br><br>4.1.5 To continue to work with the Lead Coroner and Officers to audit suicides from 2020 using the same audit tool to assess any impact the pandemic may be having. | MH & LD Transformation Group<br><br>4.1.5 PHS working with RCCG and MH Lead within Primary Care to update Top Tips. | 4.1.5 Top Tips for Suicide Prevention updated September 2022. | | |
| **4.2 To equip people living and working to Rotherham to understand** | 4.2.1 Continue to build on the success of the Be the One Campaign developing a year comms and | PHS, RMBC and RCCG/Place Comms Lead working with Place Comms and Engagement Group | Quarterly updates to Suicide Prevention and & SH Group and the MH & LD | **A reduction in suicides amongst high risk groups:** | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| **how to identify and support someone at risk of suicide.** | engagement plan with a particular focus on:<br><br>4.2.2 Promoting the Zero Suicide Alliance Training to the general public<br><br>4.2.3 Promoting the Stay Alive App<br><br>4.2.4 Promotion of the grassroots support to help people at risk of suicide. | and local venues like libraries. | Transformation Group. | An increase in people understands of how to identify and support someone at risk of suicide.<br><br>Promotion and uptake of Zero Suicide Alliance online training. | |
| **4.3 to provide support for those who have attempted suicide** | Pilot a service to support those who have attempted suicide prevention service | RMBC Commissioning, PHS, RCCG MH Lead Commissioner and people with lived experience | Pilot to commence Summer 2022. | **A reduction in suicides amongst high-risk groups:**<br><br>Building emotional resilience and increasing people's coping skills. | |
| **4.4 To work towards a more restorative practice** | To develop a just and learning culture in our organisations and move away from punitive/retribution dynamics when things go wrong | All partner organisations represented on the Strategic Suicide Prevention Group | Ongoing | **A reduction in suicides amongst high risk groups:**<br><br>Impact of HR processes on employee's wellbeing | |

| Objectives | Actions | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|---|---|---|---|---|---|
| | | | | is considered more carefully. | |
| **4.5 For partners of the H&WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.** | 4.5.1 All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide.<br><br>4.5.2 Promotion of Amparo Service to staff through staff briefings and Zoom workshops. | 4.5.1 Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, RCCG, RDaSH, TRFT)<br><br>4.5.2 OD/HR within Health and Wellbeing Partner organisations | Evidence of policies/procedures in place by December 2022. | **A reduction in suicides amongst high-risk groups:**<br><br>Sharing of good practice across partner organisations.<br><br>Evidence of written policies/procedures.<br><br>Evidence of briefing information given out to managers and staff on availability of support. | |

**Glossary**

ONS- Office of National Statistics
PH- Public Health
PHS- Public Health Specialist
SOBS- Survivors Bereaved by Suicide

# Progress Summary

| Date of meeting | Actions Outstanding | Lead | Actioned By |
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## Rotherham Suicide Prevention and Self-Harm Action Plan 2022

| Date of meeting | Actions Outstanding | Lead | Actioned By |
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|---|---|
| **Grey** | Not due to start |
| **Red** | Not on target |
| **Amber** | Almost achieving target |
| **Green** | Achieving Target<br>On track |
| **Blue** | Complete |

# Rotherham Prevention and Health Inequalities Strategy and Action Plan:

March 2022-December 2025

*‘People in Rotherham live well for longer’*

## Contents

## Introduction

As a partnership, we want more people in Rotherham to live well for longer. Focussing on preventing problems from arising in the first place and intervening early will not only lead to better health outcomes for local people but is also vital to ensure a sustainable future for our services. Where problems do arise, we want to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible. We also know that there are significant health inequalities between different groups in Rotherham, which means we need to support communities at a level that is proportionate to the degree of need – taking a universal approach where appropriate whilst also providing targeted support to those who most need it.

The ambition to focus on prevention and address health inequalities is outlined within both Rotherham's Health and Wellbeing Strategy 2018-2025 and Rotherham's ICP Place Plan 2020-2022. This plan will help to deliver on the commitments made within each of those strategies, with a focus on the role of the health and social care system in the prevention and health inequalities agenda.

The priorities and outcomes outlined within this document will run from March 2022-December 2025, which aligns with the timelines within Rotherham's Health and Wellbeing Strategy. However, it may be necessary to review these at an earlier stage to align with national and regional developments, including work taking place through the South Yorkshire Integrated Care System. Additionally, as we build our understanding of health inequalities in Rotherham, we may seek to adjust our strategy.

This document also includes an action plan to oversee delivery against these priorities; this will be a 'live' plan which will be formally reviewed yearly. To monitor progress against the action plan, regular updates will be presented at the Prevention and Health Inequalities Enabler Group meeting. All Place partners will be collectively responsible for assuring delivery.

The development of this plan has been informed by data and intelligence. Additionally, it has been shaped by engagement with members of the Prevention and Health Inequalities Enabler Group and wider stakeholders. The priorities set out within this plan are based on an understanding

that the impacts of the coronavirus pandemic continue to be felt across local communities and within partner organisations. Therefore, our approach as a partnership will need to remain flexible and responsive to emerging needs and pressures.

**What do we mean by prevention?**

Prevention is about promoting good health and wellbeing and stopping illnesses from escalating further – enabling people to live happy and healthy lives for longer. Our definition of prevention focusses on the whole pathway and is broken down into three categories:

**Primary prevention**

Primary prevention is taking action to reduce ill-health and disease within the population before it occurs. This is achieved through universal measures that reduce lifestyle risks or by targeting high-risk groups. Such measures include immunisation programmes, which may be open to all or targeted to high-risk groups, or healthy diet, fitness, and smoking cessation campaigns.

**Secondary prevention**

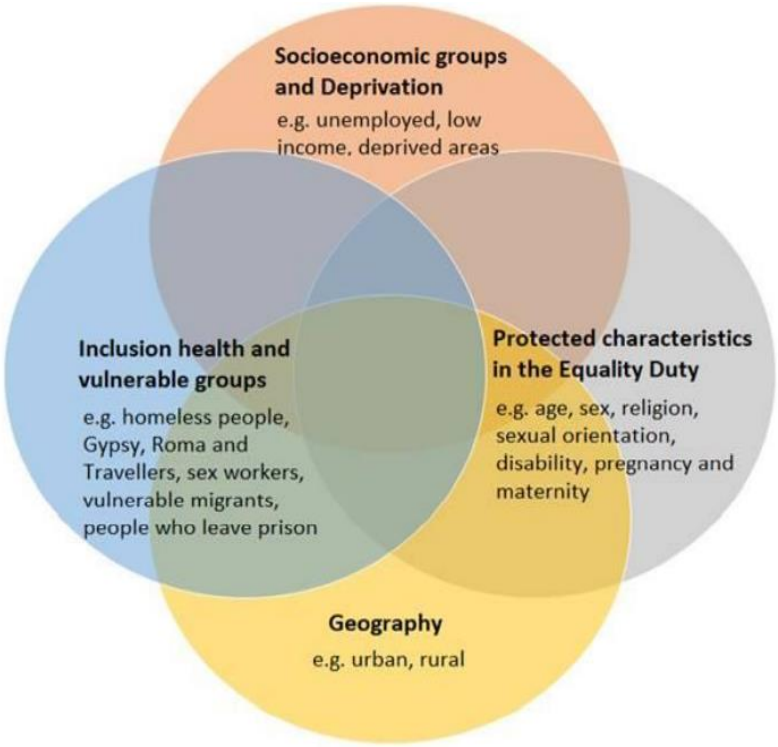
Secondary prevention aims to reduce the impact of disease or poor health, by detecting and treating it as early as possible in its course. The intervention is often during the asymptomatic phase, in an effort to delay or reduce symptoms and negative effects. This can be implemented through screening programmes, which aim to identify pre-symptomatic disease for early treatment, or through measures such as diet and exercise programmes or daily low-dose aspirin to prevent further heart attacks.

**Tertiary prevention**

Tertiary prevention is undertaken to reduce the negative impact of established disease or ill-health, aiming to minimise the impact on life quality and life expectancy. This is done by reducing complications and disability, through interventions such as cardiac or stroke rehabilitation programmes.

**What do we mean by health inequalities?**

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health as well as our physical health and wellbeing.




Health inequalities are multi-factorial and vary depending on the specific health outcome or risk factor. Evidence shows that some of the factors that increase the risk of experiencing health inequalities include:

- Socioeconomic deprivation
- Protected characteristics
- Geographical factors
- Other vulnerabilities (e.g., homelessness, sex work)

These different dimensions of health inequalities often intersect and can lead to multiple disadvantage. This strategy will include consideration of all four categories.

**Why do we need a prevention and health inequalities strategy for Rotherham?**

Our aim is for people in Rotherham to live well for longer.

In Rotherham, both life expectancy and healthy life expectancy are lower than the national average. This means that local people not only live shorter lives than the England average, but they can expect to live for a longer proportion of their lives in poor health. There are also considerable inequalities in health outcomes across the borough. Men in the most deprived areas of Rotherham can expect to live an average of 52.3 healthy years, compared with 70.7 healthy years for those living in the least deprived communities. In comparison, women in the most deprived areas of Rotherham can expect to live an average of 51.4 healthy years compared with 71.2 years for those in the least deprived areas. (2017-2019 data)

The evidence shows that the factors driving these health outcomes are largely amenable to prevention. The Global Burden of Disease Study 2019 shows that behavioural, metabolic, and environmental risk factors significantly contribute to disability-adjusted life years (DALYs) in the borough, (which refers to the number of years lost due to ill-health, disability, or early death.) For example, the following table sets out the five leading causes, which between them contribute over 25% of DALYs in Rotherham and the estimated percentage of DALYs which were attributable to risk.

| Condition | % risk factor attribution | % of total DALYs in Rotherham |
|---|---|---|
| Ischemic heart disease | 94.87% | 8.9% |
| Tracheal, bronchus and lung cancer | 86.5% | 5.03% |
| Stroke | 83.18% | 3.69% |
| Chronic obstructive pulmonary disease | 72.9% | 5.04% |
| Lower back pain | 41.73% | 4.5% |

Therefore, by focussing on prevention, there is the potential to have a significant impact on the health of our population. Additionally, as the leading causes and risk factors associated with DALYs disproportionately affect certain groups, focussing on prevention is also a vital component of addressing health inequalities.

Focussing on prevention has benefits not only for the individual, but also for the sustainability of the health and social care system. The population is ageing, and across the UK, advances in life expectancy over the last century have not been matched by improvements in 'healthy life expectancy' – (or the years an individual lives in good health.) This means that people are living for longer periods in poor health and spending more years in the 'window of need', contributing towards demand pressures for health and social care.

Linked to this, there is a strong economic case for prevention. Ill-health amongst working age people costs the UK economy approximately £100 billion per year. A systematic review of cost-effectiveness evidence produced to support the development of public health guidance at the National Institute of Health and Clinical Excellence (NICE) found that most public health interventions reviewed were cost-effective. (Owen et al., 2018) Another review found an estimated median return on investment from public health interventions of 14.3 to 1. (Masters et al., 2017)

In summary, there is a need to focus on prevention-led approaches in Rotherham in order to:

- Improve the overall health and wellbeing of the Rotherham population when compared with the England average.
- Reduce health inequalities within Rotherham, including within our most deprived communities as well as between protected characteristic and other inclusion groups.
- Manage, delay, and prevent future demand for our health and social care services.
- Support the delivery of other agendas, including our economic strategy for the borough, by ensuring more people in Rotherham are healthy and empowered.

## Policy context

### *National context*

There is a national policy drive relating to prevention and health inequalities. As well as delivering against locally agreed priorities, this strategy seeks to deliver against several national policy imperatives.

This includes the NHS Long Term Plan (2019) which committed to 'more NHS action on prevention and health inequalities' and was subsequently reinforced by the prevention green paper. (2019)

Additionally, the NHS operational planning guidance for 2022/23 included a renewed commitment to the five strategic actions to prevent and manage ill-health in groups that experience health inequalities:

1. Restoring NHS services inclusively
2. Mitigating digital exclusion
3. Ensuring datasets are complete and timely
4. Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes
5. Strengthening leadership and accountability

Additionally, NHS England has published the CORE 20 PLUS 5 Strategy. This strategy focusses on the most deprived 20% of the national population, plus any locally identified priority groups, and delivery across the following five key clinical areas: maternity, annual health checks for people with severe mental illness, chronic respiratory disease, early cancer diagnoses and hypertension case finding. These priorities have informed the development of this plan (further detail is outlined on page 10.)

In addition to a policy drive within the NHS around inequalities, there is also a broader focus nationally on tackling socioeconomic inequality and the wider determinants of health. This includes the Government's Levelling Up White Paper, which includes a focus on healthy life expectancy, health inequalities and wellbeing. A white paper on health disparities is also anticipated in 2022.

This strategy seeks to strengthen our approach to prevention and health inequalities in Rotherham and support our response to these national policy drivers at a local level.

***Local context***

In terms of the local strategic context, this strategy forms part of the delivery of the ICP Place Plan and is owned by ICP Place Board.

It also supports the delivery of Rotherham's Health and Wellbeing Strategy, 2018-2025 and the four key aims, which are:

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

Additionally, maintaining strong links with the South Yorkshire Integrated Care System is a priority, ensuring that activity relating to prevention and health inequalities is joined up at a subregional level where it is beneficial to do so.

**CORE20 PLUS 5 in Rotherham**

This strategy has drawn from the CORE20 PLUS 5 approach to identify and address health inequalities. This means focussing on:

- The most deprived **20**% of the national population;
- **Plus** any locally identified priority groups, and;
- Delivery across the following **5** key clinical areas.

Further context relating to Rotherham's 'CORE20 PLUS 5' is set out below.

***CORE20***

According to the IMD (2019), 36% of the Rotherham population live in the 20% most deprived areas of England. As outlined on page 6, there are significant inequalities in health outcomes for the most and least deprived communities in Rotherham, and we know that deprivation also influences the way that people access and experience our services. In line with our principle to embed proportionate universalism, targeted action to support our most deprived communities will be a key part of our strategy.

***PLUS***

In addition to deprivation, as outlined on page 5, we know that there are other factors that drive health inequalities. In the development of this strategy, several inclusion groups for Rotherham have been identified:

- *Ethnic minority communities* – a rapid review undertaken by the NHS Race and Health Observatory found that ethnic inequalities in access to, experiences of, and outcomes of healthcare are longstanding problems in the NHS, and are rooted in experiences of structural, institutional and interpersonal racism. In Rotherham, ethnic minority communities are highly concentrated within the inner

areas of the town, which are some of the most deprived areas of Rotherham, leading to multiple disadvantage.

- *Roma and traveller communities* – Roma and traveller communities face significant inequalities and are more likely to describe their health as 'bad' or 'very bad.' This cohort is also less likely to be satisfied with the care that they receive.

- *People with severe mental illnesses (SMIs)* – people with SMIs are at a greater risk of premature mortality than the general population and recent data reviews undertaken locally (such as the smoking health needs assessment) have found evidence that some health outcomes are poorer for Rotherham people with SMIs compared with the national average.

- *People with learning disabilities and autistic people* – evidence shows that these two cohorts have a lower life expectancy and healthy life expectancy when compared with the rest of the population.

- *Carers* – we know that carers play an integral role in helping others to live well for longer but are twice as likely to experience poor health. Supporting carers' wellbeing and reducing inequalities for this group is vital for the sustainability of the health and social care system.

- *Asylum seekers and refugees* – asylum seekers and refugees face greater risks of mortality and morbidity compared with the general population. Evidence shows that this group also faces barriers in accessing care, including language, cultural and socioeconomic barriers.

- *Those in contact with the criminal justice system* – evidence shows that people that are in contact with the criminal justice system experience worse health outcomes, are more likely to be suffering from mental illness and are more likely to smoke. Although there are no prisons in Rotherham, this elevated risk is also true for those serving community sentences and those in contact with the criminal justice system on suspicion of committing a criminal offence.

It should be noted that this list is far from comprehensive, and other inclusion groups will be of particular import for certain pathways and health concerns. Moreover, the identification of 'plus' inclusion groups for Rotherham will be an iterative and ongoing process. The Health Inequalities

Data Subgroup will be considering this as part of building our local approach to population health management and the development of an outcomes framework, which will be used to monitor the successful delivery of the strategy.

Partners also have duties under the Equality Act (2010), which will be considered as part of delivery.

***'5'***

All five clinical areas identified within the national strategy are feeding into the Rotherham ICP Place Board. The table below shows the lead delivery group for each of the five areas.

| **CORE20PLUS5 – 5 clinical areas** | **Lead delivery group in Rotherham** |
|---|---|
| Maternity – ensuring continuity of care for 75% of women from BAME communities and the most deprived groups | Prevention and Health Inequalities Enabler Group<br><br>*(with links to the Children and Young People's Transformation Workstream/First 1001 days group)* |
| Severe Mental Illness – ensuring annual health checks for 60% of those living with SMI | Mental Health, Learning Disability and Neurodevelopmental Group |
| Chronic Respiratory Disease – a clear focus on COPD, driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions | Prevention and Health Inequalities Enabler Group |
| Early Cancer Diagnosis – 75% of cases diagnosed at stage 1 or 2 by 2028 | Prevention and Health Inequalities Enabler Group |
| Hypertension Case Finding – to allow for interventions to optimise blood pressure and minimise the risk of MI and stroke | Prevention and Health Inequalities Enabler Group<br><br>*(Health Inequalities Data Subgroup)* |

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**Principles of the strategy**

In delivery of the Prevention and Health Inequalities Strategy, partners have committed to the following principles:

- Embedding proportionate universalism by delivering interventions at a scale and intensity that is proportionate to the degree of need.
- Adopting a whole pathway approach, considering opportunities for primary, secondary and tertiary prevention.
- Drawing from research, data and intelligence to develop evidence-based interventions.
- Working with local people and involving them in decisions about their health and care.
- Taking a compassionate approach to health promotion.
- Making every contact count to maximise opportunities for prevention.
- Advocating for prevention within the wider system, including work to tackle the 'causes of the causes.'
- Challenging clinical variation to raise the bar of the management of risk factors and chronic conditions across all communities.
- Acting at the earliest possible stage to prevent and reduce the burden of ill-health.

The programme will also adhere to the overarching principles set out within the ICP Place Plan.

## Our plan on a page

**Our aim**

**People in Rotherham live well for longer**

**Five priorities**

| Strengthen our understanding of health inequalities | Develop the healthy lifestyles prevention pathway | Support the prevention and early diagnosis of chronic conditions | Tackle clinical variation and promote equity of access and care | Harness partners' roles as anchor institutions |
|---|---|---|---|---|
| Improve the understanding of health inequalities in Rotherham<br><br>Ensure that partners have access to bespoke data products<br><br>Ensure that data around health inequalities informs commissioning, decision-making and service-delivery | Reduce the prevalence of smoking in Rotherham and narrow the gap between population groups<br><br>Increase the proportion of people in Rotherham who are a healthy weight<br><br>Reduce alcohol-related harm for people in Rotherham<br><br>Support older people in Rotherham to retain their independence and | Reduce the health burden of cardiovascular disease in Rotherham<br><br>Improve the management of diabetes<br><br>Reduce the health burden of chronic respiratory disease in Rotherham<br><br>Increase the proportion of cancer diagnoses made at stage 1 or stage 2<br><br>Ensure people get support with their mental health at the earliest possible stage | Narrow the gap in maternity outcomes for ethnic minority women and women from deprived communities<br><br>Reduce premature mortality for people with learning disabilities, autistic people and those with severe mental illnesses<br><br>Improve access to social prescribing for ethnic minority communities<br><br>Mitigate against digital exclusion | Improve the health and wellbeing of our workforce across the place partnership<br><br>Employ people from deprived communities and inclusion groups in Rotherham<br><br>Increase our local spend to support Rotherham's economy<br><br>Reduce our environmental impact |

**20 outcomes / objectives** with work targeted at a scale and intensity that is proportionate to the degree of need

**Underpinned by work to**

**Advocate for prevention across the wider system**

## Our priorities

### Priority 1: Strengthen our understanding of health inequalities

#### Why is this important?

To make a compelling impact on health inequalities, we must act based on a strong understanding of the needs and experiences of our communities. This includes having a clear understanding of who are target groups are, to enable us to take a proactive approach and make the biggest difference to population health. Work to build our understanding of health inequalities will inform the entire programme; the intention is that our action plan and strategy will evolve as we build our understanding of the data and intelligence, ensuring we are responsive to the best evidence available and emerging needs. We will also share the data and intelligence we collate more widely to influence across the wider system.

Integral to this work will be the inclusion of community intelligence and the voice of local people. Listening to and acting on what people tell us is essential to addressing inequalities in our communities, including identifying any barriers to accessing care and disparities in the experiences and outcomes of different groups.

As well as building our understanding of our local communities, we will draw from the best academic and research evidence available to identify effective interventions to tackle health inequalities.

#### Where do we want to be?

We want to have a strong understanding of health inequalities in Rotherham, with partners acting on this data and intelligence to shape service-delivery and inform decision-making.

**How will we get there?**

To deliver on this, we will:

- Develop our approach to population health management to improve our understanding of patient and population needs. This will include defining a long-term plan for a sustainable population health management resource in Rotherham.
- Analyse waiting lists, inequalities in access to services and performance differentials across demographic groups.
- Ensure that our approach to population health management includes community voice and insights garnered through engagement activity.
- Ensure that partners have access to bespoke data products to support action on health inequalities.
- Promote the insights gathered through our data and intelligence work to inform commissioning, decision-making and service-delivery. This will include reshaping this strategy when necessary to act on our findings but will also involve sharing our insights more widely across the system.

**Priority 2: Develop the healthy lifestyles prevention pathway**

**Why is this important?**

Smoking, alcohol, and obesity are all leading modifiable risk factors associated with disability adjusted life-years in Rotherham. This association is partly driven by the fact that Rotherham has higher rates of smoking, obesity and alcohol-related harm when compared with the England average:

- 17.8% of the Rotherham population smokes compares with 13.9% of England (2019)
- 72.9% of adults in Rotherham are considered to be overweight or obese compared with 62.8% in England (2019/20)
- There were 583 admission episodes for alcohol-related conditions per 100,000 people in Rotherham in 2019/20, compared with 519 per 100,000 in England

There are also significant disparities in the prevalence of these issues between the most and least affluent communities and for specific groups, meaning that focussing on these preventable risk factors is an important part of addressing inequalities in the borough.

Rotherham also has an ageing population, and as healthy life expectancy in Rotherham is lower than average, many people are living for long periods in poor health. Supporting people to age well and remain healthy for as long as possible is an important priority.

**Where do we want to be?**

We want:

- Local people to feel supported and empowered to lead happy and healthy lives.
- Fewer people in Rotherham to smoke and the gap in smoking prevalence to narrow between our most and least deprived communities.
- More people in Rotherham to be a healthy weight, with an increased focus on prevention and improved access to advice and support.
- To reduce alcohol-related harm for people in Rotherham.

- Older people in Rotherham to retain their independence and age well.

**How will we get there?**

We will:

- Ensure that commissioned services operate within a person-centred, joined-up and effective partnership pathway.
- Develop and deliver local plans focussed on smoking, healthy weight, and alcohol as some of the leading risk factors associated with disability-adjusted life years in Rotherham.
- Increase upstream prevention messaging, drawing from behavioural insights and engagement with local people.
- Develop our approach to providing low-level advice and support to older people in the community.

## Priority 3: Support the prevention and early diagnosis of chronic conditions

### Why is this important?

Rotherham is significantly worse than national average for preventable mortality and is also worse than national average for under 75 mortality for numerous conditions, including:

- Cardiovascular disease – Rotherham 83.8 per 100,000, England average 70.4
- Cancer – Rotherham 155.7 per 100,000, England average 129.2
- Respiratory disease – Rotherham 49.9, England average 33.6

The estimated prevalence of those aged 16 and over with common mental health disorders is also higher than the England average at 18.6% (compared with 16.9% England average.)

It is estimated that two thirds of premature deaths could be avoided through improved prevention, early detection, and better treatment, meaning that focussing on prevention and early diagnosis of chronic conditions has the potential to have a significant impact on mortality in Rotherham.



### Where do we want to be?

We want:

- The health burden of cardiovascular disease in Rotherham to be reduced, improving performance against national CVD prevent targets.
- The management of diabetes for people in Rotherham to improve.
- The health burden of chronic respiratory disease in Rotherham to be reduced.
- More cancer diagnoses to be made earlier, and particularly at stage 1 or stage 2.

- People to get support with their mental health at the earliest possible stage.

**How will we get there?**

We will:

- Manage long-term conditions and health inequalities through QOF.
- Review long-term conditions pathways to identify opportunities for prevention, improvements in care and a strengthened focus on health inequalities.
- Progress the population health place development programme, with a focus on CVD/diabetes.
- Undertake work to increase early cancer diagnosis, including the lung health checks programme, recruiting clinical cancer champions and undertaking a behavioural insights project focussed on early diagnosis.
- Work with the Mental Health, Learning Disabilities and Neurodevelopmental Workstream to address inequalities in mental health, including building consideration of mental health into pathways for long-term conditions.

**Priority 4: Tackle clinical variation and promote equity of access and care**

**Why is this important?**

COVID-19 has shone a harsh light on some of the health and wider inequalities that persist in our society, and we know that everyone does not access services on an equal footing. For example:

- Analysis from The King's Fund shows that people living in the most-deprived areas in England are nearly twice (1.8 times) as likely to experience a wait of more than one year for hospital care than those who live in the least-deprived areas. (2021)
- According to analysis from the Health Foundation, after accounting for different levels of need, a GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving patients in more affluent areas. (2018)

There are also disparities in the outcomes people experience from the care they receive. For example:

- Women from Black ethnic groups are four times more likely to die in pregnancy than women from White groups. Women from Asian ethnic backgrounds are almost twice as likely to die in pregnancy compared to White women. (2017-2019)
- General practices serving patients living in the most deprived areas have the lowest overall patient satisfaction scores. Patient satisfaction increases as deprivation decreases, and patients living in the wealthiest areas are most satisfied with the care they receive. (2018)

Ensuring that every person in Rotherham has access to quality care is a key component to addressing health inequalities across the borough. This will often require a tailored and targeted approach to meet the needs of specific communities.

**Where do we want to be?**

We want:

- Ethnic minority women and women from deprived communities to experience better maternity outcomes, with the gap narrowing between these cohorts and the rest of the population.
- People with learning disabilities, autistic people, and those with severe mental illness to experience better health outcomes and to narrow the gap in life expectancy for these groups.
- More people from ethnic minority communities to access social prescribing and experience positive outcomes.
- Digitally excluded people to have fair and equitable access to services, advice, and support.

**How will we get there?**

We will:

- Work towards continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups, including working with the Maternity Voices Partnership to learn from the experiences of women in these groups.
- Review the health section of the Learning Disability Strategy and develop action plans to reduce premature mortality for people with learning disabilities and autistic people.
- Explore opportunities to build mental health support into long-term conditions pathways.
- Deliver a programme to promote social prescribing amongst ethnic minority communities and increase referrals from clinicians.
- Collaborate with the Digital Enabler Group to identify and deliver against shared priorities.

**Priority 5: Harness partners' collective roles as anchor institutions**

**Why is this important?**

The term 'anchor institutions' is used to refer to organisations which have an important presence in a place, usually through a combination of being largescale employers; the largest purchasers of goods and services in the locality; controlling large areas of land; and/or having relatively fixed assets.

Members of the ICP are anchor institutions; place partners collectively spend in the order of £650m per year across the health and social care system. Being such large institutions within Rotherham means that we have the potential to improve population health by addressing the socioeconomic and environmental conditions that influence health outcomes.

There is also an opportunity to make a difference to population health through supporting our own workforce, as staff working within the health and social care system make up a significant proportion of our local population. Supporting them to achieve and maintain good health delivers business and population health benefits.

**Where do we want to be?**

We want:

- Our workforce across the partnership to experience good health and wellbeing.
- More people from deprived communities and inclusion groups to be in employment, including within our own organisations.
- A higher proportion of our collective spend to be local in support of Rotherham's economy.
- Our collective impact on the environment to be lower.

**How will we get there?**

We will:

- Work towards a shared understanding of our role as ‘anchor institutions’ and the key drivers and outcomes our organisations are working towards.
- Agree partnership commitments to act as anchor institutions to reduce health inequalities in Rotherham.

**Underpinning priority: Advocate for prevention across the system**

**Why is this important?**

Health is influenced by a broad range of factors. The wider determinants of health include socioeconomic factors, environmental conditions, and the social and community networks people have access too. Evidence indicates that these wider determinants have a greater influence on health than the healthcare people receive.

In Rotherham:

- 36% of the population lives in the 20% most deprived areas of England (2019)
- 21.3% of children are in absolute low-income families and 25.6% in relative low-income families (2019/20)
- 57.5% of the population is qualified to NVQ3 level or above compared with 61.3% of the British population.

Whilst this partnership programme and strategy is focussed primarily on the health and social care system, it will be important to use partners' collective influence and the intelligence we gather to shape action to address the wider determinants of health.

**Where do we want to be?**

We want organisations across Rotherham and beyond to prioritise action to prevent ill-health and reduce health inequalities, informed by a strong understanding of our local communities.

**How will we get there?**

To support this, we will:

- Provide evidence to key stakeholders and partnership forums such as the Health and Wellbeing Board to influence action on the wider determinants of health.
- Advocate for prevention within each of our own organisations.

## Governance and monitoring

### Governance arrangements

This strategy and action plan is owned by the ICP Prevention and Health Inequalities Enabler Group. This group is chaired by the Director of Public Health and is comprised of members across the Rotherham Place partnership including:

- Rotherham Metropolitan Borough Council, including representation from Public Health, Adult Social Care and Children and Young People's Services
- Rotherham Clinical Commissioning Group
- The Rotherham Hospital Foundation Trust
- The voluntary and community sector
- Rotherham Doncaster and South Humber NHS Trust
- Connect Healthcare Rotherham Ltd (Rotherham GP Federation)

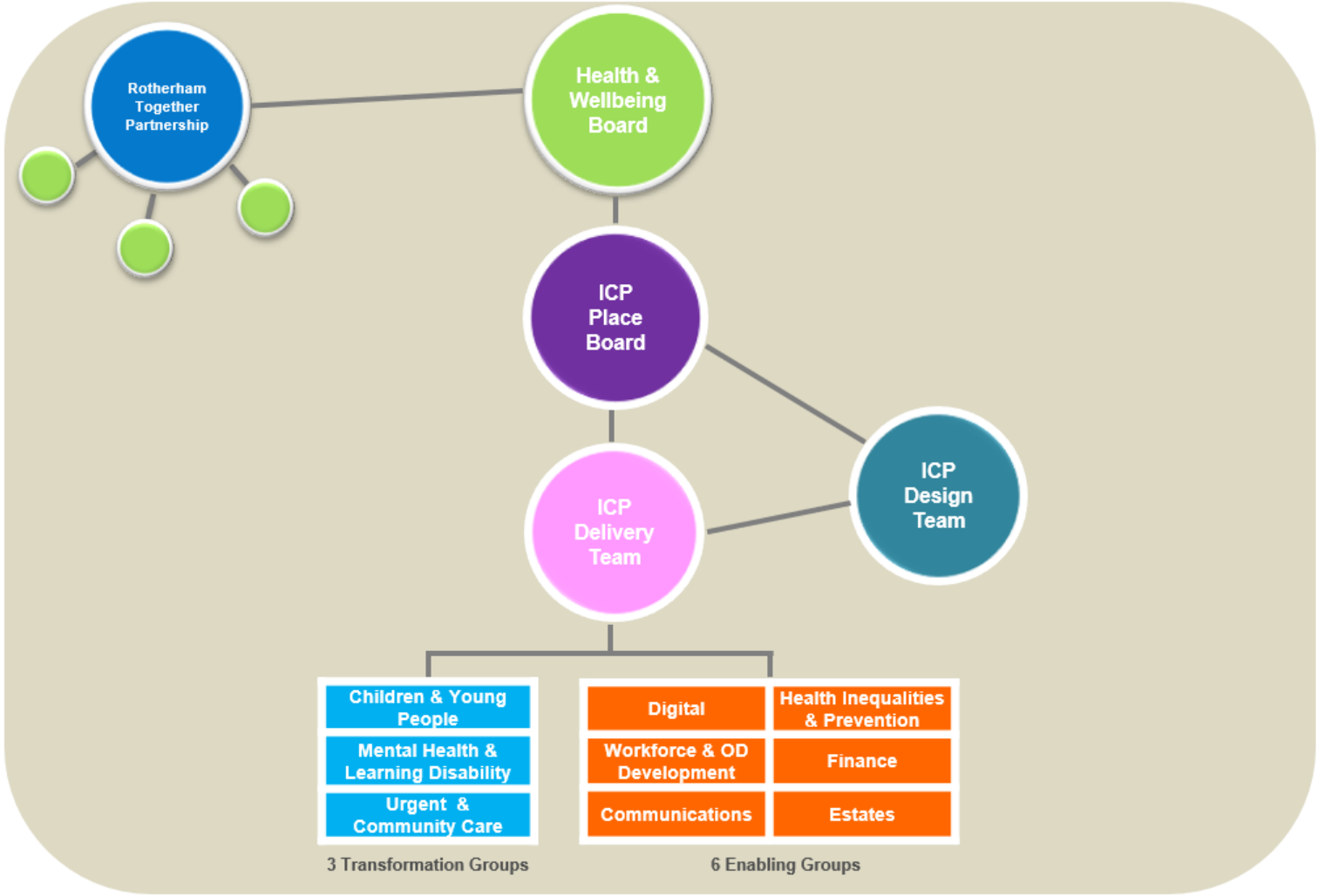
This group feeds into the Rotherham ICP Place Board, as well as Rotherham's Health and Wellbeing Board allowing for strategic oversight of the work. The named executive leads for health inequalities across the Rotherham Place will also have a role in steering the agenda and ensuring the strategy is delivered within each organisation.

Subgroups will be established where required, including the Health Inequalities Data Sub-group which will take a leading role in delivering on priority one.

**Monitoring delivery**

Progress will be reported into the Prevention and Health Inequalities Enabler Group on a monthly basis, with issues escalated to the Place Board and the Health and Wellbeing Board where necessary. All Place partners will be responsible for assuring the delivery of the plan.

The action plan that is appended to this strategy will be refreshed annually in consultation with all partners. An outcomes framework will also be developed, which will identify targets, key inclusion groups and will seek to measure the longer-term success of the strategy.


Rotherham Together Partnership
Health & Wellbeing Board
ICP Place Board
ICP Delivery Team
ICP Design Team
Children & Young People
Mental Health & Learning Disability
Urgent & Community Care
Digital
Health Inequalities & Prevention
Workforce & OD Development
Finance
Communications
Estates
3 Transformation Groups
6 Enabling Groups

## Action Plan – 2022/23

*This action plan will be formally reviewed on an annual basis and will be reported through to the ICP Place Board as part of performance monitoring for the Prevention and Health Inequalities Enabler Group.*

**Priority 1: Strengthen our understanding of health inequalities through data and intelligence**

| Outcomes | # | Action | Timescale | Delivery group/ lead organisation | Lead(s) | Alignment with NHS 5 strategic actions |
|---|---|---|---|---|---|---|
| Improve the understanding of health inequalities in Rotherham (1A)<br><br>Ensure that partners have access to bespoke data products (1B)<br><br>Ensure that data around health | 1.1 | Develop our approach to population health management including a focus on:<br><br>• The RODA work programme<br>• Hypertension case findings<br>• Small area-level data to identify prevalence of smoking and obesity at a ward level and split down by protected characteristic | Q4 2023 TBC based on resources Q1 | Health Inequalities Data Subgroup | Alex Henderson-Dunk | Ensuring datasets are complete and timely |

| | | | | | | |
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| inequalities informs commissioning, decision-making and service-delivery (1C) | 1.2 | Analyse waiting lists, inequalities in access to services and performance differentials across demographic groups. | Q2 | Health Inequalities Data Subgroup | Alex Henderson-Dunk, Elizabeth Wardle and Ray Hennessey | Restoring NHS services inclusively<br><br>Ensuring datasets are complete and timely |
| | 1.3 | Develop the first draft of an outcomes framework and dashboard to support the delivery of the prevention and health inequalities plan and identify key inclusion groups. | Q1 | Health Inequalities Data Subgroup | Becky Woolley and Alex Henderson-Dunk | Ensuring datasets are complete and timely |

**Priority 2: Develop the prevention pathway to reduce the harms from smoking, obesity and alcohol and support healthy ageing**

| Outcomes | # | Action | Timescale | Delivery group/ lead organisation | Lead(s) | Alignment with NHS 5 strategic actions |
|---|---|---|---|---|---|---|
| Reduce the overall prevalence of smoking in Rotherham and narrow the gap between population groups (2A)<br><br>Increase the proportion of Rotherham people who are a healthy weight (2B)<br><br>Reduce alcohol-related harm for people in Rotherham (2C)<br><br>Support older people in Rotherham to retain | 2.1 | Develop our partnership action plans focussed on tobacco, healthy weight, and alcohol. | Tobacco – end of Q3<br><br>Alcohol – Q3<br><br>Healthy weight – TBC | Partnership task and finish groups to be established by Public Health | Catherine Heffernan and Jacqui Wiltschinsky | Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes |
| | 2.2 | Identify and treat inpatient smokers as part of the QUIT programme. | Q4 - 2023 | TRFT and RDaSH | Healthy Hospitals Manager (TRFT) And Olha Hodgson (RDaSH) | |
| | 2.3 | Develop a prevention 'brand' and communications campaign with a focus on upstream prevention messages. | Q4 - 2023 | ICP Prevention and Health Inequalities Enabler Group | Ben Anderson, Gordon Laidlaw and Aidan Melville | |

| | | | | | | |
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| their independence and age well (2D) | | | | working with the Communications Enabler Group | | |
| | 2.4 | Recommission the healthy lifestyles services and NHS health checks as part of a broader partnership pathway, informed by coproduction work. | Cabinet decision about model and timeline – Q1 2022 | Public Health | Anne Charlesworth | |
| | 2.5 | Develop our approach to providing low-level advice and support to older people in the community, using learning from the Active Solutions pilot. | Q2 | RMBC Adult Social Care and voluntary sector partners | Jo Hinchliffe and Lesley Dabell | |
| | 2.6 | Launch and promote the NHS England resource pack to support carers with their health and wellbeing. | Q1 | RMBC Adult Social Care | Jo Hinchliffe | |

**Priority 3: Support the prevention and early diagnosis of chronic conditions**

| Outcomes | # | Action | Timescale | Delivery group/ lead organisation | Lead(s) | Alignment with NHS 5 strategic actions |
|---|---|---|---|---|---|---|
| Reduce the health burden of cardiovascular disease in Rotherham (3A)<br><br>Improve the management of diabetes (3B)<br><br>Reduce the health burden of chronic respiratory disease in Rotherham (3C)<br><br>Increase the proportion of cancer diagnoses made at | 3.1 | Restore diagnosis, monitoring and management to pre-pandemic levels in 2022/23, as per the Quality and Outcomes Framework (QOF), Integrated Investment Fund and Direct Enhanced Service targets for:<br><br>• Hypertension<br>• Atrial fibrillation<br>• High cholesterol<br>• Diabetes<br>• Asthma registers and spirometry checks for adults and children<br>• COPD registers and spirometry checks for adults and children | Q4 – 2023 | Primary Care Networks | PCN Clinical Directors | Restoring NHS services inclusively<br><br>Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes |
| | 3.2 | Progress the population health place development programme, with a focus on CVD/diabetes. | Q2 | Population Health Place Development Programme Group | Ben Anderson and Ian Atkinson | Accelerating preventative programmes that |

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| stage 1 or stage 2 (3D)<br><br>Ensure people get support with their mental health at the earliest possible stage (3E) | 3.3 | Review the engagement methods of the healthy engagement team. | Q4 – 2022 | Voluntary Action Rotherham | Julie Adamson | proactively engage those at greatest risk of poor health outcomes |
| | 3.5 | Review Rotherham's respiratory pathway in the context of the national Right Care pathway. | Q1 (TBC) | Rotherham CCG and Public Health | Jacqui Tuffnell and Catherine Heffernan | |
| | 3.6 | Undertake work to increase early cancer diagnosis, including:<br><br>• Delivering the lung health checks programme<br>• Recruiting clinical cancer champions using funding from Yorkshire Cancer Research.<br>• Undertaking a behavioural insights project focussed on early cancer diagnosis. | Q3<br><br>Q1 | Primary Care Networks | Dr Jason Page<br><br>PCN Clinical Directors | |
| | 3.7 | Providing prevention and health inequalities support to mental health transformation work, including:<br><br>• Three OHID-funded prevention projects<br>• A communications campaign to promote 'self- | Ongoing | Prevention and Health Inequalities Group providing support to the Mental Health, Learning Disabilities and Neurodevelopmental Workstream | Ruth Fletcher-Brown<br>Gordon Laidlaw<br>Kate Tufnell | |

| | | | | | | |
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| | | help', early intervention, and prevention<br>• The community mental health transformation programme<br>• Health checks for those with SMIs | | | | |

**Priority 4: Tackle clinical variation and promote equity of access and care for underserved groups**

| Outcomes | # | Action | Timescale | Delivery group/ lead organisation | Lead(s) | Alignment with NHS 5 strategic actions |
|---|---|---|---|---|---|---|
| Narrow the gap in maternal outcomes for ethnic minority women and women from deprived communities (4A)<br><br>Reduce premature mortality for people with severe mental illness, learning | 4.1 | Ensure continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups. | 2024 | TRFT | Sarah Petty | Restoring NHS services inclusively<br><br>Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes |
| | 4.2 | Review the health section of the Learning Disability Strategy and develop action plans to reduce premature mortality for people with learning disabilities and autistic people. | Q1 | Subgroup (TBC) | Garry Parvin | |
| | 4.3 | Review opportunities to build mental health support into long-term conditions pathways. | Q4 | Prevention and Health | CCG and TRFT leads TBC | |

| | | | | | | |
|---|---|---|---|---|---|---|
| disabilities and autistic people (4B)<br><br>Improve access to social prescribing for ethnic minority communities (4C)<br><br>Mitigate against digital exclusion (4D) | | *(Also relates to outcome 3E)* | | Inequalities Group | | |
| | 4.4 | Deliver a programme to promote social prescribing amongst ethnic minority communities and increase referrals from clinicians. | Q4 – 2022 | Voluntary Action Rotherham | Julie Adamson | |
| | 4.5 | Identify shared priorities with the digital enabler group | Q1 | ICP Prevention and Health Inequalities Enabler Group and the Digital Enabler Group | Becky Woolley | Mitigating digital exclusion |

**Priority 5: Harness partners' collective roles as anchor institutions to address health inequalities**

| Outcomes | # | Action | Timescale | Delivery group/ lead organisation | Lead(s) | Alignment with NHS 5 strategic actions |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Improve the health and wellbeing of our workforce across the place partnership (5A)<br><br>Employ more people from deprived communities and inclusion groups in Rotherham (5B)<br><br>Increase our local spend to support Rotherham's economy (5C)<br><br>Reduce our environmental impact (5D) | 5.1 | Hold a workshop to start working towards a common understanding and focus for the anchor institution agenda. | Q4 2022 | ICP Prevention and Health Inequalities Enabler Group | Ben Anderson and Becky Woolley | Leadership and accountability |
| | 5.2 | Agree partnership commitments to act as anchor institutions to reduce health inequalities in Rotherham. | Q2 | ICP Prevention and Health Inequalities Enabler Group | All partners | |

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Rotherham Metropolitan Borough Council

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| **BRIEFING** | **TO:** | Health and Wellbeing Board |
| | **DATE:** | 22 June 2022 |
| | **LEAD OFFICER** | Sally Jenks<br>Health Improvement Principal |
| | **TITLE:** | Breastfeeding Friendly Borough |

**Background**

**1.1** Rotherham Council formally adopted the Local Authority Declaration on Healthy Weight in January 2020, signed by Sharon Kemp, Chief Executive, Cllr David Roche, Cabinet Member for Public Health and the former Director of Public Health, Terri Roche. Further work on the Declaration was paused from March 2020 due to the Covid-19 pandemic.

The Healthy Weight Declaration is a statement of intent, demonstrating that the Council, working together with partners, is committed to exploring opportunities in relation to promoting healthy weight and reducing obesity. It offers a way to bring together all the work already going on under one umbrella and explore new opportunities to promote healthy weight locally. The Declaration principles look at the wider obesogenic environment. There is not one single solution: tackling the problem requires a long-term, system-wide approach that makes healthy weight everybody's business, is tailored to local needs and works across the life course. A whole-system life-course approach ensures that all opportunities to create healthy environments and make healthy choices available and easy for everyone are explored and implemented where appropriate.

A key line of action within that document refers to creating supportive environments for all children, young people and parents by:

- promoting good relationships with food and physical activity from an early age, through childhood and into teenage years
- promoting healthy eating and activity during pregnancy
- creating supportive environments to help normalise breastfeeding

The move to establish Rotherham as a Breastfeeding Borough and have a local Breastfeeding Declaration will clearly articulate the commitment of the council, the Health and Wellbeing Board and key partner organisations to support change.

References are made to 1001 days (the period from conception to a child's second birthday), which is a key theme of the Best Start and Beyond Framework. Breastfeeding is a fundamental strand within that document and cross cuts multiple strategies locally.

This briefing is to raise awareness of the actions currently underway and planned to develop Rotherham as a Breastfeeding Friendly Borough.

**Key Issues**

**2.1** **System Leader**

The 1001 days and breastfeeding agenda uses our role as an anchor institution to normalise breastfeeding. By adopting the Declaration, the council will agree to the commitments set out in Appendix A, the draft declaration, and an intention to explore opportunities where the council has power and influence to improve and support breastfeeding opportunities for Rotherham people.

The vision is that the Declaration will not only be adopted by the council, but as a Rotherham-wide declaration, which includes commitments of local partners via Health and Wellbeing Board and the Prevention and Health Inequalities Enabler Group to collectively address across the place.

**Compassionate Approach**

Rotherham has committed to taking a compassionate approach to the Healthy Weight agenda. This approach reduces stigma and normalises universal approaches, making them more inclusive and accessible. The Breastfeeding Declaration is an opportunity for Rotherham to contribute to addressing the challenges of breastfeeding, and thus healthy weight whilst taking a compassionate approach. This focuses on an approach which is not stigmatising or blaming but is rather based on creating healthy supportive environments for everyone.

Such an approach is especially warranted in relation to breastfeeding in the UK, where eight out of ten women stop breastfeeding before they want to[1], and most report that this is due to feeling insufficiently supported. This also frequently results in feelings of guilt and failure.

Annual rate for Rotherham 2020/21
All Rotherham values are worse than the England average

| Feeding style | 2020/21 Rate (n = 3,491) | | England rate |
|---|---|---|---|
| | Actual | % | % |
| Totally, or partially, breastfed | 916 | 34.2 | 47.6 |
| Totally breastfed | 647 | 24.4 | 31.9 |
| Partially breastfed | 269 | 10.1 | 15.7 |
| Not breastfed at all | 1,659 | 62.0 | 39.5 |

Current Rotherham rates for 2021/22

Quarter 1 and 2 of 2021-2022

| Breastfeeding prevalence at 6 to 8 weeks after birth (experimental statistics) | Number of infants due a 6 to 8 week review | Infants totally or partially breastfed | Infants totally breastfed | Infants partially breastfed | Infants not at all breastfed |
|---|---|---|---|---|---|
| Quarter 1 2021 to 2022 | 669 | 264 (39.5%) | 180 (26.9%) | 84 (12.6%) | 401 (59.9%) |
| Quarter 2 2021 to 2022 | 694 | 259 (37.3%) | 176 (25.4) | 83 (12%) | 419 (60.4%) |

[1] Breastfeeding in the UK - Baby Friendly Initiative (unicef.org.uk)

| Key Actions and Relevant Timelines | |
|---|---|
| **3.1** | Below is an update on the breastfeeding work in line with 1001 days and Healthy Weight Declaration, the timeline for development was initiated in February 2022 and is initially planned for the next 12 months. The summary of action is grouped into themes to enable a quick oversight of coverage.<br><br>**Theme - initiatives**<br><br>Develop a Rotherham Breastfeeding Borough Declaration for the Council, Health and Wellbeing Board partners, anchor organisations and wider businesses to sign up to. Breastfeeding Friendly Borough ethos; a Borough that supports feeding anywhere not just in 'special' designated hidden spaces and places (in line with and an objective in the Healthy Weight Declaration).<br><br>Breastfeeding Friendly places – RMBC needs to become a system leader on this issue with our community venues welcoming and supporting feeding parents. The estates team are planning an audit of sites which would be suitable to support breastfeeding, note this is not just a private feeding room, this is about a suitable public space, normalising and supporting feeding in public spaces.<br><br>**Theme – policy and workplace**<br><br>The Corporate Maternity policy is now being refreshed and updated (existing version dated 2014) because of a conversation about the outdated perspective of breastfeeding in the existing policy. Commenced February 2022, breastfeeding remains as a section within the Maternity Policy which is part of a now wider corporate policy update. An analysis of whether we, the Council can currently meet the standard and what actions it would take to meet as a council will be produced.<br><br>Once the RMBC corporate policy refresh has concluded, the next step is to engage with the Chamber of Commerce regarding Breastfeeding Friendly policy and places with its members.<br><br>A breastfeeding policy template has been produced and is being included in the Wellbeing at Work award template resource. It is not feasible to be incorporated into the assessed award schedule.<br><br>**Theme – communications**<br><br>The new Public Health communications lead will now be linked in with TRFT's communications lead to ensure a consistency of messaging is being produced and disseminated across the Borough. As covid communications demand is waning, this will also include the CCG communications lead.<br><br>There will be a need to develop a borough specific branding for breastfeeding to align to this work including the development of website and social media across the Place.<br><br>The expectation will be social media platforms used to promote and raise awareness of the benefits of breastfeeding, the breastfeeding support services and link to UNICEF Baby Friendly resources. Peer support workers (housed within the 0-19 service) can use this platform to respond to questions relating to breastfeeding and use social media to gauge the level and type of support needed by breastfeeding mums. This channel will be used by feeding parents to rate their experiences of the breastfeeding friendly venues |

across the borough, building a social movement and creating momentum for a self-improving system of places, services and facilities.

In turn this will support borough-wide communications and campaigns associated with breastfeeding in association with climate change, bonding, health links, supporting cultural change and social norms. Breastfeeding day/week events would be encouraged, especially locally inspired campaigns and events.

**Theme – training and embedding into practice**

Breastfeeding Friendly was proposed as a Health Improvement Standard in the CCG Primary Care Quality Contract. Confirmation was received on April 3rd 2022 that there will be no new standards added for 2022/2023 as the 2021/2022 standards are being 'rolled over'. This will not mitigate the opportunity for general practice sites to become Breastfeeding Friendly, it just means the process will need greater effort to engage and promote, Primary Care Networks and the Practice Mangers network will be contacted to explore opportunities for this agenda in practices.

Breastfeeding Friendly training and awareness activities, proposed schedule commencing May 2022 including:

a) Application to run a Protected Learning Time event for primary care submitted.
b) Scoping to present at relevant Directorate RMBC SMTs.
c) Work with Rotherham Local Pharmaceutical Committee to discuss links with Healthy Living Pharmacy programme and the essential services contract.

Creating community networks for action by working with our neighbourhoods teams and voluntary sector partners, engaging with local communities to inform and support with the agenda and create hyperlocal networks whether virtual or real.

**Theme – contracts and procurement**

The new 0-19 service specification published week commencing 4th April 2022 includes requirement for Early years high impact area 3: Supporting breastfeeding - GOV.UK (www.gov.uk) and the expectation delivery model will address supporting breastfeeding by:

1. delivering an effective breastfeeding peer support service that meets the needs of the breastfeeding community across Rotherham
2. targeting service support in the Borough at families in deprived areas to contribute to reducing health inequalities
3. working in partnership with Children Centres
4. maintaining a register of all breastfeeding peer supporters in Rotherham
5. coordinating the Service, to organise and support the peer supporters to work across Rotherham
6. providing ongoing educational support and guidance to breastfeeding peer supporters to ensure the best care is given to breastfeeding mothers
7. all peer supporters receive appropriate guidance for service delivery, communicating with midwives and health visitors as appropriate
8. creating logs of all active breastfeeding peer supporter's activity
9. promoting the Service to families across Rotherham in a variety of ways including utilising social media
10. managing the accreditation of local organisations/establishments for Rotherham UNICEF UK Baby Friendly Standards.

| **Implications for Health Inequalities** | |
|---|---|
| **4.1** | The first 1001 days are increasingly understood to be the most critical phase when the foundations for lifelong health are built and breastfeeding is an important factor, it promotes health, prevents disease and helps contribute to reducing health inequalities giving babies the best start and beyond.<br><br>The first 1001 days offer a unique opportunity to influence future health states of the Rotherham population. Investing at this stage of life should bring huge social benefits and considerable savings in the long term. The effects of any investment may still be apparent in future generations. During this time so many health and developmental advantages and disadvantages are laid down with lifelong consequences for an individual's life chances. How well or how poorly mothers and children are nourished and cared for during this time can profoundly affect a child's ability to grow, learn and thrive. Moreover, a baby brought up in a supportive environment, within a strong loving partnership with a committed other(s), can have a huge impact on their wellbeing.<br><br>Not every baby born in Rotherham has the same opportunities as their peers for a healthy life. Nutrition through pregnancy and choices for feeding and weaning in the earliest parts of a child's life play a fundamental role in development and the potential to thrive. Poor nutrition in the first 1001 days can set up an irreversible disadvantage in a child's development and breastfeeding rates are lowest in disadvantaged groups.<br><br>The earliest nutrition a new-born child receives is milk, either through breastfeeding or through bottle feeding. Compositional regulations ensure that infant formula meets the basic nutritional needs of the exclusively formula fed infant. However, it must be remembered that breastmilk remains nutritionally superior due to several components that cannot be replicated in formula and additionally provides non-nutritional benefits, including immunity protection and hormonal processes that support bonding and attachment. Breastfed babies have a lower risk of diarrhoeal disease and respiratory infection in infancy, including hospitalisation for these conditions, and they are less likely to become overweight or obese in childhood. |
| **Recommendations** | |
| **5.1** | The Council in the first instance agree their commitment to principle of becoming a Breastfeeding Borough by endorsing the Declaration; becoming individual and organisational champions of the Breastfeeding Declaration and committing to making our borough breastfeeding friendly.<br><br>Acknowledge that engagement and implementation work will be required prior to formally ratifying the Declaration in 12 months' time. This will enable a full understanding of our current ability to comply with the standards and any engage partners in actions required to be able to address the gaps and action plan development (see recommendation below).<br><br>To challenge where current policies or practice hinder progress towards to aims of the breastfeeding declaration and aim to become a breastfeeding borough.<br><br>To further consider where Rotherham can best focus efforts to improve and maximise opportunities to support the agenda.<br><br>To agree the council-based breastfeeding declaration action plan, including the governance and accountability processes. |

| | |
|---|---|
| | To acknowledge that this work also addresses actions in wider place-based action plans such as the Best Start and Beyond Framework, Health and Wellbeing Board (Aim 1), Prevention and inequalities Enabling Group and Healthy Weight Declaration Action Plan. |
| | |
| **6.1** | Appendix A - Breastfeeding Declaration (Draft)<br><br>  <br>BFeeding Borough declaration FEB 15 22<br><br>**Related Information / documents**<br>Healthy Weight Declaration (2020)<br>Best Start and Beyond Framework (2022)<br>Health Needs Assessment 0-19 (2021)<br>Health Needs Assessment Healthy Weight (2021) |

# Supporting a Breastfeeding Borough (v1)

## Our commitment

The Council recognises is committed to protecting, promoting and supporting breastfeeding through advocacy to the whole of its population, whether they be a member of the public or a member of staff.

To achieve this, we support the implementation of a Breastfeeding Borough, which includes some of the measures from the Baby Friendly Initiative (BFI) and adapt these to our local authority ethos and services where appropriate.

### Stage One: Building a firm foundation

1. We will have a signed breastfeeding statement for the Council that is routinely communicated to all staff. We will share this with all new starters via our electronic induction system and, where appropriate, will have a routine reminder of this policy through our annual training updates.
2. We will continue to show commitment to maintaining an evidence-based level of understanding in relation to infant feeding. This will inform our commissioning and our wider public health agendas.
3. We will work collaboratively with our partners to support a Breastfeeding Borough whilst doing this, we will hold central the well-being of the baby and their mother / parents.

### Stage Two: An educated workforce

1. We will maintain a level of education that enables staff within, not only our Public Health department, but also our leadership team across the Local authority, to recognise the health and wellbeing benefits of breastfeeding.
2. We will raise the profile of breastfeeding across all our departments through social media postings and local campaigns.

### Stage Three: Parents' infant feeding experience, as a local authority we will:

1. Support the appropriate wider strategic health and wellbeing agenda including 1001 days, the Rotherham Healthy Weight Declaration, the Inequalities and Prevention Strategy and promote the importance of breastfeeding for the health and well-being of their baby.
2. Advocate that the appropriate wider strategic agendas, where possible, support infrastructure which promotes, and supports breastfeeding for every mother and every baby.
3. Recognise that breastfeeding has multifaceted complex challenges within our population, however we will work with our partners to deliver national and local campaigns to support responsive feeding for all babies.

# A Breastfeeding Borough - Places.
## Our commitment

- We will participate in efforts to promote and support breastfeeding as the cultural norm.
- We will encourage breastfeeding as the preferred method of infant feeding.
- All frontline staff working in RMBC's premises which are accessible to the public should support breastfeeding by adopting the following:
- Breastfeeding parents will be given the freedom within public areas to choose where to breastfeed; the presence of a breastfeeding room does not mean that she must choose to use the room.
- Breastfeeding parents will be welcomed when on the premises and will not be asked to cover up or move to another area when breastfeeding.
- If a mother wishes to have more privacy to breastfeed, she will be offered an appropriate location as far as practicable. Toilets or restrooms are not appropriate places for feeding babies and will not be offered.
- We will support breastfeeding parents if they encountered difficulties and show kindness and respect.
- We will create a positive and supportive environment within our local authority buildings (for example, by displaying breastfeeding positive posters in public areas and, as far as practicable, providing a private space for breastfeeding clients).

# A Breastfeeding Friendly Workplace -Policy
## Our Commitment

1. We will recognise the need to support employees to continue breastfeeding after returning to work.
2. Employees who plan or need to express breastmilk during working hours should approach their supervisors to work out an appropriate arrangement through supportive discussion whilst completing a risk assessment with their line manager.
3. Line managers should support breastfeeding employees on return to work by providing an enabling environment for those who are breastfeeding. Specific measures include the following:

- Allowing lactation breaks (one 30 minute break every four hours) for expression of breastmilk for at least one year after childbirth, and to adopt a flexible approach thereafter.
- Provide somewhere for hand washing which does not involve a public toilet.
- Provide a private space with a comfortable chair and an electric outlet for operating the breast pump.
- Provide refrigerating facilities for safe storage of expressed breastmilk. There is an expectation that the employee will ensure that this would be clearly marked and

placed in a separate box within the fridge to prevent colleagues from opening it by accident.
- All other staff members are requested to support their colleagues to breastfeed by adopting a positive and accepting attitude.
- Consider if needed, flexible approaches to enable the continuation of breastfeeding when a baby will not take milk from a bottle. This might involve the baby's carer attending the offices, at the cost of the mother, for the 30 minute break every four hours, to allow the mother to breastfeed. This would need a separate risk assessment undertaking.

# A Breastfeeding Borough. Supporting the International Code of Marketing of Breastmilk Substitutes

## Our Commitment

We will also work within the International Code of Marketing of Breastmilk Substitutes and promote healthy infant feeding decision making for all staff and members of the public.

We will support the relevant provisions of the marketing code within our premises:

1. We will not advertise any breastmilk substitutes.
2. We will not give free samples of any product that promotes bottle feeding.
3. We will encourage our partners working within healthcare facilities to adhere to the code of marketing of breastmilk substitutes.
4. We will not support any contact of parents from formula company representatives.
5. We will not accept any gifts or personal samples from any company linked with formula companies.
6. We will not in any of our contact with parents use words or pictures idealising artificial feeding.
7. We will ensure that our information provided to staff and our population is scientific and factual.
8. When discussing formula infant feeding, we will recognise the evidence base regarding the risks of not breastfeeding.
9. Our guidance will support families with robust infant feeding information therefore reducing unsuitable products entering a child's diet.

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Rotherham Metropolitan Borough Council

# HEALTH AND WELLBEING BOARD

## ANNUAL REPORT 2021/22

A HEALTHIER ROTHERHAM BY 2025

NHS

South Yorkshire POLICE

VoluntaryAction Rotherham

healthwatch Rotherham

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# FOREWORD

**I am delighted as Chair of the Health and Wellbeing Board to present our fourth annual report. Our Health and Wellbeing Board is built on strong partnerships, which have strengthened even more during the last two years in our response to the Covid-19 pandemic. I would like to thank all the partners for their commitment to delivering Rotherham's Health and Wellbeing Strategy and working together to improve outcomes for local people.**

The last year has been challenging, and as well as facing the pressures of Covid-19, we are also facing considerable health challenges locally. In 2019/20, 73.6% of adults in Rotherham were classified overweight or obese, compared to 62.8% nationally. In 2020, 12.5% adults in Rotherham were classed as current smokers, compared to 12.1% nationally. Smoking is the most important cause of preventable ill health and premature mortality in the UK. In the refresh of our board's priorities, we have focused on responding to the impact and long-term consequences of Covid-19, as well as supporting our residents to lead healthy lifestyles.

Further, the board have overseen delivery of a number of key pieces of work over the past year, such as developing a framework to give every child the best start in life, supporting children's mental health in schools, ongoing work to support carers and supporting the Covid-safe delivery of Rotherham Show as one of the first in-person large scale events many residents attended since the start of the pandemic.

Tackling health inequalities has been core to our focus over the last year. In order to ensure that the health of our most vulnerable residents is improving the fastest, a prevention and health inequalities sub-group has been established at place level.

In the coming year, we intend to hold a review of the impact of Covid-19 and lessons to be learnt from it. Health inequalities will be our main uniting theme. We also still need to consider the changes being brought in through the Health and Care Bill, including to our place-level ICP. Most of the work has taken place over the last year, but changes are still being finalised, with the full impact of the on the Health and Wellbeing Board, including its membership, yet to be determined. In the coming year we will also refresh our Health and Wellbeing Strategy, as well as the accompanying action plan to ensure alignment with our reviewed priorities and any place-level changes.

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

# THE HEALTH AND WELLBEING BOARD

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

*Organisations represented on the board include:*

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

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

Further detail around the role of the board, including how the board has met the statutory duties over 2021/22 is outlined below.

## Joint Strategic Needs Assessment (JSNA)

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

The JSNA is hosted on a live website called 'the Rotherham Data Hub.' The refresh for 2021/22 has seen the inclusion of small area data, to allow for analyses at ward level. All data from the JSNA is used to inform commissioning decisions and strategy development. In particular, the findings of the updated JSNA have informed the refresh of Health and Wellbeing Board priorities over the past year and the strategic approach to tackling health inequalities.

The Rotherham Data Hub is publicly accessible at www.rotherham.gov.uk/data/.

## Joint Health and Wellbeing Strategy

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

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

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

The Health and Wellbeing Board receives regular updates against each of these four aims. As the priorities, which underpin each aim, have been updated since March 2018, the Health and Wellbeing Strategy will be refreshed in the coming year to reflect the agreed changes.

## Pharmaceutical Needs Assessment (PNA)

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

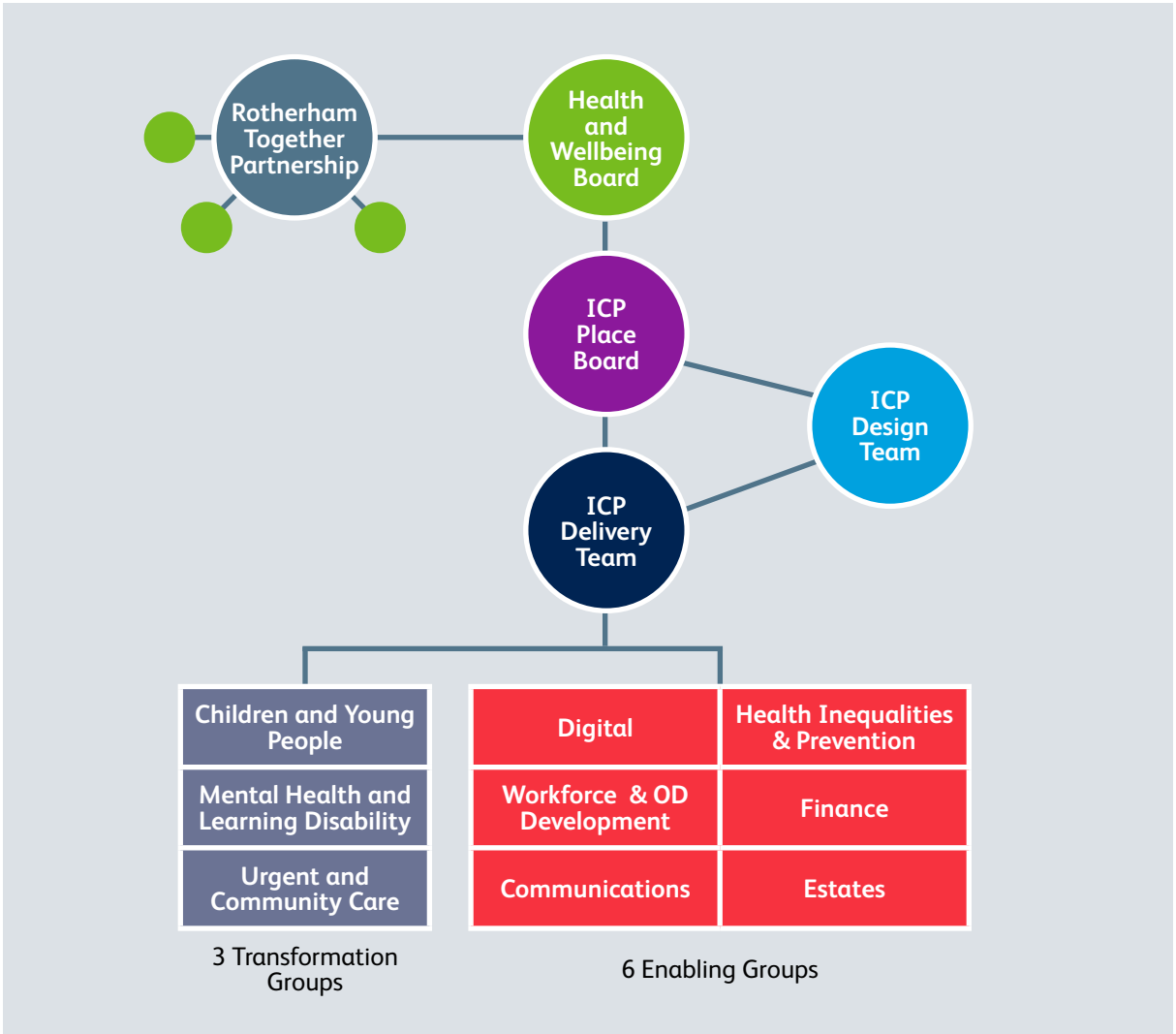
The current PNA for Rotherham now runs from April 2018 to October 2022. The needs assessment is currently ongoing and will be completed in October 2022.

# GOVERNANCE

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

As part of the refresh of the ICP Place Plan, a new Prevention and Health Inequalities enabling group was established. It met for the first time in May 2021.

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



## Rotherham Together Partnership (RTP)

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

One of the game changers is 'integrating health and social care', which requires significant input from the Health and Wellbeing Board, working closely with the Integrated Care Partnership (ICP) Place Board. The Health and Wellbeing Board also contributes to the other game changers, particularly 'building stronger communities' and 'skills and employment'.

## Integrated Care Partnership (ICP)

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

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

## Safeguarding

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

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

Delivering on the protocol includes each board delivering and receiving updates from one another on annual basis, to ensure connectivity and appropriate oversight of issues relating to safeguarding. The terms of the protocol were fulfilled for 2021/22. Ensuring we are taking an integrated and co-ordinated approach to addressing issues relating to safeguarding will continue to be a priority for 2022/23.

# KEY DATES – APRIL 2021 – MARCH 2022

# WHAT'S WORKED WELL?

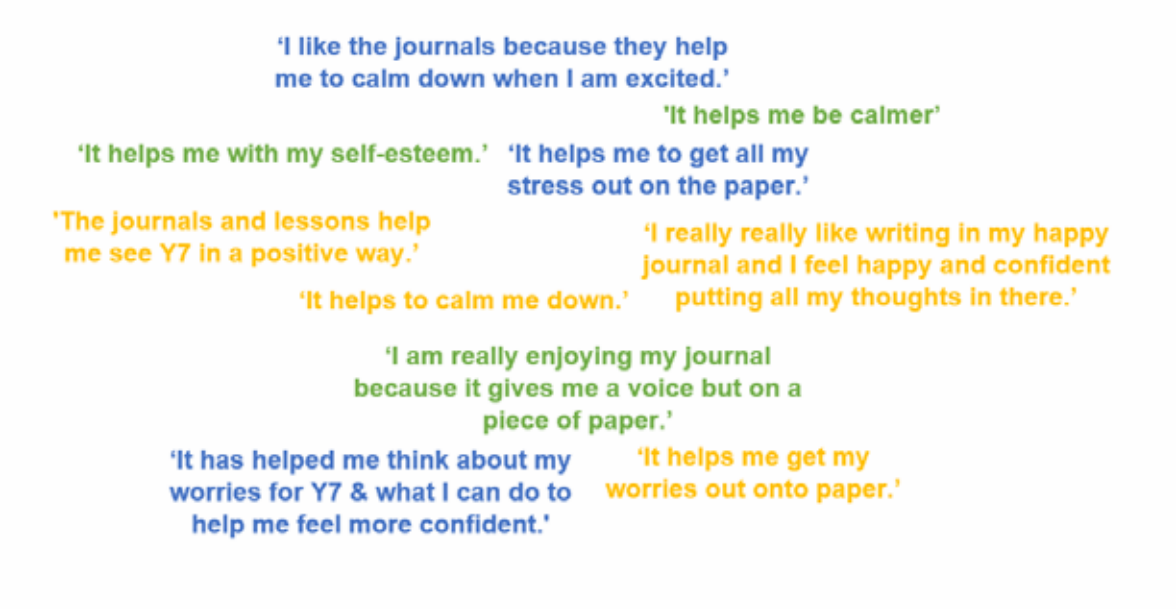
There has been significant progress made across the partnership over the past year to support delivery of the Health and Wellbeing Strategy.

Examples of some of the achievements to deliver the strategy in 2021/22 include:

- Following engagement with Public Health colleagues, RMBC catering services have achieved a Food for Life award. Further opportunities to improve food available in schools are being explored.
- A variety of programmes were delivered to support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol, including the establishment of an outreach team to support frequent attenders to the TRFT Emergency Department with complex Alcohol and Mental Health needs
- To deliver the loneliness plan, Making Every Contact Count (MECC) training was launched and delivered to over 150 people and the Public Health England (PHE) Better Mental Health Fund Befriender project was delivered
- Libraries have launched programmes, including film screenings and death cafes, to become death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy
- A review of the strategic positioning of physical activity in Rotherham was undertaken and a series of recommendations are feeding into the development of future work.
- A variety of programmes were delivered to welcome women and girls into football, focussing on under-represented groups, and more are in development in preparation for the Women's Euros being hosted in Rotherham in summer 2022.

# CASE STUDY

## SPECIALISED SUPPORT FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH IN SCHOOLS




**The Covid-19 pandemic has disrupted the lives and education of children and young people and impacted on their mental health and wellbeing. Research with local school children and young people has shown increased levels of anxiety and stress after the first six months' of the pandemic, with a decline in young people feeling positive and managing problems well and an increase in young people feeling confused, uncertain and sad.**

The Council's Children and Young People Services have responded to these worrying results by developing targeted support for children and young people in schools. They developed a Team Around the School (TAS) model of working, working with schools and creating new resources based on their needs, with a focus on mental health wellbeing, transition and including recovery from the impact of Covid-19 on pupils' wellbeing.

The project began to work with identified schools in early November 2021. A wide range of teams within Children's Services (Attendance, Inclusion, SEND, Early Help, Educational Psychology, Data and Finance) are working together with partner organisations, such as Rotherham Parent and Carers Forum and Voluntary Action Rotherham (VAR). Schools were selected based on need, for example those with a high percentage of most vulnerable pupils. The TAS group have created a tailored offer for each school to support young people and families to promote mental health and wellbeing, particularly at times of transition.

*Programmes that schools have been using most to date are:*

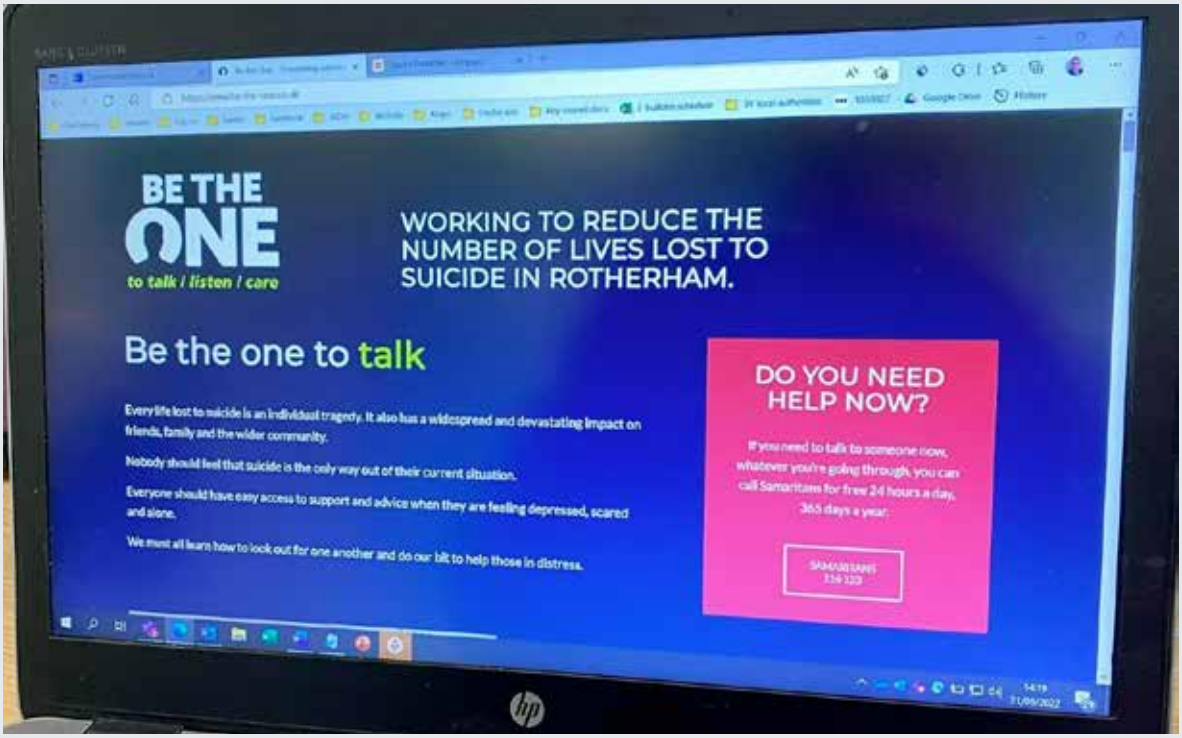
- myHappymind, an NHS and Ofsted endorsed wellbeing and healthy relationships programme for pupils
- Remote workshops for school staff to access support from the Educational Psychology Service within Children's Services to address individual or cohort needs in a timely manner, as well as providing bespoke training for school staff, including emotion coaching, staff wellbeing, trauma informed practice and bereavement support
- Weekly workshops provided by the Specialist Inclusion Team to promote awareness of mental health, wellbeing and relationships through transitions, which will be delivered in all target schools to the school lead and cohort of pupils.

So far, informal feedback from schools has been very positive: 'Coleridge Primary School has benefited immensely from the TAS programme and it's really supported our children, staff and families. The work conducted with our Y6 children with the myHappymind programme has really started to support our children's wellbeing and mental health and seeing themselves in a positive light. We have witnessed some marked improvements with some social, emotional and mental health (SEMH) children with their self-esteem and confidence. The TAS programme has been well organised and is going to have a long-lasting impact on our children over the next six months.'

Schools reported that improving the knowledge of staff around social, emotional and mental health has made a difference to date. While the evaluation is still ongoing, some schools have reported seen a reduction on fix term exclusions and an improvement in relationships with staff and their peers. The impact of the Team Around the School project will be measured through pupils completing pre and post Warwick Wellbeing Survey, as well as adult stakeholder pre and post surveys. The learning and impact from this whole school approach will be presented to the Health and Wellbeing Board in the coming year, as well as to primary headteachers in summer term 2023.

# CASE STUDY

## TRAINING STAFF ACROSS THE PARTNERSHIP ON SELF-HARM AND SUICIDE PREVENTION AWARENESS




**Taking action to prevent suicide and self-harm is one of the board's priority areas and part of the work ongoing to enable all Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life. This includes awareness raising campaigns across the borough, such as the Be the One campaign, as well as the delivery of training to partner staff. This work was delivered under the Suicide Prevention and Self-Harm Action Plan 2020-22.**

The latest suicide data shows that Rotherham has seen a small decrease in suicides for the period 2018-2020 from 2017- 2019, but the Rotherham's rate is still significantly higher than the rate for England at 10.4 per 100,000. Males still account for most deaths in Rotherham.

Between April 2021 and March 2022, council staff delivered training to over 100 people across the partnership to increase awareness on self-harm and suicide prevention. While the pandemic has disrupted the face-to-face programme of suicide prevention and self-harm training which was planned, a solution was sought to deliver these courses in a way which achieves the same learning outcomes whilst keeping participants safe. Virtual courses for suicide prevention and mental health first aid have been offered to all partner organisations with an emphasis on the voluntary sector, police and primary care. A second group of staff were trained as part of the Self Harm Train the Trainer project. After being signed off they deliver this awareness training to either staff or parents/carers.

- Over 80 people from across the partnership (targeting Voluntary and Community Sector (VCS), police and primary care as priority groups) attended virtual suicide prevention training courses
- Self-Harm Awareness sessions have been run by Early Help staff for parents and carers.
- 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 VCS community organisation.
- 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.
- Virtual Youth and Adult Mental Health First Aid courses attended by partner organisations.

Feedback from the suicide prevention training highlighted the impact of the training on attendees in raising their confidence and ability to support vulnerable people and those at risk of self-harm and suicide:

I feel more confident in the knowledge of being able to signpost any potential person who may have suicidal ideations and have a better understanding of how to deal with any given situation.

This session has given me more confidence to [talk to someone in crisis] and do it effectively until I can get the person in contact with the appropriate professional help. I've got a much better understanding of what to say to try and establish a connection with them and try and bring them back from the risk of acting on their thoughts at that time.

Having the time to listen to someone who is experiencing these suicidal thoughts and the importance of actively listening to them showing empathy and useful ways to connect to that person to a point of safety planning to reduce the risks.

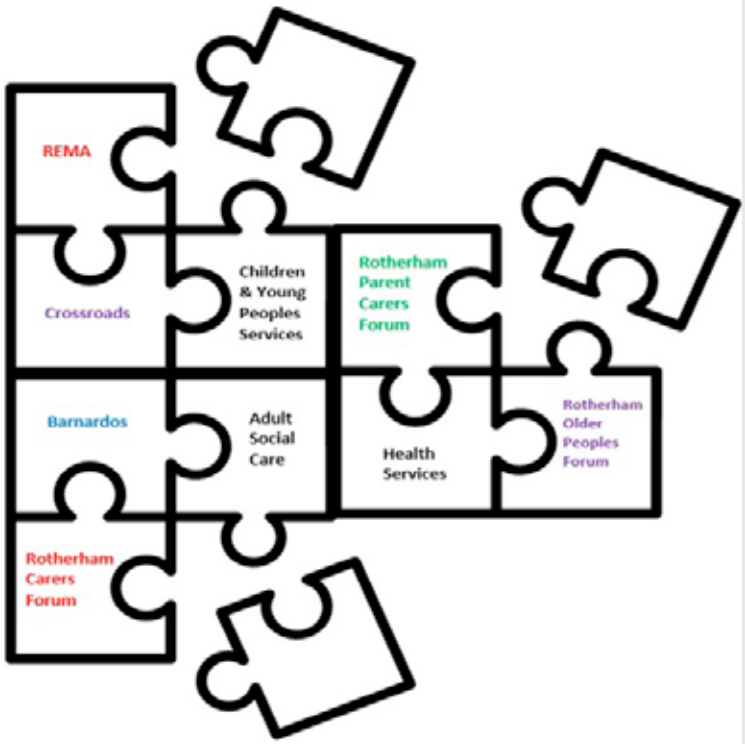
I can confidently say that the training helped my team enormously to better understand the pathways to support for vulnerable customers. My team are responsible for the recovery of Council Tax debt and actions that are often at an advanced stage. As debt can be a common trigger for customers suffering with their mental health it is critical that my team is equipped with the knowledge of where to go to help such customers and the training provided that reassurance. (Revenues, Benefits & Payments, RMBC).

Safeguarding and Wellbeing is an item on every Team Meeting we have. Before this training the majority of meetings saw staff articulate their worries about calls where a customer may be severely distressed or expressing suicidal thoughts.

Now, it is thankfully an item where more often than not, staff have no worries to raise and on the occasion where a staff member has had a call like this, they have dealt with it much better and utilised the additional tools/guides that were made available. (Revenues, Benefits & Payments, RMBC).

# CASE STUDY

## STRENGTHENING SUPPORT FOR CARERS THROUGH THE ESTABLISHMENT OF 'THE BOROUGH THAT CARES STRATEGIC GROUP'




**The Rotherham Health and Wellbeing Board sets out a vision for Rotherham to be a carer friendly borough. More than 30,000 people are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise could not manage without our help due to illness, disability, addiction or mental ill health. The Covid-19 crisis has emphasised the fundamental importance of taking action to improve the way unpaid carers are identified, recognised and supported.**

According to the Census figures in 2011 Rotherham had 31,001 carers. Findings from Carers UK July 2021 suggested there have been 4.5 million new carers since the start of the pandemic. Analysis showed that almost half of carers providing 20+ hours of care per week during the second wave of the pandemic were not previously providing care (45 % ). Locally, this would push our Rotherham number well over 45,000.

Evidence suggests that many carers feel isolated, under-valued, taken for granted and overlooked. This combination further impacts upon the physical, mental and economic health and wellbeing already experienced by many carers. As carers have been disproportionately affected during the pandemic, both socially and economically, creating a borough that carers for its carers is more important than ever. The borough's new strategic framework will be achieved through strong partnership approaches to ensure carers in Rotherham stay mentally and physically healthy, and economically active, for longer.

Carer organisations came together in May 2020 to ensure a joined-up response to the Covid-19 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. These organisations remained connected and through 2021 shaped and created our Strategic Framework for 2022-2025. The group then became 'Our Borough That Cares Strategic Group'.

The group consists of people from health, social care, the voluntary sector and crucially people with lived experience. To create a carer friendly borough, we need to ensure carers are involved in making key decisions about action plans and the delivery of services. Our work will focus on what everyone agrees is important not just the priorities of one group. Everyone will be involved all the way through the work – from planning to delivering to evaluating. This is about real-life impact and change for carers; we have created a strategic framework from the individual stories of the people who know best about caring - our carers.

# CASE STUDY

## DELIVERY OF ROTHERHAM SHOW IN A COVID-SAFE WAY

**Arts and Cultural programmes and events are key for people to connect with others and get outdoors, all of which benefits people's personal wellbeing.**

Due to the Covid-19 pandemic, Rotherham Show did not take place in 2020, instead a creative recovery programme was launched to support communities to safely and confidently return to cultural activities. Rotherham Together hosted more than 60 events and experiences across seven months including a large-scale Land Art mural which was installed at Clifton Park on the dates that the show would have taken place that year.

In 2021 due to delays and changes in Government Guidance events were only given permission to return from June 2021 and Rotherham Show was the first major event in the borough to return.

Demonstrator events in neighbouring areas had led to a large spike in Covid-19 cases and while many wanted to see things start to return there was also a lot of nervousness around the potential spread of infection, particularly among audience who had been more adversely affected by the pandemic such as older people and global majority communities.

Rotherham Show was delivered from 3rd to 5th September. The event altered its usual format increasing to a 3-day event which provided a quieter, more relaxed day on the Friday for audiences who were more cautious and wanted to return to cultural life without navigating large crowds. The layout of show was altered to remove bottle necks and open up space for people distance even at busier times. The infrastructure of the show was changed from closed marquees to open sided canopies and stages to aid ventilation. Signage was adopted across the site reminding people of the current guidance regarding Covid-19, hand sanitisers were brought in across the site and additional cleaning for high traffic areas was provided.

The show saw a packed programme of performances, events and things to do. On the Main Stage, there was a diverse programme of music and performance, while elsewhere, the Made in Rotherham Area of the show celebrated the creativity, vibrancy, resilience and diversity of our town, showcasing flavours from across the world through locally made food, art, music and performance. The programme also saw a wide range of activities for children and families, including entertainment and interactive play.

In addition to the Covid-19 mitigation measures the Vaccine Bus attended the show to try to encourage audiences who would not normally access GP services to take the vaccine.

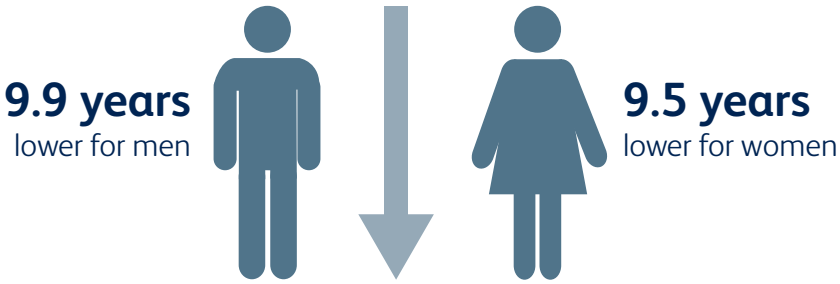
Evaluation of both the event and the Covid-19 statistics showed that the event was managed safely with infection rates falling during the period of delivery and only three reported 'suspected' cases of Covid-19 reported from the show.

*The evaluation headlines include:*

- An estimated audience of 100,000 attended over the three days
- Recognition that the show is organised by the Council rose from 64 % in 2019 to 80 % in 2021
- For 72 % of visitors Rotherham Show was their first event or cultural experience since lockdown restrictions were removed in June 2021
- The satisfaction rating rose from 96 % in 2019 to 98 % in 2021
- 3,000 people got their Covid-19 vaccine over the course of the three days, predominantly from audiences who not otherwise engage.
- The age range shifted with lower attendance from younger (16-24) and older audiences (55+) but all other age ranges grew
- The audience was more diverse rising from 7 % to 10 % Global Majority communities considering the Diversity Festival did not take place and some nervousness had been expressed by partner organisations who support these communities the increase was a positive statement of confidence from diverse communities.
- The gender balance shifted from 2019 to 2021, in 2019 75 % of the audience were female which changed to 59 % in 2021

# WHAT ARE WE WORRIED ABOUT?

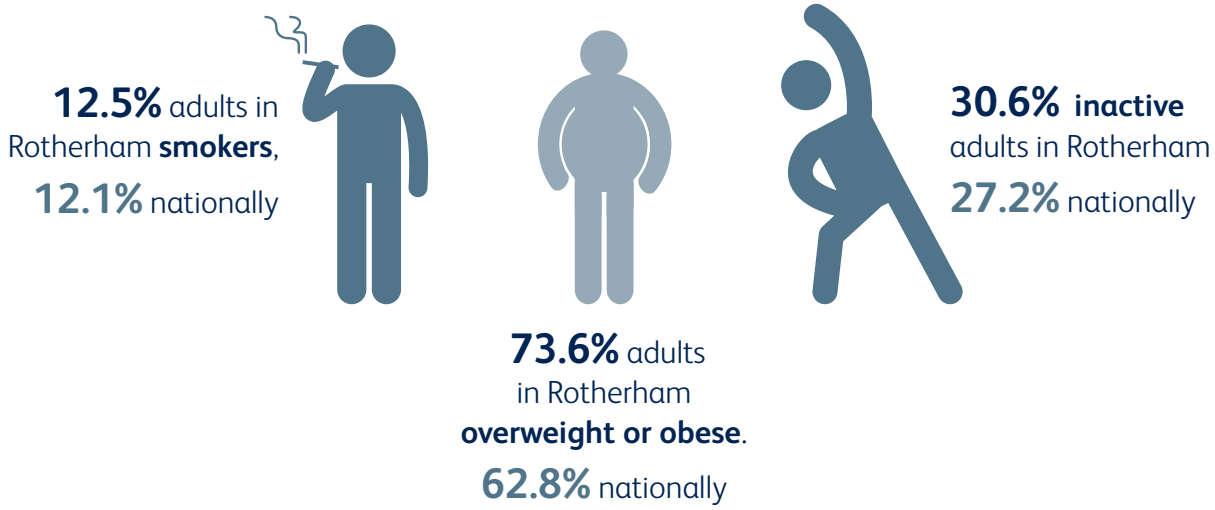
**There are large gaps in life expectancy and healthy life expectancy** both within the borough and compared with the national average. Moreover, the coronavirus pandemic has exacerbated existing health inequalities, with the most disadvantaged communities being hit the hardest. Life expectancy is lower for men and women in the most deprived areas of Rotherham compared to the most affluent areas (2018-2020).




**The leading causes of death in Rotherham include ischaemic heart disease (IHD), stroke, lung cancer, COPD and Alzheimer's/dementia.** The risk factors contributing the most to deaths in Rotherham are smoking, high blood pressure, high blood glucose, high BMI and high cholesterol.

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

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



**Mental health and wellbeing are also a concern, including isolation and loneliness:**

- In Rotherham, self-reported wellbeing scores for 2018/19 were significantly worse than England in relation to low satisfaction, low happiness and anxiety.
- 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.
- The percentage of adults registered with GPs for depression is higher than the national average and has been increasing in Rotherham since 2013/14
- Rotherham's suicide rate is higher than the national average.

More than 30,000 people are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise could not manage without our help due to illness, disability, addiction or mental ill health

Evidence suggests that many carers feel isolated, under-valued, taken for granted and overlooked.

**30,000** people provide unpaid care in Rotherham

Half of people aged **75 years +** live alone and are lonely

**15.9%** adults in Rotherham **depressed**, **12.3%** nationally

# WHAT WILL WE DO NEXT?

Supporting local people as we continue to recover from the impacts of Covid-19 will be key to the Health and Wellbeing Board, with a focus on reducing health inequalities and prevention and early intervention.

*The Health and Wellbeing Board will now:*

- Refresh its strategy based on the newly agreed priorities, including delivering a loneliness plan, ensuring support is in place for carers and developing a borough that supports a healthy lifestyle.
- Engage with member across partner organisations and board sponsors to update the board's the action plan which underpins the strategy.
- Embed a prevention-led systems approach across the Place.
- Work with the South Yorkshire and Bassetlaw ICS to shape the future arrangements.
- Continue to monitor the longer-term impacts of the pandemic on our communities.
- Focus on reducing health inequalities between our most and least deprived communities.

| | | |
|---|---|---|
| **BRIEFING** | **TO:** | Health and Wellbeing Board |
| | **DATE:** | 22nd June 2022 |
| | **LEAD OFFICER** | Ben Anderson<br>Director of Public Health<br>Rotherham Metropolitan Borough Council<br><br>Leonie Wieser<br>Policy Officer<br>Rotherham Metropolitan Borough Council |
| | **TITLE:** | Annual Refresh of the Health and Wellbeing Board's Terms of Reference |

**Background**

| | |
|---|---|
| **1.1** | The Health and Wellbeing Board annually reviews its terms of reference. The last review took place in May 2021. |
| **1.2** | Changes within the Integrated Care System, specifically the abolition of Clinical Commissioning Groups (CCGs), will affect the Board's membership. There are currently three representatives from the Rotherham CCG (RCCG) on the board. |

**Key Issues**

| | |
|---|---|
| **2.1** | The Clinical Commissioning Groups will cease to exist at the end of June 2022 and will transition into the Integrated Care Board (ICB). |
| **2.2** | The current three CCG members of the Health and Wellbeing Board are to be replaced with two ICB representatives, including the ICB Rotherham place director and an ICB GP lead, once identified. |
| **2.3** | The position of the Health and Wellbeing Board's vice-chair was until now filled by a CCG representative with a clinical background. This background has been very valuable and a suitable representative from the ICB is to be identified once more information becomes available over the next few months. |
| **2.4** | From time to time, the board receives requests to join its membership. However, the board are currently resolved to remain at its current size, particularly in order to be able to respond to the upcoming changes to the CCG and within the ICS in an agile way. Standing invitations and papers are sent to affiliated partners, who do not have formal membership of the board. |
| **2.5** | Meetings are currently held at the Rotherham Town Hall (RMBC). The venue is to be reviewed and agreed by board members at the September meeting, with the potential to circulate between partner venues as was the case before the pandemic. |

**Key Actions and Relevant Timelines**

| | |
|---|---|
| **3.1** | 22nd June 2022, Health and Wellbeing Board meeting – agree refresh of Terms of Reference |
| **3.2** | 30th June 2022 – CCG transitions into Integrated Care Board. |

| | |
|---|---|
| **3.3** | Continuously over the next months – Health and Wellbeing Board to continue updating its membership, and identify a Vice Chair, as changes in the Integrated Care System are finalised. |
| **3.4** | 21st September 2022, Health and Wellbeing board meeting – discuss meeting venue |
| **Implications for Health Inequalities** | |
| **4.1** | A key aim of the Health and Wellbeing Strategy is reducing health inequalities for people in Rotherham. There is evidence of significant inequalities between both Rotherham and the national average and between the most and least deprived communities within the borough. |
| **4.2** | A commitment to reducing health inequalities is part of the Terms of Reference and applies to all board partners. |
| **Recommendations** | |
| **5.1** | Discuss the changes to the Terms of Reference and membership |
| **5.2** | Agree the proposed renewed terms of reference and keep updating them as needed over the next months. |

# Terms of Reference:
# Rotherham Health and Wellbeing Board

| Key Contacts | |
|---|---|
| **Chair** | **Councillor Roche** – Cabinet Member for Adult Social Care and Health, Rotherham Metropolitan Borough Council |
| **Vice Chair** | **TBC** |
| **Health and Wellbeing Board Support Officer** | **Leonie Wieser** – Policy Officer, Rotherham Metropolitan Borough Council<br>leonie.wieser@rotherham.gov.uk |

## Role of the Health and Wellbeing Board

The Health and Wellbeing Board brings together local leaders and decision-makers, to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote an integrated approach. The Health and Wellbeing Board is a statutory sub-committee of the Council but will operate as a multi-agency board of equal partners.

The role of the board includes:

- Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2018-2025.
- Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest.
- Identifying priorities and needs within our system, and mobilising action to respond to these priorities.
- Setting the strategic direction for the Integrated Care Partnership Place Board and Place Plan.
- Influencing other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies.

Rotherham's Health and Wellbeing Board is also committed to delivering the four aims outlined within the Health and Wellbeing Strategy, which are:

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

## Responsibilities

The Health and Wellbeing Board has a number of responsibilities and duties. These include:

- Assessing the needs of the population and producing the local joint strategic needs assessment (JSNA)
- Using the data and knowledge in the JSNA to publish a local health and wellbeing strategy, setting priorities for joint action
- Undertake a Pharmaceutical Needs Assessment (PNA) every three years.

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

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

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

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

**Expectations of a Health and Wellbeing Board member**

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

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

It is also expected that members will attend board meetings and actively engage in discussions. If the member is not able to attend, an appropriate deputy should be agreed with the Chair to attend in their place.

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

**Membership**

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

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

The membership of the board is as follows:

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

Standing invites will also be circulated to:

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

**Governance**

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

Critically, the Health and Wellbeing Board will also be an integral part of Rotherham Together Partnership's structures. The Chair will be a member of the Rotherham Together Partnership and will be required to regularly report on progress.

The relationship to the South Yorkshire Integrated Care Board is to be determined as changes are finalised.

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

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

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

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

**Quorum**

A quorum of the board will be at least one third of members (i.e. five), including at least one representative from RMBC and the Integrated Care Board.

**Meeting arrangements**

The board will meet every two months, with additional special meetings arranged as required to discuss specific or urgent issues. The schedule of meetings will be reviewed and agreed annually by the board. Meetings are currently held at the Rotherham Town Hall (RMBC). The venue is to be reviewed and agreed by board members. Alternative or virtual meeting venues may be considered according to the discretion of the Chair and the requirements of the meeting.

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

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

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

| **Engaging with the public and providers** |
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| The public and providers may wish to attend meetings to observe or submit questions to the Health and Wellbeing Board. Any questions should be submitted to the Health and Wellbeing Board support officer (contact details included in the key contacts section above) one working day before the date of the meeting. Ordinarily, this will mean that any questions will need to be submitted by 9am on the Tuesday preceding a Health and Wellbeing Board meeting on the following Wednesday.<br><br>In responding to queries, the board may wish to provide a written response and will commit to providing this response within a month of the board meeting.<br><br>The board is inclusive of commissioners and providers and it is intended that all members will take part in and support the development of strategic priorities and direction. However, members who have a provider role should declare any conflict of interest whenever appropriate. |

| **Review date** |
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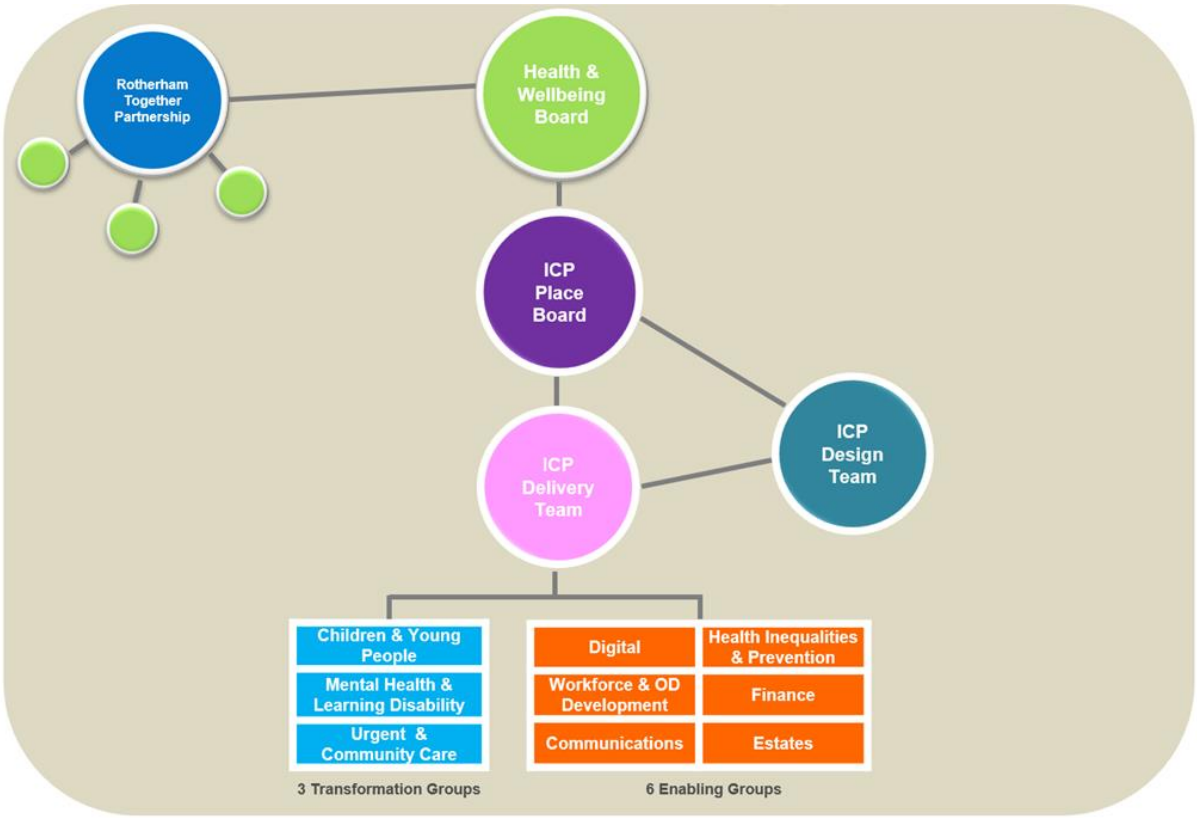
| Review in June 2022 – subject to sign off at Health and Wellbeing Board.<br>Reviewed on an ongoing basis, until next formal review May 2023. |

**APPENDIX ONE: Rotherham Health and Wellbeing Board governance arrangements**



# Health and Wellbeing Strategy Action Plan 2021/22: Final update to board, June 2022

**Key:**

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| 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

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

| Priority | # | Milestones | Timescale | Lead(s) | BRAG rating | Progress update |
|---|---|---|---|---|---|---|
| Cross-cutting | 1.1 | Work with Health and Wellbeing Board partners to develop a 'Best Start and Beyond' strategy. *<br><br>*N.B. the strategy will be developed in four lifecourse stages. | April 2022 – stage one developed, focusing on 1001 Days as first component<br><br>April 2023 – complete strategy developed | Alex Hawley, RMBC<br><br>Helen Sweaton, CYPS (RMBC/CGG) | | Best Start and Beyond framework will sit under broad Early Help system umbrella, and Steering Group (first meeting 13th June) will be sub-group of Early Help Steering Group.<br><br>Draft framework document sets out principles, key focus and outcomes against four life stages has been written and shared. This was to be presented to Health and Wellbeing Board in June, but is now delayed to September, to go to |

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| | | | | | | CYPS Directorate Leadership Team first.<br><br>Actions in existing plans being drawn together to show leads, governance, relationship to framework, and to identify gaps.<br><br>Timescales will be updated by the steering group. |
| | 1.2 | 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. | Ongoing for the duration of the plan | Alison Cowie, Head of Nursing Children's Services, TRFT | | Universal service offer provided to all families where the 5 mandated contacts are offered either at home or at a community venue, working in partnership with parents/carers to ensure early intervention and prevention takes place to afford children and young people the best start in life and so they can achieve their full potential.<br><br>Maintaining continuity from antenatal contacts can also impact on new birth visit mandate time period, however this is seen as |

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| | | | | | | beneficial for the families but may impact on the defined target.<br><br>The enhanced targeted offer continues to provide support to more vulnerable families though 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.<br><br>Children and young people can also access support via school Nurse drop ins at schools to help address any health concerns that have been identified<br><br>In addition WHAM will contact families of children and young people who have been identified as requiring intervention with weight management following the |

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| | | | | | | NCMP measurements at reception and Y6.<br><br>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. |
| Develop our approach to give every child the best start in life. | 1.3 | Develop a local action plan to deliver on the first 1001 days. | April 2022 – stage one developed, focusing on 1001 Days as first component<br><br>April 2023 – complete strategy developed | Alex Hawley, RMBC | | Action plan will be developed through Best Start framework, see update in 1.1 above<br><br>Timescales for action gap analysis to be established by BSaB Steering Group. |
| | 1.4 | '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 |

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| | | | | | | on support for breastfeeding.<br><br>Inclusion of targets for recruitment of premises as UNICEF Baby Friendly Initiative accredited included within draft 0-19s specification. This is complete.<br><br>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.<br><br>*Target has changed to March 2024. | March 2023<br><br>New national target:<br><br>March 2024 | Sarah Petty, Head of Midwifery, TRFT | | The national target has changed, and continuity of carer will now be the default model by March 2024. 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 | 1.6 | Review the childhood obesity pathway. | Review of current pathway – March | Alex Hawley<br><br>RMBC | | Draft Healthier Weight and Physical Activity Health Needs Assessment 2021 for children and adults includes |

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| develop well. | | | 2022 complete<br><br>Review of recommissioned 0-19 pathway – April 2023<br><br>Embedded within Best Start and Beyond Strategy (see 1.1) | | | description of 4 Tiers of weight management services.<br><br>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. |
| | 1.7 | Explore opportunities to increase the number of schools in Rotherham with the Food for Life award. | October 2021 | Best Start - Public Health Specialist, RMBC | | Public Health have liaised with catering services to explore opportunities and 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 rolled out from November 2021 to March 2022.<br><br>Six original Team Around the School (TAS) (421 pupils) identified has now |

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| | | | | | | completed. This has led to the implementation of:<br>• Creation and digitalisation of Rotherham Sleep Sound Support.<br>• Monthly remote workshops for school/academy staff to access support from Education Psychology Services (EPS).<br>• Access to the NHS and Ofsted endorsed Mental well-being and relationship programme, incl resource bespoke to Rotherham called myHappyMind.<br>• Weekly session provided by Specialist Inclusion Team linked to myHappyMind providing direct pupil and family support. |

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| | | | | | | Through adaption of the programme, we have been able to support a further extended group of Year 6 transition pupils.<br><br>49 further primary schools (2072 pupils) have been identified using the original data set to receive myHappyMind, Year 6 transition curriculum resources, the parent app and whole staff training and resources access. |
| | 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 | | The final response to the COVID survey report has been shared with schools and partners.<br><br>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. |

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| | | | | | | Responses received from partners have included the sharing of NHS Guidance for children and young people's mental health by health colleagues including how 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 | | Following SEND Ofsted/CQC Written Statement of Action submission and acceptance from Ofsted in February 2022, the implementation of the Written Statement of Action plan is in progress with four key subgroups developed and moving through monitored action plans. Quarterly meetings are in place with Department of Education |

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| | | | | | | and National Health Service England Improvement service to support and monitor the process of plans, this will remain in place up until SEND Local Area revisit from July 2023 onwards. |

**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

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

| Priority | # | Milestones | Timescale | Lead(s) | BRAG rating | Progress update |
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| 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 | | OHID Yorkshire and Humber Mental Health Lead attending Better Mental Health for All meeting in June to discuss submission requirements. |
| | 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 | | 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 - https://rotherhive.co.uk/wellness-hive/ , are being shared through local groups, partners and the business community. |

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| 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 | | This has been achieved through the following:<br>• Virtual suicide prevention training courses, 84 people trained to date across the partnership (targeting Voluntary and Community Sector (VCS), police and primary care as priority groups)<br>• Self-Harm Awareness sessions have been run by Early Help staff for parents and carers.<br>• 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 VCS community organisation.<br>• 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.<br>• Virtual Youth and Adult Mental Health First Aid courses attended by partner organisations. |
| | 2.4 | Launch the Be the One campaign focussed on women. | September 2021 | Ruth Fletcher-Brown & | | Campaign launch event was held on the 10th September. Staff from partner organisations attended. Staff were encouraged to use their own social medial to share the campaign. A press |

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| | | | | Ben Pindar, RMBC | | release and social media posts were created. The campaign is being promoted across Rotherham.<br><br>Campaign is being promoted again during Safeguarding Awareness week w/c 15th November.<br><br>Campaign is referred to on local suicide prevention training. |
| | 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 | | Symposium has been held. Action plan to be signed off by the Health and Wellbeing Board at June meeting. |
| 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 are still wanting partners to come forward and sign up to the award scheme. This is still the case – we need partners to come forward and sign up to the scheme, TRFT have agreed to renew their award and we will be working together on this. |
| | 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 Wiltschinsky, RMBC | | This project has been delivered and final data submission will be made by the end of June. We have engaged with 44 SMEs to ask what support is needed around mental health. Training took place and was well received. A video has been produced and we are looking to put this on a platform for anybody to access. We will be sending this out to all organisations and encouraging them to use as part of training and/or inductions. We have some |

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| | | | | | | resources which we will continue to use and share with employers to ensure all staff have these. |
| 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 | | RDaSH IAPT Long-Covid pathway in place.<br><br>Link established with 'Mental Health at Work Initiative'. Work has been undertaken to promote an awareness of IAPT to employers / employees linked with the project.<br><br>BSL IAPT services for people from the deaf community now available in Rotherham. Work ongoing to promote an awareness of this new provision.<br><br>Age UK's Wellbeing project is to link with local IAPT services. |
| | 2.9 | Deliver an IAPT provision communications plan. | March 2022 | Kate Tufnell and Gordon Laidlaw CCG | | Joint IAPT Communications meeting established (RCCG, DCCG, RDaSH & IESO) – ongoing communication process in place.<br><br>RDaSH, IESO and RCCG all have ongoing communication plans in place to promote this provision via range of different media.<br><br>Mental Health Offer leaflet web link https://rotherhive.co.uk/wp-content/uploads/2021/04/RCCG-MH-A5-4pp-leaflet-digital-V3.pdf<br><br>Mental Health Offer leaflet revised. |

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| | | | | | |  <br>RCCG_MH_A5_4ppLeaflet_Digital_May22_s<br><br>Promotion of the revised leaflet is underway in both an electronic and hard copy format.<br><br>Other supporting leaflets re: anxiety (general, social and health) and depression are also available on the Rotherhive / wellness hive site.<br><br>http://www.selfhelpguides.ntw.nhs.uk/rotherhamccg/<br><br>Action around comms on IAPT provision is to be picked up in the new action plan |

**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

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

| Priority | # | Milestones | Timescale | Lead(s) | BRAG rating | Progress update |
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| 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 | | This work is part of the refreshed carers strategy and is being monitored via monthly meetings.<br><br>Support is ongoing and currently business as usual. |
| | 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'. Membership and the Terms of Reference are in place |

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| | | | | | | The first formal meeting of this group was on 8th February 2022.<br><br>The group consists of people from health, social care, the voluntary sector and crucially people with lived experience. |
| | 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 | | Meetings are in place with carers forum, parent carers forum on a fortnightly basis. Internal and external governance processes are in place to ensure a robust feedback loop. |
| | 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 | | Newsletter development has been delayed due to capacity issues in corporate comms.<br><br>Informal arrangements are in place to share information, advice and guidance.<br><br>This action will be carried over to the new plan with revised timescales. |

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| Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol. | 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 | | Tier 2 weight management review has been completed and will be presented at the Public Health SMT in July.<br><br>The Grant Programme has been discontinued, but learning from the review and the programme will feed into the commissioning of healthy lifestyles services and our approach to healthy weight. |
| | 3.6 | Undertake health needs assessments for healthy weight and tobacco. | January 2022 | Jessica Dunphy and Kate Gray, RMBC | | Work on both needs assessments is complete.<br><br>Tobacco needs assessment's recommendations included the development of a Tobacco Control Strategy and Action Plan, aligned to the Prevention and Health Inequalities strategy and action plan, and a re-invigorated partnership approach. |

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| | 3.7 | Identify and treat inpatient smokers as part of the QUIT programme. with:<br><br>• 30% of inpatient smokers prescribed nicotine replacement therapy within 24 hours of admission*<br>• 50% of inpatient smokers referred to Trust Tobacco Treatment Advisors within 24 hours of admission*<br><br>*update on measures to be paused, while work is ongoing to improve data quality and align reporting | End of October 2021 | Mike Smith, Healthy Hospitals Manager, TRFT | | • Services provision to acute wards, Urgent and Emergency Care Centre and Outpatients now established.<br><br>• Internal processes in place to support identification and referral of smokers.<br>• TRFT Smoke Free Site Policy currently under review.<br>• Significant challenges with 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 | | Staff service is established. Trust wide communication in place to promote the offer. 2022/2023 Funding for continuation of free NRT has been secured. |
| | 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. | | This target will run until 2023 and then reviewed. There is currently a live tender to procure these services from April 2023 in line with the |

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| | | | | RMBC | | Cabinet paper agreed in November 2021. The target will remain for this year and then if this needs to be continued it will be refreshed in line with the new targets for the new contract. |
| | 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 | | This work will be funded from the new OHID Grant and will come back to be led in Public Health. The reporting will still be to SRP. The proposed system will be in partnership with Barnsley and Doncaster using a live system similar to that adopted for suicide prevention |
| | 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 | | All staff are in post, caseloads and training have been allocated. Site visit from NHS England National Implementation Team planned for 9th June. |

**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

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

| Priority | # | Milestones | Timescale | Lead(s) | BRAG rating | Progress update |
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| 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 (TBC) | | The OHID Befriending project commenced in September and finished end of April. The participating VCS organisations supported 815 people from across the life course. The project is completing the final evaluation report and presentation.<br><br>The film produced as part of this project called “Be A |

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| | | | | | | Good Neighbour", is due to be launched. |
| | 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 | | Due to capacity issues and workforce sickness, plan has not been developed.<br><br>Work will be carried over into the new action plan going forward |
| 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 3rd to 5th 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.<br><br>Infection rates in Rotherham fell during the period of the Rotherham show delivery, indicating that the security measures were effective.<br><br>The satisfaction rating was 98%, which was a rise from 96% from 2019. |

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| | 4.5 | Develop a cultural programme using COMF funding targeting over 55s to support physical and mental reconditioning. | Autumn-March 2022 | Leanne Buchan, RMBC | | This programme is in delivery supporting the pilot of an intergenerational learning programme at Clifton Park Museum, the development of a new circus troupe celebrating older people with Rotherham Leisure Centres, Rotherham Civic Theatre and RMBC Events, and an age positive photographic campaign in libraries.<br><br>The programme is on track and delivery will continue into September 2022. |
| | 4.6 | Launch a Rotherham Year of Reading event which will target disadvantaged pupils. | January 2022 | Zoe Oxley, RMBC | | A video was launched on World Book day 3rd March 2022, led by Rosis, to launch Rotherham Loves reading.<br><br>Implementation of programme remains robust with work across key stakeholders, including Early Years, primary phase, and secondary phase of education. Delivery of |

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| | | | | | | reading and reading focused programmes and activity in schools has begun, with a clear comms and development plan in place. Work with the Education Endowment Fund to support disadvantaged groups through training across schools is in place and the universal offer of Hertfordshire for the learning reading programme is now fully implemented and provided as part of the Rotherham School Improvement Service offer. |
| | 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 | | Events in libraries have now all taken place relating to the grief, loss and bereavement theme as part of the Arts and Health 55+ programme with the last being held at Boston Castle. Each event was well attended and received great feedback. The feedback will now help inform the development of |

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| | | | | | | delivering future death cafés within libraries.<br><br>Work is now underway with Libraries, Public Health and the Registration and Bereavement Service to look at how libraries can offer an ongoing programme of death cafes. |
| Ensure Rotherham people are kept safe from harm. | 4.8 | Embed the Home Safety Partnership Referral Scheme with key partners in Rotherham. | March 2022 | Shayne Tottie and Toni Tranter, South Yorkshire Fire and Rescue | | Work continues by SYFR Partnership Team to embed the referral scheme across more organisations.<br><br>Positive relationships have been developed with key stakeholders and are having an impact on referrals.<br><br>Work is continuing and this action will continue into the new action plan. |
| | 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 has commenced to restart Safeguarding Board Chairs meetings to maintain the relationship between the safeguarding boards and work on crosscutting issues. |

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| 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<br><br>(supported by Gilly Brenner, RMBC) | | Review is complete and a new post has been created and recruited to, to take the work forward.<br><br>Partnership event around physical activity scheduled for 4th July. |
| | 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<br><br>(up to July 2023) | Chris Siddall, RMBC | | • A range of programmes have been advertised on social media for International women's day on 7th March.<br>• As part of a STEM with local schools, an event was held with over 70 young people attending from across 5 schools with 5 ambassadors attending to promote different careers within the sporting world.<br>• 4 local deliverers attended Soccercise training with delivery starting in the |

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| | | | | | | community and taster sessions being offered to local knit and natter groups linked to the Women's Euro's.<br>• The WEuro22 Roadshow has taken place at Clifton Park (22/5) along with additional smaller roadshows at RVCP (16/4) and Ferham Park (30/4). All provided opportunities for people to be active and understand what opportunities there are to play football in Rotherham.<br>• 21 football scholars are being upskilled to be referees. |
| | 4.12 | Use football to encourage more women and girls to adopt and maintain a healthier lifestyle. | Ongoing for the duration of the plan<br><br>(up to July 2023) | Chris Siddall, RMBC | | 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. |

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| | | | | | | The Women and Girls Website, hosted by Rotherham United CST continues to be promoted. |
| | 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

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

| Priority | # | Milestones | Timescale | Lead(s) | BRAG rating | Progress update |
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| 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 | | Partners are still committed to providing this data and engaging in the activity, but due to competing priorities and changes in personnel the verification of data by Partners to feed into any baseline data has been delayed. |
| 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 | | Annual VAR VCS Survey (which includes a snap shot of VCS income, staffing and volunteers) completed May 2022. Further analysis work proposed as part of SY and Regional initiatives. |

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| | 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<br><br>End of December – 75% updated<br><br>End of March 2022 – 100% updated | Shafiq Hussain, VAR | | The GISMO directory was updated 100% by the end of March 2022 |
| Develop the Pharmaceutical Needs Assessment. | 5.4 | Host stakeholder consultation to support needs assessment | January 2022 | Gilly Brenner, RMBC | | Consultation is now live. |
| | 5.5 | Publish updated Rotherham Pharmaceutical Needs Assessment | September 2022 | Gilly Brenner, RMBC | | On track to deliver by next autumn and to present to HWbB in September |
| Work in partnership to further develop the Rotherham Data Hub and assess | 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.<br><br>Refresh and priorities for 21/22 including small area data agreed and collation on track. |

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| population health. | 5.7 | Refresh the JSNA for 2021/22. | April 2022 | Gilly Brenner, RMBC | | Refresh complete. Due for publication and presentation to June Board. |

| Minutes | |
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| **Title of Meeting:** | **PUBLIC Rotherham ICP Place Board** |
| **Time of Meeting:** | 9:00am – 10:00am |
| **Date of Meeting:** | Wednesday 2 March 2022 |
| **Venue:** | Via Zoom (and broadcast live on CCG You Tube Channel) |
| **Chair:** | Chris Edwards |
| **Contact for Meeting:** | Lydia George 01709 302116 or Lydia.george@nhs.net |

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| **Apologies:** | Richard Jenkins, The Rotherham NHS Foundation Trust<br>Ben Anderson, Rotherham MBC<br>Shafiq Hussain, Voluntary Action Rotherham |
| **Conflicts of Interest:** | General declarations were acknowledged for Members as providers/commissioners of services. |

**Members Present:**
Chris Edwards (**CE**), (Chair) Chief Officer, Rotherham Clinical Commissioning Group
Sharon Kemp (**SK**), Chief Executive, Rotherham MBC
Kathryn Singh (**KS**), Chief Executive, Rotherham, Doncaster & South Humber Foundation Trust
Cllr David Roche (**DR**), Joint Chair H&WB Board, Rotherham MBC
Richard Cullen (**RC**), CCG Chair & Joint Chair H&WB Board, Rotherham CCG
Gok Muthoo (**GM**), Clinical Director, Rotherham GP Federation
Ian Atkinson (**IA**), Executive Place Director/Delivery Team Chair, Rotherham CCG
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust

**In Attendance:**
Lydia George (**LG**), Strategy & Delivery Lead, Rotherham CCG
Nathan Heath (**NH**), Assistant Director, Education & Inclusion, Rotherham MBC
Suzie Joyner (**SJ**), Director of Children's Services, Rotherham MBC
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG/ICP
Steph Watt (**SW**), Urgent & Community Place Programme Manager, TRFT
Leonie Weiser (**LW**), Policy & Partnerships Officer, RMBC
Wendy Commons (**WC**), ICP Support, Rotherham CCG

| Item Number | Business Items |
|---|---|
| **1** | **Public & Patient Questions** |
| No questions had been received from members of the public. | |
| **2** | **Transformation Group Updates** |

***2i Children & Young People – SEND (Nathan Heath)***
NH highlighted the areas working well including:

- The SEND strategic Board and Education Recovery Cell have clear oversight and regular reporting on outcomes and a successful bid has enabled piloting of a 'Team Around the School'
- As part of implementing the graduated response the SEN toolkit is in place and includes the sensory model
- Joint commissioning is well-established with local senior leaders having a thorough understanding of local areas needs and those requiring further development

- The Rotherham Parent Carers Forum actively ensure the voices of Children and Young People with Special Educational Needs (SEN) are heard.

However, as part of the graduated response it is imperative to fully embed the SEND toolkit to ensure that those with the roles and responsibilities for supporting people with SEND can do so. This includes ensuring consistency across children's, young people's and families' experiences or services and including health and social care partners contributions into EHC plans.

NH advised that the Written Statement of Actions (WSOA) had been submitted to Ofsted who immediately accepted it and gave positive feedback on the approach outlined to tackling the significant areas of weakness.

Cllr Roche expressed concern about the bullet point presented that stated "the JSNA lacks focus on health and care needs" and that this had not been raised with the Health & Wellbeing Board. NH explained that this comment came from the Ofsted appraisal local area SEND inspection. From the Council's perspective there is a breadth of information available on children and your people but this currently has a strong education context and work is taking place now to ensure this is expanded to include areas around development spaces that directly link to SEND needs which will provide a wider level of detail and information to better inform Council and Place planning going forward.

Noting that embedding the toolkit will be important, SK asked what evidence there would be to give Members' confidence that it was taking place and helping improve the quality of the service and experience received. NH confirmed that there will be a high-quality graduated approach to embed the SEND toolkit in the extended workforce which will give clarity on roles and responsibilities by way of mandatory engagement. A range of key measures and data will be monitored and presented to the SEND panel to give assurance that SEND needs assessments match provision and access. Responses will also be audited to ensure people's experience improves and variations reduce.

Place Board thanked NH for the level of detail provided in the update and asked that thanks were conveyed to the Group for their work on SEND and the WSOA.

***2ii Mental Health, Learning Disability & Neurodevelopmental – Adult Severe Mental Health in the Community inc Perinatal Mental Health (Ian Atkinson)***

Deferred to next meeting.

***Action: WC for agenda***

***2iii Urgent & Community Care – Front Door (Steph Watt)***

SW explained that 'front door' is cluster of projects focussed on reducing admissions and facilitating discharge home. The Integrated Community Clinical Assessment Service is the element being reported on today. This provides an integrated MDT for admission avoidance and discharge home focussing on residents receiving right level of care, at right time, in right place, depending on level of need and national standards.

The initial pilot has been completed and phase 1 will be reinforcing the nursing skills with ANPs but also including therapy, reablement and a link worker from the voluntary sector. This triage service will work as an integrated MDT with a particular focus on complex cases.

Phase 2 will be looking to expand the services and widen into out of hours support relating to surgery and to bring more specialisms into the MDT eg GP out of hours, paramedics, social workers etc

In parallel virtual wards will be developed to support people at home with acute respiratory infection and frailty. This will be an acute respiratory infection virtual ward and a clinical lead and project manager have been recruited using national funding.

However, on-going system pressures are impacting on capacity to design and develop new ways of working as well as the recruitment challenges on health and social care. The

logistics of working across health and social care are challenging in terms of cultural, different perspectives, co-location, sharing records and funding, although work taking place nationally in the White Paper is helping to reduce some barriers with work also taking place with 111 to align the directory of services with health and social care.

In relation to the virtual ward, the acute respiratory ward is being developed with a draft pathway to be approved, self-remote monitoring models being assessed in readiness for a soft launch in the first half of 2022/23.

GM confirmed that the PCN has been involved in discussion and there is GP involvement with himself being a member of the Delivery Group and Dr David Clitherow is the GP Lead on the Transformation Group.

Members thanked SW for the update and gave positive feedback on the progress and developments reported.

| 3 | **Enabling Groups – Communications & Engagement** |
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GL outlined how, during the pandemic, communications and engagement colleagues across the Place partner organisations have worked jointly to ensure clear, consistent, key messages have been conveyed to Rotherham residents on behaviours and Covid vaccination information and have adapted in ways to engage and communicate with people. Throughout that period the group has met fortnightly but has now returned to monthly meetings and is changing its focus back to Place and supporting Transformation Group work.

A key success has been supporting mental health campaigns such as the Rotherhive platform, which was built on insights from residents to support residents and clinicians at the start of the pandemic and continues to be developed. Work has also taken place on the next phase of the Be The One campaign, suicide prevention and anxiety. Mental health will remain a focus as people begin to get back to life so as to support them in dealing with their fears and anxieties.

The Group is working closely with the other enabling groups, mainly around digital inclusion and changing behaviour to support the delivery of the Prevention & Health Inequalities strategy and action plan which will become a key feature of the communications strategy moving forward.

It was also acknowledged that the group had worked closely with colleagues and partners during the significant system pressures to co-ordinate key messages out to public, particularly around access.

Having seen changes to communications teams across partner organisations, the Group is reviewing its current Terms of Reference to ensure appropriate capacity and input to the meetings continues.

Consideration is being given about how best to engage and communicate with people going forward as a shift in focus is seen with people's priorities towards fuel poverty and other wider determinants. Communication methods have changed over the past year towards more digital medians and this is expected to continue as we focus on recovery.

Next steps for the Group will be to update the Communications & Engagement strategy to align with changes in wider system and to re-define priorities. Place Board will receive the strategy for approval.

Other work will include:

- engaging with staff and the public on changes with the South Yorkshire system and implementing the legislation once the Health & Care Bill is given Royal assent.
- access to mental health services will remain a focus and key priority will be around recovery plan and providing support and assurance to those on waiting lists

- consideration will be given to celebrating successes, achievements and raising the profile of the good work in Rotherham.
- Increasing digital presence for the Rotherham Place partnership.

Place Board thanked GL for the update and acknowledged the upcoming complexity of handling communications with Rotherham residents as we move from the Clinical Commissioning Group to a South Yorkshire Integrated Care Board and the importance of relationships with SY communications colleagues.

| 4 | **Draft Minutes from Public ICP Place Board – 2 February 2022** |
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The minutes from the February Public Place Board were noted as a true and accurate record.

There were two outstanding actions, one around receiving the Place wide IT Services Report which is scheduled for May/Jun.

The other related to Place Board receiving an overview of full written statement of actions. Following discussion it was agreed that the presentation today updated Members sufficiently. The SEND Board is responsible for the implementation of the written statement of actions. A future spotlight update on SEND is scheduled for August Place Board at which time progress against the actions will be provided.

The action log will be updated to reflect the above.

| 5 | **Communication to Partners** |
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Nothing raised.

| 6 | **Risks and Items for Escalation** |
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There were no risks for escalation.

| 7 | **Future Agenda Items** |
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*Forward Items for Place Board*

- Rotherham IC Development Plan Updates - Quarterly
- Review of Place Wide IT Services Report (May/Jun)
- Transformation Group Updates (monthly) inc MH Spotlight update (deferred)
- SY Integrated Care Development Update (CE)
- Prevention & HI Strategy & Action Plan and Terms of Reference

As Place is now back to business as usual following the Covid pandemic, the ambition is to begin holding meetings in public face to face again. However, Place Board recognises that meeting digitally gives enhanced access for those who wish to view Place meetings. With this in mind and to be as open, transparent and accessible as possible, steps are being taken to facilitate both face to face and 'livestream' broadcast for the April Meeting.

Details will be placed on the CCG's website in the week prior to the meeting. (http://www.rotherhamccg.nhs.uk/integrated-care-partnership-board.htm)

| 10 | **Date of Next Meeting** |
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The next meeting is scheduled for ***Wednesday 6 April 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

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| Minutes | |
|---|---|
| **Title of Meeting:** | **PUBLIC Rotherham ICP Place Board** |
| **Time of Meeting:** | 9:00am – 10:00am |
| **Date of Meeting:** | Wednesday 6 April 2022 |
| **Venue:** | Via Zoom |
| **Chair:** | Chris Edwards |
| **Contact for Meeting:** | Lydia George 01709 302116 or Lydia.george@nhs.net |

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| **Apologies:** | Richard Jenkins, The Rotherham NHS Foundation Trust<br>Ben Anderson, Rotherham MBC<br>Cllr David Roche, Rotherham MBC<br>Kathryn Singh, Rotherham, Doncaster & South Humber NHS Foundation Trust (RDaSH)<br>Gok Muthoo, Rotherham GP Federation |
| **Conflicts of Interest:** | 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
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Richard Cullen (**RC**), CCG Chair & Joint Chair H&WB Board, Rotherham CCG
Ian Atkinson (**IA**), Executive Place Director/Delivery Team Chair, Rotherham CCG
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
Matt Pollard (**MP**), Rotherham Care Group Director, RDaSH

**In Attendance:**
Lydia George (**LG**), Strategy & Delivery Lead, Rotherham CCG
Leanne Dudhill (**LD**), OD Business Partner, Rotherham MBC
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG/ICP
Helen Sweaton (**HS**) Joint Assistant Director CYPS Commissioning, Rotherham CCG/MBC
Rebecca Wall (**RW**), Head of Children in Care, Rotherham MBC
Steph Watt (**SW**), Urgent & Community Place Programme Manager, TRFT
Leonie Weiser (**LW**), Policy Officer, Rotherham MBC
Rebecca Woolley (**RW**), Public Health Specialist, Rotherham MBC
Wendy Commons (**WC**), ICP Support, Rotherham CCG

| Item Number | Business Items |
|---|---|
| **1** | **Public & Patient Questions** |
| There were no questions from members of the public. | |
| **2** | **Transformation Group Updates** |
| ***2i Children & Young People – Looked after Children (Rebecca Wall)***<br>RW reported that there has been a significant amount of work in the past 12 months with health assessments to ensure they are timely, focussed and play a key role in benchmarking where children are when they become 'looked after' and to allow tracking of physical health which has worked well, even throughout the pandemic. | |

Having listened to young people and because of their requests and to ensure the service works for them, from September doctors will be completing health assessments in the community rather than children having to go into hospital.

The multi-agency Vulnerable Children's Group which was developed during the pandemic meets once a week and it has been decided to continue this positive work.

The group is 'worried about' taking forward the recommendations from the review of therapeutic services around trying to support children with social, emotional and mental health needs who may have experienced trauma to better understand their needs and determine the best level of support. To address this, a Looked After Children pathway into CAMHs will be established as well as developing the therapeutic offer to looked after children, in-house foster carers/ residential care providers.

A review of joint commissioning arrangements is also to be undertaken to ensure joint decision making for looked after children with complex needs including Social, Emotional and Mental Health (SEMH) and a mental health transition pathway is to be produced to support young people and care leavers with SEMH needs.

Another key priority area is dental care for looked after children and building relationships with dentists.

Following a question from SH about how cited the team is on voluntary sector provision to support looked after children including the 'Smiles for Miles' project that is aimed at SEMH, RW responded that although the team is skilled at supporting and signposting to services, it is always an area that can be refreshed given that criteria and staff change and this could be undertaken annually.

HS added that Ashley Leggott from VAR is a member of the SEMH strategy group and is scheduled to give a presentation on the impact of the Smiles for Miles activity next week. The local offer is also being reviewed to ensure that the work of the voluntary sector is included.

SK thanked RW and HS for the presentation and welcomed that the voice of young people was being heard and acted upon by way of taking health assessment back out into the community setting.

SK requested an update outside the meeting on progress with the recommendations from the therapeutic services review in April 2021 and the timeframes for implementation.

***Action: HS/RW***

***2ii Mental Health, Learning Disability & Neurodevelopmental – Improving Access to Psychological Therapies (Ian Atkinson)***

Place Board members gave thanks to colleagues working in IAPT acknowledging it as a service that has been in high demand throughout the pandemic delivering both IAPT and the IESO digital service.

MP reported that there had been significant developments with the service during in pandemic with the telephone and digital offers working well and productivity across the team improving. The reliable improvement rate (at the end of January) showed that 62.1% of people had benefitted from the intervention. There had also been an increase in the face to face and groups offer which has proved challenging with space in primary care still being at a premium.

A significant reduction has been seen in the number of patients waiting for Cognitive Behavioural Therapy (CBT). As a result of subcontracting to IESO there are currently around 260 patients waiting and consequently a reduction in waiting times.

The IESO out of hours offer has proved popular in consistently delivering high levels of appointments. In January 58.5% of appointments were out of hours. The recovery rate showed a positive position of 52.5% over the previous 12 months, against a national rate of 50%.

Recruiting qualified staff continues to be challenging and workforce capacity is still reduced due to vacancies, maternity and long-term sickness. To assist with proactive planning, staff profiling is being carried out to ensure consistent appointment availability and time for staff training.

In line with the national picture, RDaSH recovery rates dipped below the 50% national target to 47.1% at the end of January.

Going forward, once the ongoing capacity and demand work has been completed, better recruitment can take place to increase the ratio of step 3 to step 2 to resolve CBT waiting list pressures. Social media campaigns will continue and be widened to include improving uptake from those groups experiencing health inequalities.

IA advised that Rotherham is still seeing continued demand and despite having two good services (one from RDaSH and one from IESO) following the additional investment Rotherham Place made two years ago, the review of system capacity will need to continue to reflect the right model for residents going forward.

SK thanked IA and MP for the update and agreed that the investment made previously had proved to be the right decision made at the time but it will be important to continue to keep services under review.

***2iii Urgent & Community Care – Enhanced Health in Care Homes (Steph Watt)***

SW explained this national framework for setting out a clear vision for working with care homes to ensure all residents have the same access to care and services as they would if in their own home and to ensure they can remain as independent as possible for as long as possible.

Having benchmarked against the framework, five key priorities had been identified to focus on. These fell into clinical and digital categories. Under clinical were hydration and multi-disciplinary working and under digital, there is remote monitoring, echo on-line training and shared care records. A brief verbal update was given on each of these.

The group reported being worried about system pressures impacted by turnover of staff and difficulties recruiting and retaining staff, particularly in the care home sector, and an increased use of agency staff. The complexity of needs is increasing in those with long term conditions and end of life/palliative care. Inflationary costs are also placing additional financial pressure on the care market. Digital capability and accessibility within care homes is variable although this has improved throughout pandemic to raise digital quality and accessibility resulting in all care homes in Rotherham having wi-fi access.

Next steps, under the clinical category:

- to benchmark against the national pilot and identify priorities for 2022-23
- recruit a project manager for the hydration project across all care homes and complete training
- Re-engage with GPs on MDT working and broadening the Layden Court pilot to other care homes

In terms of digital:

- an independent review of the remote monitoring pilot has been carried out and remote monitoring will be extended with the learning used to inform the virtual ward project
- Discussions around potential rollout of echo on-line training with Sheffield and Barnsley colleagues will continue
- an option paper will be developed for the shared care record solution.

Members thanked SW for the update and welcomed the continuation of the pilot recognising the importance of supporting care homes, particularly given fragility of care home market.

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| **3** | **Enabling Groups – Workforce and Organisational Development Update** |

LD advised that although the past two years had been challenging with capacity limited and workforce pressures across the system throughout the pandemic, however the group had taken the opportunity to refresh and refocus towards the end of 2021 which has resulted in increased communication between different stakeholders and partners and included the formation of some new relationships at both a local and regional level eg RiDO, Rotherham United Community Sports Trust, colleagues developing the Kudos Careers Hub and ICS colleagues.

To help the group move forward, benchmarking work has taken place to identify areas of good practice and refresh priorities that are aligned with the NHS People Plan and the Rotherham Integrated Care Development Plan. These four priorities now focus on culture, Place as an employer of choice, health and wellbeing and equality, diversity and inclusion. A set of actions has been developed to deliver tangible outcomes, like the Place Health and Care recruitment event. Strong links with the ICS future workforce groups and schools engagement have also been developed and will be key in helping young people across the borough to consider a career in health and social care.

LD advised that the group is concerned about the scope of ICS ambition and how this can be supported and translated into Place level activities to ensure that Place workforce can connect with the purpose alongside their existing organisational priorities. This will link with capacity and partners having the ability to be able to resource the activities so they can be progressed on behalf of Place whilst balancing against operational and business as usual pressures. Attracting staff is challenging with feedback showing that those seeking employment who may consider a career in social care are more attracted to roles in the NHS based on pay and benefits, so supporting the talent pipeline and the correct staff flow is important.

Going forward the Enabler Group will continue to support and collaborate with a key focus around health and social care integration connecting workforce to Place. A relationship mapping exercise has commenced to support the group to maximise strengths and utilise existing knowledge and expertise to deliver better together across the borough and region and thereby minimise duplication of effort.

A health and social care recruitment event is being planned for June which will be linked to the ongoing resourcing challenges. Learning from a recent event hosted by Rotherham NHS Foundation Trust will be used and the remit will be broadened to health and social care roles. A suitable local venue is being sought with easy access and potential for high footfall. Wider partners will be involved and to maximise and make best use of people's time, it is hoped to assist with completing applications on the day and if possible, undertake interviews. Work will take place with the Communications and Engagement Group to develop a plan of how we can increase interest and footfall as well as working with sixth form colleagues and local businesses to get their help to promote the event and encourage people to attend. The focus will be on working for Rotherham as a Place and how they can make a difference.

Members thanks LD for the update. They were pleased to hear that the group's work is starting to take traction and acknowledged that it will be fundamentally critical to addressing the workforce capacity and resourcing issues partners are experiencing and a welcome opportunity to support local residents into career pathways.

IA advised that the approach fits with the ethos of 'anchor institutions' showing the positive impact on a local community's economy and environment and thereby improve people's long-term health. In the coming months, Place Board will be informed of work undertaken by the Prevention and Health Inequalities group around understanding the role of anchor institutions in which one of the key themes will be workforce.

SK asked all partners to support the delivery of the group's events to make them successful and help deliver our Plan. LD should raise capacity issues that may affect the ability to progress any planned activities through Place Board.

| 4 | **Prevention and Health Inequalities Strategy, Action Plan and Enabler Group Terms of Reference** |
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RW presented the strategy and action plan that had been informed by data and intelligence and engagement with partners and stakeholders across Rotherham. It aligns with and supports the delivery of Rotherham's Health and Wellbeing Strategy and the Place Plan. RW drew attention to the strategies five key priorities:

- Strengthen our understanding of health inequalities
- Develop the healthy lifestyles prevention pathway
- Support the prevention and early diagnosis of chronic conditions
- Tackle clinical variation and promote equity of access and care
- Harness partners' roles as anchor institutions

The strategy will run to 2025 and the action plan will be reviewed and updated by the Prevention and Health Inequalities Enabler Group on an annual basis.

Noting that the document had been well socialised across Rotherham partners, stakeholders and the Health Select Commission, Members approved the strategy, action plan and Enabler Group Terms of Reference and acknowledged the importance and added their support to the approach being taken by this workstream.

| 5 | **Clinical Commissioning Groups – Transferring Legacy into Learning** |
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A report had been produced by NHS Clinical Commissioners that reflected on the successes and learning from CCGs during their 9 years of operation and offered recommendations for ICSs to help learn from the legacy. CE advised that as the CCG ceases to exist from the end of June 2022, it will be important that the learning from Rotherham CCG is 'locked in' to ensure that the good practice and benefits we've gained continue as we look to design our new Place under the South Yorkshire Integrated Care System. It was agreed that the recommendations within the report will be kept under review.

| 6 | **Draft Minutes & Action Log from Public ICP Place Board – 2 March 2022** |
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The minutes from the March Public Place Board were noted as a true and accurate record.

The action log was reviewed. The only outstanding item was the digital update will take place in May.

| 7 | **Communication to Partners** |
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The Communications & Engagement Group will be working closely with the Workforce Enabling Group to ensure the upcoming health and care recruitment event is well publicised and a collaborative and inclusive approach is taken to include partners, businesses and communities in Rotherham.

| 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
- Digital Update (inc Review of Place Wide IT Services) - May
- Transformation Group Updates (monthly)

| 10 | Date of Next Meeting |
|---|---|
| The next meeting is scheduled for ***Wednesday 4 May 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