HEALTH AND WELLBEING BOARD

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

Date: **Wednesday 21 September 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 - 13)

For discussion

8. The Best Start and Beyond Framework (Pages 15 - 42)
   Alex Hawley, Public Health Consultant, to present

9. Pharmaceutical Needs Assessment (Pages 43 - 163)
   Kate Grey, Public Health Specialist, to present

10. Carers Strategy (Pages 165 - 192)
    Garry Parvin, Adult Care Housing and Public Health, to present

11. Ward Plans (Pages 193 - 205)
    Martin Hughes, Head of Neighbourhoods, to present

12. Strategic Positioning of Physical Activity (Pages 207 - 213)
Gilly Brenner, Public Health Specialist, and Norsheen Akhtar, Yorkshire Sports Foundation, to present

13. Health and Wellbeing Strategy and Action Plan Refresh - 2022-2025 (Pages 215 - 278)
Ben Anderson, Director of Public Health, and Leonie Wieser, Policy Officer, to present

14. Health and Wellbeing Board - Terms of Reference and Updates on Membership
Leonie Wieser, Policy Officer, to present

15. Venues of Future Board Meetings

16. Vaccinations
Verbal update by Dr. Jason Page and Ben Anderson, Director of Public Health

17. Share learning from the Team around the School Project
Nathan Health, Assistant Director CYPS, and Kelly Crompton, Strategic Lead, Inclusion, to present

For Information

18. Issues escalated from the Place Board

19. Better Care Fund Plan (Pages 279 - 364)
Karen Smith, Adult Care Housing and Public Health, to present

20. Minutes of the meeting of the Rotherham PUBLIC ICP Place Board held on 4th May 2022 (Pages 365 - 368)

21. Date and time of next meeting
Wednesday, 23rd November, 2022, commencing at 9.00 a.m. venue to be determined

HEALTH AND WELLBEING BOARD
22nd June, 2022

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health **Chair**
Ben Anderson	Director of Public Health
Councillor Cusworth	Cabinet Member, Children and Young People
Chris Edwards	Chief Operating Officer, Rotherham CCG
Dr. Jason Page	Governance Lead, Rotherham CCG
Natalie Palmer	Healthwatch Rotherham
Katherine Singh	RDaSH
Ian Spicer	Strategic Director, Adult Social Care
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Ruth Fletcher-Brown	Public Health
Kate Gray	Public Health
Sally Jenks	Public Health
Lorna Quinn	Public Health
Amanda Raven	Community Safety
Rebecca Woolley	Public Health

Also Present:-

Councillor Aveyard	
Leonie Weiser	Policy Officer

Apologies for Absence

Richard Cullen, Shafiq Hussain, Sharon Kemp, Alison Smith, Councillor Thompson, Shayne Tottie and Paul Woodcock.

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair invited the member of the public present to ask his question:-

"A lot of work has been taking place in South Yorkshire with regard to Stroke Services and reviewing Services. I would like to understand the role of this Board in the prevention of strokes which were devastating to the patients as well as a great deal of resources both in health and social care."

The Chair replied that the key role of the Board was prevention and integration. A Board agenda item today was the Prevention and Health Inequalities Strategy and action plan part of which was around prevention of long term conditions including CVD, hypertension etc. It was part of the

Strategy going forward as well as part of the NHS long term plan. There had been an active role in the reconfiguration of the Hyper Acute Stroke Service to improve performance and heavily involved in consultation with the public to ensure that Rotherham patients had the best outcomes. Work was taking place to bring health checks to Rotherham and it was planned to include blood pressure checks when someone attended for a CT scan.

3. COMMUNICATIONS

(1) The Chair reported that this was the last meeting of the Health and Wellbeing Board in its current form due to the forthcoming Integrated Care Partnership. Richard Cullen, Vice-Chair, would no longer be a member of the Board due to the changes that were taking place.

The Chair thanked Richard for the work that he had undertaken on behalf of the Board.

(2) The Chair had met with Honour Rhodes from the Tavistock Clinic with regard to a request to consider Rotherham signing a Relationship Charter. This was to be discussed at the Executive Group with a view to inviting her to a future meeting of the Board.

4. MINUTES OF THE PREVIOUS MEETING

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

Arising from Minute No. 57(2) (B:Friend), it was noted that there was no update to report.

Arising from Minute No. 58 (Director of Public Health Report), it was noted that it would be discussed at the Executive Group meeting the following week.

Resolved:- That the minutes of the previous meeting held on 16th March, 2002, be approved as a true record.

5. ROTHERHAM SUICIDE PREVENTION AND SELF-HARM ACTION PLAN 2022-23

Ruth Fletcher-Brown, Public Health Specialist, presented the Rotherham Suicide Prevention and Self-Harm Action Plan 2022-2023.

Suicide prevention was a priority area within the South Yorkshire and Bassetlaw Integrated Care System (ICS) and joint work was 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. South Yorkshire Police had been doing this work for years and had 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 was a priority area within the Rotherham Place Plan and the Health and Wellbeing Board Strategy.

The action plan detailed the governance arrangements, both the national and local picture and a findings summary of the South Yorkshire and Bassetlaw suicide audit.

It was noted that a second suicide prevention symposium would be held on 12th October in Rotherham.

Discussion ensued with the following issues raised/clarified:-

- A local increase had started to be seen in the number of deaths by suicide which was also reflected across some areas in South Yorkshire. The real time data submitted was being monitored
- Work was taking place with Communications colleagues with regard to possibly relaunching the Be the One Campaign in September
- Work would also be launched in September for children and young people that had been bereaved by suicide

Resolved:- That the report be approved.

6. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

Lorna Quinn and Kate Gray gave the following powerpoint presentation on the Joint Strategic Needs Assessment (JSNA):-

What does the JSNA cover

- Looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area
- Takes a wide view of health
  - Concerned with wider social factors that have an impact on people's health and wellbeing such as housing, poverty and employment
  - Identifies health inequalities

- Identifies gaps in health and care services documenting unmet needs

– Has a wide range of inputs
  - Cross-Council and multi-partner input required
  - Nearly 300 indicators from 10 teams and bodies

What's new for 2022
– New small geography sections so users can access and compare data at a smaller geographical level in Rotherham
– Governance aspect – all sections need approval from relevant team/data lead/Directorate
– A suggested quarterly newsletter to a subscribed group which will incorporate new data where refreshed i.e. fingertips data
– A 'Rotherham profile' that details key data and will be updated quarterly alongside the newsletter
– Health Needs Assessments to be linked to appropriate JSNA document (as executive summaries)

JSNA Data Update
– Existing indicators updated
– Additional data include fingertips data on mortality, life expectancy data and Culture and Leisure

What's Next
– The JSNA is live
– Dissemination
– Training opportunities
– Steering group
– Newsletter updates

Discussion ensued with the following issues raised/clarified:-

- Prior to any decisions being made within the Council, consultation should take place with the Rotherham data hub
- A seminar be held for Elected Members to raise awareness
- The more information inputted to the JSNA the better single picture of Rotherham derived
- An "idiots guide" would be useful

Resolved:- (1) That the Joint Strategic Needs Assessment update be noted.

(2) That arrangements be made for an Elected Members seminar to take place.

7. LEARNING FROM A DOMESTIC HOMICIDE REVIEW

Amanda Raven, Community Safety Officer, gave a presentation on a Domestic Homicide Review (DHR) that had taken place in 2019. A DHR followed a death of a person aged 16+ years resulting from violence, abuse or neglect by a person or had been in an intimate relationship or a member of the same household.

The presentation set out the details of the incident and the resultant learning.

Resolved:- That the presentation be noted.

8. ROTHERHAM PREVENTION AND HEALTH INEQUALITIES STRATEGY AND ACTION PLAN

Ben Anderson, Director of Public Health, and Becky Woolley, Public Health Specialist, presented the following powerpoint presentation:-

Background and Context

- March, 2021 – Director of Public Health presented at the Health and Wellbeing Board on the features of a prevention-led system
- May 2021 – ICP Prevention and Health Inequalities Enabler Group was established to help take forward the agenda
- October, 2021 – Officer to support the work came into post
- January-March, 2022 – Strategy and action plan produced and refined by the Enabler Group
- April, 2022 – ICP Place Board agreed the Strategy and action plan

People in Rotherham live well for longer

- Strengthen our understanding of health inequalities
  - Improve the understanding of health inequalities in Rotherham
  - Ensure that partners have access to bespoke data products
  - Ensure that data around health inequalities informs commissioning, decision making and service delivery
- Develop the healthy lifestyles prevention pathway
  - Reduce the prevalence of smoking in Rotherham and narrow the gap between our most and least deprived communities
  - Increase the proportion of people in Rotherham who are a healthy weight
  - Reduce alcohol-related harm for people in Rotherham
  - Support older people in Rotherham to retain their independence and age well
- Support the prevention and early diagnosis of chronic conditions
  - Reduce the health burden of cardiovascular disease in Rotherham
  - Improve the management of diabetes
  - Reduce the health burden of chronic respiratory disease in Rotherham

  - Increase the proportion of cancer diagnoses made at stage 1 or stage 2
  - Ensure people get support with their mental health at the earliest possible stage
- Tackle clinical variation and promote equity of access and care
  - Narrow the gap in maternity outcomes for ethnic minority women and women from deprived communities
  - Reduce premature mortality for people with learning disabilities, autistic people and those with severe mental illnesses
  - Improve access to social prescribing for ethnic minority communities
  - Mitigate against digital exclusion
- Harness partners' roles as anchor institutions
  - Improve the health and wellbeing of our workforce across the place partnership
  - Employ people from deprived communities and inclusion groups in Rotherham
  - Increase our local spend to support Rotherham's economy
  - Reduce our environmental impact

Prevention and HI Strategy CORE20 PLUS5 Groups

- The Prevention and Health Inequalities Strategy has drawn from the CORE20 PLUS5 approach to identify and address health inequalities. This means focussing on:
  - The most deprived 20% of the national population (36% of the Rotherham population live in the 20% most deprived areas of England)
  - In addition to deprivation, we know that there are other factors that drive health inequalities. In the Development of the Strategy, several inclusion groups for Rotherham had been identified:-
    Ethnic minority communities
    Gypsy, Roma and traveller communities
    People with severe mental illnesses (SMIs)
    People with learning disabilities and neurodiverse people
    Carers
    Asylum seekers and refugees
    Those in contact with the criminal justice system

Discussion ensued with the following issues raised/clarified:-

- The Rotherham Foundation Trust had its own health inequalities plan which would be considered at its Board in July
- Staggering gap in healthy life expectancy which it was hoped the preventative approach would narrow giving people better lives and better outcomes
- A jointly funded post with South Yorkshire Sports the role of which would be exploring how to get people more active particularly in areas of deprivation and those areas of low take up of physical activity

Resolved:- (1) That the Prevention and Health Inequalities Strategy be noted and supported.

(2) That the Board be provided with regular updates as to progress made.

9. BREASTFEEDING FRIENDLY BOROUGH DECLARATION

Sally Jenks, Health Improvement Principal, presented a report on the move to establish Rotherham as a Breastfeeding Borough and have a local Breastfeeding Declaration which would clearly set out the commitment of the Council, the Health and Wellbeing Board and key partner organisations to support change.

The report provided 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 initially planned for the next 12 months. The action was grouped into the themes of:-

Initiatives
Policy and Workplace
Communications
Training and Embedding into Practice
Contracts and Procurement

Resolved:- (1) That the Board agree to the commitment to the principle of becoming a Breastfeeding Borough by endorsing the Declaration, becoming individual and organisational champions of the Breastfeeding Declaration and committing to making Rotherham Borough breastfeeding friendly.

(2) That challenge be brought where current policies or practice hindered progress towards the aims of the Breastfeeding Declaration and aim to become a Breastfeeding Borough.

(3) That further consideration be given as to where Rotherham could best focus efforts to improve and maximise opportunities to support the agenda.

(4) That the Council-based Breastfeeding Declaration action plan, including the governance and accountability processes, be agreed.

10. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Chair presented the Health and Wellbeing Board 2021/22 annual report with the aid of the following powerpoint presentation:-

Our 2021/22

- May 2021
  Board agrees that 4 key aims would remain the headline outcomes for the Board to work towards
  Prevention and Health Inequalities Group meets for the first time
- July 2021
  Consultation with members on refreshed priorities was launched
- September 2021
  The Health and Wellbeing Board approved the renewed priorities and refreshed action plan
- February 2022
  Government publishes Joining Up Care for People, Places and Populations. The Government's proposals for health and care integration
- March 2022
  Board Executive group meet the designated Chair and Chief Executive Officer of the South Yorkshire Integrated Care Board

Refreshed Strategic Priorities

- Aim 1: All children get the best start in life and go on to achieve their full potential
  Develop our approach to give every child the best start in life
  Support children and young people to develop well

- Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
  Promote better mental health and wellbeing for all Rotherham people
  Take action to prevent suicide and self-harm
  Promote positive workplace wellbeing for staff across the partnership
  Enhance access to Mental Health Services

- Aim 3: All Rotherham people live well for longer
  Ensure support is in place for carers
  Support local people to lead healthy lifestyles including reducing the health burden from tobacco, obesity and drugs and alcohol

- Aim 4: All Rotherham people live in healthy, safe and resilient communities
  Deliver a loneliness plan for Rotherham
  Promote health and wellbeing through arts and cultural initiatives
  Ensure Rotherham people are kept safe from harm
  Develop a Borough that supports a healthy lifestyle

Key Areas of Progress – Aim 1

- RMBC Catering Services have achieved a Food for Life award
- Children's services developed a team Around the School (TAS) model of working, developing targeted support for children and young people in schools with a focus on mental health wellbeing, transition and including recovery from the impact of Covid-19 on pupils' wellbeing

Key Areas of Progress – Aim 2

- Launch of the Be the One campaign in September 2021
- 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

Key Areas of Progress – Aim 3

- Strengthening support for carers through the establishment of "The Borough That Cares Strategic Group"
- 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

Key Areas of Progress – Aim 4

- Rotherham Show was delivered in September 2021 in a Covid-safe way
- Making Every Contact Count (MECC) training was launched and delivered to over 150 people
- Public Health England (PHE) Better Mental Health Fund Befriender project was delivered

Our Challenges

- Health inequalities between our most and least deprived communities and between Rotherham and national average
- Mental health and wellbeing remains a concern and half of people aged 75 years+ live alone and were lonely
- More than 30,000 people were providing unpaid care in Rotherham
- A significant proportion of adults were physically inactive

Forward Look

- Refresh Joint Health and Wellbeing Strategy based on the agreed priorities, including delivering a loneliness plan, ensuring support was in place for carers and developing a Borough that supports a healthy lifestyle
- Engage with members across partner organisations and Board sponsors to update the Board's action plan which underpins the Strategy
- Work with South Yorkshire and Bassetlaw ICS to shape future arrangements

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

- Acknowledgement that there were some gaps as details of the ICP were still awaited
- Several meetings that taken place with the new Chief Executive and Chair of the ICP

- It had been a very difficult year due to the impact of Covid on key organisations and the necessary diversion of their resources
- The quarterly meetings with the South Yorkshire Health and Wellbeing Board Chairs and Chief Executives would continue
- Pleasing work carried out with schools to support children with their mental health needs that had been exacerbated by the pandemic
- The impact of the increasing levels of poverty and disadvantage in the Borough and the continuing pressure of those together with the fuel/energy crisis

Resolved:- (1) That the 2021-22 annual report be noted.

(2) That Aim updates be submitted to future Board meetings.

11. ANNUAL REFRESH OF THE HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE

Leonie Wieser, Policy Officer, presented the proposed refreshed Terms of Reference for the Board. It was noted that they would be submitted to the Board's September meeting following the launch of the ICP in July.

Currently there were 3 representatives of the Clinical Commissioning Group with proposals for them to be replaced by the Rotherham Place Director and 2 members of the ICP Board (Medical Director and local GP Federation). As the current Vice-Chair represented the CCG, it was proposed that the Medical Director become Vice-Chair.

With regard to venues, it was noted that Oak House was now available to host meetings of the Board.

Resolved:- (1) That the proposed terms of reference be agreed in line with the discussion at the meeting and updated as and when required.

(2) That the Medical Director, representing the ICP Board, be nominated as Vice-Chair of the Health and Wellbeing Board.

(3) That the Health and Wellbeing Board remain at its current number of members.

12. HEATH AND WELLBEING BOARD ANNUAL SURVEY FEEDBACK

Leonie Wieser, Policy Officer, gave a verbal report on the annual survey feedback the response rate to which had been low.

Discussion took place on the methods used in the past to gather feedback which had included individual contact by Executive Group members and more recently a total online survey.

Resolved:- (1) That the feedback from the annual survey be noted.

(2) That the annual survey continue via the online method with 1:1 discussions arranged if requested.

13. HEALTH AND WELLBEING BOARD 2021/22 ACTION PLAN FINAL UPDATE AND REFRESH 2022-25

Ben Anderson, Director of Public Health, presented the action plan highlighting that the majority of the milestones were blue (completed) or green (on track).

It was noted that the refresh of the action plan would be submitted to the September Board meeting.

Discussion ensued on the wording of the priorities which had been agreed at the previous Board meeting. However, there was now a proposal to change the wording of the crosscutting priority slightly from "work in partnership to maximise value across the Borough" to "work in partnership to maximise the positive impact of anchor institutions'.

Also, at a meeting with the Chief Executive of Age Concern, it was requested that the mental health and health issues of those over 60 years of age be considered more specifically rather than generally. If Aim 4 was changed to "making Rotherham an Age Friendly Borough" it would be in line with the Health Inequalities Plan.

Resolved:- (1) That the action plan be noted.

(2) That the Board be kept informed on the ongoing work to refresh the action plan.

14. ISSUES ESCALATED FROM THE PLACE BOARD

There were no issues to report.

15. ROTHERHAM ICP PLACE BOARD

The minutes of the Rotherham ICP Place Board held on 2nd March and 6th April, 2022, were noted.

16. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 21st September, 2022, in Rotherham Town Hall.

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BRIEFING	**TO:**	PH SMT 27/04/22 ACHandPH DLT 03/05/22 SLT/AD 07/06/22 Health and Wellbeing Board 21/09/22
	DATE:	21st September 2022
	LEAD OFFICER	Alex Hawley, Consultant in Public Health Helen Sweaton, Joint Assistant Director - Commissioning, Quality and Performance, CYPS
	TITLE:	Best Start and Beyond Framework

Background

1.1

Rotherham's 2019 Director of Public Health Annual Report set out the evidence for the critical importance of the first 1001 days of life (from conception to age 2 years), describing it as a "window of opportunity" to give Rotherham's children the best start in life and alter the trajectory of their life courses to provide potentially lifelong health, wellbeing and economic benefits.

In 2020, the Rotherham Integrated Health and Social Care Place Plan set out its transformation workstreams, with the first priority for children and young people being the first 1001 days.

In July 2021, the Public Health team reorganised its portfolio teams, aligning the work of its Consultants more closely with the four aims of the Health and Wellbeing Strategy, meaning there is now a dedicated public health portfolio team for addressing the best start to life, contributing to the objectives of Aim 1 of the strategy – to develop our approach to give every child the best start in life; and to support children and young people to develop well.

Since Spring 2021, Public Health has led a partnership approach to developing the specification for a re-commissioned 0-19s public health nursing service, a process which is now approaching its conclusion, with mobilisation of the newly awarded contract due to commence in the Autumn, working towards and a go-live date of April 2023.

A 'Best Start and Beyond' framework is being developed in order to derive optimum value from work that is already ongoing within the system and to provide a focused way of working for the interoperation of the 0-19s service and the wider system, including other key health resources. It will incorporate a broader system of influences around child/young person's health from pre-conception through to transition to adulthood, focusing on key stages in a child's life, with a continued acknowledgement of the primacy of the first 1001 days within this life course approach.

Key Issues

2.1

Key relationships

As part of the process for developing a framework as a whole-system approach, some key relationships have been established with Public Health for joint working. In particular, these include the ICB Rotherham Place joint commissioning role; TRFT midwifery and the current 0-19s service; RMBC's C&YP directorate including Education and Inclusion team; and Early Help.

Interface with Early Help and whole system

We have agreed operationally that this framework sits beneath a strategic overview that also encompasses the Early Help Strategy, and that a sub-group of the Early Help Steering Group should be established to guide the actions beneath the framework. This new steering group has now met twice (in June and September), and will continue to meet on a quarterly basis.

This arrangement acknowledges that the Best Start and Beyond framework and the Early Help Strategy occupy similar territory, and creates considerable scope for a properly integrated and complementary approach. The Best Start and Beyond framework has a population-level health and wellbeing focus, based on addressing wider determinants, primary prevention and universal health services. This tessellates well with the Early Help Strategy's focus on a system for early intervention and prevention from harm, and the current focus on developing a Family Hub and Start for Life offer in Rotherham.

This framework will enable an overview of work delivered by the whole system (public agencies including those in the voluntary sector), influencing the health and wellbeing of children, young people and families. The framework is designed as a tool to describe direct or indirect influences, using priority 'lenses' for how we wish important health and wellbeing outcomes to be pursued.

Key principles

The framework intentionally aligns closely with the Prevention and Health Inequalities Strategy (March 2022 to December 2025), through the inclusion of a shared set of principles, which include the primacy of prevention, acting at the earliest possible stage to reduce the burden of ill-health, reducing inequality, adopting proportionate universalism, addressing wider determinants of health, working with people in respect of decisions about their health.

The principle of working with people means we should be co-producing our services wherever that is achievable – the framework adopts the Rotherham Charter (also known as The Four Cornerstones) for including families in designing services and support mechanisms that avoid stigma. It is important also to ensure that we provide not just services and support, but also create opportunities for our young people to realise their aspirations, as a key determinant of their health and wellbeing.

The full list of principles included in the framework is:

- 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.
- Raising the average performance for a health and wellbeing outcome is seen as of secondary importance to reducing the slope of its social gradient.

Life course approach

The Best Start and Beyond framework covers key stages of the progress of a child's life. The first 1001 Days is the first of these stages, and its primary importance is emphasised by the principle to act at the earliest possible stage to reduce the burden of ill-health. In all four key life stages are identified: the first 1001 days; early years (pre-school); school age; and transition to adulthood. Within each life course stage, the framework includes a high level overall outcome and a set of enabling outcomes that are expected to be delivered by various parts of the system. These enable the steering group to consider whether the framework's vision is being delivered in the best way possible.

Overall priority lenses

A small set of priority themes are included to guide the steering group for applying this framework. These reflect priority needs and stakeholder views, including the views gathered through a co-production consultation exercise carried out by Rotherham Parent Carers' Forum. These are intentionally broad-brush themes, which are likely to have different applications within the different life stages. They are: addressing family poverty; maternal health and health behaviours; transitions between key life stages (and services); mental health; and a compassionate approach to health and wellbeing.

Poverty

Poverty is included as a priority, as it the most important determinant of poor health and wellbeing, with a very clear association with inequality. At a time when the country is experiencing a rapid increase in the cost of living, it is inevitable that family poverty is increasing, leading to considerable parental stress about basic needs, such as heating, clothing and food, and that this is likely to be adversely affecting their children's development, in ways that might be lifelong. Efforts locally to reduce the effects of poverty should give primary consideration to protecting the health and wellbeing of our children/young people, with an emphasis on building resilience and agency within the community.

In this respect, Rotherham has already been very proactive in respect of children and the effects of poverty, with initiatives such as £1mn of food vouchers to ensure 10,000 children would not go hungry during the long summer break in 2021, and the range of activities provided through the Rotherham Healthy Holidays programme, for which free places were available for families entitled to free school meals. Similarly, Rotherham is providing financial assistance to eligible families struggling with the costs of school uniforms.

Compassionate approach

Rotherham's Healthy Weight Declaration makes a commitment to a compassionate approach to healthy weight. This approach acknowledges that one potential outcome of health promotion campaigns that focus on lifestyle choices may be to inadvertently reinforce stigma for the individual. There is considerable evidence that stigma related to weight can be associated with poor psychological and physical health outcomes for individuals, and that it is a poor motivator towards adopting healthier behaviours in respect of diet and physical activity.

There is also a very particular need for a compassionate approach in providing a supportive environment for mothers who wish to breastfeed their babies, where the risks associated with feelings of shame and failure can be quite profound for the mother, with potential negative consequences for their baby. The approach should extend to creating supportive environments and advice in settings for early years and school age children and will also go beyond a narrow focus on nutrition and weight to include all aspects of health and wellbeing.

With this in mind, Rotherham is seeking to become a breastfeeding-friendly borough, and this is about creating the opportunities for supported and informed feeding choices to be made by mothers, without the risk of stigma associated with whatever that choice is.

Parental health
Maternal health as a broad priority will have most relevance within the first 1001 days, and is likely to include promoting health literacy and reducing risky health behaviours especially in planning for and during pregnancy. This priority has been intentionally broadened to parental health in acknowledgement of the importance of the health and wellbeing of both parents in influencing the conditions in which children develop.

Mental health
Mental health issues for children/young people and families will be addressed at need, ensuring support is offered at the earliest opportunity to prevent escalation. There will also be a holistic person- and family-centred approach with respect to the potential causes and effects of mental health concerns, avoiding seeing mental health in isolation.

Perinatal mental health is a key concern within the first 1001 days. 20% of new and expectant mums experience perinatal mental health problems (i.e. during pregnancy or in the first year following birth). If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family.

Transitions
Work will be developed with key partners to prepare for transitions at each point in the life course to ensure the needs of children/young people and their families are met and, when necessary, the transfer of care to adult services is seamless.

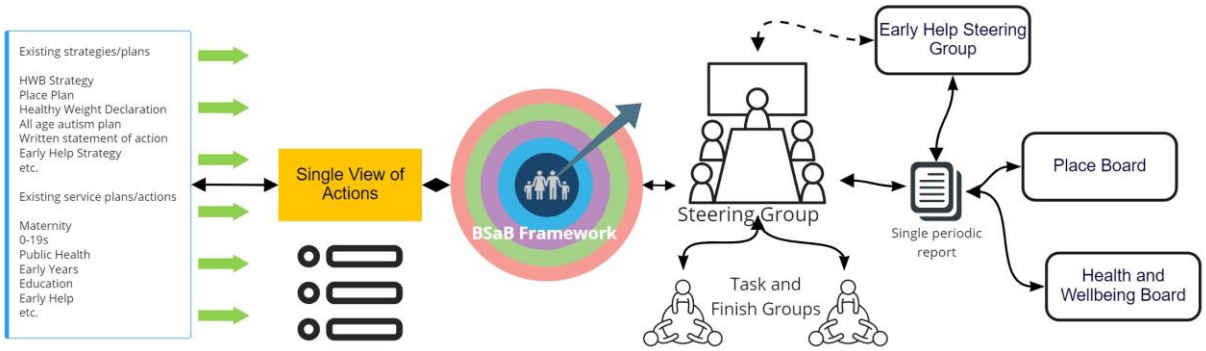
Key Actions and Relevant Timelines

3.1

A live document
All strategies are to some extent emergent and need to be able to respond to changing population needs, system changes and stakeholder priorities. The concept of a framework is that it should allow for such flex, but it will also need to be kept under review, and should be seen as a live document.

Governance
Informal and intermittent steering meetings have taken place during the development of this framework. A more formally constituted steering group as a sub-group of the Early Help Steering Group has now met twice to finalise the framework document. The terms of reference, processes for identifying opportunities for system improvement work and for progress reporting have been agreed.

The work flow, reporting and governance have been described diagrammatically:



	Endorsement of this approach by the Health and Wellbeing Board will also provide assurance to the Place Board as it refreshes its transformation priority workstream actions. **Action plan** A first version of an action plan has now been compiled (see appendix), based on actions already present in other plans and forums. Inevitably, this will mean actions will be owned and led across a range of services and agencies, elsewhere and are likely to have different lines of governance and reporting. The advantage of bringing them together under this framework is to create some system oversight for the steering group, and the ability to map the actions against the framework, with the prospect of identifying important gaps and opportunities for more integrated, efficient and effective effort. These gaps and opportunities will then be the key focus for the Steering Group in moving from framework development to implementation. The Steering Group might set up task and finish groups where appropriate to take best advantage of these opportunities. Such opportunities may exist at service, place and ICS levels. **Key system developments** The name of the Best Start and Beyond framework intentionally mirrors the title used for the new 0-19s contract, currently approaching the beginning of mobilisation for full implementation of the new service in April 2023. It will be extremely important that the new service sees itself as a component of a wider system of services and influences on children/young people – their start to life and their progress towards adulthood, and this framework is seen as a key vehicle to enable that to happen effectively. Similarly, other services particularly within in the health, care and education fields will need to be able to adapt to allow the optimal system operation and to reflect common priorities. Key developments within the Early Help system also need to be acknowledged and coordinated with the framework, including the naming of Rotherham as one of 75 local authorities eligible for a share of central government funding to establish family hubs and to publish a start for life offer, in order to improve the delivery of universal, early intervention, and support services. The positioning of the Best Start and Beyond Steering Group as a sub-group of the Early Help Steering Group ensures a complementary and coordinated approach.
Implications for Health Inequalities	
4.1	Health inequalities will be a key component within the framework, and important opportunities where partners are able to support this agenda will be identified.
Recommendations	
5.1	To support the development and implementation of a Best Start and Beyond framework.
6.1	**Related Information / documents** Best Start and Beyond Framework Collated action plan

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Best Start and Beyond DRAFT v8

A framework for ensuring the best start to life for all Rotherham children and young people, from pre-conception through to becoming an adult.

Best Start and Beyond Framework Overview

Our Vision

All children and young people get the best start in life and go on to achieve their potential.

'Best Start and Beyond' is a framework which seeks to meet one of the key aims of Rotherham's Health and Wellbeing Strategy, which is to improve the life chances of children and young people, by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children and young people, with a strong focus on health and wellbeing in the early years to ensure all Rotherham children and young people can fulfil their potential in later life.

Why is it necessary?

The purpose of the framework

The principal reason for developing this framework is to enable an overview of work delivered by public agencies (including those in the voluntary sector) that influence the health and wellbeing of children, young people and families (CYP&F). This will be through the impact those agencies can have on the circumstances in which children, young people and families live, learn, work and play, or through provision of services that have a more direct relationship to their health and wellbeing.

The framework is designed as a tool to describe direct or indirect influences, using priority 'lenses' for how we wish important health and wellbeing outcomes to be pursued. Whilst it is not therefore a delivery plan, it does provide a way to identify opportunities across the whole system, e.g., in terms of commissioning and service delivery. In order to accelerate achieving the vision that every child gets the best start to life and is able to reach their potential, and that no child is held back in ways that are unfair.

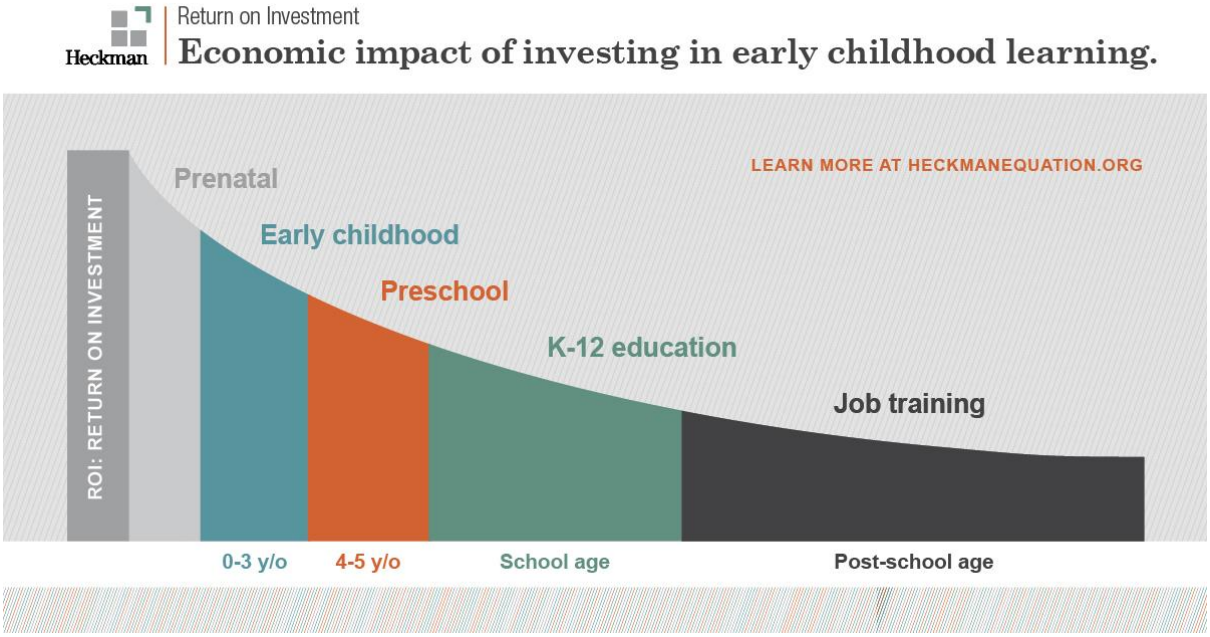
The Best Start and Beyond Framework adopts a population-level health and wellbeing focus, based on addressing wider determinants, primary prevention and universal health services. It is intended to be complementary to the Early Help Strategy.

Rotherham is currently (September 2022) preparing to commit to the DHSC's Family Hub and Start for Life programme, with direct oversight provided by the Early Help Steering Group. As its delivery plan is developed and related task and finish groups are established, priorities identified through the Best Start and Beyond framework should seek to coordinate with that work. As part of the family hubs programme, publication of a 'Start for Life' offer is expected by April 2023, which should set out the services and support available to families during the critical 1001 days. This framework and its steering group will provide a key mechanism to ensure that that offer is a comprehensive, needs-based, partnership-owned offer, and one that can be continuously improved.

Optimising the benefits of early investment

The Heckman Curve famously describes the theoretical economic case for investments early in the life course, which are expected to provide significantly higher rates of return compared to investments targeted at adults.

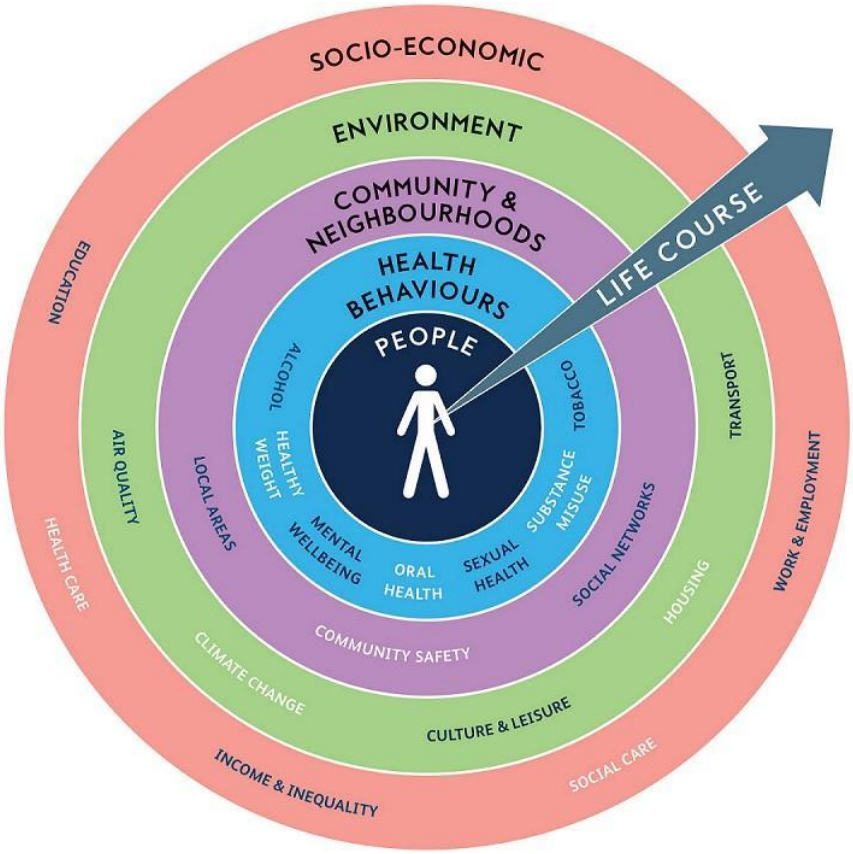
With respect to health outcomes, the body of evidence is growing to support theories of foetal and early childhood origins of adult disease. In acknowledgement of this, a recent government-commissioned report has made recommendations for optimising the impact of support to the critically important first 1001 days of each human life (the period between conception and age two), and recent additional funding announcements by The Chancellor of the Exchequer appear to be responding directly to some of these recommendations.



Addressing the wider determinants

Public health takes the viewpoint that health is a product of where we live, learn, work and play and that the more we are able to address these wider determinants of individuals' and communities' health and well-being, the greater the net benefit, when compared with addressing problems at the individual level.

The wider determinants include socio-economic factors, housing, social networks and education as well as the commercial determinants of health – a phrase designed to encapsulate a conflict of interest in some parts of private sector activity where profit maximisation may be dependent on promoting products and behaviours that are detrimental to health. Within this discourse, poverty is quite often overlooked but should be considered a key social determinant of child health, and an important context for understanding and responding to families' needs and experiences.



Wider determinants of health through the life course. Source: Rotherham JSNA

During the course of a child's life from conception through to transition to adulthood, the importance of the range wider socio-economic and environmental determinants and exposures on the child's health and wellbeing will change.

From before conception and through pregnancy, social disadvantage experienced by women is likely to increase the risk of poorer maternal outcomes. The individual risk factors that such disadvantage might lead to include existing health problems (mental and physical), misuse of substances prior to or during pregnancy, a low level of education, being poorly nourished or in poor quality housing, and having unsupportive or even abusive partners.

Socio-economic determinants can have an important influence on the early phase of a child's life in the way that it affects parental income, parenting styles, housing quality, the extent to which the home and family environment is a nurturing one, the quantity and quality of stimulation and interaction within the home learning environment, exposures to environmental toxins both indoors and outdoors, and the quality of nutrition.

As a child ages, so other determinants beyond the home environment increase in importance, such as social and community networks, influences of peers, education, culture and leisure influences, the quality of the local built and natural environment.

Health and care services and other public sector services can exert some influence over these determinants but have limited power in respect of socio-economic determinants. Ironically, the sphere of influence of public/voluntary sector services

tends to increase as a child ages, whereas a greater potential benefit might result from improving the conditions that affect a child earlier in life.

The best way for the health and care system to respond is to draw on the concept of ‘proportionate universalism’ - making services universally available but delivering them at a scale and intensity that is proportionate to the degree of need.

There is growing evidence that wide-reaching strategies to provide support at a population level result in fewer children and families in need of more intensive services. Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services.

Prevention and early help/early intervention

In public health the word prevention is often categorised into three types of prevention: primary, secondary and tertiary. Within a strategy to give children the best start in life, prevention offers the greatest return in the long term, and primary prevention is the ideal. Secondary prevention is more targeted prevention, and effectively refers to identifying and responding to risks or emergent problems at the earliest possible opportunity.

‘Early help’ and ‘early intervention’ are terms that are often used interchangeably to describe a range of services, programmes or interventions to help children and families resolve problems before they become more difficult to reverse or require more interventionist support. In this respect early help can be seen as a form of secondary prevention.

Sometimes the default understanding of early help or early intervention is as a risk-based individual-level form of protection. However, it is the wider conditions of people’s lives (those wider determinants that include their homes, their financial resources, education and employment, access to services, etc.) that have the biggest impact on their health and wellbeing.

Our early help and wider system of support provided through public policies, investment and service provision needs to adopt an holistic approach, informed by evidence on preventative public health.

The diagram below depicts the Early Help system in its widest possible sense, showing 3 types of support service around the family – community support, universal services, and acute and targeted support. Those described as universal are effectively universally available, but some will require agency on the part of the family to receive the service.

Early Help System. Source: Early Help System Guide, DfE and DLUHC

Life course

Physical and cognitive growth occur rapidly during the early stages of life, and there are key stages in utero, in infancy, and in later childhood/adolescence when such changes accelerate.

In addition, there are particular transitional moments in the life of a child relating to growing independence from their parents, and greater participation in wider society that mean that the context for the influence of wider determinants of health and for the provision of services go through step changes.

In the light of this, it makes sense to organise this Best Start and Beyond framework, and in particular the priority issues of concern, the outcomes that are sought, and the consideration of access to services and the interplay between them into key life-course stages.

The framework will adopt four key phases:

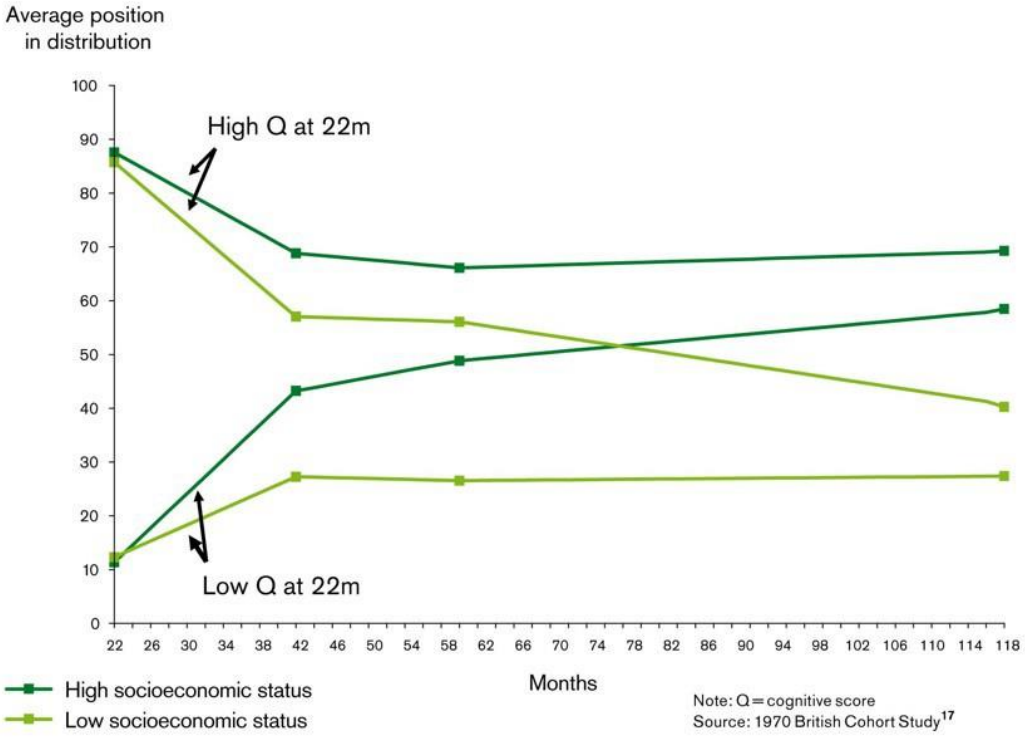
1. The first 1001 Days (from conception to 2 years, but also including consideration of pre-conception phase)
2. The early pre-school years of life
3. The school years – primary and secondary
4. The transition to adulthood

Inequality

The wider determinants of health matter because they drive unequal outcomes. In particular, inequalities in the way income and wealth are distributed through the

population tend to be reflected in inequalities in exposures to all the wider determinants, and this in turn leads to most health outcomes following a social gradient.

The extent to which these unequal effects are also unfair is well illustrated by the graph below, which shows how a child's low socioeconomic status drags down early high cognitive scores, whereas high socioeconomic status can pull up low early scores.



Childhood inequality and cognitive development at 22 months and 10 years

Source: Marmot Review (2010). Fair Society, healthy lives. Review of health inequalities in England post-2010

Very often we measure outcomes by looking at averages across a whole population. This inevitably risks overlooking the way the outcome is distributed within the population, and the gradient of the slope.

Reducing inequality in health and related outcomes should be seen as a key aim of this framework, and one that is more important than simply improving the average.

Co-production

A key principle is that families and communities are likely to have the best knowledge and assets to respond to local challenges, and that such knowledge should be brought to bear on the design of services and support networks that are better distributed and avoid stigmatising interventions. Families and relationships within them are hugely important to the health and wellbeing of a child, and we will

seek to work with the whole family and to understand those relationships in seeking the best outcomes for the child/young person.

The Rotherham Charter

Also referred to as The Four Cornerstones, the Rotherham Charter is a set of principles and a way of working that was developed to enable better parental involvement in ensuring better outcomes for Rotherham children and young people with special educational needs.

It is now recognised that these principles should be equally reflected in relationships with all the children and young people of Rotherham, and their parents and carers, as a way to underpin co-productive processes.

How we will effect change

Principles

A set of principles is set out that are designed to ensure that actions are guided and coordinated in ways that fit with a public health approach, encapsulating the key ideas of prevention, equality, co-production and working from evidence. These principles also largely coincide with principles agreed within the Prevention and Health Inequalities Strategy, and so ensure some consistency of approach across the system. They are set out below.

- 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.
- Raising the average performance for a health and wellbeing outcome is seen as of secondary importance to reducing the slope of its social gradient.

Priority Lenses

Five themes have been identified that provide a focus for how actions under this framework will achieve outcomes in the best possible way that take account of current key priorities. These can be thought of as 'lenses' through which to view existing or proposed actions, rather than as outcomes to be pursued per se. Ideally all planned related activity should be considered under these priority lenses to ensure that change is effected in an optimal way

The five lenses are:

1) **Poverty** – poverty is a key determinant of health, and particularly at a time when the cost of living is rising rapidly, actions that build resilience, individual strengths and skills, and community assets are essential to enable health benefits to be equally accessible to all, especially those whose family income is below the poverty line.
2) **A compassionate approach** – obesity is increasingly spoken of as having the attributes of an epidemic, but at the same time the predominant policy response remains to seek change purely through individual choice. The compassionate approach adopts the view that the paradigm now needs to change, and seeks to acknowledge that obesity is largely a product of wider (especially commercial determinants), and that individuals should not be stigmatised for their weight (and that this only produces worse outcomes). Whilst its starting point is in relation to weight, in reality it applies to most health outcomes that are socially determined.
3) **Parental health** – it is well established that the health of the child is strongly influenced by parental health. In particular, when seeking that every child get the best possible start to life, a focus on the health of the parents when planning a family and during pregnancy and immediately after birth has the potential to deliver lifelong benefits.
4) **Transitions** – the life-course experience of a child, from conception through to adulthood does not follow a smooth path with respect to physical, mental and emotional development, and there are some key moments of transition.

These present moments both of opportunity and jeopardy for every child and should be a key focus of services and support efforts.

5) **Mental health** – it is now well understood that mental health is generally underrepresented within the organised efforts of society to promote health and wellbeing. Within this context, parental mental health, especially in the perinatal phase, as well as the mental health of the child should be understood to be inextricably linked to all other health and wellbeing outcomes, and that this can be a two-way relationship – poor outcomes or adverse events can drive poor mental health and vice versa.

The life-course stages

An overall high level outcome and key contributing impacts are set out for each of four stages of the child's journey from pre-conception to transition to adulthood. 1001 Days remains the stage that has the greatest capacity for long-term benefit, if everything is done to ensure that every child gets the best possible start and is not disadvantaged by the circumstances and conditions into which they are born.

Against each life stage a broad overall outcome is described that clearly contributes to the vision that every child has the best start to life and is able to fulfil their potential. Enabling outcomes are also set out. They are not deliverables of the framework itself, but are expected to be being delivered within the system, as key contributors to the vision. Where opportunities are identified within the system to improve the way these outcomes are realised, the steering group may take a view that some specific improvement work (e.g. through a task and finish group) would be beneficial.

1001 Days (Conception to 2nd Birthday)

Overall outcome: Every child has the best start to life

Key enabling outcomes:

- Pregnancies are planned and well prepared for
- A compassionate approach to weight is used to support parents during and between pregnancies
- Harms of smoking, alcohol and other substances during and after pregnancy are reduced
- Perinatal mental health is robust (and partners are considered)
- Infant feeding is an informed and supported choice
- Breastfeeding initiation is supported and length of exclusive breastfeeding is supported to reach recommended levels
- Continuity of care from midwifery to health visiting is optimised

Early years

Overall outcome: All children are ready to start school at age 5

Key enabling outcomes:

- A compassionate approach to weight is adopted that influences the home environment and within EY settings
- We take shared responsibility for building a culture where early years education is valued across all communities.
- All eligible children are enabled to take up their early education entitlement.
- Parents are seen as educators
- Children achieve a good level of development at age 5

School age (including children not attending school)

Overall outcome: All children and young people are able to reach their potential.

Key enabling outcomes:

- Education settings adopt a whole school approach to child health
- The health of children not attending school has parity of esteem
- Good sleep habits are promoted
- Good child emotional and mental wellbeing is promoted and supported
- All children and young people have access to and good attendance at the most appropriate educational setting
- Resilience and agency is built by ensuring young people can benefit from having places to go and things to do

Transition to Adulthood

Overall outcome: Every child ready to live as independently as is within their capacity

Key contributing outcomes/impacts:

- All young people have agency and resilience for a successful transition to adulthood, and support is available when needed.
- Young people benefit from a person-centred understanding of need and choice of support/opportunity

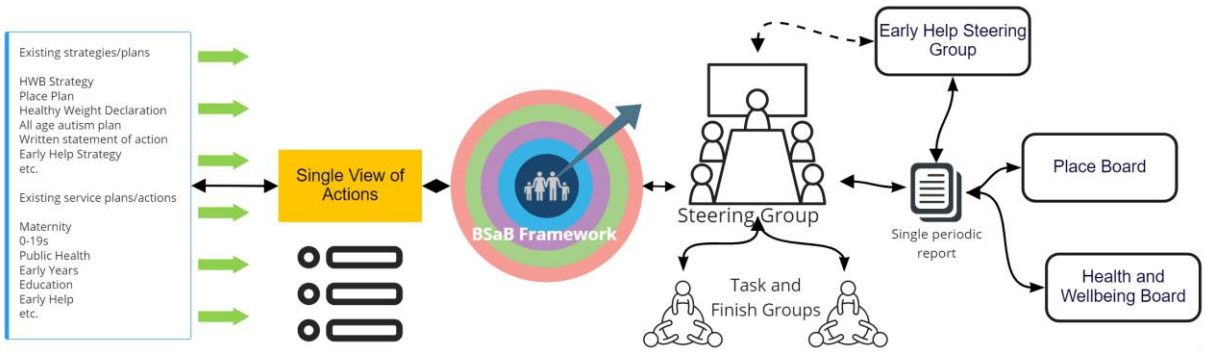
An aggregated action plan

The framework does not contain an action plan per se, but sets up a means of assessing current actions across different parts of the system, in order to achieve an overview of how likely the system is to enable every child to have the best start in life and to go on to achieve their potential. In this respect, the wider determinants and the priority lenses provide the means of such a mapping exercise. It is envisaged that a steering group will consider the outcome of such an exercise, and identify gaps in our efforts and/or opportunities to add value to existing efforts, e.g. by making links between different agencies to work in a more joined up way.

The appended diagram describes how the process is envisaged to take place.

Appendix.

Best Start and Beyond Framework – operation within expected governance, action planning and progress reporting arrangements



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Best Start and Beyond Framework

Alex Hawley, Consultant in Public Health

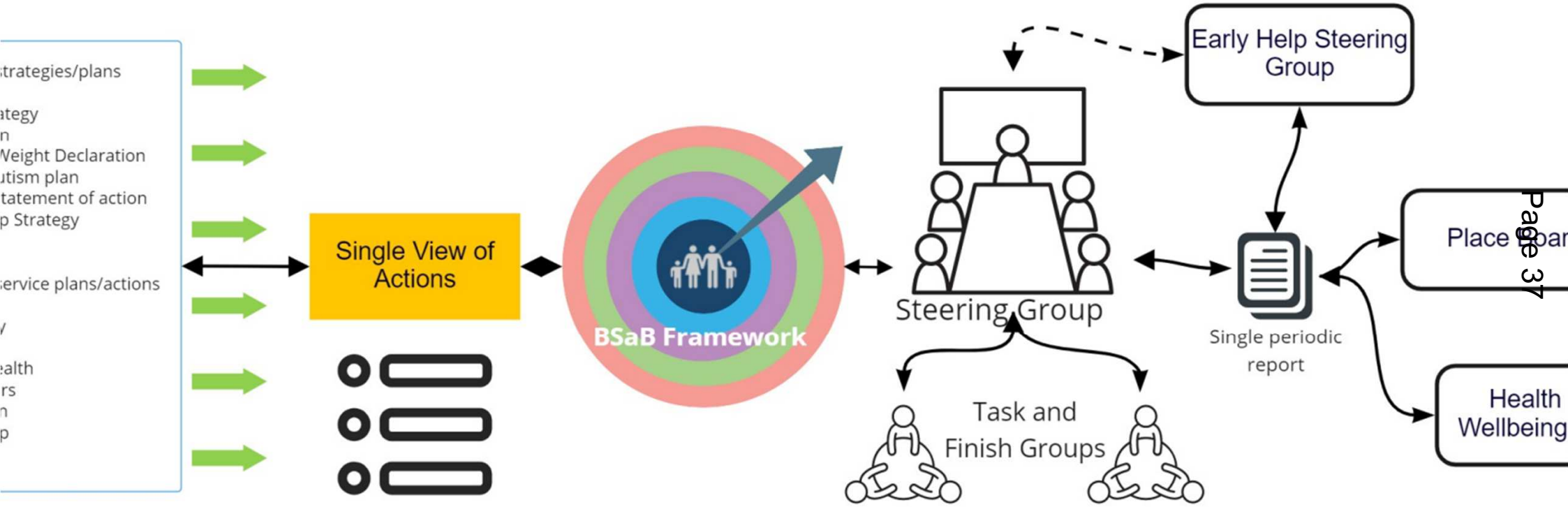
Purposes of framework

System overview

- Services for children, young people and families
- Activities affecting wider determinants

Toolkit

- Mapping against wider determinants, principles, priority lenses, life stages, enabling outcomes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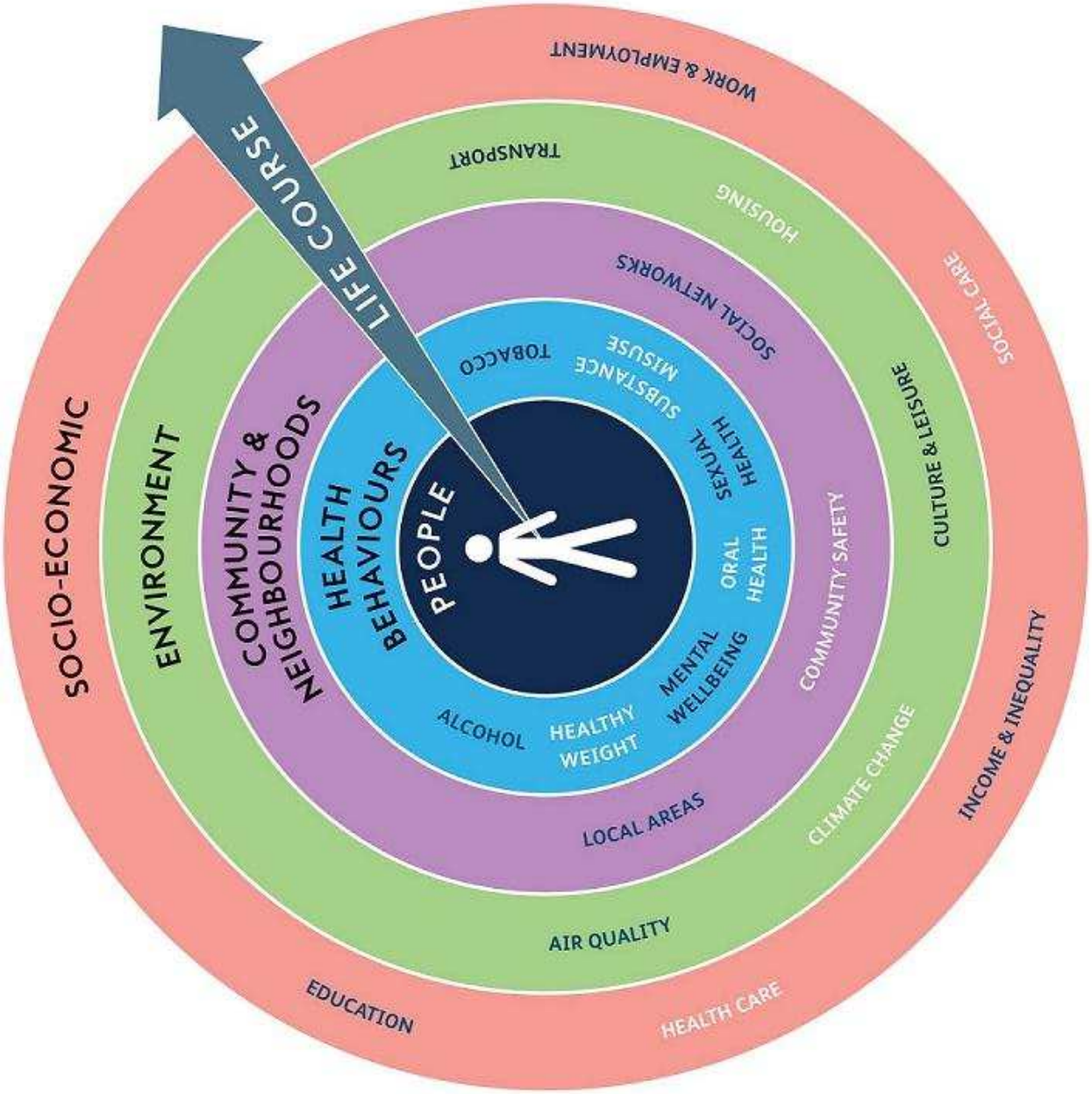
Steering Group
Early Help Steering Group
Single periodic report
Task and Finish Groups
Health Wellbeing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PEOPLE
HEALTH BEHAVIOURS
COMMUNITY & NEIGHBOURHOODS
ENVIRONMENT
SOCIO-ECONOMIC
TOBACCO
SUBSTANCE MISUSE
SEXUAL HEALTH
ORAL HEALTH
MENTAL WELLBEING
HEALTHY WEIGHT
ALCOHOL
SOCIAL NETWORKS
HOUSING
TRANSPORT
WORK & EMPLOYMENT
SOCIAL CARE
CULTURE & LEISURE
COMMUNITY SAFETY
LOCAL AREAS
CLIMATE CHANGE
AIR QUALITY
INCOME & INEQUALITY
EDUCATION
HEALTH CARE


Family Support
Social Care
Community Coordinator
Alternative Provision
Post-16 Education
Housing services
A&E
Specialist public health or community nurse
Community
School
Probation
Mental health services
Local Businesses
Voluntary, Faith & Community Services
CAFCASS
Allied Health Professionals
Maternity Services
Early years setting
Police
Special Educational Needs
Family & Friends
Online Support
Substance misuse services
Jobcentre Plus
Library
Place & Environment
Family Hub
Prison
Attendance and exclusion support
GP
Children's Centre and Youth Centre
Fire & Rescue
Domestic Abuse Services
Youth Offending & Targeted Youth Serivces
Acute & targeted
Universal
Community support

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Action mapping

ıent	Action Ref Number (from Source)	Action	Key Lens it relates too	Life Course Stage	Socioeconomic	Environment	Community & Neighbourhoods
Adulthood - ıent of Action	3.1.1	Agree a joint multi-agency standards and quality assurance framework for transition for young people with SEND in line with NDTi minimum standards	Transitions	Transition to Adulthood	Social Care		
Adulthood - ıent of Action	3.1.2	Co-produce with education, health and care providers, good practice guidance for protocols of effective transitions	Transitions	Transition to Adulthood	EH&SC		
Adulthood - ıent of Action	3.1.3	NDTi training for up to 50 staff working in schools, colleges, and support services to develop an understanding of Preparing for Adulthood.	Transitions	Transition to Adulthood	EH&SC		
Adulthood - ıent of Action	3.1.4	Deliver a multi-agency training programme which embeds the Four Cornerstones of Coproduction, person centred and strength-based approaches (link to 3.4.3)	Transitions	Transition to Adulthood	Work and Employment		
Adulthood - ıent of Action	3.1.5	Implement Quality Assurance Framework and develop an action plan to address areas for improvement (including impact of training programmes)	Transitions	Transition to Adulthood	EH&SC		
Adulthood - ıent of Action	3.2.1	Review local needs and identify gaps in current provision or areas for development against NDTi/PfA minimum standards	Transitions	Transition to Adulthood	Work and Employment		
Adulthood - ıent of Action	3.2.2	Develop an action plan to address the areas identified as high priority through the above gap analysis	Transitions	Transition to Adulthood	EH&SC		
Adulthood - ıent of Action	3.2.3	Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services	Transitions	Transition to Adulthood	Healthcare		
Adulthood - ıent of Action	3,3,1	NDTi to review the Local Offer from a Preparing for Adulthood perspective and make recommendations for improvement	Transitions	Transition to Adulthood	EH&SC		Local Areas
Adulthood -	3.3.2	Participate in the Local Offer subgroup to implement recommendation (4.4.1)	Transitions	Transition to	EH&SC		Local Areas

Rotherham Metropolitan Borough Council

Rotherham Pharmaceutical Needs Assessment

2022 – 2025

REVIEW PROCESS SUMMARY AND STATUS

Steering Committee 1st draft review	7th April 2022
Public Health SMT review	27th April 2022
DLT review and approval	10th May 2022
Public consultation	24th May – 26th July 2022
Steering committee final approval	18th August 2022
Health and Wellbeing Board review	21st September 2022
Planned Publication	30th September 2022

Contents

Acronyms

CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
CHD	Coronary Heart Disease
EHC	Emergency hormonal contraception
HES	Hospital Episode Statistics
HWB	Health and Wellbeing Board
IMD	Indices of multiple deprivation
LSOA	Lower super output area
NDRS	National Disease Registration Service
NHSE/I	NHS England / NHS Improvements
NRT	Nicotine Replacement Therapy
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PNA	Pharmaceutical needs assessment
PSNC	Pharmaceutical Services Negotiating Committee
RMBC	Rotherham Metropolitan Borough Council
TRFT	The Rotherham NHS Foundation Trust
QOF	Quality outcomes framework

Executive Summary

What are Pharmaceutical Needs Assessments?

Legislation requires that Health and Wellbeing Boards produce an assessment of the need for pharmaceutical services. These assessments (Pharmaceutical Needs Assessments, or PNAs) are due every three years. The last PNA was published on 1 April 2018 and due to the Covid-19 pandemic, the development of this PNA was postponed from 2021 to October 2022.

PNAs describe:

- current need for pharmaceutical services within a locality,
- current pharmaceutical services provision,
- whether current need is met by existing service provision or could be improved,
- potential future need, and
- potential need for new services.

How was this PNA produced?

Data regarding the provision of existing pharmaceutical services was gathered from NHS England / NHS Improvements; Rotherham Metropolitan Borough Council; and Rotherham Clinical Commissioning Group. Pharmacies were also invited to complete a short questionnaire detailing which Advanced and Locally Commissioned Services they provide. This data was collated into a single master spreadsheet.

Data was uploaded onto the Strategic Health Asset Planning and Evaluation Place Atlas (SHAPE) – a web-enabled application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

The health and pharmaceutical need of the Rotherham population were identified based on data from a range of sources including the Joint Strategic Needs Assessments, recent health needs assessments, and other local intelligence.

The current provision of pharmacy and pharmaceutical services was compared with current and potential future demographic and health needs. In line with statutory requirements, a 60-day consultation on the PNA was conducted between 24th May and 26th July 2022. This consultation was sent to the list of stakeholders as defined by the regulations. Feedback from the consultation was minimal and has been incorporated into the PNA.

Oversight of the PNA development was provided by a Steering Group, the purpose of which was to advise on the production of, and consultation on, the PNA on behalf of the Health and Wellbeing Board. The final PNA was reviewed and approved by the Rotherham Health and Wellbeing Board on 21st September 2022.

What are the health and wellbeing needs of the Rotherham population?

Rotherham borough covers an area of 110 square miles and has a population of 264,984. Rotherham is currently the 35th most deprived borough out of 151 local authorities in England according to the Index of Multiple Deprivation 2019 (IMD). Health Deprivation and Disability is one of the most challenging domains for Rotherham being the 21st highest score for deprivation out of 151 local authorities. Compared with the England average, Rotherham has lower life expectancy and higher prevalence of cardiovascular disease, respiratory disease and diabetes amongst others.

What are the main findings of the PNA?

As of January 2022, there were 69 pharmaceutical service providers operating in the area covered by the Rotherham Health and Wellbeing Board. This includes:

- Sixty-four Pharmacies, of which seven are distances selling pharmacies
- One Dispensing Appliance Contractor
- Four Dispensing GP Practices (dispensing GPs provide services to patients in rural areas and often where there are no Community Pharmacies or where access is restricted)

Rotherham is well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100,000 people - 24.5 community pharmacies per 100,000 people in Rotherham as compared to an average of 21.3 community pharmacies per 100,000 people in the UK as of 2017.

85.9% of the population of Rotherham live within a 15-minute walk of a Rotherham-based pharmaceutical service provider and 96.6% of the population is within a 1 mile walk of a provider of pharmaceutical services (an increase from 94.8% as of 2018). 100% of the Rotherham population live within a 10-minute drive of a provider of pharmaceutical services.

There are seven Essential Services which all community pharmacies are required to provide. Coverage of these within Rotherham is good. Excluding the two Covid-19 related Advanced Services which will be discontinued by the end of March 2022 (C-19 Lateral Flow Device Distribution Service and the Pandemic Delivery Service), there are eight Advanced Services which contractors may choose to provide if they meet the required standards. Of these eight services, two are newly commissioned (Hypertension Case-finding Service, and the Smoking Cessation Advance Service) meaning that it is not possible to meaningfully assess coverage within this PNA. One advanced service, the Appliance Use Review Service, is not currently available within Rotherham. In keeping with national trends, there is poor geographical spread of the Hepatitis C Testing Services. However, geographical coverage of the remaining four services (Stoma Appliance Customisation Service; New Medicine Review Service; Flu Vaccination Service; and Community Pharmacist Consultation Service) is good when mapped against Rotherham's most deprived areas.

Conclusions and Statements

Overall, access to pharmaceutical services is Rotherham is good. Most of the population live within easy access of a pharmacy and good physical access is supplemented by increasing growth in national online service provision.

In consideration of all the information available at the time of writing, the Health and Wellbeing board concluded that:

1. Based on the information presented herein, the Rotherham health and wellbeing board is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Rotherham.
2. Rotherham Health and Wellbeing Board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists
- The following Advanced Services:
    - NHS Community Pharmacist Consultation Services
    - Flu Vaccination
    - New Medicines Review Service

3. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no future needs for pharmaceutical services. Monitoring of the Waverley Site development should be conducted within the lifetime of this PNA to assess whether a future need emerges.
4. The Rotherham Health and Wellbeing Board has identified that two Advanced Services (Stoma Appliance customisation, Hepatitis C Antibody Testing services) and seven locally Commissioned and Enhanced services (Emergency Hormonal Contraception; Nicotine Replacement Therapy Service for pregnant women; Supervised Consumption; Needle Exchange; Palliative Care drugs service; Champix; and Over the Counter Labelling Service) which, whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.
5. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no services that would secure improvements or better access to pharmaceutical services either now or in the future.
6. Details of other NHS services that affect the need for pharmaceutical services are provided in Section 5.2 of this PNA. The Rotherham health and wellbeing board is satisfied that the need for pharmaceutical services in Rotherham is not significantly affected by the provision of other NHS Services available locally.

1. Introduction

1.1 Introduction to pharmaceutical needs assessments

The purpose of a Pharmaceutical Needs Assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's area for a period of up to three years.

PNAs are primarily used to make commissioning and development decisions. Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide pharmaceutical services must apply to NHS England and NHS Improvement (NHSE/I) to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant PNA. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors can ensure services are targeted to areas of health need; and will reduce the risk of overprovision in areas of less need. PNAs should not be a stand-alone document. This PNA is designed to contribute to and becomes an integral part of the Rotherham JSNA – available for review at https://www.rotherham.gov.uk/data/.

1.1.1 Legislative context and statutory requirements

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs). It also transferred responsibility to develop and update PNAs from primary care trusts to HWBs with effect from April 2013. At the same time responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHSE/I.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, (the '2013 Regulations') set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development. This report covers the requirements of the 2013 Regulations as follows:

A series of statements are given in Section 6 (Conclusions and Statements) with regards to:

- The pharmaceutical services that the HWB has identified as **services that are necessary to meet the need** for pharmaceutical services
- The pharmaceutical services that have been identified as **services that are not provided but which the HWB is satisfied need to be provided** in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service

- The pharmaceutical services that the Health and Wellbeing Board has identified as not being necessary to meet the need for pharmaceutical services but have **secured improvements or better access**,
- The pharmaceutical services that have been identified as **services that would secure improvements or better access** to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future and,
- **Other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

As required by the 2013 Regulations, this PNA also contains details of:

- How the Health and Wellbeing Board has determined the localities in its area (Section 1.2.5)
- How it has accounted for the different needs of the different localities, and the different needs of those who share protected characteristics (Section 2.3.14, Section 1.2.5 and throughout Section 4)
- A report on the consultation process (Annex 1)
- A map that identifies the premises at which pharmaceutical services are provided (Section 3, Map 3)
- Information on the demography of the area (Section 2)
- Whether there is sufficient choice with regard to obtaining pharmaceutical services (Section 6)
- Any different needs of the different localities (Section 2.2.5 and throughout Section 4)
- The provision of pharmaceutical services in neighbouring HWB areas (Section 4.2.4).

The structure and content of the report is based on guidance provided in 2021 by the Department of Health and Social Care (1).

1.2 Process summary

1.2.1 Governance

A PNA Steering Group was established in 2021 whose purpose was to advise on the production of, and consultation on, the Rotherham PNA, on behalf of the HWB with the aim of ensuring that a PNA for Rotherham was published by October 2022 in compliance with the 2013 regulations and the needs of the local population. Full terms of reference, including a list of members, for the Steering Group is provided at Annex 2.

1.2.2 Gathering health and demographic data

Annual population estimates for Rotherham were obtained from the Office of National Statistics (ONS); Mid-2020 estimates published June 2021. The population data included population sub-groups; gender, age and split by Lower Super Output Area (LSOA). Population

projections were obtained from ONS for 2025. Population and Indices of multiple deprivation (IMD) by Rotherham new ward boundaries apply a best fit model.

Birth rates and death registrations and occurrence data were obtained from ONS; birth rates at local authority level and death registrations data by local authority and place of death.

Data on life expectancy and IMD were obtained from Office for Health Improvement and Disparities (OHID) Fingertips, numerator and denominator data from ONS annual death extracts and ONS mid-year population estimates. The IMD 2019 was used to define the deprivation deciles for this document.

Data for cancer, cardiovascular disease, diabetes, dementia, respiratory disease, and mental health are available at a clinical commissioning group (CCG) and national level. The cancer data are collated by the National Disease Registration Service (NDRS) and the cardiovascular profiles are created and maintained by the National Cardiovascular Intelligence Network. The data used for the indicators on diabetes comes from different sources, including routine primary care data, national survey data, national clinical audit data and hospital records. Respiratory data comes from OHID (based on ONS source data) for mortality and QOF, NHS Digital for prevalence of asthma.

Data for alcohol, liver disease, drug misuse, smoking, obesity and healthy weight and sexual health are available at a local authority level. The alcohol data are part of a series of products by UKHSA that provide local data alongside national comparisons to support local health improvement and data for liver disease are calculated by the OHID. Health & Social Care data was used from OHID Fingertips where data are derived from NHS Digital, Hospital Episode Statistics (HES) and ONS, Mid-year Population Estimates.

Data on planned and expected housing developments were obtained from The Local Plan (2013-2028) (The Council's 15-year plan to provide for future development needs for the borough) and the Sites and Policies document. These documents identify sites for over indicative homes that are anticipated for development in Rotherham to meet the vision of the Local Plan. The number of planning permission applications was provided by The Council's housing department.

1.2.3 Pharmaceutical services information

Data on pharmaceutical services for this PNA were taken from multiple sources:

- **A list of pharmaceutical service providers operating in Rotherham as of January 2022** was obtained from NHSE/I records. Clarifications about whether some pharmacies are located in Rotherham or neighbouring authorities were made in discussion with NHSE/I. Although it is anticipated that there will be changes to the list of service providers since January 2022, this cut off point was chosen to enable time for data cleaning, upload, and analysis.
- **Information on the number of items dispensed by Pharmacy and Appliance Contractors as of January 2022** which includes Advanced Services declared by each pharmacy and dispensing appliance contractor, along with activity for some of the advanced services was obtained from the NHS Business Services Authority website, Pharmacy and appliance contractor dispensing data, using data from the

financial years 2020/21-2021/22 (note data was used for an extended time period to account for disrupted patterns of service use during the COVID-19 pandemic). The organisation data codes for all the services that generate prescriptions were obtained from NHS Digital. This data is accurate as of January 2022 and covers data from April 2020-October 2021.

- **Information on advanced services claimed for** were reviewed as fees for; Appliance use review, C-19 lateral flow device distribution service, Community Pharmacist consultation service, Hepatitis C testing service, Hypertension case-finding service, New Medicine Service, Pandemic Delivery Service and Stoma Appliance Customisation Service. These were obtained from the NHS Business Services Authority website, January 2022, and covered the period April 2020-October 2021.
- **Information on prescriptions generated, and dispensed, in Rotherham and outside Rotherham** to identify the total number of items prescribed in a fixed period by each practice and service and the identification of out of area providers of the dispensing service, was obtained from the NHS Business Services Authority website, practice prescribing dispensing data, using data from the financial years 2020/21-2021/22 (note data was used for an extended time period to account for disrupted patterns of service use during the COVID-19 pandemic). This data is accurate as of January 2022 and covers data from April 2020-October 2021.
- **Information on prescription, organisation and demographic data** was obtained using Catalyst, NHS Business Services Authority to gather information on Electronic Prescription Service (EPS), Advance Flu Report and prescribing monitoring. Data on electronic prescriptions and advanced flu reporting were accessed March 2022, covering data from April 2020-October 2021.

Despite the full cooperation and support of NHSE/I and NHS BSA, it was time consuming and challenging getting a clean and reliable set of data. It was evident that there are complexities maintaining reliable, centrally held records on pharmacy service delivery. It is recommended that work is undertaken to improve clarity over service delivery in advance of the next PNA.

1.2.4 Public and contractor engagement

Rotherham pharmacies were invited to complete a short online questionnaire specifying which advanced and locally commissioned services they currently provide. Seventeen pharmacies completed the survey. Where self-reported service provision contradicted records held by NHSE/I, follow up phone calls were made to service providers. In most cases these calls resolved differences, but where data from these sources were not aligned, NHSE/I data were used to ensure consistency of approach. Under regulations (Paragraph 29.c (4)), contractors are required to ensure that the profile of their pharmacy held by NHSE/I is comprehensive and accurate, and to verify and, where necessary, update the information contained at least once each quarter of the financial year.

1.2.5 Data analysis

Localities

The regulations require the HWB decide which localities to divide up its area into for analysis.

Data on pharmaceutical service availably were compiled at Ward level (see Annex 3) to enable comparisons between Wards. Data on deprivation was compiled at LSOA level.

Given the comparatively small total population and geographical area covered by the Rotherham HWB; the paucity of health-related data available at ward, Lower or Middle Super Output Area (partly due to the move to new ward boundaries in 2021), **the HWB determined to analyse information for the PNA primarily at borough-level**. This is in keeping with the previous Rotherham PNA (2018). The HWB is mindful that the localities should not be so large that they mask variations in need, and consideration will be given to the practicality of dividing Rotherham into smaller geographical areas at the time of the next assessment.

Assessment of service availability and access

To assess service availability and access, pharmaceutical services data was compiled into a Master Spreadsheet and uploaded onto the Strategic Health Asset Planning and Evaluation Place Atlas (SHAPE) – a web-enabled application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE maps pharmacy locations against demographic information and indicators of health status and need.

To assess the sufficiency of pharmaceutical services in Rotherham, analysis was made in terms of:

- **Choice of pharmacies:** Number of pharmacies per 100,000 residents (Section 4.1)
- **Geographical access:** SHAPE was used to identify walk-time, walk-distance, and drive time to pharmaceutical service providers (Section 4.2).
- **Opening hours:** Data on opening hours was tabulated to compare access in the week, at weekends and in the evenings (Section 4.3).
- **Service type:** Data were compiled for the number of outlets providing advanced and locally commissioned services to identify any areas of under-provision (Section 4.4).

Analysis of excluded populations and protected characteristics

To identify whether there are any disparities in access to pharmaceutical services according to characteristics such as deprivation and age (which are associated with greater health needs and poorer health outcomes), SHAPE was used to compare the profile of exclude populations with the demographic profile of Rotherham as a whole.

Unfortunately, data is not available to enable detailed analysis of whether people with most protected characteristics are disproportionately excluded from access to pharmaceutical services. For example, detailed and up-to-date data on the prevalence of disability at LSOA level is not available to enable analysis of whether access to pharmaceutical services is worse for people living with a disability. However, because SHAPE does include IMD domains at LSOA level, analysis of access by the Health and Disability domain is used as a proxy indicator in analysis of access for several protected characteristics including disability.

1.2.6 Consultation

A 60-day public consultation was conducted between 24th May and 26th July 2022. A consultation report is provided at Annex 1.

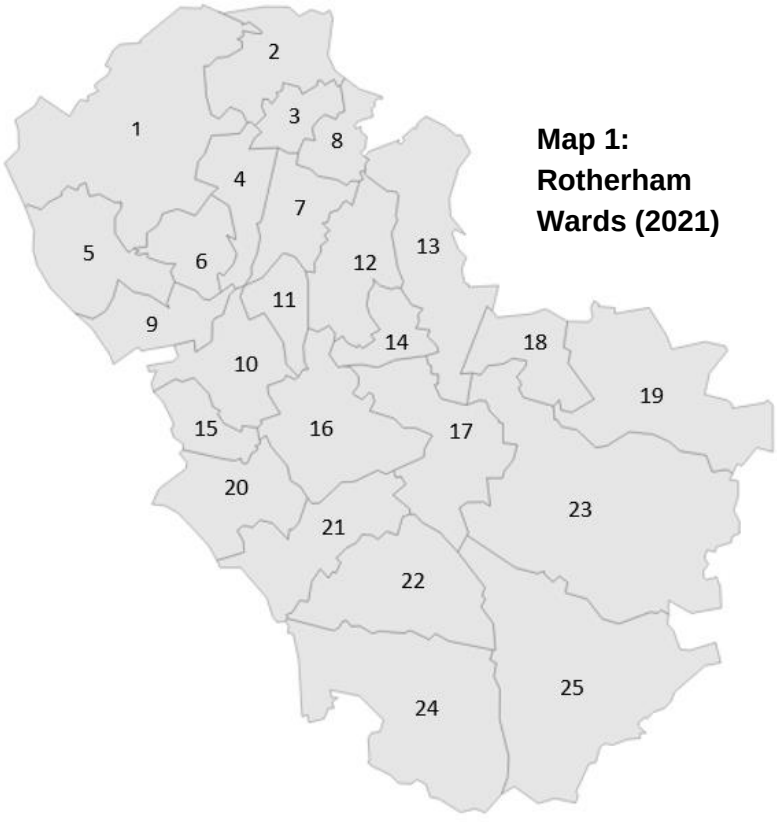
2 Rotherham: Demographic overview and summary of local health needs

2.1 Geography and location

Rotherham borough covers an area of 110 square miles and has a population of 264,984. Around half of the borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the borough. Most of the rest live in many outlying small towns, villages and rural areas. Rotherham is a diverse borough with a mixture of people, cultures and communities. There are densely populated multi-ethnic inner urban areas, large council-built housing estates, leafy private residential suburbs, industrial areas, rural villages and farms. Rotherham is well connected to other areas of the region and country via the M1 and M18, both of which run through the borough, and by the rail network which links to Sheffield, Doncaster and Leeds. There are five airports within 55 miles of Rotherham, at Doncaster (Robin Hood), Manchester, Leeds & Bradford, East Midlands and Humberside.

Pre-industrial Rotherham developed as a small market town serving a rural hinterland. It became a major industrial centre during the Nineteenth Century, built around steel making and coal mining. Rotherham attracted workers from other areas, growing rapidly between 1890 and 1910. In 1951, manufacturing industries employed 33,100 people and 27,600 worked in coal mining and quarrying, a total of 65% of all workers. The last coal mine closed in 2013 and the steel industry has declined to employ just 1,600 workers in 2015. As of May 2021, Rotherham is divided into 25 wards (an increase from 21 wards following the 2018 electoral boundaries review).

1. Hoober
2. Wath
3. Swinton Rockingham
4. Rawmarsh West
5. Keppel
6. Greasborough
7. Rawmarsh East
8. Kilhurst & Swinton East
9. Rotherham West
10. Boston Castle
11. Rotherham East
12. Dalton & Thrybergh
13. Bramley & Ravenfield
14. Wickersley North
15. Brinsowrth
16. Sitwell
17. Thurcroft & Wickersley
18. Hellaby & Maltby West
19. Maltby East



Map 1: Rotherham Wards (2021)

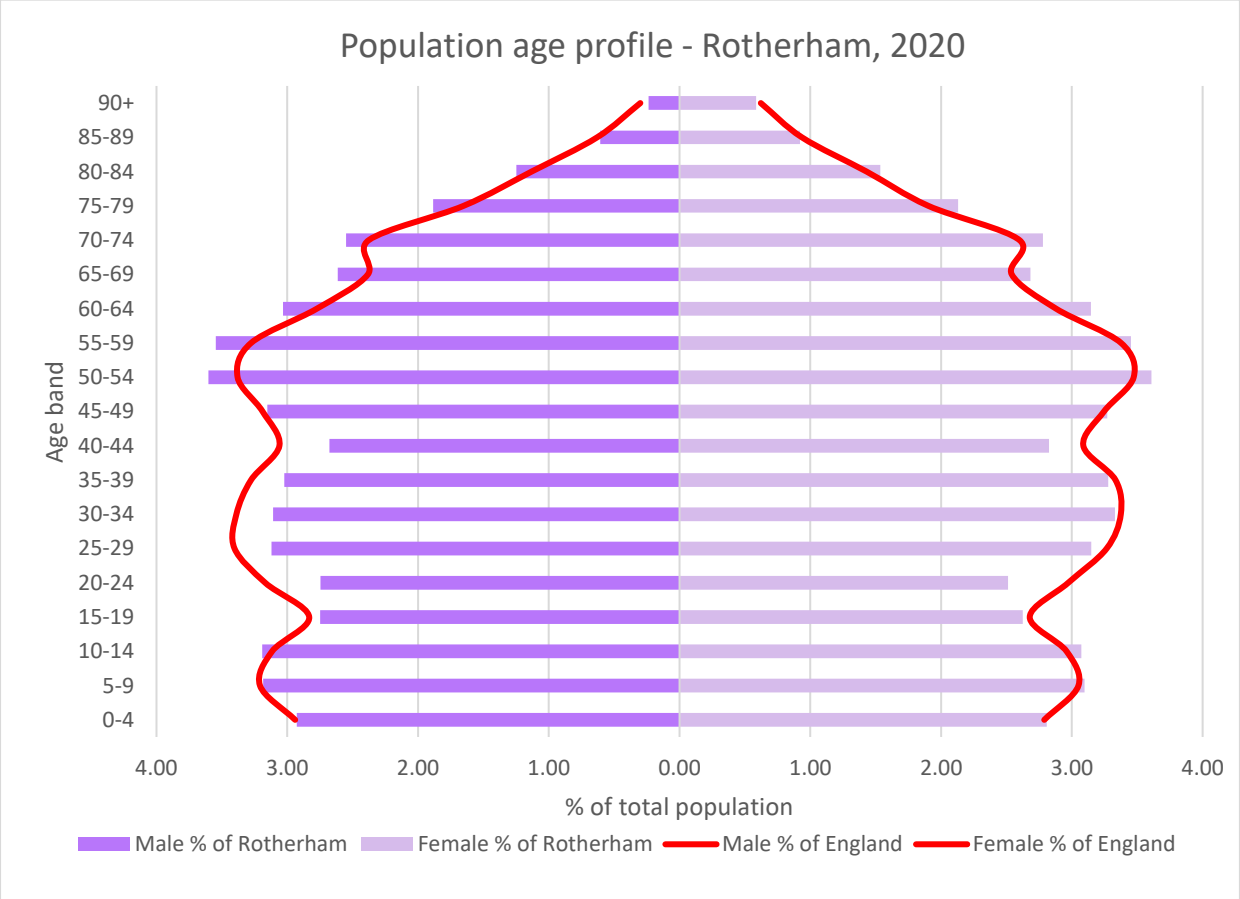
20. Rother Vale
21. Aughton & Swallownest
22. Aston & Todwick
23. Dinnington
24. Wales
25. Anston & Woodsetts

2.2 Population: Current population and forecasts

2.2.1 Population size and age structure

The Rotherham Local Authority has a resident population of 264,984 (mid-year 2020, ONS). As the population pyramid shows below, Figure 1, the age profile for Rotherham is similar to that of England as a whole. However, Rotherham has a below average percentage of people aged 18 to 29 as a result of students leaving Rotherham to study elsewhere and young adults leaving the area for work. The high proportion of residents aged 45-59 is largely a reflection of high birth rates in the 1960s. 19.8% of the Rotherham population are aged 65 and above which has implications for health and care services.

Figure 1: Population age profile for Rotherham (2020)



Office of National Statistics (ONS) population projections suggest the population of Rotherham will reach 277,482 by 2030 with a predicted 18% increase of from 52,388 to 61,907 by 2030 for people aged 65 and above. By 2025 (the end point of this PNA), the population of Rotherham is forecasted to reach 272,899 people.

Figure 2: Mid-2020 population estimates and 2025 population projections for Rotherham

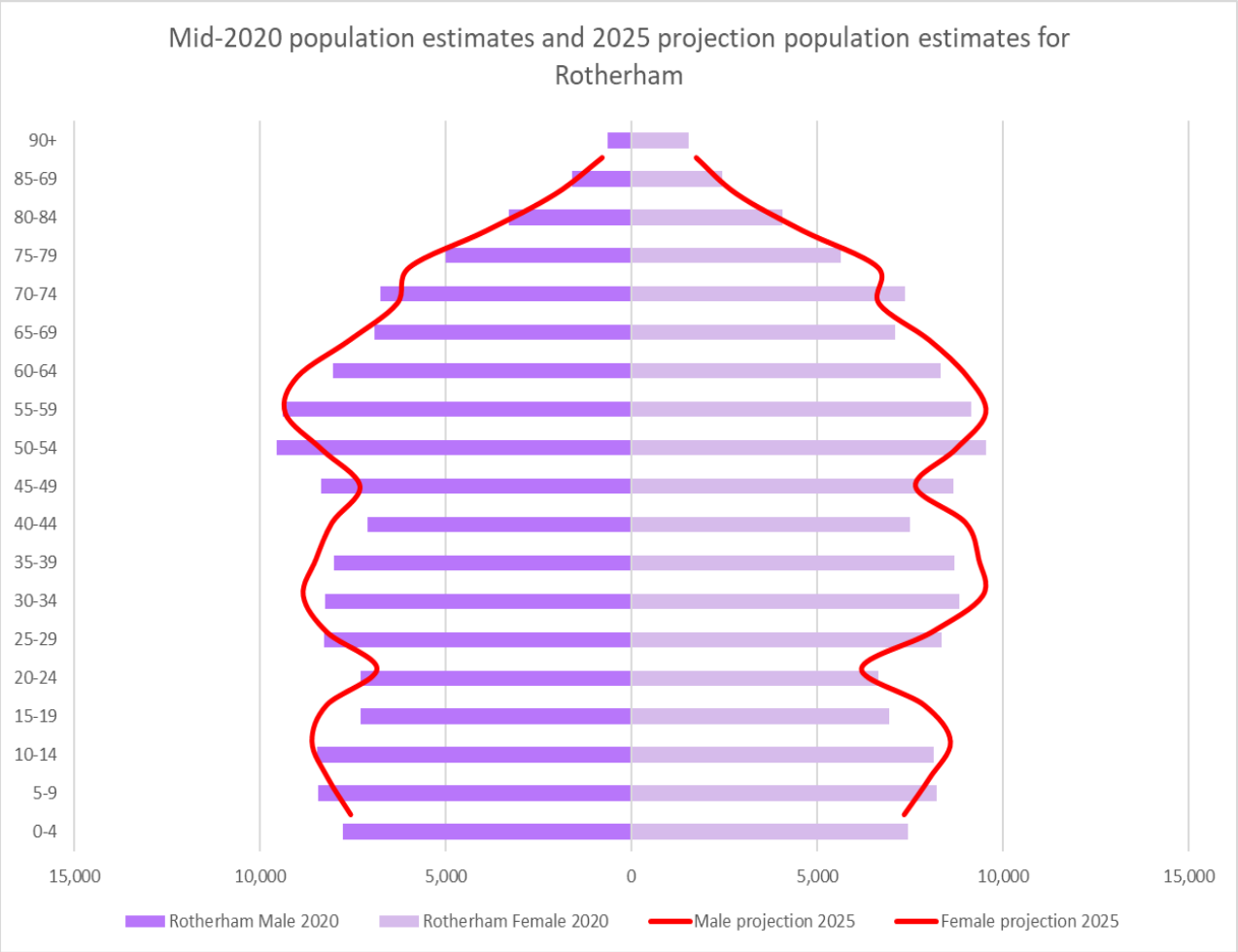


Table 1: Rotherham population projections for 2025

Age group	Males	Females	Persons
0-4	7,561	7,339	14,900
5-9	8,175	8,019	16,194
10-14	8,604	8,585	17,189
15-19	8,211	7,879	16,090
20-24	6,852	6,191	13,043

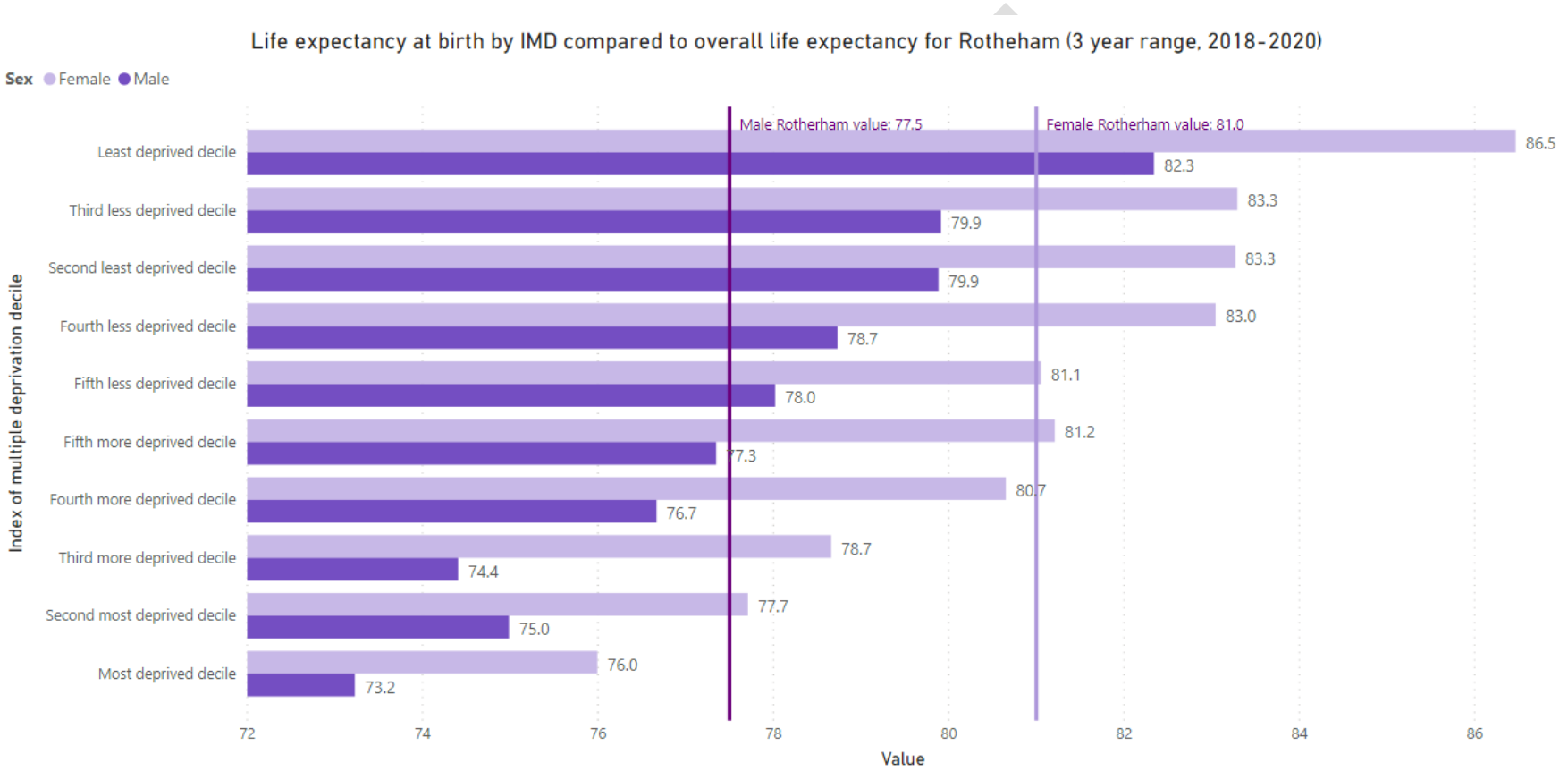
Age group	Males	Females	Persons
25-29	8,201	8,079	16,281
30-34	8,839	9,452	18,291
35-39	8,496	9,342	17,838
40-44	8,064	8,988	17,052
45-49	7,311	7,643	14,954
50-54	8,332	8,708	17,040
55-59	9,323	9,531	18,854
60-64	8,996	9,037	18,033
65-69	7,594	8,018	15,612
70-74	6,315	6,665	12,980
75-79	5,973	6,625	12,598
80-84	3,907	4,614	8,521
85-89	2,056	2,847	4,903
90+	781	1,748	2,529
All ages	133,589	139,310	272,899

2.2.2 Births, deaths, and life expectancy

In total, 2,736 births to Rotherham residents occurred in 2020. Both males and females born in Rotherham can expect to live, on average, less than the respective levels for England as a whole and to live less years in good health, as compared with their peers across the nation. In 2018-2020, the life expectancy at birth in Rotherham was 77.5 years for a male and 81.0 years for a female and the life expectancy at birth for England were 79.4 and 83.1 respectively. The healthy life expectancy at birth were lower in 2017-2019, in Rotherham 58.3 years for a male and 58.9 years for a female and 63.2 years and 63.5 years for England respectively. Disparities in life expectancy, by IMD are shown in Figure 3.

The Rotherham population has increased steadily by about 1,000 per year from an estimated 257,716 in 2011 to 265,411 in 2019 (+3.0%). This steady increase was a result of more births than deaths and net inward migration, both from inside the UK and from outside. The oldest age groups are the fastest growing, mainly those aged 75+. However, in 2020 Rotherham experienced a fall in population (to 264,984) for first time since the year 2000. This is likely due to the impact of the Covid-19 pandemic in 2020 and Rotherham having an older age profile than other places, as most Covid-19 deaths have been among older adults, with people over the age of 70 experiencing the bulk of Covid-19 mortality. It could also be attributed to EU nationals leaving the UK due to Brexit and Covid-19, coupled with a decrease in EU nationals coming to the UK.

Figure 3: Life expectancy at birth by IMD compared to overall life expectancy for Rotherham



2.2.3 Ethnicity

Using 2011 Census data, Rotherham has a mainly White British population, with the percentage from minority ethnic groups being about half the national average, although the Pakistani and Slovak Roma communities have above average proportions.

Table 2: Ethnic profile of Rotherham population (2011 Census)

Ethnic Group	Number of people	Percentage (%)
White: British	236438	91.9
White: Irish	776	0.3
White: Gypsy or Traveller	126	0.0
Other White	3418	1.3
Mixed	2551	1.0
Indian	961	0.4
Pakistani	7609	3.0
Bangladeshi	109	0.0
Chinese	592	0.2
Other Asian	1280	0.5
Black African	1672	0.6
Black Caribbean	283	0.1
Other Black	157	0.1
Arab	581	0.2
Other ethnic group	727	0.3

2.2.4 Religion

In the 2011 census, Christianity remained the main religion in Rotherham, 66.5% of the population, a decrease of 13.2% from 2001. However, this remains higher than the national average of 59.4%. The figures for the religions are listed below.

Table 3: Religious profile of Rotherham population (2011 Census)

Religion	Number (% of population)
Christian	171,068 (66.5%)
Muslim	9,614 (3.7%)
Buddhist	401 (0.2%)

Hindu	433 (0.2%)
Jewish	63 (0.02%)
Sikh	293 (0.1%)
Other religion	595 (0.2%)
No religion	57,783 (22.5%)
Religion not stated	17,030 (6.6%)

2.2.5 Deprivation

On the Index of Multiple Deprivation 2019 (IMD 2019) Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 authorities. In all, 59 Rotherham neighbourhoods (Lower Super Output Areas or LSOAs) rank among the 20% most deprived in England and 36 LSOAs are in the top 10% most deprived. No LSOAs in Rotherham are in the least deprived 10%. Greater health needs and poorer health outcomes are generally seen in areas of greater deprivation and the gap between people living in the most-deprived and the least-deprived areas is even wider in healthy life expectancy, which is a measure of how much time people spend in good health over the course of their lives.

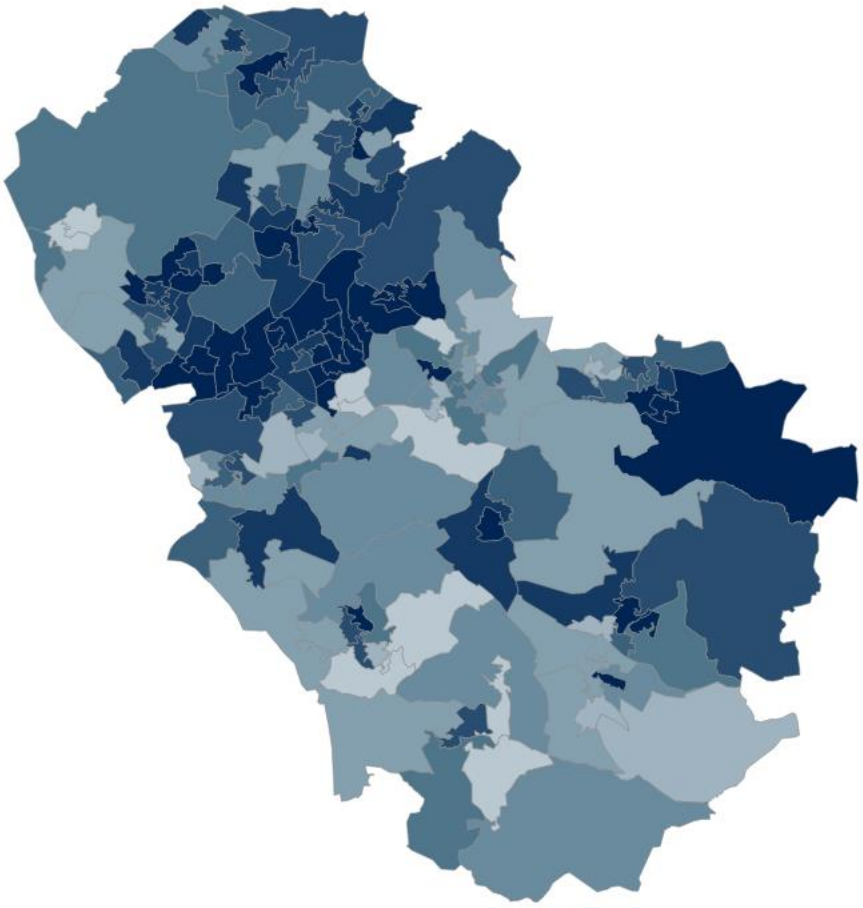
The Income Deprivation Affecting Children Index (IDACI), the proportion of all children aged 0 to 15 living in income deprived families, 2019 was 22.1%, significantly worse than the England value of 17.1%. The Income Deprivation Affecting Older People Index (IDAOPI), the proportion of all adults aged 60 or over living in income deprived families, was 16.4%, significantly worse than the England value of 14.2%.

Rotherham's IMD 2019 average score is 29.55. The England-wide IMD 2019 distribution is 0.54 to 92.73 with a mean value of 21.67. For IMD 2015, the average score for Rotherham was 28.279 and Rotherham ranked 41st most deprived of 152 authorities.

Map 2 below shows the IMD by LSOA in Rotherham, the darker colour represents higher deprivation, IMD 1, and the lighter colours represent the least deprived, IMD 9 for Rotherham. 22 of 167 (13%) LSOAs in Rotherham, are in the most 5% deprived in England.

The PNA takes account of health inequalities and that some population groups may have greater needs than others. This document seeks to improve access to pharmaceutical services for all and any differential impact will be to assist in challenging these health inequalities.

Due to ward boundary reassignment in Rotherham, we have limited detailed data about new ward areas and are using deprivation and age for consideration of resident's needs throughout this document.



Map 2: IMD 2019 scores at LSOA level

(Darker = more deprived)

2.3 Population health needs in Rotherham

2.3.1 Cancer (QOF)

In the period 2020/21, there were 8,593 people living with cancer registered to a Rotherham GP (QOF prevalence data). This equates to 3.2%, the same as is the prevalence for England. New cancer cases, 2019/20, were 1,702 equating to 642 per 100,000. This is higher than the national rate at 531 per 100,000.

2.3.2 Cardiovascular disease (QOF)

The prevalence of cardiovascular diseases such as Coronary Heart Disease (CHD) and Heart Failure are higher in Rotherham than England (QOF prevalence), both of which have considerable impacts on health with CHD being the single most common cause of premature death in the UK. In the period 2020/21, a total of 10,142 people, 3.8%, were on the CHD register in Rotherham, compared to 3.0% for England. During the same period, there were 2,527 patients with heart failure, equivalent to 1.0% of the Rotherham population, compared to 0.9% for England. Admission episodes for CHD were 1,150 in total, equivalent to 429.1 per 100,000, worse than that for England at 367.6 per 100,000. However, admissions for heart

failure, were lower than the England value, 131.4 per 100,000 for Rotherham and 146.7 per 100,000 for England.

Stroke is the third most common cause of death in the developed world and one quarter of stroke deaths occur under the age of 65 years. During 2020/21, 2.2% of Rotherham residents had experienced a stroke, a total of 5,770, higher than the England prevalence at 1.8%.

Risk factors for cardiovascular disease include smoking and hypertension, both of which Rotherham QOF prevalence is greater than England. In 2020/21, 42,207 residents (all ages) were living with hypertension, 15.9%, compared to 13.9% in England. During the same period, 39,487 people, 18.1% of the population smoked compared to an England value of 15.9%.

2.3.3 Diabetes (QOF)

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. In 2020/21, 16,858 in Rotherham were living with diabetes, equivalent to 7.9% (patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers). This has been increasing since 2012/13 and has remained above the England value throughout, currently at 7.1% prevalence. It is likely the true prevalence is higher, and some will remain undiagnosed; in 2017, the estimated prevalence of diabetes (undiagnosed and diagnosed) was 8.9%. In 2021, for those aged 65 years and older, the value of those with diabetes was 19%.

2.3.4 Dementia

The prevalence of dementia increases with age and is estimated to be approximately 20% at 80 years of age. For those aged 90 and above, the annual incidence of Alzheimer's type of dementia rises to 34.3 per 100 person years at risk; the prevalence is higher in women due to increased lifespan. In a third of cases, dementia is associated with other psychiatric problems. In Rotherham, a total of 2,325 people were recorded as having dementia 2020/21, a prevalence of 0.9%, higher than the value for England which was 0.7% (recorded dementia prevalence is the number of people with dementia recorded on GP practice registers as a proportion of the people registered at each GP practice). Recorded prevalence in those aged 65 years old and above was also higher for Rotherham, 4.50% compared to 3.97% for England.

2.3.5 Respiratory disease (QOF)

The annual percentage of registered deaths where respiratory disease was the underlying cause of death in 2020 was 12.4% for Rotherham, higher than the England value which was 10.2%. For emergency hospital admissions for respiratory disease, 2020/21, Rotherham had 2,670 persons, a rate of 1,014 per 100,000 significantly worse than the England rate of 711 per 100,000.

2.3.6 Alcohol (UA)

Misuse of alcohol can have significant health implications, impacting on both the individual and the wider community. Nationally, the Health Survey for England 2019 showed 30% of men and 15% of women were drinking at a level of increased harm (over 14 units of alcohol a week). In Rotherham, in 2018-2019, the estimate of number of alcohol dependent adults, was 1.75 per 100 compared to 1.37 nationally. In 2020/21, there were 1,922 per 100,000 admission episodes for alcohol-related conditions (broad definition), a total of 5,058. This is significantly worse than the national average, a rate of 1,500 per 100,000. In addition, for alcohol-specific conditions during the same period, there were 2,165 admissions of which 1,520 were male and 645 females. This is a rate of 840 per 100,000 for persons, 1,203 per 100,000 for males and 496 per 100,000 for females all of which are significantly worse than the England rates of 587 per 100,000, 806 per 100,000 and 380 per 100,000 respectively.

2.3.7 Liver disease

Liver disease is one of the top causes of death in England and is having an impact on much younger ages. Most liver disease is preventable and is often influences by alcohol and obesity. The hospital admission rate due to liver disease in Rotherham, 2020/21, was 122.4 per 100,000 (persons), this value was higher in males, 135.4 per 100,000, and lower in females, 110.1 per 100,000. This compares to an England value of 124.3 per 100,000 for persons, 156.4 per 100,000 for males and 94.4 per 100,000 for females. The age-standardised, under 75 mortality rate from liver disease (persons, 1 year range), was 17.2 per 100,000 in 2020 compared to the value for England at 20.6 per 100,000. The under 75 mortality rate from alcoholic liver disease, persons, 3-year range 2017-19, was 11.9 per 100,000 which is significantly worse than the England value of 9.1 per 100,000.

2.3.8 Drug misuse

In 2019/20 there were 25 admission episodes (10 male and 15 female) where there was a primary diagnosis of drug related mental and behavioural disorders in Rotherham, this equates to 10 admissions per 100,000 population. This is lower than the England admission rate which is 13 per 100,000. During the same period, there were 685 admissions episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders which amounts to 276 admissions per 100,000 population. This is higher than the regional rate, 191 per 100,000 and the national rate, 181 per 100,000. Admission episodes with a primary diagnosis of poisoning by drug misuse were 80, a rate of 31 per 100,000 - equivalent to that of the national average.

2.3.9 Mental health

The Adult Psychiatric Morbidity Survey, 2014, found around one in six adults (17%) surveyed in England met the criteria for a common mental disorder and 39% of adults aged 16-74 with conditions such as anxiety or depression, were accessing mental health treatment. This figure has increased from 24% since the previous survey (2007).

In primary care in Rotherham 2020/21, the recorded prevalence of depression (aged 18+) was 15.9%, a total of 33,251 persons, this is higher than the England value of 12.3% and has been increasing in Rotherham since 2013/14. The incidence of new diagnoses during the same period was 1.5%, a total of 3,155 persons, higher than the England value of 1.4%. Using data from a GP patient survey, 2018/19, 12% reported a long-term mental health problem, which is significantly higher than the England value of 9.9%.

2.3.10 Smoking

Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a risk factor for many diseases such as cancer, COPD and heart disease. Tobacco control measures can assist in reducing the prevalence of smoking in the population. The smoking prevalence, adult, current smokers, in Rotherham, 2020 was 12.5%, similar to the prevalence for England which was 12.1%. The number of persons aged 18 + who self-reported never smoking during the same period was 59.4% and the value for England 61.6%.

2.3.11 Obesity and healthy weight

The prevalence of excess weight has been increasing over time, both locally and nationally. Rotherham has a higher prevalence of excess weight than the national average. In 2019/20, 73.6% of adults in Rotherham were classified overweight or obese, compared to 65.0% regionally and 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight. Of children in Rotherham schools, both excess weight in reception and excess weight in Year 6 aged children are above the national average. 26.6% of reception age children were overweight or obese in 2019/20, compared to 23.0% nationally and 37.9% of Year 6 children were overweight or obese in 2019/20, compared to 35.2% nationally (National Child Measurement Programme, NCMP, Data).

In 2019-2020 64.3% of adults in Rotherham were meeting the national physical activity guideline, while in England 66.4% of adults were attaining the recommended level (at least 150 minutes of moderate intensity activity each week or at least 75 minutes of vigorous intensity activity per week).

2.3.12 Sexual health

HIV testing is integral to the treatment and management of HIV infection and awareness of HIV status can assist with improving survival rates, improving quality of life and can reduce the risk of onward transmission. HIV Testing coverage for Rotherham is significantly better than the England average, at 70% for Rotherham and 46% for England, 2020. The HIV diagnosed prevalence for those aged 15 to 59, 2020 is 1.50 per 1,000 in Rotherham compared to 2.31 for the England rate.

Both the syphilis and gonorrhoea diagnostic rate in Rotherham are significantly better than the England rate at 4.5 per 100,000 and 40 per 100,000 compared to 12.2 per 100,000 and 101 per 100,000 respectively. The chlamydia detection rate for those ages 15 to 24, has

been decreasing and remains statistically worse than England; 1,228 per 100,000 for Rotherham compared to 1,408 per 100,000 for England.

2.3.13 Limiting long term illness and disability

A relatively high proportion of Rotherham's population have a long-term condition or are living with a disability. The 2011 Census showed that 56,588 people (22%) had a limiting long-term illness or disability, a higher percentage than England as a whole (17.6%). In 2014-15, 14.9% of Rotherham residents were living with a long-term illness, disability or medical condition diagnosed by a doctor at aged 15.

In 2011, 31,001 people (12%) in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill-health/disability or problems related to old age.

Vision, hearing and physical impairments

A greater risk of sight loss is associated with increased age and Rotherham has a higher proportion of older age groups compared to the average of England. Poor health and other health conditions can be linked to sight loss such as smoking and obesity which can increase the risk of developing diabetes leading to sight loss. In Rotherham, there are an estimated 9,000 people, 3%, living with sight loss; 5,790 people living with mild sight loss, 2,020 with moderate sight loss, 1,200 with severe sight loss. (2).

In 2021, 7.1% of people reported deafness of hearing loss in Rotherham, this is significantly greater than the England average.

The estimated prevalence of physical disability as an estimated % of the population ages 16-64, 2012, was 11.6% compared to an estimated prevalence for England of 11.1%. 1.2% of people registered to a Rotherham GP reported having a learning disability in the GP Patient Survey, data updated 2021 (3).

2.3.13 Multiple morbidities

Although multi-morbidities have been researched extensively, one precise definition does not exist and the number, type (physical or mental health) and selection criteria for conditions included in multi-morbidity indices vary.

In Rotherham, 2014, the estimated prevalence of 2 or more long-term physical conditions shows 9.32% prevalence for males and 9.67% prevalence for females and for both physical and mental conditions, the prevalence is 3.18% for males and 5.26% for females (4). The prevalence of 3 or more long-term physical conditions are 3.39% and 3.40% for males and females respectively. The prevalence of long-term physical and mental health condition combined (3 or more conditions) are 1.37% and 2.22% respectively.

Higher prevalence of 2 or more physical, and physical and mental conditions, are seen in older age groups.

Table 4: Prevalence of multiple physical and / or mental conditions in Rotherham by age and sex

Sex	Age group	Prevalence of 2 or more physical conditions (%)	Prevalence of physical & mental conditions (at least one each) (%)
Male	0-24	0.39	0.66
Female	0-24	0.46	0.85
Male	25-44	1.69	2.61
Female	25-44	2.46	5.14
Male	45-64	9.91	4.43
Female	45-64	9.51	6.99
Male	65-84	33.55	6.05
Female	65-84	29.86	8.54
Male	85+	50.01	11.08
Female	85+	42.89	14.81

2.4 The role of Pharmacies in meeting the health needs of people in Rotherham

In England there are an estimated 1.2 million health related issue visits to a pharmacy every day (5) and these provide a valuable opportunity to support behaviour change through making every contact count.

As can be seen in this section, there are ongoing opportunities for NHSE/I, Rotherham Clinical Commissioning Group and the Public Health Team at Rotherham Metropolitan Borough Council to work together to maximise the local impact of health communications, messages and services through Pharmacies.

Need for drugs and appliances

Most people will at some stage require prescriptions to be dispensed. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors. Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. NHSE/I and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal. Distance selling premises will receive prescriptions remotely (either via the Electronic Prescription Service, post or fax) and are required to deliver all dispensed items. This will clearly be of benefit to people who are unable to access a pharmacy. In addition dispensing appliance contractors delivery the majority, if not all, of the items they dispense.

Alcohol and drug use

As needle exchange and the supervised consumption of substance misuse medicines are commissioned by the Council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for either service to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include drug and alcohol abuse. Health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials
- Where the pharmacy does not provide the locally commissioned services of needle exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers
- Using the opportunity presented when people attend the pharmacy to discuss the risks of alcohol consumption and in particular, during health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse
- Providing healthy living advice during consultations and engagement with people attending the pharmacy

Smoking cessation

In addition to community-based smoking cessation services that are contracted by RMBC, and the QUIT programme that is provided at all eight acute, mental health and children's NHS Trusts in South Yorkshire, including Rotherham, several smoking cessation services are available through pharmacies:

- A new Smoking Cessation Advanced Service was launched in 2022 allowing NHS trusts to refer patients who have stopped smoking in hospital to a local community pharmacy on discharge, to continue that support.
- Nicotine Replacement Therapy (NRT) is available to pregnant women who are receiving specialist midwife-led smoking cessation support through The Rotherham Foundation Trust maternity services
- NRT and pharmacotherapy (Champix) is available to people enrolled in community based smoking cessation support services commissioned by Rotherham Council

In addition to these specialist services, there are elements of essential service provision which will help address the health needs of people who smoke;

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include smoking
- Where the pharmacy does not provide the locally commissioned service of smoking cessation, signposting people using the pharmacy to other providers of the service
- Routinely discussing stopping smoking when selling relevant over the counter medicines
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Cancer

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to cancer care as part of the essential services they provide:

- Disposal of unwanted drugs, including controlled drugs
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include cancer awareness and/or screening
  Signposting people using the pharmacy to other providers of services or support.

Healthy weight

Three elements of the essential services will address this health need:

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include healthy weight
- Signposting people using the pharmacy to other providers of services or support
- Providing healthy living advice during consultations and engagement with people attending the pharmacy

Sexual Health

Emergency hormonal contraception (EHC) provision is commissioned by the Council and available in selected pharmacies in Rotherham (more detail to follow). Chlamydia screening is not commissioned locally through pharmacies.

There are elements of essential service provision which will potentially help address local sexual health need:

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and NHS Improvement and could include STIs, HIV and teenage pregnancy
- Where the pharmacy does not provide the locally commissioned EHC, signposting people using the pharmacy to other providers of this service
- Providing healthy living advice during consultations and engagement with people attending the pharmacy

2.4.1 The potential role of pharmacies meeting the health needs of identified patient groups including people with protected characteristics

This document is expected to have positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. This section examines specific needs within various patient groups and the potential role of pharmacies in meeting these needs.

The following patient groups have been identified as living within, or visiting, Rotherham

- Those sharing one or more of the following Equality Act 2010 protected characteristics; Age, Disability; Pregnancy and maternity; Race which includes colour, nationality, ethnic or national origins; Religion (including a lack of religion) or belief (any religious or philosophical belief); Sex; Sexual orientation; Gender re-assignment; Marriage and civil partnership.
- Homeless and rough sleepers,
- Traveller and gypsy communities,
- Refugees and asylum seekers,
- Military veterans, and
- Visitors to the area for business or to visit friends and family

Table 5: Specific health needs and possible mitigating actions for people with protected characteristics

Protected characteristic	Specific needs of this group	Solutions/mitigating actions and the potential role of pharmacies in meeting the needs of these groups
Age	Age influences medicine choice and route of administration. Older people are likely to have higher prevalence of illness subsequently taking more medication. Medication management in older age groups is of higher complexity due to multiple disease, polypharmacy and metabolism changes due to the ageing process.	People can be supported to live independently with the help from community pharmacies such as with medication ordering and reordering support, home delivery and compliance aids such as reminder charts. Pharmacies can also support independence by offering supply of daily living aids and

	Similarly, younger people have a different ability of metabolism and drug elimination.	signposting to additional support systems. For children and young people, advice can be given to parents on medicine/appliance usage and the different routes of drug administration. Pharmacies can provide broader advice where appropriate such as contraindications and side effects. Pharmacies play an essential role in the safe use of medicines for children and older people.
Disability	Disability is extremely diverse and whilst some health conditions associated with disability result in poor health and extensive health care needs, others do not. Specific needs within this group surrounding pharmacy access include physical barriers of ensuring pharmacies are within an accessible distance, have public transport links if required and/or disabled parking if required. Pharmacies may also provide a delivery service. Other needs of this group could include communication requirements such as for those that have hearing and/or visual impairment where other communication aids are required. To some degree, access to pharmaceutical services has been improved for some groups of disabled people recently due to the growth in remote consultations, electronic prescriptions, and delivery services prompted by the Covid-19 pandemic.	When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. If a client has a physical or mental impairment that impacts their ability to manage their medication, pharmacies could apply reasonable adjustments to packaging or instructions to support. Home delivery could be available for those who struggle to collect their medication. There is also an option of a distance selling pharmacy which must supply delivery, of which could be based outside of Rotherham. There is an additional option to consider an online pharmacy.
Gender reassignment	This group may require advice on medication side effects.	A provision of medicines is required alongside advice on adherence and side effects.

Marriage and Civil Partnership	No specific needs identified.	
Pregnancy and Maternity	This group may require advice on safe use of medication in pregnancy and breast-feeding. There are also many common health problems that are associated with pregnancy.	Pharmacies should provide advice to pregnant or breastfeeding mothers on safe use of medication.
Race	Black and minority ethnic (BME) groups generally have worse health than the overall population although patterns vary for each health condition and some groups have worse health than others. A poorer socio-economic position may be a driver in these health inequalities.	Pharmacies should be an inclusive service and translation services should be used when required.
Religion or Belief	Specific needs could be around medication ingredients and around fasting periods.	Pharmacies should provide advice where appropriate.
Sex	Some services provided are solely for women such as female contraception. Women are more likely to be visiting the pharmacy for caring responsibilities for older and younger relatives. Men are less likely, as a whole, to visit health care settings, including pharmacies.	Signposting to services and further information as required. Pharmacies are able to provide support surrounding self-care for those caring for others.
Sexual orientation	Some behaviours associated with poor health are more prevalent amongst bisexual people, lesbian women and gay men than seen in the general population. Smoking; drinking more than three times week; and recent drug use are more prevalent in these groups than in the general population, In addition, gay and bisexual men, and lesbian and bisexual women are more likely to have self-harmed or attempted to take their own life in the	Pharmacies should offer advice or signpost to sexual health, smoking cessation, drug and alcohol and other healthy lifestyle support services if requested to do so by service users.

	past year. Domestic abuse from a family member is also more common amongst these groups than in the general population. Lesbian and bisexual women are less likely to have accessed cervical screening services. (6)	

Health needs of other population groups in Rotherham are detailed below:

Asylum seekers

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Many asylum seekers arrive in relatively good physical health but the most common physical health problems affecting asylum seekers include:

- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking
- Sexual health needs –Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women
- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to a lack of healthcare services
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seeker and
- Consequences of injury and torture (7).

Homeless people and Rough Sleepers

The incidents of people sleeping rough in Rotherham is relatively low. The official 2018 annual return identified 5 individuals (2 in 2017). However, as this is based on a single 'sample night', the Council commissioned a rough sleeper outreach service found over 12 months 19 rough sleepers in Rotherham. All of were aged over 25 with the majority of these are men (16 individuals) and of a White British background (15 individuals).

Those affected by homelessness are ten times more likely to die than those of a similar age in the general population. The average age of death for homeless people is just 47 years old. (8)

Travellers and Gypsy communities

Travellers are a group considered to face some of the highest levels of health deprivation, with significantly lower life expectancy, higher infant mortality, and higher maternal mortality alongside mental health issues, substance, misuse and diabetes. These issues are

representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions.

Military veterans

According to the Veterans' Healthcare Toolkit published by the Royal College of General Practitioners, common issues affecting Military Veterans include;

- Mental health difficulties, such as anxiety and depression,
- Problems related to alcohol
- Post-traumatic stress disorder.

Visitors to the area for business or to visit friends and family

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Rotherham. As they are only in the county for a short while their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription
- The need for repeat medication
- Support for self-care or
- Signposting to other health services such as a GP or dentist

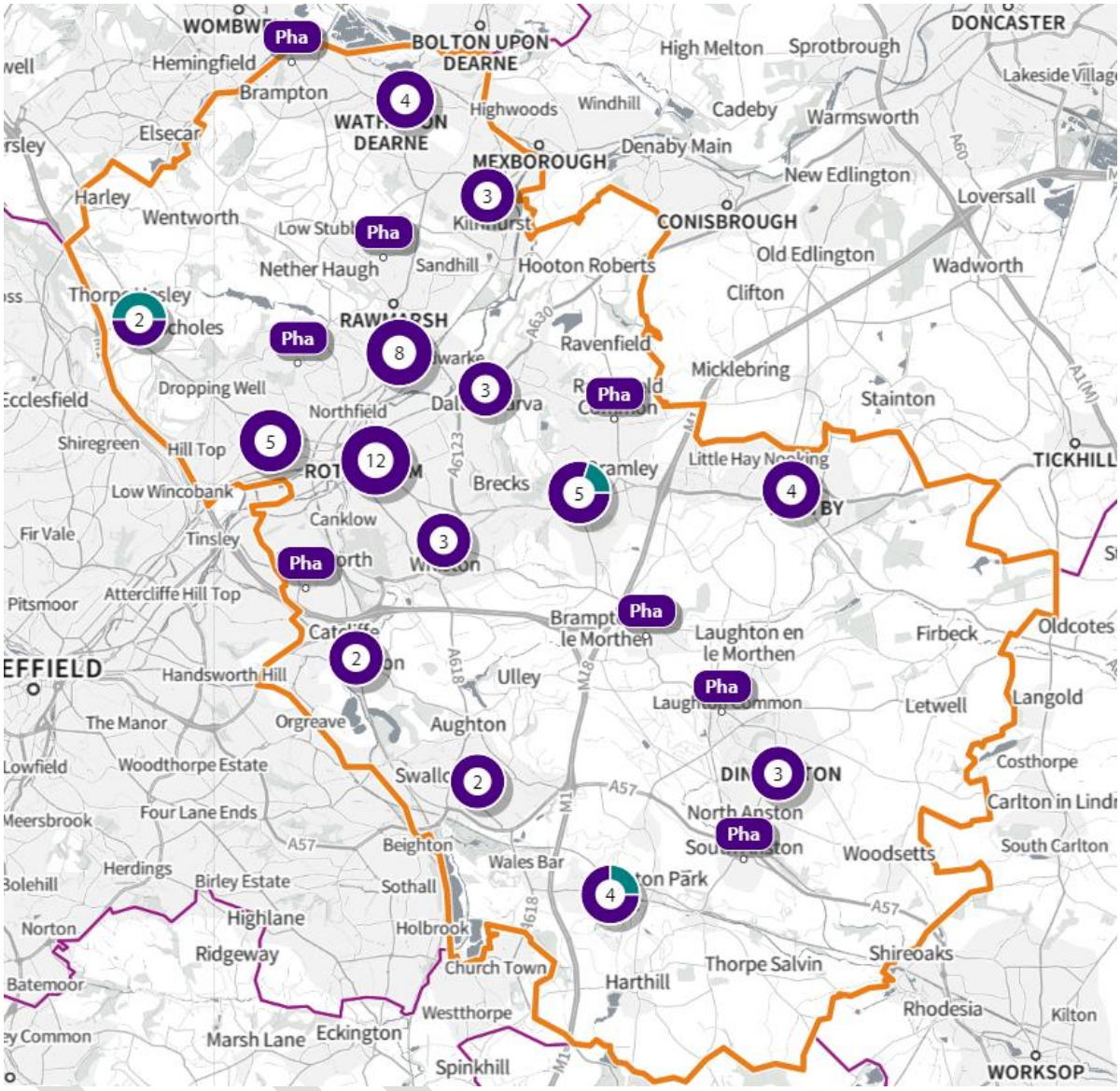
3 Current provision of pharmaceutical services in Rotherham

As of January 2022, there were **69 pharmaceutical service providers for the area of Rotherham Health and Wellbeing Board.** This includes:

- 64 Pharmacies including seven distance selling pharmacies
- One dispensing appliance contractor
- Four dispensing GP Practices

A full list of pharmaceutical service providers is provided in Annex 4. The distribution of service providers across Rotherham is visually provided at Maps 3, 4, 5, 6, and 7. This information is also available to view on the Rotherham JSNA at www.rotherham.gov.uk/data

Map 3: Premises at which pharmaceutical services are provided in Rotherham



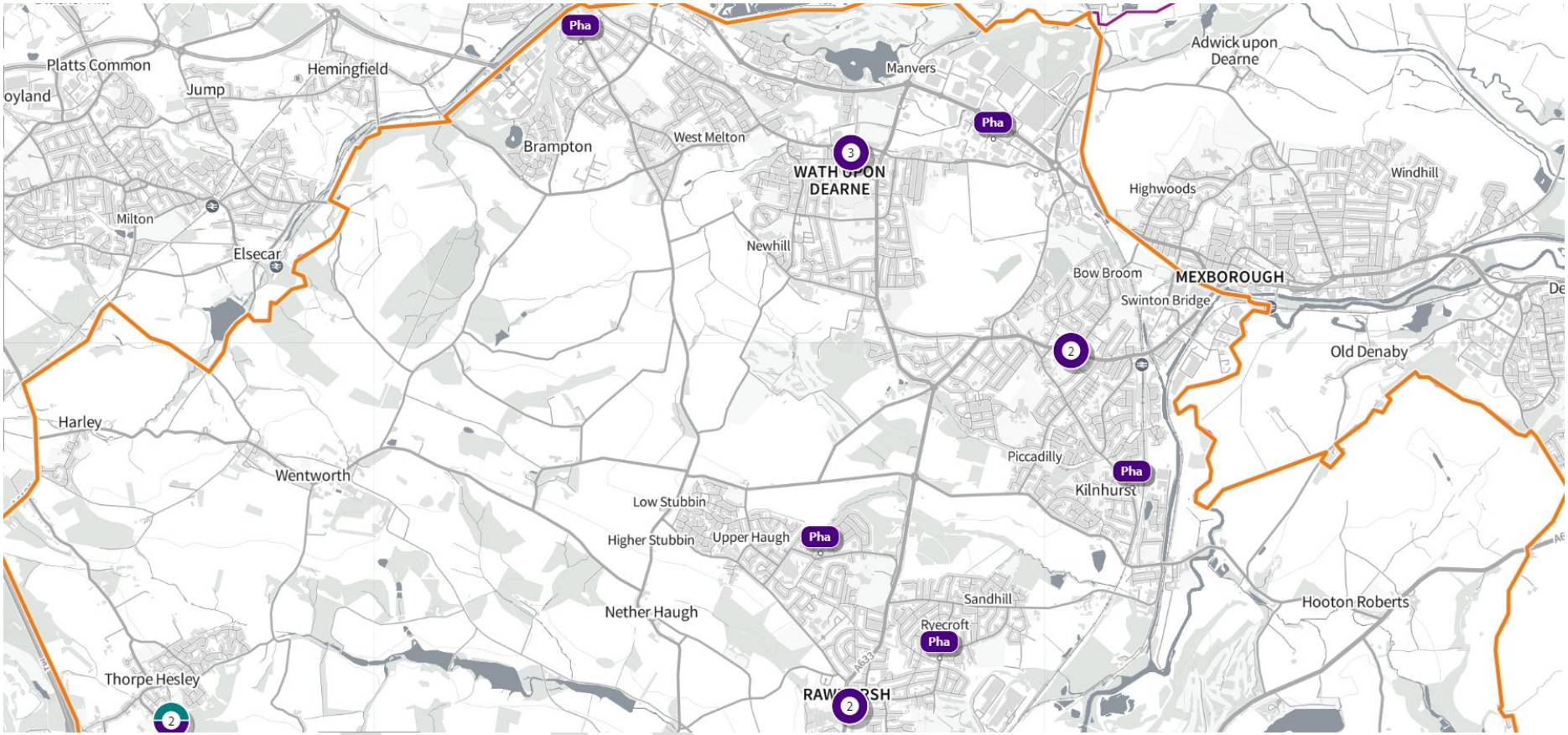
Key

Pha Single Pharmacy

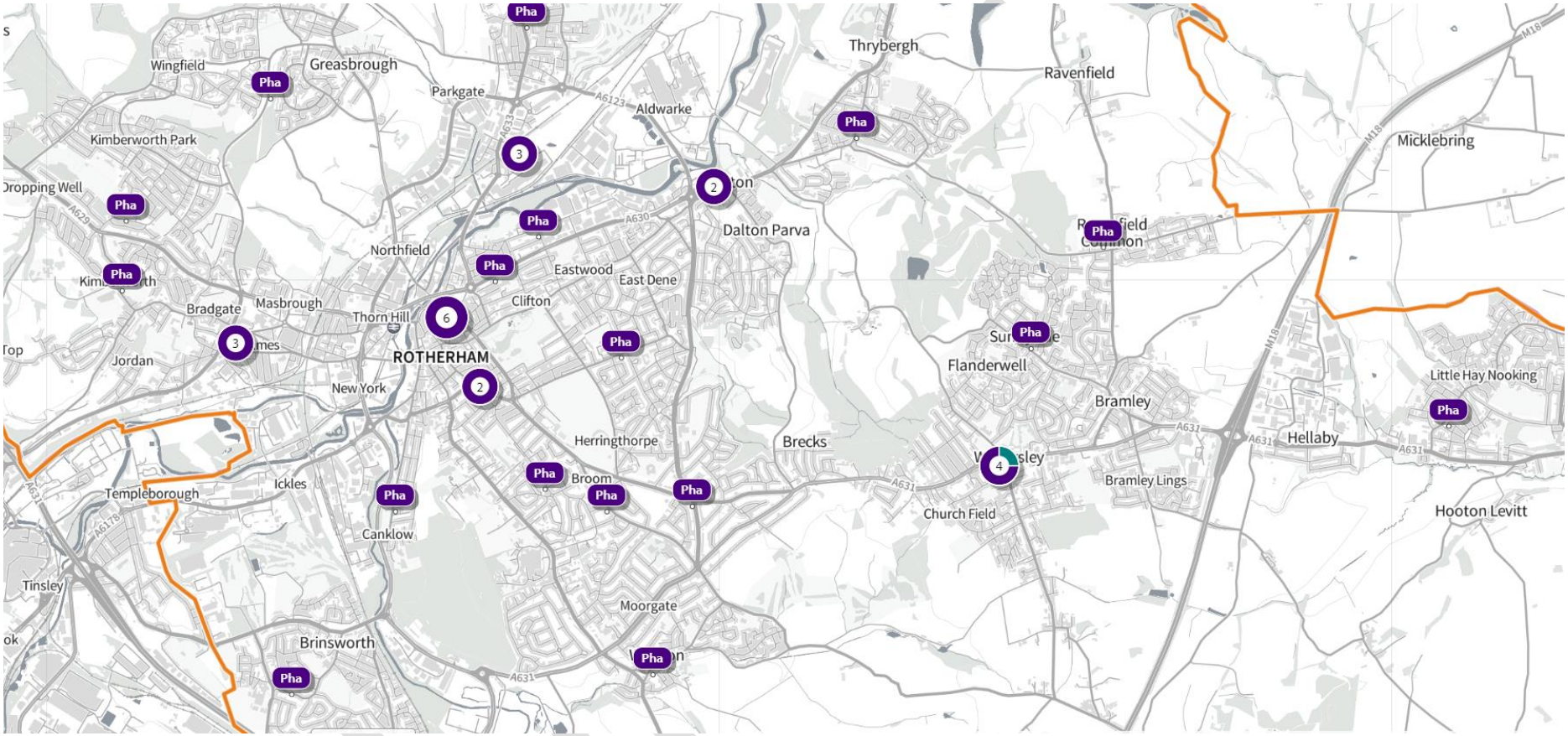
3 Multiple pharmacies located too close together to be able to display separately without increasing the resolution

2 Pharmacy/ies and Dispensing GP/s which are located too close together to be able to display separately without increasing the resolution (here, there are two providers in total – 1 pharmacy, and 1 dispensing GP)

Map 4: North Rotherham: **Premises at which pharmaceutical services are provided**

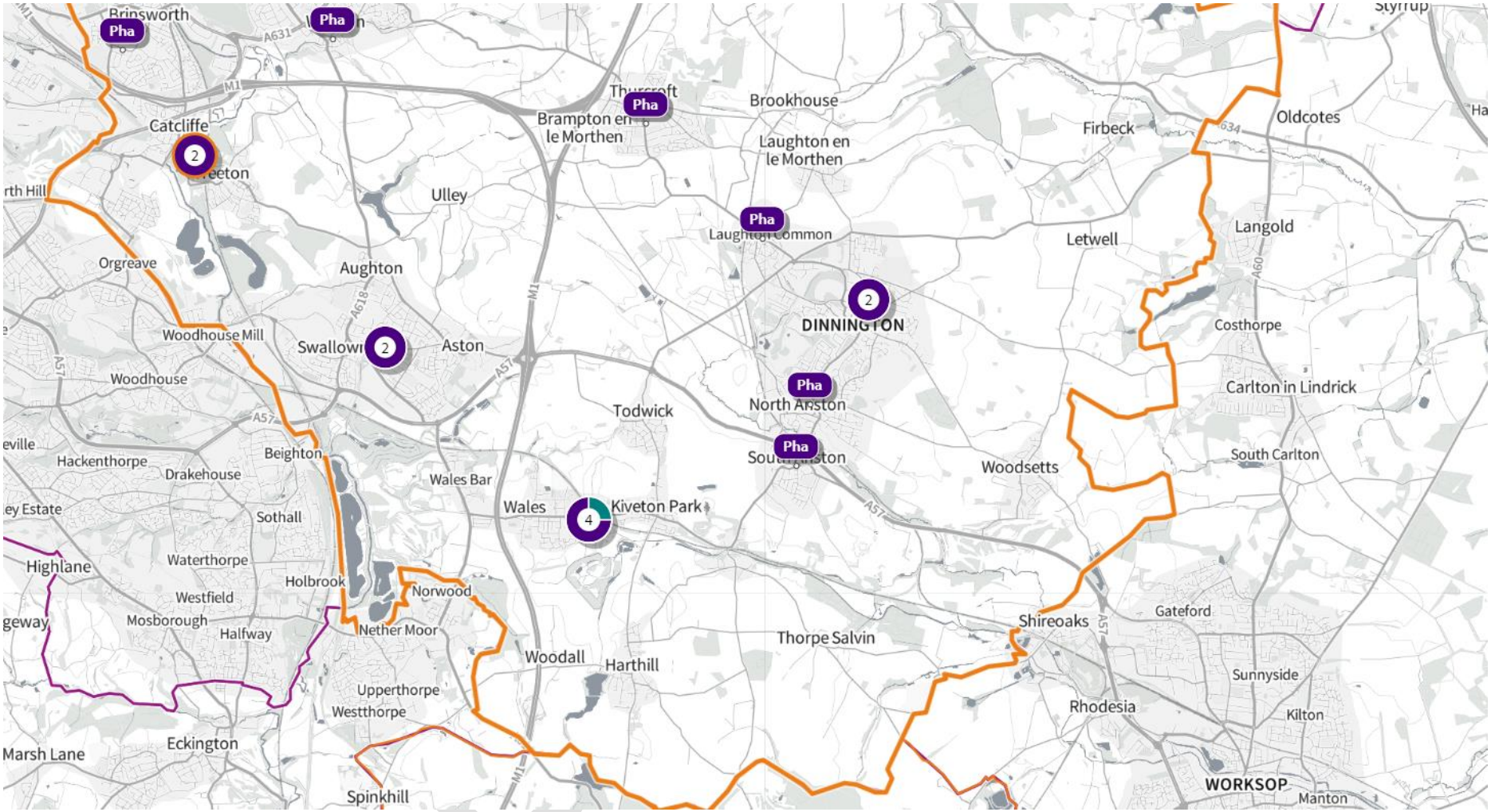


Map 5: Central / West Rotherham: **Premises at which pharmaceutical services are provided**



Map 6: Central East Rotherham: **Premises at which pharmaceutical services are provided**

Map 7: South Rotherham: Premises at which pharmaceutical services are provided



4 Assessment of service availability

4.1 Pharmaceutical service providers per 100,000 people

For the purposes of determining whether the number of pharmacies in Rotherham is sufficient for the population size of Rotherham and whether there is sufficient choice, it was determined that the total number of pharmacies per head of population should be comparable with, or better than, the national average. The Pharmaceutical Services Negotiating Committee (PSNC) no longer publishes regular national figures, but a 2019 publication comparing the availability of pharmaceutical services across Europe (8) found that there were an average of 21.3 community pharmacies per 100,000 people in the UK as of 2017. This figure was used as the benchmark.

The latest figures (from the Office of National Statistics' 2020 mid-year estimate) give an estimated population for of Rotherham of 264,984. With a total of 69 pharmaceutical service providers of which 65 are community pharmacies, there is an average of one pharmaceutical service provider per 3,840 people in Rotherham. Another way of expressing this is to say that**, as of 2022 there are 26.0 pharmaceutical service providers, and 24.5 community pharmacies per 100,000 people in Rotherham.**

If the forecasted population growth for Rotherham is realised, Rotherham will have a population of 272,899 people by 2025. If the number of pharmaceutical service providers were to remain unchanged in this period, there would be 25.3 pharmaceutical service providers, and 23.8 community pharmacies per 100,000 people in Rotherham by the horizon of this PNA in 2025. With the expected population increase of around 8,000 by 2025, a further 2 pharmacies would be required to open in Rotherham to maintain the existing ratio of pharmacies to people. However, the question of whether or not it is appropriate to try and maintain this ratio may need to be considered in future PNAs in light of changing habits around the use of online pharmacies, and speculation that fewer, larger pharmacies may better serve future population needs.

Table 6: Pharmaceutical services per head of population

Year	Population	Total pharmaceutical service providers	Pharmaceutical service providers per 100,000 people	Total Community pharmacies	Community pharmacies per 100,000 population
2022	264,984^	69	26.0	65	24.5
2025	272,899**	69*	25.3	65*	23.8

** Assuming no change in service provision. ^ Based on ONS 2020 mid-year estimates ** Based on ONS projections*

The number of community pharmacies per 100,000 residents differs considerably by Ward (see Annex 3) with the highest number in Boston Castle (65.7). The five wards with the lowest rates are Hoober (7.7); Wickersley North (9.8); Anston & Woodsetts (10.7); Bramley & Ravenfield (10.8) and Brinsworth (11.5). Three of these wards (Hoober, Anston & Woodsetts; and Bramley & Ravenfield) are relatively rural in nature.

4.2 Availability and access according to distance and travel time

For the purposes of determining whether residents require better access and towards identifying improvements for pharmaceutical services **the proportion of the population within 15-minute walk of a provider pharmaceutical services** was reviewed. This indicator was selected because rates of car ownership are not uniform across the population. For example, on average, low-income households have lower levels of access to a car than households with higher incomes (9).

Two additional indicators of geographical access were also considered:

- the proportion of the population **within a 1.6km walk** of a provider of pharmaceutical services; and
- the proportion of the population within a **10-minute drive (during rush hour)** of a provider of pharmaceutical services.

In analysing availability, consideration was given to whether there is sufficient access to pharmaceutical services across the population as a whole and also how access differs according to deprivation and age – both factors which are associated with poorer health.

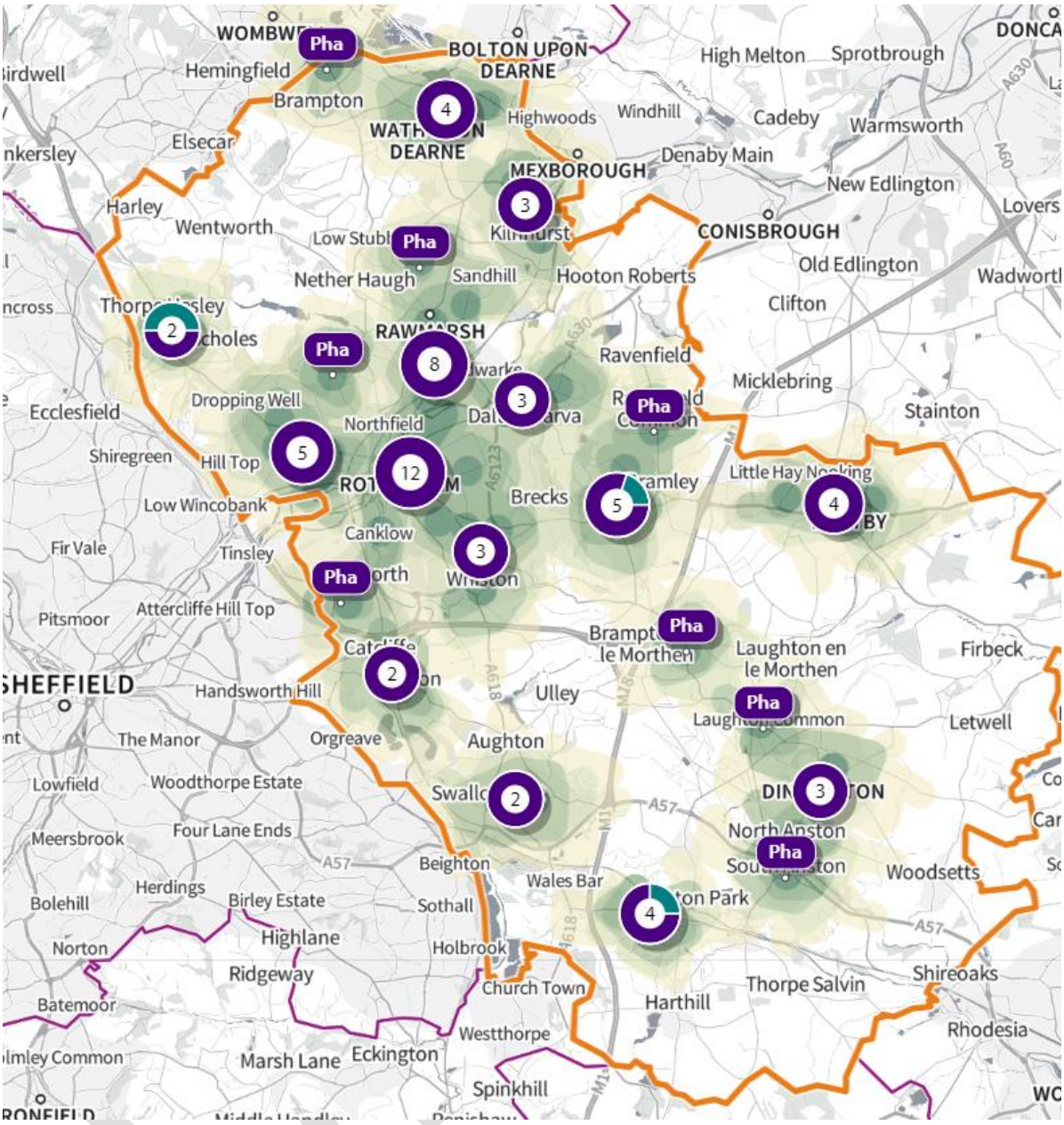
There is no national guidance or definition of sufficient access, but where possible, comparisons were made with figures included in the 2018 PNA.

This analysis was conducted both with consideration only of pharmaceutical services within the boundaries of the Rotherham locality, and then again with reference to pharmacies that are in the jurisdiction of neighbouring HWBs. As outlined in section 4.2.4, including these cross-border pharmacies, has no impact on proportion of Rotherham residents within 15 minutes' walk, or 1.6km, or a 10 minute drive at rush hour of a pharmaceutical services provider. For the sake of simplicity, the detailed analysis outlined below focuses primarily on Rotherham-based providers.

4.2.1 Walk time

Map 8 shows how walk time to pharmacies varies across Rotherham. The darker the shading, the closer an area is to a pharmaceutical service provider.

Map 8: Walk time to Rotherham-based provider of pharmaceutical services



From the Table 7, we see that 85.9% of the population of Rotherham live within a 15-minute walk of a Rotherham-based pharmaceutical service provider. This figure was not calculated in the 2018 PNA so no trend can be reported.

Table 7: Walk time to a Rotherham-based provider of pharmaceutical services

Walk time to a Rotherham-based provider of pharmaceutical services	Included Rotherham residents		Excluded Rotherham residents	
	No	%	No.	%
5 mins	92,356	34.9%	172,628	65.1%
10 mins	189,527	71.5%	75,457	28.5%
15 mins	227,676	85.9%	37,308	14.1%
20 mins	254,811	96.2%	10,173	3.8%
30 mins	260,274	98.2%	4,710	1.8%

Figure 4 provides detail about the demographic profile of those Rotherham residents living more than 15 minutes-walk from a provider of pharmaceutical services – referred to as 'the excluded'.

The areas that are excluded, due residents living more than 15 minutes' walk from a Rotherham-based pharmaceutical services provider, are a population of 37,308 residents from 24 LSOAs.

Deprivation and age

97.7% (57,926 persons) of residents who live in the most deprived decile are within a 15-minute walk of a pharmacy.

Rotherham's IMD average score is 29.55. The England-wide IMD distribution is 0.54 to 92.73 with a mean value of 21.67. Of these 24 LSOAs that are excluded, the IMD score ranges from 9.3 through 53.3 and 5 of these 24 LSOAs have a IMD score higher than the Rotherham average, indicating greater deprivation. The median age of this excluded group ranges from 34.9 through 55.4, and in Rotherham the median age ranges from 27.5 to 60.3.

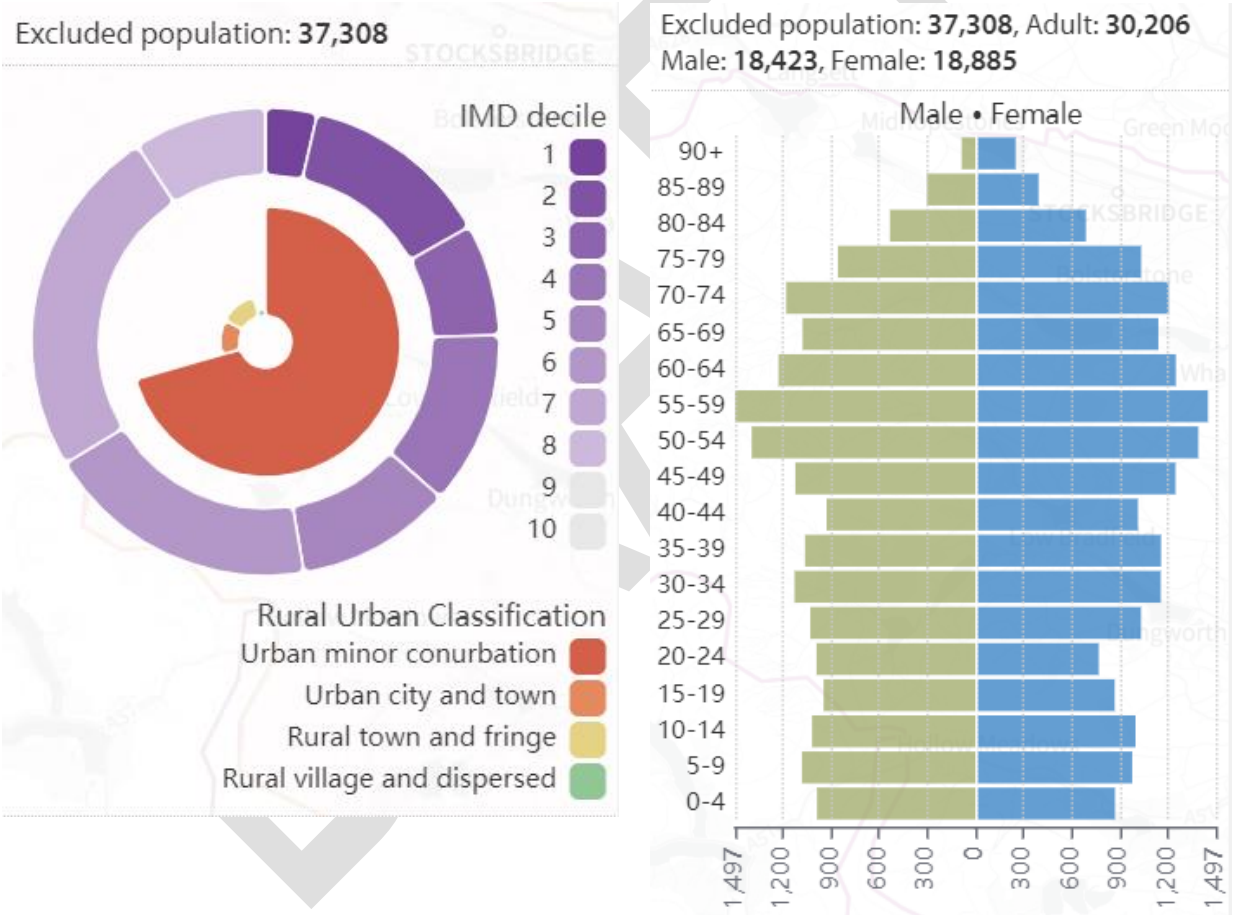
The Health Survey for England 2015-2016 showed that there is a steady increase through age groups in the number of prescribed medicines that people take, and for those aged 60-74, 80% of people had taken at least one prescribed medicine in the week prior to the survey. This increased to 92% for those aged 75-84 and 96% for those aged 85+ in comparison to younger age groups where the value was as low as 19% (aged 16-24) (10).

The proportion of the population aged over 65 in Rotherham is 19.8%. Of the 24 excluded LSOAs, 19 LSOAs have a greater percentage of the population over 65 years old compared to Rotherham (range from 20.1% through 35.7% for these 19). 5 of 6 LSOAs in the most deprived 3 deciles have a population of those aged 65, greater than Rotherham. In addition, 19 of the 24 LSOAs have a greater percentage of the population aged 45-64, compared to the Rotherham value of 26.81%. The range for these LSOAs is 27.6-34.3%. For those aged 30-44, 16-19 and 0-15, there were less than one third with a population greater than Rotherham, 6,7 and 6 LSOAs respectively.

Of the excluded LSOAs, 1 has an IMD score of 1, 3 with a score of 2, 2 with a score of 3, 3 with a score of 4, 3 with a score of 5, 5 with a score of 6, 5 with a score of 7 and 2 with a score of 8. When reviewing the number of residents within each IMD as a percentage of all ages within each IMD, for the 24 excluded LSOAs only, the population is greater for those aged 45-64 and those aged 65+ for each IMD compared to the average for the IMD across the whole of Rotherham.

This would confirm that the excluded population has greater percentages of older age groups when comparing age split by LSOA alone, and a greater percentage of older age groups when comparing IMD deciles to Rotherham; a group of which more likely require access to pharmaceutical services.

Figure 4: Demographic characteristics of population living more than 15 minutes' walk from a Rotherham-based pharmaceutical services provider

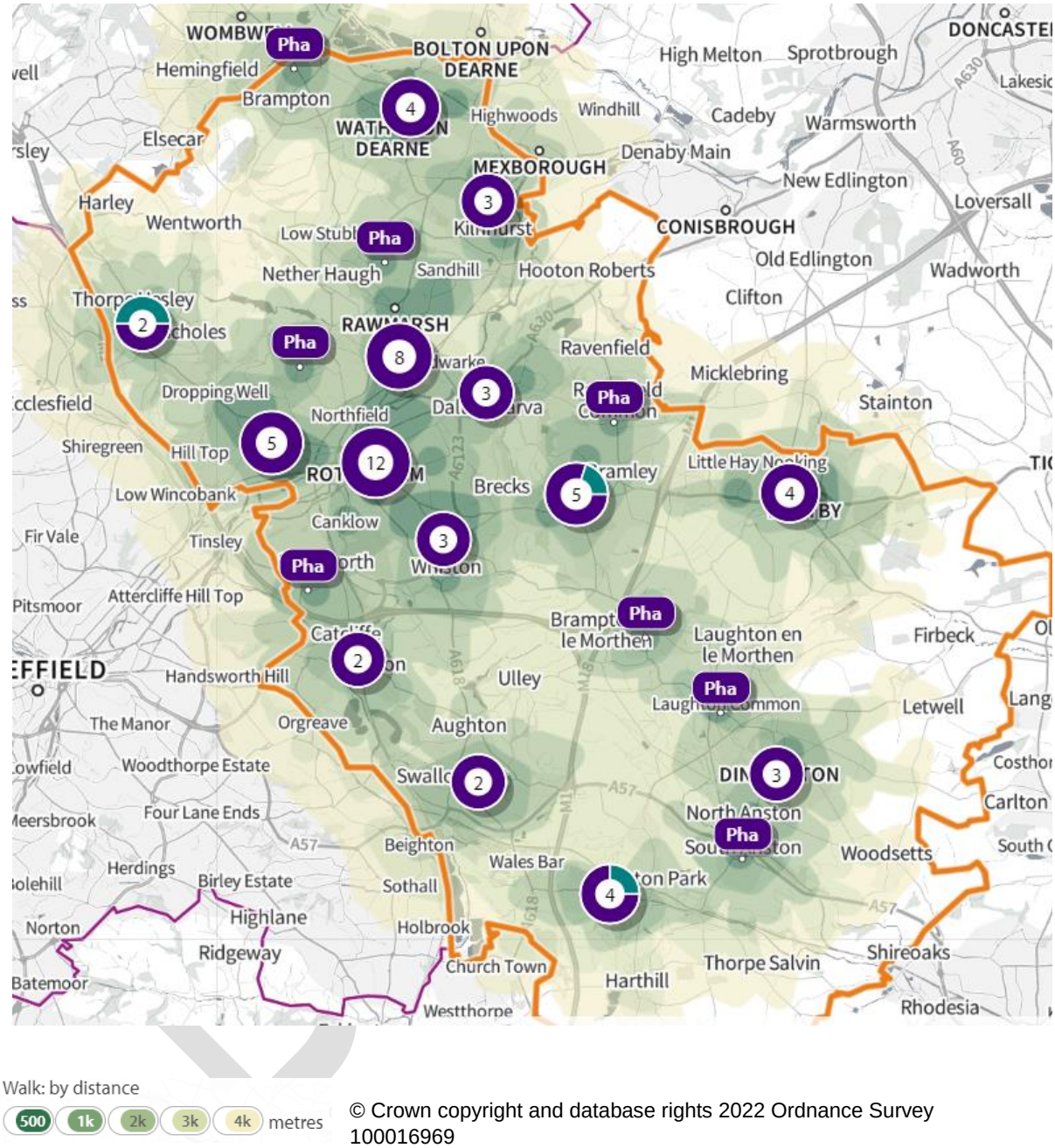


Of the excluded 24 LSOAs, there are none in the most densely populated quintile and 2 in the second most densely populated quintile (4,334.01 to 6,513 pop/km2). All other LSOAs are within the two least densely populated quintiles. Due to the dispersed geography of these excluded LSOAs, there are no obvious single geographies excluded, that have a high population density, where a new service provider would reduce the volume of people excluded.

4.2.2 Walk distance

Map 9 shows the walk distance to pharmaceutical services in Rotherham. The darker the shading, the closer the population is to a provider of pharmaceutical services.

Map 9: Walk distance to Rotherham-based provider of pharmaceutical servcies



From Table 8, we see that 96.6% of the population of Rotherham live within 1.6km's walk of provider of a pharmaceutical services. This represents an increase from the 2018 PNA when 94.8% of the population lived was within a 1.6km walk of a provider of pharmaceutical services.

Table 8: Rotherham population distance from a provider of pharmaceutical services

Walk distance to Rotherham-based provider of pharmaceutical services	Population included within this radius		Population living beyond this radius	
	No.	%	No.	%
500m	143,996	54.3%	120,988	45.7%
1.6km	256,054	96.6%	8,930	3.4%
3km	261,779	98.8%	3,205	1.2%
4km	264,984	100.0%	-	0.0%

4.2.3 Drive time

As shown in Table 9, 100% of Rotherham-based residents live within a 10-minute drive of a Rotherham based pharmaceutical services provider during rush hour.

Table 9: Rotherham population drive time to a provider of pharmaceutical services

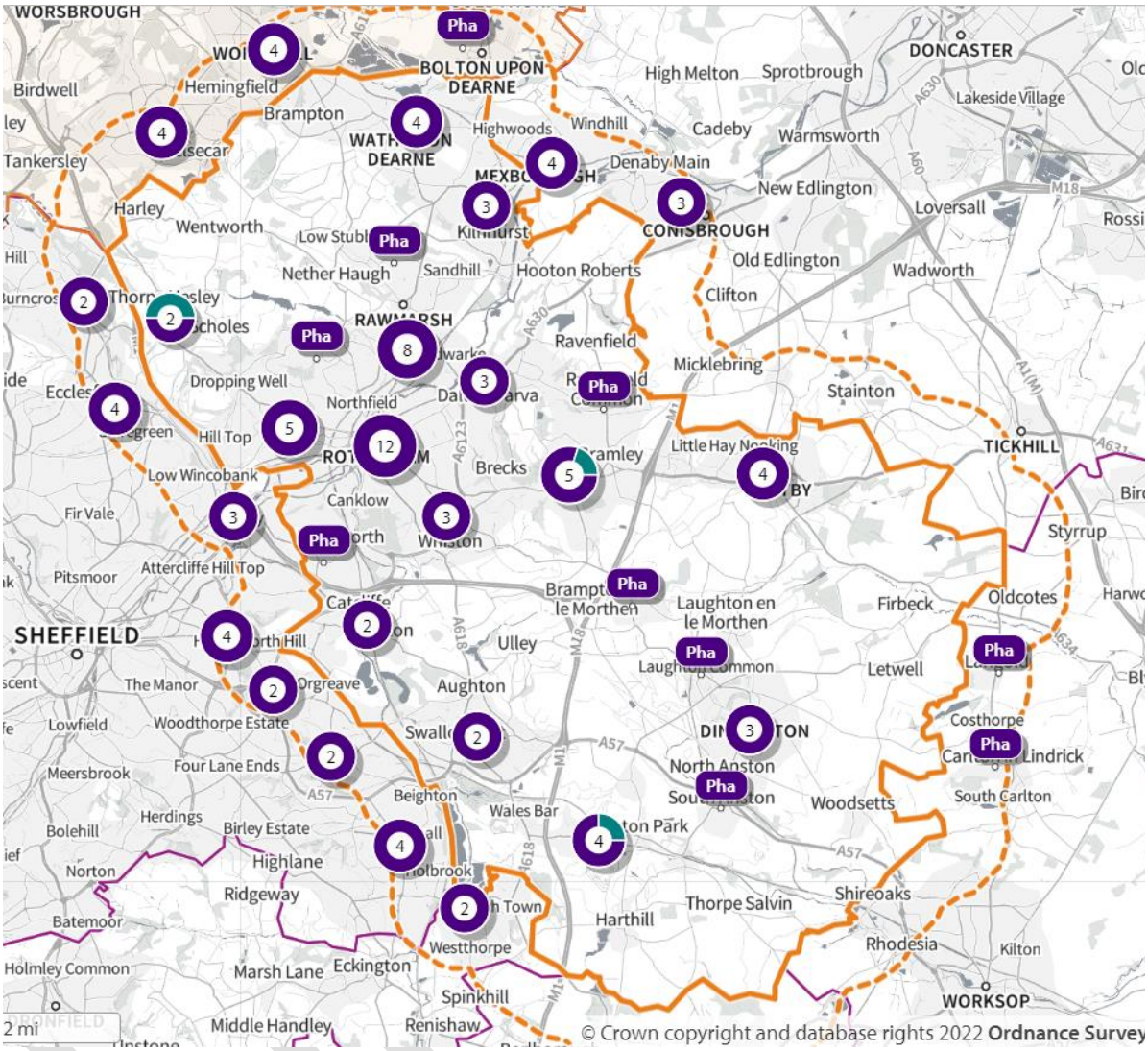
Drive time (in rush hour)	Rotherham population living within this drive time of a Rotherham-based provider of pharmaceutical services		Rotherham population living outside this drive time of a Rotherham-based provider of pharmaceutical services	
	No.	%	No.	%
5 mins	261,779	98.8%	3,205	1.2%
10 mins	264,984	100.0%	0	0.0%

4.2.4 Access to cross-border pharmaceutical services

Patients have a choice of where they access pharmaceutical services. This may be close to their GP practice, their home, their place of work, or where they go for shopping, recreational or other reasons. Rotherham shares boarders with several other local authorities each with their own HWB and associated PNA. It is common for Rotherham residents to access services in areas served by neighbouring HWBs, and for people from neighbouring areas to access services within Rotherham.

To account for the cross-border movement of individuals between Rotherham and neighbouring areas, analysis of the time and distance to pharmaceutical services, including Rotherham-based pharmacies, *and* those within 1.6km of the Rotherham boarder, has been conducted in the SHAPE mapping tool. Once pharmacies that lie within this range are included (see Map 10), the total number of pharmacies increases to 107.

Map 10: Pharmaceutical services in Rotherham, and within 1.6km of the Rotherham boarder



Including these cross-border pharmacies, has no impact on proportion of Rotherham residents within 15 minutes' walk, or 1.6km, or a 10 minute drive at rush hour of a pharmaceutical services provider[1]. This is because there are few residential areas immediately on Rotherham's borders, and those which are, already have access to a nearby Rotherham-based pharmaceutical service provider.

Because of cross-border movement, not all the prescriptions written for Rotherham patients are dispensed within the area, and not all the prescriptions dispensed in Rotherham are written locally.

Data from NHS Business Services Authority give an indication of what proportion of prescriptions filled in Rotherham were written locally. Data from 2020/21-2021/22, accessed

[1] Included and excluded populations are calculated using LSOA geographic boundaries and a LSOA is excluded from the count of population if the LSOA centroid is not within the travel catchment selected.

January 2022, show that of the 64 community pharmacies and 1 compliance contractor in Rotherham, over 9,605,000 prescriptions were dispensed at one of Rotherham's pharmacies and of these, over 8,705,000 (91%) were prescribed from a General Practice with a Rotherham postcode. During the same period, over 9,002,000 Electronic prescriptions were dispensed in Rotherham, of which, over 8,159,000 (91%) were prescribed from a General Practice with a Rotherham postcode.

The Electronic Prescription Service (EPS) allows prescribers, such as GPs and practice nurses, to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice in England. Of 29 GP practices registered in Rotherham CCG, as of March 2022, all are live on the EPS system allowing for Rotherham registered GP patients to select a pharmacy to dispense their medication.

This prescribing data indicates that there is a strong flow of clients between HWB areas in South Yorkshire, but that most prescriptions written in Rotherham are then filled within Rotherham – thus corroborates evidence from the SHAPE mapping tool indicating good geographical access to pharmaceutical services in Rotherham.

4.3 Availability according to opening times

Each Community Pharmacy is required to be open for 40 hours a week minimum (referred to as Core Hours). In addition, there are also 100-hour pharmacies which required to be open for at least 100 hours each week.

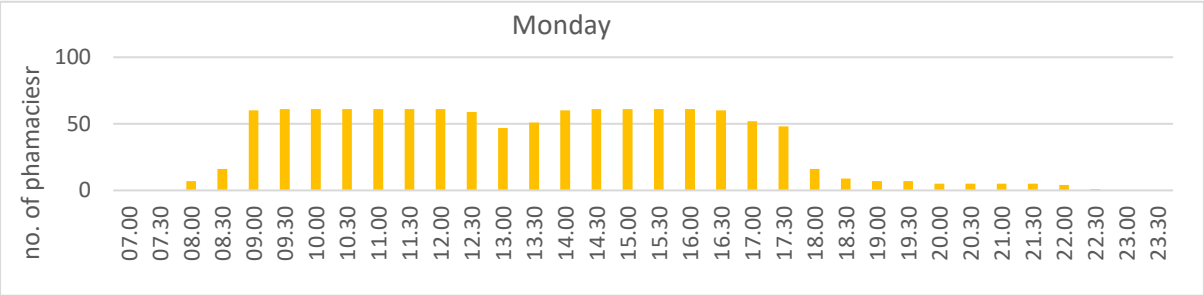
Supplementary opening hours are voluntarily provided additional to the contracted Core Hours. Supplementary hours can be changed by giving 90 days' notice to NHS England. NHS choices advertises opening hours to the public (www.nhs.uk).

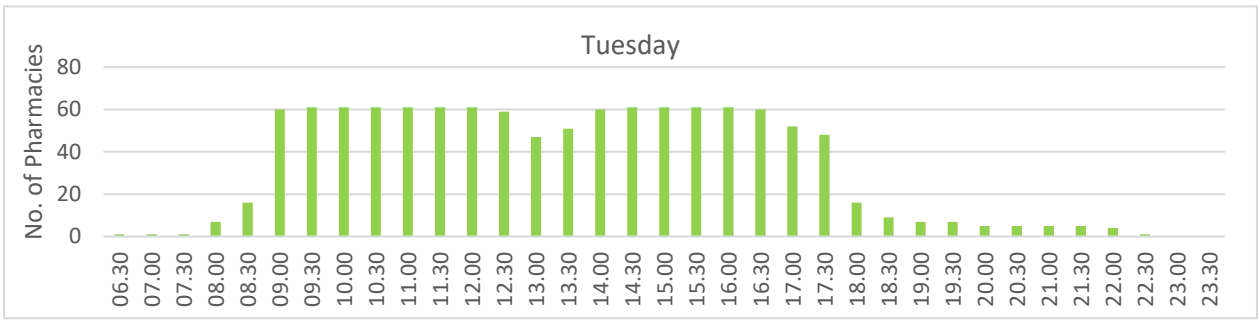
For the purposes of assessing opening hours, the HWB considered access to a pharmacy or dispensing GP of primary importance during normal working hours (9am-5pm) during the week. This generally coincides with the opening hours of GP surgeries, when people are likely to receive prescriptions. The HWB also considered access at weekends, and out of hours.

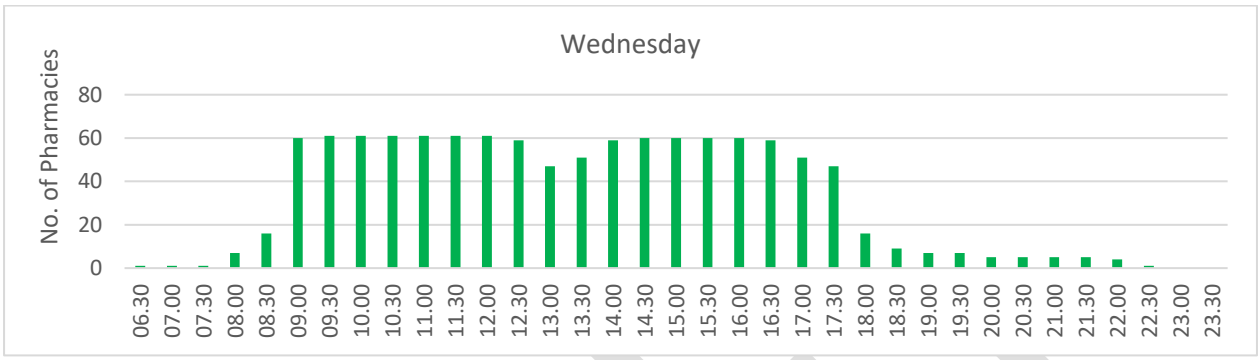
Weekday opening

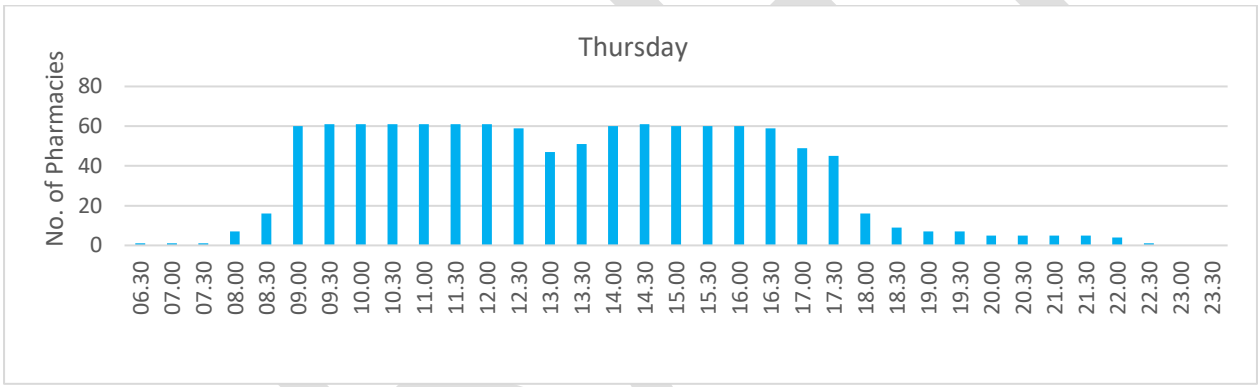
Figure 5 shows the opening times of Rotherham's pharmacies Monday - Friday. Similar patterns of opening hours are seen across all weekdays. Most of Rotherham's pharmacies open between 8.30am-9.00am Monday to Friday with some opening much earlier (for example, between 6.30am-8.00am). The majority of pharmacies close between 5.00pm and 6.00pm.

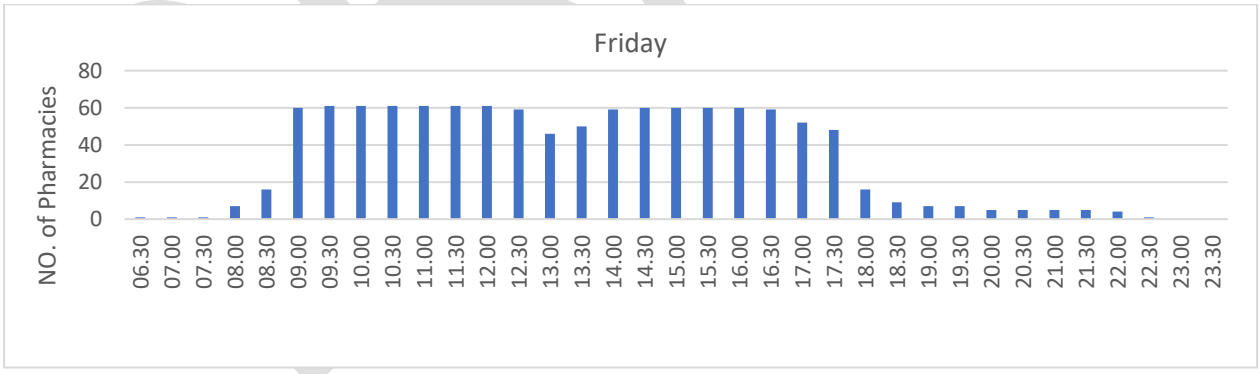
Figure 5: Weekday opening times of Rotherham pharmacies







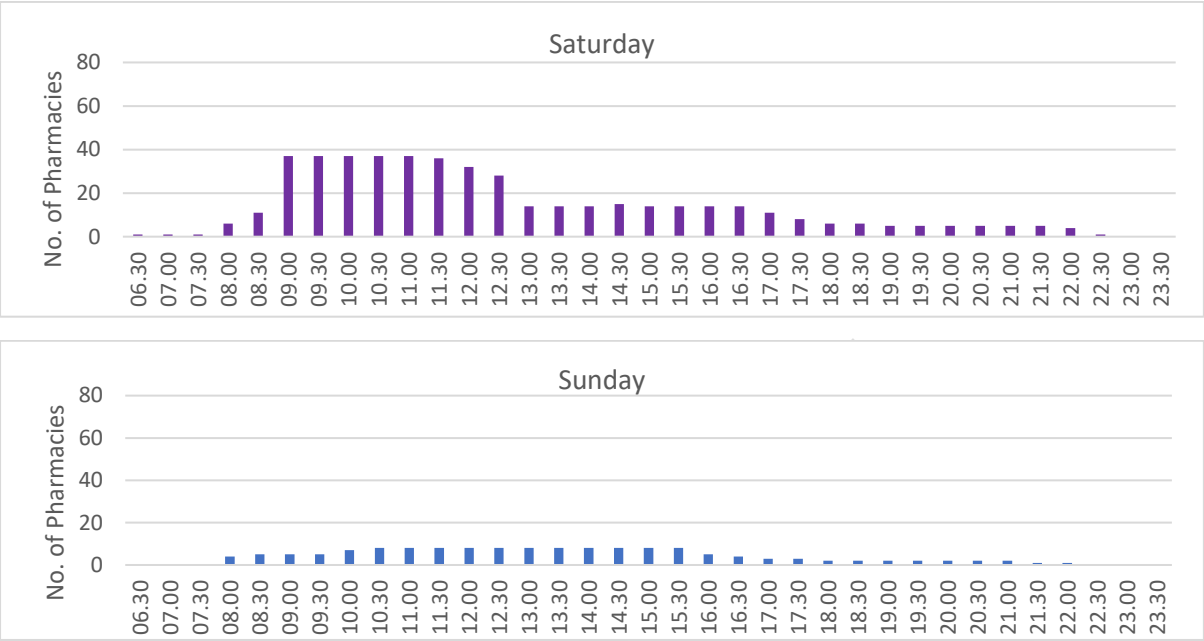




Weekend opening hours

In total, 37 pharmacies are also open on a Saturday (although many close by 1.00pm), and 8 are open on a Sunday.

Figure 6: Weekend opening hours of Rotherham pharmacies



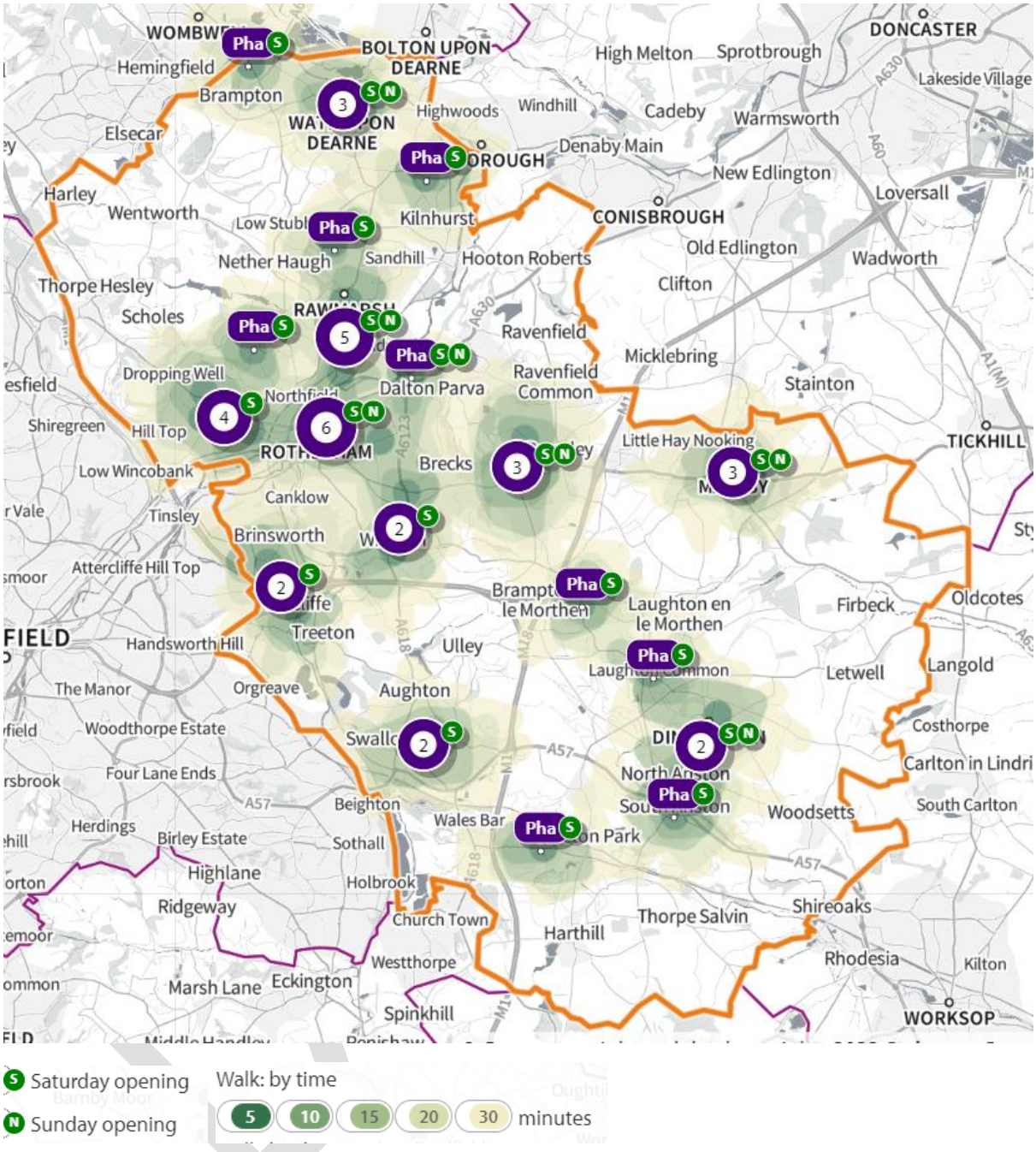
Analysis of populations with access to Saturday and Sunday opening shows that there is a reduction in access over the weekend – particularly on Sundays. Over 90% of the population live within 10 mins drive of an open pharmacy on both days, but walk times and distances increase. This is within the context that there is limited out of hours prescriptions coverage on a Sunday at primary care level. There is no national comparator regarding weekend/late opening access.

Table 10: Weekend access to pharmacies in Rotherham

	Included population	
	No. of people	**%**
Saturday opening		
Walk time of 15mins	196,015	74.0%
Walk distance of 1.6km	241,155	91.0%
Drive time of 10 mins	264,984	100%
Sunday opening		
Walk time of 15mins	61,720	23.3%
Walk distance of 1.6km	109,893	41.5%
Drive time of 10 mins	240,774	90.9%

A map showing weekend access to pharmacies is provided at Map 11

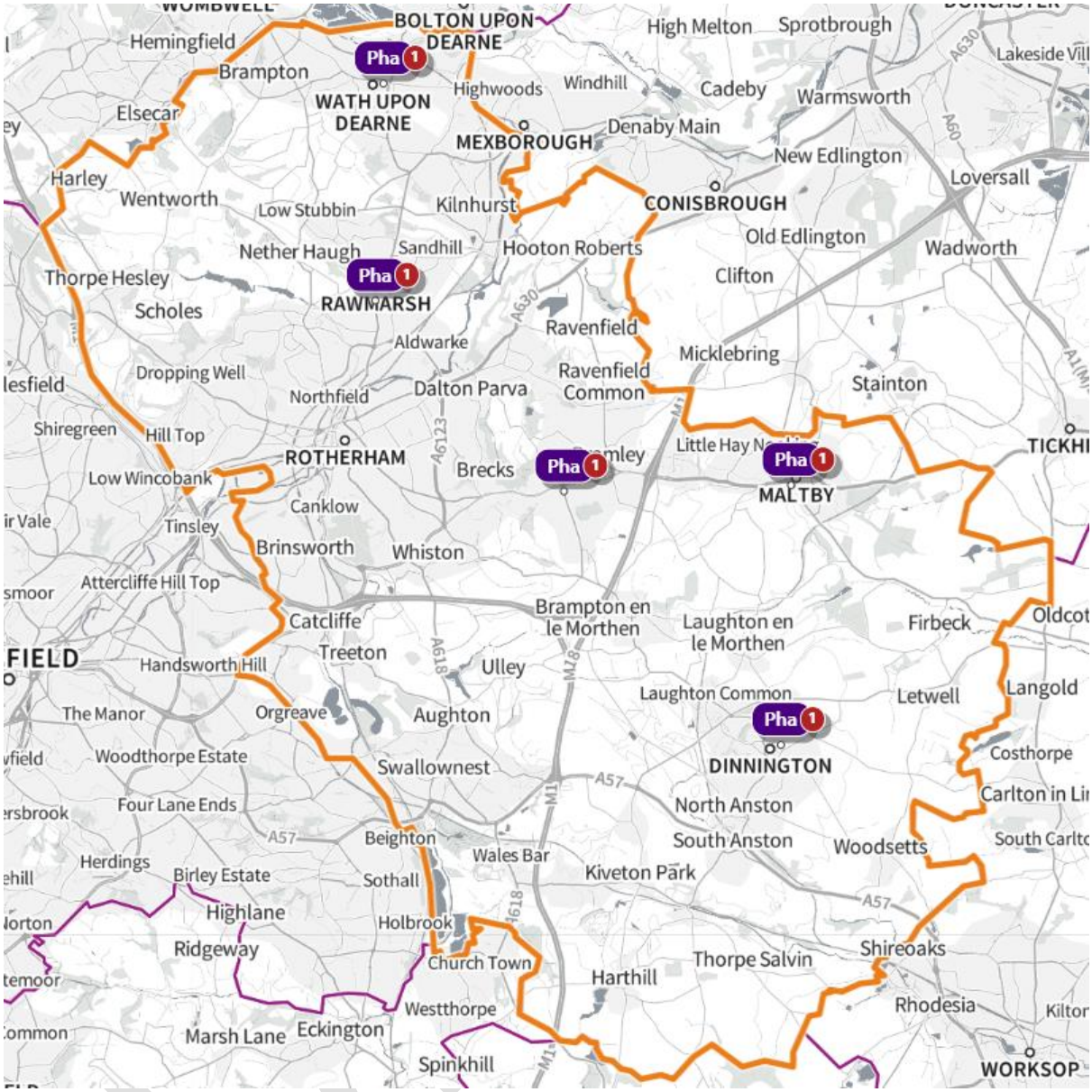
Map 11: Walk time to pharmacies with weekend opening



Evening opening

There are five 100-hour pharmacies in Rotherham who generally open around 7.00am and close between 10.00pm and Midnight. Many of these pharmacies are located within supermarkets or retail areas. Map 12 shows the locations.

Map 12: Rotherham pharmacies with a 100-hour contract



Members of the public may also obtain urgent prescriptions and/or medication when their GP is closed by contacting the NHS 111 Services. Medicines legislation also allows pharmacists to issue urgent supplies to patients under certain circumstances. In Rotherham, there is an Out of Hours Service and healthcare workers could access to an on-call pharmacist at The Rotherham NHS Foundation Trust (TRFT) if required. This, however, is rarely, if ever required. Rotherham CCG funds a palliative care drugs scheme, under which participating pharmacies are paid to keep a range of “end-of-life” care medicines this prevents the need to access drugs as an emergency and reduces the need to use the on-call service.

4.4 Availability by service type

4.4.1 Pharmaceutical services: an overview

The Community Pharmacy Contractual Framework (CPCF) is made up of Essential Services, Advanced Services and Enhanced Services. In addition to these nationally determined services, community pharmacies can also be contracted to provide Locally Commissioned Services.

a. Essential Services

Essential Services are those services offered by all pharmacy contractors (including distance selling pharmacies) as part of the NHS CPCF (the 'pharmacy contract'). A description of each service is provided below.

Dispensing of prescriptions	This service involves the supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
Dispensing of repeat prescriptions	This involves dispensing prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.
Discharge medicines Service	This service aims to reduce the risk of medication problems when a person is discharged from hospital. Under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.
Promotion of healthy lifestyles	This service involves the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to: a) have diabetes; or b) be at risk of coronary heart disease (especially those with high blood pressure); or c) who smoke; or d) are overweight, and pro-active participation in six health campaigns where requested to do so by NHS England and NHS Improvement.
Signposting	This service involves the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person.
Support for self-care	This service requires pharmacies to provide advice and support to enable people to derive maximum benefit from caring for themselves or their families. This may include advising on over the counter medicines or changes to the person's lifestyle.

Disposal of unwanted medicines	This service requires pharmacies to dispos of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

(Adapted from PSNC website (11)*)*

Dispensing appliance contractors have a narrower range of services they must provide:

- Dispensing of prescriptions
- Dispensing of repeat prescriptions
- For certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice
- Where the contractor cannot provide a particular appliance, signpost or refer to another provider.

b. Advanced Services

Advanced Services are those which that require accreditation of the pharmacist providing the service and/or specific requirements to be met regarding premises (11). A description of each Advanced Service is provided below.

Appliance use review	AURs should improve the patient's knowledge and use of any 'specified appliance' by establishing the way the patient uses the appliance and the patient's experience of such use; identifying, and resolving poor or ineffective use of the appliance by the patient; advising the patient on the safe and appropriate storage of the appliance; and advising the patient on disposal of the appliance/s.
Community Pharmacist Consultation Service	The CPCS aims to relieve pressure on the wider NHS by connecting patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy. As well as referrals from GPs, the service takes referrals from NHS 111, Integrated Urgent Care Clinical Assessment Services and in some cases, via the 999 service.
Flu vaccination service	This service involves running a seasonal flu vaccination campaign (March to September) aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.
Hepatitis C testing service	This involves provision of point of care testing for Hepatitis C antibodies to people who inject drugs. Where people test positive for Hep C antibodies, they are referred for a confirmatory test and treatment, where appropriate.
Hypertension case-finding service	The service has two stages: 1) identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'); 2) where clinically indicated, offer 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP.

New Medicine Service	The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions.
Smoking Cessation Advance Service	This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. In Rotherham the QUIT programme has been rolled out to ensure access to nicotine addition services whist accessing secondary care. This service will help ensure continuity of care upon discharge.
Stoma Appliance Customisation Service	The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

(Adapted from PSNC website (11)*)*

In addition, two Covid-19 related Advanced Services were operational during the pandemic:

- The Pandemic Delivery Service, which was launched in April 2020 with the aim of supporting the clinically extremely vulnerable was discontinued in March 2022.
- C-19 lateral flow device distribution service was discontinued in March 2022.

c. Enhanced and Locally Commissioned Services

These are optional services such as anticoagulation services that used to be commissioned by primary care trusts. Since the abolition of primary care trusts, only NHS England can commission enhanced services. At the time of writing, this route is not often used as most areas use locally commissioned services to commission these types of optional services.

Locally Commissioned Services are those which have been commissioned by Local Authorities (Rotherham Metropolitan Borough Council (RMBC), CCGs, local NHS England teams and, once operational, Integrated Care Partnerships. Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate and include providers such as hospitals, community services, mental health services and GPs. These vary by locality and are designed to meet the health needs of specific populations. An overview of Locally Commissioned Services (as of March 2022) is given below:

Over the counter labelling service	This service involves labelling over the counter medicines so that it can be administered in schools or by care workers etc with the purpose of reducing unnecessary GP appointments and NHS prescriptions. The service is commissioned by the CCG.
Palliative care	This service involves; 1) ensuring that there is on-demand availability of palliative care medicines from community pharmacies in Rotherham; 2) ensuring that there is easy access to palliative care medicines to provide palliative care patients with good symptom control and ensure that their symptom control is maintained. This service is commissioned by Rotherham CCG.

Champix	This service, which enables access to Champix (a prescription medicine that helps people quit smoking) is commissioned by as part of Rotherham's community-based stop smoking service. It should be noted that availability of this service has been affected by the discontinuation of its distribution by Pfizer in 2021.
Nicotine Replacement Therapy for pregnant women	Free nicotine replacement treatment is available to pregnant women in Rotherham as part of specialist stop smoking maternity services commissioned by RMBC and provided by the TRFT.
Emergency hormonal contraception	Free emergency oral contraception is available for Rotherham residents at select pharmacies as part of sexual health services commissioned by RMBC.
Supervised consumption	Supervised Consumption of Opiate Substitution Therapy support clients by ensuring compliance with agreed treatment plans. In Rotherham, this service is contracted by Change Grow Live, RMBC's drugs and alcohol service provider.
Needle exchange	This service provides access to sterile needles and syringes, and a sharps container for the return of used equipment. It also promotes safe injecting. In Rotherham, this service is contracted by Change Grow Live, RMBC's drugs and alcohol service provider.

It should be noted by NHSE/I that the public consultation for this PNA revealed that some residents have a felt need for some access to emergency care (for example in response to adrenal deficiencies) by pharmacies.

4.4.2 Necessary Services

Necessary Services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that necessary services are:

- **Essential Services provided at all premises included in the pharmaceutical lists**
- **The following Advanced Services**
  - **New Medicine Service,**
  - **Community Pharmacist Consultation Service**
  - **Flu vaccination**

4.4.3 Service availability in Rotherham

Essential Services are those services offered by all pharmacy contractors. As such, access to Essential Services within Rotherham equates to access to pharmacies overall – as covered in sections 4.1 and 4.2 above.

Because not all service providers register to provide any / all Advanced or Locally Commissioned Services, access to these services differs by service type. Table 11 below provides a breakdown of the number and proportion of Rotherham pharmacies which provide each service. Annex 3 provides the same information at Ward level.

Table 11: Advanced, Enhanced and Locally Commissioned Service availability and service provision

Service		Service provision		
		No. of Pharmacies providing service (Jan 2022*)	**Proportion of eligible pharmacies and dispensing appliance contractors providing this service (%) (Jan 2022)**	**Services provided (2020/21-2021/22)**[2]**
Advanced Services	Appliance use review^	0	-	-
	C-19 lateral flow device distribution service	62	97%	80,541
	Community Pharmacist consultation service	62	97%	2,001
	Flu vaccination service	52	81%	29,213
	Hepatitis C testing service	4	6%	0
	Hypertension case-finding service	31	48%	Data not available

[2] As data available on the number of advanced services provided was taken from NHS BSA and data for the number of outlets was taken from NHSEI, it is possible that fees do not represent the total number of providing outlets, and that figures may not be representative of services offered whilst not in a pandemic. This is largely due to services possibly increasing, or decreasing, these advanced services during the Covid-19 pandemic. For both Covid-19 services; C-19 lateral flow distribution and pandemic delivery service, only sites that have provided services, hence have respective BSA fees, have been included in the number of outlets as this was the only available data. However, this poses minimum risk and covers the majority of the Covid-19 period (May 2020-December 2021).

Service		Service provision		
		No. of Pharmacies providing service (Jan 2022*)	**Proportion of eligible pharmacies and dispensing appliance contractors providing this service (%) (Jan 2022)**	**Services provided (2020/21-2021/22)**[2]**
	New Medicine Service	58	91%	13,764
	Pandemic Delivery Service	50	78%	16,603
	Smoking Cessation Advance Service	Service not operational	Service not operational	Service not operational
	Stoma Customisation Service^	5	8%	18,164
Locally Commissioned Services	Champix	15	23%	Data not available
	Needle exchange	11	17%	Data not available
	EHC	29	45%	Data not available
	Supervised consumption	50	78%	Data not available
	NRT in pregnancy	31	48%	Data not available
	Over the counter labelling service	20	31%	Data not available
	Palliative care	17	27%	Data not available

** Data from NHSE/I records for all Advanced Services with exception of C-19 Lateral flow device distribution service and Pandemic Delivery Service which were taken from NHS BSA Fees data. Locally Commissioned data was provided by contractors.*

***Data taken from NHS BSA Fees data using data May 2020-Oct 2021, accessed January 2022. Flu vaccination data was obtained from the Advanced Flu Report, NHS BSA for data Sep 2020-Oct 2021, as the Flu Season runs from September to March, accessed March 2022.*

^ The Appliance Use Review Service and the Stoma Appliance Customisation Service can be provided by both pharmacies and appliance contractors (65 locations in total), all other services are provided by pharmacies only (64 locations in total).

4.4.1.1 Analysis of Advanced Service availability

The following section reviews coverage of all Advanced Services available in Rotherham. The C-19 lateral flow device distribution service and Pandemic Delivery Service are excluded from review because they are scheduled for discontinuation in late March 2022.

Necessary Advanced Services

As outlined in section 4.4.2, the Rotherham Health and Wellbeing board considers three Advanced Services to be Necessary Services. Coverage of all three in Rotherham is good:

Community Pharmacist Consultation Scheme: 62 pharmacies in Rotherham provide this service. The Health and Wellbeing Board is satisfied that there is sufficient coverage of this service.

Flu vaccination service: In total, 52 pharmacies are registered to provide this service. The Health and Wellbeing Board is satisfied that there is sufficient coverage of this service. Widespread coverage at pharmacy level is reinforced by GP provision of flu vaccines.

New medicine service: 58 pharmacies in Rotherham provide this service. The Health and Wellbeing Board is satisfied that there is sufficient coverage of this service.

Other Advanced Services

Appliance Use Review

NHSE/I records show that no pharmacies in Rotherham are registered to provide this service as of January 2022[3].

Appliances that are supplied by an NHS prescription (Continence and Stoma products mostly) can be dispensed by community pharmacies or by a Dispensing Appliance Contractor (DAC). A DAC is a company that holds an NHS contract to supply appliances against an NHS prescription. A CP or a DAC, with the patient's consent, can as part of their NHS contract undertake an Appliance Usage Review (AUR) and are paid directly by NHS England for undertaken these reviews.

In Rotherham, most patients chose to send their appliance prescriptions to a DAC, and this mirrors the national picture. Local CPs therefore have few opportunities to offer AUR's. NHS Rotherham CCG has removed the prescribing and management of continence and stoma appliances from GP practices, these products are now prescribed by a Rotherham-wide service led by specialist nurses. As part of this service model, patients can access a product review at any time and whenever they encounter any problems.

Patients across Rotherham that are using continence and stoma appliances can therefore access support, advice and a product review at anytime from either the service that manages their condition or the dispenser of their products.

Rotherham Health and Wellbeing Board do not consider there to be an unmet current need for the Appliance Use Review Advance Service in Rotherham.

Hepatitis-C case finding services

In Rotherham, the Hepatitis-C Case-finding Advance Service is available in just four Rotherham pharmacies. Service provision figures from NHS BSA show very low uptake of

[3] One pharmacy did indicate that it provides this service in the contractor survey, but to ensure of consistency, official NHSE/I data have been used throughout.

this service, with just two services provided in Rotherham between May 2020 and October 2021.

As shown at Annex 5; Map C, three of the four Hepatitis C Testing Service providers in Rotherham are clustered together in relatively close-proximity meaning that geographical coverage of this Advance Service across Rotherham is restricted. However, it should be noted that:

- Routine Hepatitis C testing is provided on a more targeted basis in Rotherham through local drug and alcohol services; sexual health services; and at The Gate – a primary health care centre that provides support for individuals who have the most difficulty in accessing appropriate health care, including the homeless, looked after children, those suffering drug/alcohol misuse, sex workers, asylum seekers and migrants.
- Nationally, at the time of designing the service, it was recognised that the need for the service would be very low. In 2019, prevalence of Hepatitis C in the general population was estimated to be 0.75%. This expectation has been realised, and across the whole of England, and just 116 tests had been conducted since the services' launch in September 2020. In part, low up take can be explained by the challenges created by the Covid-19 pandemic but it is also possible that the limited availability of the service has played a role – fewer than 700 of England's 11,00 pharmacies had registered to provide this service as of August 2021 (12). The service, which was due to end on 31 March 2022, has been extended until 31 March 2023.

In light of good access through testing through targeted services, and low overall prevalence of Hep C, the Rotherham Health and Wellbeing Board do not consider there to be an unmet current need for the Hepatitis C Testing Service in Rotherham.

Hypertension case finding service

The service was commissioned as an Advanced Service in October 2021. NHSE/I records show that nearly half of Rotherham pharmacies (48%) were registered to provide the hypertension case finding advance service in January 2022, just three months after its launch. For any new service there may be a delay in uptake by contractors, particularly if they need to buy equipment, draft procedures, or train up staff. Initial registration figures are promising, current service availability cannot be meaningfully assessed as part of this PNA. Efforts to improve hypertension detection and treatment are directed primarily by the clinical directors of PCNs. As such, there is an important opportunity to coordinate local schemes in partnership with pharmacies. A review of coverage of the pharmacy service should be conducted with reference to wider local efforts during the next PNA.

Smoking Cessation Advance Service

This Advance Service was new at the time of writing (the service officially commenced in March 2022) so existing service availability cannot be considered as part of this PNA.

Smoking is more prevalent in Rotherham than in England as a whole - 12.5% vs 12.1% respectively. The roll-out of the QUIT program in Rotherham and other South Yorkshire authorities, also has the potential to create significant demand for this service. As such, the Rotherham Health and Wellbeing Board believe that this service potentially has an important role to play in local tobacco control. A review of coverage of this service should be conducted with reference to the QUIT programme and other local efforts to reduce the prevalence of smoking during the next PNA. However, it is anticipated that community-based smoking cessation services will adequately

Stoma Customisation

It is estimated that one in 500 people in the UK are currently living with a stoma. Stoma surgery is undertaken to treat a range of illnesses including cancer, diverticulitis and Crohn's disease or following a trauma to the abdomen. As of January 2022, there were five service providers in Rotherham, including one specialist service provider which delivered the majority of 2022 services. Although relatively few outlets provide this service, geographical coverage of this service was good when mapped against Rotherham's most deprived areas (Annex 5; Map F).

The Rotherham Health and Wellbeing Board do not consider there to be an unmet current need for the Stoma Customisation Advanced Service in Rotherham.

Analysis of Enhanced and Locally Commissioned Service availability

The primary function of PNAs is to inform commissioning decisions made by NHSE/I. Since locally commissioned services are not commissioned by NHE/I, coverage of these services is not the main focus of this assessment. However, to ensure completeness and potentially inform future plans, Locally Commissioned Services are discussed below.

- **The Champix service** (provided as part of RMBC commissioned community smoking cessation services) is available in 15 Rotherham pharmacies. Geographically, Champix services are concentrated in the North of the borough (Annex 5: Map A). Access to the Champix service could therefore potentially be improved through its expansion into southern wards including Dinnington Ward. However, it should be noted that availability of this service has been affected by the discontinuation of its distribution by Pfizer in 2021

- **The NRT in Pregnancy services commissioned as part of local maternity services** were available and 31 pharmacies. Geographic coverage is high when mapped against Rotherham's most deprived areas (Annex A; Map B).

- **Needle exchange services** are available in 11 pharmacies in Rotherham. Geographical coverage of this service was good when mapped against Rotherham's most deprived areas (Annex 5; Map D).

- **Supervised Consumption services** are available in 50 Rotherham pharmacies. Geographical coverage of this service was good when mapped against Rotherham's most deprived areas (Annex 5; Map E).

- **Palliative care drugs service:** This service is available in 17 pharmacies in Rotherham. Geographic coverage is high, and sites are well located when mapped against areas of Rotherham with poorer health (Annex 5, Map G).

- **Emergency hormonal contraception** is available for free in 45% of Rotherham pharmacies indicating good coverage. Geographic coverage of this service is high when mapped against Rotherham's most deprived areas (see Annex 5: Map H). These are likely to be the areas of greatest need - there is a correlation between deprivation and issues such as unprotected sex, sexually transmitted infections and teenage pregnancy

- **Over-the-Counter labelling service**: This service is available in 20 sites in Rotherham. Geographical coverage is good.

5. Other considerations

5.1 Housing developments

The Local Plan (2013-2028) is the Council's 15-year plan to provide for future development needs for the borough. It sets out how many houses need to be built to keep pace with forecasted population growth and allocates land for new homes and jobs. The Local Plan underpins other key Council strategies, such as the Economic Growth Plan and the Housing Strategy.

The plan is made up of two parts:

- Core Strategy, which sets out the headline numbers and strategic policies, was approved by a Government Inspector (adopted by the Council in 2014), and
- Sites and Policies document, which identifies individual sites for development and provides detailed policies to assess all proposed future development against (adopted in 2018).

The Sites and Policies document identifies sites for over 14,000 indicative homes that are anticipated for development in Rotherham to meet the vision of the Local Plan (see Table 12 below). As of March 2022, planning permission applications had been made for just over 4,000 new homes in Rotherham (see Table 12).

Table 12: Possible future housing developments in Rotherham

Ward	No of houses included in Sites and Policies Document (Approved 2018)	No. of houses for which planning permission applications have been granted (as of March 2022)
Anston And Woodsetts	66	28
Aston & Todwick	461	100
Aughton & Swallownest	92	99
Boston Castle	646	251
Bramley & Ravenfield	342	320
Brinsworth	0	0
Dalton & Thrybergh	802	414
Dinnington	960	593
Greasbrough	2,611	0
Hellaby & Maltby West	184	0
Hoober	534	66
Kilnhurst & Swinton East	349	0

Keppel	216	220
Maltby East	573	400
Rawmarsh East	30	0
Rawmarsh West	544	22
Rother Vale	228 + 3,900 in Waverley	170 + approximately 1,800 in Waverley
Rotherham East	110	135
Rotherham West	128	0
Swinton Rockingham	102	49
Sitwell	667	667
Thurcroft & Wickersley South	428	154
Wales	469	274
Wath	242	0
Wickersley North	115	70
TOTAL	**11,199**	**4,032**

The Rotherham Local Plan Core Strategy (and subsequent Sites and Policy document) was based on distributing growth across the borough in relation to the size of the current settlements. This strategy considered the provision of local services and facilities, including health, education, sports provision, the retail offer and access to public transport. Most new developments during the period that the strategy covers (including those for which planning applications have been made or are in progress), will therefore take place within Rotherham's urban area and at Principal Settlements for Growth. As such the distribution of providers of pharmaceutical services corresponds to where future new housing is likely to be located.

The development of a totally new community is an exception to this general rule. Within the Sites and Policies Document, there are two new communities of note:

- Bassingthorpe Farm: 2,400 anticipated houses with around 1,100 new dwellings expected to be developed in the Local Plan Period (2013 - 2028).
- Waverley: Outline permission granted for approximately 3,600, with around 2,500 new dwellings expected to be developed in the Local Plan period (2013 - 2028).

The Bassingthorpe Farm development is yet to begin, and large-scale construction is considered unlikely within the lifespan of this PNA (i.e., before 2025).

The Waverley development is underway with approximately 1,300 dwellings already built and occupied as of 2022, construction of an advanced manufacturing park underway, and construction of an average of 150 new dwellings per year planned. The Pharmaceutical service providers closest to the Waverley site are located in Catcliffe and Treeton (both within the boundaries of Rotherham) and Handsworth (in Sheffield LA) – see Map 13.

Considering these plans, it is recommended that the pharmaceutical needs of the occupants of the Waverley site should be closely monitored during the lifetime of this PNA. In particular, there should be monitoring of:

- The demographic profile of new occupants of the Waverley site,
- Progress with plans to establish a health centre within the site, and
- The pace of construction in the site.

Map 13: Walk time to pharmacies in Waverley

Walk: by time
5 10 15 20

5.2 Access to other services

The 2013 regulations then require PNAs to include a statement of the other NHS services that the HWB considers affect the need for pharmaceutical services. Those NHS services that may affect the need for pharmaceutical services, in Rotherham are outlined below.

5.2.3 Hospital pharmacies

Hospital pharmacies are departments or services in a hospital responsible for the supply of medications to hospital wards as well as ambulatory patients. The department is headed by a senior pharmacist who directly supervises and ensures the correct dispensing, compounding, and distribution of medication to in and out-patients.

Rotherham General hospital is an acute general hospital in Rotherham. It is managed by the Rotherham NHS Foundation Trust. Rotherham Hospital has 370+ beds providing a range of hospital based Medical, Surgical, Paediatric and Obstetric & Gynaecological services. Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed.

5.2.2 Personal administration of items by GP practices,

Under their medical contract with NHS England there will be occasion when a GP practice personally administers an item to a patient. When a patient requires a medicine or appliance, their GP will give them a prescription which they take to their preferred pharmacy. In some instances, the GP will supply the item against a prescription, and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures. For these items the practice will produce a prescription, however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered

5.2.3 GP out of hours service

The out-of-hours period is from 6.30pm to 8am on weekdays and all day at weekends and on bank holidays. GPs can choose whether to provide 24-hour care for their patients or to transfer responsibility for out-of-hours services to NHS England, which is responsible for providing a high-quality service for the local population. GP out-of-hours services affect the level of need for pharmaceutical services depending on whether GPs provide a prescription, or alternatively provide patients a course of treatment directly. In Rotherham, all practices opt out of the out of hours service provision in the core contract and it is provided for the majority by TRFT (except for one practice which uses a different provider) therefore there is no change in demand in community pharmacies, due to out-of-hours services.

5.2.4 Flu vaccination by GP practices

Populations who are eligible for a free flu vaccine through the NHS, you can book an appointment at a GP surgery, or a pharmacy that offers it on the NHS. In Rotherham, there are 29 main GP practices registered in Rotherham CCG who constitute to the Primary Care Network practices (as of early April 2022). However, there are 50 GP practices codes within Rotherham of which, some are linked to main practices outside the Rotherham boundary. Of the 29 main GP practices in Rotherham, all 29 provide flu vaccination service – thus reducing demand on this service in community pharmacies.

5.2.5 Walk-in centres and minor injury units

A walk-in clinic is a medical facility that accepts patients on a walk-in basis and with no appointment required. A number of healthcare service providers fall under the walk-in clinic umbrella including urgent care centres, retail clinics and even many free clinics or community health clinics. The extent to which a walk-in centre and minor injury unit impacts on need for pharmaceutical services depends on whether centres issue a prescription that would then increase the demand for pharmaceutical services. In Rotherham, there are 0 urgent care walk-in centres and all emergency activity takes place at the Urgent and Emergency Care Centre at The Rotherham Foundation Trust.

6. Conclusions for the purpose of schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across Rotherham and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Rotherham and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Rotherham has 64 pharmacies and 1 Dispensing Appliance Contractor. Many provide advanced services as commissioned by NHSE/I and some Locally Commissioned Services commissioned by Rotherham Metropolitan Borough Council and the CCG. There are 4 dispensing GPs in the locality.

Statement/s of whether there is sufficient choice with regard to obtaining pharmaceutical services

1. Based on the information presented herein, the Rotherham health and wellbeing board is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Rotherham.

Statement/s of pharmaceutical services that the HWB has identified as services that are necessary to meet the need for pharmaceutical services

2. Rotherham Health and Wellbeing Board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists
- The following Advanced Services:
    - NHS Community Pharmacist Consultation Services
    - Flu Vaccination
    - New Medicines Review Service

Preceding sections of this document have set out the provision of these services in Rotherham.

Statement/s of the pharmaceutical services that have been identified as services that are not provided but which the HWB is satisfied need to be provided in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service

3. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no future needs for pharmaceutical services. Monitoring of the Waverley Site development should be conducted within the lifetime of this PNA to assess whether a future need emerges.

Statement/s of pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access

4. The Rotherham Health and Wellbeing Board has identified that two Advanced Services (Stoma Appliance customisation, Hepatitis C Antibody Testing services) and seven locally Commissioned and Enhanced services (Emergency Hormonal Contraception; Nicotine Replacement Therapy Service for pregnant women; Supervised Consumption; Needle Exchange; Palliative Care drugs service; Champix; and Over the Counter Labelling Service) which, whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

Statement/s of pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future

5. Based on the information presented herein, the Rotherham Health and Wellbeing Board is satisfied that there are no services that would secure improvements or better access to pharmaceutical services either now or in the future.

Statement/s of other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service

6. Details of other NHS services that affect the need for pharmaceutical services are provided in Section 5.2 of this PNA. The Rotherham health and wellbeing board is satisfied that the need for pharmaceutical services in Rotherham is not significantly affected by the provision of other NHS Services available locally.

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Annexes

Annex 1: Consultation Report

Consultation process

In accordance with legislative requirements, a consultation on the PNA was conducted for 60+ days, between 24th May and 26th July 2022. The findings of the consultation were considered by the PNA Steering Group on 18th August prior to the completion of this consultation report and the finalisation of the PNA report.

The PNA was published online at www.rotherham.gov.uk/consultations along with an online survey. Hard copies of the report and survey were also available. Six questions were included in the consultation (see below). Responses options for each question were 'Yes', 'No' and 'Partly'. Participants were given the opportunity to comment on each question using free text response, and there was also an opportunity for any other comments at the end of the survey.

PNA Consultation Survey questions:

1. *Does the PNA reflect the current offer of pharmaceutical services within your area?*
2. *Are there any gaps in service offer that have not been identified in the PNA? For example, gaps in terms of when, where and which services are available.*
3. *Does the draft PNA reflect the needs of the people in your area?*
4. *Has the PNA provided enough information to inform future pharmaceutical services offer and plans for pharmacies and appliance providers?*
5. *Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?*
6. *Do you agree with the conclusions of the PNA?*

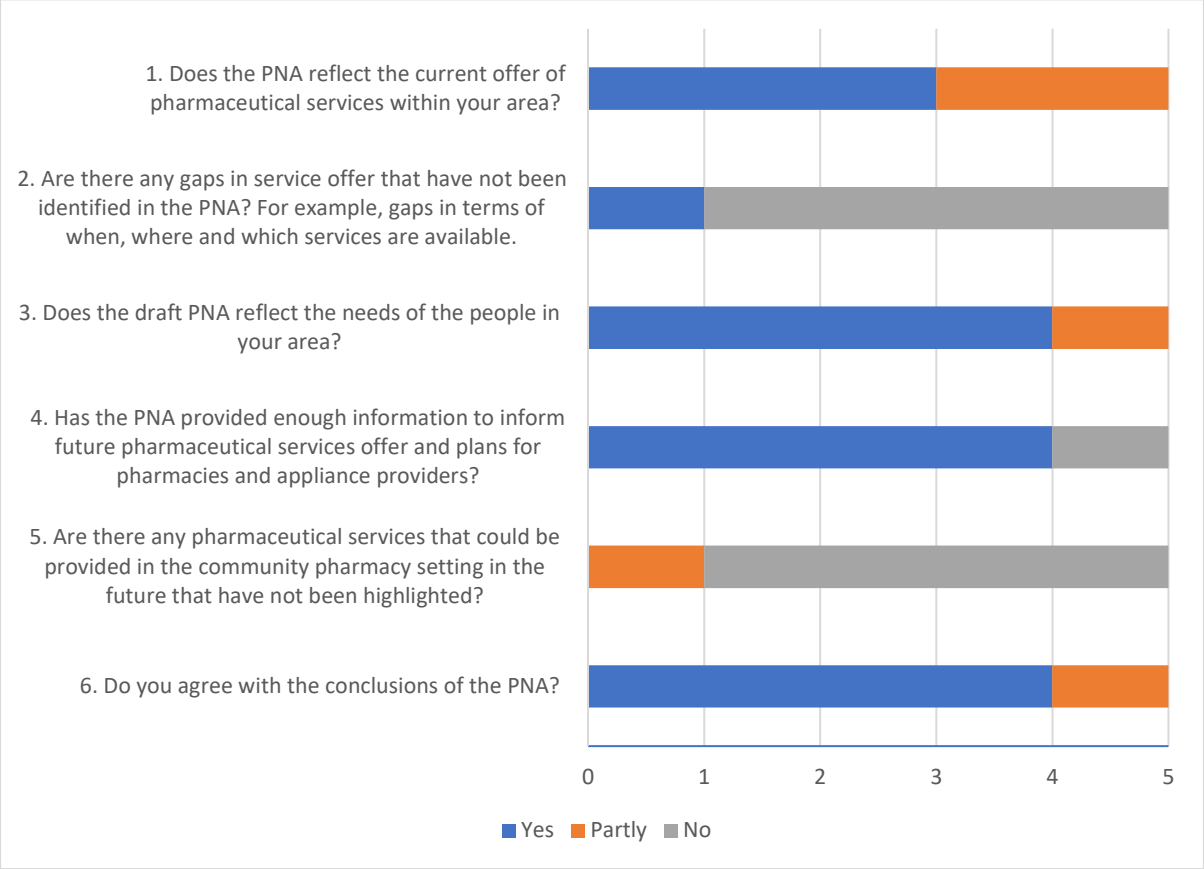
An email invitation, and a link to the report and survey were sent to:

- All local pharmacies and dispensing doctors
- Rotherham health and wellbeing board members
- Neighbouring health and wellbeing board chairs
- TRFT and RDASH
- NHS England / Improvement
- Healthwatch
- Local pharmaceutical committee
- Local medical committee
- CCG

Responses

In total, seven individuals responded to the survey, two of which were 'test' responses performed by RMBC IT. These were removed from analysis leaving a total of five responses.

A chart summarising survey responses is provided below:



In addition, three written comments were given:

1. *"Not all the services provide for all users, sometimes people require something a little different from the norm but you do not allow for this"* (Response to question re. whether PNA reflects the current offer)

2. *"Some people occasionally need a special injection (ie Adrenal deffiency) but your policy does not all care worker to give this as it is not a routine requirement but an emergancy thing" [sic]* (Response to question re. whether there are any gaps in services not identified in the PNA)

3. *"Very comprehensive assessment. Liked the analysis of deprivation and access too."* (Response to question re. any other comments).

Analysis of responses

Survey: One respondent expressed some dissatisfaction with the PNA and local pharmaceutical service availability in response to all survey questions. Other responses were positive.

Comments: Several of the text comments received were somewhat difficult to interpret. Upon review, the Steering Group felt that comments 1 and 2 (above) could be interpreted in various ways:

- As a comment on the (lack of) availability of emergency, out of hours advice and support through pharmacies. The committee noted that there the nationally

commissioned NHS 111 service ensures access to out of hours advice for local residents.

- As a response to local stock-outs of adrenalin pens. Unfortunately, at the time of writing, this is a national issue resulting from global supply issues which cannot be resolved locally. (see EpiPen shortage is a global problem - The Pharmaceutical Journal (pharmaceutical-journal.com))

Upon consideration, the committee felt that the comments provided do not give any indication of ways in which the PNA might have failed to have fulfilled its function. There is also no indication that local pharmacies have failed to comply with national requirements, or that further adjustments are needed to the PNA to ensure that the local pharmaceutical offer better responds to local health needs (present or future).

Consequentially, no substantial changes have been made to the content of this report based on the findings of the consultation. However, a note has been made in the report on page 55 regarding the felt need by some residents for access to emergency care by pharmacies for consideration by NHSE/I**.**

Annex 2: Rotherham Health & Wellbeing Pharmaceutical Needs Assessment (PNA) Steering Group Draft Terms of Reference

Context

Background

If someone (typically a pharmacist, a dispenser of appliances, or a GP) wants to provide NHS pharmaceutical services, they must apply for inclusion on a pharmaceutical list by providing that they are able to meet the pharmaceutical needs of the area in which they want to operate. The pharmaceutical needs of an area are defined in Pharmaceutical Needs Assessments – a report produced every three years by Health and Wellbeing Boards.

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. A PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and

- A map of providers of pharmaceutical services.

1. Purpose

The purpose of the Pharmaceutical Needs Assessment Steering Group is to advise on the production of, and consultation on, the Rotherham Pharmaceutical Needs Assessment (PNA), on behalf of the Health and Wellbeing Board. The PNA must be published by October 2022.

2. Responsibilities

The primary role of the group is to advise on the compilation and publication of an evidence based and up to date PNA, building on expertise from across the local healthcare community. The compilation of the PNA itself will be the responsibility of Rotherham Metropolitan Borough Council's Public Health Team. The steering group will act in an advisory capacity to the Council and the Health and Wellbeing Board.

Specifically, the Steering Group will:

- Advise on and agree the process for assessing the current provision of pharmaceutical services by pharmacies, appliance contractors and dispensing practices within Rotherham (and neighbouring areas)
- Advise on the process of consultation ensuring that this meets the requirements set out in the Regulations;
- Ensure that accurate maps identifying the premises where services are provided are produced;
- Agree the statement of the need for pharmaceutical services in Rotherham;
- Consider formal responses received during the formal consultation process, and advise on appropriate amendments to the PNA;
- Review, input to, and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA;
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication.

3. Membership

Membership of the Group shall be:

- **Public Health Consultant:** Gilly Brenner
- **Public Health Registrar:** Kate Gray
- **Intelligence Analyst:** Lorna Quinn
- **Local Pharmaceutical Committee representative/s:** Chris Bland and Nick Hunter
- **Local medical committee representative:** Andrew Davies
- **Pharmacy Lead for CCG**: Stuart Lakin
- **Pharmacy lead for NHSE:** Verena Marshall
- **Healthwatch representative:** Elizabeth Brown

A deputy may be used where the named member of the Group is unable to attend. Other staff members may be invited to attend meetings for the purpose of providing advice and/or clarification to the Group.

4. Quoracy: A meeting of the Group shall be regarded as quorate provided that a representative from the local authority, CCG and LPC is present.

5. Frequency of Meetings

The Group will meet bi-monthly at a minimum. Wherever possible business will be conducted virtually to facilitate communication and maximise involvement of stakeholders. The PNA Steering Group will be a time-limited group, established for the purpose of developing the 2022 PNA. The Steering Group will be disbanded when the PNA has been published.

6. Accountability: The Group will be accountable to the Health and Wellbeing Board. The Health and Wellbeing Board will sign off the 2022 PNA.

Annex 3: Summary of pharmaceutical service provision by Rotherham ward

PLEASE NOTE: There are regular changes to the opening hours and services offered by pharmacies. Live information about your local pharmacy is available at: [Find a pharmacy - NHS (www.nhs.uk)]

Ward	Number of pharmacies in Ward	Ward population	Population per pharmacy	Pharmacies per 100,000 population	Advanced services		General Health							Tobacco Control		Drug misuse		Sexual health
					NMS Accreditation	Community Pharmacist Consultation Service	100 Hour Pharmacy	Stoma customisation	Flu	Hep C	Hypertension Case-finding Advanced Service	Over the counter labelling scheme	Palliative Care Drugs	Champix	NRT in Pregnancy	Needle Exchange	Supervised Consumption	EHC
Anston & Woodsetts	2	10,895	5,448	18.4	2	2	0	0	2	0	0	1	1	0	0	0	1	0
Aston & Todwick	1	9,369	9,369	10.7	1	1	0	0	1	0	0	0	0	0	0	1	1	0
Aughton & Swallownest	1	6,326	6,326	15.8	1	1	0	0	0	0	1	1	1	0	1	0	1	1
Boston Castle	11	16,741	1,522	65.7	9	10	0	0	6	2	0	2	2	1	4	2	6	2
Bramley & Ravenfield	1	9,220	9,220	10.8	1	1	0	0	1	0	1	0	0	0	1	0	1	1
Brinsworth	1	8,724	8,724	11.5	1	1	0	1	1	0	1	1	1	0	1	1	1	1
Dalton & Thrybergh	3	8,879	2,960	33.8	3	3	0	0	3	0	3	1	1	2	2	0	3	2
Dinnington	3	13,186	4,395	22.8	3	3	1	1	2	1	1	1	1	0	1	1	3	1
Greasbrough	1	7,788	7,788	12.8	1	1	0	1	1	0	0	0	0	1	0	1	1	0

Ward	Number of pharmacies in Ward	Ward population	Population per pharmacy	Pharmacies per 100,000 population	Advanced services		General Health							Tobacco Control		Drug misuse		Sexual health
					NMS Accreditation	Community Pharmacist Consultation Service	100 Hour Pharmacy	Stoma customisation	Flu	Hep C	Hypertension Case-finding Advanced Service	Over the counter labelling scheme	Palliative Care Drugs	Champix	NRT in Pregnancy	Needle Exchange	Supervised Consumption	EHC
Hellaby & Maltby West	2	8,265	4,133	24.2	2	2	0	0	2	0	2	2	2	1	2	1	2	1
Hoober	1	12,940	12,940	7.7	1	1	0	0	1	0	1	1	0	0	1	0	1	1
Keppel	2	13,946	6,973	14.3	2	2	0	0	2	0	1	0	0	1	1	0	2	1
Kilnhurst & Swinton East	1	7,476	7,476	13.4	1	1	0	0	1	0	0	0	0	0	0	0	1	1
Maltby East	2	9,496	4,748	21.1	2	2	1	0	2	0	1	1	1	1	2	0	2	2
Rawmarsh East	3	8,770	2,923	34.2	2	3	1	0	2	0	2	1	1	0	1	0	3	1
Rawmarsh West	5	9,384	1,877	53.3	5	5	0	0	5	0	2	1	1	3	2	1	3	1
Rother Vale	2	9,634	4,817	20.8	2	2	0	0	2	0	2	2	1	1	2	0	2	2
Rotherham East	3	17,488	5,829	17.2	2	3	0	0	2	0	1	1	1	1	1	0	2	1
Rotherham West	4	15,014	3,754	26.6	2	3	0	1	2	0	3	0	0	0	1	1	2	2
Sitwell	2	13,141	6,571	15.2	2	2	0	0	2	1	1	0	0	1	0	0	2	0

Ward	Number of pharmacies in Ward	Ward population	Population per pharmacy	Pharmacies per 100,000 population	Advanced services		General Health							Tobacco Control		Drug misuse		Sexual health
					NMS Accreditation	Community Pharmacist Consultation Service	100 Hour Pharmacy	Stoma customisation	Flu	Hep C	Hypertension Case-finding Advanced Service	Over the counter labelling scheme	Palliative Care Drugs	Champix	NRT in Pregnancy	Needle Exchange	Supervised Consumption	EHC
Swinton Rockingham	2	8,338	4,169	24	2	2	0	1	2	0	2	2	2	0	2	1	1	2
Thurcroft & Wickersley South	4	10,338	2,585	38.7	4	4	1	0	3	0	3	0	0	1	4	0	4	4
Wales	3	9,673	3,224	31	3	3	0	0	3	0	1	0	0	1	0	1	2	0
Wath	4	9,740	2,435	41.1	3	3	1	0	3	0	1	2	1	0	2	0	3	2
Wickersley North	1	10,213	10,213	9.8	1	1	0	0	1	0	1	0	0	0	0	0	0	0
Totals	**65**	**264,984**	**140,417**	**24.5**	**58**	**62**	**5**	**5**	**52**	**4**	**31**	**20**	**17**	**15**	**31**	**11**	**50**	**29**

Colour coding indicates quintiles:

1 (lowest)	*2*	*3*	*4*	*5 (highest)*

Annex 4: List of pharmaceutical service providers as of January 2022

PLEASE NOTE: There are regular changes to the opening hours and services offered by pharmacies. Live information about your local pharmacy is available at: Find a pharmacy - NHS (www.nhs.uk)

NO.	Name of Pharmacy	Post code	Opening hours
1	Abbey Pharmacy	S65 1JQ	Mon 09:00-17:00 Tues 09:00-17:00 Wed 09:00-17:00 Thurs 09:00-17:00 Fri 09:00-17:00 Sat 09:00-13:00 Sun Closed
2	Archway Pharmacy	S61 1AB	Mon 08:45-18:30 Tues 08:45-18:30 Wed 08:45-18:30 Thurs 08:45-18:30 Fri 08:45-18:30 Sat 09:00-15:00 Sun Closed
3	Asda Pharmacy	S65 3SW	Mon 08:00-22:00 Tues 08:00-22:00 Wed 08:00-22:00 Thurs 08:00-22:00 Fri 08:00-22:00 Sat 08:00-22:00 Sun 10:00-16:00
4	Boots	S60 1TG	Mon 09:00-13:00 14:00-20:00 Tues 09:00-13:00 14:00-20:00 Wed 09:00-13:00 14:00-20:00 Thurs 09:00-13:00 14:00-20:00

			Fri	09:00-13:00 14:00-20:00
			Sat	09:00-13:00 14:00-18:00
			Sun	10:30-16:30
5	Boots	S65 1JQ	Mon	08:30-17:30
			Tues	08:30-17:30
			Wed	08:30-17:30
			Thurs	08:30-17:30
			Fri	08:30-17:30
			Sat	08:30-17:30
			Sun	Closed
6	Brookside Pharmacy	S60 4HY	Mon	09:00-17:30
			Tues	09:00-17:30
			Wed	09:00-13:00
			Thurs	09:00-17:30
			Fri	09:00-17:30
			Sat	09:00-12:30
			Sun	Closed
7	Cohens Chemist	S60 5PN	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-13:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
8	Cryer A	S65 1AB	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-17:00
			Sat	09:00-12:00
			Sun	Closed

9	Day Lewis Pharmacy (Thorogate)	S62 7HX	Mon	09:00-17:30
			Tues	09:00-17:30
			Wed	09:00-17:30
			Thurs	09:00-17:30
			Fri	09:00-17:30
			Sat	09:00-12:30
			Sun	Closed
10	Day Lewis Pharmacy (Rawmarsh)	S62 5HD	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	Closed
			Sun	Closed
11	Dinnington Pharmacy	S25 2EZ	Mon	08:00-23:00
			Tues	08:00-23:00
			Wed	08:00-23:00
			Thurs	08:00-23:00
			Fri	08:00-23:00
			Sat	08:00-23:00
			Sun	08:00-18:00
12	Good Measure Pharmacy	S62 6JE	Mon	08:30-16:30
			Tues	08:30-16:30
			Wed	08:30-16:30
			Thurs	08:30-16:30
			Fri	08:30-16:30
			Sat	Closed
			Sun	Closed
13	Green Arbour Pharmacy	S66 9DD	Mon	09:00-18:30
			Tues	09:00-18:30
			Wed	09:00-18:30
			Thurs	09:00-18:30

			Fri	09:00-18:30
			Sat	09:00-13:00
			Sun	Closed
14	Heritage Pharmacy	S25 3SA	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
15	J M McGill Ltd	S63 7QB	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	08:30-13:00
			Sun	Closed
16	Kiveton Delivery Pharmacy	S26 6LR	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	Closed
			Sun	Closed
17	Knollbeck Pharmacy	S73 0TW	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-13:00
			Thurs	09:00-18:00

			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
18	Lloyds Pharmacy (Parkgate)	S62 6DP	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
19	Lloyds Pharmacy (Workshop Road)	S26 4WD	Mon	09:00-18:30
			Tues	09:00-18:30
			Wed	09:00-18:30
			Thurs	09:00-18:30
			Fri	09:00-18:30
			Sat	09:00-13:00
			Sun	Closed
20	Lloyds Pharmacy (Doncaster Gate)	S65 1DA	Mon	08:00-18:00
			Tues	08:00-18:00
			Wed	08:00-18:00
			Thurs	08:00-18:00
			Fri	08:00-18:00
			Sat	Closed
			Sun	Closed
21	Lloyds Pharmacy (Dinnington)	S25 2EX	Mon	08:30--18:30
			Tues	08:30-18:30
			Wed	08:30-18:30
			Thurs	08:30-18:30
			Fri	08:30-18:30
			Sat	Closed
			Sun	Closed

22	Lloyds Pharmacy (Wales)	S26 5QN	Mon	09:00-17:30
			Tues	09:00-17:30
			Wed	09:00-17:30
			Thurs	09:00-17:30
			Fri	09:00-17:30
			Sat	Closed
			Sun	Closed
23	Lloyds Pharmacy (Badsley Moor Lane)	S65 2QN	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
24	Lloyds Pharmacy (Greasborough)	S61 4RD	Mon	08:30-18:00
			Tues	08:30-18:00
			Wed	08:30-18:00
			Thurs	08:30-18:00
			Fri	08:30-18:00
			Sat	09:00-12:00
			Sun	Closed
25	Lloyds Pharmacy (Langdon Road)	S61 3QH	Mon	08:30-18:00
			Tues	08:30-18:00
			Wed	08:30-18:00
			Thurs	08:30-18:00
			Fri	08:30-18:00
			Sat	09:30-12:30
			Sun	Closed
26	Lloyds Pharmacy (Kiverton Park)	S26 6RA	Mon	09:00-18:30
			Tues	09:00-18:30
			Wed	09:00-18:30
			Thurs	09:00-18:30

			Fri	09:00-18:30
			Sat	09:00-17:30
			Sun	Closed
27	Lloyds Pharmacy (Dalton)	S65 3HD	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
28	Maltby Pharmacy	S66 8JD	Mon	08:00-23:00
			Tues	08:00-23:00
			Wed	08:00-23:00
			Thurs	08:00-23:00
			Fri	08:00-23:00
			Sat	08:00-23:00
			Sun	08:00-18:00
29	Medwin Pharmacy	S61 1EE	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-17:00
			Sat	09:00 - 12.30
			Sun	Closed
30	Morrison's Pharmacy	S60 1TG	Mon	08:30-20:00
			Tues	08:30-20:00
			Wed	08:30-20:00
			Thurs	08:30-20:00
			Fri	08:30-20:00
			Sat	08:30-18:00
			Sun	11:00-17:00

31	North Anston Pharmacy	S25 4DB	Mon	09:00-13:00	14:00-18:00
			Tues	09:00-13:00	14:00-18:00
			Wed	09:00-13:00	14:00-18:00
			Thurs	09:00-13:00	14:00-18:00
			Fri	09:00-13:00	14:00-18:00
			Sat	09:00-13:00	
			Sun	Closed	
32	PHARMACYDELIVERED4U	S60 2NN	Mon	09:00-17:00	
			Tues	09:00-17:00	
			Wed	09:00-17:00	
			Thurs	09:00-17:00	
			Fri	09:00-17:00	
			Sat	Closed	
			Sun	Closed	
33	Rawmarsh Pharmacy	S62 6LW	Mon	08:00-22:30	
			Tues	08:00-22:30	
			Wed	08:00-22:30	
			Thurs	08:00-22:30	
			Fri	08:00-22:30	
			Sat	08:00-22:30	
			Sun	08:00-21:00	
34	Rotherchem	S60 2JH	Mon	09:00-13:00	14:00-18:00
			Tues	09:00-13:00	14:00-18:00
			Wed	09:00-13:00	14:00-18:00
			Thurs	09:00-13:00	14:00-18:00
			Fri	09:00-13:00	14:00-18:00
			Sat	Closed	
			Sun	Closed	
35	Rotherham Direct Pharmacy	S65 1QY	Mon	09:00-17:00	
			Tues	09:00-17:00	
			Wed	09:00-17:00	
			Thurs	09:00-17:00	

			Fri	09:00-17:00
			Sat	Closed
			Sun	Closed
36	Rowlands Pharmacy (Eastwood)	S65 1PW	Mon	09:00-13:00 13:20-18:00
			Tues	09:00-13:00 13:20-18:00
			Wed	09:00-13:00 13:20-18:00
			Thurs	09:00-13:00 13:20-18:00
			Fri	09:00-13:00 13:20-18:00
			Sat	Closed
			Sun	Closed
37	Rowlands Pharmacy (Wath-on-Dearne)	S63 7QY	Mon	09:00-13:00, 13:20-17:30
			Tues	09:00-13:00, 13:20-17:30
			Wed	09:00-13:00, 13:20-17:30
			Thurs	09:00-13:00, 13:20-17:30
			Fri	09:00-13:00, 13:20-17:30
			Sat	09:00-12:00
			Sun	Closed
38	Silverwood Pharmacy	S66 3QT	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
39	SKF Lo (Chemist) Ltd	S64 5UP	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-17:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed

40	South Anston Pharmacy	S25 5DT	Mon	09:00-13:00	14:00-18:00
			Tues	09:00-13:00	14:00-18:00
			Wed	09:00-13:00	
			Thurs	09:00-13:00	14:00-18:00
			Fri	09:00-13:00	14:00-18:00
			Sat	09:00-13:00	
			Sun	Closed	
41	Superdrug	S60 1QU	Mon	08:30-14:00	14:30-17:30
			Tues	08:30-14:00	14:30-17:30
			Wed	08:30-14:00	14:30-17:30
			Thurs	08:30-14:00	14:30-17:30
			Fri	08:30-14:00	14:30-17:30
			Sat	09:00-13:30	14:00-17:30
			Sun	Closed	
42	Swift Delivery Pharmacy	S60 2PD	Mon	09:00-17:00	
			Tues	09:00-17:00	
			Wed	09:00-17:00	
			Thurs	09:00-17:00	
			Fri	09:00-13:00	14:00-18:00
			Sat	Closed	
			Sun	Closed	
43	Tesco Pharmacy	S65 1HY	Mon	08:00-19:00	
			Tues	08:00-19:00	
			Wed	08:00-19:00	
			Thurs	08:00-19:00	
			Fri	08:00-19:00	
			Sat	08:00-19:00	
			Sun	10:00-16:00	
44	Tesco Pharmacy (Wath-upon-Dearne)	S63 7DA	Mon	08:00-22:30	
			Tues	06:30-22:30	
			Wed	06:30-22:30	
			Thurs	06:30-22:30	

			Fri	06:30-22:30
			Sat	06:30-22:00
			Sun	10:00-16:00
45	The Online Chemist	S63 5DB	Mon	09:00-17:00
			Tues	09:00-17:00
			Wed	09:00-17:00
			Thurs	09:00-17:00
			Fri	09:00-17:00
			Sat	Closed
			Sun	Closed
46	Vantage Pharmacy	S62 6FA	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-18:00
			Fri	09:00-13:00 14:00-18:00
			Sat	09:00-13:00
			Sun	Closed
47	Weldricks Pharmacy (Brinsworth)	S60 5BS	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
48	Weldricks Pharmacy (Swallownest)	S26 4TT	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-12:30
			Sun	Closed

49	Weldricks Pharmacy (Swinton)	S64 8QA	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-13:00
			Sun	Closed
50	Weldricks Pharmacy (Braithwell Road)	S66 8JE	Mon	08:30-19:00
			Tues	08:30-19:00
			Wed	08:30-19:00
			Thurs	08:30-19:00
			Fri	08:30-19:00
			Sat	09:00-17:00
			Sun	Closed
51	Weldricks Pharmacy (Maltby)	S66 7BN	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-16:00
			Sun	Closed
52	Weldricks Pharmacy (Maltby)	S66 8DP	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
53	Weldricks Pharmacy (Catcliffe)	S60 5SR	Mon	09:00-13:00 14:00-18:00
			Tues	09:00-13:00 14:00-18:00
			Wed	09:00-13:00 14:00-18:00
			Thurs	09:00-13:00 14:00-17:00

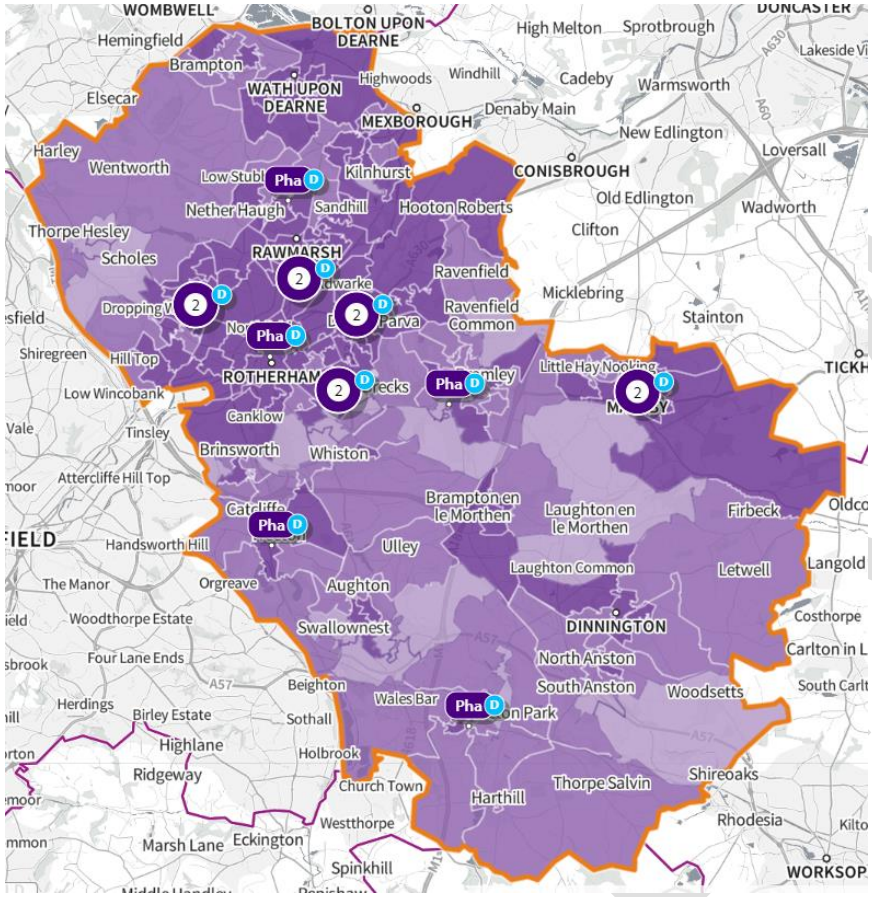
			Fri	09:00-13:00	14:00-18:00
			Sat	09:00-12:00	
			Sun	Closed	
54	Weldricks Pharmacy (Swinton)	S64 8NB	Mon	08:30-12:30	13:30-18:00
			Tues	08:30-12:30	13:30-18:00
			Wed	08:30-12:30	13:30-18:00
			Thurs	08:30-12:30	13:30-18:00
			Fri	08:30-12:30	13:30-18:00
			Sat	Closed	
			Sun	Closed	
55	Well (Wickersley)	S66 1AA	Mon	09:00-18:00	
			Tues	09:00-18:00	
			Wed	09:00-18:00	
			Thurs	09:00-18:00	
			Fri	09:00-18:00	
			Sat	09:00-14:00	
			Sun	Closed	
56	Well (Thorpe Hesley)	S61 2QP	Mon	09:00-18:00	
			Tues	09:00-18:00	
			Wed	09:00-18:00	
			Thurs	09:00-18:00	
			Fri	09:00-18:00	
			Sat	Closed	
			Sun	Closed	
57	Well (Wiskersley)	S66 2JQ	Mon	08:00-18:00	
			Tues	08:00-18:00	
			Wed	08:00-18:00	
			Thurs	08:00-18:00	
			Fri	08:00-18:00	
			Sat	Closed	
			Sun	Closed	
58	Well (Thrybergh)	S65 4BT	Mon	09:00-18:00	

			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	Closed
			Sun	Closed
59	Well (Ravenfield)	S65 4PU	Mon	09:00-12:30 13:30-18:00
			Tues	09:00-12:30 13:30-18:00
			Wed	09:00-12:30 13:30-18:00
			Thurs	09:00-12:30 13:30-18:00
			Fri	09:00-12:30 13:30-18:00
			Sat	Closed
			Sun	Closed
60	Whitworth Chemists (Broom lane)	S60 3EW	Mon	08:30-18:30
			Tues	08:30-18:30
			Wed	08:30-18:30
			Thurs	08:30-18:30
			Fri	08:30-18:30
			Sat	Closed
			Sun	Closed
61	Whitworth Chemists (Broom valley Rd)	S60 2QY	Mon	09:00-18:15
			Tues	09:00-18:15
			Wed	09:00-18:15
			Thurs	09:00-18:15
			Fri	09:00-18:15
			Sat	Closed
			Sun	Closed
62	Wickersley Pharmacy (Morthen Road)	S66 1EU	Mon	08:00-22:30
			Tues	08:00-22:30
			Wed	08:00-22:30
			Thurs	08:00-22:30
			Fri	08:00-22:30

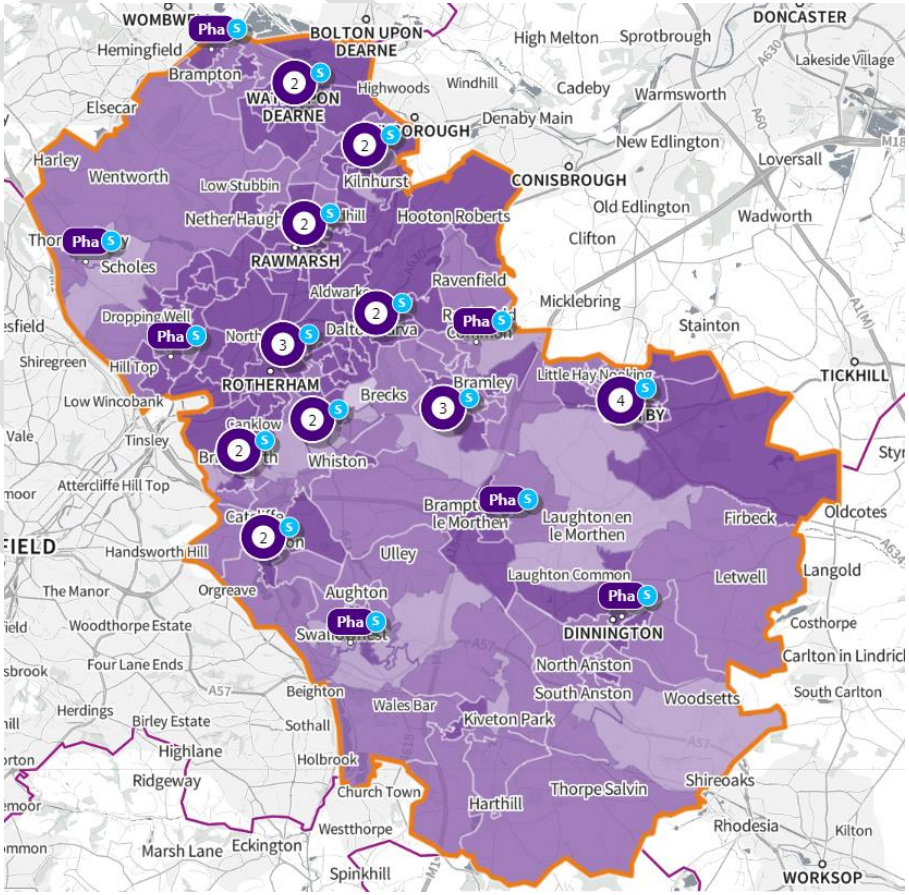
			Sat	08:00-21:45
			Sun	08:00-21:45
63	Winterhill Pharmacy	S61 1NL	Mon	08:45-18:00
			Tues	08:45-18:00
			Wed	08:45-18:00
			Thurs	08:45-18:00
			Fri	08:45-18:00
			Sat	09:00-13:00
			Sun	Closed
64	Your Local Boots Pharmacy	S60 4LA	Mon	09:00-18:00
			Tues	09:00-18:00
			Wed	09:00-18:00
			Thurs	09:00-18:00
			Fri	09:00-18:00
			Sat	09:00-17:00
			Sun	Closed
Dispensing GPs				
65	Dinnington Group Practice	S25 4DB		
66	Kiveton Park Medical Practice	S26 6QU		
67	Morthen Road Group Practice	S66 1EU		
68	Thorpe Hesley Surgery	S61 2QP		
Dispensing appliance contractors				
69	SOUTH YORKSHIRE OSTOMY SUPPLIES LTD	S61 1EE		

Annex 5: Advanced service provision maps

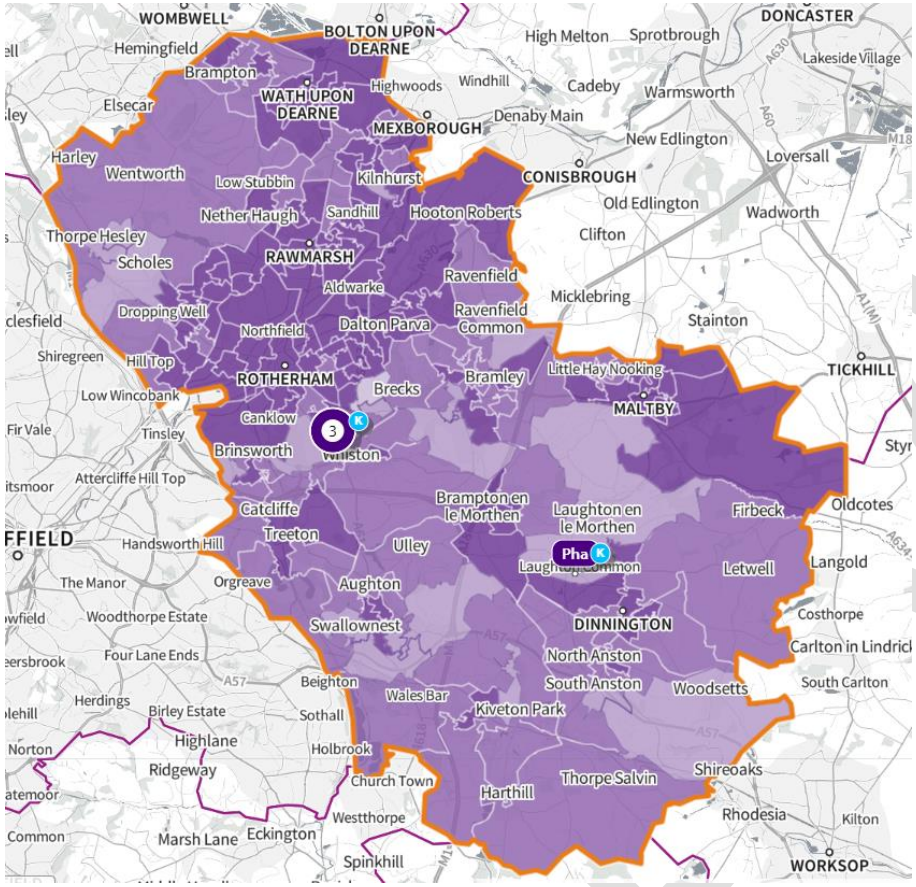
Map A: Champix service by most deprived areas under the IMD 2019 Health Deprivation and Disability domain



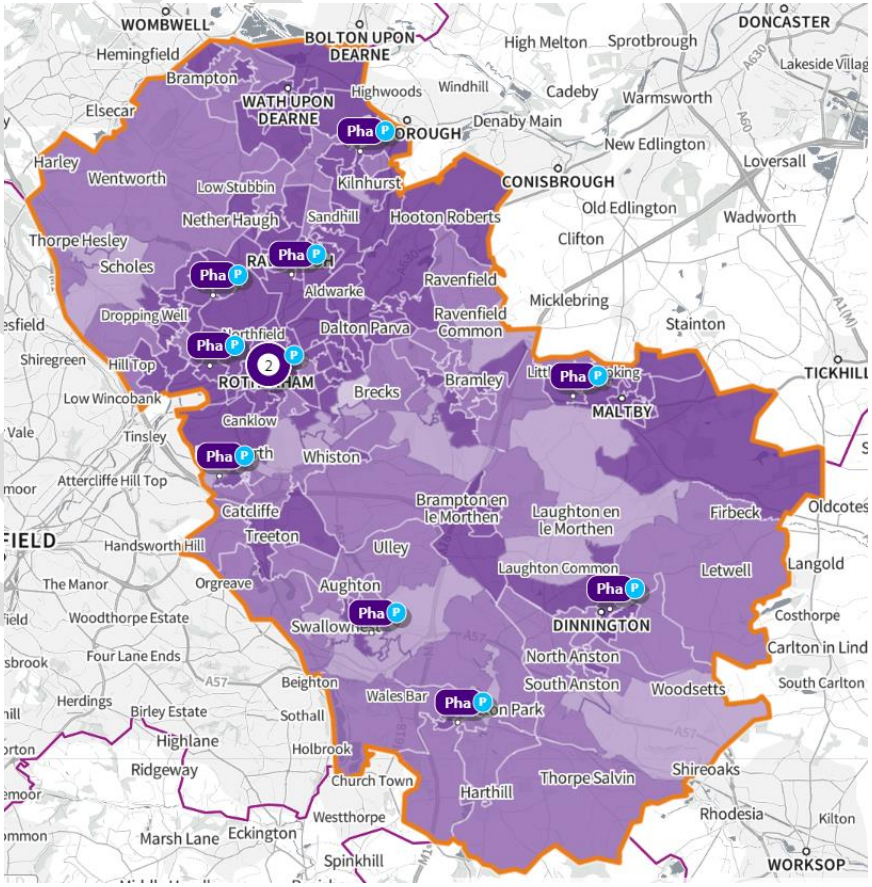
Map B X: NRT in Pregnancy service by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



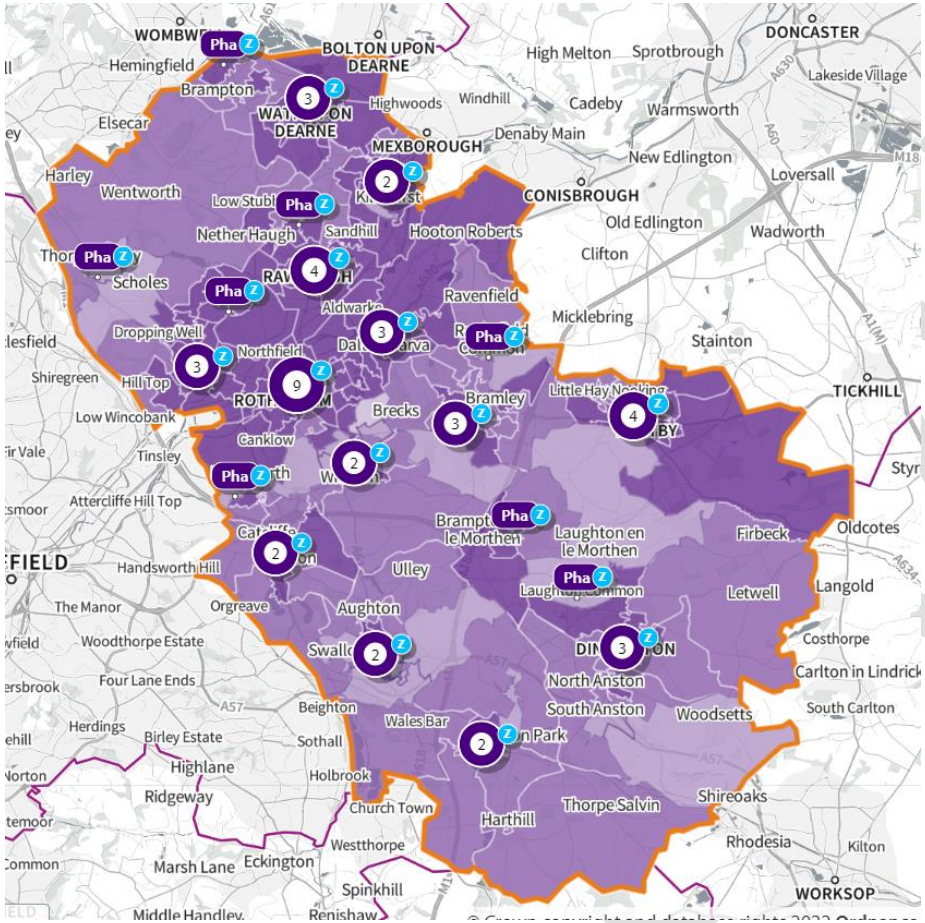
Map C: Hepatis C testing service by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



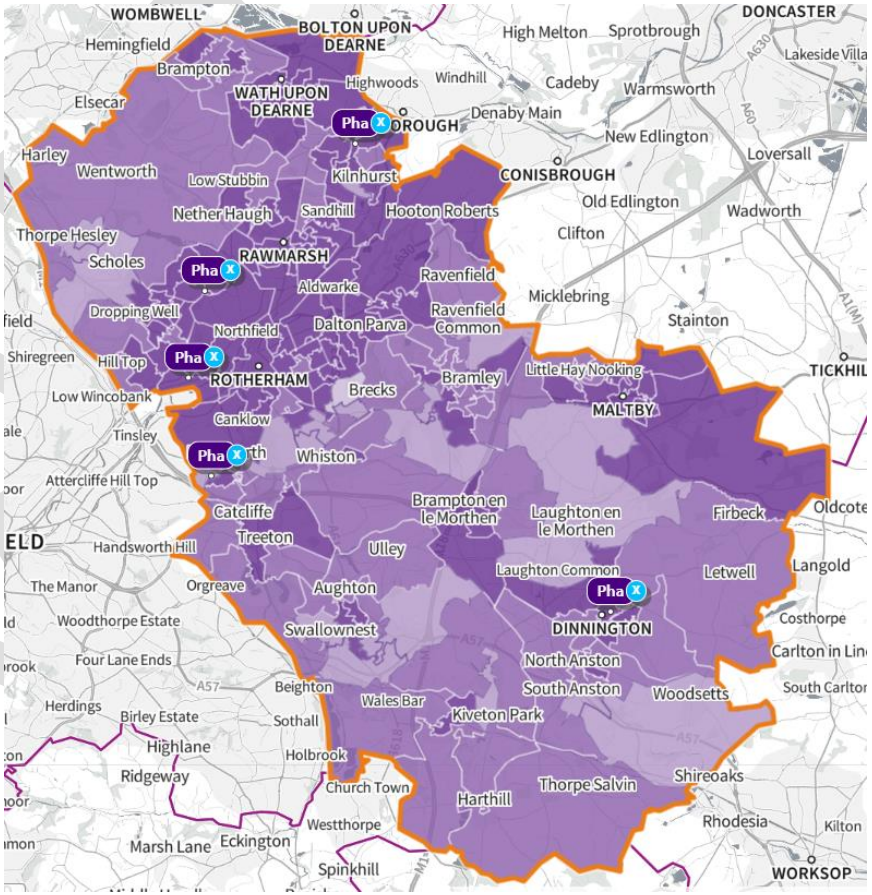
Map D: Needle exchange services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



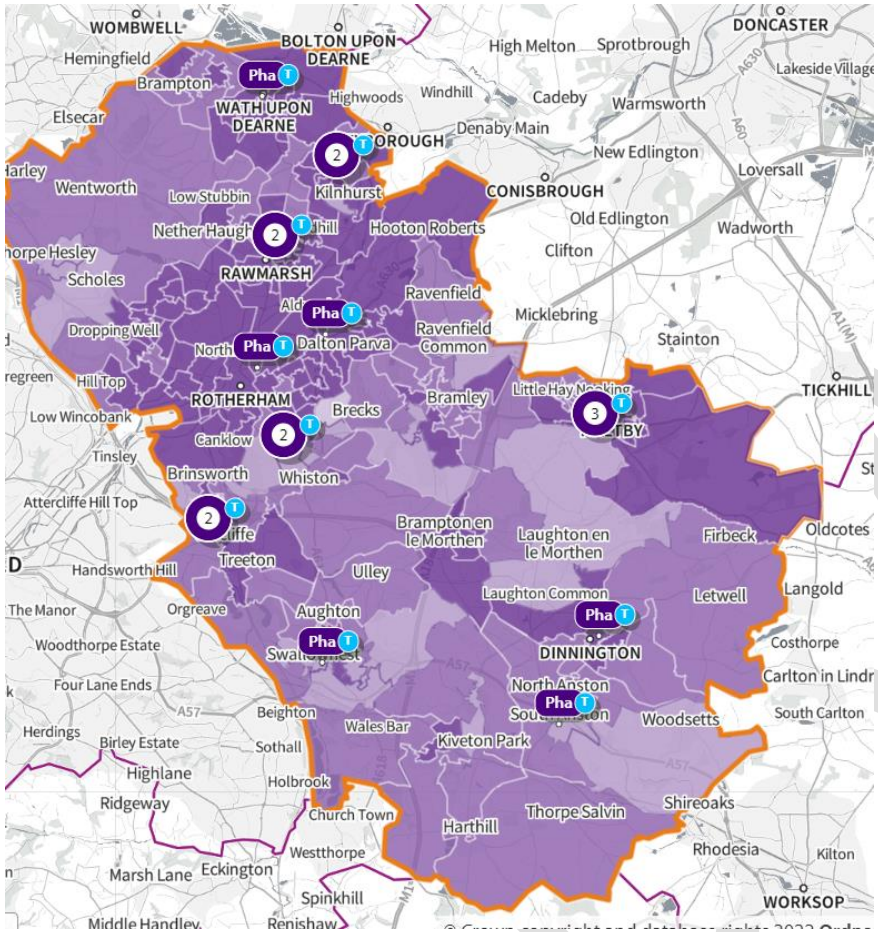
Map E: Supervised Consumption services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



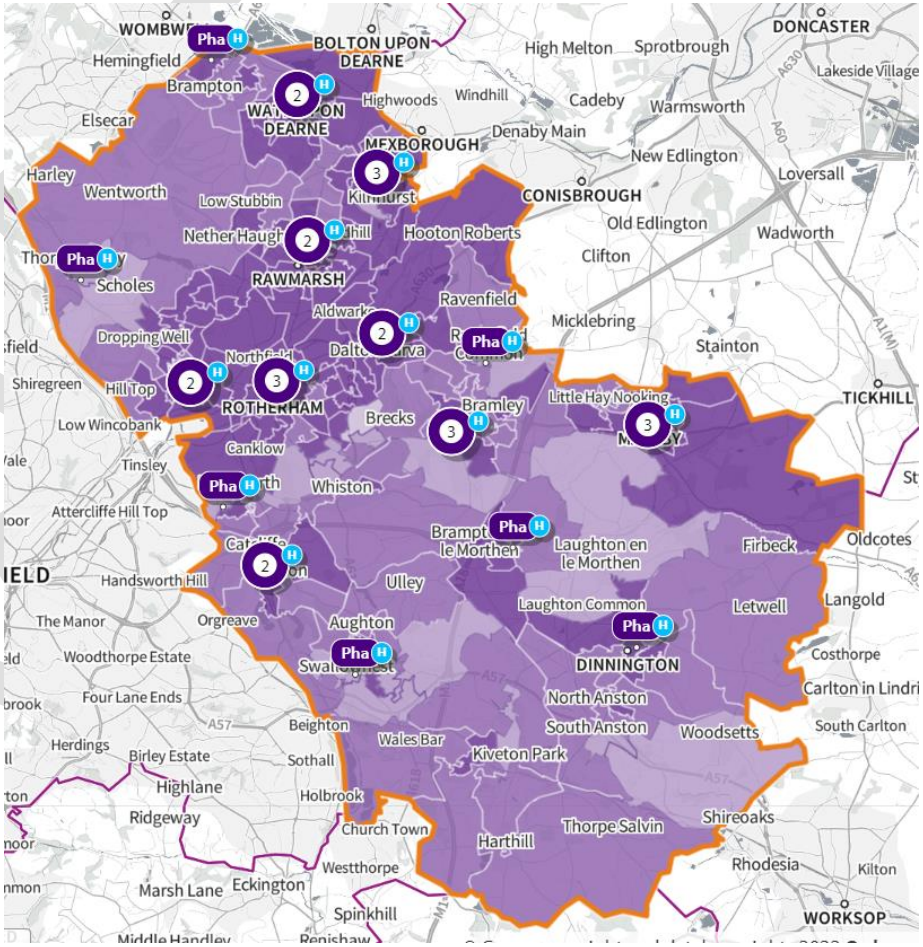
Map F: Stoma customisation services by the most deprived areas under the IMD 2019 Health Deprivation and Disability domain



Map G: Palliative Care Drugs service by most deprived areas under the IMD 2019 Health Deprivation and Disability Domain



Map H: Emergency Hormonal Contraception Services by most deprived areas under the IMD 2019 Health Deprivation and Disability Domain



Pharmaceutical Needs Assessment

2022 - 2025

Session overview

- PNA requirements
- Process summary
- Findings
- Consultation outcome
- Recommendations

Session overview

- PNA requirements
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What is a PNA?

- Statutory requirement
- Required every 3 years
- Must describe:
  - Current **need** for pharmaceutical services
  - Current **provision** of pharmaceutical services locally
  - Whether current **need is met by existing service provision**
  - Potential **future need**, and
  - Potential **need for new services.**

How are PNAs used?

harmacies are private businesses, but have to apply to NHSE/I.
NAs guide NHSE/I decisions on applications. PNAs;

- Do signal to market where an application is likely to be successful
- Can affect the **conditions of approval** (e.g. hours of operation services required)
- Don't determine **whether** applications are made
- Can't influence **where** new pharmacies applications are locate

Session overview

- PNA requirements
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Process overview

- ✓ Responsibility of the HWBB
- ✓ Prepared by Pub Health team with oversight from Steering Committee
  - ✓ Data collection from NHSE/I, NHS BSA; Pharmacies, JSNA,
  - ✓ Analysis using SHAPE Maps; Deprivation analysis throughout
- ✓ Internal review
- ✓ External consultation (60 days: 24th May – 26th July)
- Review by HWBB (Sept 2022)
- Publication by 1st October 2022

Session overview

- PNA requirements
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idance given!

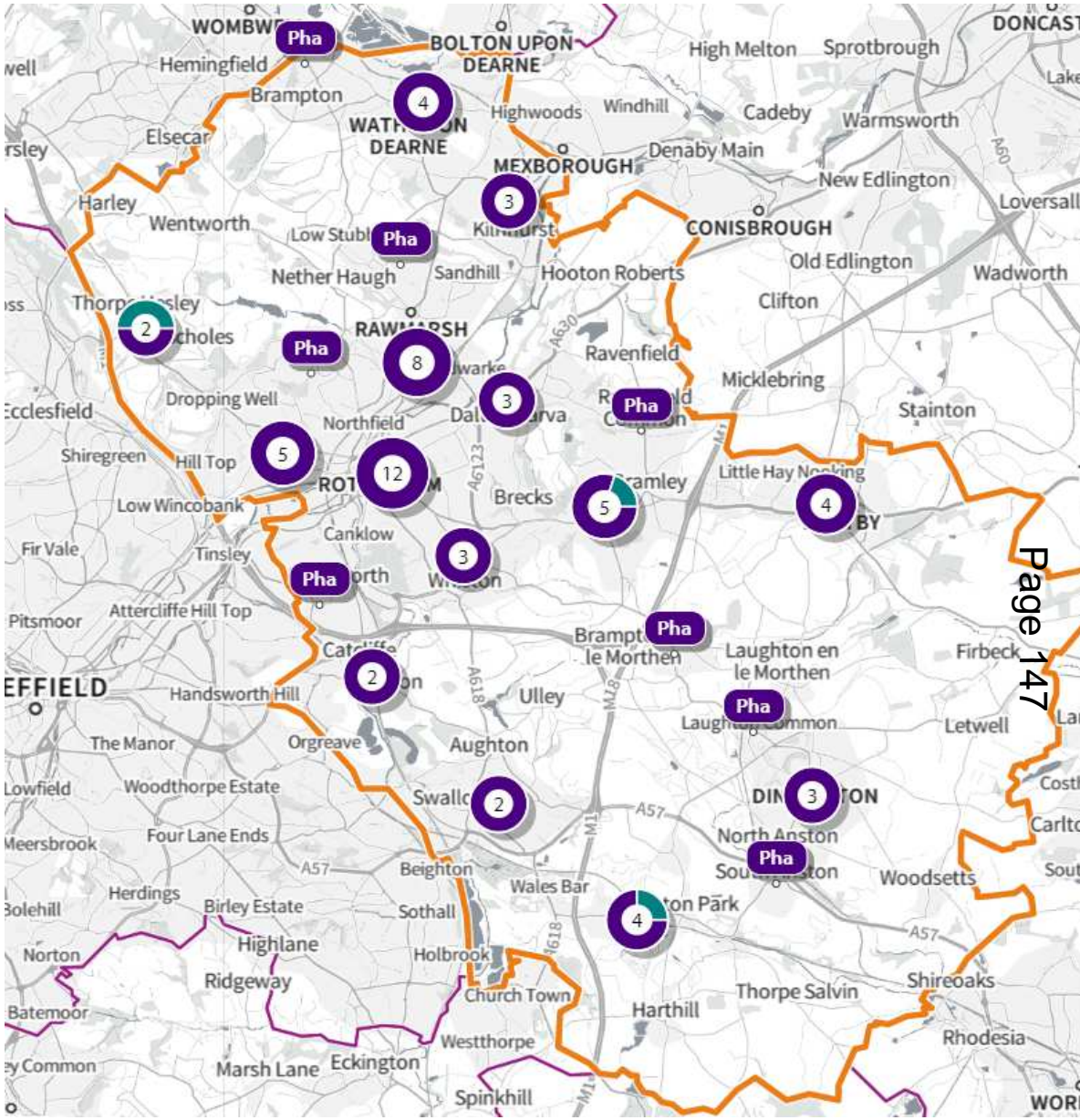
Coverage

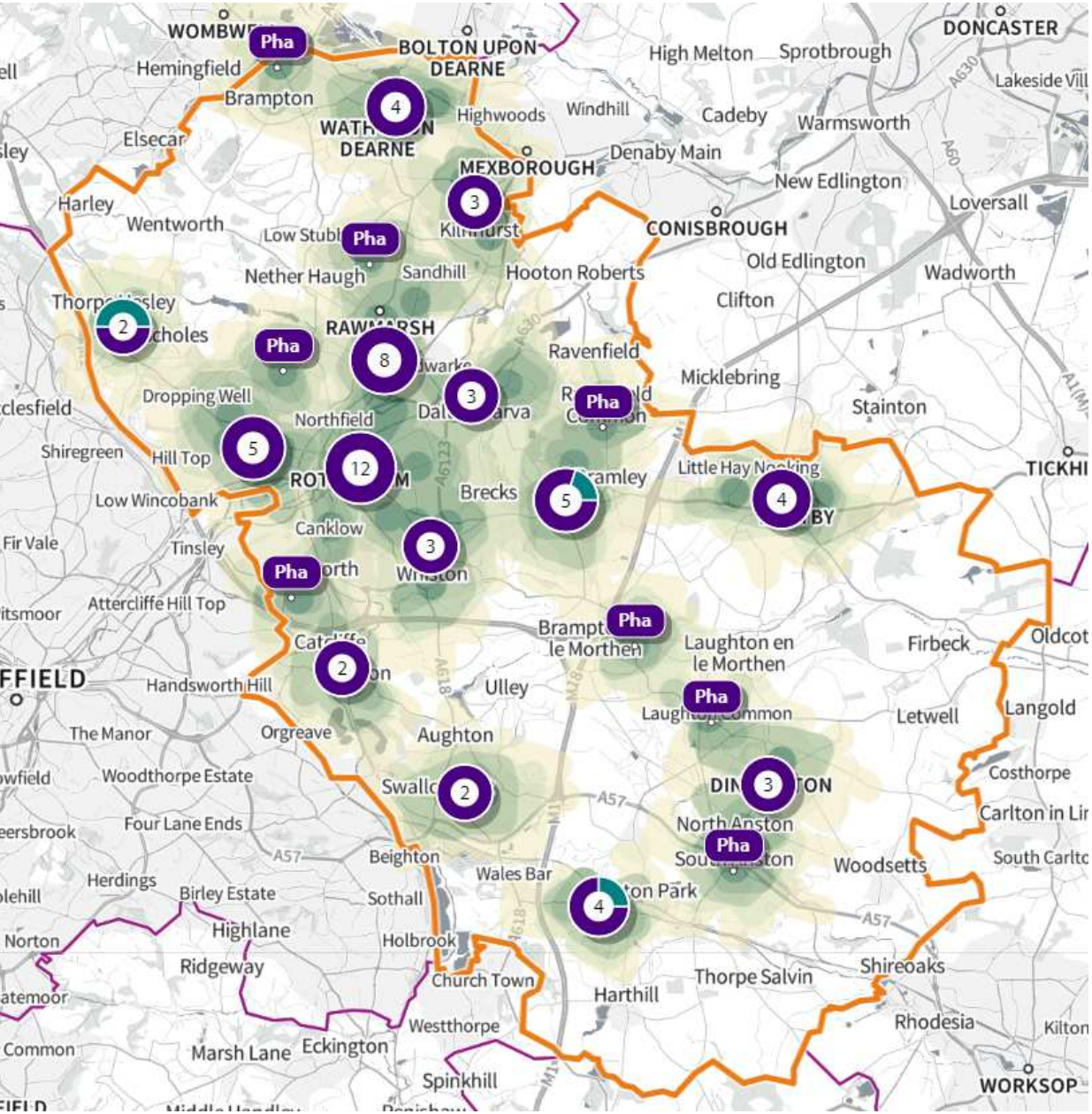
60 pharmacies

1 Dispensing Appliance Contractor

4 Dispensing GPs

24.5 community pharmacies per 100,000 pop (>national average of 21.3 as at 2017)

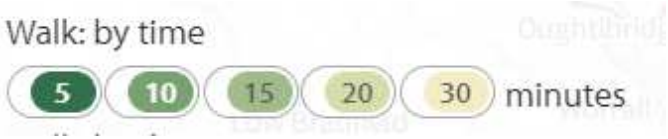




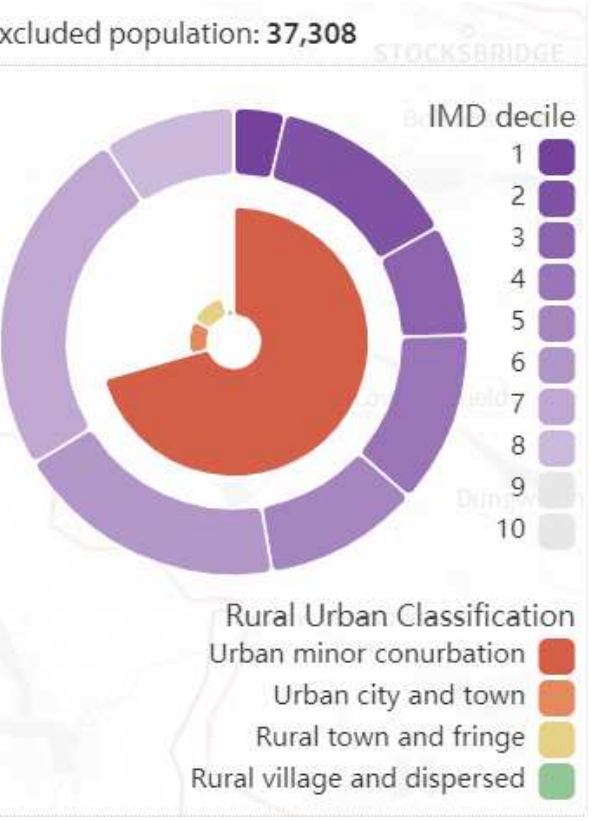
Access

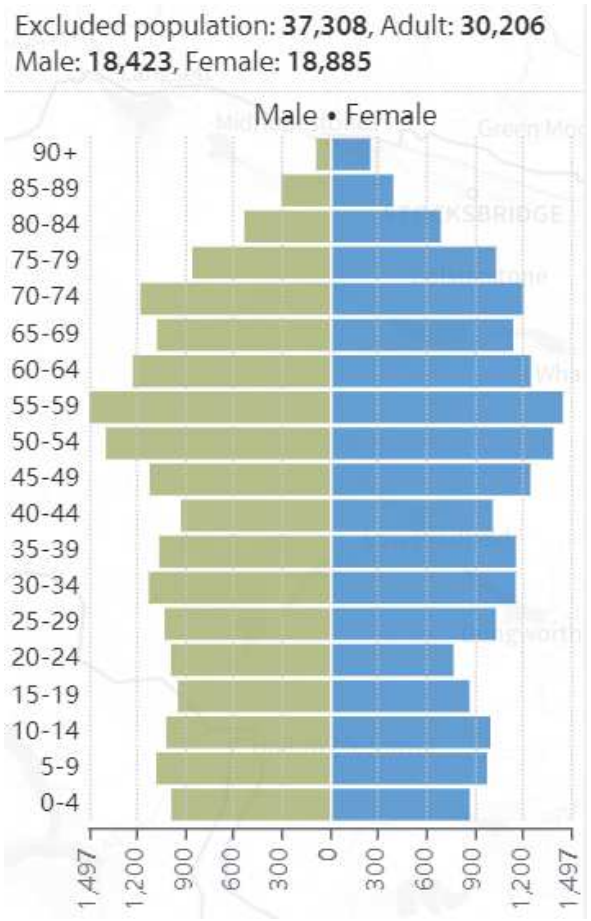
No guidance given!

- 86% of population live within 15 minute walk
- 97% live within 1 mile walk
- 100% live within 10 minute drive (during rus hour)
- Inclusion of cross borde pharmacies doesn't affect figures



Who lives beyond 15 minute walk?





Excluded populations are not disproportionately from more deprived communities (Just 5 of the 24 'excluded' LSOAs have a IMD score higher than the Rotherham average, indicating greater deprivation)

Excluded populations are not disproportionately older (Of the 24 excluded LSOAs, 19 LSOAs have a greater percentage of the population over 65 years old compared to Rotherham)

Due to the dispersed geography of excluded LSOAs, there are no obvious single geographies excluded, that have a high population density, where a new service provider would reduce the volume of people excluded.

Services

Essential Services	Advanced Services	Locally Commissione Services
Dispensing of prescriptions Dispensing of repeat prescriptions Discharge medicines service Promotion of healthy lifestyles Sign-posting Support self care Disposal of unwanted medicines	• Appliance use review • Community pharmacist consultation service • Flu-vaccine • Hep C testing • Hypertension case finding • New Medicine Service • Smoking Cessation • Stoma Appliance Customisation	• Over the counter labelling service • Palliative care • Champix (community smoking cessation) • NRT pregnancy* • Emergency hormonal contraception* • Supervised consumption* • Needle exchange*

Services

ervice	Findings
moking cessation	New service
ypertension case nding	New service
ppliance Use eview	No providers – but service needs met through Rotherham-wid service led by specialist nurses
ommunity harmacy onsultation*	Good coverage (97%)
u vaccine*	Good coverage (81% of pharmacies - plus GPs)
ep C testing	Low coverage (4 providers) and poor geographical spread but reflects national picture; low demand; services provided elsewhere
ew Medicine	Good coverage (91%)

Session overview

- PNA requirements
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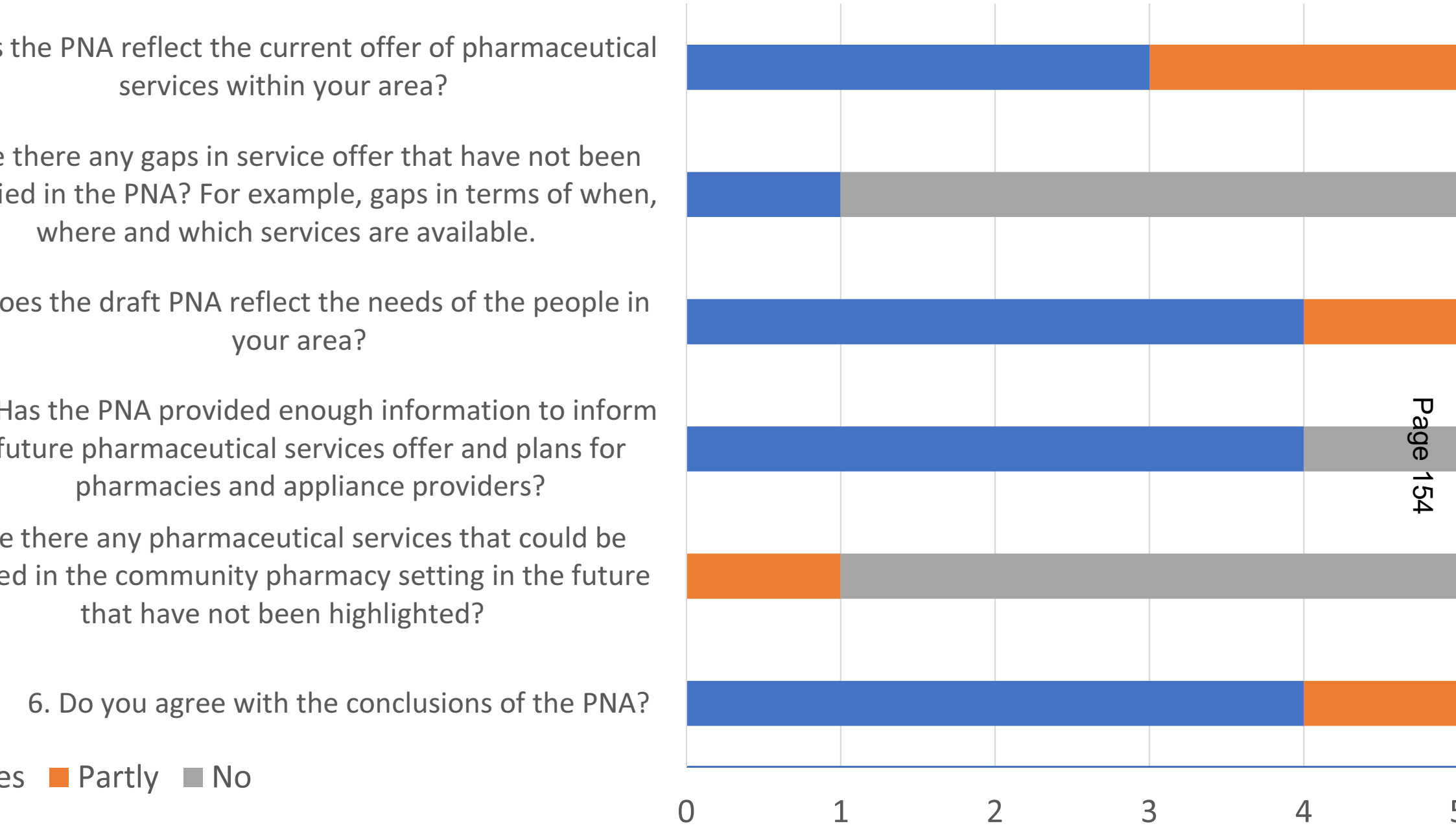
- Recommendations

60 day consultation

- Published on Council website
- 6 questions – based on guidance from NHSE/I
- Sent to
  - All local pharmacies and dispensing doctors
  - Rotherham HWBB members
  - All neighbouring HWBBs
  - TRFT and RDASH
  - NHS England / Improvement*
  - Healthwatch*
  - Local pharmaceutical committee*
  - Local medical committee*
  - CCG*
- Responses: 7 in total; 2 ‘test’ so removed from analysis


s the PNA reflect the current offer of pharmaceutical services within your area?
e there any gaps in service offer that have not been ied in the PNA? For example, gaps in terms of when, where and which services are available.
oes the draft PNA reflect the needs of the people in your area?
Has the PNA provided enough information to inform future pharmaceutical services offer and plans for pharmacies and appliance providers?
e there any pharmaceutical services that could be ed in the community pharmacy setting in the future that have not been highlighted?
6. Do you agree with the conclusions of the PNA?
es
Partly
No
0
1
2
3
4

Comments (3 in total)

- ***"Not all the services provide for all users, sometimes people require something a little different from the norm but you do not allow for this"*** (Response to question re. whether PNA reflects the current offer)
- ***"Some people occasionally need a special injection (ie Adrenal deffiency) but your policy does not all care worker to give this as it is not a routine requirement but an emergancy thing"*** (Response to question re. whether there are any gaps in services not identified in the PNA)
- ***"Very comprehensive assessment . Liked the analysis of deprivation and access too."*** (Response to question re. any other comments).

Consultation: Takeaways

Findings

- 1 respondent consistently expressed some dissatisfaction with PNA
- However, no indication from comments that PNA has not fulfilled its function
- No indication that local pharmacy offer isn't in aligned with national requirements
- Some frustration that pharmacies don't cater to occasional emergency requirements beyond scope of existing contractual requirements

Implications

- No substantial changes to content of report or recommendations
- Include note report re. emergency requirements for consideration by NHSE/I

Session overview

- PNA requirements
- Process summary
- Findings
- Consultation outcome
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Conclusions / statements

- **There is sufficient choice** with regard to obtaining pharmaceutical services in Rotherham.

- **Pharmaceutical services that are necessary to meet the health needs of the population are:**
  - All essential services
  - Select Advanced Services (NHS Community Pharmacist Consultation Services; Flu Vaccination; New Medicines Review Service)

- **Pharmaceutical services that have secured improvements or better access:** all other advance services, plus all locally commissioned services

Conclusions / statements

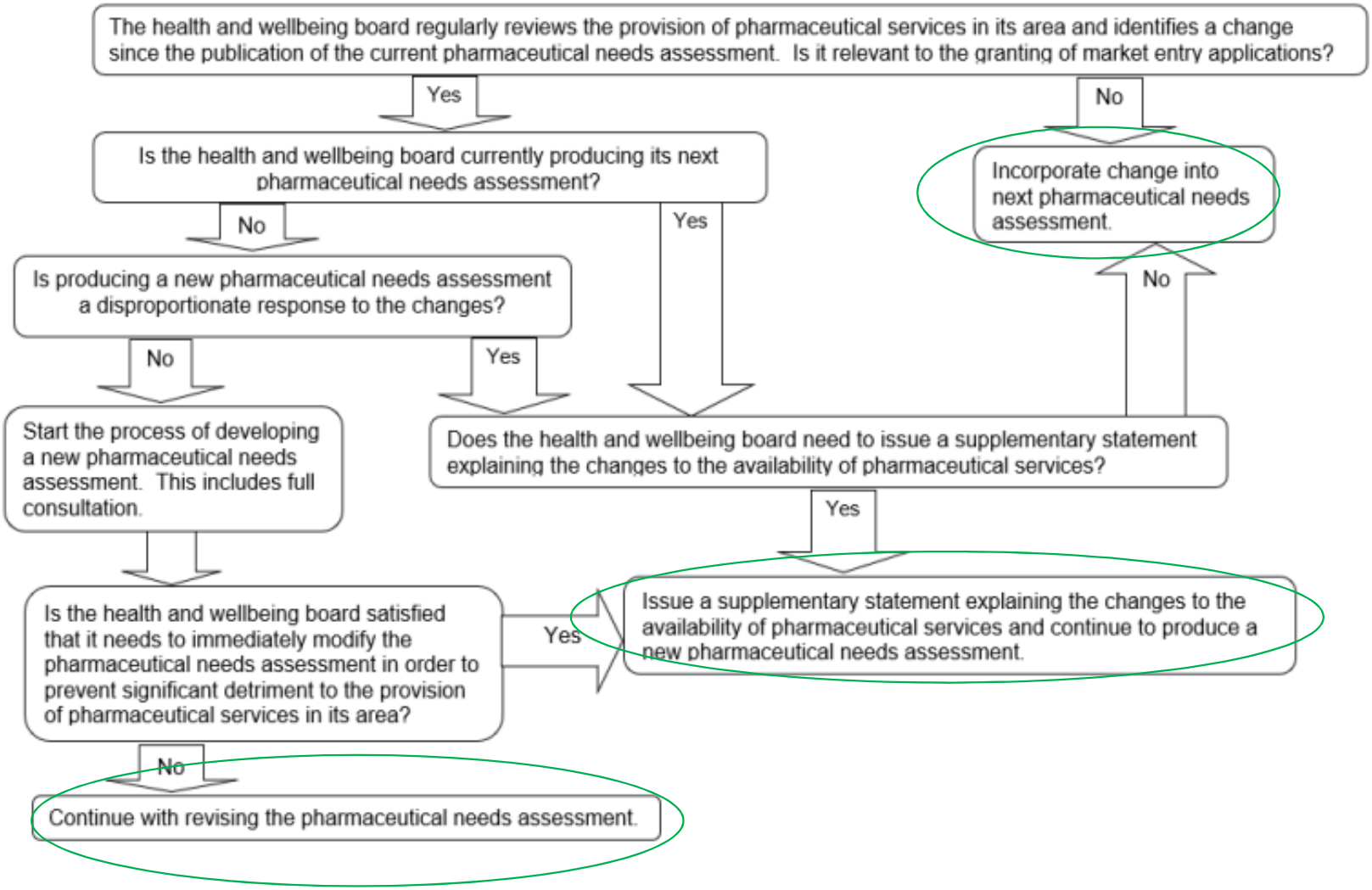
- There are **no identified future needs** for pharmaceutical services. Monitoring of the Waverley Site development should be conducted within the lifetime of this PNA to assess whether a future need emerges.

- There are no other NHS services that affect pharmaceutical service needs

Session overview

- PNA requirements
- Process summary
- Findings
- Consultation outcome
- Recommendations / concluding statements
- Responding to emerging needs

esponding to emerging needs



Responding to emerging needs

Proposed process

- NHSE/I continues to send notification of closures to RMBC public health team
- Steering committee meeting held annually (?) or as needed in response to changes, to review any emerging needs or changes to provision and make recommendation to HWBB.

Summary of proposals for HWBB consideration

- To approve the PNA report for publication
- To approve the proposed process for the ongoing review of pharmaceutical needs

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Rotherham Metropolitan Borough Council

Public Report
Health and Wellbeing Board

Committee Name and Date of Committee Meeting
Health and Wellbeing Board – 21 September 2022

Report Title
Carers Strategy – Status Update September 2022

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report
Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)
Jacqueline Clark – Head of Prevention and Early Intervention
01709 822358 or Jacqueline.clark@rotherham.gov.uk

Ward(s) Affected
Borough-Wide

Report Summary

On 26 January 2022 the Health and Wellbeing Board noted the progress made by The Borough That Carers - Strategic Group and endorsed the draft Carers Strategy. The board requested a further update to take account of their feedback given at the meeting and for the final version of the Carers Strategy document, known as *The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* to be considered by other relevant boards/forums and organisations prior to coming back to the Health & Wellbeing Board for final endorsement.

This report reflects the progress made in relation to the request of the Health and Wellbeing Board and details the steps taken to develop the attached final Carers Strategy document through extensive co-production with carers and carers organisations. *The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* is designed to provide a focal point for the delivery of the priorities relating to unpaid carers under the Health & Wellbeing Board Aim 3 *All Rotherham people live well for longer***.** The specific milestones contained within Aim 3 (3.1 - 3.7) have a focus on ensuring support is in place for carers from April 2022 onwards.

The completion of the Carers Strategy is the first step. To deliver the tangible improvements to demonstrate full milestone attainment, within the specified delivery dates, a detailed action plan with agreed owners, and performance measures is recommended to sit underneath the strategy document. In the spirit of the development of the Carers Strategy, further co-production is required with carers, carers organisations and other key stakeholders making up the Borough That Cares – Strategic Group to detail the agreed and fully endorsed action plan. This activity must be concluded within financial year 2022/3 to meet the requirements of Aim 3.

Recommendations

1. The Health and Wellbeing Board note the progress made in relation to their requests made in January 2022 and agree to the publication of the final version of *The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* attached in Appendix 1.

2. The Health and Wellbeing Board approve the recommendation contained in section 2 of this report to commence a further co-production exercise as a mechanism for development of the action plan to sit underneath the Carers Strategy that will deliver the Aim 3 milestones.

3. The Health and Wellbeing Board receive a report detailing the outcome of the co-production exercise with recommendations aligned to the completed action plan prior to April 2023.

List of Appendices Included

Appendix 1: *The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham*
Appendix 2: Unpaid Carers in Rotherham Data

Background Papers
Health and Wellbeing Board, 26 January 2022 – Agenda Item 11

Consideration by any other Council Committee, Scrutiny or Advisory Panel
Health Select Commission – 28 July 2022

Council Approval Required

No

Exempt from the Press and Public
No

Carers Strategy – Status Update September 2022

1. Background

1.1 It is estimated that more than 31,000 carers are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise couldn't manage without our help due to illness, disability, addiction, or mental ill health. This care is often invisible.

1.2 Unpaid carers form the backbone of the social care system, which would not be able to function without their support. Caring for a loved one can be a positive and rewarding experience, but carers need support to continue their vital role. Devoting significant time to unpaid care can not only lead to a downturn in carers' health, but it can also make it difficult for them to maintain social relationships and to keep working or learning, which can affect their financial security. More people are caring for a loved one than ever before, and organisations within Rotherham remain committed to helping carers.

1.3 The Carers Strategy - *The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* has been developed in partnership with colleagues across the Council, Health and the Voluntary and Community Sector and most critically, people with lived experience. The strategy sets out a vision for working with and supporting carers, it provides a road map for how change will be facilitated directly with carers. Over the next three years, the Council and partners will work to deliver the actions and will continue to put carers at the heart of this process through their direct involvement in The Borough That Cares - Strategic Group.

1.4 *The Borough That Cares – Carers Strategic Framework* has three areas of focus:

		Key Objective
Area of Focus 1	Carer Cornerstones	Consolidating a community offer for carers – ensuring 3rd sector organisations are stabilised
Area of Focus 2	Creating Communities of Support	Ensure organisations work together to provide services that are flexible and accessible throughout the borough.
Area of Focus 3	Carer Friendly Borough	Carers feel their role is understood and valued by their community.

1.5 The Carers Strategy will support the strategic priorities set out by the Health and Wellbeing Board pertaining to Aim 3: *All Rotherham people live well for longer*. The specific milestones contained within Aim 3 (3.1 - 3.7) have a focus on ensuring support is in place for carers from April 2022 onwards

1.6 On 26 January 2022 the Health and Wellbeing Board noted the progress made by The Borough That Carers - Strategic Group and endorsed the draft Carers Strategic Framework. The board requested a further update to take account of their feedback given at the meeting and for the final version of the Carers Strategy document, known as *The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* to be considered by other

relevant boards/forums and organisations prior to coming back to the Health & Wellbeing Board for final endorsement.

1.7 Since the January 2022 Health and Wellbeing Board meeting, The Borough That Carers - Strategic Group have continued to meet and further refresh the Carers Strategy. A final working draft was given a soft launch in national Carers Week 6-12 June 2022. This was to test the effectiveness of the draft and to elicit final feedback to inform the version to be published. Running alongside the soft launch, a range of events facilitated by the Council and Crossroads Care were held to mark Carers Week.

1.8 The main event took place on 7 June 2022, from 10am to 3pm, in an outside stall next to the Crossroads Care Rotherham office in All Saints Square, Rotherham; information leaflets from the above agencies were on display, and staff were available to answer any questions or queries. For those who wished to make a one-to-one appointment with a member of staff, the Crossroads Care training room was made available throughout the day, and there was also the opportunity for carers to arrange telephone appointments for a later date. Between all the partners, over one hundred contacts with unpaid carers were recorded.

1.9 The carers event coincided with the Queen's platinum jubilee celebration, and both the Mayor of Rotherham and the Cabinet Member for Adult Care and Integration were in attendance to speak with carers.

1.10 As per the recommendation of the Health and Wellbeing Board, the draft Carers Strategy, along with a covering report detailing the young carers offer in Rotherham, was taken to the Health Select Commission on 28 July 2022. The report was well received by the Commission who recognised the co-production activity that has driven the content of the all-age strategy, noting the role of carers, carers organisations and people with lived experience who had shaped the content. The Health Select Commission did not make any specific recommendation regarding the Carers Strategy content, but they did make a series of recommendations to further enhance the carers offer in the borough.

1.11 The recommendations of the Health Select Commission were that officers of the Council should:

- consider the feedback from carers to refine and improve the care and support offer.
- include provision for urgent respite care within any future commissioned service offer.
- include strong evidence of co-production and assurances that the perspectives of young carers are being heard in future reports pertaining to young carers.
- prioritise provision of leisure and culture activities for respite for young carers.

1.12 The Health Select Commission recommendations align with the ambitions of the Carers Strategy. Given that these are specific in terms of activity, they can be considered in terms of the detailed action plan that needs to now be developed to deliver the Aim 3 milestones.

2. Key Issues

2.1 *The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* final content has now been concluded following the co-production process. A copy of the final draft is attached in Appendix 1 of the report. The final version has considered any further comments and feedback received since the soft launch in June 2022.

2.2 The carers voice is embedded into the Carers Strategy, as is role of young carers. From the co-production activity carers have articulated that there is a need to keep the plan simple, to make it readily accessible. The focus should be on things that make a real difference to carers. By taking a community development approach balanced with preventative practices the aim is to support carers to flourish and therefore protect precious formal support resources for when a carer hits a crisis point. The main premise of the Strategy is that *"We are working together to create a borough that cares about its carers."*

2.3 *The Borough That Cares – Carers Strategic Framework* has three areas of focus:

		Key Objective
Area of Focus 1	Carer Cornerstones	Consolidating a community offer for carers – ensuring 3rd sector organisations are stabilised
Area of Focus 2	Creating Communities of Support	Ensure organisations work together to provide services that are flexible and accessible throughout the borough.
Area of Focus 3	Carer Friendly Borough	Carers feel their role is understood and valued by their community.

2.4 The Carers Strategy will be the key overarching document to support the strategic priorities set out by the Health and Wellbeing Board pertaining to Aim 3: *All Rotherham people live well for longer*. The specific milestones contained within Aim 3 (3.1 - 3.7) are ensuring support is in place for carers from April 2022 onwards. They are:

Priority	#	Milestones	Timescale
Ensure support is in place for carers.	3.1	Refresh the information, advice and guidance available to carers, including the launch of the carers newsletter	April 2022 – March 2023 (as part of delivery of area of focus 1 of strategic framework)
	3.2	Take an integrated approach to identifying and supporting carer health and wellbeing	April 2023 – March 2024 (as part of delivery of area of focus 2 of

		through working with partners to develop a carers health and wellbeing action plan.	strategic framework)
	3.3	Establish locality specific carer partnership / network groups	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)
	3.4	Introduce co-production programme with communities to build our carer friendly Borough	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)
	3.5	Introduce an assurance process for all published Information, Advice and Guidance to ensure the relevance, accuracy and accessibility	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)
	3.6	Ensure carers feel their role is understood and valued by their community Develop Carer friendly communities action pack Empowerment Plan – align carers representatives to key strategic meetings Pull community generated content through to The Borough That Cares virtual platform	April 2024 – March 2025 (as part of delivery of area of focus 3 of strategic framework)
	3.7	Delivery of Carers emergency services	March 2023

2.5 By applying the areas of focus from the Carers Strategy and having oversight from The Borough That Cares – Strategic Group, there is the clear vision and mandate to carry out the required activity to deliver the Aim 3 milestones.

2.6 However, the completion of the Carers Strategy is the first step. To deliver the tangible improvements to demonstrate full milestone attainment, within the specified delivery dates, a detailed action plan with agreed owners, and performance measures is recommended to sit underneath the strategy document. In the spirit of the development of the Carers Strategy, further co-production is required with carers, carers organisations and other key stakeholders making up the Borough That Cares – Strategic Group to detail the agreed and fully endorsed action plan. This activity must be concluded within financial year 2022/3 to meet the requirements of Aim 3.

2.7

To fund the necessary investments required to underpin *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham*, it is proposed that the Better Care Fund (BCF) is utilised. This provides a total of £600,000 to commission or deliver support to a range of unpaid carers support services. There are plans that the BCF funding will be reinvested 2022/23 to provide support to carers as per the requirements of the Care Act duties and the BCF Planning Requirements 2022/23 which present new requirements to demonstrate system support for unpaid carers.

2.8

It is proposed that this BCF investment is realigned to the priorities identified from further co-production exercises with The Borough That Cares – Strategic Group.

3. Options considered and recommended proposal

3.1 On 26 January 2022 the Health and Wellbeing Board noted the progress made by The Borough That Cares - Strategic Group and endorsed the draft Carers Strategy. The board requested a further update to take account of their feedback given at the meeting and for the final version of the Carers Strategy document, known as *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* to be considered by other relevant boards/forums and organisations prior to coming back to the Health & Wellbeing Board for final endorsement. This activity has now concluded, and a final version of the Carers Strategy document is attached at Appendix 1 of the report for approval.

3.2 The following recommendations are for the Health and Wellbeing Board to:

1. Note the progress made in relation to their requests made in January 2022 and agree to the publication of the final version of *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* attached in Appendix 1.

2. To approve the recommendation contained in section 2 of this report to commence a further co-production exercise as a mechanism for development of the action plan to sit underneath the Carers Strategy that will deliver the Aim 3 milestones.

3. Receive a report detailing the outcome of the co-production exercise with recommendations aligned to the completed action plan prior to April 2023.

4. Consultation on proposal

4.1 The Council facilitated carers organisations coming 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 to effectively discharge the carers offer. This ensured the carer partnership was as strong as it could be in the most extreme of circumstances. The aim of all the organisations involved in the partnership conversations were to support carers through the pandemic.

4.2 These organisations remained connected following the easing of restrictions and the publication of the government's Living with Covid Strategy. The group developed a formal name and became The Borough That Cares – Strategic

Group. Through an extensive programme of co-production, facilitated through focus group sessions in 2021, the Strategic Group, along with other key stakeholders, including people with lived experience, shaped and created the Carers Strategy Strategic Framework for 2022-2025.

5. Timetable and Accountability for Implementing this Decision

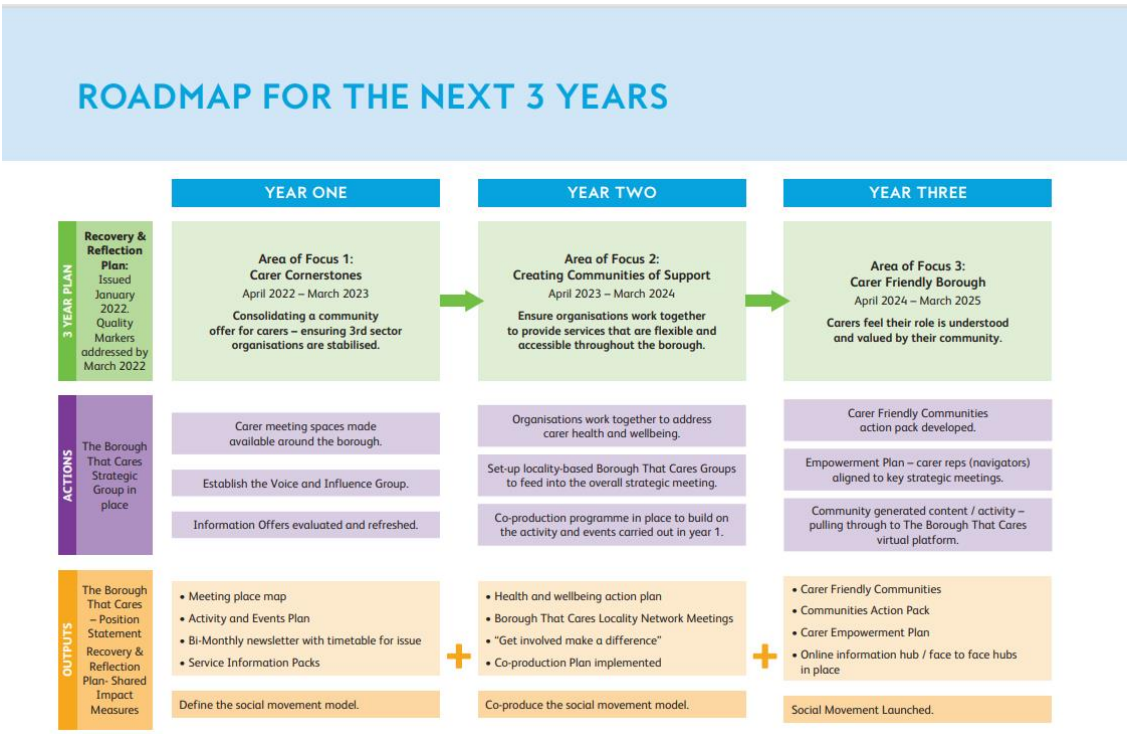
5.1 *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* contained within Appendix 1 of the report is the final version of the Carers strategy document. This is ready for publication in October 2022, subject to Heath & Wellbeing Board approval.

5.2 Though there has been a soft launch of the Carers Strategy during national Carers Week in June 2022, it is proposed to develop the communication plan and facilitated event for a more formal launch of the Strategy in November/December 2022.

5.3 In the spirit of the development of the Carers Strategy, further co-production is required with carers, carers organisations and other key stakeholders making up the Borough That Cares – Strategic Group to detail the agreed and fully endorsed action plan. This activity must be concluded within financial year 2022/3 to meet the requirements of Aim 3. It is proposed to conclude this activity by March 2023.

5.4 *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* defines the three areas of focus that will be delivered over the next three years 2022 – 2025.

This is detailed below:



6. Financial and Procurement Advice and Implications

6.1 The funding associated with the proposals in this report are from existing investments. Officers will give proactive consideration to any subsequent

announcements from government pertaining to ring-fenced grant opportunities for investment in carers service or any other new funding opportunities arising from the implementation of the Health and Social Care Act 2022.

6.2 Existing investment is through the Better Care Fund (BCF). This provides a total of £600,000 to commission or deliver support to a range of unpaid carers support services. There are plans that the BCF funding will be reinvested 2022/23 to provide support to carers as per the requirements of the Care Act duties and the BCF Planning Requirements 2022/23 which present new requirements to demonstrate system support for unpaid carers. It is proposed that this investment is realigned to the priorities identified from further co-production exercises with The Borough That Cares – Strategic Group. It is imperative that any services procured meet the expectations of unpaid carers, achieve the outcome of sustaining them in their role, offer value for money and are aligned to *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham*.

6.3 Proposed allocation of BCF will require the agreement of the BCF Executive Group. This comprises of Council officers and officers from the South Yorkshire Integrated Care Board and is chaired by the Cabinet Member for Adult Care and Public Health.

7. Legal Advice and Implications

7.1 The Care Act 2014 places a duty on the local authority to assess a carer's support needs (a carer caring for an adult) where there is the appearance of needs and to meet those needs where certain criteria are met. The Children and Families Act 2014 gives young carers and parent carers similar rights to assessment. The Care Act also places duties on the local authority to prevent and reduce potential needs by the provision of services, information and advice. The Carers' Strategy seeks to achieve those outcomes. There are anticipated future changes outlined in the Adult Social Care Reform White Paper (published on 1 December 2021) in which the government has detailed proposals and commitments to carers. It is noted that the Carers Strategy is a live and flexible document and so this will permit the Strategy to adapt to respond to any legislative change over time.

8. Human Resources Advice and Implications

8.1 There are no identified direct human resource issues for the Council as the Carers Strategy relates primarily to externally commissioned activity or services delivered by external partner organisations.

9. Implications for Children and Young People and Vulnerable Adults

9.1 *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* is an all-age strategy. This approach ensures a joined-up offer across the life course, meaning that all unpaid carers are recognised for their contribution and can benefit from the Aim 3 focus on ensuring support is in place for carers from April 2022 onwards.

9.2 Representatives from Children and Young People's Services in the Council and Barnardo's are members of The Borough That Cares - Strategic Group ensuring

that the Strategy maintains an all-age approach and meets the needs of Young Carers.

10. Equalities and Human Rights Advice and Implications

10.1 Details of the data break-down of unpaid carers in Rotherham is provided in Appendix 2 of the report.

10.2 Though unpaid carers are not formally a group with protected characteristics under the Equality Act 2010, the Council considers them to be a priority group for consideration of equality impacts. *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham* is an all-age strategy that recognises the invaluable role carers play within the borough. The Strategy is designed to deliver the Aim 3 focus on ensuring support is in place for carers from April 2022 onwards. This is a positive development and unpaid carers have been central to the co-production of the document.

11. Implications for CO_2 Emissions and Climate Change

11.1 There are no anticipated implications for CO2 Emissions and Climate Change resulting directly from *The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham*.

12. Implications for Partners

12.1 The Borough That Cares - Strategic Group consists of people from health, social care, the voluntary sector and crucially people with lived experience. The group meets monthly with the overarching aim to create a carer friendly borough.

12.2 Proposed investment of the Better Care Fund to support the aims of the Carers Strategy to support unpaid carers will require the agreement of the Executive Group. The BCF includes investment from the South Yorkshire Integrated Care Board, and they will need to agree and support the proposals through their representatives on the BCF Executive Group.

13. Risks and Mitigation

13.1 Risk: Co-production takes time and organisations are balancing operational duties with strategic conversations – this can mean that timelines are often subject to change.

Mitigation: the proposed timeline for the next phase of co-production to develop a detailed action plan with agreed owners, and performance measures to sit underneath the strategy document has a reasonably long delivery date to enable the activity to be genuinely co-produced. Activity will be concluded at an appropriate pace to ensure inclusion and maximum levels of participation.

13.2 Risk: Investments proposed under the Better Care Fund of up to £600,000 to support unpaid carers are not agreed by the BCF Executive Group due to conflicting priority investment commitments.

Mitigation: Evidence of investment in services to support unpaid carers in Rotherham is a requirement for the submission of the Rotherham BCF to be approved by NHS England.

14. Accountable Officer(s)

Nathan Atkinson – Assistant Director, Strategic Commissioning
01709 255878 or nathan.atkinson@rotherham.gov.uk

14.1 Approvals obtained on behalf of:

	Name	Date
Chief Executive		Click here to enter a date.
Strategic Director of Finance & Customer Services (S.151 Officer)	Named officer	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Named officer	Click here to enter a date.
Assistant Director of Human Resources (if appropriate)		Click here to enter a date.
Head of Human Resources (if appropriate)		Click here to enter a date.
The Strategic Director with responsibility for this report	Please select the relevant Strategic Director	Click here to enter a date.
Consultation undertaken with the relevant Cabinet Member	Please select the relevant Cabinet Member	Click here to enter a date.

Report Author: Jacqueline Clark – Head of Prevention and Early Intervention
01709 822358 or jacqueline.clark@rotherham.gov.uk

This report is published on the Council's website.

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THE BOROUGH THAT CARES
STRATEGIC FRAMEWORK 2022-25
Creating a carer friendly Rotherham

www.rotherham.gov.uk

Rotherham Metropolitan Borough Council

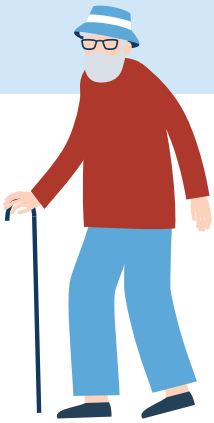
CARER (NOUN)

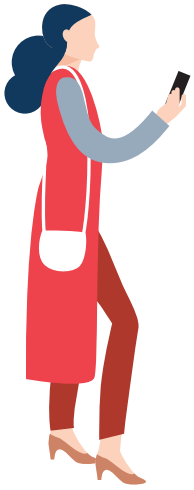
(1) Cares (unpaid) for family or friends who have a disability, illness or who need support in later life:

Washing them. And their laundry. And their dishes. Keeping appointments. And records. And tempers. Giving medicine. And time. And hugs. Filling forms. And fridges. And silences. Dealing with doctors. And nurses. And pharmacists. And social workers. And benefits agencies. And care workers. And a lack of sleep.

(2) Needs support to manage a life of their own

Source: Carers UK





FOREWORD

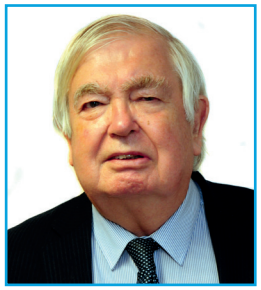
The Rotherham Health and Wellbeing Board set off a vision for Rotherham to be a carer friendly borough. More than 30,000 of us are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise couldn't manage without our help due to illness, disability, addiction or mental ill health. This care is often invisible.

The COVID-19 crisis has emphasised the fundamental importance of taking action to improve the way unpaid carers are identified, recognised and supported. As carers have been disproportionately affected during the pandemic, both socially and economically, creating a borough that cares for its carers is more important than ever.

This strategic framework will be achieved through strong partnership approaches to ensure carers in Rotherham stay mentally and physically healthy, and economically active, for longer.

This Strategy has been developed in partnership with colleagues across the Council, Health and the voluntary sector. The document not only sets out our single vision for working with and supporting carers, it also provides an action focused road map for how we will achieve this change together directly with carers. Over the next three years, we will work to deliver the actions, and will continue to put carers at the heart of this process through their direct involvement in the Borough That Cares Strategic Group.

This strategy can't come at a more pertinent time and shows our commitment to working together as a team to identify, acknowledge and support our carers in Rotherham.



Councillor David Roche
Cabinet Member for Adult Social Care and Health

THE BOROUGH THAT CARES: Creating a carer friendly Rotherham

The purpose of this strategic framework is to ensure carers can live well, be active and have fulfilled lives. It recognises that carrying out an unpaid carer role can be rewarding and life affirming; that being a carer means you are in a position of unwavering trust and sometimes this can be overwhelming.

Our carer organisations in Rotherham know being a carer can be isolating, tiring and confusing. They also know if we all work together the support on offer for carers will be maximised and make a bigger impact on our carer communities.

We are working together to create a borough that cares about its carers.

This framework defines how we will create a carer friendly borough; setting out three areas of focus that will be delivered over the next three years. It acknowledges the impact of the pandemic on services and how time is needed to recover and reflect on the things we paused, stopped, started and paused again!

After many conversations, workshops and planning sessions we can now share what will happen and when. You will see a road map that lays out the actions and outputs that will move us to reach our overall aim of creating a social movement that is created by carers for carers.

This document is a live and dynamic working document; it is not intended to be a statement of intent only to be resigned to sitting on a shelf. It is a starting point, a regrouping of creative minds from well-regarded services / organisations with the aim of providing carers with a voice and the resources they need in the places they live. It's a calling to and from carer communities to show the strengths carers have and to showcase the importance of the role they fulfil.

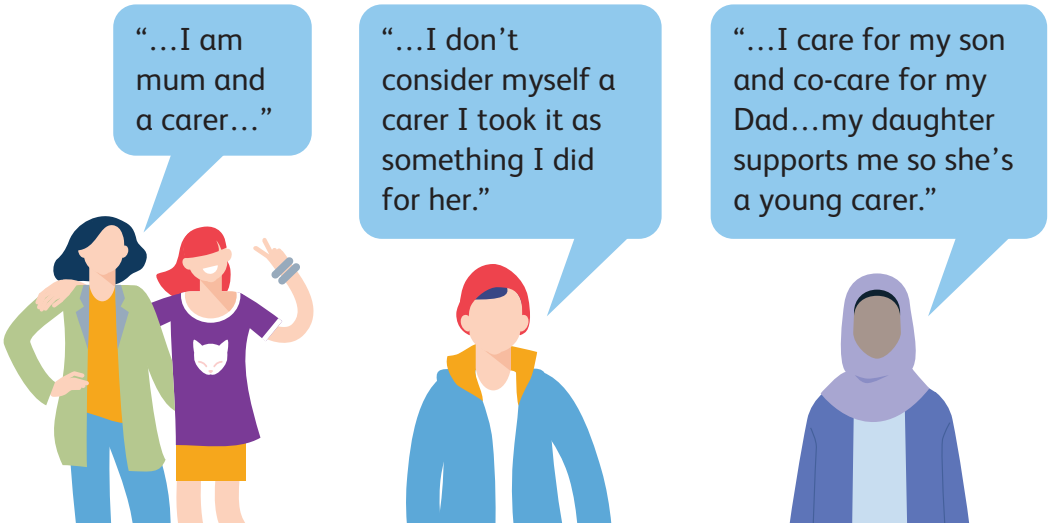
"It will only make a difference if value is placed on the importance of looking at an individual's situation and needs and working from there, rather than trying to fit everyone into the same strategy."
Rotherham Carers Forum

OUR CARERS

"An unpaid carer is somebody who provides care in any form but does not receive an hourly rate of pay. (An unpaid carer could be in receipt of carers allowance or working whilst still caring)."
Rotherham Parent Carer Forum

Being a carer often means a person is providing support out of love or friendship for the individual they are caring for. Caring roles vary and anyone can become a carer at any time, so it is important to recognise when a typical relationship develops the added dimension of one person taking on a caring role for another.

Carers can be adults caring for other adults, parents caring for children who are ill or have a disability, or young carers caring for a parent, sibling, relative or friend.



According to the Census figures in 2011 Rotherham had 31,001 carers.

The 2001 Census stated Rotherham had 30,284 carers meaning our number of carers increased by 2 per cent in the 10-year period.

The 2021 Census figures will be available late in the spring of 2022 – assuming another 2 per cent increase the number of carers in Rotherham will be over 31,500 meaning **12 per cent of people living in Rotherham fulfil an unpaid caring role.**

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%). Making a local assumption using this as a benchmark that would push our Rotherham number well over 45,000.

OUR CARING NETWORK

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. The aim of all the organisations involved in the partnership conversations was to support carers through the pandemic.

These organisations remained connected and through 2021 shaped and created our Strategic Framework for 2022-2025.

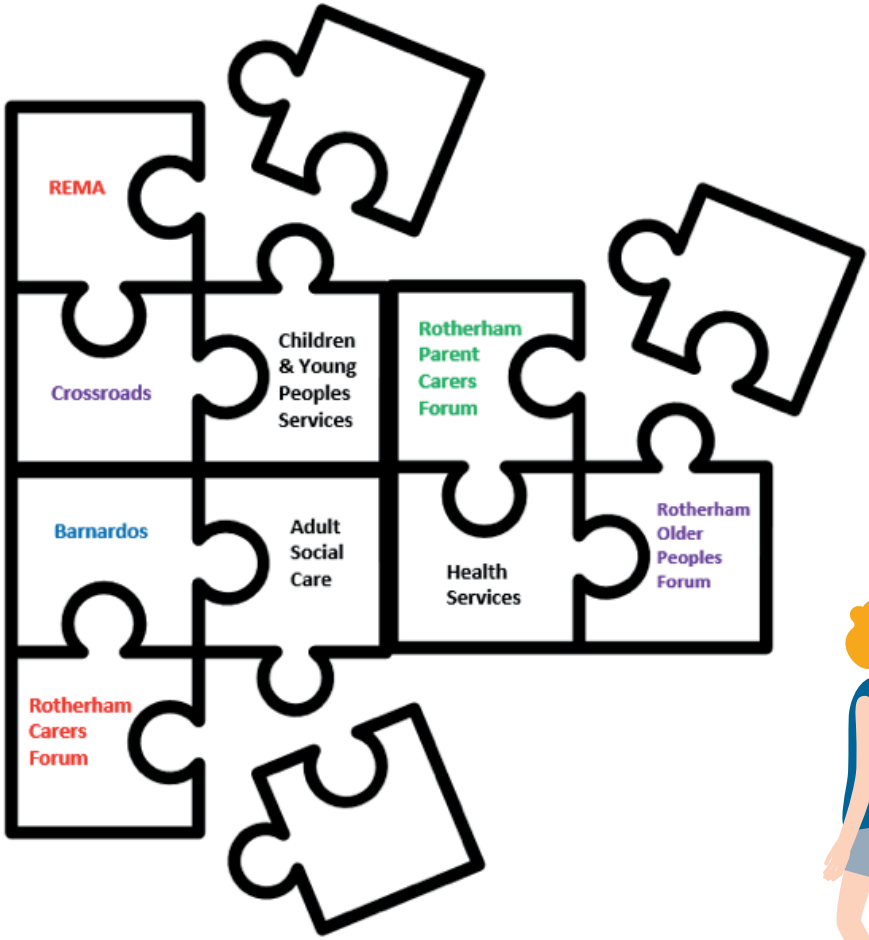
"We know there are lots of groups across Rotherham who support carers and work will continue over the next 12 months to grow our carer network.

The Borough That Cares Strategic Group is in place and the real work is set to commence from April 2022 and this will be our way of connecting organisations, services and most importantly carers so we create a carer friendly Rotherham "

Ian Spicer – Strategic Director Adult Care, Housing & Public Health

Our Borough That Cares Strategic 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.



A COMMUNITY OF CARERS

The impact of COVID-19 has led to further increases in the numbers of carers as well as carers taking on responsibility for more intensive levels of care. 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.

Carer services across the borough understand that carers have a range of needs and by working together as a caring community, we aim to ensure all our groups, organisations, staff teams and volunteers find flexible ways to meet the needs of individual carers.

"We need to check the basics – carers don't need to feel like it is a fight to get the right support."
Rotherham Carers Forum

"To be empowered."

"You to see that I get tired."

"My knowledge, experience and culture to be taken into account and understood."

"To tell my story once."

"To know what support is available so I don't sit in silence."

"To be listened to."

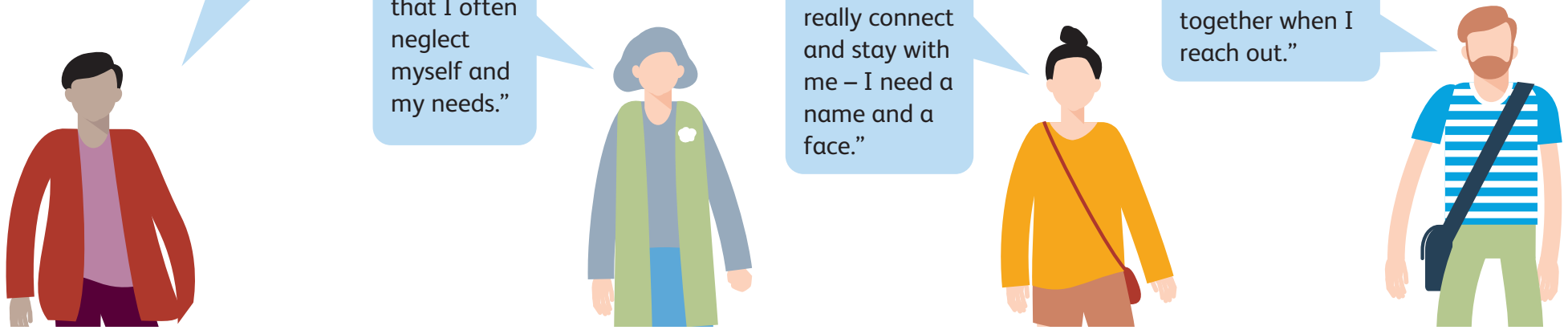
"you to know that I don't like asking for help as it may look like I don't have the ability to care."

"You to understand that I often neglect myself and my needs."

"You to understand that I can often feel isolated."

"Professionals that can really connect and stay with me – I need a name and a face."

"Services to work together when I reach out."



Information from partner workshops February 2021

RECOVERY AND REFLECTION

During the pandemic our services and organisations flexed and worked in diverse and different ways. Some ways of working stopped; some elements of our services paused. Therefore, we had to take time to consider how all of these changes impacted on our front-facing services for carers.

During March 2022 – June 2022 recovery conversations occurred and focused on the six quality marker themes from the ADASS Regional Carers Group. It provided an opportunity for all partners to; **reflect on current practice, identify areas where improvements can be made and demonstrate progress and achievement.**

This self-assessment helped to create a strategic position and strengthened our aim of wanting carers in Rotherham to feel assured that support services are of the highest quality with consistent carer centred delivery.

"Carers are empowered to make choices about their caring role and access appropriate services and support for them and the person they look after. Carers will be respected and listened to as expert care partners and will be actively involved in planning shared decision-making and reviewing."

Crossroads Care

Information from partner workshops February 2021

STRATEGIC FRAMEWORK 2022-2025

Since May 2020 there have been regular conversations, workshops, meetings and task groups all of which focused on creating a new carer strategic framework. Throughout all the talking a key statement recurred; the need for "something different" to help make a real impact for carers.

Partners were aware of the previous carer strategy and the complex and extensive delivery plan. It was difficult to show the "on the ground impact" and resources often ended up going into evidencing and quantifying activity rather than championing and celebrating positive people-centred outcomes.

Focus group sessions with partners suggested that a new strategic approach "kept it all simple" but allowed work programmes to evolve and grow. Strategy fatigue was evident in the conversations and organisations wanted more than workshops, consultation, a strategy with a delivery plan and key performance indicators.

They wanted a dynamic way of working together; a framework that would nurture the organisational relationships; a collaborative workspace for carers to share their lived-in experience; **and it needed to encompass all the caring roles:**

I care from a distance I find myself looking after my relative, who lives in another town.

I am a **parent carer** because I care for my child who has additional needs such as a physical disability or a learning difficulty (disability).

I care for a loved one who has **dementia**.

I care for a person who has **mental health issues**.

I care for a **spouse or partner**. I could be caring for a spouse or partner who has become ill or disabled or frail. In some cases, this can mean that I must take on all the responsibilities that were previously dealt with by my partner.

I have a **dual caring role**; I care for more than one person with very different needs; an elderly parent and a young child.

I am a **young carer** I look after my Mum.

I am also **a parent carer** because I care for my adult son or daughter, who has additional needs such as a physical disability or a learning difficulty (disability).

Information from partner workshops February 2021

VISIONING WORKSHOPS

"Young carers can fly once they are identified, and support is in place."
Barnardo's

"Services need to have time to build around an individual – we need a holistic approach."
Rotherham Parent Carer Forum

"Find better ways to engage communities in terms of their needs."
REMA

"We should provide a bespoke offer for our communities – make our work meaningful for all the different parts of the borough."
Rotherham Carers Forum

"Carers need a one stop shop so they know where to go for support."
Crossroads Care

"The need for carers to take the lead in organising events; this in relation to events such as performing arts festivals."
Rotherham Carers Forum

Information from partner workshops February 2021

AREA OF FOCUS I: CARER CORNERSTONES

AIM: Organisations self-assess against the quality themes

April 2022 – March 2023

Key Objective: Consolidating a community offer for carers – ensuring 3rd sector organisations are stabilised

We will:

A) Support the stabilisation of voluntary sector carer groups / services.

B) Strengthen the unpaid carers group meetings – The Borough That Cares Strategic Group

C) Establish a voice, influence and engagement task group with a focus on the health and wellbeing of carers.

D) Refresh information, advice and guidance (IA&G) available to carers, including the launch of the carer's newsletter.

Measures of success

- ✓ Safe and friendly spaces are accessible so carers can enjoy themselves and meet others
- ✓ Carers are experts and their voice is heard via a Voice & Engagement Group
- ✓ Carers know where to go and who to ask for support and advice

To show we are making progress we will:

- ✓ Count the number of meeting places we have and make available for carers
- ✓ Record the number of activity and events that take place and gather case studies of positive outcomes for carers
- ✓ Record the audience numbers for our newsletter defining targets for reach and coverage
- ✓ Monitor information (pack) requests

Information from partner workshops
February 2021

AREA OF FOCUS 2: CREATING COMMUNITIES OF SUPPORT

AIM: Organisations self-assess against the quality themes

April 2023 – March 2024

Key Objective: Ensure organisations work together to provide services that are flexible and accessible throughout the borough.

We will:

A) Take an integrated approach to identifying and supporting carer health and wellbeing.

B) Establish locality specific carer partnership / network groups

C) Introduce a co-production programme with communities to build our carer friendly borough.

D) Introduce quality assured IAG processes to ensure the integrated planning and implementation of IA&G.

Measures of success

- ✓ Carer organisations can evidence how they collaborate to provide services supporting carer health and wellbeing
- ✓ A hub and spoke partnership model in place
- ✓ We can evidence how carer voice is embedded into coproduction plans
- ✓ Information offers demonstrate continuous improvement

To show we are making progress we will:

- ✓ Continue to record Area Focus 1 progress markers
- ✓ Count health and wellbeing checks / support interventions
- ✓ Record the number of meeting carer network meetings and attendance rates
- ✓ Monitor involvement in coproduction activity

Information from partner workshops
February 2021

AREA OF FOCUS 3: CARER FRIENDLY BOROUGH

AIM: Organisations self-assess against the quality themes

April 2024 – March 2025

Key Objective: Carers feel their role is understood and valued by their community.

We will:

A) Have established carer friendly communities supporting carers to live well within our borough.

B) Establish The Borough That Cares social movement.

C) Create a community empowerment plan to ensure carers are involved in the decisions that affect their lives.

D) Introduce community based navigators creating a dynamic and responsive approach to IA&G.

Measures of success

- ✓ The carer community is in the driving seat ready for the next programme of strategy development work
- ✓ We have resilient caring communities where people feel connected
- ✓ Organisations that collaborate by default to support carer resilience
- ✓ Services have prevention-led strategies in place to support the wellbeing of carers
- ✓ We can road map the social movement and evidence the impact

To show we are making progress we will:

- ✓ Continue to record Area Focus 1 & 2 progress markers
- ✓ Analyse the metrics of online activity
- ✓ Count carer rep activity at strategic meetings

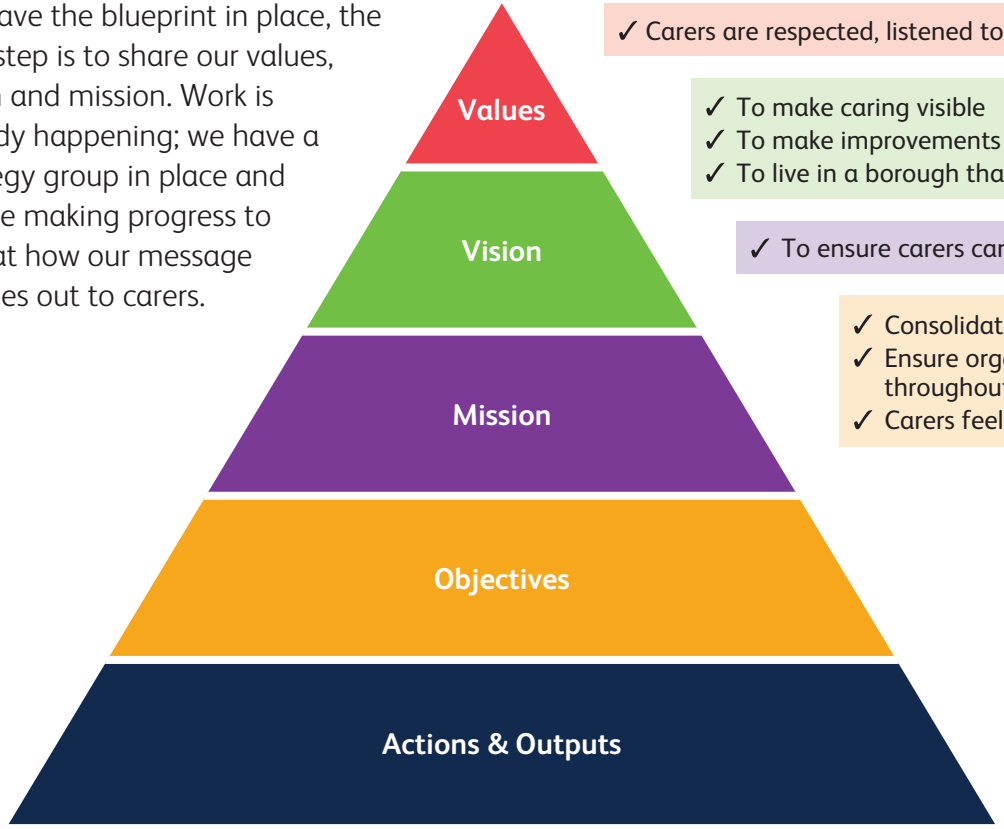
Information from partner workshops February 2021

ROADMAP FOR THE NEXT 3 YEARS

	YEAR ONE	YEAR TWO	YEAR THREE
3 YEAR PLAN	**Recovery & Reflection Plan:** Issued January 2022. Quality Markers addressed by March 2022		
	Area of Focus 1: Carer Cornerstones April 2022 – March 2023 **Consolidating a community offer for carers – ensuring 3rd sector organisations are stabilised.**	**Area of Focus 2: Creating Communities of Support** April 2023 – March 2024 **Ensure organisations work together to provide services that are flexible and accessible throughout the borough.**	**Area of Focus 3: Carer Friendly Borough** April 2024 – March 2025 **Carers feel their role is understood and valued by their community.**
ACTIONS	The Borough That Cares Strategic Group in place		
	Carer meeting spaces made available around the borough.	Organisations work together to address carer health and wellbeing.	Carer Friendly Communities action pack developed.
	Establish the Voice and Influence Group.	Set-up locality-based Borough That Cares Groups to feed into the overall strategic meeting.	Empowerment Plan – carer reps (navigators) aligned to key strategic meetings.
	Information Offers evaluated and refreshed.	Co-production programme in place to build on the activity and events carried out in year 1.	Community generated content / activity – pulling through to The Borough That Cares virtual platform.
OUTPUTS	The Borough That Cares – Position Statement Recovery & Reflection Plan- Shared Impact Measures		
	• Meeting place map • Activity and Events Plan • Bi-Monthly newsletter with timetable for issue • Service Information Packs	• Health and wellbeing action plan • Borough That Cares Locality Network Meetings • "Get involved make a difference" • Co-production Plan implemented	• Carer Friendly Communities • Communities Action Pack • Carer Empowerment Plan • Online information hub / face to face hubs in place
	Define the social movement model.	Co-produce the social movement model.	Social Movement Launched.

SUMMARY

We have the blueprint in place, the next step is to share our values, vision and mission. Work is already happening; we have a strategy group in place and we are making progress to look at how our message reaches out to carers.



✓ Carers are respected, listened to and seen as expert care partners

✓ To make caring visible
✓ To make improvements to all our service and to our communities to make carers lives easier
✓ To live in a borough that cares about its carers

✓ To ensure carers can live well, be active and have fulfilled lives

✓ Consolidating a community offer for carers
✓ Ensure organisations work together to provide services that are flexible and accessible throughout the borough
✓ Carers feel their role is understood and valued by their community

✓ Meeting place map
✓ Activity and Events Plan
✓ Bi- Monthly newsletter with timetable for issue
✓ Service Information Packs
✓ Health and wellbeing action plan
✓ Borough That Cares Locality Network Meetings
✓ "Get involved make a difference" Co-production Plan implemented
✓ Carer Friendly Communities Action Pack
✓ Carer Empowerment Plan
✓ Online information hub / face to face hubs in place

Our carers have told us that we need to keep the plan simple and focus on things that make a real difference to carers. By taking a community development approach balanced with preventative practices we aim to support carers to flourish and therefore protect precious formal support resources for when a carer hits a crisis point.

Living and learning through the last two years has taught us that wonderful things can appear out of difficult circumstances and we now need to look at how we flip the learning into action. Resources are tight, services are stretched, demand for support is high and we know we need to work together to find creative people-centred solutions. It's time to create a social movement to make our borough a carer friendly place to live.

THE BOROUGH THAT CARES PARTNERS:

Come and join The Borough That Cares social movement!

Definition:

Social movement, a loosely organised but sustained campaign in support of a social goal, typically either the implementation or the promotion of a change in society's structure or values.

A movement is a mixture of organisation and spontaneity. There is usually one or more organisations that give identity, leadership, and coordination to the movement, but the boundaries of the movement are never static.

Health and Wellbeing Board

Ward Priorities

Martin Hughes – Head of Neighbourhoods
21st September 2022

Thriving Neighbourhoods

'*Our **vision** for Rotherham is for every neighbourhood to be a thriving neighbourhood, where people are able to work together to achieve a good quality of life. We want to work with local people to find solutions to local issues and to build on our heritage and assets. We will help create vibrant communities in which people feel happy, safe and proud. To do this, we will make it easier to get involved in the local community, work closely with our partners and local voluntary and community groups, enhance our town and village centres, green spaces and libraries, and effectively tackle community issues*'

To achieve……..

- Neighbourhoods that are safe and welcoming with good community spirit
- Residents who are happy, healthy and loving where they live
- Residents are able to use their strengths, knowledge and skills to contribute to the outcomes that matter to them

Principles

Expanding opportunities for all - target the most help at those who need it, so no one is left behind

Recognising and building on our strengths to make positive change - making the best use of local assets, including buildings, parks and public spaces, as well as harnessing the knowledge and skills of community groups and local residents

Working with our communities – ensuring residents are at the heart of everything we do. Involving local residents in the things that matter to them and making sure we design our services based on input from those who use them

Focussing on prevention - reduce the risk of problems arising in the first place, and when they do, we will intervene early to prevent them from worsening.

Strengths-based approach

Recognising and building on the existing skills, resources, knowledge, experience and heritage within our communities

Empowering Councillors, partners and residents to work together to find creative solutions to the local issues that matter most to them

Council commitments -

- Place communities are at the heart of everything we do
- Always ask and listen to ensure we are addressing the things that matter to residents
- Be innovative in how we involve residents so that it maximises their skills and knowledge
- Problem solve collaboratively with communities - ‘Work with’ and not ‘do to’
- Identify and support the motivation to act within communities
- Nurture relationships within neighbourhoods
- Build the capacity and resilience of the community and local community organisations

Place-based approach

- **Ward Councillors as community leaders** - bringing people together to tackle locally identified ward priorities

- **Neighbourhoods Team** - facilitate community involvement and co-ordinate local networks and partnerships tackling those local priorities

- **Working collaboratively** - with council services, other service deliverers (e.g. Police, NHS), Parish Councils, voluntary community and faith organisations, residents and other stakeholders

Ward Priorities

- Refreshed and published annually (June) - Ward Plans – Rotherham Metropolitan Borough Council

- Informed by local data, input and advice from council services & partners and local community intelligence

- Include priorities around theme such as -
  - Environment – including street scene, parks and green spaces
  - Community safety & ASB
  - Community resilience & infrastructure, including cost-of-living
  - Children and young people
  - Transport & road safety
  - Physical & mental health and well-being

- 13 wards specifically reference Health & Wellbeing

All children get the best start in life and go on to achieve their potential

17 wards reference Children, Young People & Families

Rotherham East ward - Oral Health Packs

Ward Councillors have been working with local primary schools, council services and the NHS to provide oral health packs for every child ensuring they have access to a toothbrush, toothpaste and increasing their knowledge on the importance of oral health.

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

9 wards reference Mental Health

Bramley & Ravenfield ward – promoting mindfulness

Ward Members are working with RotherFed and Pivotal Fitness to deliver chair exercise sessions at the Elizabeth Parkin centre. The sessions promote mindfulness, encourage socialising and having fun, as well improving mobility.

Attendees have commented on the difference the opportunity to come together has made in terms of how they cope with low mood or feeling of lonely.

All Rotherham people live well for longer

2 wards reference supporting Older People

Hellaby & Maltby West and Maltby East wards – Dementia Action Week

Ward councillors supported range of activities during **Dementia Action Week** and throughout the year - promoting good mental health, tackling loneliness and isolation and promoting the early detection of Dementia and the support services available.

Lost Chord - takes place fortnightly *'blow the Monday blues away and sing your hearts out with some amazing songs to bring back memories, make new friends and fill the hall with laughter'*

All Rotherham people live in healthy, safe and resilient communities

- All 25 wards include priorities that impact on the wider determinants of health
- Employment and the Economy - 3 wards
- Crime and Community Safety - 21 wards
- Environment - 24 wards
- Housing and Tenancies - 3 wards
- Planning - 2 wards
- Culture, Leisure, Sport & Green Spaces - 13 wards
- Supporting local Community Groups - 16 wards
- Cost of Living – 13 wards
- Covid Recovery – 7 wards
- Loneliness & Isolation - 8 wards

All Rotherham people live in healthy, safe and resilient communities

Wickersley North ward - Sunnyside Food Bank

Ward Councillors work alongside Sunnyside Supplies community group to provide a Social Supermarket and Community Café.

This essential service is providing healthy, affordable groceries, a range of valuable volunteer roles and a much-needed place to come together for those who are **lonely or socially isolated**, including single-parents and older people.

Going forward – supporting delivery of the Board's Aims and Priorities within neighbourhoods

- Strengthen the link between the Strategy and ward priorities/plans
- Regular reporting on activity taking place in neighbourhoods to the Board and providing evidence of impact
- Use the Strategy to inform future ward priorities
- Use community intelligence to inform future Strategic Aims and Priorities
- Raise the profile of the Strategy with ward members and residents
- Promotion of Place-based and Strengths-based working
- Promotion of Early Intervention & Prevention
- Strengthen partnership working within neighbourhoods
- Shared Learning & Development

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Strategic Physical Activity Update

Gilly Brenner, Consultant in Public Health

Norsheen Akhtar, Development Manager

Why physical activity matters

- Inactivity in Rotherham > national average
- Almost 1 in 3 inactive (<30 min/week)
- Higher rates in some groups, inc LTC with most to gain in terms of reducing risk
- It's everyone's business
- It's fun!

Background

- Local Authority Healthy Weight Declaration Jan 20 – food and physical activity
- Strategic review of Physical Activity Jul 21, came to H&WbB Nov 21
- Lots of ambitions, then prioritised into 4 key themes

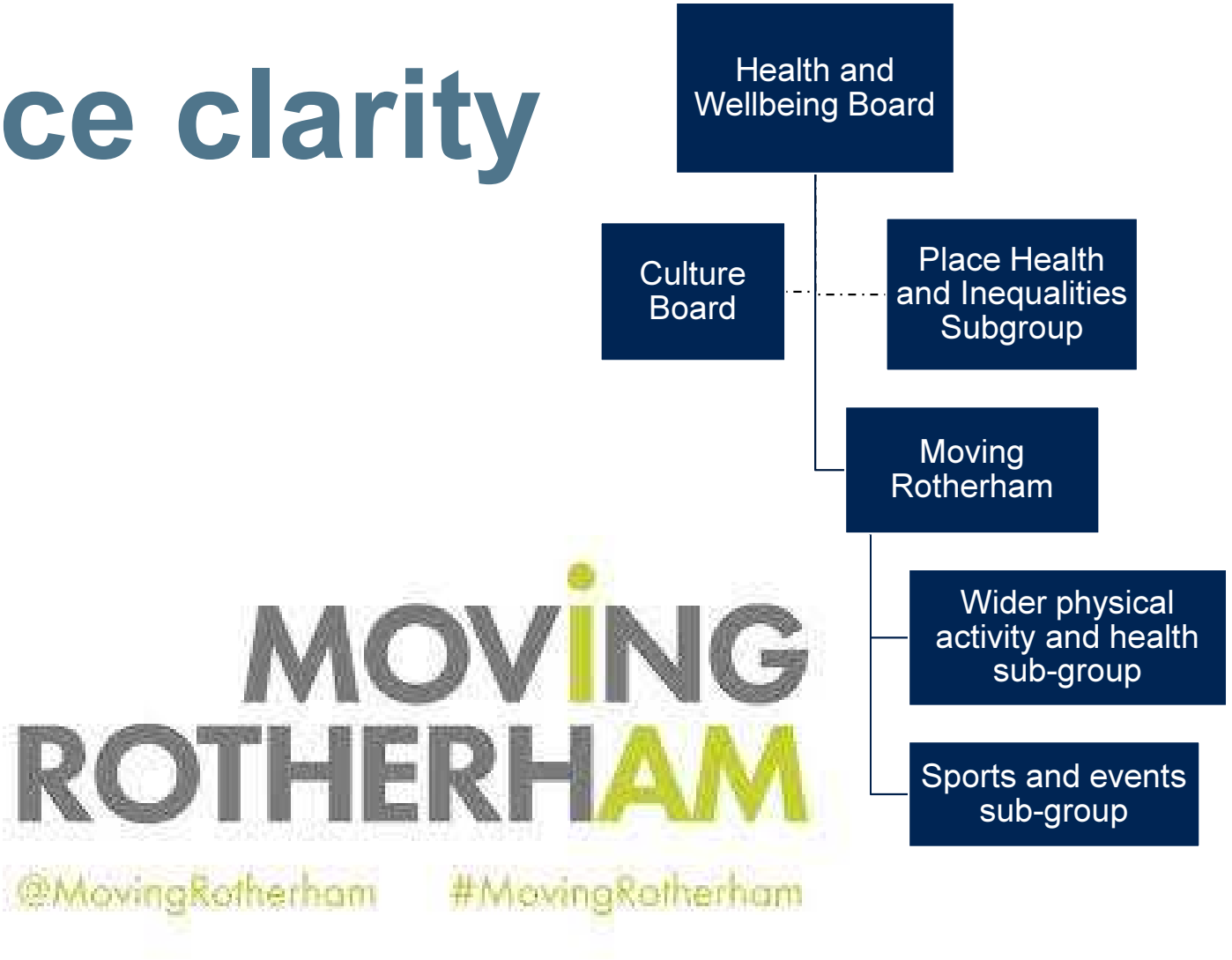
4 priorities

- Normalising physical activity / building a social movement
- Employers supporting the workforce to be active
- Front line workers confident to talk about and signpost to physical activity
- Strengthening social prescribing, including embedding physical activity

Big Conversation Event

- 4th July, Town Hall
- >70 people, wide range partners inc VCS, health
- Started to flesh out conditions to make the ambitions realised
- Individuals signed up to the priority they will work on

Governance clarity



What next?

- 12th & 13th October workshops each theme
- 3rd Big Active Conversation in Nov
- Moving Rotherham governance re-launched
- Final Big Active Conversation – plans agreed and adopted with delivery responsibilities
- Moving Rotherham wider partners continue big active conversations once a year

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Rotherham Joint Health and Wellbeing Strategy

A healthier Rotherham by 2025

NHS

South Yorkshire POLICE

Voluntary Action Rotherham

healthwatch Rotherham

Rotherham Metropolitan Borough Council

Contents

Foreword

Health and wellbeing is important to everybody in Rotherham, enabling people to lead fulfilling lives and to be actively engaged in their community. The way individuals achieve good health will differ according to their experiences, life chances, abilities and resources. Unfortunately, we know too many people in Rotherham are not in good health and that significant differences exist between our most and least deprived communities.

These health inequalities have been even further exacerbated throughout the Covid-19 pandemic, which has had a disproportionate impact on those from deprived areas. Partnerships have strengthened over the past years in exploring new ways of delivering health and care services and meeting needs. These strong partnerships have been instrumental in our response to the Covid-19 pandemic, including the roll out of the successful vaccination programme in our community.

As a board, we have refreshed our priorities to respond to challenges faced in light of Covid-19, as well as to changes in the way health and care partners work together locally and regionally. This strategy reflects this new direction. It provides a vision for health and wellbeing in Rotherham, shared by all partners on our Board.

The Health and Wellbeing Strategy provides a high-level framework which will direct the Health and Wellbeing Board's activity until 2025; it will support the board's role to provide leadership for health and wellbeing by making the most of our collective resources within Rotherham. It does not, however, reflect everything we will consider as a board or that the partners will deliver, but focuses on what we can do better together and provides strategic direction for each organisation as they deliver services.

The Health and Wellbeing Board is about working together and we believe it is clear that the board is now a real and strong partnership. The strategy contains some ambitious aims, but by working creatively and in partnership, we feel that they are achievable and that we can make long-lasting changes that will improve the health and wellbeing of all Rotherham people.

Due to changes in the regional and local health and social care system, and the changeover from the Clinical Commissioning Group to the Integrated Care Board, the Health and Wellbeing Board's Vice Chair is to be confirmed in September.

Cllr David Roche

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

1 Introduction and context

This is the third Health and Wellbeing Strategy for Rotherham, first agreed in 2018 and refreshed in 2022, which has been produced in collaboration with Health and Wellbeing Board partners. This fulfils the duty set out in the Health and Social Care Act (2012) to set the overarching framework for health and care commissioning plans for Rotherham.

The high-level strategy involves the implementation of a number of workstreams, organisational strategies and action plans. The role of the Health and Wellbeing Board is to support and encourage effective partnership working, share good practice and understand and build on local assets, as well as taking action where needed to remove blockages, identify gaps and to hold organisations, workstream and strategy leads to account for delivery. All of this is about ensuring the board maximises opportunities for improving health and wellbeing in everything it does, across all agendas, policies and strategies.

For the strategy to be effective, it is important that it has a clear focus, and includes only the most important things that the partners on the board can do together. It does not include everything that all partners do, but considers strategically where the most difference can be made by the board working in partnership.

1.1 The Rotherham Together Partnership

The Rotherham Together Partnership plan - 'The Rotherham Plan 2025'- provides a framework for partners' collective efforts to create a borough that is better for everyone who wants to live, work, invest or visit.

The Health and Wellbeing Board and strategy contribute to achieving the vision of the Rotherham Plan, particularly in relation to improving health and wellbeing outcomes for local people.

The wider partnership also provides an opportunity to explore where better outcomes could be achieved in relation to the wider determinants of health, for example: the environment people live in, education, employment, financial inclusion and transport; all of which contribute to the aims and priorities within this strategy.

1.2 South Yorkshire Integrated Care Board and Integrated Care Partnership

Rotherham is one of the four Places constituting the South Yorkshire Integrated Care Board (ICB). As part of the Health and Care Act 2022, NHS South Yorkshire ICB became a statutory organisation on 1 July 2022, merging the four Clinical Commissioning Groups working across South Yorkshire and absorbing their functions.

It has a Unitary Board with an Independent Chair, independent non-executive members, a chief executive, executives and statutory partner members who bring the perspectives of the various sectors of health and care.

The ICB is directly accountable for NHS spend within the ICB area. It is responsible for the commissioning of healthcare services for the population of South Yorkshire and ensuring the quality and performance of those services within the ICB area. It brings partner organisations together in a new collaborative way with a common purpose and brings the NHS together locally to improve population health and establish shared strategic priorities, connecting to partnership arrangements at system and place. The ICB is accountable to NHS England.

The system involves collaboration and joined-up working across a number of regional health and care organisations in order to better serve the needs of local populations. The ICB has delegated certain of its functions to be carried out on its behalf by the Place Partnership (see below).

The Integrated Care Partnership is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. It is a joint statutory committee of the ICB and the four local authorities in South Yorkshire.

As a Health and Wellbeing Board, we are feeding into the development of the ICB through the Integrated Care Partnership. The Integrated Care Partnership will formulate a regional integrated care strategy, in close collaboration with the four Health and Wellbeing Boards.

1.3 Rotherham Place Partnership and Integrated Health and Social Care Place Plan

The Rotherham Place Board has two roles:

The Place Board is responsible for partnership business, providing the strategic and collective leadership to deliver the ambitions of the Place Partnership and the Rotherham Place Plan. The Place Board is the forum where all partners across health and care in Rotherham come together to formulate and agree strategies for implementing the Rotherham Place Plan. The Place Partnership is committed to achieving the best outcomes for people in Rotherham, ensuring alignment of relevant health and social care budgets so health, care, and support services can be bought once for a place in a joined-up way.

The Place Board also acts as a formal committee of the ICB, sitting as the ICB Place Committee for Rotherham where it has delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit.

The Health and Wellbeing Strategy sets the strategic vision for improving health and wellbeing for all Rotherham people. The Rotherham Place Plan is the delivery mechanism for the health and social care elements of the strategy and is aligned to the wider vision of the strategy. The aim of the Rotherham Place Plan is to deliver sustainable, effective, and efficient health and care support and community services with significant improvements underpinned by collaborative working through the development of the Place Partnership. The partners' shared vision as set out in the Place Plan is to support people and families to live independently in the community, with prevention and self-management at the heart of delivery.

Transformation and enabling groups, in particular the first two transformation groups, are aligned to the Health and Wellbeing Strategy aims, and support delivery of the strategy:

Transformation Groups

- Children & Young People Group
- Mental Health, Learning Disability & Neurodevelopmental Group
- Rotherham Urgent Care Board (Urgent & Community Group and A&E Delivery Board combined)

Enabling Groups

- Communication & Engagement
- Digital (including Business Intelligence, Rotherham Office for Data Analytics and Population Health Management)
- OD/Workforce
- Estates
- Prevention & Health Inequalities
- Finance

National and local commissioning has supported increased community care over recent years to improve patient outcomes, improve flow through the system and reduce inefficiencies. Health and social care transformation programmes include developing alternatives to entering services or hospital admission and facilitating discharge. The Place Plan provides an opportunity to build on this to take a more holistic and integrated approach across physical and mental health, social care and the voluntary and community sector in order to develop and embed an integrated model of care which supports individuals and their carers and focuses much more on prevention.

Within Rotherham, public services need to commission for excellence, focusing on better outcomes for individuals and bringing the concepts of people and place together to take a whole system view, based on the Marmot principles for reducing health inequalities. Integrating commissioning and provision of health and care services, pooling resources and using collective experience and knowledge, should result in efficiencies for all partners, whilst also focusing on what the most important things are for local people, helping them to live healthier lives for as long as possible.

Partners will focus on people and places rather than organisations, pulling pathways together and integrating them around people's homes and localities; adopting a way of working which promotes continuous engagement with and involvement of local people to inform this. They are committed to actively encourage prevention, self-management, and early intervention to promote independence and support recovery, and fairness to ensure that all the people of Rotherham can have timely access to the support they require to retain independence. Place partners design pathways together and collaborate, agreeing how we do pathways once collectively, to make our current and future services work better.

Narrowing inequalities and targeting resources towards areas of greatest need is a principle of the Health and Wellbeing Strategy. Place partners work together to reduce health inequalities and tackle the wider determinants of health to ensure 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.

The Place Board reports to the partner organisations and the Health and Wellbeing Board on progress against the Rotherham Place Plan.

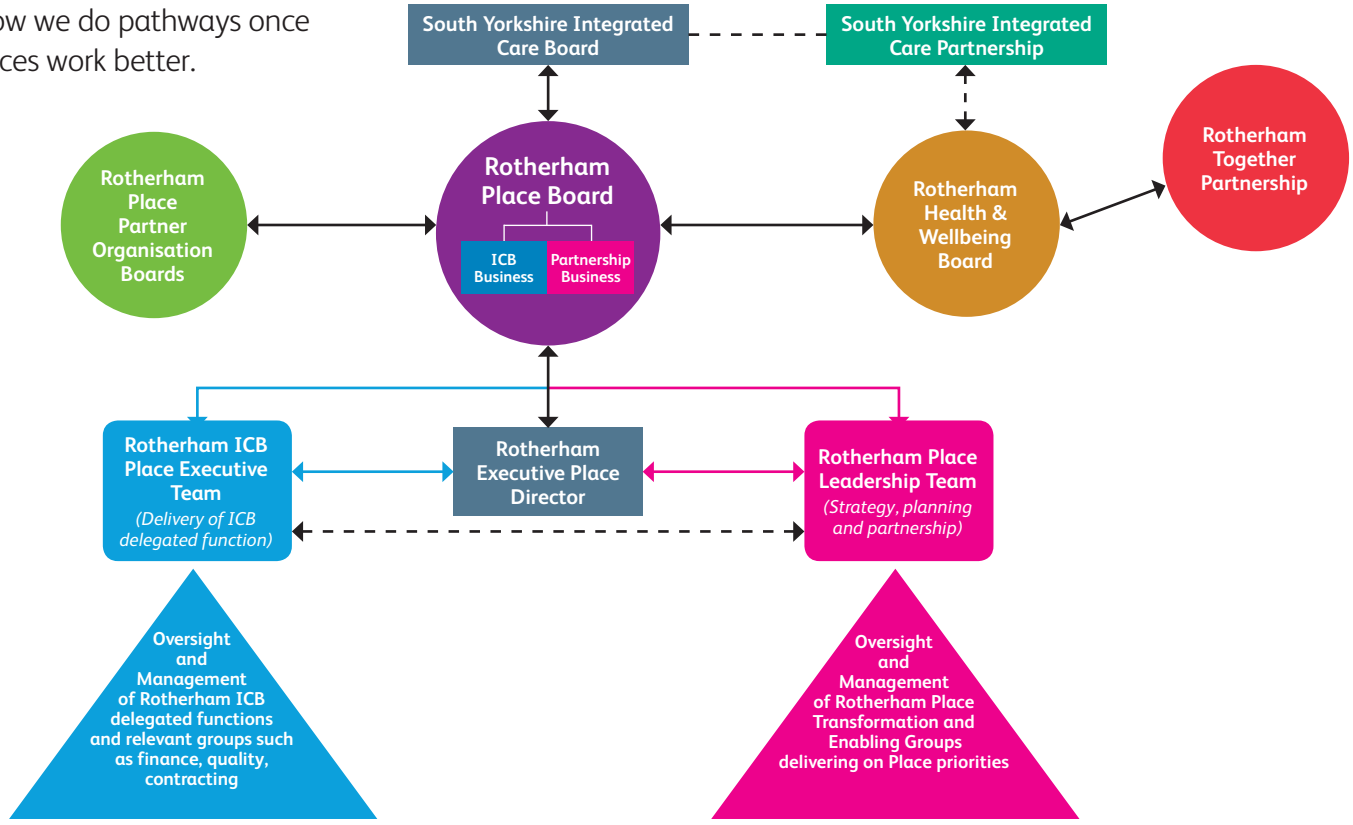


Figure 1 outlines governance arrangements between Place arrangements and the Health and Wellbeing Board

2 What is meant by 'health and wellbeing'

Health is about feeling physically and mentally fit and well. Wellbeing considers whether people feel good about themselves and are able to get the most from life.

Health is not just about individuals, however, but also about populations. Population health considers how to respond to potential threats to health, such as the impact of where and how people lead their lives, and identifies how best to provide health services that are capable of meeting people's different needs.

Local people can be supported to take responsibility for their health and wellbeing by having a good understanding of their own and their family's health and the behaviour changes they can make to improve their health now or to prevent ill health developing in the future. Further, the environment people live in plays a crucial role in enabling them to lead healthy lives. Most health behaviours are determined during pregnancy, infancy, childhood and adolescence and by improving the health of children and young people, health and wellbeing of the wider population can be influenced.

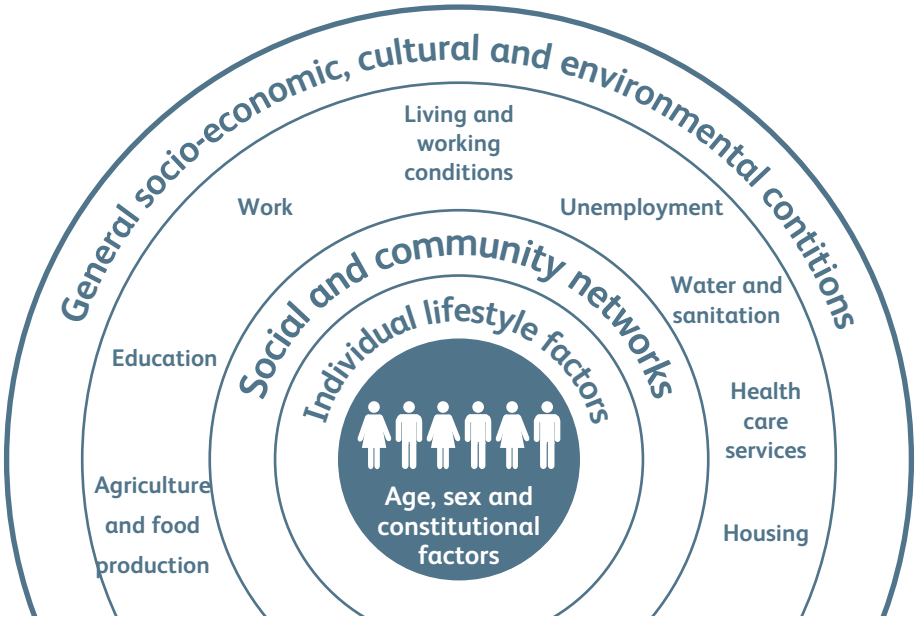
The aims in this strategy have a strong focus on the role of the individual and the wider community in improving health and wellbeing, while also setting the vision for how health and care services will be delivered to those who need it. People who are connected to others, not feeling socially isolated or lonely, who are learning, staying active and contributing to their community, are much happier and healthier.

2.1 A life course approach

A life course approach to health is based on the understanding that multiple factors, which include biological, social, psychological, geographic, and economic, shape health over the life course. This approach aims to increase the effectiveness of interventions throughout a person's life, focusing on a healthy start to life then targeting the needs of people at critical periods throughout their lifetime such as adolescence, moving into work, pregnancy, retirement, bereavement and end of life.

The health and wellbeing of individuals and populations across the whole life course is affected by a range of factors both within and outside the individual's control. The wider determinants model below describes the layers of influence on an individual's potential for health; those that are fixed such as age, sex and genetics and those which are not such as personal lifestyle, the physical and social environment and wider socioeconomic, cultural, environmental and global conditions.

Figure 2 Dahlgren and Whitehead Wider Determinants Model[1].



This model also demonstrates the complex influences on health and identifies that no one individual or organisation can improve the health of the Rotherham population on their own: improving health and wellbeing is a shared responsibility between all organisations and the people of Rotherham. People have responsibility for their own health and wellbeing, whilst local partners and organisations contribute by developing services and environments that support and enable them to fully take this responsibility.

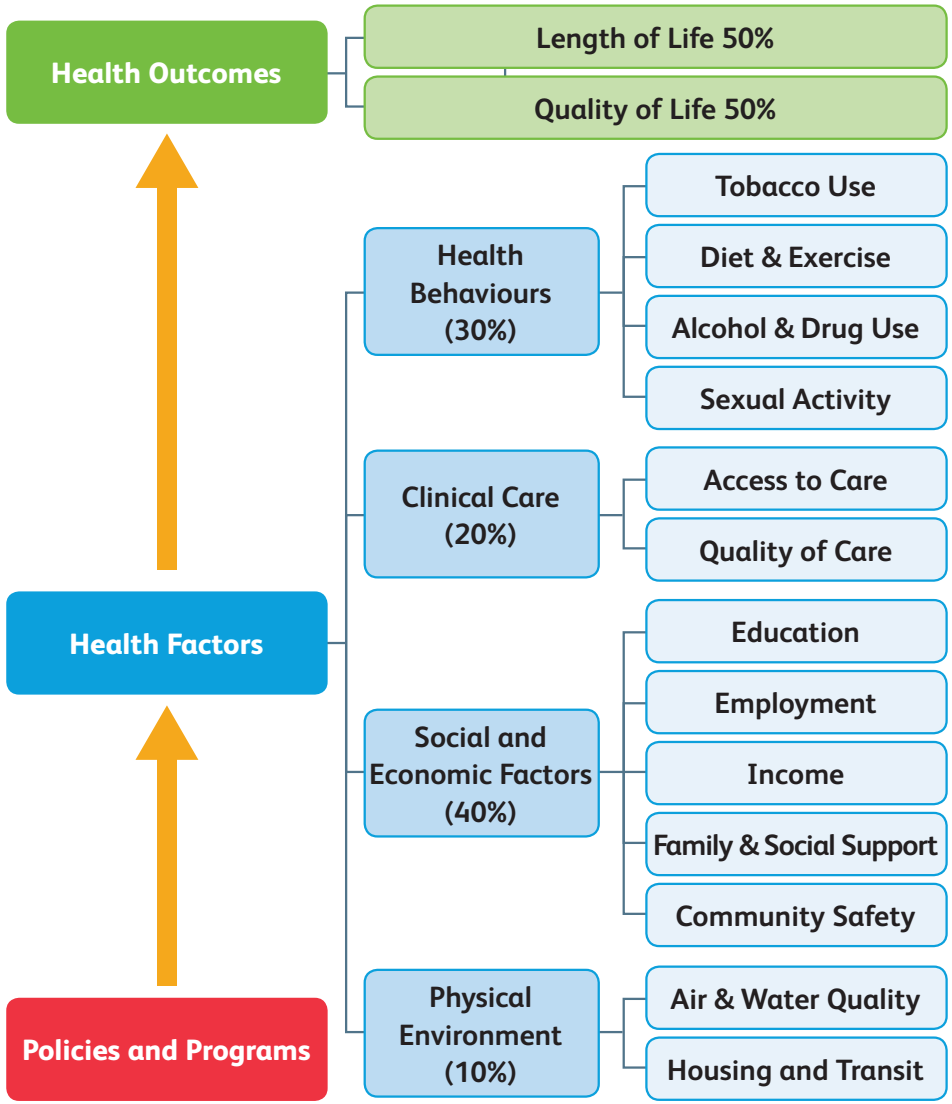
2.2 What causes poor health and wellbeing?

People's experience of health and wellbeing is influenced by more than health and care services, and there are stark differences in the life expectancy of people living in the best and worst off parts of the borough. A woman born in Hellaby can expect to live to 85.7 years on average, while a woman born in the town centre can expect to live to 77.9 years. A man born in Maltby can expect to live to 74.6 years, while a man born in Sitwell can expect to live to 80.3 on average (2015-19), and differences are even starker when comparing smaller areas below ward-level, where differences in life expectancy go up to 10 years.

The greatest impact on health and wellbeing comes from socio-economic factors such as education, employment and income, as well as family and social support networks available to people and the physical environment in which people live – including the quality of our built environment, housing, transport and access to green spaces.

The following diagram demonstrates the things that can impact people's ability to lead healthy lives and the strength of association between these health factors and health outcomes. It suggests that the greatest improvements in population health will be made by addressing the social and economic determinants of health. Local information on the determinants of health and wellbeing in Rotherham can be viewed on the Rotherham Data Hub (JSNA, Homepage – Rotherham Data Hub) and in section 4 below.

Diagram available here
http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank



3 Strategic aims

The strategy includes four aims which the Health and Wellbeing Board have agreed are the most important things to focus on to improve health and wellbeing outcomes for Rotherham people, and can best be tackled by a 'whole system' approach where the involvement of the whole range of partners at the Health and Wellbeing Board is needed to achieve improvement.

3.1 Strategy principles

Underpinning these aims is a set of principles that all Health and Wellbeing Board partners have committed to embedding in everything that they do, both individually as organisations, and jointly as a 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.

3.2 How the strategy has been developed

In developing the Health and Wellbeing Strategy the aim was to identify priorities based on strong evidence, an understanding of what would work locally, stakeholder feedback and specific areas where the Health and Wellbeing Board could have the biggest impact.

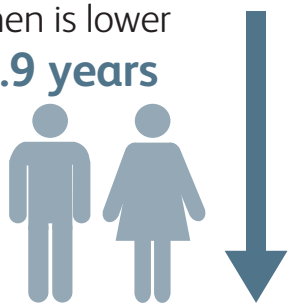
Rotherham's Joint Strategic Needs Assessment (JSNA) provides a comprehensive and rigorous analysis of the issues that need to be considered when planning for the protection and improvement of the health and wellbeing of the people of Rotherham. The JSNA identifies the current and future health and wellbeing needs of the population, including differences in life expectancy within and between communities and the impact of ill health on the quality of life experienced by local people. It also recognises the importance of mental health and wellbeing and their central role in individuals' and communities' resilience.

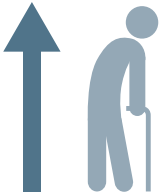
4 Joint Strategic Needs Assessment – what the data tells us

Table 1: **Rotherham – at a glance**[2]

The **health** of people in Rotherham is generally poorer than the England average

Life expectancy for men and women is lower than the England average and is nearly **9.9 years** lower for men and **9.5** years lower for women in the most deprived areas of Rotherham compared to the most affluent areas (2018 -2020)





The number of **older people** is increasing, especially in the oldest age groups, and people will live longer with poorer health

Our **Black and Minority Ethnic** communities are growing and changing, most evident amongst children and young people and a growing Roma community

Deprivation in Rotherham is amongst the highest **20%** in England, with almost **40%** of Rotherham residents living in the **10%** most deprived areas in England

Rotherham's older population (over 60) has increased from 61,500 in 2011 to 68,600 in the 2021 Census, an 11.5% rise (51,700 in 2001). Rotherham's population is ageing broadly in line with national trends and the percentage aged over 85 increased from 2.1% in 2011 to 2.3% in 2021

34.64% of children in Rotherham are estimated to live in **poverty**

12,800 people in Rotherham are **economically inactive** (neither working nor seeking work) due to long-term sickness

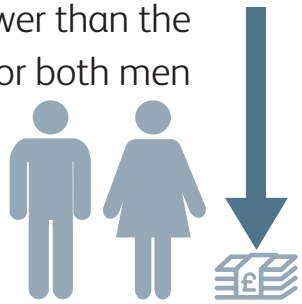
[2] Data sources range between 2015-2021. All data are the latest available on the PHOF and the Rotherham Joint Strategic Needs Assessment as of July 2022.

9.4% of working age people in Rotherham are claiming long term sickness or disability-related benefits

People in Rotherham are **24%** more likely to have a long term health problem or disability than the English average

8,893 people in Rotherham are entitled to Carers Allowance with 6,520 receiving the payment due to their role as a carer

Household incomes in Rotherham are lower than the Yorkshire and Humber and UK average for both men and women. Rotherham women earn only **80%** of the average salary for for women in England and earn only **76%** of the average salary for Rotherham men



In 2020, 20,889 households in Rotherham (17.9%) were in **fuel poverty** with localised rates up to 39.5%. This compares with 10,814 households (9.5%) in 2018

17.9% of **mothers were smokers during pregnancy** in 2018/19. Smoking in pregnancy contributes to increased risk of stillbirth, low birthweight and neonatal deaths. Smoking at the time of delivery rates in Rotherham (which are used to approximate rates of smoking during pregnancy) fell substantially from 16.2% in 2019/20 to **14.0% in 2020/2021**, although the absence of carbon monoxide monitoring meant that it has not been possible to verify smoking status throughout the pandemic

23.6% of children leaving primary school are obese, above the national average of 20.2%. 73% of the adult population, around **27%** of children at reception age and **38%** of children at year 6 were classed as **overweight or obese**

1,990 hospital admissions in Rotherham during 2018/19 could be attributed to alcohol and 1,687 years of life were lost due to alcohol related conditions in 2018

Just over **30%** of the Rotherham population (31.1%, 2015-18) are estimated to drink at a level that puts their health at risk (over 14 units per week).

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

Between 2015-2018 the number of smoking related deaths in Rotherham was **34%** higher than the England average.

Table 2: **The National Picture**

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.

Almost 1 in 5 people of **pension age** in England were living in **relative poverty** in 2019/20, following a sharp increase (of 200,000 people) over the previous year. This extends a worrying trend which first emerged in the middle of the last decade and means more than 2 million people of state pension age in the UK were living in poverty in 2019/20.

Almost 1 in 5 homes in England headed by someone aged 60 or older is in a condition that endangers the health of the people who live there. Almost 9,000 people died in England and Wales last year because their homes were too cold.

Mental health is an issue that affects many people: latest estimates state that 1 in 6 adults experienced a 'common mental disorder' such as depression or anxiety in the past week and 1 in 6 children aged between 6 and 16 experienced a 'common mental disorder' in 2021.

Half of people aged 75 years and over live alone and most **experience loneliness**, especially those who are widowed.

Table 3: **Impact of Covid-19**

Mortality rates from Covid-19 in England between March 2020 and April 2021 in the most deprived areas were more than **double the rate** in the least deprived areas (122 deaths and 300)

The all ages mortality rate (persons) for deaths involving Covid-19 in Rotherham is **70% higher** than the England average.

The mortality rate for **deaths (female)** involving Covid-19 in Rotherham is 85% higher than the England average.

Nationally, the Covid-19 pandemic has had a negative impact on physical activity levels. Latest data for Rotherham shows that between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. This is an **increase of 2.6% inactive people** and a decrease of 3.1% active people since the previous 12-month period pre-Covid-19.

A school-based survey of 11,058 young people in Rotherham found students to be more anxious, stressed, bored and feeling sad/low in June 2021 than they were at the beginning of the pandemic.

In Rotherham, **The Food for People in Crisis Partnership**, which supports people in financial crisis to access emergency food, saw a more than four-fold increase in the number of parcels provided, from 4,357 in 2019/20 to 19,466 parcels in 2020/21.

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

The Rotherham Community Hub was launched in March 2020 as part of the Council's response to the pandemic with the aim of supporting any Rotherham resident affected by Covid-19, self-isolating and lacking support networks. As of 30th January 2022, the Community Hub had responded to over 7,900 requests for support and responded to over 1,280 volunteers who came forward to provide help via the Rotherham Heroes programme.

5 Strategic priorities: the areas the Health and Wellbeing Board will focus on to achieve the aims

Under each of the four aims is a small set of **strategic priorities**. These are the 'high-level' areas that the board has agreed will contribute best to achieving the overall aims. They are **not** intended to include everything that the Health and Wellbeing Board partners will deliver, but what they can deliver **better together**.

Five questions have been used in selecting these priorities:

Each of the priorities under the four aims cannot be delivered in isolation. The board acknowledges that to really make a difference to the health and wellbeing of local people, it must ensure that those coordinating and delivering the activities, workstreams, strategies and plans mentioned in this document are aware of and understand the contribution they will make to all four aims.

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

There are 47,100 children and young people (up to the age of 15) in Rotherham in 2021, making up 17.7% of the population. Whilst the school age population has increased between 2011 and 2021, the number of children aged 0-4 has decreased from 15,738 in 2011 to 14,600 in 2021 (a 7.3% reduction, while the overall population saw a 3.2% increase).

All aspects of our development – physical, emotional and intellectual – are established in early childhood. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status. A strong focus on the first 1001 days of a child's life, as well as on the conditions needed for children and young people to develop well will ensure all Rotherham children can fulfil their potential in later life.

Rotherham has committed to being a child friendly borough which means:

'Rotherham will be a great place to grow up in; where children, young people and their families have fun and enjoy living, learning and working'

This commitment is about helping all our children and young people to have a voice and be able to influence everything we do, to have high aspirations and self-esteem and feel able to actively participate in their communities, and to grow into healthy and resilient adults. This strategy will contribute towards achieving that vision for children and young people by working to give every child the best start in life and supporting children and young people to develop well.

What the focus will be

STRATEGIC PRIORITY 1
Develop our approach to give every child the best start in life.

On average, there are around 2,900 births in Rotherham each year (2015-2020) and around 14,600 children aged 0-4 years in 2021. Too many of these children are not currently getting the best start in life due to differing life chances. The percentage of children living in poverty in Rotherham is higher than regional and England averages, with an estimated 17,700 children and young people aged 0-15 living in families whose income is less than 60% of median income (2021).

The first 1001 days (from conception to age 2) is widely recognised as a crucial period; evidence shows that this will influence the rest of the life course. From before conception and through pregnancy, social disadvantage experienced by women is likely to increase the risk of poorer maternal outcomes. A focus on maternal health is therefore essential to improve outcomes for both mothers and children. A healthy pregnancy is important to the health of the baby and the transition to parenthood; providing a nurturing environment, positive attachment and relationships which are vital to build good health, emotional self-regulation and resilience through childhood and into adult life.

In Rotherham around 14% of mothers smoked at the time of delivery in 2020/21, which contributes to increased risk of stillbirth, low birthweight and neonatal deaths. The rate of babies fully or partially breastfed are significantly lower in Rotherham, with 34.2% compared to the England

rate of 47.6% at 6 weeks (2020/21). Breastfed babies have fewer chest or ear infections, fewer gastrointestinal problems, are less likely to become obese and therefore of developing obesity-related problems in later life, and are less likely to develop eczema. In the UK, eight out of ten women stop breastfeeding before they want to, and most report that this is due to feeling insufficiently supported.

Rotherham levels of tooth decay in both 3 and 5 year olds are significantly higher than the national average. The rate of 3 year olds with visually obvious dental decay has increased from 11.5% in 2012/13 to 16.2% in 2019/20. Dental decay is a largely preventable disease and can lead to pain, distress, sleepless nights and school absence. Oral health inequalities exist and stem from inequalities in income, education, employment and neighbourhood circumstances throughout life.

STRATEGIC PRIORITY 2
Support children and young people to develop well.

Whilst focused action from the start of life and in the early years is essential, the commitment to tackling inequalities needs to be maintained throughout childhood and adolescence. As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education. Poverty is a key social determinant of child health, and an important context for understanding and responding to families' needs and experiences.

Children in poverty are almost twice as likely to live in poor housing and be affected by fuel poverty, which impacts on their health. According to the Low Income Low Energy Efficiency (LILEE) metric, in 2020 17.5% of households in Yorkshire and Humber were in fuel poverty (13.2% England) which is expected to rise again.

Childhood is an important time in the development of behaviours that will have a lifelong influence on health and wellbeing, including healthy eating. In Rotherham levels of overweight and obesity rise between reception (aged 4-5 years – 27% obese, higher than the England average) and Year 6 (aged 10-11 years – 38% obese, again higher than the England average). There will be many contributing factors to this increase: lifestyle and diet choices of the children, their parents, their school, and the local environment. Excess weight increases disability, disease and death and has substantial long-term economic, wellbeing and social costs.

Evidence suggests the pandemic has had a significant impact on children and their mental and physical health, showing a further widening of the inequalities gap in obesity between children in the most and least deprived areas in England, and this is most noticeable among children in Reception. Young people in Rotherham participated in a school-based survey about their mental health during the pandemic, with a total of 11,058 young people sharing their views. The findings showed a decline in how well they rated their mental health. The survey also found students to be more anxious, stressed, bored and feeling sad/low in June 2021 than they were at the beginning of the pandemic.

The support provided to families and through school is central in improving children's health and resilience in later life.

Activities that will deliver the priorities…

The Health and Wellbeing Board will:

Ensure key priorities are delivered through the 'Best Start and Beyond Framework'.

Oversee recommissioning of 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.

Oversee delivery of the SEND development plan.

In addition, the Health and Wellbeing Board will receive updates where appropriate on the 'children and young people's transformation' workstream of the Rotherham Place Plan that contributes towards this aim.

These include:

- The first 1001 days
- Special Education Needs and Disabilities
- Looked After Children
- Children & Young People's Mental Health and Emotional Wellbeing
- Transition to Adulthood

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

Mental health is something everybody has. Mental health, as defined by the World Health Organisation, is:

'…. a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.'

Good mental health therefore is fundamental to how an individual, community and society functions. Improved mental wellbeing and reduced mental disorder are associated with: better physical health, longer life expectancy, reduced inequalities, healthier lifestyles, improved social functioning and a better quality of life. Improving people's mental wellbeing is also associated with positive outcomes in relation to education and employment, as well as reduced crime and antisocial behaviour.

Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, roughly the cost of the entire NHS. Mental health problems can affect anybody at any age. One in four adults experience at least one diagnosable mental health problem in any given year. Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters by their mid-20s. It is vital that positive mental and emotional wellbeing is a priority at every age. Therefore, the priorities identified within this aim apply across the life course.

What the focus will be

STRATEGIC PRIORITY 1
Promote better mental health and wellbeing for all Rotherham people.

Average ratings of wellbeing have deteriorated across all indicators (including happiness, anxiety and satisfaction with life) in the year ending March 2021 throughout England, continuing a trend that was seen in the previous period, but even more sharply seen since the start of the pandemic.

Depression is the most common form of a mental health condition, affecting over 33,251 Rotherham residents aged 18 and over in 2020/21. This value is higher than the England value and has been increasing in Rotherham since 2013/14. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs. The incidence of new diagnoses during the same period was 1.5%, a total of 3,155 persons, higher than the England value of 1.4%. In responses to a GP patient survey in 2018/19, 12% reported a long-term mental health problem, which is significantly higher than the England value of 9.9%. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Mental health and substance misuse problems are responsible for 21.3% of the burden of disease in England. The board is working towards taking a prevention-focused approach to improving public mental health which has been shown to make a valuable contribution to achieving a fairer and more equitable society. A variety of personal, social and environmental risk factors contribute to poor mental health, including medical illness, loneliness, unemployment, poverty and poor access to basic services. Promoting evidence-based planning and commissioning as well as focusing on action that impacts on the wider determinants of mental health and wellbeing aims to increase the impact on improving public mental health.

What the focus will be

STRATEGIC PRIORITY 2
Take action to prevent suicide and self-harm.

In 2015/16 Rotherham residents reported high levels of low satisfaction with life, low happiness and high anxiety. These rates were higher than the average for England and for the Yorkshire and Humber region as a whole . People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Suicide prevention is a focus within this aim because deaths by suicides are not inevitable. Every death by suicide is a tragedy having a devastating impact on family, friends, work colleagues and the wider community. When a person dies by suicide it is often the end point of a complex history of risk factors and distressing events. The majority of people who die by suicide are not in contact with mental health services. It is important, therefore, that other organisations and local communities can provide environments where suicide can be talked about and trained people can spot the signs and offer initial support and signposting.

Rotherham's suicide rate increased sharply between the periods 2012-2014 and 2013-2015, from 10.9 to 14.2. The latest rate for 2014-2016 has seen a slight decrease in this figure to 13.9, but this is still significantly worse than the England rate of 9.9.

STRATEGIC PRIORITY 3
Promote positive workplace wellbeing for staff across the partnership.

The workplace plays a key role in contributing to people's mental and physical health. Evidence shows that having a healthy, engaged workforce brings clear benefits for employees and organisations. Positive workplace support can improve employees' wellbeing and reduce absence levels.

With Health and Wellbeing Board partners being significant local employers, there is an opportunity to make a difference to population health through supporting our own workforce. 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. Organisations can play a significant role by developing a supportive culture and addressing factors that may negatively affect mental health and emotional wellbeing, reducing stigma and discrimination by increasing awareness and understanding of mental health.

STRATEGIC PRIORITY 4
Enhance access to mental health services.

A range of different talking therapies support residents in managing their mental health and improve their wellbeing, including psychological therapies for depression and anxiety disorders in adults. However, 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.

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.

Fear, stigma and lack of culturally sensitive treatment can act as barriers for Black, Asian and Minority Ethnic communities to accessing mental health care. In addition, Covid-19 has also had an impact on access. As of the end of August 2021, the number of Rotherham CCG patients on the referral to treatment waiting list was 22,982 (includes physical and mental health). This represents a 28% increase from August 2019 when there were 17,886 patients (5,096 fewer) waiting for treatment. At the end of August 2021, 255 patients had been waiting over 52 weeks.

Activities that will deliver the priorities…

The Health and Wellbeing Board will:

Continue to oversee and monitor the delivery of the actions within the Better Mental Health for All Action Plan, including:

- Work towards signing up to the Public Health England Prevention Concordat for Better Mental Health as a Health and Wellbeing Board
- Develop a partnership communications plan on mental health.

Continue to oversee and monitor the delivery of the actions within the Suicide and Self-harm Action Plan, including:

- Promote suicide and self-harm awareness training to practitioners across the partnership and members of the public through internal and external communications
- Deliver the Be the One campaign with annual targeted messages based on local need with support from all partners' comms and engagement leads.

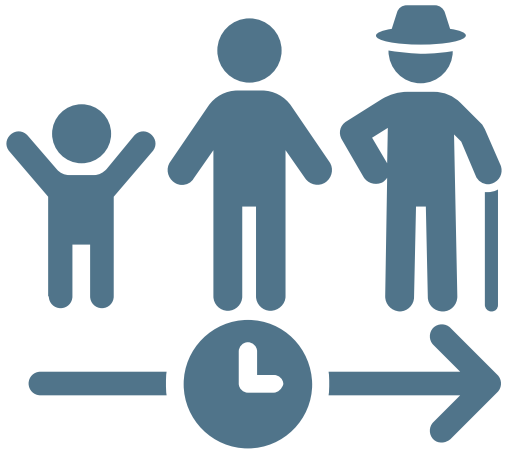
Support Health and Wellbeing partners to sign up to the Be Well @ Work award.

In addition, the Health and Wellbeing Board will receive updates where appropriate on the 'Mental Health, Learning Disabilities and Neurodevelopmental Care' workstreams of the Rotherham Place Plan that contribute towards this aim.

Aim 3: All Rotherham people 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 also 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).

This aim is about all Rotherham adults, with a particular focus on ageing well: acknowledging that 'healthy ageing' starts early in life and that we want to ensure all local people live their life as well as they can for as long as possible. Some people may not have 'good' health due to long-term health conditions or disabilities, but they should still be able to live well by getting the right support they need and keeping mentally, physically and socially active.



The main drivers of the excess years of life lost in Rotherham are cardiovascular disease, respiratory disease and cancer. The following table sets out the five leading causes, which between them contribute over 25% of DALYs (disability-adjusted life years)* 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%

** The disability-adjusted life year is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death*

Tackling premature mortality will require a coordinated approach from all members of the Health and Wellbeing Board. Ensuring the right care is provided when people need it is important, but while this aim focuses on health care, priorities in aim 4 are about ensuring that people live in environments conducive to living a healthy life.

What the focus will be

STRATEGIC PRIORITY 1
Ensure support is in place for carers.

It is recognised that informal carers are the backbone of the health and social care economy, and that enabling them to continue this role is vital. It is important that all carers, including young and hidden carers, are identified and supported.

More than 30,000 people are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise couldn't manage without their help due to illness, disability, addiction or mental ill health. This care is often invisible. Caring can have an impact on the physical health and mental wellbeing of carers; they can often feel physically and emotionally exhausted, stressed or depressed, which can affect relationships and often leads to isolation and financial difficulties.

Carers need to be able to balance their caring roles with other parts of their lives – such as jobs and educational opportunities. They need time to keep up relationships and pursue their own hobbies and interests. Young carers can find it difficult to manage other aspects of their life and are therefore more likely to not be in education, employment or training.

STRATEGIC PRIORITY 2
Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.

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 compared 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.

It must be recognised, however, that individual behaviours are not just down to individual choices and are significantly influenced by social and commercial determinants of health. To change behaviour in such

environments is difficult and needs support. An approach that addresses all risk factors and focuses on tackling both societal and individual factors yields most benefit. Therefore, in Aim 4, priority 4 tackles the environmental and social context that enables people to lead healthier lifestyles.

Activities that will deliver the priorities…

The Health and Wellbeing Board will:

Continue to oversee and monitor the priorities in 'The Borough that Cares Strategic Framework', including:

- Take an integrated approach to identifying and supporting carer health and wellbeing
- Establish locality specific carer partnership/network groups
- Introduce a co-production programme with communities to build our carer friendly Borough
- Introduce quality assured Information, Advice and Guidance processes to ensure the integrated planning and implementation of Information, Advice and Guidance.

Oversee delivery of a number of programmes that focus on reducing the health burden from tobacco, obesity and drugs and alcohol, including the establishment of a Combatting Drugs Partnership for Rotherham.

In addition, the Health and Wellbeing Board will receive updates where appropriate on the 'Prevention and Health Inequalities' workstreams of the Rotherham Place Plan that contribute towards this aim. These include:

- 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' collective roles as anchor institutions.

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

Health is influenced by more than just the healthcare we receive. The physical environment in which people live, work and spend their leisure time, how active people are (both physically and how they contribute to their community) and how safe people feel also impacts on health outcomes. The quality of housing, the condition of streets and public places, noise, access to green space, opportunities to be physically active and levels of antisocial behaviour and crime all contribute to population health. All these factors at the same time contribute to inequalities in health outcomes.

Being part of vibrant and resilient communities, with opportunities to participate in arts and culture, contributes to people's mental as well as physical wellbeing. In thriving neighbourhoods, people are able to work together to achieve a good quality of life. Working with local people to find solutions to local issues and to build on their assets will help create vibrant communities in which people feel happy, safe and proud. They provide opportunities for people to connect and participate in social and community life, improving their own as well as others' mental wellbeing.

These wider determinants all impact on the other three aims in this strategy. It is important, therefore, that all partners of the Health and Wellbeing Board contribute to and support work in these areas. One of the ways in which the board will do this through the strategy will be to influence other policies and strategies, across all the partner organisations, considering what their impact is on people's health and wellbeing and what more could be done to promote it.

A healthy economy leads to a healthy community; it offers good jobs, incomes and opportunities which increase aspiration as well as health, wellbeing and resilience. Healthy, resilient people are better able to contribute to their local community, secure a better job and be more productive in the workplace, therefore supporting a healthy economy and a healthy society.

What the focus will be

STRATEGIC PRIORITY 1
Deliver a loneliness plan for Rotherham.

Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness increases the likelihood of mortality by 26%. 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.

Loneliness and social isolation, in people of all ages, can result in increased use of emergency healthcare and earlier admission to residential care for older people. There is a need to ensure our communities are resilient, with the right services and support to enable people to confront and cope with life's challenges.

In order to tackle loneliness and promote good social connections a response is required from individuals, communities, statutory partners, the voluntary and community sector and local businesses. Actions to tackle loneliness can be very simple and in many cases low cost, building on local assets.

STRATEGIC PRIORITY 2
Promote health and wellbeing through arts and cultural initiatives.

Participation in arts and culture can have a significant impact upon health and wellbeing. These activities are associated with building connections in communities and giving people a sense of belonging, which contributes towards an ultimately more fulfilling life.

Engaging with culture and arts can have huge health and wellbeing benefits for people of all ages. Evidence shows that people who had attended a cultural place or event in the previous 12 months were almost 60% more likely to report good health compared to those who had not. While libraries have huge potential in contributing to population health and wellbeing, Rotherham libraries have a significantly lower participation rate than the England average.

Rotherham has a wealth of arts, culture and heritage attractions, including much-loved attractions like Wentworth Woodhouse and Clifton Park Museum. Along with the network of sports, community and social groups, these attractions all provide welcoming, safe and accessible opportunities for interaction and encourage people to continue to learn throughout the life course.

Arts and cultural activity also provide opportunities for people to be physically active. Latest data for Rotherham shows that between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. This is an increase of 2.6% inactive

people and a decrease of 3.1% active people since the previous 12-month period pre-Covid-19. The result of this increased sedentary behaviour and inactivity is a 'deconditioning' effect; loss of muscle mass and cardiorespiratory fitness, loss of bone density, increase in body fat, worsening of symptoms of long-term conditions, increased risk of falls and reduced independence, and an increased risk of infection from viruses like Covid-19 and flu. Having events and activities to go to can act as an incentive to become physically active and become engaged in the community.

Arts and culture help to unlock potential, eradicate apathy and build strong, happy, independent and fulfilled individuals and communities. The Health and Wellbeing Board will therefore continue to work with the Cultural Partnership Board to ensure that the culture, leisure, sport and green space offer in the borough supports the health and wellbeing of Rotherham people.

STRATEGIC PRIORITY 3
Ensure Rotherham people are kept safe from harm.

As a strategic board, and signatory of the local safeguarding protocol, the Health and Wellbeing Board has a responsibility in relation to safeguarding and promoting the welfare of children, young people, adults and their families. The board has to maintain links to safeguarding boards and address any cross-cutting issues, as well as ensuring any risks are identified. We will continue to work with other partnership boards on the health side of issues such as domestic violence and abuse.

Alongside the physical impacts caused by some crimes there is also an impact on people's wellbeing and, at times, their mental health. Crimes such as domestic abuse, sexual and violent offences can have a traumatic effect on victims, survivors and their families. With estimates suggesting 27,000 women and girls in Rotherham have suffered abuse in their lifetime and over one million reports to police of domestic abuse nationally, it is clear we must continue to do more, including promoting a culture of healthy relationships and continuing to develop education.

In order to ensure people are kept safe from harm, we will also continue to work across partner organisations including the police and fire and rescue service to embed pathways and referral schemes, promoting a shared understanding of safety and safeguarding, and ensuring that every contact counts.

STRATEGIC PRIORITY 4
Develop a borough that supports a healthy lifestyle.

The physical, social, structural and commercial environment has a huge impact on a person's ability to lead a healthy life. Creating an environment where physical activity is built in, where there is access to sustainable fresh food and green space, where housing standards are high and where tobacco, gambling, alcohol and foods high in fats, sugars and salt are regulated in such a way as to minimise harm can have a significant impact on public health and may reduce inequalities in health. It is an essential component of a strategic and holistic approach to improving health and may be more cost-effective than other initiatives that promote exercise, healthy diets and individual behaviour change.

The percentage of adults walking for travel at least three days per week has been consistently significantly lower than the national average, with 14% in Rotherham compared to 30% in England in 2019. Between May 2020 and May 2021 31.6% of the local adult population was inactive, compared with 27.5% nationally. 72.9% of adults in Rotherham were overweight or obese in 2019/20, compared to 62.8% nationally – this equates to around 150,000 adults in Rotherham with excess weight. There is a strong link between employment and people's health behaviours: 80% of users of alcohol and substance misuse services are not in employment (2019/20). Nationally, 27% of unemployed people smoke compared to 15% of employed people. Mental health and physical health behaviours are also often linked. 36% of adults with long term mental illness and 25% of adults with anxiety or depression smoke in Rotherham. 71% of users of alcohol and substance misuse services have a mental health need (2019/20).

The physical environment has a significant impact on people's health. For example, the risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness' and there is evidence that exposure to nature could be used as part of the treatment for some conditions. Ensuring buildings and public spaces are designed in a way that enables people to be more physically active or using planning and licencing levers to limit the growth of fast-food takeaways, and harmful drinking, for example, can contribute to the broader effort to reduce growing levels of overweight and obesity. Encouraging a vibrant high street with diverse local and independent food traders can increase choice and access to healthy, fresh food for all.

All health and wellbeing partners, including commissioners and providers, need to work with our communities to have a different conversation, understanding what matters to them and what their strengths' and weaknesses are; helping to understand their needs outside of traditional service models. Asset and strengths' based approaches focus on what people and places have to offer and the strengths of individuals, families and organisations, including the capacity, skills, knowledge, connection and potential in a community. Helping local people feel like active agents in their own and their families' lives, in turn promotes independence and empowerment.

Activities that will deliver the priorities…

There are a number of initiatives, plans and strategies which will contribute to achieving this aim. The Health and Wellbeing Board will continue to use its influence to ensure the health and wellbeing of local people is a key focus of these, and where appropriate, have some oversight of delivery.

Rotherham has an ambition for every neighbourhood to be thriving and to improve outcomes for residents across the borough, which will involve a neighbourhood-level working approach focused on community development: supporting residents to do more for themselves, listening to each other and working together to make a difference, supporting people from different backgrounds to get on well together, and ultimately helping to make people healthier, happier, safer and proud.

This is underpinned by the need to become more efficient and to find new and more cost effective ways to achieve the desired outcomes, and will require the contribution of all partners to achieve success.

The Health and Wellbeing Board will…

Work in partnership to continue to roll out Making Every Contact Count across Rotherham: an approach to behaviour change that utilises all of the day-to-day interactions that organisations and people have with other people, to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

- Oversee delivery of the Loneliness action plan.
- Oversee delivery of Covid-19 and flu vaccination programmes.
- Oversee co-design of children's capital of culture, with a positive impact on young people's mental health and wellbeing.
- Utilise libraries as death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy.
- Work together with other key stakeholders to develop a strategic approach to increasing the physical activity levels of all people across Rotherham; acknowledging that increasing physical activity will impact on all of the other aims in this strategy.
- Oversee development of a partnership offer on training on strengths' based approaches.
- Work through the Combatting Drugs Partnership to improve drug recovery outcomes, including impacting on key components of housing and employment.
- Work to advocate for a healthy borough and to influence partnership action on the social and commercial determinants of health.

Cross-cutting priorities

Four cross-cutting priorities support all four aims.

STRATEGIC PRIORITY 1
Work in partnership to maximise the positive impact of anchor institutions.

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 Health and Wellbeing Board are anchor institutions; partners collectively spend over £795m per year across the borough. 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, including through the employment we provide, our spend and our environmental impact.

The link between good work and health is particularly important: being in work is, in itself, good for physical and mental health, but for those people of working age who may have a long-term condition, we need to ensure employers continue to support them to have a fulfilling working life. Economic growth within Rotherham will play its part in reducing health inequalities.

STRATEGIC PRIORITY 2
Support safe and equitable recovery from the Covid-19 pandemic.

The Covid-19 pandemic, and restrictions introduced to control infection rates, have caused profound changes to everyday life, health and wellbeing. Mortality rates from Covid-19 in England between March 2020 and April 2021 in the most deprived areas were more than double the rate in the least deprived areas (122 deaths and 300 deaths per 100,000 respectively). The first case of Covid-19 was detected in Rotherham on 2nd March 2020, just two days after the first case was recorded in the UK. As of 31st January 2022, the total number of infections recorded in Rotherham was 79,615. The true figure will be much higher with many cases going unrecorded. Analysis of the UK Household Longitudinal Survey suggested that the proportion of people drinking four or more times a week increased from 13.7% pre lockdown to 22.0% a month into lockdown, with more people also binge drinking.

The full extent of the impact of Covid-19 on individuals, communities and the economy is unlikely to be known for many years, but as our health and social care systems recover from the early stages of the pandemic, and we learn to live safely with Covid-19, we need a shared understanding of its impact in order to support services and communities to recover. This includes assessing the impact of the pandemic on the voluntary and community sector and supporting its recovery.

Recognising the high exposure risks to Covid-19 due to the nature of the local economy, and the high prevalence of risk factors for Covid-19 within the Rotherham population, there is a need to minimise the ongoing impacts of Covid-19. Over the coming years, we will evaluate the impact of the pandemic on our organisations.

We need to support the restoration of equitable access to quality health and social services, work as a whole system to promote good mental health through evidence-based early intervention and prevention programmes, ensure equitable access to mental health support, and work to support schools with the recovery of lost education.

STRATEGIC PRIORITY 3
Develop the Pharmaceutical Needs Assessment.

The board has a statutory duty through the National Health Service Act 2006 (NHS Act 2006) to conduct a Pharmaceutical Needs Assessment (PNA) every three years. This assesses the need for pharmaceutical services in the area and the board is required to publish a statement of the assessment. The pharmaceutical needs assessment will inform commissioning decisions by the local authority, NHS England and the Integrated Care Board.

STRATEGIC PRIORITY 4
Work in partnership to further develop the Rotherham Data Hub and assess population health.

The other key statutory duty of the board 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 Health and Wellbeing Board uses the information provided in the JSNA to help identify our local priorities, which then form the basis of the borough's Joint Health and Wellbeing Strategy.

6 How the strategy will be used

The Health and Wellbeing Strategy places particular emphasis on a shared vision and leadership for improving health and wellbeing services. The strategy will ensure resources are used collectively and partners are held to account to deliver the best outcomes for Rotherham people.

Health and Wellbeing Board members are responsible for a wide range of services that impact on health and wellbeing, but this strategy is not intended to be a final list of everything that the board and partners will do. Rather it is a set of the most important health and wellbeing priorities for Rotherham that need to be addressed in partnership. The strategy will therefore be used to ensure that organisations work together and not in isolation.

The Health and Wellbeing Strategy provides a framework for commissioning plans for the Council and Integrated Care Board and specifically for the development of the Better Care Fund, the Integrated Health and Social Care Place Plan and for joint commissioning of services to ensure seamless, effective and efficient service delivery.

The board, through the strategy, will also influence the direction of other plans and strategies, including planning and development, transport, economic growth and skills and employment.

6.1 The board's role in safeguarding

The Health and Wellbeing Board acknowledges the contribution it makes to safeguarding all local people.

There will be continued engagement with the local safeguarding boards as agreed through the local 'Safeguarding Partnership Protocol', ensuring a shared focus on positive outcomes for children, young people, adults and their families, with appropriate arrangements in place between strategic leaders, elected members and chairs of the boards (including Health and Wellbeing Board, Children and Young People's Partnership Board, Safer Rotherham Partnership Board and safeguarding boards for adults and children) to ensure strategic priorities in relation to safeguarding are translated into effective action.

7 Managing and monitoring the strategy

The Health and Wellbeing Board will monitor progress on the strategy via an action plan setting out the core activities the board oversees. The board will receive regular updates to identify risks and opportunities that may impact on achieving the aims. The strategy's aims are ambitious and will require a continued and dedicated focus on improving health and wellbeing outcomes across the partnership. Results will not be seen overnight, and ensuring the work of the board remains focused on the key activities required to deliver the aims is key to the strategy's success. The board will publish an annual report each year, demonstrating what has been achieved.

One of the main functions of the Health and Wellbeing Board is to have an oversight role and to hold the council and partners to account for delivering improved health and wellbeing outcomes for local people, and it will do this by using the strategy to influence commissioning of services and challenging when improvements are not made.

The board will use its strategic influence within the wider Rotherham Together Partnership to ensure that all partners are contributing to delivering the strategy.

8 Communication and engagement

As a board there is a need to ensure continued engagement with the people that this strategy is for – the people of Rotherham. This will be done in a number of ways:

Health and Wellbeing Board meetings are open to the public and minutes of meetings are available online.

Joint events with the Rotherham Place Partnership which are open to the public to hear about what is happening in relation to health and wellbeing locally.

Engaging with local people about specific areas of interest through local consultation and engagement activities.

Receiving updates, where appropriate, from the Integrated Health and Social Care Communications Enabler Group.

The strategy's annual plans will include any communication and engagement activity that is due to take place during the year.

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Health and Wellbeing Strategy Action Plan: 2022-25

Key:

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

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

Board sponsors: Suzanne Joyner, Strategic Director of Children and Young People's Services, Rotherham Metropolitan Borough Council and Dr Jason Page, South Yorkshire Integrated Care Board

Priority	#	Milestones	Timescale	Lead(s)
Cross-cutting	1.1	Implement 'Best Start and Beyond' framework.	Ongoing (up to March 2025)	Alex Hawley, RMBC Helen Sweaton, ICB/RMBC
	1.2	Mobilise and launch 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.	April 2023	Michael Ng, RMBC
Develop our approach to give every child the best start in life.	1.3	Building on gap analysis, develop a local action plan to deliver on the first 1001 days through the Best Start and Beyond Framework.	March 2023	Alex Hawley, RMBC
	1.4	Work towards formal ratification of 'Breastfeeding Borough' declaration, including BF friendly places, BF policy, comms plan	June 2023	Sam Longley, RMBC

	1.5	Work with the LMS to ensure continuity of carer is the default model by March 2024.	March 2024	Sarah Petty, Head of Midwifery, TRFT
Support children and young people to develop well.	1.6	Develop and agree prevention-led approach to children and young people's healthy weight with partners, building on childhood obesity pathway review and evidence from compassionate approach	March 2023	Sue Turner, RMBC
	1.7	Develop proposal for multi-agency Family Hub model of service delivery	November 2022	David McWilliams, RMBC
	1.8	Continue to support children and young people's Mental Health and wellbeing, along with schools, health and voluntary sector	Ongoing (up to March 2025)	Helen Sweaton, RMBC/ICB
	1.9	Continue to jointly deliver the SEND Written Statement of Action with ICB and local area partners.	Ongoing	Nathan Heath, RMBC Helen Sweaton, RMBC/ICB
	1.10	Continue to focus on improving early years take-up in targeted areas of Rotherham (Central) to have wider holistic benefit on key development measures	July 2023 July 2024	Nathan Heath, RMBC

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

Board Sponsor: Kathryn Singh, Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust and Ian Atkinson, South Yorkshire Integrated Care Board

Priority	#	Milestones	Timescale	Lead(s)
Promote better mental health and wellbeing for all Rotherham people.	2.1	Work towards signing up to the OHID prevention concordat for better mental health as a Health and Wellbeing Board.	March 2023	Ruth Fletcher-Brown, RMBC
	2.2	Develop and deliver partnership communications activity focussed on mental health, building on successful campaigns and resources • Rotherhive • Five Ways to Wellbeing • Great Big Rotherham To Do List	Delivery to March 2025	Aidan Melville, RMBC Gordon Laidlaw, ICB
	2.3	Refresh and deliver Better Mental Health For All action plan, focused on early intervention and prevention, developed in line with national 10-year Mental Health Plan	December 2022 Delivery to March 2025	Ruth Fletcher-Brown, RMBC
Take action to prevent suicide and self-harm.	2.4	Promote suicide and self-harm awareness training to practitioners across the partnership and members of the public through internal and external communications	March 2025	Ruth Fletcher-Brown, RMBC
	2.5	Deliver the Be the One campaign with annual targeted messages based on local need with support from all partners' comms and engagement leads	Annual delivery up to September 2025	Ruth Fletcher-Brown, RMBC, Aidan Melville, RMBC

				Gordon Laidlaw, ICB
	2.6	To promote postvention support for adults, children and young people bereaved, affected and exposed to suicide and monitor referrals to services, including staff affected	March 2024	Ruth Fletcher-Brown, RMBC
Promote positive workplace wellbeing for staff across the partnership.	2.7	Promote the Be Well @ Work award to Health and Wellbeing Board partners and support sign up	Ongoing	Colin Ellis, RMBC
	2.8	Ensure partners are engaged in Employment is for everyone programme, promoting employment opportunities to those with SEND, and improving wellbeing at work	March 2024	Colin Ellis, RMBC
Enhance access to mental health services.	2.9	Ensure partners are engaged in the development and mobilisation of the integrated primary/secondary care mental health transformation. This will include: • Implementation of MH ARRS roles • Long term plan eating disorders, IPS and EIP targets by March 2024 • Implementation of Community Mental Health Integrated primary / secondary care transformation programme by March 2024	March 2024	Community Mental Health Transformation Place Lead – tbc Kate Tufnell, ICB-Rotherham Julie Thornton, RDaSH
	2.10	To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care & crisis). This will require: • Partnership working to ensure an early intervention and crisis prevention model is developed • Mobilisation of the Touchstone Safe Space (alternative to crisis) provision	March 2024	Andrew Wells, RMBC Julie Thornton, RDaSH Kate Tufnell, ICB – Rotherham

		• Mobilisation of social care pathways		Ruth Fletcher-Brown, Public Health

Aim 3: All Rotherham people live well for longer

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

Priority	#	Milestones	Timescale	Lead(s)
Ensure support is in place for carers.	3.1	Refresh the information, advice and guidance available to carers, including the launch of the carers newsletter	April 2022 – March 2023 (as part of delivery of area of focus 1 of strategic framework)	Nathan Atkinson, RMBC
	3.2	Take an integrated approach to identifying and supporting carer health and wellbeing through working with partners to develop a carer health and wellbeing action plan.	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	Nathan Atkinson, RMBC
	3.3	Establish locality specific carer partnership / network groups	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	Nathan Atkinson, RMBC
	3.4	Introduce co-production programme with communities to build our carer friendly Borough	April 2023 – March 2024 (as part of delivery of area of	Nathan Atkinson, RMBC

			focus 2 of strategic framework)	
	3.5	Introduce an assurance process for all published Information, Advice and Guidance to ensure the relevance, accuracy and accessibility	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	Nathan Atkinson, RMBC
	3.6	Ensure carers feel their role is understood and valued by their community • Develop Carer friendly communities action pack • Empowerment Plan – align carers reps (navigators) to key strategic meetings • Pull community generated content through to The Borough that Cares virtual platform	April 2024 – March 2025 (as part of delivery of area of focus 3 of strategic framework)	Nathan Atkinson, RMBC
	3.7	Ensure Carers are supported when they have a breakdown in care through delivery of Carers emergency services	March 2023 (TBC)	Jill Tideswell, TRFT
Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and	3.8	Develop a partnership prevention campaign with a focus on upstream prevention messaging.	March 2023	Becky Woolley, Gordon Laidlaw, Aidan Melville
	3.9	Develop our partnership plans focussed on tobacco and alcohol.	December 2022	Jacqueline Wiltschinsky, RMBC Gilly Brenner, RMBC

drugs and alcohol.	3.10	Identify and report on learning from the population health place development programme.	November 2022	Alex Henderson-Dunk, Lydia George and Becky Woolley
	3.11	Identify and treat inpatient smokers as part of the QUIT programme.	March 2023	Mike Smith, Healthy Hospitals Manager, TRFT
	3.12	Increase the number of non-opiate and alcohol treatment completions in line with PHE Average.	September 2021-March 2023	Jacqui Wiltschinsky and Anne Charlesworth. RMBC
	3.13	Review and establish the drug-related death pathway to identify improvements across the system.	September 2021-March 2023	Anne Charlesworth, RMBC
	3.14	Deliver NHSE funded pilot to support frequent attenders to ED with complex Alcohol and Mental Health needs through an outreach team providing holistic support offer.	March 2023	Amanda Marklew, TRFT

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

Board sponsor: Laura Koscikiewicz, Chief Superintendent, South Yorkshire Police and Paul Woodcock, Strategic Director of Regeneration and Environment, Rotherham Metropolitan Borough Council

Priority	#	Milestones	Timescale	Lead(s)
Deliver a loneliness plan for Rotherham	4.1	Deliver dissemination opportunities from OHID Better Mental Health Fund Befriender project, look to integrate learning into pathways and loneliness action plan and develop legacy opportunities	March 2023	Ruth Fletcher-Brown, RMBC and VCS leads
	4.2	Promote existing resources on loneliness and befriending (including VAR film: Be a good neighbour and Five Ways to Wellbeing)	March 2024	Aidan Melville, RMBC, Gordon Laidlaw ICB Kerry McGrath, VAR
	4.3	Update and deliver loneliness action plan	Update November 2022 Delivery to March 2025	Ruth Fletcher-Brown, RMBC
	4.4	Promote volunteering opportunities	March 2024	Kerry McGrath, VAR
Promote health and wellbeing	4.5	Annual delivery of Rotherham Show, creating opportunities for communities to come together and be outdoors	September 2022 September 2023	Leanne Buchan, RMBC

through arts and cultural initiatives.			September 2024 September 2025	
	4.6	Complete evaluation of over 55s programme to provide recommendations for future programming for this audience and reduce social isolation	March 2023	Leanne Buchan, RMBC
	4.7	Co-design Children's capital of culture with children and young people, with focus on improving their mental health and wellbeing	March 2025	Leanne Buchan, RMBC
	4.8	Deliver a series of activities in libraries for people of all ages to connect, be active and learn new skills, and widen the accessibility of library services, through: • Pop-up libraries • Reading gardens • Makerspaces • Authors' visits and performances • Fun palaces	March 2025	Zoe Oxley, RMBC
	4.9	Utilise libraries as death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy. Explore legacy opportunities for programme, building on positive public response	March 2023 March 2024	Zoe Oxley, RMBC
	4.10	Utilise and promote libraries as spaces for people to share experiences and response to specific health issues, including menopause and dementia, and improve community resilience	March 2025	Zoe Oxley, RMBC

Ensure Rotherham people are kept safe from harm.	4.11	Embed referral pathways with key partners in Rotherham through the Home Safety Partnership Referral Scheme and Safe and Well checks.	July 2023	Shayne Tottie and Toni Tranter, South Yorkshire Fire and Rescue
	4.12	Work with other partnership boards on crosscutting issues relating to safety and safeguarding.	Ongoing for the duration of the plan	Board chairs, RTP
	4.13	Establish a Combatting Drugs Partnership for Rotherham	October 2022	Jessica Brooks, RMBC
	4.14	Conduct joint needs assessment for the Combatting Drugs Partnership for Rotherham and agree local drug strategy delivery plan	December 2022	Jessica Brooks, RMBC
	4.15	Delivery of vaccination programme for Covid-19 and flu	Annual target (TBC)	Denise Littlewood, RMBC
Develop a borough that supports a healthy lifestyle.	4.16	Progress strategic approach to physical activity in Rotherham, through four key areas: • Active workforce • Social movements • Front line workers signposting • Local social prescribing structures	Nov 2022 (Action plan developed) March 2025 (Delivery)	Gilly Brenner, RMBC, with Norsheen Akhtar, Yorkshire Sport Foundation
	4.17	Develop a borough-wide MECC training offer on physical activity	March 2023	Gilly Brenner, with Norsheen Akhtar,

				Yorkshire Sport Foundation
	4.18	Deliver a range of programmes to welcome women and girls into football, focussing on under-represented groups.	July 2023	Chris Siddall, RMBC
	4.19	Use football to encourage more women and girls to adopt and maintain a healthier lifestyle.	July 2023	Chris Siddall, RMBC
	4.20	Conduct research and engagement with priority groups on the development of inclusive and accessible outdoor sports facilities, through the PlayZone initiative	Sept 2023	Chris Siddall, RMBC
	4.21	Finalise delivery plan for the approved cycling strategy.	March 2023	Andrew Moss, RMBC
	4.22	Rotherham Food Network to develop an action plan and response based on the framework of the Sustainable Food Places Bronze Award	April 2023	Gilly Brenner, RMBC
	4.23	Enable all partner staff to support neighbourhoods and communities to thrive, through exploring options on a partnership offer on training on strength-based approaches	March 2024	Martin Hughes and Leanne Dudhill

Cross-cutting priorities

Priority	#	Milestones	Timescale	Lead(s)
Work in partnership to maximise the positive impact of anchor institutions across all 4 priorities	5.1	Undertake a baselining assessment regarding social value and map trend annually through the Rotherham Anchor Network.	March 2023 (baselining assessment) March annual target (trend mapping)	Karen Middlebrook, RMBC
	5.2	Agree our partnership approach to act as anchor institutions to reduce health inequalities in Rotherham	March 2023	Place Board (Becky Woolley, RMBC)
Support safe and equitable recovery from the Covid pandemic	5.3	Building on the VAR annual survey, explore options to assess the current position of the voluntary and community sector in partnership with stakeholders and report relevant learning to the board.	March 2023	Shafiq Hussain, VAR
	5.4	Conduct strategic impact assessment of Covid-19 on residents and Council services	May 2023	Lorna Quinn
	5.5	Consider further service developments to ensure differentials in access for certain patient cohorts are removed, for example by segmenting our waiting list based on wider patient needs.	March 2023	Michael Wright, TRFT
Develop the Pharmaceutical	5.6	Host stakeholder consultation to support needs assessment	January 2025	Lorna Quinn, RMBC

Needs Assessment.				
	5.7	Publish updated Rotherham Pharmaceutical Needs Assessment	September 2025	Lorna Quinn, RMBC
Work in partnership to further develop the Rotherham Data Hub and assess population health.	5.8	Work with partnership steering group on annual refresh and development of the JSNA.	April 2023 April 2024 April 2025	Lorna Quinn, RMBC
	5.9	Launch annual training and promotion of the JSNA across the partnership	October 2022 October 2023 October 2024	Lorna Quinn, RMBC
	5.10	Monitor population health through Outcomes Framework and report any emerging issues to the board	Ongoing	Becky Woolley, RMBC

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Health and Wellbeing Strategy and Action Plan refresh

Ben Anderson, Leonie Wieser

Refresh of priorities May-Sept 2021

- The strategy content has been refreshed based on the priorities that were agreed by the board in September 2021.
- This refresh of priorities was the result of discussions and consultation with board members:
- Board meeting discussion May 2021
  - Agreement that the four existing aims of the strategy remain relevant and should still be the overarching outcomes that the board is working towards
  - Strategic priorities underpinning aims should be refreshed
- Draft version of refreshed priorities produced with input from board sponsors and other relevant leads
- Consultation with board members July 2021
- New priorities agreed at September 2021 board meeting
- Strategy content refreshed to align with agreed priorities
- New Action Plan developed 2022-25

4 Aims

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

Strategic priorities

- Points and comments raised as part of consultation with board members and wider stakeholders included that:

- Maintaining alignment with the Place Plan remains a priority. This has particularly informed the development of the priorities for aims 1 and 2.
- Activity to reduce the health burden from tobacco, drugs, and alcohol should feature within the plan. This is now one of the priorities within aim 3.
- There was some discussion regarding the overlap between aims 3 and 4 and where activity should sit. It was emphasised that lifestyle interventions should sit within aim 3 and developing a borough that supports healthy lifestyles should sit within aim 4. This has informed some changes to the aim 3 and aim 4 priorities

- *Aim 1: All children get the best start in life and go on to achieve their full potential:*
  - Develop our approach to give every child the best start in life.
  - Support children and young people to develop well.

- *Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life:*
  - Promote better mental health and wellbeing for all Rotherham people.
  - Take action to prevent suicide and self-harm
  - Promote positive workplace wellbeing for staff across the partnership.
  - Enhance access to mental health services

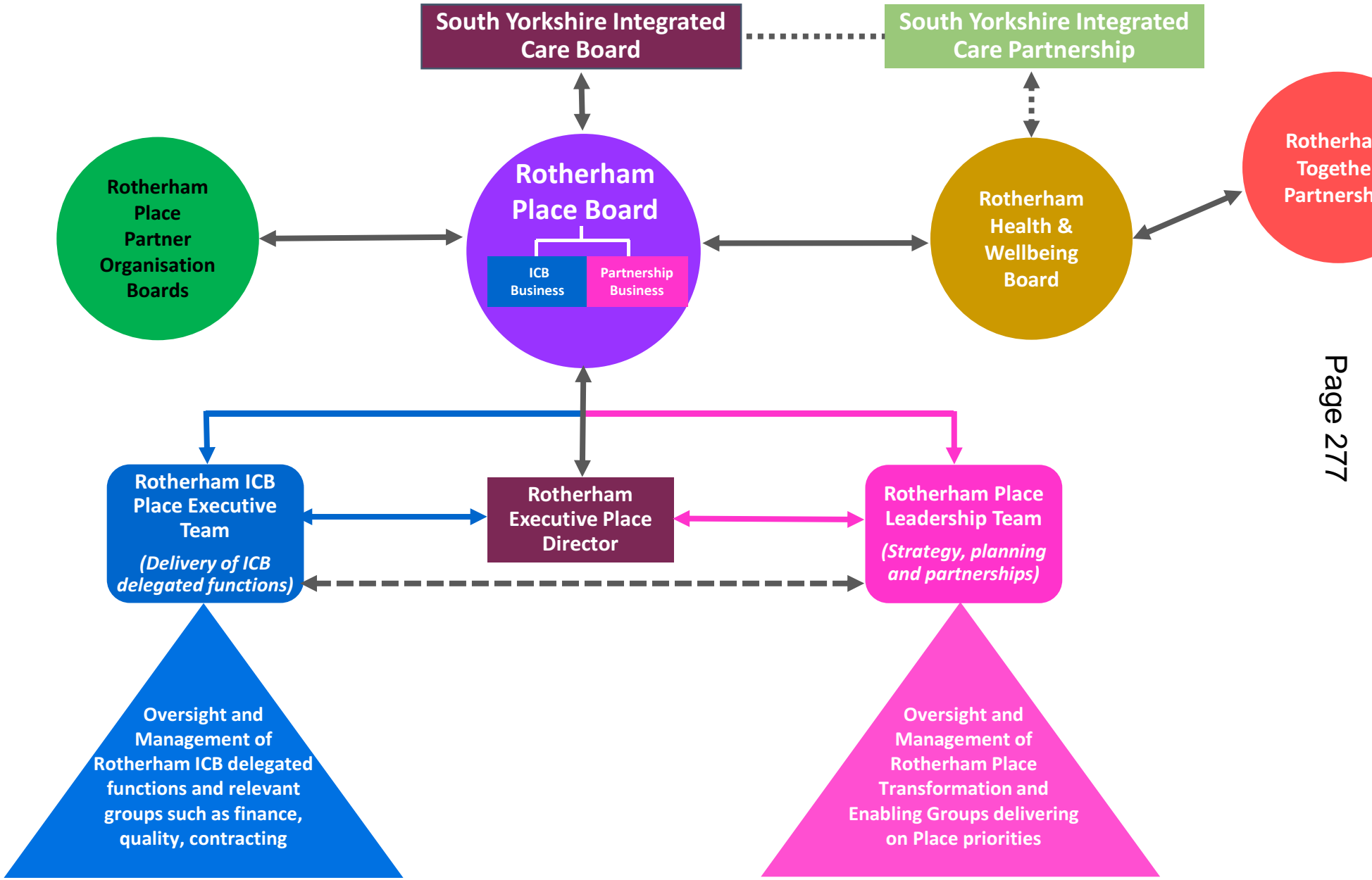
- *Aim 3: All Rotherham people live well for longer:*
  - Ensure support is in place for carers.
  - Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.

- *Aim 4: All Rotherham people live in healthy, safe and resilient communities:*
  - Deliver a loneliness plan for Rotherham.
  - Promote health and wellbeing through arts and cultural initiatives.
  - Ensure Rotherham people are kept safe from harm.
  - Develop a borough that supports a healthy lifestyle.

- *Cross-cutting priorities:*
  - Work in partnership to maximise the positive impact of anchor institutions.
  - Strategic Priority 2 Support safe and equitable recovery from the Covid-19 pandemic.
  - Develop the Pharmaceutical Needs Assessment.
  - Work in partnership to further develop the Rotherham Data Hub and assess population health.

High Level Rotherham Place-Partnership: Governance 1 July 2022

ROTHERHAM
ERHAM PLACE PARTNERSHIP I HEALTH AND SOCIAL CARE



erham Place Board has two roles:

- ament of decisions rategic policy ers relevant to the evement of the e Plan
- gated authority the ICB Board to e decisions about se of ICB urces in Rotherham e with its remit

Integrated Care Partnership nominations

Sharon Kemp

Cllr David Roche

Richard Jenkins

Dr Jason Page, Primary care lead Rotherham

Kate Davis, Voluntary sector, CEX crossroads

Suzanne Joyner

BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	21st September 2022
	LEAD OFFICER	Karen Smith, Strategic Commissioning Manager, Adults Joint Commissioning (RMBC/RCCG) Karen-nas.smith@rotherham.gov.uk Tel. No. 01709 254870
	TITLE:	Better Care Fund Plan (2022/23)

Background

1.1	The purpose of this report is to provide the Health and Wellbeing Board with an overview of the Better Care Fund (BCF) Planning Template (Appendix 1), Narrative Plan (Appendix 2) and Capacity and Demand Template (Appendix 3) for 2022-23 which needs submitting to NHS England on 26th September 2022.
1.2	The BCF planning templates are in line with the Better Care Fund Policy Framework 2022 to 2023 and the Better Care Fund Planning Requirements 2022-23.
1.3	The fund will continue to provide a mechanism for personalised, integrated care, with health, social care, housing and other public services working together to provide joined up care to help older people and those with complex needs and disabilities to live at home for longer.
1.4	The fund supports services to work more closely together so that people can stay well, safe and independent at home, live healthy, fulfilled, independent and longer lives, get the care they need, when they need it so that they continue to remain independent at home or to return to independence after an episode in hospital.
1.5	The fund also enables those who need support get this at the right care in the right place at the right time by providing funding for adaptations to homes for disabled people and rehabilitating people back into their communities after a spell in hospital.
1.6	The BCF is a joint plan which uses pooled budget arrangements to support integration, governed by an agreement under Section 75 of the NHS Act (2006).
1.7	The BCF planning and reporting has incorporated the utilisation of the NHS minimum contribution, IBCF and Disabled Facilities Grants.

Key Issues

2.1	The BCF planning template (Appendix 1) shows that the planning requirements which are set out in the BCF Policy Framework 2022 to 2023 are fully met as follows: (i) A jointly agreed plan between the Council and South Yorkshire ICB, signed off by the Health and Wellbeing Board. (ii) Clear narrative for the integration of health and social care (iii) A strategic, joined up plan for Disabled Facilities Grant (DFG) spending (iv) Maintain the level of spending on social care services from the NHS minimum contribution to the fund, in line with the uplift in the overall contribution (v) Commitment to spend equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution (vi) Agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services (vii) Confirmation that the components of the BCF pool that are earmarked for a purpose are being planned to be used for that purpose (viii) The plan sets stretching targets which are clear and ambitious
2.2	**Income and Expenditure**

The total Better Care Fund (BCF) for 2022/23 is £46.483m, an increase of £0.997m from 2021/22. This increase is due to a combination of underspends in 2021/22 on the Improved BCF and Disabled Facilities Grants (DFG) carried forward, plus additional investment and the removal of non-recurrent funds from the previous year.

There is a prediction that around £300k is required for winter planning in addition to the £500k already identified which it is proposed will be used from the IBCF underspends from 2021/22.

Spending Plans continue to be allocated to the 6 themes and managed within 2 separate pooled funds, both the South Yorkshire ICB and RMBC managing one pool fund each. This is in line with previous years and can be summarised in the table below:

Better Care Fund 2022/23 Budget	2022/23 INVESTMENT			2022/23 SPLIT BY POOL	
BCF Investment	RCCG SHARE	RMBC SHARE	Total	Pool 1 RMBC Hosted	Pool 2 RCCG Hosted
	£000	£000	£000	£000	£000
THEME 1 - Mental Health Services	1,367		1,367		1,367
THEME 2 - Rehabilitation & Reablement	11,802	7,660	19,462	19,462	
THEME 3 - Supporting Social Care	3,624		3,624		3,624
THEME 4 - Care Mgt & Integrated Care Planning	5,207		5,207		5,207
THEME 5 - Supporting Carers	561		561		561
THEME 6 - Infrastructure	241		241		241
Risk Pool	500		500		500
Improved Better Care Fund		15,521	15,521	15,521	
TOTAL BUDGET	23,302	23,181	46,483	34,983	11,500

2.3 BCF National Metrics

The BCF Policy Framework for 2022 to 2023 sets out BCF national metrics which includes stretching ambitions for improving outcomes against the national metrics from the fund. These include:

(i) Indirectly standardised rate (ISR) of admissions per 100,000 population
(ii) % of people discharged from acute hospital to normal place of residence
(iii) Long-term support needs of older people (65 years and over) met by admissions to residential and nursing care homes, per 100,000 population
(iv) % of older people (65 years and over) who were still at home 91 days later after discharge from hospital into reablement / rehabilitation services.

2.4 BCF Narrative Plan 2022/23

A BCF narrative plan has also been completed which complements the agreed spending plans and ambitions of BCF national metrics for local areas.

The BCF narrative plan (Appendix 2) covers our joint approach to:

- Supporting safe and timely discharge including ongoing arrangements to embed a home first approach, ensuring people are discharged to their usual place of residence through collaborative commissioning
- How primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- Integrating care to deliver better outcomes, including how collaborative commissioning will support this

- Bringing together health, social care and housing services together to support people to remain in their own home through aids and adaptations to meet the housing needs of older and disabled people
- Personalisation of care and asset-based approaches
- Population health management and preparing for delivery of anticipatory care
- Multi-disciplinary teams at Place or Neighbourhood level
- Supporting unpaid carers through funding for carers breaks and implementation of the Care Act duties to improve outcomes
- Addressing health inequalities and equality for people with protected characteristics within health and social services.

2.5 **Supporting Unpaid Carers**

The Better Care Fund currently has a budget allocation of around £600k to provide support to a range of Carers Support Services. However, a proportion of this funding supports areas such as early planning / locality teams in Adult Social Care. Therefore, there is £237k of funding that is not directly spent on supporting carers.

The proposal is that BCF funding to support carers will be reinvested in 2022/23 to provide an increase in the number of carers assessment / direct payment to provide carers breaks and support as per the requirements of the Care Act duties and the BCF Planning Requirements 2022/23. However, the strategy around reinvestment will have a direct impact on the adult social care budget. The proposal is that funding earmarked for the early planning / locality teams should be used via the IBCF funding for 2022/23. Funding will be recurrent within the IBCF due to a national increase in overall allocation and a review of some existing IBCF funded schemes. Therefore, this will release the £237k of BCF funding to directly spend on supporting carers.

2.6 **Key Priorities for 2022-23**

The workstreams of the Urgent and Community transformation group (aligned to BCF and Ageing Well funding streams and Rotherham's Prevention and Health Inequalities strategy) are as follows:

Workstream 1: Sustaining People at Home
The aim of this workstream is to develop an integrated health and social care Multi-Disciplinary Team (MDT) tiered level of care model which supports more people to remain/return to living in their own home as independently as possible and for as long as possible. Projects include:

1. Development of a prevention and anticipatory care model in localities to support those with long term conditions and unplanned exacerbations aligned to Ageing Well priorities
2. Development of a frailty and acute respiratory virtual ward for those who would otherwise be in an acute bed, supported by remote monitoring technology
3. Development of our urgent community response, growing referral numbers and ensuring a minimum 2 hour response at least 70% of the time
4. Developing alternative pathways to conveyance to and admission from our emergency department

2.7 **Workstream 2: Integrating a Sustainable Discharge to Assess Model**
This builds on the Discharge to Assess model implemented during Covid. The aim is to target specific barriers to effective discharge, including those highlighted in the 100 day challenge, and enhance integrated working across acute and community health and social care. Planned activity includes:

1. Targeted acute ward by ward activity to reduce numbers of people with no right to reside and long length of stay including pilots of criteria led discharge, a reduction in TTO errors and duplication and increased usage of the discharge lounge
2. MDT working to improve patient outcomes and streamline discharge planning and reduce length of stay across our community bed base

	3. Streamlining our integrated discharge team processes and systems and clarification of roles and responsibilities particularly in relation to weekend working.
2.8	**Workstream 3: Enhanced Health in Care Homes** 1. Developing and embedding the care home offer for the above projects to ensure equity of provision. Activity includes developing our care home pathways to reduce avoidable conveyances and admissions 2. Improving MDT working including GP led MDTs and access to specialist services 3. Developing use of technology including remote monitoring and a shared care record 4. A jointly commissioned approach to standardising and streamlining care home specifications
2.9	**Key Changes since Previous BCF Plan** The key changes since the last BCF plan are as follows: • Further integration of community services including enhanced MDT working • Training of Reablement staff to deliver therapy plans • Jointly commissioned home care provision including night visiting services • Increase in providers on the framework to support demand • Remote monitoring pilot in care homes established • ECHO e-learning platform in place for End of Life Care and other health related topics • New model for Intermediate Care (bed base reconfigured) • Increased the spend on the COT provision in year to support the demand profile • Increased resources across Reablement and Integrated Rapid Response • Funded brokerage to provide support over the weekend to facilitate hospital discharges. • Recruitment of Public Health Specialist for the programme management of the Prevention and Health Inequalities Strategy.
2.10	**Capacity and Demand Template 2022/23** The BCF capacity and demand template for Intermediate Care Services (including hospital discharge and avoidance) which has become a new requirement for 2022/23, although this is not part of the BCF assurance process. The template (Appendix 3) covers: • The expected capacity and demand on intermediate care services (hospital discharges and community) during Quarters 3 and Quarters 4 of 2022/23. • This includes reablement, rehabilitation in a person's own home, intermediate care bed step up / step down and urgent community response services. • The demand for hospital discharges and community has been calculated using the referral rate from 2021/22. • The capacity for hospital discharges and community has been calculated using the maximum caseload or number of admissions at any one given time based on agreed 85% bed occupancy rates and average length of stay. • Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022/23 amounts to £6.529m
Key Actions and Relevant Timelines	
3.1	The BCF planning, narrative and capacity and demand templates for 2022/23 will go through various stages of the approval process as follows: • Optional draft BCF planning submission submitted to BCM – 31st August 2022 • BCF Operational Group – 1st September 2022 • BCF Executive Group – 5th September 2022 • Review and feedback to areas from Better Care Managers – 8th September 2022 • Health and Wellbeing Board – 21st September 2022

	• BCF planning submission from local HWB areas – 26th September 2022 • Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation from 26th September to 24th October 2022 • Regionally moderated assurance outcomes sent to BCF team – 24th October 2022 • Cross-regional calibration – 1st November 2022 • Approval letters issued giving formal permission to spend (NHS minimum) – 30th November 2022 • All Section 75 agreements to be signed and in place 31st December 2022
Informal Feedback from Better Care Team	
4.1	The Better Care Team have provided informal feedback on 7th September 2022, on the BCF Plan for 2022/23 as follows: • Rotherham has provided a "very good" draft plan which provides thorough narrative on Rotherham's joined up approaches to integrated person-centred services across health care, housing and wider public services locally. • Excellent narrative has been provided on Rotherham's approach to enabling people to stay well, safe and independent at home for longer and providing the right care in the right place at the right time. • Very robust narrative has also been provided on the progress made against the 9 changes of the High Impact Change Model (HICM) and actions moving forward, along with very detailed narrative providing robust context to the setting of all metric ambitions and local plans to meet those ambitions However, in terms of strengthening the BCF plan to fully meet all Key Lines of Enquiry (KLOE), there are a few areas where additional narrative has now been added to the narrative plan as follows: • Explanation of the overall approach / governance regarding collaborative commissioning in relation to the joint commissioning framework – page 6, 2nd paragraph. • Good examples of BCF as a pooled budget to support approach to hybrid roles to mitigate workforce challenges – page 8, 1st paragraph. • Other housing support including extra care housing schemes – page 17, paragraphs 5 / 6. • Mandatory functions for DFG are always considered annually before continuing to agree funding for community equipment – page 18, paragraph 6. The above requirements have now been incorporated within the BCF Narrative Plan for 2022/23.
Implications for Health Inequalities	
5.1	There is a recognition by the South Yorkshire ICB that tackling Health Inequalities (HI) is integral to everything the system needs to do to keep people healthy and independent and reduce statutory service demand. Rotherham's Prevention and Health Inequalities Strategy and Action Plan: 2022-25 focuses on supporting people in Rotherham to live well for longer through driving prevention-led approaches across health and social care. The strategy sets out the local approach to delivering the NHS Core20Plus5 framework. This means that as part of the programme, partners have committed to addressing inequalities for those living in the 20% most deprived communities according to the Indices of Multiple Deprivation. In Rotherham this accounts for 36% of the population.

	A number of inclusion groups include ethnic minority communities, gypsy, Roma and Traveller communities, people with severe mental illnesses, learning disabilities and neurodiverse people, carers, asylum seekers and refugees and those in contact with the criminal justice system. BCF funded schemes which reduce health inequalities includes: • Social Prescribing programme which provides interventions on tobacco, weight, alcohol, physical activity, obesity reduction, smoking cessation and diabetes prevention programmes. • Breathing Space is also delivering respiratory services within the Right Care pathway. • Project support for the implementation of Population Health Management (PHM) priorities
Recommendations	
6.1	**That the Health and Wellbeing Board approves the:** **(I) Documentation for submission to NHS England (NHSE) on 26th September 2022.** **(II) Plan for reinvestment of BCF funding to support carers**

BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “NHS minimum” then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.
1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Rotherham
Completed by:	Karen Smith
E-mail:	karen-nas.smith@rotherham.gov.uk
Contact number:	01709 254870
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 21/09/2022
If using a delegated authority, please state who is signing off the BCF plan:	

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Health and Wellbeing Board Chair
Name:	Councillor David Roche

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	David	Roche	david.roche@rotherham.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Christopher	Edwards	chris.edwards@nhs.net
	Additional ICB(s) contacts if relevant	Mr	Ian	Atkinson	ian.atkinson4@nhs.net
	Local Authority Chief Executive	Mrs	Sharon	Kemp	sharon.kemp@rotherham.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Ian	Spicer	ian.spicer@rotherham.gov.uk
	Better Care Fund Lead Official	Mr	Nathan	Atkinson	nathan.atkinson@rotherham.gov.uk
	LA Section 151 Officer	Mrs	Judith	Badger	judith.badger@rotherham.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	CCG Finance Officer	Mrs	Wendy	Allott	wendy.allott@nhs.net
	CCG Head of Commissioning (Adults - Joint SY ICB/RMBC)	Miss	Claire	Smith	claire.smith138@nhs.net
	LA Finance Officer	Mr	Mark	Scarrott	mark.scarrott@rotherham.gov.uk

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Rotherham

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£3,063,735	£3,063,735	£0
Minimum NHS Contribution	£22,892,217	£22,892,217	£0
iBCF	£14,480,543	£14,480,543	£0
Additional LA Contribution	£5,636,722	£5,636,722	£0
Additional ICB Contribution	£409,783	£409,783	£0
Total	**£46,483,000**	**£46,483,000**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£6,505,319
Planned spend	£13,808,217

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£8,141,467
Planned spend	£12,540,217

Scheme Types

Assistive Technologies and Equipment	£1,235,371	(2.7%)
Care Act Implementation Related Duties	£1,002,000	(2.2%)
Carers Services	£260,000	(0.6%)
Community Based Schemes	£3,511,000	(7.6%)
DFG Related Schemes	£4,375,364	(9.4%)
Enablers for Integration	£369,000	(0.8%)
High Impact Change Model for Managing Transfer of	£4,949,000	(10.6%)
Home Care or Domiciliary Care	£2,322,000	(5.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£1,457,000	(3.1%)
Bed based intermediate Care Services	£4,810,000	(10.3%)
Reablement in a persons own home	£2,343,000	(5.0%)
Personalised Budgeting and Commissioning	£1,983,000	(4.3%)
Personalised Care at Home	£1,009,000	(2.2%)
Prevention / Early Intervention	£2,914,000	(6.3%)
Residential Placements	£11,704,774	(25.2%)
Other	£2,238,491	(4.8%)
Total	**£46,483,000**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.0%	93.4%	93.8%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	431	660

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	78.1%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Rotherham

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Rotherham	£3,063,735
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£3,063,735**

iBCF Contribution	Contribution
Rotherham	£14,480,543
Total iBCF Contribution	**£14,480,543**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Rotherham	£2,483,000	DFG C/fwd 21/22
Rotherham	£2,112,722	Intermediate Care, OT, Assistive Technology
Rotherham	£1,041,000	ibcf c/fwd 21/22
Total Additional Local Authority Contribution	**£5,636,722**	

NHS Minimum Contribution	Contribution
NHS South Yorkshire ICB	£22,892,217
Total NHS Minimum Contribution	**£22,892,217**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS South Yorkshire ICB	£409,783	Intermedite Care, OT, Assistive Technology
Total Additional NHS Contribution	**£409,783**	
Total NHS Contribution	**£23,302,000**	

	2021-22
Total BCF Pooled Budget	**£46,483,000**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Rotherham

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,063,735	£3,063,735	£0
Minimum NHS Contribution	£22,892,217	£22,892,217	£0
iBCF	£14,480,543	£14,480,543	£0
Additional LA Contribution	£5,636,722	£5,636,722	£0
Additional NHS Contribution	£409,783	£409,783	£0
Total	**£46,483,000**	**£46,483,000**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£6,505,319	£13,808,217	£0
Adult Social Care services spend from the minimum ICB allocations	£8,141,467	£12,540,217	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Adult Mental Health Liaison	Adult mental health support in community supporting	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£1,367,000	Existing
2	Falls Service	Community service (health) supporting reablement/prevention	High Impact Change Model for Managing Transfer	Early Discharge Planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£494,000	Existing
3	Reablement	LA Reablement Service	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,087,000	Existing
3	Domiciliary Care	Provision of domiciliary care services to help people live in their own	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum NHS Contribution	£758,000	Existing
4	Community Stroke Service	Integrated stroke pathway to support early discharge/rehabilitation	High Impact Change Model for Managing Transfer	Early Discharge Planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£553,000	Existing
5	Community Neuro Rehab	Integrated neuro pathway to support early discharge and	High Impact Change Model for Managing Transfer	Early Discharge Planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£170,000	Existing
6	Breathing Space	Community based service for people with Chronic Obstructive	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,933,000	Existing

7	Otago Exercise Programme	Falls prevention exercise programme	Personalised Care at Home	Physical health/wellbeing		Social Care		LA			Local Authority	Minimum NHS Contribution	£20,000	Existing
8	Mediquip (Wheelchairs & Equipment)	Integrated Community Equipment Service	Prevention / Early Intervention	Other	small items of equ	Social Care		CCG			Private Sector	Minimum NHS Contribution	£1,616,000	Existing
8	Mediquip (Wheelchairs & Equipment)	Integrated Community Equipment Service	Prevention / Early Intervention	Other	small items of equ	Social Care		CCG			Private Sector	Additional LA Contribution	£92,000	Existing
9	Community OT	Occupational Therapy Assessments	Prevention / Early Intervention	Other	OT assessments carried out by community	Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£461,000	Existing
9	Community OT	Occupational Therapy Assessments	Prevention / Early Intervention	Other	OT assessments carried out by community	Social Care		LA			NHS Community Provider	Additional LA Contribution	£401,000	Existing
10	Disabled Facilities Grant	Major property adapatations to enable people to continue to	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£1,892,364	Existing
10	Disabled Facilities Grant	Community alarm and Equipment service to support independent	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Local Authority	DFG	£1,171,371	Existing
10	Additional Disabled Facilities Grant schemes	Additional major Adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	Additional LA Contribution	£2,483,000	New
11	Age UK Hospital Discharge	Hospital Discharge supporting flow	Personalised Care at Home	Physical health/wellbeing		Other	Charity / Voluntary Sector	CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£161,000	Existing
12	Stroke Association Service	VCS provision to support stroke survivors	Personalised Care at Home	Physical health/wellbeing		Other	Charity / Voluntary Sector	CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£51,000	Existing
13	Intermediate Care	Residential Rehabilitation for patients who cannot	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Additional LA Contribution	£1,620,000	Existing
13	Intermediate Care	Residential Rehabilitation for patients who cannot	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,039,000	Existing
13	Intermediate Care	Residential Rehabilitation for patients who cannot	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		CCG			Private Sector	Minimum NHS Contribution	£1,265,217	Existing
13	Intermediate Care - Home first	Rehabilitation and reablement pathway home	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		CCG			NHS Community Provider	Minimum NHS Contribution	£820,000	Existing
13	Intermediate Care - Therapy	Rehabilitation and reablement pathway home	Bed based intermediate Care Services	Other	Social Care	Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£522,000	Existing
13	Intermediate Care - Therapy	Rehabilitation and reablement pathway home	Bed based intermediate Care Services	Other	Social Care	Social Care		LA			NHS Mental Health Provider	Minimum NHS Contribution	£97,000	Existing
13	Intermediate Care - GP Cover	GP support for bed based intermediate care services	Bed based intermediate Care Services	Other	GP Cover	Primary Care		LA			NHS Community Provider	Minimum NHS Contribution	£36,000	Existing
13	Intermediate Care	Rehabilitation and reablement pathway home	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£349,000	Existing
14	Direct Payments	Personal budget to support an individual social care plan and	Personalised Budgeting and Commissioning			Social Care		LA			Private Sector	Minimum NHS Contribution	£1,283,000	Existing

14	Supported Living	A range of services to support the independence of people	Residential Placements	Supported living		Social Care		LA			Private Sector	Minimum NHS Contribution	£410,000	Existing
15	Care Act	Deprivation of Liberty Safeguards (Dols) support	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Private Sector	Additional NHS Contribution	£40,000	Existing
15	Care Act	Direct Payments and Domiciliary Care provision	Care Act Implementation Related Duties	Other	Direct Payments and Domiciliary Care provision	Social Care		LA			Private Sector	Minimum NHS Contribution	£661,000	Existing
16	Mental Health rehabilitation services	Rehabilitation and support in a bed base provision	Residential Placements	Care home		Mental Health		LA			Private Sector	Minimum NHS Contribution	£209,000	Existing
17	Learning Disabilities independent	Learning disabilities residential placements	Residential Placements	Learning disability		Social Care		LA			Private Sector	Minimum NHS Contribution	£984,000	Existing
17	Learning Disabilities Domiciliary Care	Learning Disabilities Domiciliary Care packages	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	Minimum NHS Contribution	£37,000	Existing
18	GP Case Management	Empowering GP's to take full responsibility for all health and social care	Community Based Schemes	Other	GP Support for Long Term Conditions	Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£1,480,000	Existing
19	Care Home Support Service	Integrated community service to care homes	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£297,000	Existing
20	Death in Place of Choice	EOLC support to ensure needs are meet	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£881,000	Existing
21	Social Prescribing	Links patients in primary care with non medical support within the	Personalised Care at Home	Other	Both physical and mental wellbeing	Other	Health and Social Care	CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£777,000	Existing
22	Social Work Support (A&E, Case	Includes Fast Reponse and Supported Discharge Pathways teams	High Impact Change Model for Managing Transfer	Flexible working patterns (including 7 day working)		Social Care		LA			Local Authority	Minimum NHS Contribution	£919,000	Existing
23	Care co-ordination Centre	A single point of contact for health and social care professionals providing	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Acute Provider	Minimum NHS Contribution	£853,000	Existing
24	Carers Support Services	Early Planning support team	Carers Services	Other	Advice and Support	Social Care		LA			Local Authority	Minimum NHS Contribution	£237,000	Existing
24	Carers Support Services	Carers Emergency Scheme	Carers Services	Other	Advice and Support	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£23,000	Existing
24	Carers Support Services	Direct Payments and domiciliary care provision	Care Act Implementation Related Duties	Other	Advice and support	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£301,000	Existing
25	Joint Commissioning Team	Joint Commissioner team staffing costs	Enablers for Integration	Joint commissioning infrastructure		Other	Commissioning	CCG			Local Authority	Minimum NHS Contribution	£49,000	Existing
26	IT to Support Community Transformation	Digital enablers to support integration of community services	Enablers for Integration	System IT Interoperability		Other	Information sharing	CCG			CCG	Minimum NHS Contribution	£192,000	Existing
27	BCF Risk Pool	Risk pool - contingency for unforeseen cost pressures	Other		Contingency	Other	Health and Social Care	CCG			CCG	Minimum NHS Contribution	£500,000	Existing
28	Adaptation of Liquid Logic to support care	Support IT infrastructure and promote integrated working	Enablers for Integration	System IT Interoperability		Social Care		LA			Local Authority	iBCF	£60,000	Existing

29	Rotherham Place DTOC Project Manager	Strategic Project Manager post to support hospital discharge	High Impact Change Model for Managing Transfer	Early Discharge Planning		Acute		CCG			NHS Acute Provider	iBCF	£85,000	Existing
30	Health Inequalities	Project support to implementation population health	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		Other	Public Health	LA			Local Authority	iBCF	£90,000	Existing
31	Trusted Assessor	Assessments and care planning to reduce delays in hospital	High Impact Change Model for Managing Transfer	Trusted Assessment		Acute		CCG			NHS Acute Provider	iBCF	£70,000	Existing
32	Social Care Sustainability	Older People Residential placements	Residential Placements	Care home		Social Care		LA			Private Sector	iBCF	£2,779,000	Existing
32	Social Care Sustainability	Older People Domiciliary Care provision	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£1,527,000	Existing
32	Social Care Sustainability	Provision of direct payments to support people within their own	Personalised Budgeting and Commissioning			Social Care		LA			Private Sector	iBCF	£700,000	Existing
32	Social Care Sustainability	Residential placements for younger adults with a Learning Disability.	Residential Placements	Learning disability		Social Care		LA			Private Sector	iBCF	£2,238,000	Existing
33	Care Market Capacity and sustainability	Supporting the increase in provider costs, for example, due to the	Residential Placements	Other	Meeting increasing costs of placements	Social Care		LA			Private Sector	iBCF	£4,224,774	Existing
34	Care Market Capacity and sustainability	Supporting the increase in LD provider costs, including the increase in	Residential Placements	Supported living		Social Care		LA			Private Sector	iBCF	£753,000	Existing
35	Prevention and Early Intervention	Voluntary Sector advice and Support at front of access	Prevention / Early Intervention	Other	Advice and Guidance	Social Care		LA			Charity / Voluntary Sector	iBCF	£50,000	Existing
36	Prevention and Early Intervention	Advocacy support, advice and guidance for people with a learning	Prevention / Early Intervention	Other	Advice and Guidance	Social Care		LA			Charity / Voluntary Sector	iBCF	£55,000	Existing
37	Additional Legal support costs	Additional legal support to meet increasing demand for legal	Enablers for Integration	New governance arrangements		Social Care		LA			Local Authority	iBCF	£20,000	Existing
38	Perform Plus	Coaching Programme to increase capacity and performance of the	Enablers for Integration	Workforce development		Social Care		LA			Local Authority	iBCF	£48,000	Existing
39	Digital Lead Project Manager	Project support to implement AT strategy across Place	Assistive Technologies and Equipment	Other	Project lead for AT strategy across Place	Other	Health and Social Care	CCG			NHS Acute Provider	iBCF	£64,000	Existing
40	Reablement - Additional staffing	Increase capacity of reablement service	Reablement in a persons own home	Other	Additional staffing resources	Social Care		LA			Local Authority	iBCF	£87,000	Existing
41	Spot purchase Reablement beds	Short term provision within the independent sector to support	Residential Placements	Discharge from hospital (with reablement) to		Social Care		LA			Private Sector	iBCF	£107,000	Existing
42	Intermediate Care - Double Handling	Intermediate Care beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	iBCF	£100,000	Existing
43	IBCF contingency	Winter Planning contingency	Other		Winter planning contingency	Social Care		LA			Local Authority	iBCF	£77,000	New
44	Tactical Brokerage	To broker residential and home care packages of care from commissioned	Other		Brokerage support	Social Care		LA			Local Authority	iBCF	£110,000	Existing

45	Winter Bed Capacity	Discharge Pathways and Patient Flow	High Impact Change Model for Managing Transfer	Early Discharge Planning		Other	Winter Planning	CCG			Private Sector	iBCF	£500,000	Existing
46	Integrated Discharge Team	Multi-disciplinary teams to support hospital discharges	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	iBCF	£225,000	Existing
47	Additional Winter Capacity	Winter Planning contingency	Other		Winter planning contingency	Social Care		LA			Local Authority	iBCF	£510,769	New
48	Social Care support	Non recurrent funding to support a range of social care services	Other		To support short term social care pressures	Social Care		LA			Local Authority	Additional LA Contribution	£1,040,722	New
8	Mediquip (Wheelchairs & Equipment)	Integrated Community Equipment Service	Prevention / Early Intervention	Other	Small items of equipment to enable people to	Social Care		CCG			Private Sector	Additional NHS Contribution	£239,000	Existing
13	Intermediate Care	Residential Rehabilitation for patients who cannot	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		CCG			Private Sector	Additional NHS Contribution	£130,783	Existing

Further guidance for completing Expe

National Conditions 2 & 3

Schemes tagged with the following will count towards th

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribu

Schemes tagged with the below will count towards the p

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, o
- **Source of funding** selected as 'Minimum NHS Contribu

2022-23 Revised Scheme types

Number	Scheme type/ services
1	Assistive Technologies and Equipment
2	Care Act Implementation Related Duties
3	Carers Services
4	Community Based Schemes

5	DFG Related Schemes
6	Enablers for Integration
7	High Impact Change Model for Managing Transfer of Care
8	Home Care or Domiciliary Care
9	Housing Related Schemes

10	Integrated Care Planning and Navigation
11	Bed based intermediate Care Services
12	Reablement in a persons own home
13	Personalised Budgeting and Commissioning
14	Personalised Care at Home

15	Prevention / Early Intervention
16	Residential Placements
18	Other

nditure sheet

ıe planned **Adult Social Care services spend** from the NHS min:

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planned **Out of Hospital spend** from the NHS min:

ɔnly the NHS % will contribute)
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Sub type
1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other
1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other
1. Respite Services 2. Other
1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other

1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other
1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other
1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other

1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other
1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other
1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other
1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other

1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Various person centred approaches to commissioning and budgeting, including direct payments.
Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.

Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Rotherham

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	248.2	256.0	249.9	188.0	2021/22 has seen an increase on 2020/21, with admissions slightly higher than the 2021/22 BCF plan. It is not clear whether additional demand will be seen during 2022/23 and whether any further COVID	Urgent and Community Transformation priorities within the Place Plan focused on integrating pathways to increase admission avoidance including 2 hour urgent response and implementation of virtual
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(See Guidance)	Indicator value	237	239	230	236		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	93.8%	93.7%	93.3%	93.0%	Performance has fallen slightly during 2021/22. Aspiration to return to closer to early 2021/22 performance. Maximum performance in last 12 months was 93.9%, minimum was 92.4%. A gradual increase in performance to our aspiration of 94% has therefore been set. Rotherham's performance has been above national levels during 2021/22.	The Urgent and Community Transformation priorities within the Place Plan focus on sustainable discharge which includes a review of the Integrated Discharge Team resource to ensure resource meets demand. A self-assessment against the NHSE 100 day challenge has been completed and actions from the assessment have been
	Numerator	6,314	6,426	6,084	5,636		
	Denominator	6,732	6,855	6,522	6,059		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)	93.0%	93.4%	93.8%	94.0%		
	Numerator	6,084	6,110	6,136	6,149		
	Denominator	6,542	6,542	6,542	6,542		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	431.4	583.9	600.6	660.3	The 2021/22 year end 'SALT' submitted data shows the original BCF plan target for 2021/22 has been exceeded by 9 admissions, due to higher demand than estimated and returned a total of 323 admissions or a rate of approximately 600	Robust joint working approaches between health and social care have developed further so clear pathways and processes are in place to support a least restrictive approach to meeting adults' care and support needs. Further legal training has
	Numerator	226	314	323	360		
	Denominator	52,388	53,779	53,779	54,525		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	70.0%	78.0%	75.1%	78.1%	Overall, there has been a +5.1% percentage point improvement since 2020/21 year's outturn of 70% to show a current 2021/22 submitted 'SALT' statutory return performance of 75.1%. A total of 205 people were supported during	The 2021/22 performance of 75.1% improved on the broad 7 in 10 people benefitting from the service seen last year, to nearer to 8 in 10. The delivery and cohort make up in this year's performance, also reflected that in order to support
	Numerator	119	156	154	164		
	Denominator	170	200	205	210		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Rotherham

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	Planning Template (cover sheet). Plans will be signed off by HWB on 21/09/2022. Narrative plan - page 2. HWB/BCF Exec Group members have approved these submissions which includes LA, ICB, ASC, Housing, VCS representatives and		
	PR2	**A clear narrative for the integration of health and social care**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan	Yes	Narrative Plan, Page 3 Narrative Plan, Pages 6-7, added narrative - 2nd paragraph Narrative Plan, Page 8, added narrative - 1st paragraph Narrative Plan, Pages 19 to 22 Narrative Plan, Pages 19 to 22 Narrative Plan, Pages 19 to 22		
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	Planning Template (cover sheet) Narrative Plan, Page 17 Added narrative on Page 17 - 5th and 6th paragraph Added narrative on Page 18, paragraph 6		
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Planning Template, 5A Expenditure Tab		
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?**	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	Planning Template, 5A Expenditure Tab		

NC4: Implementing the BCF policy objectives	**PR6**	**Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?**	Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes	Narrative Plan Pages 9-14 Planning Template, 5A Expenditure Tab Capacity and Demand and Planning Template Narrative Plan, Pages 9-14 Narrative Plan, Pages 9-14		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes	Planning Template, 5A Expenditure Tab and Cover sheet Narrative Plan, Page 15		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab	Yes	Planning Template, Tab 6 Metrics		

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans but use of this template for doing so is optional. Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

An example answers and top tips document is available on the Better Care Exchange to assist with filling out this template.

Cover

Rotherham Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

At a local level Rotherham Place has been working in a collaborative way for several years to transform the way it cares for its population of around 265,800 [Census 2021]. The Rotherham Place Partnership [formerly the Integrated Care Partnership (ICP)] has been in place since 2018 and is responsible for the delivery of the Integrated Health and Social Care Plan and Better Care Fund Plan (2022/23). The Rotherham Place activity is also aligned to our newly formed NHS South Yorkshire Integrated Care Board (SY ICB) including ensuring governance processes support decision making at Place and at SY ICB (where appropriate).

The Rotherham Better Care Fund (including IBCF) continues to provide a substantial funding stream to some of our key priority workstreams within Urgent and Community Transformation, surge and winter planning and is aligned to other funding streams such as Ageing Well. The Plan also supports elements of the Health and Wellbeing Strategy (A Healthier Rotherham by 2025) including commitments to support unpaid carers, people with autism and learning disabilities and to tackle health inequalities.

The governance arrangements through Rotherham Place ensure that all partners across NHS Trust, Social Care, Housing / DFG Leads, Mental Health, Public Health, Primary, Independent and the Voluntary and Community Sector are engaged in the development of the Place Plan and BCF Plan, with several task and finish groups in place under an overarching operational and executive meeting structure.

Outcomes for the Rotherham population are jointly agreed and all partners are committed to a whole system partnership approach. The SY ICB Commissioning Plan aligns with the Joint Health and Wellbeing Strategy (A Healthier Rotherham by 2025) and the Integrated Place Plan and sets out, as a key partner, how we will support their delivery.

The Council, South Yorkshire ICB and NHS England work closely together to ensure that all commissioning plans (including the BCF Plan) are aligned so that together we deliver the maximum amount for each 'Rotherham pound'. This includes the System Wide Winter Plan developed annually, within an identified Place fund of c£500K to spend on winter pressures across partners.

How have you gone about involving these stakeholders?

The Directorate Leadership Team of the Council and Place Executive Team have been involved in the development of a BCF Plan 2022/23 including commissioning, adult care and integration, public health, housing, finance, performance and intelligence and legal services. The BCF Operational and Executive members have also been fully consulted in the BCF planning process as well as members of the Health and Wellbeing Board (HWB). The HWB consists of Elected Members, Chief Executive, Chief Officers and Directors from the Council, South Yorkshire ICB and The Rotherham Foundation Trust (TRFT), Housing, Public Health, Safeguarding, NHS England, GP's, South Yorkshire Police, Voluntary Action Rotherham (VAR) and Healthwatch. Age UK Rotherham, community health services, in-house and independent sector care home providers have also been involved in the BCF planning process.

Executive Summary

This should include:

- Priorities for 2022-23
- Key changes since previous BCF plan

Key Priorities for 2022-23

The Rotherham Place Partnership: Health and Social Care Place Plan delivers a set of 'place' key priorities, which are aligned to the Health and Wellbeing Strategy which aims to transform mental health, learning disability, urgent care and community care services.

Prevention, early intervention and the integration of health and social care services are the focus of the Place Plan and Better Care Fund Plan, to transform the way services are delivered. These Plans in Rotherham have increased community care over recent years to improve better outcomes, improve flow through the system and reduce inefficiencies. Health and social care transformation programmes include developing alternatives to entering services or hospital admission and facilitating discharge. The Place Plan and Better Care Fund Plan provide an opportunity to build on this to take a more holistic and integrated approach across physical and mental health, social care and the voluntary and community sector to develop and embed an integrated model of care. This model supports individuals and their carers and focuses much more on prevention. Narrowing inequalities and targeting resources towards areas of greatest need is a principle of the Health and Wellbeing Strategy.

The Population Health Management (PHM) is currently defining a cohort to focus on and designing a PHM intervention that is person centred, considering what is important to that cohort and how better outcomes can be achieved, in comparison to the wider population. Key forums have been established such as Rotherham Office of Data Analytics (RODA) steering group and ICS discussion group to ensure strong likes across the Place and the ICS to support the PHM approach.

The workstreams of the Urgent and Community transformation group (aligned to BCF and Ageing Well funding streams and Rotherham's Prevention and Health Inequalities strategy) are as follows:

Workstream 1: Sustaining People at Home

The aim of this workstream is to develop an integrated health and social care Multi-Disciplinary Team (MDT) tiered level of care model which supports more people to remain/return to living in their own home as independently as possible and for as long as possible. Projects include:

1. Development of a prevention and anticipatory care model in localities to support those with long term conditions and unplanned exacerbations aligned to Ageing Well priorities

2. Development of a frailty and acute respiratory virtual ward for those who would otherwise be in an acute bed, supported by remote monitoring technology

3. Development of our urgent community response, growing referral numbers and ensuring a minimum 2 hour response at least 70% of the time

4. Developing alternative pathways to conveyance to and admission from our emergency department

Workstream 2: Integrating a Sustainable Discharge to Assess Model (Priority 4)

This builds on the Discharge to Assess model implemented during Covid. The aim is to target specific barriers to effective discharge, including those highlighted in the 100 day challenge, and enhance integrated working across acute and community health and social care. Planned activity includes

1. Targeted acute ward by ward activity to reduce numbers of people with no right to reside and long length of stay including pilots of criteria led discharge, a reduction in TTO errors and duplication and increased usage of the discharge lounge
2. MDT working to improve patient outcomes and streamline discharge planning and reduce length of stay across our community bed base
3. Streamlining our integrated discharge team processes and systems and clarification of roles and responsibilities particularly in relation to weekend working

Workstream 3: Enhanced Health in Care Homes (Priority 5)

1. Developing and embedding the care home offer for the above projects to ensure equity of provision. Activity includes developing our care home pathways to reduce avoidable conveyances and admissions
2. Improving MDT working including GP led MDTs and access to specialist services
3. Developing use of technology including remote monitoring and a shared care record
4. A jointly commissioned approach to standardising and streamlining care home specifications

Key Changes since Previous BCF Plan (2021/22)

The BCF Plan also reflects the wider priorities within the Place Plan through supporting the transformation of mental health, learning disability, urgent care and community care services.

The key changes since the last BCF plan are as follows:

- Further integration of community services including enhanced MDT working
- Training of Reablement staff to deliver therapy plans
- Jointly commissioned home care provision including night visiting services
- Increase in providers on the framework to support demand
- Remote monitoring pilot in care homes established
- ECHO e-learning platform in place for End of Life Care and other health related topics
- New model for Intermediate Care (bed base reconfigured)
- Increased the spend on the COT provision in year to support the demand profile
- Increased resources across Reablement and Integrated Rapid Response to support community services (hospital avoidance/effective discharge)
- Funded brokerage to provide support over the weekend to facilitate hospital discharges.
- Recruited Public Health Specialist (and admin. support) for the programme management of the Prevention and Health Inequalities Strategy.
- A programme of training sessions to support people with dementia and their unpaid carers
- New service specifications to reflect the ideas and learnings from the market engagement exercise to improve residential, community and housing support for people with mental health and / or learning disabilities.

All these schemes mentioned above are BCF funded.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

Rotherham has a strong record of joint commissioning between health and social care. This is underpinned by a joint commissioning framework and governance structure which incorporates joint needs assessment, supply mapping, market analysis, pooled budgets and performance management. This has prepared the way for new developments in integrated care which will support people with complex needs to remain independent in the community.

The Better Care Fund Section 75 Agreement for 2022/23 will be approved by the Health and Wellbeing Board which consists of Elected Members, Chief Executive, Chief Officers and Directors from South Yorkshire ICB and the Council, NHS England, GP's, Voluntary Action Rotherham (VAR), Healthwatch. The key responsibilities of this group include:

- Monitor performance against the BCF Metrics (national / local) and receive exception reports on the BCF action plan
- Agree the Better Care Fund Commissioning Plan / Strategies
- Agree decisions on commissioning or decommissioning of services, in relation to the BCF

The BCF Executive Group consisting of Chief Executives, Elected Members, Chief Finance Officers, Directors from both the Local Authority and the South Yorkshire Integrated Care Board.

Key responsibilities of the Executive include:

- Agree strategic vision and priorities for the future
- Make decisions relating to the delivery of the plan
- Monitor delivery of the Better Care Plan through quarterly meetings
- Ensure performance targets are being met
- Ensure schemes are being delivered and additional action is put in place where the plan results in any unintended consequences.
- Report directly to the Health and Wellbeing Board on a quarterly basis.

The BCF Executive Group is supported by the BCF Operational Group which meets on a quarterly basis. The Operational group is made up of the identified lead officers for each of the BCF priorities, plus other supporting officers from the Council and South Yorkshire ICB.

- Ensure implementation of the BCF action plan
- Implement and monitor the performance management framework
- Deal with operational issues, escalating to the Task Group where need

A financial governance process is in place and the financial monitoring and performance information is to be provided at monthly operational group meetings and quarterly at Director and Member level. The financial framework will expose those areas of high risk in year and identify areas where slippage may be available to balance the financial pressure in year. The recurrent plans will be modified, where appropriate, as part of the planning cycle for both Health and Social Care in totality, through the Section 75 agreement for 2022-22.

Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person-centred health, social care and housing services including:

- Joint priorities for 2022-23
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.

Joint Priorities for 2022-23

Please see Executive Summary for detail of our joint key priorities for 2022-23 and changes to our approach in supporting the transformation of mental health, learning disability, urgent care and community care services.

Approaches to Joint / Collaborative Commissioning

RMBC and SY ICB have a proven track record of successful joint / collaborative commissioning which is managed by the BCF Executive Group which act as a key decision-making forum on areas of common interest and joint priorities across the health and social care community. There is a joint performance management framework in place which includes the monitoring of BCF funded schemes, development of pooled budget arrangements for integrated services, supporting the development of joint strategies and service reviews, facilitating stakeholder engagement and incorporating the views of service users, carers and service providers.

The Adult Social Care Pathway already includes whole system requirements to where elements of the system collaborate to fully explore the potential of individuals to become as independent as possible.

The community support offer within the Adult Care target operating model is based on people being supported via their social, community, housing, neighbourhood assets, through joint working with partners across Rotherham to allow people to access the support they need through a variety of more sustainable support networks.

Rotherham Place fully recognise that individuals need to be at the centre of the adult social care pathway, who need to self-manage their care, unless their requirements exceed the threshold. This means that people who have a care package will be re-enabled so that their needs are decreased, resulting in either a reduced or no care package, an increased level of independence and enhanced quality of life, that is healthier and more fulfilling for the individual. This has also resulted in a stronger understanding of what care is currently being provided and whether or not this is the most appropriate, with increased reviews and oversight, specifically with a recovery model that requires close working with the provider and individuals.

An initiative that the Place is looking at currently is to further develop our proportionate care approach, recognising the challenges with workforce across the social care sector, particularly home care. Single Handed or Proportionate Care is an ethos which asks if the person's needs can be met by one carer. With use of specific equipment, adaptations and techniques it is usually possible to enable someone to maintain their dignity and reduce their need for formal care. The benefit to the person and across the systems are being increasingly recognised across stakeholder groups. These benefits include a more strength based, person centred approach, recognised the least intrusive options for care, and improved relationships with the individual, carer and family. It

also supports the national shortage of care hours available within the system and can release some funding to reinvest in essential care.

Funding has been approved to provide specialist training to colleagues across the Reablement pathway including Occupational Therapists, Reablement Coordinators and Trainers from the Care Provider network. The Council and South Yorkshire ICB Commissioning are working collaboratively together to increase the range and availability of equipment available to support this approach. The aim of care and support is for people to live the best life that they can, meaning living independently, in their own home when possible, utilising the assets and the people around them to do the things that make them happy and leading a fulfilled life. This has required a strengthening of partnerships and collaboration with a wide range of key stakeholders including Public Health, Housing, DFG Leads, South Yorkshire ICB, Foundation Trusts and Mental Health Trusts, voluntary, community and independent sector to create more options for how care can be delivered through, for example, natural forms of support, universal services and community assets, as well as formal health and social care services.

The four key themes of the Adult Social Care operating model are as follows:

1. Prevention
2. Integration
3. Care co-ordination
4. Maximising independence and reablement.

The Integrated Discharge Team are undertaking a review to ensure that the ways of working in the team fully support the updated national discharge guidance and make best use of the MDT staff resource, reduce duplication and improve the persons discharge experience. The Council remains committed to a seven day week service, recognising the pressures faced by the acute trusts.

The Reablement Service have a new registered manager and are reviewing rotas and IT solutions to improve efficiencies and increase face to face time to support more people to be optimised across adult social care and support increased independence. The ability to reable more people as soon as possible is a core commitment to improve outcomes for greater independence for individuals and to ensure that social care provision, which is increasingly harder to source is challenged to those who need it most.

The Reablement Service are working closely with the Integrated Rapid Response Service and are working on system integration to support case management. Once this is in place, then they will be co-locating with health colleagues to support more integrated working during 2022/3. The Place system is exploring posts to work across both services on a generic job description. Recruitment is also being looked at due to recruitment challenges, along with looking at apprenticeship opportunities. This recognises that currently the pull of the NHS is greater than social care and aims to address issues with recruitment and on-going vacancies.

How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.

The Council, along with partners, are continuing to focus on a strengths-based approach, in partnership with staff, to ensure that community assets are utilised and self-directed support is maximised, thus increasing choice and control.

With a focus on greater promotion of the use of individual budgets via a direct payment, strength based, focussed assessment of well-being and clear evidence of a person's needs. Consideration must be taken to eligibility criteria, support planning, completion of Continuing Health Care and Decision Support Tool checklists.

There are some good examples of the use of the BCF as a pooled budget to support our approach to hybrid roles as a means of mitigating workforce challenges. For example, we have joint roles employed by The Rotherham Foundation Trust that work into the Council supporting both Health and Social Care (and vice a versa) in areas such as discharge, capacity management and transformation / integration of services through the Urgent and Community Transformation workstream.

The Place system is working across health and social care to recruit roles that are able to deliver across the pathway into urgent response and reablement / intermediate care as demand arising and to support where there are market challenges across the borough for care and support at home.

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

Please use this section to outline, for each objective:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective

Plans for supporting people to remain independent at home for longer should reference

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level.

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
- Carry out collaborative commissioning of discharge services to support this.

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

The BCF funding enables people to stay well, safe and independent at home for longer and provides the right care in the right place at the right time. The BCF funded services will support delivery of these objectives

The aim of care and support is for people to live the best life that they can, meaning living independently, in their own home when possible, utilising the assets and the people around them to do the things that make them happy and leading a fulfilled life and provide personalised care and support planning based on a 'what matters to me' conversation.

The utilisation of the Better Care Fund 2022/23 is based on the experiences, values and needs of our service users, patients and carers. To demontrate the outcomes local people want from better integrated, person centred services, a number of “I statements” based on their testimonies have been defined. The ambition is for provider responses to be captured in the form of “We” statements and

linked to the Provider Assessment and Market Management Solution (PAMMS) during regular contract monitoring returns. The Rotherham Health and Wellbeing Boardholds the responsibility for the Better Care Fund plan and will work towards achieving these outcomes:

'I am in control of my care' - People want to feel central to decision making and development of their care plans, they want all professionals and services to communicate with each other to understand their care needs and ensure they receive the most appropriate care for their circumstances, and they want to be provided with the right information to help them to manage their conditions and make informed choices about their own health and wellbeing.

'I am listened to and supported at an early stage to avoid a crisis' - People want support, advice and information at an early stage to help them look after their mental health and wellbeing, avoiding the need for more intense, high-level services when they reach crisis point.

'I am able to access information, advice and support early that helps me to make choices about my health and wellbeing' - People want a greater focus on preventative services and an increased capacity in community activity to prevent high intensity use of services and more formal care, and to help them better manage their conditions. They also want services to be available 7 days a week and information and advice to be more accessible.

'I feel safe and am able to live independently where I choose' - People want to stay independent and in their own homes for as long as possible. They want to feel safe to do this and know that the right support is available when and where they need it.

To demontrate the outcomes of a better integrated, person centred services, a number of "We statements" include:

'We have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments".

"We work with people to make sure that their personal plans promote wellbeing and enable them to be as independent as possible".

"We make sure people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations, technology and medical equipment".

Work has been ongoing in 2021/22 in relation to the Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers. This will ensure better data collection, analysis and reporting to increase care quality and mitigate risks of provider failure. CQC registered adult social care providers will be completing their Quality Assurance self-assessments during 2022/23.

The RMBC Insight system also provides a wealth of "live" performance data in how many individuals are being supported by adult social care commissoined services.

BCF funding contributes to the Rotherham Integrated Discharge Team (IDT) – funding posts such as the joint manager across health and social care and the capacity manager in The Rotherham Foundation Trust (TRFT) who provides daily oversight across Place and escalation levels (Opel).

The Rotherham pathway for discharge home is in line with the national target at c.95% and, although the Length of Stay (LOS) has fluctuated recently due to challenges with Covid pressures, the Place have maintained a reasonable level of performance.

There is a joint approach to discharge planning within Rotherham. The Place system have recently self-assessed against the 100 day challenge and have incorporated actions from this self-assessment to our ongoing discharge workstream across Place.

The initial self-assessment against the High Impact Change Model led to the establishment of the Rotherham integrated health and social care discharge team and a range of process and system service improvements. The Place is now in the process of reviewing the Discharge to Assess (D2A) model post Covid including carrying out a self-assessment against the revised 2019 model. Significant progress has been made against 7 of the 9 domains with further work planned and are active in all 9.

Significant progress has been made in relation to:

Capacity and Demand: The Rotherham Place has developed an acute clinical command centre which provides full visibility of patient flow, in real time, to, through and out of the acute hospital and into the community setting to enable effective decision making at strategic, operational and patient level. This work has been short-listed for a Health Service Journal award in 2022. The escalation wheel is currently being developed to reflect community services. A daily report circulated to all partners shows OPEL levels of escalation. In parallel the Place has developed a capacity and demand tool for discharge pathways and have a mature escalation ladder.

MDT Working - The Rotherham Integrated Discharge Team (IDT) has a blend of nursing and social care staff who work closely with therapists, community rapid response services and continuing health care. There is a well-established contract with Age UK for hospital after care support and have recently set up a pilot with a Voluntary and Community Services (VCS) social prescriber link worker who in- reaches into the emergency department for admission avoidance and facilitates discharge. The next phase is to set up an integrated community hub which will in reach into IDT to support more people home.

Home First /D2A model – The Rotherham integrated discharge model provided a strong foundation to implement the national D2A model at the start of Covid. Discharge pathways were aligned and therapy and Continuing Health Care (CHC) staff were seconded into the team during Covid to enable all assessments to be carried out in the community which remains standard practice unless there is benefit to conducting assessment in hospital to ensure the correct pathway is followed. Age UK provided a safety netting service with follow up calls for all pathway 0 patients discharged from hospital during Covid. If the patient or family did not respond this was followed up with a home visit. This work was aligned to the Age UK hospital after care service.

Flexible Working - Within Rotherham there is a 7 day discharge service which includes the integrated discharge team, brokerage and dispensing. However, issues remain particularly in relation to the ability of care homes and home care to accept discharges over the weekend. Commissioners are working with providers to address this. Where discharges cannot be completed over the weekend, arrangements are planned through the weekend for early discharge Monday morning.

Trusted Assessments - IDT allocate the most appropriate worker to co-ordinate the discharge of a patient according to their needs and there are elements of trusted assessment in place to support effective flow through MDT working. However, more can be done and Commissioners have initiated

a conversation with care home providers to discuss developing a trusted assessor role for discharge to care homes.

Choice - The Deputy Chief Nurse has carried out extensive work to improve communication and engagement with patients and their supporters. This includes banner stands on wards and an information pack for each bedside. In preparation to the end of Scheme 2 funding, the Place system has reviewed all discharge communications including those for self-funding patients. New information leaflets are under development for our commissioned community beds. The Place system is developing pilots across 4 wards to review how discharge planning is carried out including criteria led discharge. This work will include ensuring patient and family are fully engaged in the process.

Discharge to Care Homes - Rotherham has carried out 2 self-assessments against the enhanced health in care homes framework which is one of our key urgent and community Place priorities. Each care home has an allocated GP. Commissioners are working with GP practitioners to develop a proportionate continuum of care appropriate to the needs of the individual. The physical and mental health care homes teams provide proactive support and training. The teams worked closely with Public Health and Commissioners throughout Covid to ensure Care Homes were up to speed and supported with all aspects relating to infection control, provision of PPE and regulatory requirements as well as allocation of additional monies.

Domains identified as requiring additional development include:

Early discharge planning in line with the 100 day challenge work is planned to ensure a mandatory discharge date is set for all patients within 48 hours (the Rotherham Place currently have c 80% uptake) and for complex discharge planning to begin earlier.

Housing - Discussions are underway to more proactively engage housing services in discharge planning at an earlier stage including submitting daily data to our capacity dashboard and attendance at MDTs. The Council is developing an Assistive Technology strategy to provide alternatives to care

From a strategic perspective Discharge Planning is one of the portfolio projects within our integrated Place Urgent and Community Transformation Programme. The Place Discharge Executive lead is the TRFT Head of Operations and TRFT Deputy Chief Operating Officer (COO). Discharge plans are co-developed with all Place partners and assured via the Place governance structure including an Executive Lead group comprising the Trust's Deputy Chief Executive, Deputy CCO and Community Division General Manager.

The Rotherham Place system is in the process of revising governance arrangements and aligning them to the SY ICB Urgent and Emergency Care Alliance Board. The previously known A&E Delivery Board will merge with the Urgent and Community Transformation Group to become the Rotherham Urgent and Emergency Care Group and will cover both performance and transformation.

Cross system working is well embedded in IDT, with at least twice daily MDT (including community / reablement), twice weekly Length of Stay (LoS) MDT and reviews of stranded patients based on the Emergency Care Improvement Support Team (ECIST) model.

The Rotherham Place has increased capacity within IDT and ensure cover over weekends with an 8.00 am to 8.00 pm approach in place. There is a Discharge Doctor on site to support weekends.

Capacity has been increased within community services to ensure 7 day discharges are facilitated 8.00 am to 8.00 pm including increasing transport availability (week days / weekends to meet peak

times in demand) and 7 day equipment access. However, there is some performance variation and seasonal spikes through the year.

To embed the changes made and to meet the new national discharge guidance the Place system has reviewed the discharge processes and pathways including the community bed base facilities, culminating in a Discharge Action Plan that is currently being implemented. This includes targeted activity with wards to improve flow of pathway 0 patients and between acute, community and the integrated discharge team for pathway 1 and 2 patients. There is a specific focus on early discharge planning particularly to address complexity in a timely way.

The Rotherham model of an integrated intermediate care, reablement / recovery pathway is well established which supports effective patient flow. Processes start with early discharge planning and management of patient transfers, through to community beds with additional discharge co-ordinators appointed across acute/community beds.

The Rotherham Place system wants to ensure patients receive right level of care and that processes are streamlined to speed up transfers and reduce duplication and gaps resulting from previous siloed working.

The community unit with nursing / therapy has been retendered to better meet the changing complex needs of our population.

The BCF funds a number of community services across health and social care including Intermediate Care, Reablement and Urgent Response.
The integrated intermediate care offer delivers better outcomes which also includes collaborative integrated commissioning between adult social care and South Yorkshire ICB to support this. Integrated commissioning of discharge services will continue to support safe and timely discharge and continue to embed a home first approach so that people are discharged to their usual place of residence with appropriate support This includes primary, community and social care services are being delivered to support people to remain at home or return home following an episode of inpatient hospital care

These services have seen an increase in resources to provide sufficient capacity to meet the demand (increasing no. of complex cases requiring additional support). The Council have also increased the number of providers on the jointly commissioned home care framework (home first) to support the demands on the care sector and are looking to employ a locum therapist to work in COT service to support the review of care packages, freeing capacity to provide better flow from hospital.

Additional reablement co-ordinator / support workers in adult social care will increase capacity to deliver both discharge/admission avoidance.

The brokerage function has also been increased to cover weekends to support hospital discharges.

The above BCF funded services improves the discharge process from hospital and ensures that people get the right care at the right time.
.
Rotherham is working across Place and ICS partners to share knowledge and develop our capabilities in understanding and addressing Health Inequalities and Population Health Management (PHM).

Place partners meet monthly as a Prevention and Health Inequalities Enabler Group, chaired by the Director of Public Health. This group leads the multi-agency approach to address Prevention and

Health Inequalities across Rotherham, linking to the wider South Yorkshire system. This has included developing Rotherham's partnership strategy and plan around prevention and tackling health inequalities, looking at the whole population and the individual.

This Enabler group is supported by a data sub-group which meet to establish a network across Place to share knowledge and learning in relation to Health Inequalities Data. This group has considered a wide range of intelligence by aspects of inequality including urgent care frequent attenders, waiting list recovery, deprivation by geography and disease prevalence.

The Rotherham Place system is working to develop a Rotherham Office of Data Analytics (RODA) as a Place wide capability in analysing and interpreting Public Health Management and Health Inequality data, supporting the Place wide Health Inequality and Prevention Group work programme. It is anticipated that RODA will generate insight into areas such as the inclusive restoration of services and population segmentation. Rotherham is actively engaged in the South Yorkshire PHM work programme to develop insight into South Yorkshire communities and share best practice. Rotherham is also actively working with Sheffield University to consider how to gain better insight into PHM.

Rotherham has strongly engaged in the national Place Development Programme co-sponsored by NHS England and the Local Government Association. As part of this programme the Place have undertaken a series of externally facilitated Action Learning Sets, to test out a PHM approach. This programme has generated a wide range of quantitative and qualitative knowledge and insight on Health Inequalities, acting as a foundation for a work programme to address these.

The Place system has also started to focus on the impact of the pandemic and taking a population approach to meeting those needs and preventing further demand. This includes resources funded through BCF and working with partners to review/audit access to acute care for those with long Covid. Physical and mental health needs are rising, it is timely to deliver a focused piece of work. This will include looking at risk factor prevalence, with a focus on cardio-vascular disease, diabetes, mental health.

There will be a long stay audit taking place that looks at factors effecting long length of stay, establishing the facts about population, analysis of pre and post pandemic and targeted population including co-morbidities.

The Rotherham Place is working on our Anticipatory Care model, the national ask is for systems to provide proactive health and care interventions for all ages. To be targeted at frailty, multiple morbidity and/or complex needs for people living in their own homes. The focus is on what is important to individuals and it is delivered and co-ordinated through cross system MDT working. The Rotherham Place has allocated funding in year to scope the development, which will use population health and local data to identify those at risk by PCN / Offer, carry out a proactive needs assessment with individuals, provide personalised care and support planning based on a 'what matters to me conversation' and establish a digital MDT to agree what interventions the person needs

Supporting Unpaid Carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The Rotherham Health and Wellbeing Board's (HWB) vision is for Rotherham to be a carer friendly Borough. There are around 30,000 informal carers providing unpaid care in Rotherham. The Carers Strategy – *The Borough That Cares* has been co-produced with carers, carers organisations, colleagues across the Council, Health and the voluntary sector and has been signed off by the HWB. This is 'live' document which will be updated on an ongoing basis to reflect required actions and activity. The carers voice is embedded throughout the framework.

The Strategic Framework (2022-25) sets out a vision for working with and supporting carers, it also provides an action focused road map for how the Rotherham Place will achieve this change directly with carers. Over the next three years, the Place system will work to deliver the actions, and will continue to put carers at the heart of this process through their direct involvement in *The Borough That Cares* Strategic Group.

The purpose of the strategic framework is to ensure carers can live well, be active and have fulfilled lives. It recognises that carrying out an unpaid carer role can be rewarding and life affirming.

The Council Plan also shows priorities that we work with health and community partners to provide accessible, high-quality services for adults with support needs, including those with disabilities, older people and their carers

The Better Care Fund currently has a budget allocation of around £600,000 to provide support to a range of Carers Support Services. The BCF funding to support carers will be reinvested this year to provide dedicated resources to oversee implementation. An investment will be made to increase the number of carers assessment / carers direct payment to provide carers breaks and support to carers as per the requirements of the Care Act duties and the BCF Planning Requirements 2022/23. This approach is aligned to the priorities of the Carers Strategy and the BCF NHS minimum contribution will be used to improve outcomes for unpaid carers.

The Better Care Fund currently provides funding for a Carers Emergency Service which is available for a period of up to 48-72 hours when substitute care is necessary as a result of any sudden or unplanned event that incapacitates the unpaid carer and it would be unsafe to leave the cared for person without support. The service is free of charge and provides peace of mind for unpaid carers registered to the scheme who are undertaking regular and substantial care of vulnerable adults should informal replacement care and support be unavailable. The plan is to host the service in the Integrated Rapid Response Service which is also financed by the Better Care Fund.

The Better Care Fund also currently provides funding for home care and support services for unpaid carers provided by Crossroads Care Rotherham who provide support to people who live with or receive support from an unpaid carer. The specialist nature of this service provider means that they are able to provide support to connect unpaid carers to relevant statutory or voluntary services. Expected outcomes for eligible unpaid carers and the person that they care include improving quality of life for unpaid carer and the person they care for, enabling unpaid carers to enjoy a life outside their caring role, achieving greater independence for the unpaid carer, having an improved sense of carer wellbeing, mental and physical health, reduce carer isolation, increase local community, voluntary sector, and social enterprise involvement, maintaining/increasing the independence for

person being cared for and by sustaining the unpaid carer increasing the chances of the cared for person to remain at home for longer.

A significant range of support that aligns with the outcomes of the Carers Strategic Framework is currently provided by Crossroads Care which includes carers groups, carer activities and events, complementary therapies and volunteering opportunities. Conversations are underway between the Council and SY ICB in relation to the financial sustainability of the services provided by Crossroads. Officers are actively exploring further options for funding, looking at possibilities through the Better Care Fund. The draft funding proposals for 2022/23 are currently being developed and will need to be approved by the BCF Executive Group

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The Strategic Director for Adult Social Care, Housing and Public Health is fully engaged in the planning and approval process for the BCF 2022-23 and is a member of the Health and Wellbeing Board (HWB) and BCF Executive Group.

Both the HWB Board and BCF Executive Group includes representatives from South Yorkshire ICB including the Chief Officer and Chief Finance Officer. This ensures there is a joined-up approach in improving outcomes across the health, social care and housing sector

Adult Social Care, Housing and Public Health Services work collaboratively together in responding to the Care Act (2014) requirements in order to prevent, reduce or delay care and support needs and to support the role of carers to continue their caring role.

The Housing Strategy (2022-25) aligns to the Integrated Place Plan and BCF Plan by supporting people to live at home for longer and has benefits for the individual's health as well as a positive impact on health and social care budgets. Instead of providing everyone with the same service regardless of need, housing support or adaptations are tailored to the individual and used to empower people to make choices for themselves.

The Housing Strategy focuses on increasing the supply of affordable housing, both through new build and from bringing empty homes back into use. The Council will be carrying out a "Where do you want to live?" survey in 2022 to capture the current and future housing needs and aspirations of residents. Surveys are also conducted of people who have moved into new Council built homes and feedback is used to inform the future development of schemes. 10 bungalows have recently been completed in the South area of Rotherham. The plan is for more bungalows to be built and purchasing of additional bungalows from private developers to support people with accessibility needs to continue to remain living in the community. The plan is also to maximise the use of aids, adaptations, and assistive technology to support independence in the home to meet the needs of a range of people and support the creation of mixed communities. This supports the principles of Home First.

Extra Care Housing in Rotherham is currently based across three sites providing 108 units. Each site provides accommodation aimed at enabling people to remain independent within their home for longer. Extra care housing combines a safe secure environment in a community setting and is seen as a way forward to provide older people with their own high-quality accommodation, with access to housing related support and personal care when required. The Council is keen to expand supported housing options for older people so that they can remain living in the community.

Council owned housing stock is also ageing, and it is essential that investment continues so that the Council can continue to provide good quality, safe and affordable homes in sustainable neighbourhoods that meet the needs of local people. As people's needs evolve, the Council will seek opportunities to make better use of its stock and consider conversions and adaptations to provide more suitable homes where appropriate. The strategy sets out a clear direction for aiming to increase the overall number of homes through the creation of new housing, as well as continued investment to making the best of existing homes and communities. Council priorities are focused on the right homes to meet the needs of Rotherham's people which need to be safe, comfortable, affordable and energy efficient.

The Council's Adaptations Policy aims to assist people in living independently through either the provision of equipment and/or adaptations in their current home or re-housing to a suitable property that meets their needs.

The Disabled Facilities Grant (DFG) provides funding for Housing to support for the provision of aids and adaptations to disabled people's homes to enable them to live independently and to improve their quality of life.

The DFG has provided funding for aids and adaptations for older people, people with physical disabilities and care needs, children and those living in owner occupied, private and social tenancies in 2022/23. Grant approvals range from £1,000 to around £80,000 and in exceptional circumstances has been as high as £120,000.

Following release of the Government's White Paper – 'People at the Heart of Care: Adult Social Care Reform White Paper' which was modified in March 2022. This focussed on 'Providing the Right Care, in the Right Place at the Right Time'. This gave more people the choice to live independently and healthily in their homes for longer. It included updated guidance advising Local Authorities on the efficient and effective delivery of DFGs, including more flexibility on the areas and amount of spend.

This ensures that people can quickly access the adaptations they need, in a way that is co-ordinated with other practical support they receive. The Council now applies discretion to larger more expensive projects such as major internal conversions and extensions to meet this need. A clear case is made that by providing the adaptations, the customer can live independently for longer in their home and cost savings are made in terms of long-term care requirements from the NHS.

The Disabled Facilities Grant (DFG) also provides funding for community equipment to enable and support people with their daily living activities which are supplied by our Integrated Community Equipment Service delivered by an independent sector provider. Mandatory functions for DFG are always considered annually before continuing to agree funding for community equipment.

The IBCF currently funds a project lead for Assistive Technology and Occupational Therapy. The role of Occupational Therapy (OT) to support the prevent, reduce and delay agenda within Adult Social Care and Housing is well established, and the impact of extended roles are also being increasingly recognised. The DFG is also used to fund assistive technology equipment.

The Council is funding a further 1 x full time equivalent Community OT to support the increasing caseload of the service. The postholder has taken a lead, alongside the commissioning team, in a review of the current service offer, including benchmarking with other Adult Care based services regionally. The recommendations from the review are now being taken forward with the Community OT Service providers and other stakeholders to ensure effective and efficient use of the OT resource.

The postholder is also now working with the provider on a more imminent recovery plan to arrest and address increasing waiting times due to vacancies within the service. The post is also supporting adult social care to better utilise care technology. There is a wide range of Technology Enabled Care (TEC) equipment in use including exit sensors, GPS trackers and pre-set reminders enabling people with memory difficulties to remain safe and live their lives well, as well as several falls detection options. Robotic pets are also proving successful in reducing anxiety, purposeful walking and challenging behaviours.

A relaunch of the Assistive Technology Champions scheme has started to raise awareness across teams and develop new ideas for better utilisation of the Technology Enabled Care currently available. Links have been made with corporate customer services and communications teams to further raise the profile within the Digital Strategy workstreams. The post holder undertook a LGA / Rethink Partners Leadership Programme in 2021/22, alongside a senior sponsor, which resulted in a review of the current structures around the Technology Enabled Care vision in Rotherham. Work is ongoing to develop a structure fit for the future, on which a TEC Strategy can be based.

There is also a Remote Monitoring Pilot in operation with Care Homes in relation to monitoring vital signs which has been extended for a further year until 31st March 2023. The aim is to keep people out of hospital and reduce the length of stay in hospital if a person was to be admitted

Equality and Health Inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

Changes from Previous BCF Plan

There is a recognition by the South Yorkshire ICB that tackling Health Inequalities (HI) is integral to everything the system needs to do to keep people healthy and independent and reduce statutory service demand.

Rotherham's Prevention and Health Inequalities Strategy and Action Plan: 2022-25 was agreed in 2022 by the Place Board and endorsed by the Health and Wellbeing Board. This strategy is focussed on supporting people in Rotherham to live well for longer through driving prevention-led approaches across health and social care. Through working in partnership, the aim of the strategy is 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.

Delivery of the strategy is focussed on five main priorities:

1. Strengthening the Place understanding of health inequalities. Work around this priority is centred around data and intelligence, which links with the further detail around population health management outlined above.
2. Developing the healthy lifestyles prevention pathway. This priority is focussed on the factors closely associated with disability-adjusted life years in Rotherham, such as smoking, obesity and alcohol.
3. Supporting the prevention and early diagnosis of chronic conditions. This includes cardiovascular disease, diabetes respiratory disease, cancer, and mental health conditions.
4. Tackling clinical variation and promote equity of access and care for underserved groups.
5. Harnessing partners' collective roles as anchor institutions to address health inequalities.

Additionally, the strategy sets out the local approach to delivering the Local Authority's priorities under the Equality Act and NHS Core20Plus5 framework. This means that as part of the programme, partners have committed to addressing inequalities for:

- Those living in the 20% most deprived communities of England according to the Indices of Multiple Deprivation (IMD). In Rotherham this accounts for 36% of the population.

- A number of inclusion groups include:
  - Ethnic minority communities
  - Gypsy, Roma and Traveller communities
  - People with severe mental illnesses

- People with learning disabilities and neurodiverse people
- Carers
- Asylum seekers and refugees
- Those in contact with the criminal justice system

An action plan is in place to deliver against the strategy and progress is overseen by the Prevention and Health Inequalities group. The group includes representatives from the Council, NHS South Yorkshire ICB, TRFT, RDaSH, Primary Care and the Voluntary Sector.

The BCF has also been utilised to partly fund a Public Health Specialist who is responsible for programme management of the Prevention and Health Inequalities Strategy and reporting into the Place Partnership and Health and Wellbeing Board. The BCF also partly funds an Administrative Assistant to support and arrange meetings relating to the programme.

Health inequality remains an issue for the Learning Disability client group and Neurodiverse people that will continue to be addressed. It is still evident that people in these client groups are dying at an earlier age than within the general population. Continued reviews of early deaths through the LeDeR Programme influences future practice around health and aging well. The LeDeR programme has now been extended to review early deaths in people who are neurodiverse.

Work has been undertaken across Rotherham to ensure that Annual Health Checks are completed in a timely manner by local GP's and people are aware of and have access to appropriate health screening services.

Support and information for the individuals and service providers is regularly distributed around accessing Annual Health Checks, promoting healthy lifestyles and healthy choices. Future Care and Support contracts both in Care Homes, Supported Living and Day Opportunities will continue to focus on reducing these inequalities and improving the lives of people with Learning Disabilities and Neurodiverse People in Rotherham.

How these inequalities are being addressed through the BCF plan and BCF funded services

Rotherham Prevention and Health Inequalities Strategy includes an aim to improve access to social prescribing (BCF funded scheme) for ethnic minority communities. The plan is to deliver a programme to promote social prescribing amongst ethnic minority communities and increase referrals from clinicians.

Breathing Space is also a BCF funded scheme and the aim is to reduce the health burden of chronic respiratory disease in Rotherham. The plan is to 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 asthma registers and spirometry checks and COPD registers for adults and children.

The Council have also refreshed the Equality, Diversity and Inclusion Strategy and Objectives (2022/25) which set out the ambition to create an inclusive borough for people to live, work and enjoy. A borough where no-one is left behind and where all are welcome and treated fairly. The aim is to ensure no-one is held back and that regardless of age, disability, race, sex, religion or belief, gender re-assignment, sexual orientation, marriage and civil partnership, pregnancy and maternity that people can achieve.

Rotherham's Joint Strategic Needs Assessment (JSNA) identifies the current and future health and wellbeing needs of Rotherham's local population. Data to inform commissioning is obtained from the JSNA, Census, POPPI and PANSI, ongoing consultations and engagement activities, feedback from individuals and targeted or specific health assessments. The JSNA also details Rotherham's diverse communities, their needs, and the aspirations of all partners in addressing these identified gaps in provision and used to identify commissioning priorities and areas of health inequalities to target interventions. An Equality Analysis is also carried out when commissioning significant changes to service to identify the potential impact on individuals to ensure that equality duties are met and that changes benefit individuals.

The Council will look to advance equalities through their third-party contracts and this is now included in a commissioning toolkit, tender documents and contract documentation. The Council will also focus on the way services are designed, commissioned, and delivered and contributes to ensuring that the needs of diverse communities are served and that nobody is excluded from accessing services.

Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered

The Council collects and analyses information from internal and external data sources including the Indices of Multiple Deprivation (IMD) to better understand the make-up of their communities. This range of data sources are shared through the Rotherham Data Hub.

The Market Position Statement provides an overview of the opportunities available to providers and presents the Council's future strategic priorities and upcoming procurement opportunities. It also aims to provide the background information and context to support any future business proposals. It outlines the number of people we support through commissioned services, predicted future demand and overall commissioning intentions. The "live" data is supplied by Insight on the number of individuals supported by adult social care commissioned services which is the Adult Social Care case management system.

Services are encouraged to use the data available for service planning, commissioning, decision making and preparation of strategic documents such as the Joint Strategic Needs Assessment and contracts / service specifications. The data is also used to assess the health needs of the local population. Housing is a wider determinant of health and has a significant impact on the wellbeing of our residents.

Any actions moving forward that can contribute to reducing these differences in outcomes

The Council will also be launching a commissioning toolkit for commissioners, contract managers and suppliers. The toolkit will address equalities through social value in the commissioning and procurement of services and managing external contracts. The Council will also ensure new in scope contracts are in line with Living Wage accreditation.

South Yorkshire ICB has also produced an annual report for 2021/22. This shows that Equality and Diversity is central to the work of the ICB to ensure there is equality of access and treatment within the services that they commission. The ICB is committed to embedding equality and diversity values into its commissioning processes that secure health and social care for our population, and into our policies, procedures and employment practices. The ICB's vision is "Your Life, Your Health, Better Health and Care for Rotherham People".

Healthwatch Rotherham have produced an Annual Report in 2021/22 which shows that information has been gathered about health inequalities, by liaising with people whose experiences are often not heard. The reports examined how services have been affected by Covid-19, how health and social care services are moving digitally and longer waiting times for appointments has affected the patient experience for Rotherham residents. This included examining mental health services for both young people and adults, which showed there are limited mental health services commissioned for young people in Rotherham, in particular digital services. In response to these key findings, the Council commissioned the digital mental health service 'Kooth' to provide its digital services to young people in the area. This has benefited lots of young Rotherham residents, allowing them to access anonymous support and resources digitally.

Healthwatch have also identified that there have been difficulties accessing GP appointments and have completed an "Accessing GP services" report to highlight the need for change within this process. Healthwatch has made links with other services to ensure patient options are taken into account and will continue to share information to provide continuous feedback to services. The report found that many patients wished for a greater availability of face-to-face appointments, which the Covid-19 pandemic had drastically reduced. A lack of face-to-face appointments risks digitally excluding people, and can greatly affect those hard of hearing, those who have English as an additional language/cannot speak English and those with communication difficulties.

Healthwatch have also completed a Dentistry report after a huge increase in client enquiries surrounding a lack of dentist appointments due to the Covid-19 pandemic, which resulted in dental services not being able to see patients due to the nature of their work. Healthwatch contacted all dental practices and compiled a list of which dentists were taking on patients and which had waiting lists to join. Healthwatch also recommended that dental practices update their information on the NHS England 'Find a Dentist' tool, to ensure patient information is accurate and up-to-date.

Additionally, Healthwatch were contacted by the South Yorkshire ICB, who commissioned them to write a report looking into how Rotherham residents found the three lockdowns, how they accessed health and social care services and what they would change. The report found that residents' experiences of lockdown differed drastically, with some using the time to spend with family and focus on self-care, and others feeling isolated and frightened. Some residents really struggled with a lack of face-to-face GP and hospital appointments, particularly older people who struggled with technology and were used to seeing somebody in person. For others, the anxiety of going out and mixing with others when Covid-19 was at its height would be too much for them, so they appreciated the option of having telephone and video medical appointments that they could access from the safety of their homes.

Healthwatch will also be liaising with services such as Rotherham Ethnic Minority Alliance (REMA) who is the infrastructure support organisation for the Black and Minority Ethnic Voluntary and Community Sector for Rotherham. REMA provides immigration advice for asylum seekers and refugees, community navigators to provide settlement support for BAME communities, Roma Drop-in for advice and signposting and volunteering to provide a pathway into work or new experiences to help open other avenues in life. The aim is to identify any themes and trends they are seeing in their service. Healthwatch plans to ensure they are reaching all communities, and ensure their voices are heard in health and social care issues.

Healthwatch also holds monthly 'Let's Talk' events via Zoom on different topics including dementia awareness, accessing dentistry, perinatal mental health, cancer awareness and COPD/TB awareness. Guest speakers with knowledge in these fields attend and this also allows a Q&A opportunity for attendees. These events give professionals and members of the public information about local support services available, and how to access them.

Healthwatch holds a monthly stall at Rotherham Hospital, to interact with the public about their experiences, as well as working with the patient experience team on the wards to support patient feedback surveys. Other engagement that has taken place includes visiting a number of care homes, GPs and dental practices in Rotherham, spreading awareness of Healthwatch and building contacts that can support future work. Healthwatch has become involved in local community groups such as 'Social Supermarket' and older people groups. Healthwatch is also planning to develop links with harder to reach communities, to build good relationships and receive feedback on their experiences within health and social care.

BCF Funded Schemes which Reduce Health Inequalities

BCF funded schemes which reduce health inequalities includes:

- Social Prescribing programme which provides interventions on tobacco, weight, alcohol, physical activity, obesity reduction, smoking cessation and diabetes prevention programmes.

- Breathing Space is also delivering respiratory services within the Right Care pathway. There are projects underway, focused on Frailty and Anticipatory Care including the use of external support to agree a capacity/demand modelling tool for community services (including urgent response 2 hour and 2 day reablement).

- Project support for the implementation of Population Health Management (PHM) priorities

The above BCF funded schemes are included in the BCF Section 75 Agreement which will be signed off by the Health and Wellbeing Board.

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HM Government

NHS

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Rotherham
Completed by:	Karen Smith
E-mail:	karen-nas.smith@rotherham.gov.uk
Contact number:	01709 254870
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	Wed 21/09/2022

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Health and Wellbeing Board Chair
Name:	Councillor David Roche

How could this template be improved?	It would be useful if the demand and capacity tabs would allow each service to be loaded onto the spreadsheet to increase visibility. Also if a total was added to the capacity and demand tabs. A web-based tool instead of the use of spreadsheets would allow key stakeholders to directly input into the system

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet]

[^^ Link back to top]

Better Care Fu

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

3. Demand

This section requires the Health & Wellbeing Board to re
Data can be entered for individual hospital trusts that ca
each trust by Pathway for each month. The template use
https://www.gov.uk/government/publications/hospital-
If there are any 'fringe' trusts taking less than say 10% of
The table at the top of the screen will display total expec
Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB le
- Data from the NHSE Discharge Pathways Model.

Any assumptions made:

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)
(Please select Trust/s……)
THE ROTHERHAM NHS FOUNDATION TRUST
(Please select Trust/s……)
THE ROTHERHAM NHS FOUNDATION TRUST
(Please select Trust/s……)
THE ROTHERHAM NHS FOUNDATION TRUST
(Please select Trust/s……)

THE ROTHERHAM NHS FOUNDATION TRUST

nd 2022-23 Capacity & Demand Template

Rotherham

cord expected monthly demand for supported discharge by discharge pathway.
re for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You w
s the pathways set out in the Hospital Discharge and community support guidance -
discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
patient flow then please consider using the '**Other**' Trust option.
ted demand for the area by discharge pathway and by month.

vel from NHS plans for 2022-23

Totals Summary (autopopulated)	Oct-22
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	638
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	158
2: Step down beds (D2A pathway 2)	94
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	0

Reablement figures include therapy at home, crisis response and therapy at home to support hospital discharges. The demand figures are based on the referral rate for 2021/22. Pathway 0 includes Age Uk Hospital discharge service which had additional funding over the winter period of 2021/22.

Demand - Discharge	
Pathway	Oct-22
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	638
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	158
2: Step down beds (D2A pathway 2)	94
3: Discharge from hospital (with reablement) to long term residential care (Discharge to	0

assess pathway 3)	

ıill then be able to enter the number of expected discharges from

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
566	646	525	601	677
139	160	146	166	183
96	119	78	113	90
0	1	0	0	0

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
566	646	525	601	677
139	160	146	166	183
96	119	78	113	90
0	1	0	0	0

Better Care Fund 2022-23 Capacity & Dema

3.0 Demand - Community

Selected Health and Wellbeing Board: Rotherham

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from commur
The template does not collect referrals by source, and you should input an overall estir
discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. Tl
purposes of this exercise.

Any assumptions made:	The urgent com demand figures

Demand - Intermediate Care

Service Type	Oct-22
Voluntary or Community Sector Services	0
Urgent community response	685
Reablement/support someone to remain at home	22
Bed based intermediate care (Step up)	1

nd Template

ıity sources, such as multi-disciplinary teams, single points of access or 111.
nate each month for the number of people requiring intermediate care (non-

his includes the NICE Guidance definition of 'intermediate care' as used for the

ımunity response figures include crisis response and therapy at home. The
are based on the referral rate for 2021/22.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
6	1	10	3	8
713	707	759	861	755
36	31	28	26	26
8	4	4	7	6

Better Care Fund 2022-23 Capacity & Demand

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Rotherham

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this wil service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or av

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a pe own home. For services in a person's own home then this would need to take into accoun

Any assumptions made:	The urgent community response figures in the maximum caseload or no of admission average length of stay). Pathway 0 include a maximum of 500 referrals per month (hc 2022/23 in comparison to 2021/22

Capacity - Hospital Discharge	
Service Area	**Metric**
VCS services to support discharge	Monthly capacity. Number of new clients.
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.

Template

acute hospital. You should input the expected available capacity to support

ll be (Caseload*days in month*max occupancy percentage)/average duration of

erage length of stay in a bedded facility

rcentage? This will usually apply to residential units, rather than care in a person's
t how many people, on average, that can be provided with services.

ıcludes crisis response and therapy at home. The capacity is based on
ıs at any one given time (based on KPI 85% bed occupancy and
es Age Uk Hospital discharge service which is contracted to respond to
ospital and community), therefore activity is expected to be lower in

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
496	496	496	496	496	496
158	158	158	158	158	158
41	41	41	41	41	41
112	125	142	120	125	113
0	0	1	0	0	0

Better Care Fund 2022-23 Capacity & Demand

4.2 Capacity - Community

Selected Health and Wellbeing Board: Rotherham

4.2 Capacity - community
This sheet collects expected capacity for community services. You should input the expecte You should include expected available capacity across these service types for eligible refer services to support recovery, including Urgent Community Response and VCS support. The - Voluntary or Community Sector (VCS) services - Urgent Community Response - Reablement or rehabilitation in a person's own home - Bed-based intermediate care (step up) Please consider the below factors in determining the capacity calculation. Typically this wil service or length of stay Caseload (No. of people who can be looked after at any given time) Average stay (days) - The average length of time that a service is provided to people, or av Please consider using median or mode for LoS where there are significant outliers Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a pe own home. For services in a person's own home then this would need to take into accoun

Any assumptions made:	The urgent community response figures in the maximum caseload or no of admission average length of stay)

Capacity - Community	
Service Area	**Metric**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.
Urgent Community Response	Monthly capacity. Number of new clients.
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.

Template

ed available capacity across the different service types.
rals from community sources. This should cover all service intermediate care
template is split into 5 types of service:

ll be (Caseload*days in month*max occupancy percentage)/average duration of

erage length of stay in a bedded facility

rcentage? This will usually apply to residential units, rather than care in a person's
t how many people, on average, that can be provided with services.

clude crisis response and therapy at home. The capacity is based on
s at any one given time (based on KPI 85% bed occupancy and

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
4	4	4	4	4	4
640	640	640	640	640	640
28	28	28	28	28	28
5	5	5	5	5	5

Better Care Fund 2022-2

5.0 Spend

Selected Health and Wellbeing Board:

5.0 Spend
This sheet collects top line spend figures on intermediate care which includes: - Overall spend on intermediate care services (BCF and non-BCF) for the who - Spend on intermediate care services in the BCF (including additional contribu These figures can be estimates, and should cover spend across the Health and beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£6,529,000
BCF related spend	£6,140,000
Comments if applicable	

3 Capacity & Demand Template

Rotherham

le of 2022-23
utions).
Wellbeing Board (HWB). The figures do not need to be broken down in this template

The majority of intermediate Care expenditure sits within the Better Care Fund. Non BCF Funding includes the Urgent Community Response Service (£389k) from the Ageing Well funding.

Minutes	
Title of Meeting:	**PUBLIC Rotherham ICP Place Board**
Time of Meeting:	9:00am – 10:00am
Date of Meeting:	Wednesday 4 May 2022
Venue:	Via Zoom
Chair:	Chris Edwards
Contact for Meeting:	Lydia George 01709 302116 or Lydia.george@nhs.net

Apologies:	Richard Jenkins, Chief Executive, The Rotherham NHS Foundation Trust Kathryn Singh, Chief Executive, Rotherham, Doncaster & South Humber NHS Foundation Trust
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
Richard Cullen (**RC**), CCG Chair & Joint Chair H&WB Board, Rotherham CCG
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Gok Muthoo (**GM**), Medical Director, Rotherham GP Federation
Cllr David Roche (**DR**), Joint Chair of Health & Wellbeing Board, Rotherham MBC
Ian Atkinson (**IA**), Executive Place Director/Delivery Team Chair, Rotherham CCG
Ben Anderson (**BA**), Director of Public Health, Rotherham MBC
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust

In Attendance:
Lydia George (**LG**), Strategy & Delivery Lead, Rotherham CCG
Alex Hawley (**AH**), Consultant in Public Health, Rotherham MBC
Gordon Laidlaw (**GL**), Head of Communications, Rotherham CCG/ICP
Garry Parvin (**GP**), Joint Head of Commissioning LD & Autism, Rotherham CCG/MBC
Matt Pollard (**MP**), Rotherham Care Group Director, RDaSH
Helen Sweaton (**HS**) Joint Assistant Director CYPS Commissioning, Rotherham CCG/MBC
Steph Watt (**SW**), Urgent & Community Place Programme Manager, TRFT
Leonie Weiser (**LW**), Policy Officer, 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 – First 1001 Days (Alex Hawley) AH highlighted that there had been a reconfiguration of the public health teams to align each public health consultant with one of the four aims of the health and wellbeing strategy. A best start and beyond framework is being developed to provide a more cohesive strategic approach for the 0-19s service. It will be overseen by a new 'Best Start and Beyond Sub Group which will report into the Early Help Strategic Group.	

The tender for the 0-19s service is now open with a specification developed to optimise the ability of the service and allow flexibility for an inclusive and responsive service. The best start and beyond framework will enable the service to be integrated within a system covering pre-conception to transition to adulthood with a key focus on the first 1001 days.

A scoping exercise had taken place last year to map commissioned health services and identify non health services. A draft framework has been developed along with an action plan to deliver the first 1001 days which H&WBB will consider in June. An example of one of the key actions will be a breast-feeding friendly borough declaration to help change Rotherham into a place that will foster an environment for healthy feeding choices, give our children the best start to life and provide life-long benefits.

Commissioning a service for the next 10 years has some risks but the mitigation for this has been to provide a well-designed but adaptable specification to meet both central government policy and regional changes.

Next steps will be to agree the terms of reference for the Early Help Strategic Group and best start and beyond sub-group which holds its inaugural meeting in June with one of its first tasks being to look at gaps in existing action plans and inform priorities.

Following a query from BA about whether there are links across maternity into the health visitor pathway following the Ockenden Review, Helen Sweaton reassured Members that Rotherham is in a strong position in responding to the review and rated good with midwifery services. However, some work is being carried out to ensure that feedback is escalated and used as effectively as it can be and to ensure that maternity services, both in Rotherham and regionally continue to be good and improve.

Members noted the update and thanked AH and HS.

2ii Mental Health, Learning Disability & Neurodevelopmental – Delivering the NHS Long Term Plan for People with a Learning Disability/Autism (Ian Atkinson)

IA gave an overview on transforming care, the neurodevelopmental pathway and a briefing on Section 117, after care in the community.

Transforming Care

IA advised that transforming care is a national programme to prevent and reduce people with a learning disability being inappropriately detained in mental health hospitals. There are currently 3 people in the borough in CCG commissioned bed and two in NHS England commissioned beds. We have plans to resettle two people, one person has been in a long-term CCG bed and will be discharged in August/September 2022 back into South Yorkshire with capital funding and joint working support.

Our target for NHSE commissioned beds was four and we are currently at two with work taking place across the CCG, local authority colleagues and NHSE with good pathways in place to support discharge.

Rotherham GPs have been offered support to deliver health checks for people with a learning disability and focus will continue with individual practices to ensure these are offered in a timely manner.

There is concern around increasing potential admissions for autistic people with more people being diagnosed at a time when the market is pressured causing issues relating to sufficiency, cost and timeliness of response and putting in place community packages.

Work is taking place with the Integrate Care Board (ICB) and across Place partners to ensure greater awareness of autism across services universally and to promote the opportunities of working in learning disability services.

All Age Neurodevelopmental Pathway

IA reminded members of the specific updates they have received previously on the children's pathway and diagnosis work relating to the SEND inspection and the adults diagnosis pathway work but this area remains one of our highest priorities. A joint place decision to invest in a Rotherham based all age neurodevelopmental pathway had been take a few years ago and activity is now underway and has been well received. At the same time we also commissioned a post diagnostic offer from our voluntary sector provider which is receiving praise regionally.

However increasing waits are being seen for the adult element of the neurodevelopment pathway which is we are working to manage and to see whether national funding streams will extend the autism service.

Next steps include working closing with RDaSH colleague to develop a digital diagnostic neurodevelopment offer for adults, promoting the council's Employment is for Everyone programme to extend opportunities for autistic people with an engagement event at Gulliver's in June with local businesses. We will also be looking to start the conversation with stakeholders to refresh Rotherham's autism strategy.

Section 117
This is around after care in the community setting for people who have detained under the mental health act. The Policy was signed off jointly by Place partners and partners are working to mobilise and implement it. There has been discussion about who should retain and maintain the statutory section 117 list. As a result a paper is being developed to outline the options for discussion by the Mental Health and Learning Disability Board in June 2022. Place Board were asked to note.

SK asked about the increasing waits and although we have actions to try and reduce them how Rotherham compares with other areas. IA said that in relation to the adult area, we took the decision as a Place to invest in an Rotherham based All Age Neurodevelopment Pathway with recurrent provision and best modelling predicted around 18 weeks. However we have now seen increasing demand and need to reflect on whether provision is at the appropriate level for diagnoses.

MP confirmed that, particularly for the ASD diagnostic service, we have continued to build a waiting list and consequently the waiting time has grown for individuals on the list. There are currently 168 patients waiting with the longest wait being 36 weeks. A short-term digital solution has been employed to address some of the referrals but current demand is out-stripping capacity.

GP explained that other areas are experiencing similar in terms of waits. However, the digital offer has had a positive impact in reducing some of the backlog.

CE thanked IA, GP and MP for the update. It was acknowledged that this priority will continue to be challenging and Place Board will take regular updates on progress.

2iii Urgent & Community Care – Sustainable Discharge (Steph Watt)
SW informed Members that an admission avoidance and discharge session had been held on 29 March to celebrate success, thanks staff for covid response and to plan for next year. It was held at NY Stadium, and virtually, with all partner representatives. It gave ten examples of good practice showing resilience and demonstrating team working. Steph gave a brief summary of each of the examples, including improving communications, work done by Age UK to support people after discharge, the discharge lounge facility and integrated working to support end of life patients.

It also showed how a new command centre has been developed to demonstrate all the different services involved in flow, outlining the benefits of benchmarking and how

Rotherham performs well against others on discharge and achieving reducing lengths of stay, one of the few trusts to do so in March this year.

Members heard that concerns for the group are around the ending of Scheme 2 funding resulting in cost and system pressures. New national guidance has now been issued to replace the coronavirus act and Scheme 2 which aligns with feedback from the event held earlier in the year.

The Phase 2 plan is under development which will form part of Place priorities going forward. Key elements will be around engagement work following Covid with patient and carers, ward by ward improvement plans will be developed to continue reducing acute and community length of stay and there will be a focus on recruitment across Place.

Members were assured that appropriate plans are in place to deliver the priorities for the Urgent & Community Care Transformation Group and thanked SW for the update.

3	**Draft Minutes & Action Log from Public ICP Place Board – 6 April 2022**

The minutes from the April Public Place Board were noted as a true and accurate record.

The action log was reviewed and the Review of Place wide IT services will come to the June/July meeting.

4	**Communication to Partners**

None to note.

5	**Risks and Items for Escalation**

There were no risks for escalation other than those highlighted in the updates.

6	**Future Agenda Items**

Forward Items for Place Board

- Rotherham IC Development Plan Updates - Quarterly
- Transformation Group Updates (monthly)
- Developments on SY ICB and Future Governance Arrangements

7	**Date of Next Meeting**

From June, meeting dates will be rearranged to avoid a clash with the ICB Board Meeting. Revised dates will be posted on the CCG's website.

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