

**HEALTH AND WELLBEING BOARD**  
**25th January, 2023**

**Present:-**

Councillor Roche	Cabinet Member, Adult Social Care and Health
	<b>In the Chair</b>
Ben Anderson	Director of Public Health
Councillor Cusworth	Cabinet Member, Children and Young People
Chris Edwards	Executive Place Director, NHS South Yorkshire Integrated Care Board
Richard Jenkins	Chief Executive, The Rotherham Foundation Trust
Sharon Kemp	Chief Executive, RMBC
Laura Kosciwiewic	Chief Superintendent, South Yorkshire Police
Karen Littlewood	Assistant Director, Adult Social Care and Integration (representing Ian Spicer)
Dr. Jason Page	Medical Director, NHS South Yorkshire Integrated Care Board
Helen Sweatton	Assistant Director, Commissioning, Performance and Quality (representing Suzy Joyner)
Paul Woodcock	Strategic Director, Regeneration and Environment

**Report Presenters:-**

Gilly Brenner	Consultant in Public Health
Alex Hawley	Consultant in Public Health
Barry Knowles	Voluntary Action Rotherham
Claire Smith	Deputy Director Rotherham Place, NHS South Yorkshire
Sue Turner	Public Health Specialist
Rebecca Woolley	Public Health Specialist

**Also Present:-**

Lydia George	NHS South Yorkshire Integrated Care Board
Leonie Wieser	Policy Officer
Dawn Mitchell	Governance Advisor

Apologies for absence were submitted by Suzy Joyner, Sheila Lloyd, Ian Spicer and Dr. Neil Thorman.

**51. DECLARATIONS OF INTEREST**

Shafiq Hussain, Voluntary Action Rotherham, declared a pecuniary interest in Minute No. 63 (Better Care Fund – BCF Section 75 Agreement) as VAR was a recipient of the funding.

**52. WENTWORTH WOODHOUSE**

The Chair thanked Wentworth Woodhouse for their generosity with regard to the hiring of the room for the purpose of the meeting.

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

There were no members of the public or press in attendance and no questions had been received in advance of the meeting.

**54. COMMUNICATIONS**

The Chair referred to the 2 documents which had been circulated the previous day relating to the South Yorkshire Integrated Care Strategy.

**55. MINUTES OF THE PREVIOUS MEETING HELD ON 23RD NOVEMBER, 2022**

Consideration was given to the minutes of the previous meeting.

Resolved:- That the minutes of the meeting held on 23<sup>rd</sup> November, 2022, be approved as a true record of the proceedings.

**56. COMPASSIONATE APPROACH**

Sue Turner, Public Health, and Rebecca Woolley, Public Health, gave the following powerpoint presentation:-

**Context**

- There was a growing movement and evidence base that supported taking a 'compassionate approach' to weight
- Our working definition of a compassionate approach was: 'An approach that promotes health gains for all people, without stigma or judgement, and which takes into account the wider context of their lives'
- This approach involves:
  - Actively tackling weight stigma and body shaming
  - Focussing on healthy habits and sustained behaviour change over time rather than on weight loss as the primary success measure
  - Emphasising the importance of social change over individual 'lifestyle choices'
  - Taking a person-centred and holistic approach
  - Addressing the wider and commercial determinants
- We are at the beginning of an evolving process so we want to engage with professional stakeholders and local people to understand how to make this approach 'real', consistent and right for Rotherham

**Why take a compassionate approach to weight?**

- Weight stigma is a significant public health issue
  - Weight stigma was significantly associated with greater disordered eating, comfort eating, alcohol use and sleep disturbance, after controlling for covariates

- Weight stigma was likely to drive weight gain and poor health and thus should be eradicated. This effort could begin by training compassionate and knowledgeable healthcare providers who would deliver better care and ultimately lessen the negative effects of weight stigma
- Every year the CAMHS Eating Disorder Team will see a number of referrals where the young person had either misinterpreted anti-obesity messages or had been advised to seek help after the NCMP and this had been taken very literally, triggering them to develop an eating disorder
- Weight stigma may also contribute towards reduced help-seeking and health-seeking behaviour

### **Should weight loss be the primary success measure**

- BMI was only one indicator of health risk. For many people becoming healthier would involve losing weight but many people classed as “overweight” were healthy and many classed as “healthy” actually had higher mortality risks than the overweight or even slightly obese
- Conventional dieting did not work for most people in the long term and estimates suggested that most people would regain weight lost through dieting within 2-5 years
- A systematic review and meta-analysis of trials exploring the efficacy of 14 popular named diets found that “weight loss diminished at 12 months among all macronutrient patterns and popular named diets while the benefits for cardiovascular risk factors of all interventions, except the Mediterranean diet, essentially disappeared”
- By focussing solely on weight and weight loss to improve health, measures not only failed to achieve sustainable weight reduction or health benefits but could also be harmful. Harms may include, but were not limited to, disordered eating, weight cycling, preoccupation with food, distorted body image, poor psychological health, weight stigmatisation and discrimination

### **Weight was complex and influenced by a wide range of issues**

- There was a 4% increase in fast food outlets in Rotherham between March 2020 and March 2022
- 26.9% of households would need to spend more than a quarter of their disposable income after housing costs to meet the Eatwell Guide (2018)
- About 8% of deprived areas in England and Wales were “food deserts” (2018)
- Research showed that stress, financial hardship and a lack of a sense of control over one’s life and work could increase the likelihood of weight gain

### **What does this mean in practice – a compassionate approach means**

- Actively tackling weight stigma and body shaming
- Focussing on healthy habits and sustained behaviour change over time rather than on weight loss was the primary success measure

- Emphasising the importance of social change over individual ‘lifestyle choices’
- Taking a person-centred and holistic approach
- Addressing the wider and commercial determinants

#### **Examples of current activity**

- 0-19 Service taking forward this approach which had included a change to the NCMP letters which were sent to teachers and parents and a more holistic approach for support
- The compassionate approach had been embedded within the tender for smoking cessation and tier 2 weight management services
- A review of the BeWell@Work award was taking place with a focus on promoting a compassionate approach within workplaces
- Engagement with partners and communities was underway to ensure this approach worked for Rotherham
- The compassionate approach was now part of the healthy foundations accreditation
- Opportunities were being explored around the approach to measuring and evaluating this approach
- Refining the JSNA to incorporate the compassionate approach into the weight section
- Working to ensure MECC training took a compassionate approach to weight and wider ‘healthy lifestyle’ interventions
- Reflected in strategic documents including the Best Start and Beyond Framework and the Prevention and Health Inequalities Strategy

Discussion ensued with the following issues raised:-

- More investment required in Mental Health Services for children looking at why so many young people were experiencing poor mental health and body image
- Child obesity appeared to be more prevalent in deprived families
- Work was currently taking place with the 0-19 Service to incorporate the Compassionate Approach into the Service. Training was awaited but the aim was to embed it into the Healthy School Nursing Service together with opportunities with Early Help and the wider workforce
- The need to support rather than judge families
- There would be 3 extra Nursery Nurses whose remit would include working with families on their needs including diet
- Discussions were taking place with the School Meals Service
- Importance of engagement with workforces across all organisations but the need for a consistent approach which would take time

Sue and Becky were thanked for their presentation ([sue.turner@rotherham.gov.uk](mailto:sue.turner@rotherham.gov.uk) and [rebecca.woolley@rotherham.gov.uk](mailto:rebecca.woolley@rotherham.gov.uk)).

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

(2) That an update be submitted in 12 months’ time.

## 57. TOBACCO CONTROL ALLIANCE

Gilly Brenner, Consultant in Public Health, presented an update on measures being taken locally and proposals to improve tobacco control aided by the following powerpoint presentation:-

### **Why prioritise tobacco control**

- Smoking was the leading cause of preventable and early deaths in the UK and Rotherham
- Smoking rates in Rotherham > all England (16.9% vs 13.0%)
- Smoking was the single largest driver of health inequalities locally and nationally
- Inequalities in Rotherham were worse than in all England

### **Why invest in tobacco control**

- Estimated societal cost of smoking in Rotherham = £67.5M per year
- Major disinvestment in tobacco control locally. Spend per head of population fell by 49% between 2013 and 2018
- Every £1 invested in smoking cessation = £10 saved in future health care costs and health gains
- Major cost to NHS – 5.5% of budget

### **Background**

#### **Nationally**

- Khan review into Government ambition for smokefree (<5% prevalence) UK by 2030
- Concern over perceived growth in use of e-cigarettes amongst young people
- No new national tobacco control plan
- Relaunched NHS Smokefree Pledge and Local Government Declaration on Tobacco Control

#### **Locally**

- Health Needs Assessment and Internal Audit on Tobacco Control in early 2022 – need for better co-ordination locally
- Re-commissioning of community smoking cessation programme
- (Re)launch of Health Checks and Lung Checks Programme

### **Rotherham's response**

- Tobacco Control Steering Group made up of representatives of the Council, The Rotherham NHS Foundation Trust, Get Healthy Rotherham, South Yorkshire Fire and Rescue Service, NHS South Yorkshire Integrated Care Board and Rotherham Local Pharmaceutical Committee
- Tobacco Control Action Plan
- Tobacco Control Monitoring Plan
- E-cigarette position paper
- Relaunch of NHS and Local Government declarations

## **Action Plan (2022- 2025)**

### **Strategy and Co-ordination**

- Smoking prevalence in adults (18+) – current smokers
- Smoking status at the time of delivery
- Smoking attributable mortality (35+)
- Smoking attributable hospital admissions (35+)
- Create a shared vision, plan, governance structure and set of policies for effective tobacco control across Rotherham
- Improve the availability and use of local data on tobacco use, exposure and related health outcomes

### **Quit for Good**

- Provide high quality community-based smoking cessation support
- Deliver a smokefree NHS
- Eliminate tobacco dependence in pregnant women
- Work with local employers to help staff to quit

### **Strengthening Enforcement**

- Create a hostile environment for tobacco fraud and underage sales through intelligence sharing
- Tackle illegal activity including sales of counterfeit and illegal nicotine containing products
- Change perceptions about illegal tobacco sales and the harms of buying and using illegal vape products

### **Reducing inequalities**

- Deliver targeted and tailored smoking cessation services and communications to reach groups with highest prevalence of smoking

### **Stopping the start**

- Support schools to minimise uptake of smoking and e-cigarettes
- Reduce exposure to second hand smoke and de-normalise smoking by expanding and enforcing smokefree place policies
- Use targeted and mass communication to change attitudes and social norms around smoking and increase quit attempts

### **Why develop an e-cigarette position statement**

- Increasing availability and popularity – inaction was not an option
- Individual institutions were already acting in this space – narrow window available for co-ordination
- Public confusion – need to demystify and clarify messaging
- Cost of living – push people towards low quality products
- Limited regulatory and official guidance
- Public, professional and political interest and concern

### **What's covered**

#### **Acknowledging evidence**

- Harm reduction and quitting aid
- Young people
- Pregnant people
- Promotion
- Need for action

**Areas of focus that we welcome**

- Regulation; medically licence product; guidance; smokefree ambition

**Commitments**

- Ensure that vaping was effectively integrated into Stop Smoking Services
- Minimise the incident of e-cigarette use amongst young people
- Restrict public messaging, advertising and promotions relating to e-cigarettes
- De-normalise vape us in public spaces
- Take measures to minimise the use of potentially unsafe e-cigarette products

Discussion ensued with the following issues raised:-

- The Hospital Quit Programme had worked really well but more could be done. There was an issue with regard to funding for the next year but support from the Council in general was part of the solution
- Difficulty in obtaining data from GP records to understand what the use of e-cigarettes was. There was a requirement for better monitoring of them in the Community Smoking Cessation contract as there were concerns regarding the continuous use of e-cigarettes notwithstanding it may still be a better option in terms of harm but it was not known as yet
- The Community Smoking Cessation Service was part of a holistic service with the Healthy Weight Service. Due to the timing of contracts ,there had not been opportunity to look at a Community Service for South Yorkshire. The new contract would be 5 years+
- There was no control over vaping shops, however, work was taking place through the Trading Standards Team to develop a much better understanding of what shops there were and what they sold with a view to possibly creating a responsible retailer scheme
- Work was taking place with schools on the use of vapes. Rotherham United was also carrying out work, in collaboration with Trading Standards, with schools around the issue of vapes and what shops were not acting responsibly.

Resolved:- (1) That the Rotherham Tobacco Control Action Plan, Tobacco Control monitoring framework and the E-cigarette position paper be approved and the plans to sign the NHS Smokefree Pledged and (refreshed) Local Government Declaration on Tobacco Control be supported.

(2) That the Health and Wellbeing Board partners support a co-ordinated communications push on 8<sup>th</sup> March, 2023, National No Smoking Day, promoting the declarations and reinforcing the messaging around smokefree sites.

**58. SOCIAL PRESCRIBING**

Barry Knowles, Voluntary Action Rotherham, gave the following powerpoint presentation:-

**Timeline of Social Prescribing in Rotherham**

- 2012 - Case management long-term conditions pilot started – Primary Care
- 2015 – Mental Health pilot – secondary Mental Health
- 2020 – supporting Primary Care through the pandemic
- 2021 – Long Covid Assessment Service – Breathing Space
- 2022 – Urgent and Emergency Care pilot – secondary care avoidance/discharge

**PCN Link Worker Service and Primary Care Networks**

- Link Worker Service starts – 5 year growth plan – Primary Care (commissioned by NHS England)
- 2021 – Green Prescribing Grants
- 2022 – Children and Young People Social Prescribing pilot
- 2023 – Community Stroke Pathway pilot

**Referrals to Rotherham Social Prescribing Service since 2012**

- Over 12,000 patients referred to the Service
- Over 15,000 referrals received (some patients may have multiple referrals over time)

**Impacts of Social Prescribing – findings of independent evaluations**

- Reduced hospital admissions and A&E presentations
- Cost of in-patient and A&E presentations reduced
- Reduction in Primary Care use
- Improved wellbeing outcomes for patients
- Increase in community groups/capacity of community organisations
- Increase in resources into the VCSE/enhanced reputation of VCSE
- Increase in self-care and independence
- Lifestyle changes leading to improved physical and mental health
- Increase in financial wellbeing/increase in financial resources spent in Rotherham
- Increase in people accessing and maintaining social relationships

**Positive outcomes reported by Service users**

- Gaining new social connections
- Improved mental health
- Improved mobility and physical activity
- Increased confidence
- Happier with family life/improved relationships
- Increase in income – claiming all benefits entitled to
- Feeling safer at home after help with adaptations and Occupational Therapy support

- Carer stress reduced
- Improved digital skills, confidence and knowledge

**Importance of funding for the sector – role of RSPS commissioned VCS partners**

- Befriending and Enabling
- Advocacy and benefits support
- Carer flexible respite
- Dementia Enabling
- Supported physical activity
- Counselling
- Digital inclusion/personal development
- Engagement groups (nature and crafts/complementary therapies)
- Community hubs

**Quote from National Academy for Social Prescribing report**

- ‘Overall, the evaluation of the RSPS suggests that key stakeholders in social prescribing – the NHS, their funders, local infrastructure and small providers themselves – each has a role to play in ensuring social prescribing is sustainable. Ultimately, the ingredients for a successful and sustainable model of social prescribing lie in a range of local partners working together equitably in the interests of individuals and communities facing multiple forms of disadvantage’

The Social Prescribing Service had won a national award, however, it was a changing world and the challenge was to make sure the Service adapted accordingly. There was more that voluntary groups could access; Social Prescribing was an element but not the whole of the community sector.

Barry was thanked for his informative presentation.

**59. SOUTH YORKSHIRE INTEGRATED CARE STRATEGY**

The Chair referred to the suggested responses that had been circulated to Board members the previous day to the ICP draft Strategy.

The deadline was mid-February for any further points to be added before submission.

**60. UPDATE ON AIM 4**

Paul Woodcock, Strategic Director of Regeneration and Environment, and Laura Koscikiewicz, South Yorkshire Police, presented the following powerpoint presentation on Aim 4 of the Health and Wellbeing Strategy:-

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

**Priority 1: Deliver a loneliness plan for Rotherham – key areas of progress included:**

- Delivery of dissemination opportunities from OHID Better Mental Health Fund Befriender project
- Existing resources of loneliness and befriending were regularly promoted this included the VAR film Be a Good Neighbour and Five Ways to Wellbeing
- The loneliness action plan had been updated
- Promotion of volunteering opportunities

**Priority 2: Promote health and wellbeing through arts and cultural initiatives – key areas of progress included:**

- Rotherham Show had been delivered for 2022 welcoming more than 60,000 residents and visitors back to Clifton Park
- Complete evaluation of over 55s programme to provide recommendations for future programming for this audience and reduce social isolation
- Co-design Children's Capital of Culture with children and young people with focus on improving their mental health and wellbeing
- Activities were being delivered 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
- Meetings were progressing to further utilise libraries as death positive spaces where the public could have conversations around loss, grief, end of life planning and legacy
- Libraries were being utilised and promoted as spaces for people to share experiences and response to specific health issues including menopause and dementia and improve community resilience

**Priority 3: Ensure Rotherham people are kept safe from harm – key areas of progress included:-**

- Work was ongoing to embed referral pathways with key partners in Rotherham through the Home Safety Partnership Referral Scheme and Safe and Well checks
- A Combatting Drugs Partnership for Rotherham had been established
- Delivery of vaccination programme for Covid-19 and flu

**Priority 4 – Develop a borough that supports a healthy lifestyle – key areas of progress included:**

- Deliver a range of programmes to welcome women and girls into football focussing on under-represented groups
- Use football to encourage more women and girls to adopt and maintain a healthier lifestyle
- Rotherham Food Network to develop an action plan and response based on the framework of the Sustainable Food Places Bronze Award

- Work was ongoing to enable all partner staff to support neighbourhoods and communities to thrive through exploring options for a partnership offer on training on strength-based approaches

**Next Steps**

**Priority 1: Deliver a loneliness plan for Rotherham**

- Promoting volunteering opportunities: An Older People's Campaign was being developed and would run in the new year. Partners were compiling case studies to use and share

**Priority 3: Ensure Rotherham people are kept safe from harm**

- Work with other partnership boards on crosscutting issues relating to safety and safeguarding: revision of the Safeguarding Protocol and the Terms of Reference for the Safeguarding Chairs Group
- Conduct Joint Needs Assessment for the Combatting Drugs Partnership for Rotherham and agree local drug strategy delivery plan: action plan will be shared with partners for comments and finalised at the next Combatting Drugs Partnership meeting in February

**Priority 4 – Develop a borough that supports a healthy lifestyle**

- Progress strategic approach to physical activity in Rotherham through 4 key areas. The full plan will be presented back to Health and Wellbeing Board in March
- Develop a Borough-wide MECC training offer on physical activity. Sessions will be scheduled for 2023
- Conduct research and engagement with priority groups on the development of inclusive and accessible outdoor sports facilities through the PlayZone initiative
- Finalise delivery plan for the approved cycling strategy. The cycling action plan was now on its second draft iteration with completion on schedule for presentation to approval by March 2023

Paul and Laura were thanked for their presentation.

**61. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN**

Leonie Wieser, Policy Officer, presented an update on the progress of the Health and Wellbeing Strategy action plan.

It was noted that the work on the family hubs model was now complete and had been submitted to Government. An update would be submitted to the March Board meeting.

Work towards signing up to the OHID prevention concordat for better mental health was slightly delayed due to the gathering of evidence taking slightly longer than anticipated.

Resolved:- That the update be noted.

**62. BOARD SPONSORS' ROLE**

The Chair and Leonie Wieser, Policy Officer, had met with all Board sponsors.

It was noted that, whilst the new Chief Executive of RDaSH came into post, Chris Edwards would assume the sponsor role for Aim 2.

It was suggested that all 4 Board sponsors meet with their priority leads and ascertain if there are any changes particularly in light of the ICB/ICP.

**63. BETTER CARE FUND GOVERNANCE - BCF SECTION 75 AGREEMENT**

Further to Minute No. 43 of the previous meeting, Councillor Roche, Chair, reported that an Addendum to the BCF Policy Framework and Planning Requirements had been published on 18<sup>th</sup> November, 2022, setting out conditions, monitoring and reporting arrangements for the Adult Social Care Discharge Funding 2022/23. The additional funding amounted to a total of £2.773M of funding for Rotherham Place partners for the remainder of the current financial year.

The funding needed to be pooled into local HWB Section 75 Agreements to be used to reduce flow pressures on hospitals, including mental health inpatient settings, by enabling more people to be discharged to an appropriate setting with adequate and timely health and social care support over the winter period.

Resolved:- That the Section 75 Framework Agreement and Better Care Fund (BCF) Call-Off Partnership/Work Order for 2022/23 be approved.

(Shafiq Hussain, VAR, declared a pecuniary interest as VAR was a recipient of BCF funding)

**64. ITEMS ESCALATED FROM PLACE BOARD**

Sharon Kemp, Chief Executive, reported on the Place development session that had taken place recently. It was expected to receive the draft for the Place Board at the end of March which would be submitted to this Board in due course.

A Health and Inequalities Conference was to be held on Friday, 3<sup>rd</sup> February at the New York Stadium.

**65. ADULT SOCIAL CARE HOSPITAL DISCHARGE FUND**

The report submitted, for information, set out the schemes that would be funded by the Adult Social Care Hospital Discharge Fund (Minute No. 63 above refers).

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Resolved:- That the report be noted.

### **66. ROTHERHAM PLACE BOARD 19TH OCTOBER 2022**

The minutes of the Rotherham Place Board held on 19<sup>th</sup> October, 2022, were noted.

### **67. ROTHERHAM PLACE BOARD ICB BUSINESS 19TH OCTOBER 2022**

The minutes of the meeting of the Rotherham Place Board ICB Business held on 19<sup>th</sup> October, 2022 were noted.

### **68. FUTURE BOARD MEETING DATES**

Resolved:- That meetings of the Health and Wellbeing Board be held during the 2023/24 and 2024/25 financial years as follows:-

Wednesday, 28<sup>th</sup> June, 2023  
27<sup>th</sup> September  
22<sup>nd</sup> November  
24<sup>th</sup> January, 2024  
27<sup>th</sup> March  
26<sup>th</sup> June  
25<sup>th</sup> September  
27<sup>th</sup> November  
22<sup>nd</sup> January, 2025  
26<sup>th</sup> March

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

### **69. DATE AND TIME OF NEXT MEETING**

Resolved:- That a further meeting be held on Wednesday, 29<sup>th</sup> March, 2023, commencing at 9.00 a.m. venue to be confirmed.