

HEALTH AND WELLBEING BOARD

Venue: **Town Hall, Moorgate Street, Rotherham S60 2TH** **Date:** **Wednesday 29 March 2023**
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 5 - 17)

For Discussion

8. Family Hubs, (including Relationships Charter) (Pages 19 - 44)
Susan Claydon, Head of Locality and Family Support, to present
9. Aim 3 Update by Board Sponsors
Presentation by Board Sponsors
10. Prevention and Health Inequalities Update
Presentation by Ben Anderson, Director of Public Health, and Rebecca Woolley, Public Health Specialist
11. Combating Drugs Partnership (Pages 45 - 63)
Presentation by Ben Anderson, Director of Public Health, and Laura Koscikiewicz, Chief Superintendent, SYP

12. Physical Activity Action Plan (Pages 65 - 82)
Gilly Brenner (RMBC), with Norsheen Akhtar, Yorkshire Sport Foundation, to present
13. Thriving Neighbourhoods Strategy (Pages 83 - 94)
Martin Hughes, Head of Neighbourhoods, and Leanne Dudhill, Service Manager (Human Resources), to present the refreshed Thriving Neighbourhoods Strategy, including strength-based approach
14. Update on Health and Wellbeing Strategy Action Plan (Pages 95 - 144)
Ben Anderson, Director of Public Health, and Leonie Weiser, Policy Officer, to present
15. Memorandum of Understanding of the Role of Board Sponsors (Pages 145 - 148)

Standing Item

16. Items escalated from Place Board
Sharon Kemp, Chief Executive RMBC, and Chris Edwards, Place Director NHS South Yorkshire Integrated Care Board, to report
17. Better Care Fund
The Chair to report

For Information

18. Change to Pharmacy Provision, Swinton (Pages 149 - 167)
19. South Yorkshire CDOP Annual Report 2021-22 (Pages 169 - 201)
20. Best Start and Beyond Quarterly Report (Pages 203 - 208)
21. Place Partnership Update (Pages 209 - 210)
22. South Yorkshire Integrated Care Partnership Strategy 2023 (Pages 211 - 286)
23. Rotherham Place Board (Pages 287 - 299)
Minutes of meetings held on 16th November, 2022 and 15th February, 2023

24. Rotherham Place Board ICB Business (Pages 301 - 311)
Minutes of meetings held on 16th November, 2022 and 15th February, 2023

25. Date and time of next meeting
Wednesday, 28th June, 2023, commencing at 9.00 a.m. at Oak House,
Moorhead Way, Bramley, Rotherham. S66 1YY

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HEALTH AND WELLBEING BOARD
25th January, 2023

Present:-

Councillor Roche	Cabinet Member, Adult Social Care and Health
In the Chair	
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 Koscikiewic	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 Sweaton	Assistant Director, Commissioning, Performance and Quality (representing Suzy Joyner)
Paul Woodcock	Strategic Director, Regeneration and Environment

Report Presenters:-

Gilly Brenner	Consultant in Publish 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 23rd 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 and 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 8th 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 18th 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, 3rd 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 19th 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 19th 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, 28th June, 2023
27th September
22nd November
24th January, 2024
27th March
26th June
25th September
27th November
22nd January, 2025
26th 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, 29th March, 2023, commencing at 9.00 a.m. venue to be confirmed.

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BRIEFING	TO:	Health and Wellbeing Board		
	DATE:	29 th March 2023		
	LEAD OFFICER	Susan Claydon		
	TITLE:	Rotherham Family Hubs & Start for Life Programme		
Background				
1.1	<p>The Family Hubs & Start for Life grant was made available to Rotherham from the Department for Education (DfE) and the Department for Health and Social Care (DHSC) as one of 75 Local Authorities that was pre-selected to submit sign up proposals and documentation in order to be awarded the grant. Rotherham was pre-selected using the Income Deprivation Affecting Children Indices (IDACI) Average Rank.</p> <p>The grant provides an opportunity for additional investment, circa £3.4m over 3 years to RMBC. The funding is predominantly for 'transformation,' (with 5% ring fenced for capital adjustments & upgrades to existing buildings).</p> <p>The Family Hubs & Start for life Programme is a system wide model of providing high quality, joined up, whole family support services, that will improve access and connections between families, professionals, services, and providers, and to put relationships at the heart of family support.</p> <p>A key objective is to improve access to 'whole family' service delivery, with emphasis on Start for Life services in areas with the highest levels of deprivation. The vision is to build the national evidence base and to assess impact across a range of contexts.</p> <p>In October 2022 the Family Hub Sign-Up documentation was submitted by Rotherham, outlining Rotherham's approach and commitment to deliver the programme. Sign-up to the Family Hubs and Start for Life programme was agreed on the understanding that Family Hubs in Rotherham will be developed where possible using existing premises, already occupied by services. Co-delivery, co-location and a digital offer are central to the programme to enable highly transformative ways of working and the funding will be used to drive this transformation, rather than securing additional front-line capacity that is unsustainable long term.</p> <p>An initial headline draft delivery template was requested for submission on 30th December '22 (to release the first payment) and Cabinet approved the model and gave permission to spend the grant in February 23.</p>			
<p>Background Papers</p> <p>Family Hubs & Start for Life Programme Guide August 22 Family Hubs and Start for Life Programme Guide (publishing.service.gov.uk)</p> <p>Family Hubs & Start for Life Model Framework August 22 Annex E - Family Hub Model Framework (publishing.service.gov.uk)</p> <p>Family Hubs & Start for Life Service Expectations Family Hub Service Expectations (publishing.service.gov.uk)</p>				
Key Issues				

2.1	<p>Governance: (See Appendix 1)</p> <p>The national programme sets out the requirement for functional, multi-agency governance arrangements via a multi-agency board, and regular reports to scrutiny aligned with the national Supporting Families Programme.</p> <p>In Rotherham the well-established, multi-agency Early Help Steering Group (EHSG) is proposed as the vehicle for delivery of the Family Hubs Programme. This group oversees the development and scrutiny of the shared responsibility for the early help offer in Rotherham.</p> <p>The Early Help Steering Group reports to the Rotherham Safeguarding Children's Partnership Executive Board (RSCP)</p> <p>The Best Start and Beyond Strategy and the Supporting Families elements of the Family Hubs programme are aligned to the Early Help Strategy and delivery plan to ensure a system wide approach to delivery and reporting.</p> <p>The programme to date has been co-led with Children's Services and Public Health alongside multi-agency partners. This has been important to ensure alignment of the Family Hubs and Start for Life Programme with the Integrated Care System, through the Health Inequalities Prevention Enabler Group and regular updates will be submitted to the Health & Wellbeing Board.</p>
2.2	<p>Partnership Approach</p> <p>Partners who attended workshops in 2022 confirmed their strong commitment to develop a Family Hubs approach in Rotherham, and proposed the model of three main delivery points, located in the north, south and central areas of the Borough, with a range of Satellite Hubs that will be connected digitally as the digital aspect is developed. This will be delivered utilising existing sites and locations already occupied by Services across Rotherham.</p>
2.3	<p>System coordination and commissioning</p> <p>Planned activity includes establishing a time limited transformational team to provide the capacity to drive innovative approaches, improve coordination and planning, to support joint working arrangements, a comprehensive assessment of need, digital development, programme delivery and management/ implementation of the grant. This is an expectation and funded element of the national programme and resource will come from existing staff as well as new recruitment which will be strictly time limited. To enable capacity, this has commenced and is utilising Council and Public Health officers to develop the programme, however some appointments are required and business cases have been submitted to relevant DLT's to progress this at pace.</p>
2.4	<p>Expanding the competency of the workforce</p> <p>This is important to ensure a sustainable approach by improving wider workforce skills, planning, delivery and outcomes for children and families. This will support better joint working arrangements and enhanced provision for children. The Purchase of training in a range of evidence-based approaches across the partnership has been secured 22/23 and includes the following: (See Appendix 2)</p> <ul style="list-style-type: none"> • PEEP (Peers Early Education Programme) Home Learning Programme. • Attachment & Bonding Programme

2.5	<ul style="list-style-type: none"> • Solution Focused Brief Intervention Therapy • Perinatal Mental Health Programme • Preparation for Parenthood Programme • Solihull Approach
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Deliverables/ Expectations

2.5

The family hub model framework includes criteria for two stages of transformation to be achieved across the life of the three-year programme 22/25. There are two stages as the government acknowledge that each LA has a different starting point across different elements of the programme. See Background papers – *Programme Guide and Service Expectations*.

Level 1: is described as the ‘Basic model’ where a local authority partnership is at the early stages of development and outlines minimum expectations to be reached by the end of the three years funding window.

Level 2: is described by Government as a ‘developed model’, where a more mature family hub model, with ‘go further’ expectations for Local Authorities to work towards to by the end of the programme and beyond.

With the Programme there is an expectation of establishing a Parent/ Carer Panel to put the needs of local babies and families at the centre of service design and delivery. This will enable a better understanding of how to help families feel more confident in accessing services and to place the family voice central to continuous improvement of the service offer.

Key funded strands are listed below:

- Family hubs transformation
- Perinatal mental health and parent-infant relationships
- Parenting support
- Infant feeding support
- Home learning environment services
- Publishing start for life offers and establishing parent carer panels

It is these areas that the programme seeks to ensure that Local Authorities meet the minimum requirements as set out in the Service Expectation Guide and aim to develop ‘go further’ progress in all areas by the end of the programme in March 2025.

The performance monitoring framework from the national programme was received in February 2023 and the respective Task & Finish groups are now working at pace on delivery plans for each strand of the programme to ensure effective performance.

2.6

Finance

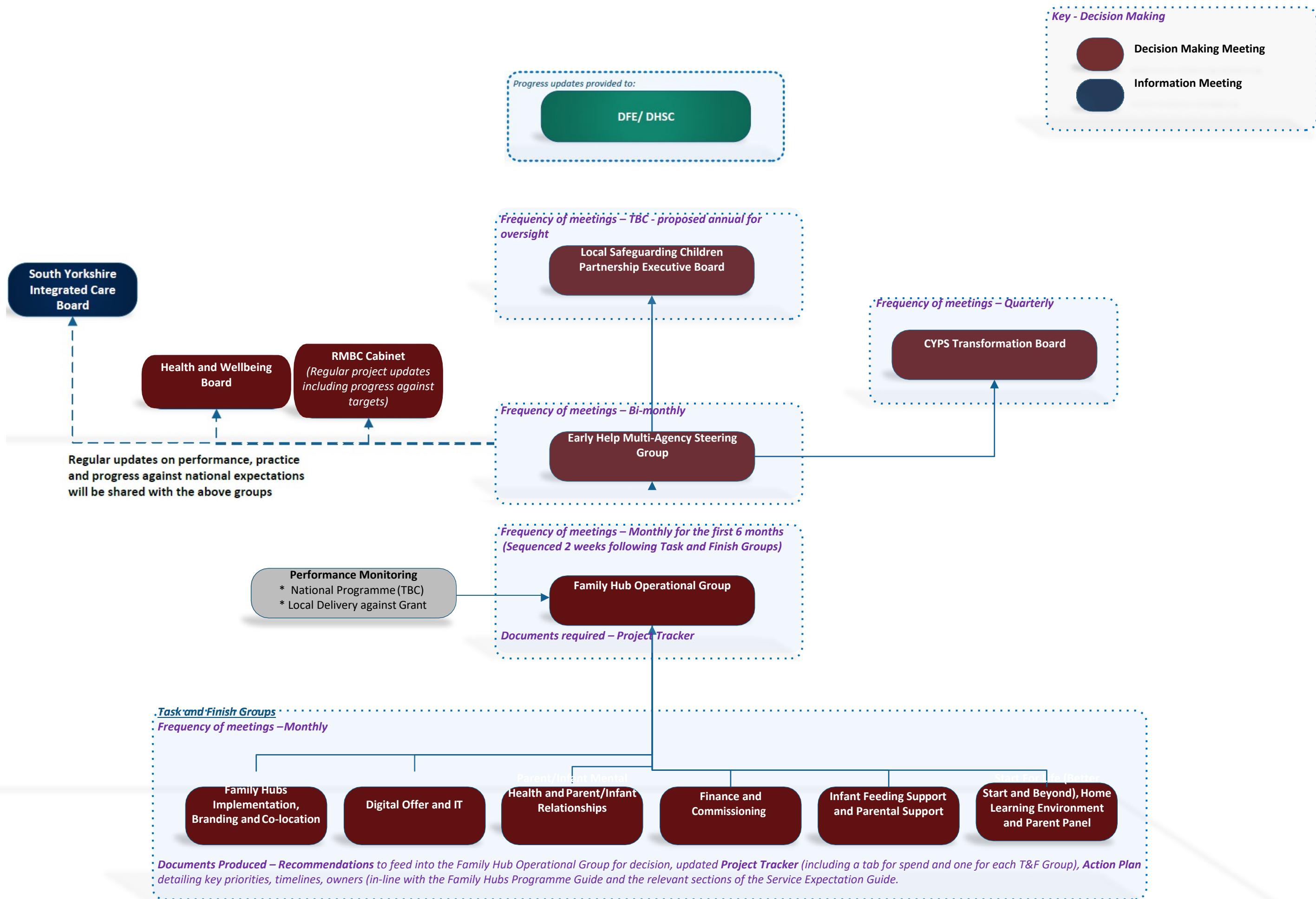
The government funding outline has highlighted lower and upper range indicative funding allocations in financial years 2023-24 and 2024-25:

2022/23	2023/24	2023/24	2024/25	2024/25	Total	Total
Total	Lower Range	Upper Range	Lower Range	Upper Range	Lower Range	Upper Range
£856,000	£1,391,000	£1,463,000	£1,164,000	£1,220,000	£3,411,000	£3,540,000

2.7	<p>Progress to date</p> <ul style="list-style-type: none"> Established strong commitment to develop Family hubs and transformation with key partners Model Coproduced and agreed (Appendix 3) Task & Finish Groups across key funded strands held regularly with agreed chairs Operational Group established and held regularly Agreed transformational capacity to support changed delivery and new approaches Key Transformation Team established Needs analysis carried out Headline delivery plan coproduced, submitted, and agreed by national team (iterative process) Wholesale evidence-based training programmes secured Digital evidence-based offer for families in development
Key Actions and Relevant Timelines	
3.1	The expectation to meet minimum and go further expectations as outlined in the Service Expectation Guide should be fulfilled by the end of the three-year programme. The Early Help Steering Group has carried out a self-assessment exercise with partners and is in a strong position to meet the minimum requirements.
3.2	An initial needs analysis has been carried out and this is informing Task and Finish Groups to develop and drive funded strand delivery plans to be implemented over the next twelve months and beyond.
3.3	Complete Family Hubs Practitioner Induction April 23
3.4	Publish Rotherham's Start for Life Offer by April 23
3.5	Launch phase 1 of the digital offer and self-serve Evidence Based programmes by April 23
3.6	Launch phase 2 of the digital offer September 23
Implications for Health Inequalities	
4.1	The Family Hubs and Start for Life Programme is intended to add value and to existing provision for children, young people, and families across the Borough. The programme has clear objectives related to improving integrated approaches between the public, voluntary, community and faith sectors to make accessing services easier and support a proactive, preventative system-wide approach. This includes enabling collaborative pathways that span adults and children from across a range of services and organisations.
4.2	<p>A needs analysis has been undertaken as part of preparatory work for progressing Family Hubs, and this highlighted health inequalities and high impact strands across maternity, the early years and early help in Rotherham. Key headlines from this analysis include:</p> <ul style="list-style-type: none"> 42.5% of women accessing early maternity care in 2018/19 in Rotherham 2.9% of term babies at low-birth weight Infant mortality rate of 4.2 per 1,000 (2018-20) An estimated 717 adults with alcohol dependence living with children in Rotherham

	<ul style="list-style-type: none"> • A statistically worse smoking status at time of delivery and a high rate of smoking in early pregnancy at 27.9% • Income deprivation affecting children: 32% of Rotherham's neighbourhoods (54 LSOAs) rank among the 20% most deprived in England. The Marmot Review 2010 suggested that childhood poverty leads to premature mortality and poor health outcomes in adult life <p>4.3 The funded strands of the programme will prioritise improvement in outcomes against identified Rotherham disparities and to improve access to services, uptake of service provision, and reduce escalation of conditions across the whole of Rotherham such as improving perinatal mental health, increasing breastfeeding rates, enhanced home learning environment and increase parenting support.</p> <p>4.4 Representatives on the Parent Carer Panel will be engaged from the diverse communities within Rotherham and represent families from a range of socio-economic backgrounds. The Family Hub Parent Carer Panel will be a catalyst for change and seek to utilise language support for those families that are currently underserved/represented. The model adopts principles for true co-production of services, meaning that access to the offer can be provided in the most family-friendly and effective ways.</p>
Recommendations	
5.1	That Health & Wellbeing Board note the progress made to date and advise on frequency of future update reports.

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Appendix 2

Glossary of evidence-based approaches

- **PEEP (Peers Early Education Programme) Home Learning Programme.**
A parenting programme that helps parents and carers to improve their children's life chances, by making the most of everyday learning opportunities - listening, talking, playing, singing, and sharing books and stories together.
- **Attachment & Bonding Programme**
The attachment bond is the emotional connection formed by wordless communication between an infant and their parent or primary carer. A secure attachment bond ensures that a child will feel secure, understood, and calm enough to provide the best foundation for life. This programme helps parents and carers to develop a secure attachment bond with a child.
- **Solution Focused Brief Intervention Therapy**
Solution Focused Brief Intervention Therapy is a short-term goal-focused evidence-based therapeutic approach, which incorporates positive psychology principles and practices, and which helps families change by constructing solutions rather than focusing on problems.
- **Perinatal Mental Health Programme**
Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions.
If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. The Perinatal Mental Health Programme provides care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy.
- **Preparation for Parenthood Programme**
Preparation for Parenthood is an antenatal course developed by Kirklees Public Health Team in 2015, in partnership with Local and local maternity services. This six-session course aims to prepare parents for both the birth of their baby and for parenthood. One of the key objectives is to provide a platform for peer support and social support.
- **Solihull Approach**
The Solihull Approach supports mental health and wellbeing in parents, children, schools, older adults, and high stress workplaces through an evidence-based model. The Solihull Approach model combines three theoretical concepts, containment (psychoanalytic theory), reciprocity (child development) and behaviour management (behaviourism). It provides a framework for thinking for a wide range of professionals working with families with babies, children, and young people.

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Rotherham Family Hubs Development

Model

Family Hub Satellite (FHS)

Based around the borough in existing sites and accessible for children and families. Provision of information and/or advice is the key function. Same consistent Rotherham Family Hubs & Start for Life branding with a minimum core Family Hub offer and adherence to family hub standards and principles. Located in busy places that get a lot of footfall and linked to Family Hub Extra and Family Hub Plus digitally. Can be in deprived as well as more rural, affluent areas. Key colleagues in satellite hubs trained in understanding the family hub pathways and with a good level of awareness in relation to safeguarding. Signposting to a more intensive offer will be available here; good understanding of the offer across the Family Hubs with access to programme times/ dates/ availability and booking facility. Access to health literacy and wellbeing resources. Children and families with needs from universal to complex may initially access these sites and those requiring additional support can be linked through the Family Hubs Extra and Family Hubs Plus.

Family Hub Extra

Some direct provision (universal and targeted) is delivered from these sites with some colocation of staff. Same consistent branding with a minimum core Family Hub offer, and adherence to RFH standards and principles. Buildings will where space allows, be able to offer space for some universal and targeted groups. Linked to areas of deprivation. Schools are an example of an agency that could be potential sites for some of the Family Hubs Extra sites (as well as satellite sites dependent upon size/space.) Access to health literacy and wellbeing resources will be available. Children and families with needs from universal to complex may initially access these sites and those requiring additional support can be linked through the Family Hubs Plus as required.

Family Hub Plus x 3

Similar to Family Hubs Extra but with more space and multiple delivery availability. A wider range of provision and specialist intervention available at these sites. One in each area (north, south, central) multi-disciplinary teams located in these hubs, ranging from voluntary and community sector to public sector. Specialist provision and groups available here. Innovative pilots delivered from here. Same consistent branding with a minimum core Family Hub offer and adherence to RFH standards and principles.

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BRIEFING

TO:	Health and Wellbeing Board
DATE:	29 th March 2023
LEAD OFFICER:	Susan Claydon Head of Service Early Help
TITLE:	Rotherham Relationships Charter

1. Background

1.1	<p>This paper offers an update on Reducing Parental Conflict work in Rotherham.</p> <p>Since 2019 Rotherham has received funding from the Department of Work and Pensions (DWP) to progress development of parental conflict work across the borough and with partners.</p> <p>Until 2021, the grant was used to deliver training to multi agency practitioners, however, CYPS DLT agreed a new approach for 2022 and beyond, which facilitated development work to ensure that parental conflict is considered more widely, across organisations and becomes embedded in practice across the system.</p> <p>A key strand of the work was to develop the 'Rotherham Relationships Charter' to endorse our commitment to, and secure widespread buy-in from a number of agencies in adopting a relationship focus in adult and children's facing service delivery.</p> <p>CYPS DLT agreed that this would complement the training that has been delivered and help to 'stretch' the restorative/relational approach into wider mainstream practice across the public and voluntary sector.</p> <p>Tavistock Relationships were commissioned to support this developmental work, to upscale and embed relational, parental conflict approaches across the directorate, with wider partners and eventually across the wider council and town.</p> <p>The DWP have shown keen interest in Rotherham's innovative approach and have shared learning from development work nationally.</p> <p>In April 2022 the Government announced Rotherham as a recipient area for family Hubs funding and the supporting guidance for the programme states that it is important to ensure that delivery of reducing parental conflict over the next three years is tied into the work on Family Hubs 'Family Hubs and Reducing Parental Conflict is intrinsically linked at Government level.' DFE/ DHSE (2022).</p> <p>This work has been referenced in the Family Hubs Delivery Plan and will support the development of this work in Rotherham and highlight how Rotherham has connected the two elements.</p>
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2. Progress Update

2.1	<ul style="list-style-type: none"> Dialogue has taken place in the Early Help Steering Group and presentations were given by Tavistock and DWP to widen awareness of this ambition and this then helped to secure strong commitment. Two well attended events took place and these were facilitated by Tavistock Relationships. This was important to gather multi-agency partner views on how the Charter should be presented in order to be impactful and resonate widely. The workshops were followed by 1-2-1 interviews facilitated by Tavistock, engaging with a number of key stakeholders (heath, local authority, lead member, Childrens Services etc. to ensure coproduction. Whilst in development, the Charter has already facilitated a pilot agreed by DLT that has enabled the Early Help Service and South Yorkshire Police collaborate to reduce the volume of police DA notifications that are a) reported to the police and b) submitted to the MASH. This is delivered through joint home visits between family Support workers and the Police for non-crime domestic incidents. This work enables preventative work to intervene and help parents in conflict (whether living together or apart) to resolve their issues and provide a better and more secure environment for their children to live in. This also connects couples to the validated Parents as partners programme in Rotherham. The Rotherham Relationships Charter is now in draft (attached) to support progression to a final draft to be shared across partner agencies. The final document will then be the vehicle to engage further with partners and gain 'pledges' that will inform an action plan, to embed this commitment in host agency practice. This will be monitored via the Early Help Steering Group and updates provided to DLT.
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3. Key Actions and Timelines

3.1	<ul style="list-style-type: none"> DLT February 2023 H&WBB March 23 Final version to relevant boards and Early Help Steering Group March 23 Launch April/ May 23
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4. Recommendations

4.1	<p>That H&WBB review the Charter, note the progress made, offer comments/ amends and pending a final version to be launch in the new financial year.</p> <p>NB no financial implications for launch as this will be digital.</p>
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ROOTHERHAM RELATIONSHIPS CHARTER 2023/27

Every child – resilient, successful, and safe.



www.rotherham.gov.uk

Rotherham
Metropolitan
Borough Council

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INTRODUCTION

Thinking about and supporting positive relationships, whether within the Local Authority, with other organisations and most importantly, with our residents, underpins our approach in Rotherham. We want Rotherham to be a place where no one is lonely, every child sees parents and caregivers getting on well, whether they live together or apart, where better mental health is something that everyone can have, and where neighbourhoods and communities are full of people who are kind and who care. A place where employers know the value of relationships and a place where organisations overcome their differences and work together well.



Cllr Victoria Cusworth

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Insert Photo

Nicola Curley
Strategic Director
Children & Young People's Services

Cllr David Roche

WHY RELATIONSHIPS MATTER

Rotherham has worked hard to build delivery of high quality services, whilst effectively responding to the challenges faced by residents, partners, and businesses across the borough. This has been achieved against a backdrop of growing demand, immense challenges as we continue to work in the context of a global pandemic, an unprecedented period of budget reductions for local government and the growing cost of living crisis.

Many services and organisations have been structured to focus on asset-based working, prevention, and early intervention to give communities and citizens more control over the issues that are most important to them. Four guiding principles have been introduced which underpin the Council Plan (2022/2025):

- Expanding opportunities for all
- Recognising and building on strengths to make positive change
- Working with communities
- Focusing on prevention

Rotherham Childrens Services was rated Good by Ofsted in August 2022, and this highlights the sustained good practice evident in the council and with partners. We work together to ensure that **every child is resilient, successful, and safe.**

This Rotherham Relationships Charter underpins each of these principles. Our family, work and community relationships are one of the most important aspects of our lives, yet we often forget just how crucial our connections with other people are for our happiness. Relationships make us content and fulfilled; yet poor relationships can also make us feel sad, afraid, anxious or lonely.

www.jrf.org.uk/blog/stronger-together-indispensable-role-human-relationships-economic-security

Couple, family, and social relationships hold the key to good parenting, educational attainment, mental and physical wellbeing and quality of life in our later years. Essentially, it's the people around us that will get us through life's ups and downs. Indeed, research evidence has grown in recent years establishing a scientific basis for what we believe to be true. We now know, for example, that the quality of relationships affects how much alcohol we drink, fundamental aspects of our physical health such as blood pressure, and our mental health. And we also know that isolation and loneliness – that is, the absence of loving relationships of any sort – are detrimental to our health, being associated with increased risk for cardiovascular disease, diabetes, stroke, obesity, and mortality (see, for example, Whisman, 2010). Relationship conflict is a key factor in poor mental health and increased risk of suicide.

Happiness and health aren't the result of wealth, fame, or hard work, but come instead from the quality of our relationships (*Triumphs of Experience*, Harvard University, 2012). People who are positively connected to family, friends, colleagues, and their community are happier, physically healthier and live longer, with fewer mental and physical health problems than people who are less well connected. Living in any kind of conflict, being socially isolated or being in a toxic relationship is damaging and we know, through extensive research and evidence, that outcomes are not good when children and adults are exposed to this.

It's crucial that support for people who need help with their relationships, whatever their age, becomes embedded in how we deliver services locally, so that relationship support becomes a normal part of day to day working practice. The Rotherham Relationships Charter sets out how we will make this a reality.

ROTHERHAM'S CORE RELATIONSHIP PRINCIPLES

We are committed to putting relationships at the forefront of everything that we do, making every contact count, as we deliver services with, and for, the people of Rotherham and as we build resilience so that people do not require additional contact from the public sector and statutory agencies. To achieve this, we commit to the following:

- Raising awareness of everyone's need for quality relationships and building a greater understanding of the impact, positively or not, that our relationships have on so many important aspects of our lives.
- Promoting quality relationships for all, adopting a holistic approach that makes enquiring about the quality of relationships a normal part of our work and daily life.
- Supporting our workforce so that relationships are part of our training, supervision, assessments, plans, service plans and impact monitoring. So that people can access relationship support as early as possible in the development of a problem.
- Agreeing common language and developing information/advice/and a toolkit that the wider workforce can use when having relationship quality conversations with people.
- Calling upon the community, businesses, and systems leaders to prioritise relationships in their areas of work and consider the impact that their strategic/delivery plans/working practices have on people's relationships.
- Aspiring to better quality relationships for everyone (students, employees, service users, residents, couples, families, adults, children, and young people) that will enhance their quality of life and improve their life chances and build stronger and kinder communities and neighbourhoods.
- Developing Rotherham Relationships Charter Status.

A. Pregnancy and the Early Years

Pregnancy is a time of huge change in terms of lifestyle and responsibility for parents and the wider family as well as a time when the parents prepare for a new set of relationships with their new arrival. The whole dynamic of the couple's previous relationship/s are about to change as the pregnancy brings a wide range of new considerations. This includes the kind of parents they will be, if the baby will be healthy, whether there will be enough money coming in and how they will cope with these new demands, and this can be exacerbated if there are already other children in the home. We also know that during pregnancy those affected by an abusive relationship may find that things get worse. It is therefore important that frontline workers and employers have the skills and tools to prepare expectant parents for the changes and stresses (emotionally, financially, and relationally) that having a new baby brings.

The first attachment that we make with others is with our parents or other caregivers and is often viewed as the most important relationship in our lives. Human babies are born very dependent on their parents, they undergo huge brain development and growth in the first two years of life. The healthy brain development of infants (as well as their social, emotional, and cognitive development) depends on a loving bond or attachment relationship with a primary caregiver, usually a parent. The learning environment in an infant's early years as well as the content of that learning has a critical impact upon a child's ongoing ability to learn and also impacts significantly on the learning style for a child. In the early years we also develop crucial relational skills, language, and communication, and learn how to cope with difference and stress, all of which form key areas of a child's school readiness. The relationships that others' have, set the pattern for our own relationships in adult life.

PLEDGE

1	Introduce enquiry about relationship quality into regular staff supervision, not simply to explore potential domestic violence and abuse, but to explore conflicted or strained relationships by using a common relationship quality assessment measure.
2	Develop and agree training for staff to ensure an ongoing focus on the quality of relationships, including embedding of common language that is useful for discussing relationships.
3	Ensure that the 'digital front door' includes self-serve, universal resources on couple conflict, clear information, advice and signposting.
4	Build questions and guidance about relationship quality in assessments across a range of services.
5	Include reference to the Rotherham Relationships Charter and the importance of 'thinking' relationships in strategic and operational delivery plans and strategies to embed this approach widely.
6	Include Rotherham Relationships Charter in Childrens Centre/ Family Hub Advisory and Partnership Boards.
7	Include the impact of a service/organisation's relationship focus in impact scorecards.
8	Utilise relationship assessment tools with service users.

How organisations can embed the Rotherham Relationships Charter

- Introduce enquiry about relationship quality into regular staff supervision.
- Provide training for staff – including common language for discussing relationships.
- Provide training to staff on discussing relationships and relationship support.
- Review

B. Children and Teenagers

Younger children learn about relationships by observing those around them, particularly those people that are significant in their lives and this will include learning how to resolve differences. Relational patterns established in the early years and childhood, very often set the pattern for adolescence and later life. Children who are exposed to frequent and unresolved family conflict, experience significantly worse outcomes than their peers.

The importance of positive peer relationships during childhood is well established. Friendships provide children with the opportunity to develop socially through companionship and shared interests. These peer relationships are important in relation to identity, personal growth, communication skills and social adjustment. It's not surprising therefore that positive peer relationships are associated with higher levels of psychological wellbeing and self-esteem. We need everyone who lives or works with children to help them develop the skills to form healthy relationships and build resilience to tackle potential problems associated with conflict and bullying.

Children and young people spend significant amounts of their time in education, and we therefore need to recognise the impact good or poor relationships with their teachers can have on their whole school experience and their sense of well-being. Good quality teacher-pupil relationships are central factors in the child's successful development, not only in terms of academic achievement, but also in the development of positive social skills, social adjustment, and future attainment.

Adolescence is characterised by significant psychological, social, and physical transitions during which identity and a sense of self-worth are formed, where we begin to shape our future social world. During this relatively turbulent time, relational conflict and instability can be at their highest. Higher rates of mental health problems including anxiety and depression are associated with loneliness, isolation and social rejection during adolescence. In 2020, 25 % of young people responding to the Ditch the Label national survey reported having been bullied (including cyberbullying) and they reported the impact as being a lower sense of wellbeing and life satisfaction. Of those bullied: 80 % felt anxious or depressed, 33 % had suicidal thoughts, 27 % had self-harmed, 18 % skipped school; 12 % developed anti-social behaviour, 12 % developed an eating disorder, 11 % attempted suicide, 9 % had run away from home, and 8 % used drugs/alcohol. Over 60 % of young people attending CAMHS services reported bullying as an important reason for their attendance.

When addressing challenges with children and teenagers, such as poor school attendance or anti-social behaviour, in the home, community or schools, it is important to develop an understanding of the wider family context, recognising that the whole family may need support to address the presenting issue. The use of a common language and a toolkit of resources may be helpful for all frontline staff, wherever they work, to overcome some of the anxieties relationship quality conversations can bring.

Parents, carers, schools, and partners need to support young people in developing the necessary awareness and skills to build positive, healthy relationships and equally to detect potentially harmful relationships and friendships.

When schools and further education institutions promote pro-social behaviour and anti-discriminatory

attitudes whilst taking firm action to prevent and tackle bullying and abuse in all its forms, young people become more resilient.

Tackling dysfunctional or non-supportive relationships in the teenage years is crucially important to establishing a firm foundation, setting effective relational patterns, and developing an individual's relational confidence for adulthood.

How organisations can embed the Rotherham Relationships Charter

- Introduce enquiry about relationships into regular staff supervision.
- Provide training to staff on discussing relationships and relationship support.
- Enquire about family relationships in behavioural/attendance assessments.
- Review strategic/delivery plans to include a focus on relationships.
- Bullying training/workshops Introduce workshops on positive relationships in schools.

C. Families and Adulthood

For many adults, the nature of their relationships changes radically, as they progress into adulthood. The informal networks of adolescence diminish, and the social world can become dominated by couple relationships, new families, and workplace friendships. Where individuals don't have employment and where they don't form or join a new family then often, they gradually and increasingly become socially isolated. Life transitions such as family breakdown, changing or losing jobs, bereavement and divorce can also have significant and lasting impact on an individual's social network or relative isolation.

The different ways that men and women form and use friendships also become clearer throughout adulthood often leaving men with less friends and less support than women. Social isolation is the most reliable predictor for issues around self-neglect, self-abuse, and suicidal tendencies and this is particularly so for men aged 40+ which is when the poverty of their friendships and social networks begins to have an impact. Loneliness and its impact on physical and mental health is becoming better understood, together with its links to feelings of being without value or worth and, for some, attempts at suicide.

The nature and impact of couple relationships have changed radically in the last 50 or more years. Fewer couples are getting married, and the divorce rate is higher (42% in 2021 which is a 9.6% increase compared to 2020), more couples are co-habiting and there has been a significant increase in same sex couples. Serial monogamy characterises the current pattern. Despite the increased flexibility in couple types, conflict remains a major issue, with increasing numbers of adults living alone (particularly men) and a significant increase in lone parents (particularly women).

Being in a stable positive relationship is closely linked to good physical and mental health as well as low morbidity and mortality. A good consistent relationship is linked to greater life satisfaction, less stress, lower blood pressure and generally better health. Similarly, living as a couple results in less cognitive impairment in later life. In many ways being in a stable and positive relationship creates a protective factor for the individuals concerned.

However, whilst relationships can have positive benefits for all aspects of the couple's health it is important to recognise that being in a poor quality relationship can be more destructive than not being in a relationship at all. Intimate partner violence and domestic abuse is a significant issue impacting on high numbers of adults and children daily. Early identification of couple conflict, prior to escalation to domestic violence or abuse, will allow families to access support to make positive changes – leading to better outcomes and significant cost savings.

In an ever changing, modern society we need to ensure that regardless of who you call 'family' you have the best relationships that you can.

In 2014 the Relationships Alliance estimated that family breakdown in the UK cost £46 billion to public services in one year and that a large degree of this was avoidable had interventions been offered earlier. Evidence tells us that children aren't so much affected by the fact that their parents split up, but by how they behaved towards each other and their children before, during and after the split. Far too many children don't see their non-resident parent because of conflict, and this is a situation that needs to change. We want all frontline professionals, who already work with families, to have the skills and tools to be able to support the adults and their children through these tough times. We know that family life can be challenging, and whatever family structure we live in, it's the degree of harmony that is more predictive of our mental well-being, than the family structure itself.

We need to train the workforce in the use of a range of toolkits and programmes that we know can help. We will make sure that the workforce has the skills to enquire about the quality of relationships between parents and between the children in the family. Again, within our wider offer we would want to include more widely available mediation interventions, convening family problem solving processes and interventions for families where children are violent, abusive, or controlling towards their parents or other caregivers.

How organisations can embed the Rotherham Relationships Charter

- Introduce enquiry about relationships into regular staff supervision
- Provide training to staff on discussing relationships and relationship support
- Make 'every contact count' – to ensure family conflict is identified early
- Include relationship quality in assessments
- Review strategic/delivery plans to include a focus on relationships
- Test the use of relational tools in practice with a view to embedding their use across Rotherham services.
- Ensure Loneliness Strategy includes a focus on relationships and identifying family conflict

D. Later Years

Having already established how important couple, family and work relationships are in adult life, it becomes clear that as people enter later life, family breakdown, divorce, separation, and retirement create a much bigger potential for isolation. An Age UK report in 2014, stated that 3.6 million over 65's live alone and the number of older people in our population is increasing. This stage of life brings about changes in the roles and responsibilities that individuals have. While many people can continue to play an active role well in later life, loneliness and social isolation in this age group is higher than in any other period across life. Age UK report that 1.2 million people over 50 reported that they felt lonely and socially excluded from society.

Conversely, we have also noted that increasingly grandparents are playing more of a role in caring for their grandchildren, including becoming the main carer. Family courts are also reporting an increase in grandparents using the court system to gain access to their grandchildren following relationship breakdown. Services for older people, as well as communities, generally need to be more focussed and creative in designing opportunities, not only to increase social networks for older people, but also to include them in mixed age communities where others can benefit from the wealth of their life experience.

LEADERSHIP AND MEASURING EFFECTIVENESS

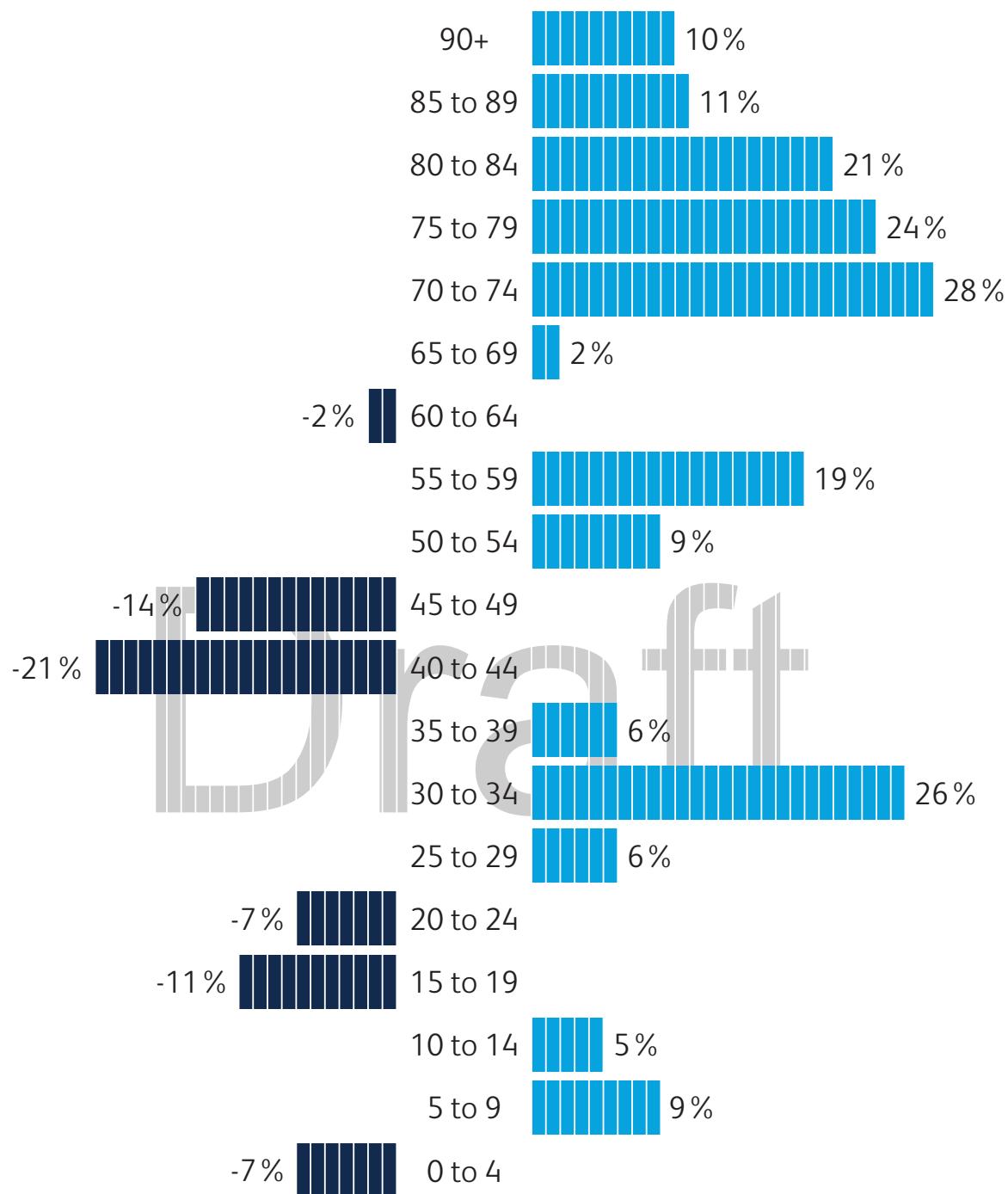
The evidence is clear – good quality relationships not only give our lives meaning, they are also critical to a vast array of outcomes, both positive and negative, for everyone concerned. Yet it will take time and energy to ensure that this Rotherham Relationship Charter has the desired effect of improving relationships across the area. The following will be needed:

A	Departments and organisations commit to the principles and agree to specific actions and timescales.
B	Identify a lead group to monitor progress, with accountability across departments/organisations. Agree who the group will report to and who will hold lead responsibility.
C	Develop a communications strategy, so that talking about relationships becomes embedded in core work (e.g., the ‘virtual front door’ resources, CEO messaging, an email banner, social media, etc.).
D	Create a network of Relationship Champions who have attended training, who can provide peer support to each other.
E	Agree a monitoring framework, to measure the effectiveness of the Relationships Pledge.
F	Bravery: we will launch the Mayor’s Love Letter to Rotherham, a competition to find contributions from Rotherham residents, adults, children and young people where they describe what and why they love their Rotherham places and people. With a £500 prize for first place, £250 for second and £100 for third. The winners to be announced on 14th February 2023



What works to improve relationships?

Population change (%) by age group in Rotherham, 2011 to 2021



This is how Rotherham compares. There has been an increase of 16.4 % in people aged 65 years and over, an increase of 0.1 % in people aged 15 to 64 years, and an increase of 2.3 % in children aged under 15 years.

Draft

Draft

Combatting Drugs Partnership

Health and Wellbeing Board Update

29/03/23

National 10 Year Drug Strategy



1

Break drug supply
chains

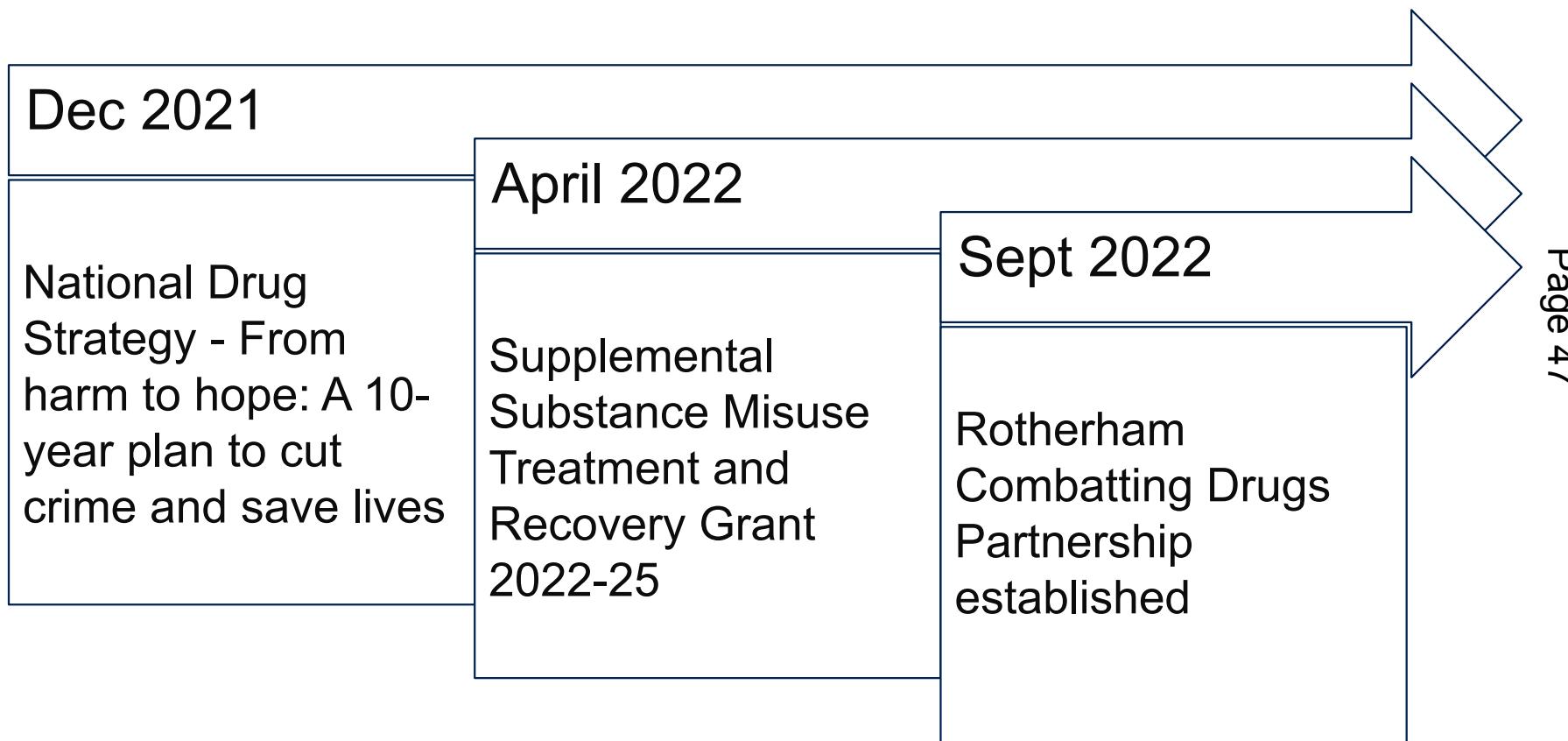
2

Deliver a world
class treatment and
recovery system

3

Achieve a shift in
the demand for
drugs

Timeline

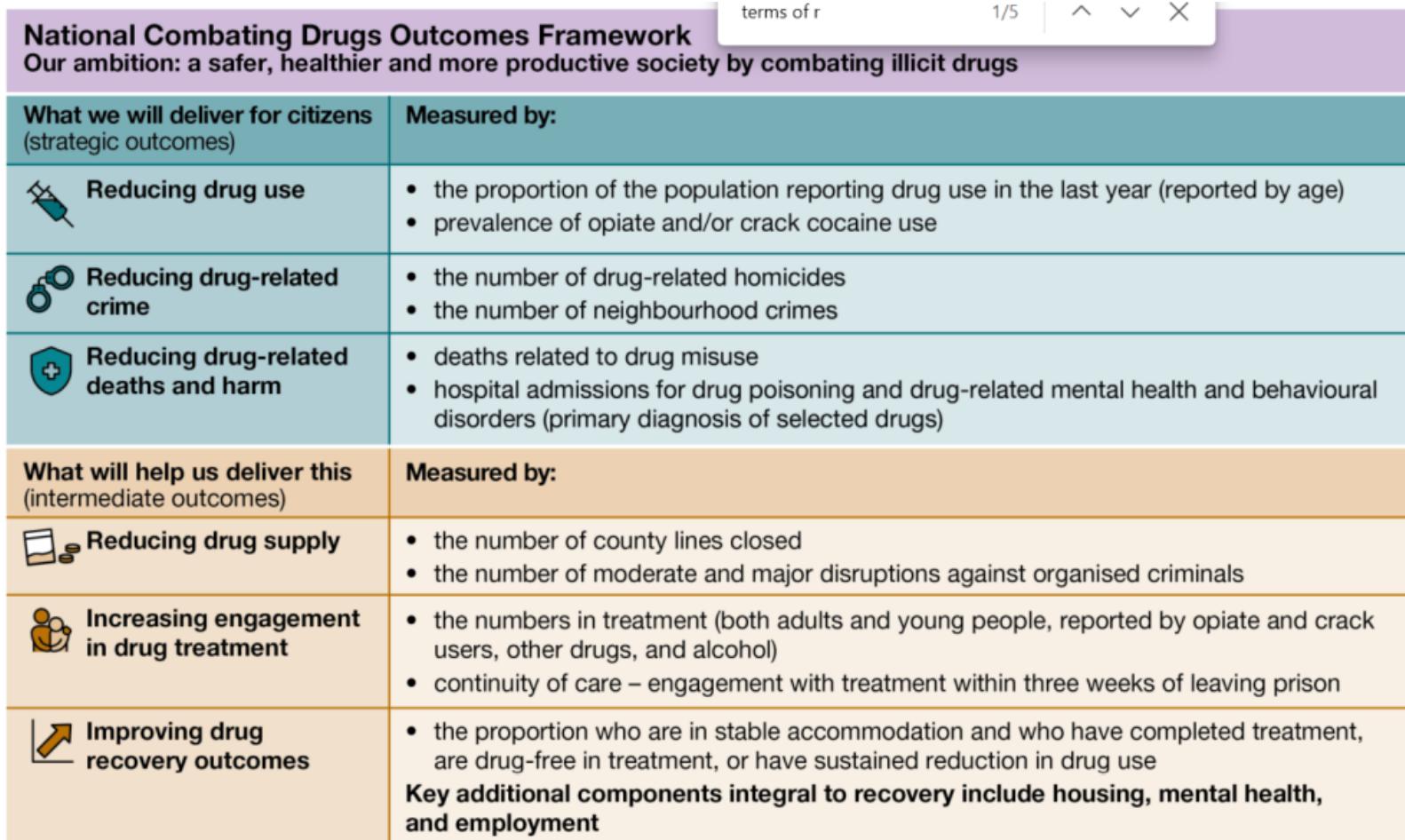


National Outcomes

By the end of 2024/25 we expect this whole-of-government mission to have:

- prevented nearly 1,000 deaths
- delivered expansion of treatment capacity
- contributed to the prevention of 750,000 crimes
- closed over 2,000 more county
- delivered 6,400 major and moderate disruptions of activities of organised criminals,
- significantly increased removal of criminal assets,

National Combating Drugs Outcomes Framework



National Combating Drugs Outcomes Framework
Our ambition: a safer, healthier and more productive society by combating illicit drugs

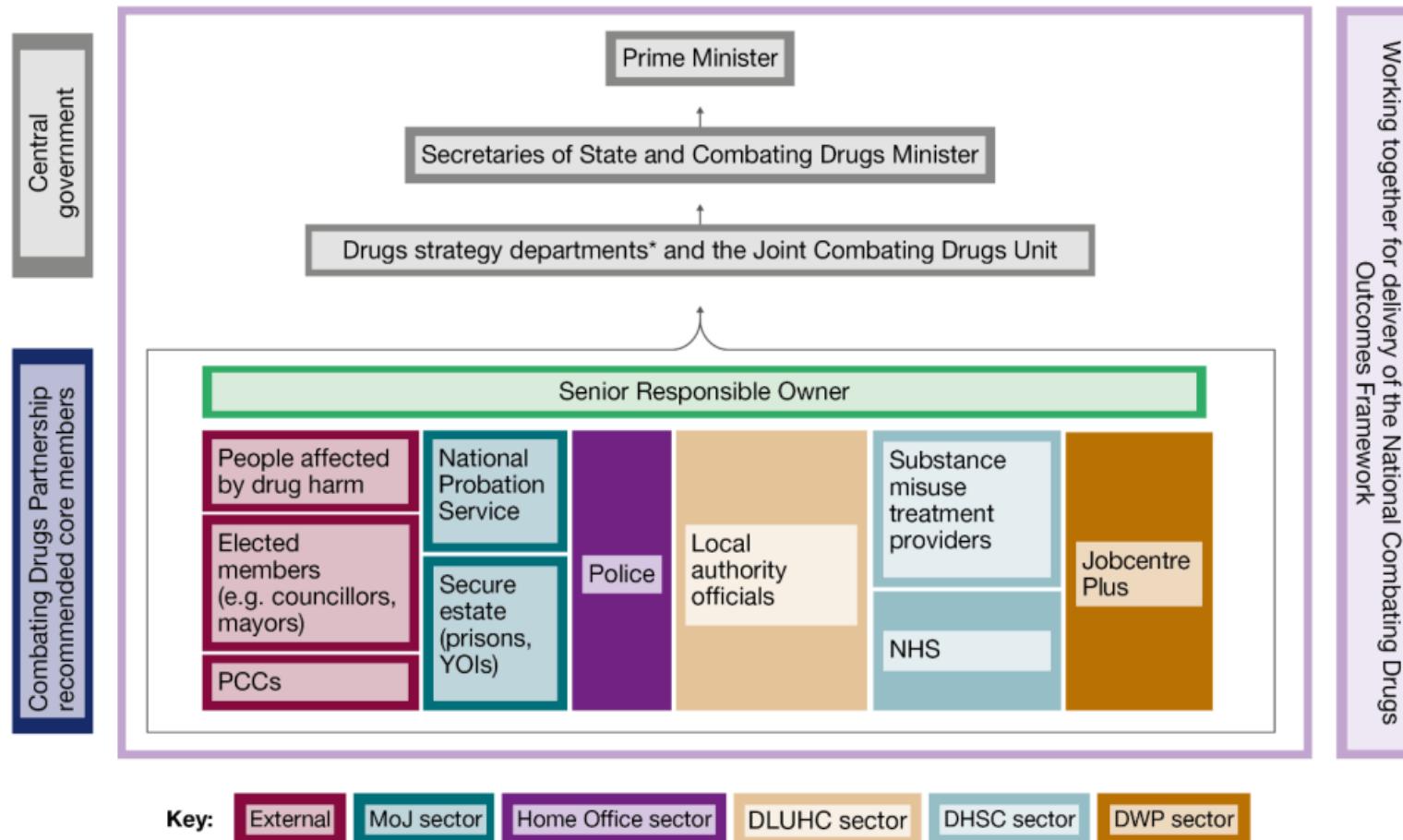
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What we will deliver for citizens (strategic outcomes)	Measured by:
 Reducing drug use	<ul style="list-style-type: none">the proportion of the population reporting drug use in the last year (reported by age)prevalence of opiate and/or crack cocaine use
 Reducing drug-related crime	<ul style="list-style-type: none">the number of drug-related homicidesthe number of neighbourhood crimes
 Reducing drug-related deaths and harm	<ul style="list-style-type: none">deaths related to drug misusehospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drugs)
What will help us deliver this (intermediate outcomes)	Measured by:
 Reducing drug supply	<ul style="list-style-type: none">the number of county lines closedthe number of moderate and major disruptions against organised criminals
 Increasing engagement in drug treatment	<ul style="list-style-type: none">the numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)continuity of care – engagement with treatment within three weeks of leaving prison
 Improving drug recovery outcomes	<ul style="list-style-type: none">the proportion who are in stable accommodation and who have completed treatment, are drug-free in treatment, or have sustained reduction in drug use <p>Key additional components integral to recovery include housing, mental health, and employment</p>

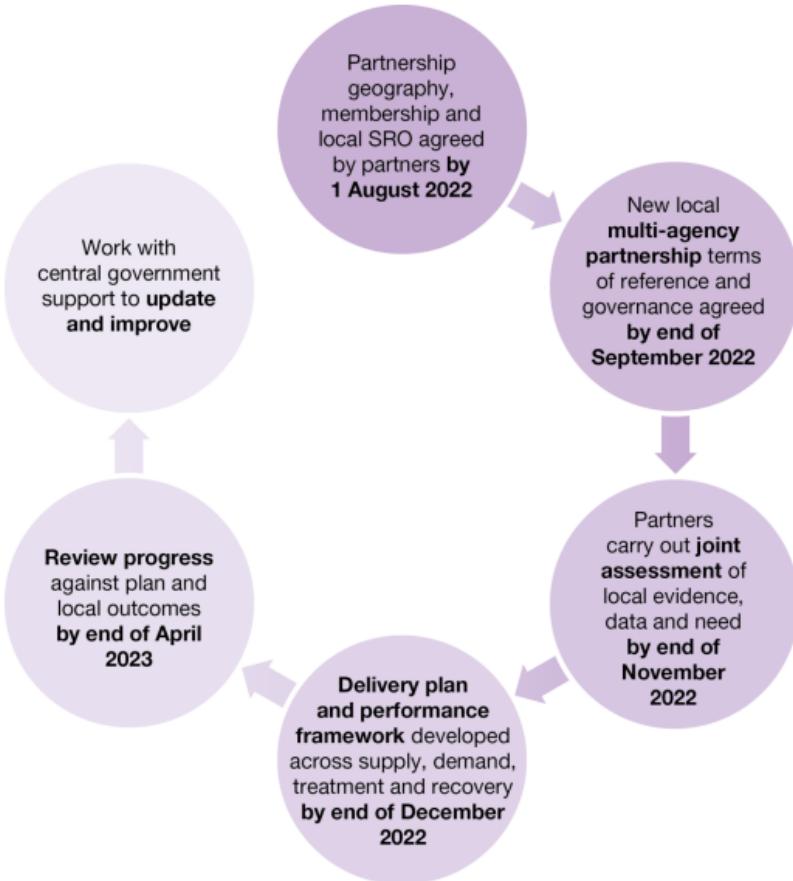
Rotherham Outcomes by end of 2024/25

- 440 additional adults in treatment, 25 young people in treatment
- Increase continuity of care between prison discharge and engagement in treatment to 75%
- 38 additional people to attend residential rehab in 2024/25

National Governance



The Ask of Local Places



- ✓ Established CDP including geography, core membership, SRO and additional roles
- ✓ Agreed Terms of Reference
- ✓ Needs Assessment
- ✓ Draft Action Plan created/ in development

Combatting Drugs Partnerships

Guidance for Local Delivery Partners document set out how local partners in England should work together to reduce drug-related harm and join up across sectors and a framework for local drugs strategy partnerships referred to as *Combatting Drugs Partnerships*



Rotherham Combatting Drugs Partnership

Aims

- Work together to understand the local population and how drugs and alcohol are causing harm in your area
- Identify challenges in the system and the changes needed to address them
- Identify, consider and/or support external funding opportunities to enhance or increase the partnership's ability to deliver its responsibilities and objectives.
- Complete the key tasks below as set out by the Joint Combatting Drugs Unit

CDP Needs Assessment

- Drug and Alcohol Health Needs Assessment (HNA), 2022
- Drug and alcohol covid impact assessment (in progress)
- Rotherham Drug Market Profile, 2022
- SRP updates
- Management of Risk in Law Enforcement Documents
 - Drug markets and drug misuse MoRiLE rationale document
 - Country lines non scored document
 - OCG MoRiLE Rationale Document
 - Vulnerable adults non scored document
 - Alcohol misuse non scored document
- Family Hub Needs Assessment (in progress)
- National Programme on Substance Abuse Deaths (NPSAD) data (awaiting)
- Pharmaceutical Needs Assessment 2022
- Existing inspection reports
 - CGL 2022 CQC report

Needs Assessment Highlights

- Successful completion of drug treatment is lower than national average
- Within Rotherham there are 4 Organised Crime Groups (OCGs) that are believed to be actively involved in County Lines activity.
- There were 708 recorded drug offences in Rotherham for 2020-2021
- Community engagement told us that families are concerned about young people being drawn into drug taking
- Feelings of safety surveys identify drug and alcohol misuse as reasons people feel unsafe in public spaces
- The majority of service users also have a mental health need
- Alcohol/Substance Misuse is one of ten top presenting needs for early help
- The majority of service users were not in employment at the time of presentation
- There is a high unmet need for services, particularly alcohol misuse

Action Plan Development

Dec 2022

World Café style Action Planning Workshop:

- 1.What actions contributing to the outcomes are already being delivered and how they are funded,
- 2.What additional actions are required to enhance delivery in Rotherham



Jan 2023

Workshop write up and draft plan circulated to partners for further input and comment



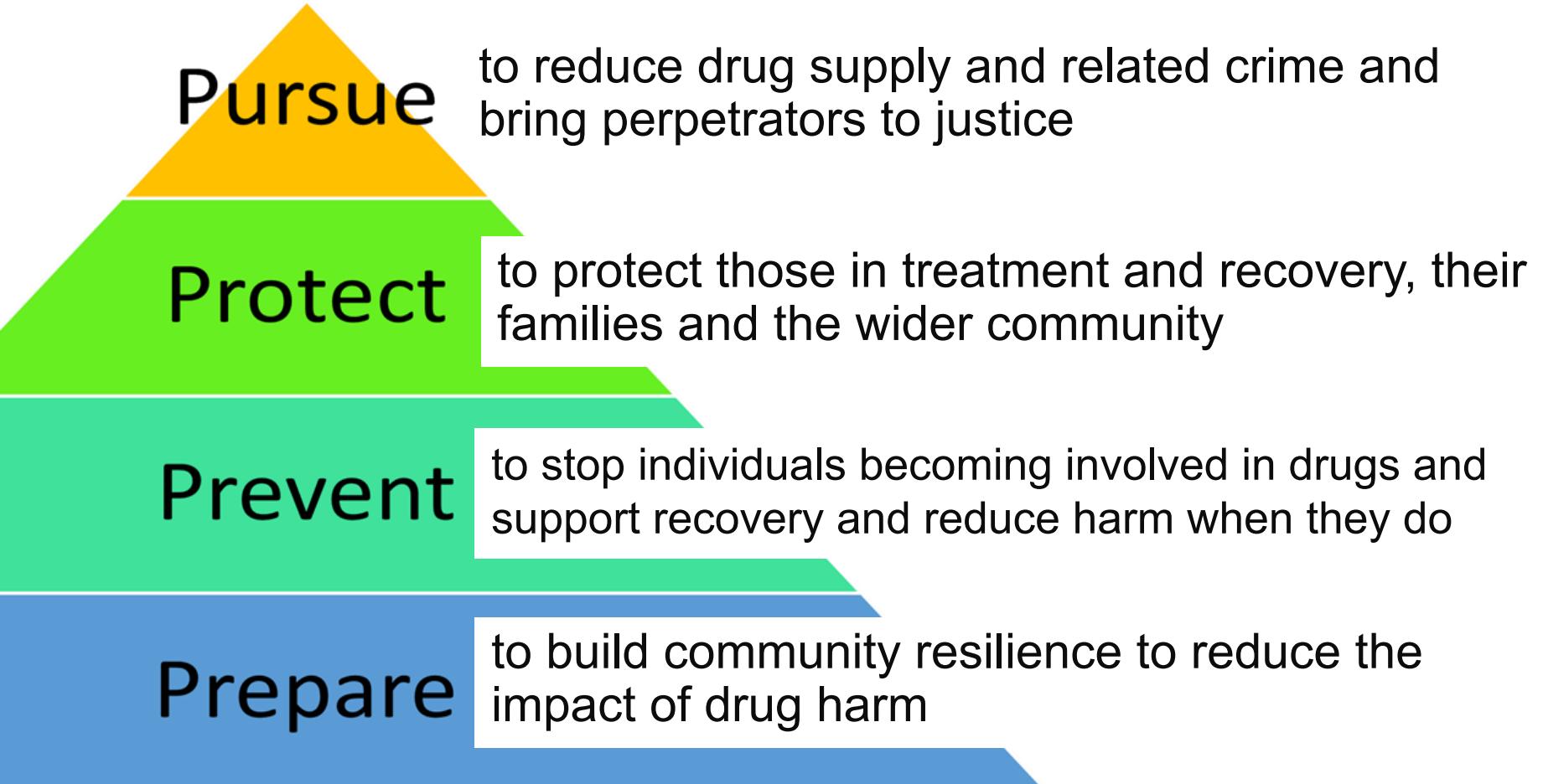
Feb 2023

Updated plan reviewed by CDP board

Partners consulted included:

SYP
TRFT
ICB
RDASH
Probation
PCC
CGL
We Are With You
Community Safety
Youth Justice
Regulatory Services
Public Health
Commissioning

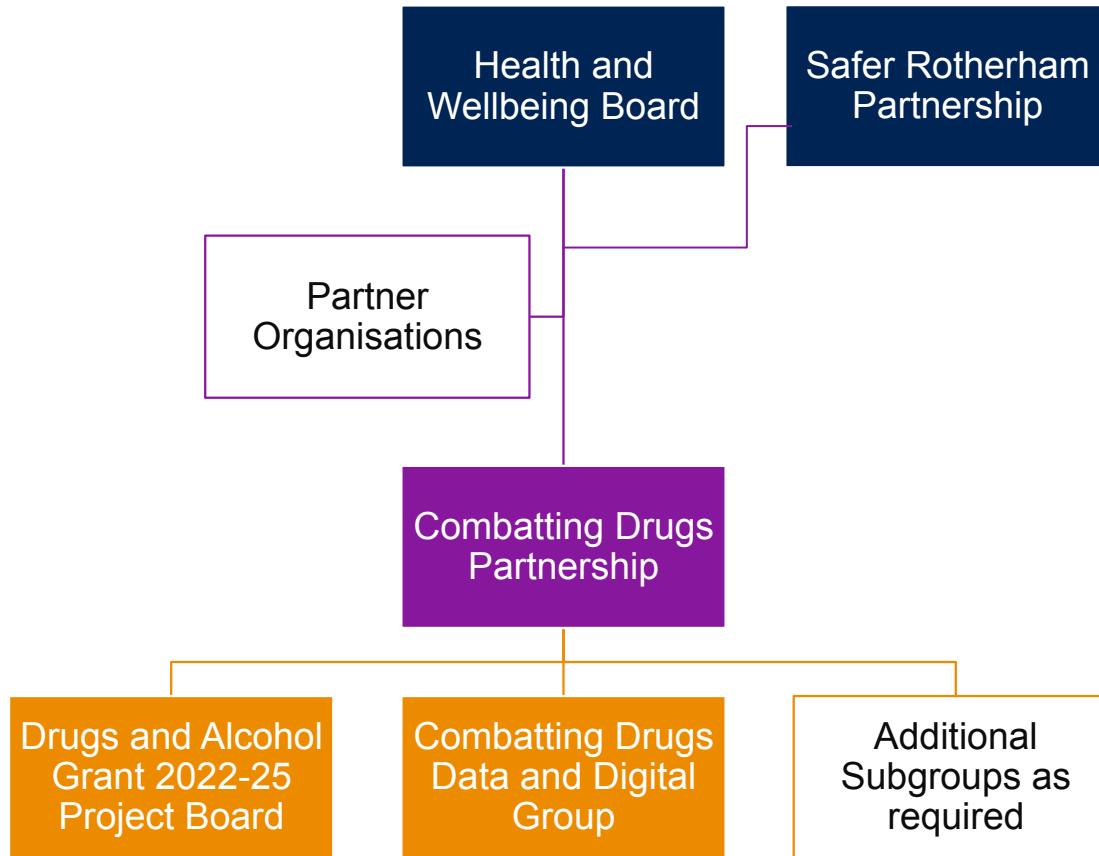
Action Plan Structure



Action Plan Summary

- Prepare
 - Facilitate improved information sharing including with IT systems
 - Equip workers by providing education for professionals
 - Develop Combatting Drugs Communications and Engagement Strategy
- Prevent
 - Develop continuity of care in criminal justice pathway
 - Develop whole family approach
 - Develop wider support offer and capacity for increased numbers for alcohol and drugs treatment/support
- Protect
 - Develop and deliver Harm Reduction offer and Recovery pathway
 - Reduce drug related deaths
 - Implement dual diagnosis pathways and improved psychological support.
- Pursue
 - Continue effective pursue response working with partners
 - Develop focus on county lines/ exploitation of children in line with child exploitation strategy
 - Disrupt organised crime

Rotherham CDP Governance



Ask of the Health and Wellbeing Board

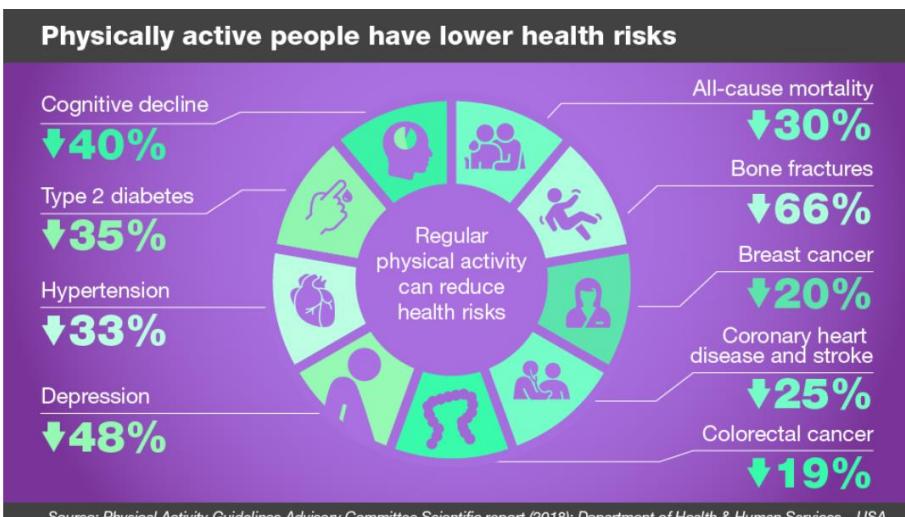
- Note the progress on establishing the CDP and developing the action plan
- Receive an annual progress report against the action plan
- Note the CDP Governance structure and support the CDP to overcome barriers, blockers and risks as necessary in conjunction with the Safer Rotherham Partnership

Appendices

Rotherham CDP Core membership

Rotherham Borough Elected Members	Councillor David Roche	Cabinet member for Adult Social Care and Health
	Councillor Saghir Alam	Cabinet member for Corporate Services, Community Safety and Finance
Rotherham Metropolitan Borough Council	Ben Anderson	Director of Public Health
	Anne Charlesworth	Head of Commissioning
	Jessica Brooks	Public Health Specialist
	Sam Barstow	Assistant Director Community Safety and Streetscene
	Helen Sweaton	Assistant Director Commissioning, Quality and Performance, CYPS
	Andrew Wells	Head of service, safeguarding and mental health
Substance Misuse Treatment Providers	Laura Gough	Head of safeguarding, CYPS
	Lucy Harrison	CGL Director
	Raj Ubhi	CGL Director
South Yorkshire police	Lisa Pidd	WithYou Contract Manager
	Laura Koscikiewicz	Chief Superintendent/District Commander
	Marie Carroll	Partnerships & Commissioning Manager
Probation service Yorkshire and Humber	Julie Odusanya	Head of Service (R&BPDU)
	Steven Brookes	Health and Justice Partnership Co-ordinator
NHS Strategic leads	Chris Edwards	Deputy Chief Executive ICB & Executive Place Director Rotherham
	Ray Hennessy	Head of Strategy RDASH
	Osman Cohan	Chief Pharmacist TRFT
	Andy Davies	GP representative, LMC
Jobcentre Plus	Kim Richardson	Partnerships Manager DWP
	Amanda Bush	Customer service lead for Rotherham Centre

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BRIEFING	TO:	Health and Wellbeing Board																				
	DATE:	29 th March 2023																				
	LEAD OFFICER	Gilly Brenner and Norsheen Akhtar																				
	TITLE:	Strategic approach to physical activity update																				
Background																						
1.1	<p>Physical activity is important because physically active people have better health and wellbeing outcomes. It is relevant to health inequalities as there are higher rates of inactivity in some demographic groups and in those with long-term health conditions, who have the most to gain. Inactivity in Rotherham is greater than the national average, with almost 1 in 3 inactive (<30 min/week). Improvements in physical activity levels across the population would reduce health risks of prematurely developing long-term conditions and improving life expectancy which contribute to wider economic benefits, such as a healthier workforce.</p>  <p>Physically active people have lower health risks</p> <p>Regular physical activity can reduce health risks</p> <table border="1"> <thead> <tr> <th>Health Outcome</th> <th>Reduction in Risk (%)</th> </tr> </thead> <tbody> <tr> <td>All-cause mortality</td> <td>↓30%</td> </tr> <tr> <td>Bone fractures</td> <td>↓66%</td> </tr> <tr> <td>Breast cancer</td> <td>↓20%</td> </tr> <tr> <td>Coronary heart disease and stroke</td> <td>↓25%</td> </tr> <tr> <td>Colorectal cancer</td> <td>↓19%</td> </tr> <tr> <td>Cognitive decline</td> <td>↓40%</td> </tr> <tr> <td>Type 2 diabetes</td> <td>↓35%</td> </tr> <tr> <td>Hypertension</td> <td>↓33%</td> </tr> <tr> <td>Depression</td> <td>↓48%</td> </tr> </tbody> </table> <p>Source: Physical Activity Guidelines Advisory Committee Scientific report (2018); Department of Health & Human Services – USA</p>		Health Outcome	Reduction in Risk (%)	All-cause mortality	↓30%	Bone fractures	↓66%	Breast cancer	↓20%	Coronary heart disease and stroke	↓25%	Colorectal cancer	↓19%	Cognitive decline	↓40%	Type 2 diabetes	↓35%	Hypertension	↓33%	Depression	↓48%
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1.2	<p>There is wide acknowledgement amongst colleagues attending the Big Active Conversation workshops and strategic leaders, including Health and Wellbeing Board members about the value of physical activity in improving health and wellbeing outcomes and reducing health inequalities. However, there is also recognition that increasing population activity levels requires a complex and coordinated response across the Rotherham system. We have been tasked to create a 'coalition of the willing' to work collaboratively actions suggested through a review supported by Yorkshire Sport.</p>																					
1.3	<p>This work began with the Local Authority Healthy Weight Declaration which was signed in January 2020. A strategic review of physical activity then took place in July 2021 led by Sam Keighley from Yorkshire Sport. Initial findings were presented to Health and Wellbeing Board in November 2021 and Health Select Commission in February 2022. Lots of ambitions were identified and these were then prioritised into 4 key themes:</p> <ul style="list-style-type: none"> • 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 																					
1.4	<p>An appreciative enquiry approach was taken to ensure a broad range of stakeholders were involved in visioning and developing a plan of action. This involved an initial Big</p>																					

	<p>Active Conversation in July 2022, further workshops in October 2022 and a final workshop in January 2023. From this approach the appended action plan has been developed to capture the key priority actions. The process has been very successful with more than 200 individuals involved to date.</p>
Key Issues	
2.1	<p>As part of the appreciative enquiry approach, several common themes were identified as being important for success:</p> <ul style="list-style-type: none"> • Accessibility and inclusivity - awareness of culture/ethnicity, financial, location, breadth, gender, disabilities, age • Choice - working with communities, co-designing to fit needs - activity opportunities easy to find, eg website finder search • Imagery - representative, inclusive
2.2	<p>There has been lots of enthusiasm from partners across a range of organisations and sectors. Working groups are beginning to be established to deliver key priority actions with named leads. The process of developing detail to the action plan has begun and deliverables are being identified, as well as opportunities for monitoring and evaluation.</p>
2.3	<p>The over-arching actions identified through this work will be overseen by the Moving Rotherham Board, through the Wider Physical Activity and Health Subgroup. These actions all fall under the existing priorities of Moving Rotherham: Active Champions, Active Environments, Active Communities and Active Communications.</p>
2.4	<p>Wider delivery of physical activity agenda has continued during this process and additionality already happened as a result of networking and motivations from the Big Active events, including for example:</p> <ul style="list-style-type: none"> • Community engagement through the Better Health service consultation • Community engagement through healthy lifestyles consultation • Moving in Nature funding supported ongoing community work in local parks • Funding allocated to local community groups to set up physical activity projects and sustain this through action planning • A local group has been created to support the delivery of Opening Schools Facilities grants which target key schools with deprivation and higher % free school meals to open facilities for community use.
Key Actions and Relevant Timelines	
3.1	<p>Moving Rotherham Board to meet in May with subgroup meetings in late April.</p>
3.2	<p>Key actions to be delivered in the short/medium-term:</p> <ul style="list-style-type: none"> • Greater information will be available through commissioned expansion to the Rotherhive website beyond mental health remit • Developing an activity finder hosted on Rotherhive for all sport/leisure and voluntary sector to use to actively signpost to different audiences • “Make Space for Us” research findings to influence Greasbrough active space • Ongoing work in schools e.g ModeShift Stars, Creating Active Schools • Opening School Facilities Fund to continue with more schools for year 2 • Women’s Euro legacy programme • Development plans for Rother Valley and Thrybergh

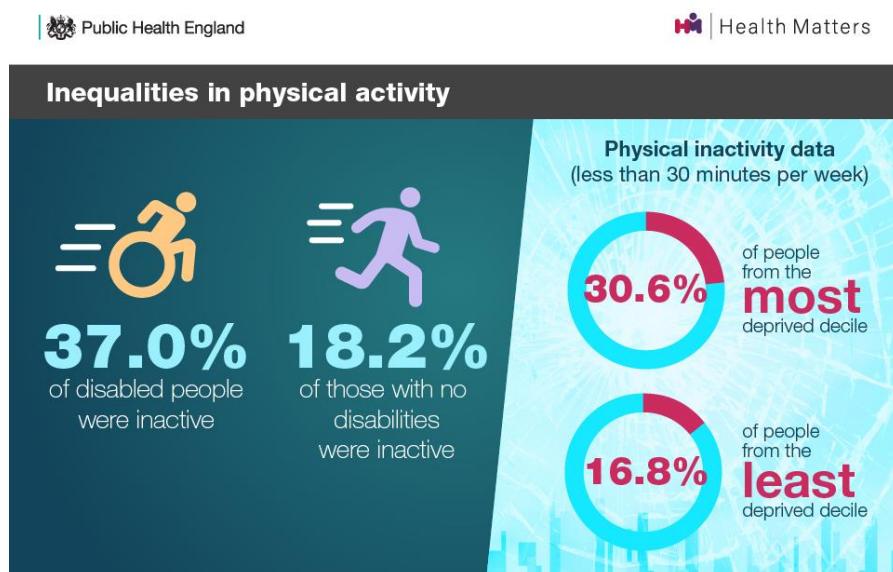
- Funding expected through Youth Justice Sports Fund just announced
- Funding from ICB to support personalisation agenda through specific online physical activity videos.
- Working with care home providers to support training around embedding physical activity opportunities for residents and staff
- Together Fund projects to tackle inequalities funding given locally through sport England
- Developing physical activity conference for schools
- Developing a data dashboard to monitor physical activity levels, inequalities and monitoring progress

Implications for Health Inequalities

4.1 Tackling inactivity will have a direct impact on tackling health inequalities. Those who are the least active are more likely to be from demographic groups who experience the greatest inequalities in health, such as those with disabilities, or living in more deprived communities.

Regular physical activity provides a range of physical and mental health, and social benefits, many of which are increasing issues for individuals, communities and society. These include:

- reducing the risk of many long-term conditions
- helping manage existing conditions
- ensuring good musculoskeletal health and reducing risk of falls
- developing and maintaining physical and mental function and independence
- supporting social inclusion and reducing loneliness
- helping maintain a healthy weight
- reducing inequalities for people with long-term conditions



From: [Health matters: physical activity - prevention and management of long-term conditions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-matters-physical-activity-prevention-and-management-of-long-term-conditions)

Recommendations

- 5.1 That members of the Health and Wellbeing Board note the update in this report and are welcome to suggest nominations for the Moving Rotherham Board.
- 5.2 That members of the Health and Wellbeing Board encourage and enable their workforce to support delivery of the identified actions in the plan.

5.3

That members of the Health and Wellbeing Board continue to identify opportunities to incorporate physical activity into organisational and borough strategic plans and delivery.

Appendix 1

MOVING ROTHERHAM - WIDER PHYSICAL ACTIVITY AND HEALTH SUBGROUP ACTION PLAN

This workplan is aligned the 4 priorities as previously defined by the Moving Rotherham Board: Active Champions, Active Communities, Active Environments and Active Communications with the 4 priorities identified as part of the strategic physical activity review. Further actions (not included here) are led by the Sports, Facilities and Events Subgroup which also contribute to the overarching Moving Rotherham priorities.

People in Rotherham are proud to live in and contribute to stronger, thriving communities by engaging with physical activity or sport.

Moving Rotherham will:

plan, promote and co-ordinate programmes that encourage physical activity or sport to be an everyday part of people's lives.

Moving Rotherham priority	ACTIVE CHAMPIONS <i>Develop skills and knowledge in relation to physical activity across all organisations and services, so that conversations with local people about being active happen as often as possible.</i>	ACTIVE ENVIRONMENTS <i>Help create environments that enable physical activity, whether this is outdoors in green spaces, town centres and local streets, or within schools, colleges and workplaces.</i>	ACTIVE COMMUNITIES <i>Bringing people together through physical activity has huge potential in helping local communities thrive and become vibrant places to live.</i>	ACTIVE COMMUNICATIONS <i>A Rotherham-wide 'social movement' campaign and communications plan, helping to make being active in Rotherham something that everybody does, whether this is taking a few extra steps to open the door to a carer, or running a marathon, and everything in between!</i>
Wider Physical Activity and Health priority	Strengthening social prescribing, including embedding physical activity	Employers supporting the workforce to be active.	Normalising physical activity / building a social movement	Front line workers confident to talk about and signpost to physical activity

Ref	Action	Timescale				Lead (support)	Output / Success measure	Notes		
		2023/4		2024/	2025+					
		Q1	Q2	Q3	Q4	2025				
A	Active Champions									
1	Embedding physical activity into social prescribing									
1.1	Physical activity options are readily available for social prescribers to support people to access. These are person centred and appropriate for a range of needs and preferences.			X		Kaley Drury / Barry Knowles	Number of people supported into a physical activity			
1.2	Embedding the benefits of physical activity for mental and physical wellbeing into conversations to enable signposting and support from the full range of social prescribing/link worker roles	X			X	Norsheen Akhtar	Survey to understand the knowledge and awareness and confidence of front-line workers around physical activity			
1.3	Creative commissioning to facilitate activity – move towards longer-term commissioning bringing stability to provision, including community hubs as active places and some NHS resources transferred to activity providers.					Becky Woolley / Jo Martin / Kate Tuffnell	Further consideration of longer-term commissioning Importance of physical activity to be included into ICB plans and strategies	Further development required around this ambition but captured here as an important priority identified by Big Active Conversation workshops.		
2	Promoting physical activity through community champions									
2.1	Wider voluntary sector MECC training to support volunteers and workforce to signpost and promote physical activity.	X	X		X	Phill Spencer	Number of people trained in MECC			
3	Promoting physical activity through workplace champions									
3.1	South Yorkshire-based workforce training package developed through ICB and YSF. Looking at clinical pathways and signposting opportunities.		X			YSF – Katy Stockdale / Norsheen Akhtar	Rotherham receive training package for dissemination			

Ref	Action	Timescale					Lead (support)	Output / Success measure	Notes		
		2023/4		2024/ 2025	2025+						
		Q1	Q2		Q3	Q4					
3.2	Care Home staff training to embed physical activity into daily provision for residents and wider opportunities eg care home Olympic event		X					Phill Spencer / Norsheen Akhtar	Number of care homes trained	Initial meeting to discuss proposals/what support required scheduled for March.	
3.3	Physical activity clinical champions training - physical activity training for healthcare professionals available.			X	X	X		Nicola Corrigan (OHID)	Number of health care professionals trained in MECC	Training already available, to be more widely promoted.	
4	Monitoring progress of strategic physical activity work										
4.1	Develop a dashboard to monitor physical activity levels in the borough and achievement of action plan		X					Lorna Quinn / Norsheen Akhtar	Dashboard developed and reported to Wider Physical Activity and Health Subgroup		
4.2	Wider Physical Activity and Health Subgroup oversees implementation of action plan	X	X	X	X	X	X	Gilly Brenner / Norsheen Akhtar	Quarterly Wider Physical Activity and Health Subgroup meetings track progress		
B	Active Environments										
1	Employers supporting the workforce to be active										
1.1	Employers encourage staff to take a break and walk, walking meetings, lunchtime group walks then lunch away from desks, include being active in regular away days.			X	X	X		Workplace champions and senior managers	Staff surveys shows senior staff actively demonstrating good practice and people feel encouraged to be active	Ongoing, annual monitoring	
1.2	Ensuring physical activity promoted through BeWell@work scheme	X		X	X	X		Colin Ellis	Number of BeWell@work workplaces choosing a focus on physical activity	Ongoing, annual monitoring	

Ref	Action	Timescale					Lead (support)	Output / Success measure	Notes			
		2023/4		2024/ 2025	2025+							
		Q1	Q2		Q3	Q4						
1.3	Developing ways of improving and promoting leisure offers to Rotherham workforces.	X					Norsheen Akhtar	Initial audit of offers for Rotherham employees				
1.4	Training for workplaces around the benefits of supporting employees' physical wellbeing eg school staff	X	X	X	X	X	Norsheen Akhtar	Number of workplaces where presentations have been given	Session already provided to PHSE leads			
2	Safer, open green and blue spaces											
2.1	Ongoing development of Rother Valley and Thrybergh Country Parks	X	X	X	X	X	Andy Lee	Development progresses according to plans				
2.2	Promotion of Rotherham's open, green and blue space and ideas for use eg maps and routes and walk leader opportunities		X	X			Becky Woolley / Norsheen Akhtar / Chris Siddall / Andy Lee / Phill Spencer	Expanded Rotherhive to host page on outdoor activity facilities				
2.3	Conduct perception studies on use of outdoor space - by different demographics eg gender, ethnicity, age.		X				Becky Woolley	Consultation findings published on Rotherham data hub	Some findings already incorporated into Better Health service recommissioning			
2.4	Improvements to Rotherham sports facilities led through Sports, Activity and Events subgroup.			X	X	X	Chris Siddall	Eg. Playing pitch strategy project				
3	Incorporating activity into travel											

Ref	Action	Timescale					Lead (support)	Output / Success measure	Notes			
		2023/4		2024/ 2025	2025+							
		Q1	Q2		Q3	Q4						
3.1	Promotion of Modeshift stars to schools and supporting them to create travel plans.	X					Laurie Butler	Number of schools signed up for Modeshift stars. Number of meetings with schools to start active travel plans	25 schools already signed up and working on active travel.			
3.2	Developing Rotherham Council commuting information to promote and support active travel options eg bike rental, cycle to work scheme and maps	X					Amie Marshall	Commuting information easily accessible and promoted to all RMBC staff				
3.3	Promotion of facilities and recreation for walking and cycle routes		X	X			Graeme Barker	Up-to-date cycle and walking routes available via Rotherhive website				
C	Active Communities											
1	Normalising physical activity in schools											
1.1	Create/renew Rotherham Schools Physical Activity Network / Conference			X			David Walker/ Alex Ogden (YSF)	Conference to be held in Rotherham for Rotherham schools				
1.2	Provide opportunities to be physically active across the curriculum and deliver high quality P.E and out-of-hours activities		X				David Walker	Audit of school physical activity and school surveys show increase in physical activity levels in children and young people				
2	Normalising physical activity in health settings and provision											
2.1	Videos commissioned and created for online use for patients with long-term conditions as part of personalisation work		X	X			Jo Martin / Becky Woolley / Norsheen Aktar	Physical activity videos on Rotherhive and Rotherham health app				

Ref	Action	Timescale					Lead (support)	Output / Success measure	Notes			
		2023/4		2024/ 2025	2025+							
		Q1	Q2		Q3	Q4						
2.2	TRFT Healthy Hospital Programme to champion physical activity for health throughout the Trust.	Xa		Xb			Mike Smith	<ul style="list-style-type: none"> a) All Healthy Hospital Programme staff feel confident in advising and signposting in relation to physical activity for health by May 2023. b) Trust staff feel confident in advising and/or signposting in relation to physical activity for health by October 2023. 				
3	Normalising physical activity through events or provision								Page 74			
3.1	Working with local communities to sustain their projects through training and support with policies and process etc.	X	X	X	X		Chris Ng (YSF) / VAR	Number of projects delivering physical activity increases				
3.2	Support local communities with funding for setting up and maintaining local physical activity projects.	X	X	X	X		Chris Ng (YSF)	Number of projects funded for physical activity programmes				
D	Active Communications											
1	Moving Rotherham communication plan											
1.1	Develop a yearly comms plan including social media campaign and broadening reach a wider audience.			X			Aidan Melville / Julian Pratt / Norsheen Akhtar	Increase presence of #movingrotherham on social media				

Ref	Action	Timescale				Lead (support)	Output / Success measure	Notes
		2023/4		2024/ 2025	2025+			
Q1	Q2	Q3	Q4					
2	Facilitate effective signposting to physical activity opportunities							
2.1	Develop and produce an online Rotherham activity finder which will be up-to-date and everyone can contribute to and access			X		Becky Woolley / Julian Pratt / Norsheen Akhtar	Activity finder to be added on to Rotherhive physical activity page and kept up-to-date	Discussions started to scope, plan and deliver this via Rotherhive expansion and YSF, whilst mindful of links and role of Gismo
3	Facilitate networking and collaboration between physical activity champions							
3.1	Investigate opportunities for hosting Rotherham online network for routine sharing of things resources.		X			Norsheen Akhtar / Glennis Leathwood	Network developed for Rotherham physical activity champions	
3.2	Annual networking event for Moving Rotherham showcasing what has been achieved and bringing partners together to celebrate.		X			Norsheen Akhtar	Annual celebration event	1 year on from the Big Active Conversation event

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Strategic Physical Activity Update

Gilly Brenner, Consultant in Public Health
Norsheen Akhtar, Development Manager,
Yorkshire Sport

Process taken

- The value of physical activity in improving health and wellbeing outcomes and reducing health inequalities.

Big Active Conversation - 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

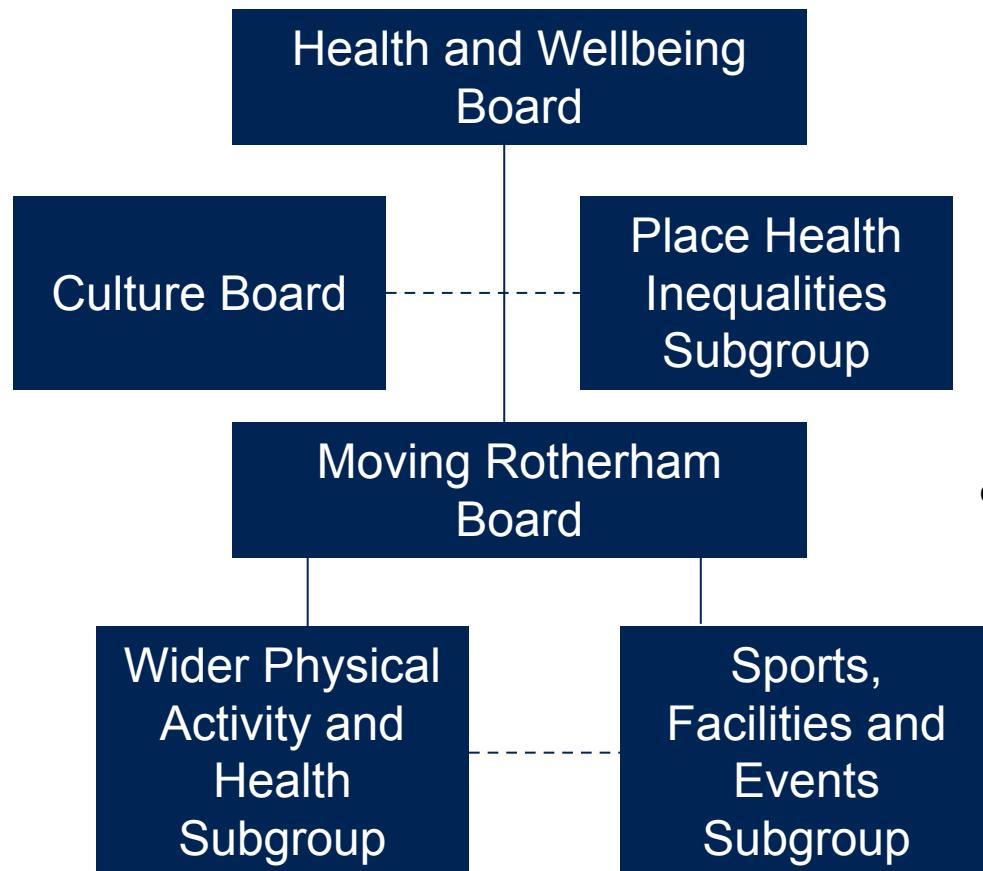


Governance



Priorities

- Active Champions
- Active Environments
- Active Communities
- Active Communications



Alignment of priority actions

Moving Rotherham priority	<p>ACTIVE CHAMPIONS Develop skills and knowledge in relation to physical activity across all organisations and services, so that conversations with local people about being active happen as often as possible.</p>	<p>ACTIVE ENVIRONMENTS Help create environments than enable physical activity, whether this is outdoors in green spaces, town centres and local streets, or within schools, colleges and workplaces.</p>	<p>ACTIVE COMMUNITIES Bringing people together through physical activity has huge potential in helping local communities thrive and become vibrant places to live.</p>	<p>ACTIVE COMMUNICATIONS A Rotherham-wide 'social movement' campaign and communications plan, helping to make being active in Rotherham something that everybody does, whether this is taking a few extra steps to open the door to a carer, or running a marathon, and everything in between!</p>
Wider Physical Activity and Health priority	Strengthening social prescribing, including embedding physical activity	Employers supporting the workforce to be active.	Normalising physical activity / building a social movement	Front line workers confident to talk about and signpost to physical activity

Action plan overview

Active Champions	Active Environments	Active Communities	Active Communication
Promoting physical activity through community champions	Employers supporting the workforce to be active	Normalising physical activity in schools	Moving Rotherham communication plan
Promoting physical activity through workplace champions	Safer, open green and blue spaces	Normalising physical activity in health settings and provision	Facilitate effective signposting to physical activity opportunities
Monitoring progress of strategic physical activity work	Incorporating activity into travel	Normalising physical activity through events or provision	Facilitate networking and collaboration between physical activity champions

Recommendations

- To note the update in this report
- To encourage, enable and support delivery of the identified actions in the plan.
- Continue to identify opportunities to incorporate physical activity into organisational and borough strategic plans and delivery.

THRIVING NEIGHBOURHOODS

The Rotherham Neighbourhoods Strategy 2018 – 2025
(Updated November 2022)



www.rotherham.gov.uk/neighbourhoods

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OUR APPROACH	6
ROLE OF COUNCILLORS	8
MEASURING SUCCESS	9
GET INVOLVED AND FIND OUT MORE	10

FOREWORD FROM DEPUTY LEADER/CABINET MEMBER FOR NEIGHBOURHOOD WORKING

I'm very proud to be writing the foreword for this updated version of Rotherham's Neighbourhood Strategy. This document identifies what we want to achieve to make all our neighbourhoods thriving and it goes on to say how we will do that.

Central to our aspirations is to strengthen the role of local Councillors as community leaders who can work with their communities, their partners and service deliverers to bring about the changes that communities want to see.

People within our neighbourhoods are really important to us and this is why we'll be making them the core focus of what we do; we want to make sure our neighbourhoods are places people want to live.

We've come a long way in working on a neighbourhood basis but there's an equally long way to go which is why we're so keen to hear from communities what matters to them and how we can work together to tackle local issues, to continue to grow our neighbourhoods into welcoming, safe, thriving places.

Hopefully I'll see some of you out and about in your neighbourhood and I'll look forward to hearing your views.



Councillor Sarah Allen
Cabinet Member for Neighbourhood Working
Deputy Leader of Rotherham Council

VISION

The Rotherham Council Plan (2022/2025) sets out our vision for every neighbourhood in Rotherham 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 building on our heritage and assets. We will help create thriving neighbourhoods by ensuring communities are at the heart of everything we do to make people feel happy, safe and proud.

To do this, we will make it easier for people 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.



This Thriving Neighbourhoods Strategy provides a framework for how the Council will:

- Deliver its neighbourhood working model
- Enhance the role of local Councillors as community leaders and maximise their skills, expertise and knowledge
- Ask and listen to communities by providing a range of opportunities to engage on the things that matter to them
- ‘Work with’ communities rather than ‘doing to’
- Build on the strengths and assets within our communities and our voluntary, community and faith sector
- Be an enabling organisation that empowers communities to do things for themselves
- Support people from different backgrounds to get on well together
- Build trust and pride
- Promote early intervention and prevention thus reducing reliance on public sector services and allowing resources to be used more effectively
- Improve services that are personalised and flexible
- Find local solutions to aid Covid recovery and work to reduce the impact of the Cost of Living crisis

WHAT WE WANT TO ACHIEVE

Neighbourhoods that are safe and welcoming with good community spirit where...

- People get involved in their neighbourhood and help each other out
- Local councillors provide leadership and support community action
- People from different backgrounds have the chance to interact
- Communities are strong and help people to feel safe
- Vulnerable people are protected



Residents are happy, healthy and loving where they live with...

- Access to libraries, cultural activities, parks and green spaces
- Clean streets and public places
- High quality homes
- Improved town centre, local towns and villages
- People feeling less lonely and isolated
- Enjoyable things to do for people of all ages



Residents using their strengths, knowledge and skills to contribute to the outcomes that matter to them leading to...

- Every child being able to fulfil their potential
- Everyone having the ability and means to get online
- More people working together to find solutions to local problems
- A strong community and voluntary sector
- Local assets being harnessed for the benefit of the community



OUR APPROACH

The Council's Plan has four guiding principles that run through it, informing our way of working and helping us to achieve better outcomes for our communities.

- **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.



These principles are embedded in the Council's Neighbourhood Working Model through the use of a 'place-based' approach:

A 'place-based' approach

Ward Councillors are community leaders and are acting as a driving force and catalyst for bringing people together to tackle locally identified priorities.

Taking a place-based approach councillors are working collaboratively with council services and other organisations that deliver services including the Police, Parish Councils, voluntary community and faith sector organisations, residents and other stakeholders to tackle local priorities that are identified in 'Ward Plans' that are produced annually.

Ward Councillors are supported by a dedicated Neighbourhoods Team, whose role it is to facilitate community involvement and co-ordinate local networks and partnerships tackling those local priorities.

Council services such as Housing, Streetscene, Grounds Maintenance and Enforcement have been reorganised on a locality basis, working closely with multi-agency partners such as local policing teams.

This Place Based approach will allow us, amongst other things, to:

- Work alongside our partners to ensure Rotherham is a safe, inclusive and welcoming place for local people, including responding effectively to community safety issues such as anti-social behaviour and hate crime
- Deliver improvements to the town centre and local towns and villages
- Invest in and develop library services as neighbourhood hubs, promoting access to books, computers and community events
- Bring our communities together through a range of enjoyable activities, cultural and social events, which inspire hope and pride in Rotherham
- Further expand and promote a range of volunteering opportunities



A 'strengths-based' approach

Rotherham Council takes a strengths-based approach when working in our neighbourhoods. This recognises and builds on the skills, resources, knowledge, experience and heritage within our communities rather than focusing on the deficits.

This approach empowers Councillors and residents to work together, and with partners, to find creative solutions to the local issues that matter most to them and help create vibrant communities in which people feel happy, safe and proud.



Therefore, Rotherham Council will:

- Place communities 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
- Be 'working with' our communities and not 'doing to' them
- 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



ROLE OF COUNCILLORS

The Thriving Neighbourhoods Strategy and our Neighbourhood Working model supports councillors to be true community leaders within their wards and neighbourhoods.



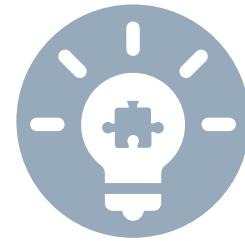
Orchestrator:
bringing people together, mediating and helping to broker relationships



Steward of place:
ensuring local resources are targeted appropriately in line with their ward priorities and plan, including the investment of their devolved ward budgets



Advocate:
acting on behalf of all residents



Entrepreneur:
problem solving by working with the community and partners to find solutions to local issues



Buffer:
exploring solutions to reduce the impact of unforeseen issues, such as the Covid-19 Pandemic and the Cost of Living Crisis, particularly for those who are most vulnerable



Catalyst:
empowering residents and community organisations to achieve their ambitions



Sensemaker:
explaining local issues, the role of services and any decisions that have been taken which impact on the neighbourhood

Adapted from 'The 21st Century Councillor', University of Birmingham

Councillors devolved ward budgets

Ward Councillors have access to several different budgets which they can use to fund local projects, activities and additional services that can help tackle their ward priorities. These include:

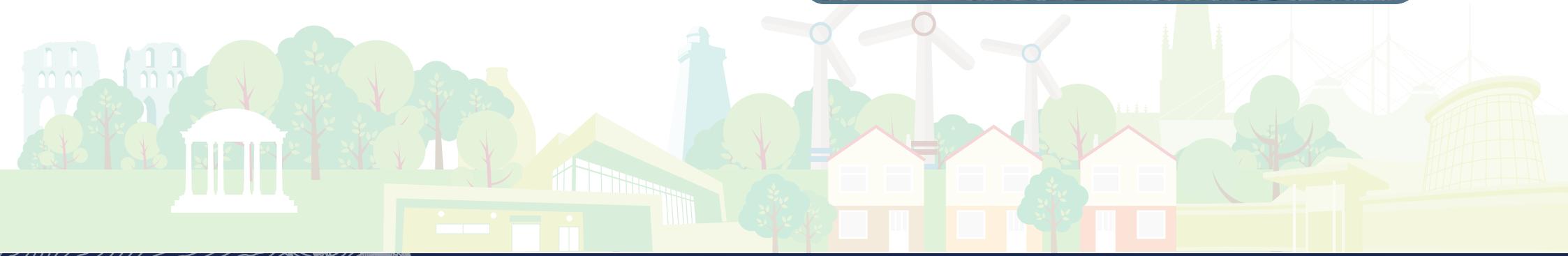
- **Community Leadership Fund:** a small individual budget allocated to each Councillor to fund local community organisations or projects, provide additional activities or put on events
- **Ward Capital Budget:** allocated to each ward and used to purchase physical assets or equipment
- **Ward Housing Hub Budget:** allocated to each ward for environmental improvements that directly benefits council tenants
- **Community Infrastructure Levy:** money generated from new developments that is allocated to wards that do not have a Parish Council. It is primarily used to reduce the demands a development could place on the neighbourhood



MEASURING SUCCESS

The Council Plan sets out the key actions required to help us achieve the outcomes and commitments in this Thriving Neighbourhoods Strategy:

- **Council Plan theme Every neighbourhood thriving**
- Annual **ward reports** will be presented to the Council by Ward councillors which will include a wide range of case studies
- **Ward budget statements** will be published annually to illustrate how Councillors have invested in their neighbourhoods to tackle their ward priorities
- Each year, Rotherham Council directorates will produce service plans which will demonstrate how they contribute to tackling the priorities within the Ward Plans



GET INVOLVED AND FIND OUT MORE

Our vision for every neighbourhood to be a thriving neighbourhood cannot be achieved without the involvement of local people. That's why this strategy sets out how we will continue to place communities to be at the heart of everything we do.

There are lots of different ways you can get involved with your local communities. You can provide views on our services via consultations, or work with local Councillors to help shape their ward plans and priorities, or volunteer with a local community group and take local action. You can keep up to date with the latest news and views from your neighbourhood by signing up for [**your Neighbourhood's monthly e-bulletin**](#).

For further information about this strategy, your local councillors and what is happening in your neighbourhood please visit [**your ward page on the Council's website**](#).



Health and Wellbeing Strategy Action Plan:

March 2023 update

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

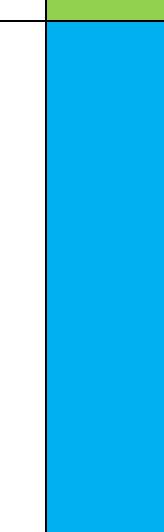
Board sponsors: Strategic Director of Children and Young People's Services, Rotherham Metropolitan Borough Council and Dr Jason Page, Medical Director for Rotherham Place, South Yorkshire Integrated Care Board

Priority	#	Milestones	Timescale	Lead(s)	BRAG rating	Progress update
Cross-cutting	1.1	Implement 'Best Start and Beyond' framework.	Ongoing (up to March 2025)	Alex Hawley, RMBC Helen Sweaton, ICB/RMBC		<p>Framework has been finalised and endorsed by the HWBB and incorporated into EH Strategy. Focussing initially on maternity.</p> <p>A high level report to be produced quarterly, including narrative around actions and include case studies. To provide a deep dive and show what this has meant to families.</p> <p>First quarterly report to go to March HWB for information.</p> <p>Task and Finish groups will assist the Steering Group in implementing the framework toolkit, focussing on key topics or life stages on a rolling basis.</p>

					Additionally, a permanent speech and language sub group will also report to the Steering group. Task and Finish group considered maternity issues using the five priority lenses. Further task and finish groups will meet to steer the publication of the Start for Life Offer, Parent-Carer Panel and Home Learning Environment components of Family Hubs/Start for life government funded programme.
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		The mobilisation is progressing well and is currently on track for the new service to start in April 2023. Rotherham's Best Start and Beyond Public Health Nursing service will lead, coordinate, and deliver the Healthy Child Programme. The Service forms a part of the Children and Young People's (C&YP) system. It will contribute to improving and reducing inequalities between health and wellbeing outcomes, identifying

						additional needs early, building resilience and reducing health inequalities by providing preventive universal and targeted interventions.
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		<p>A collated action plan was presented to the Best Start and Beyond Steering Group and a Task and Finish Group has met to look at 1001 Days aspects of the collated action plan, with an initial focus on maternity.</p> <p>The five priority lenses were used by the T&F group to consider potential gaps/opportunities, to seek assurances and/or to propose further actions.</p> <p>Reviewed maternity services to identify gaps and issues with a number of barriers being identified.</p> <p>Maternity exploring reasons for late booking rates by undertaking an audit.</p>
	1.4	Work towards formal ratification of 'Breastfeeding Borough' declaration, including BF friendly places, BF policy, comms plan	June 2023	Sam Longley, RMBC		Internal and external stakeholder meetings have commenced to agree action

					plan, which is expected to be in place March 2023. Comms plan completed. RMBC HR Policy reviewed and updated to better align with a breastfeeding friendly employer. Children's Centres and Family Hubs seeking UNICEF baby friendly accreditation.
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		The target for continuity has been removed by NHS England on the 21 st September 2022. TRFT are currently working on workforce Transformation plan with the Rotherham Maternity Voice Partnership to improve the COC offer women antenatally and postnatally whilst maintaining safe staffing in the acute service on every shift. The development of the Maternity workforce transformation plan is

						enabling the team to develop this plan to get the model right for the local population. The model has commenced on the 5th Dec.
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	January 2024	Sue Turner, RMBC		Endorsed at HWBB, 25 th January 2023, presented at DLT R&E 23 rd February, planned to present at C&YP's DLT. Continue to work with 0 to 19 Service to embed approach. Joint action plan developed.
	1.7	Develop proposals for multi-agency Family Hub model of service delivery	November 2022	David McWilliams, RMBC		Sign up paperwork was completed, approved and submitted to government DfE and DHSC in October 22. Task & Finish groups were established to cover the different funded strands of the programme and the groups have contributed to early delivery planning. In January 23 there will be two workshops to develop delivery planning further.

1.8	<p>Continue to support children and young people's Mental Health and wellbeing, along with schools, health and voluntary sector</p>	<p>Ongoing (up to March 2025)</p>	<p>Helen Sweaton, ICB</p>		<p>Smiles for Miles (2-year National Lottery funded) increased youth provision and support for Children and Young People aged 9-19 / up to 25 with SEND in Rotherham.</p> <p>DfE Wellbeing for Education Return has been rolled out</p> <p>Two cohorts for the Anna Freud Link Programme delivered using the Cascade framework to map whole system provision.</p> <p>CAMHs Getting Advice pathway is operational</p> <p>The SEMH toolkit has been developed and available to schools which supports the graduated response</p> <p>Autism Education Trust training has been rolled out to learning providers. Approval has been sought for this to be rolled out to Early Years.</p>
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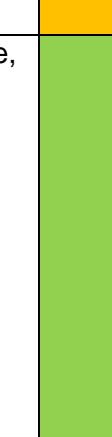
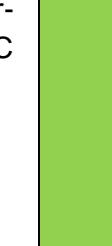
1.9	Continue to jointly deliver the SEND Written Statement of Action, jointly led by LA and ICB and with local area partners.	Ongoing	Nathan Heath, RMBC Helen Sweaton, ICB		<p>A challenge and support monitoring meeting took place on the 16th January 2023 with our DfE representative and a representative from NHSE. As a result, a note of visit was written concluding that Rotherham's progress in implementing its WSoA is currently good. Leadership appears to be strengthening and is shared across agencies. There was recognition of pace in progress against the PfA development plan.</p> <p>There is representation of education, health and social care in all four of the WSoA subgroups as well as the SEND Strategic Performance Board.</p>
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		2 year early education take-up in the Autumn term reached 96.4%. This is the highest rates we have ever achieved with increases in nearly all geographical areas. The number of eligible children not

					<p>taking up a place has reduced from 137 to 73. Targeted promotional activity including Golden Ticket has continued over the Autumn term. Take-up of the universal early education entitlement for three year olds was also very positive in the Autumn term at 96.7%.</p>
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Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Interim Board Sponsor: Chris Edwards, Rotherham Place Director, South Yorkshire Integrated Care Board and Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust

Priority	#	Milestones	Timescale	Lead(s)	BRAG Rating	Progress update
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	Yellow	<p>Meetings and actions scheduled for early 2023 based on the Themes of the application.</p> <p>The Task and Finish (Members of the Better Mental Health for All Group) to take this forward.</p> <p>There are 2 more meetings with the Better Mental Health for All Group partners to provide evidence for theme areas. Attendance has been really encouraging with lots of activity to share for each theme within the OHID application.</p> <p>Themes completed to date include:</p> <ol style="list-style-type: none">1. Understanding local needs and assets2. Partnership working and alignment

						Taking action on prevention/promotion of mental health
	2.2	Develop and deliver partnership communications activity focussed on mental health, building on successful campaigns and resources <ul style="list-style-type: none"> • Rotherhive • Five Ways to Wellbeing • Great Big Rotherham To Do List 	Delivery to March 2025	Aidan Melville, RMBC Gordon Laidlaw, ICB		Social media messages promoting Rotherhive and Five Ways to Wellbeing are scheduled at least once every four weeks at the moment – this is reviewed quarterly as part of the Council's overall communications plan. Regular messaging is also going out via neighbourhoods ebulletins aligned to local ward priorities.
	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		National 10 Year Mental Health Plan has been delayed (The update of the local plan was to be aligned to this national plan). Better Mental Health Group are working on interim actions. The Better Mental Health for All Group have been focusing on the Prevention Concordat work and the implementation of the Loneliness Action Plan.
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		Mental Health Awareness and Suicide Prevention training courses have been promoted across the partnership for practitioners, with 7 courses held to date and 95 attendees.

					<p>Online Zero Suicide Alliance sessions are being promoted to the public via social media postings and screens shots in Riverside. Sessions have been planned in local libraries over the next 6 months. The first session was held in Riverside library on the 17th November. The second session is in Swinton library on 19th January. These sessions will be supported by partners of the Health and Wellbeing Board.</p> <p>The next session of the ZSA training for the public is at Mowbray Gardens on the 20th March.</p> <p>In addition to the Partnership training the following sessions have also been delivered:</p> <ul style="list-style-type: none">• 3 Suicide Awareness sessions for Adult Care staff (March 2023)• Suicide prevention in Rotherham (RDASH staff, January 2023)• There will be a PLTC for primary care on suicide prevention, to be delivered in March 2023. <p>From April 2022 to 10th March 199 practitioners/staff/volunteers from across</p>
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					the Partnership, have attended MH and Suicide prevention courses.
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		<p>The Be the One campaign has been refreshed and an active campaign is running at the moment, supported by Zero Suicide Alliance training sessions in libraries. Suicide prevention information was promoted during the festive period.</p> <p>ZSA training is promoted in training sessions for staff.</p> <p>ZSA sessions have been held in libraries across Rotherham from November 2022.</p> <p>Since September 2022, 323 people have accessed the ZSA training through the Be the One website.</p> <p>At the end of January, the latest Be the One video had been viewed over 2,100 times over all platforms – social media and website.</p>
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		<p>Amparo training sessions are being promoted to practitioners across the partnership.</p> <p>The coproduced SY& B toolkit 'Walk with Us' was launched end of September, with</p>

						<p>local press coverage and launch event with practitioners. Children, young people and families coproduced this with Chilypep. Hard copies are being sent out to schools, Early Help, VCS and NHS settings.</p> <p>Suicide Bereavement UK are holding 2 training sessions for CYPS staff across the partnership on 'Talking to Children about Suicide'.</p> <p>The second session 'Talking to Children about Suicide', facilitated by Suicide Bereavement UK, took place in February which was attended by partner organisations.</p> <p>'Walk with Us' toolkit is a finalist in the LGC Public/Public Partnership category.</p>
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		We are still wanting partners to come forward and sign up to the award scheme. This is still the case – we need partners to come forward and sign up to the scheme, TRFT have agreed to renew their award and we will be working together on this.
	2.8	Ensure partners are engaged in Employment is for everyone programme, promoting employment	March 2024	Colin Ellis, RMBC		Rotherham has launched employment for everyone. employment is for everyone is a project that four organisations have

		opportunities to those with SEND, and improving wellbeing at work				created in Rotherham (Speakup, Dexx, Art Works, EDLounge) supported by RMBC, Community Catalysts and the South Yorkshire Integrated Care System Rotherham as part of a joint SY bid to the DWP has been successful and this will bring additional resource to the employment is for everyone initiative
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: <ul style="list-style-type: none"> 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		Year 1 Band 7 recruitment: 3 remain in post. 3 new people have been recruited. 1 commenced in post 20 February 2023. The remaining 2 are in the process. Year 2 Band 4 recruitment: Interviews were held 24 February 2023. There were 6 successful applicants who are going through the process. Year 3: PCN's are confirming their recruitment needs for 2023/24. Early Intervention in psychosis - Long-term Plan Target (60%) – This target has been exceeded throughout quarter 3: October compliance was 100%, November 100% and December 100% Level 3 NICE compliance – achieved in 22/23 audit result was top performing.

						<p>Eating disorders - NHS SY ICB Rotherham are working with SYEDA to rollout eating disorders training to primary care. Five courses delivered over Q3 & Q4 2022/23 – including 2 sessions for TRFT staff.</p> <p>Community Mental Health Transformation:</p> <p>Primary care hub development underway.</p> <p>Engagement event held Feb-23 160 people attended. The following survey was launched at the event</p> <p>https://www.surveymonkey.co.uk/r/CJVGD2R.</p> <p>Recruitment of Primary Care Service Manager completed. New postholder commence Jan 23.</p> <p>Recruitment of Rotherham CMHT Lead completed and the successful candidate is now in post.</p>
2.10	To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care & crisis). This will require: <ul style="list-style-type: none"> • Partnership working to ensure an early intervention 	March 2024	Andrew Wells, RMBC Julie Thornton, RDaSH Kate Tufnell, ICB – Rotherham		<p>Partnership working to ensure an early intervention and crisis prevention</p> <p>Rotherhive promotion continues. Data is showing an increase in utilisation of the 'I need urgent help section'</p> <p>Scoping exercise on Crisis Prevention/Early Intervention completed</p>	

		<p>and crisis prevention model is developed</p> <ul style="list-style-type: none">• Mobilisation of the Touchstone Safe Space (alternative to crisis) provision• Mobilisation of social care pathways		Ruth Fletcher-Brown, Public Health		<p>and shared with RDaSH to support their navigation to services.</p> <p>Attempted suicide procurement- RMBC out to procure a pilot service to commence Spring 2023.</p> <p>Ongoing meetings to discuss implementation of potential 111 contact centre model for access to crisis services – nationally.</p> <p>Touchstone mobilisation: Rotherham Safe Space launched in September 2022. Since the launch, significant outreach, engagement, and promotion has taken place to integrate the new Service and develop the pathways with existing Rotherham services.</p> <p>The number of people accessing Safe Space is steadily rising. A new free phone number has been launched for the Service: 0808 175 3991</p> <p>Mobilisation of social care pathways The Mental Health Review Report outlining the social care contribution to mental health services including crisis, was approved by cabinet in February 2023. Cabinet approved the development</p>
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						of the Mental Health revised service offer and model with agreement for this to come back to Cabinet in December 2023 prior to implementation.
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Aim 3: All Rotherham people live well for longer

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

Priority	#	Milestones	Timescale	Lead(s)	BRAG rating	Progress update
Ensure support is in place for carers.	3.1	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)	AD Strategic Commissioning, RMBC		<p>Newsletter development has been delayed due to capacity issues.</p> <p>Informal arrangements are in place to share information, advice and guidance.</p>
	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)	AD Strategic Commissioning, RMBC		<p>A dedicated officer resource is being recruited – Carers Strategy Manager. This appointment will accelerate progress to co-produce the Action</p>

		of area of focus 2 of strategic framework)			Plan and deliver the associated objectives and priorities.
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)	AD Strategic Commissioning, RMBC		The Carers Strategy Manager will lead this piece of work.
3.4	Introduce co-production programme with communities to build our carer friendly Borough	April 2023 – March 2024 (as part of delivery of area	AD Strategic Commissioning, RMBC		The Carers Strategy Manager will lead this piece of work.

			of focus 2 of strategi c framew ork)			
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)	AD Strategic Commissioning, RMBC			The Carers Strategy Manager will lead this piece of work.
3.6	Ensure carers feel their role is understood and valued by their community <ul style="list-style-type: none"> • 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)	AD Strategic Commissioning, RMBC			This will be taken forward as part of the medium-term delivery of the strategic framework.

			3 of strategi c framew ork)			
	3.7	Ensure Carers are supported when they have a breakdown in care through delivery of Carers emergency services	March 2023	Jill Tideswell, TRFT		<p>Unplanned Care Fast Response Team provide the social care packages and cover the first 48 hours on weekdays and 72 hours on a weekend/bank holiday</p> <p>A criteria and referral pathway has been put in place to ensure consistency of offer and the care plan is shared with the Unplanned Care Team</p>
Support local people to lead healthy lifestyles, including reducing	3.8	Develop a partnership prevention campaign with a focus on upstream prevention messaging.	March 2023	Becky Woolley, Gordon Laidlaw, Aidan Melville		<p>Work is underway to develop the prevention campaign. Options have been developed and community insights have started to shape this campaign. This will be reviewed for</p>

<p>the health burden from tobacco, obesity and drugs and alcohol.</p>				<p>approval by all partners by the end of March/early April and launched thereafter. Content has also been written for the expansion of RotherHive to include wider health issues (such as smoking, weight, physical activity. This should be ready to launch by the end of March/early April.</p>
3.9	<p>Develop our partnership plans focussed on tobacco and alcohol.</p>	<p>December 2022</p>	<p>Jacqueline Wiltschinsky, RMBC Gilly Brenner, RMBC</p>	<p>Tobacco The Tobacco Control Action Plan was presented to Health and Wellbeing Board in January. The Tobacco Control Steering Group will continue to oversee the actions with representatives from across Place and use the dashboard of indicators to monitor progress.</p>

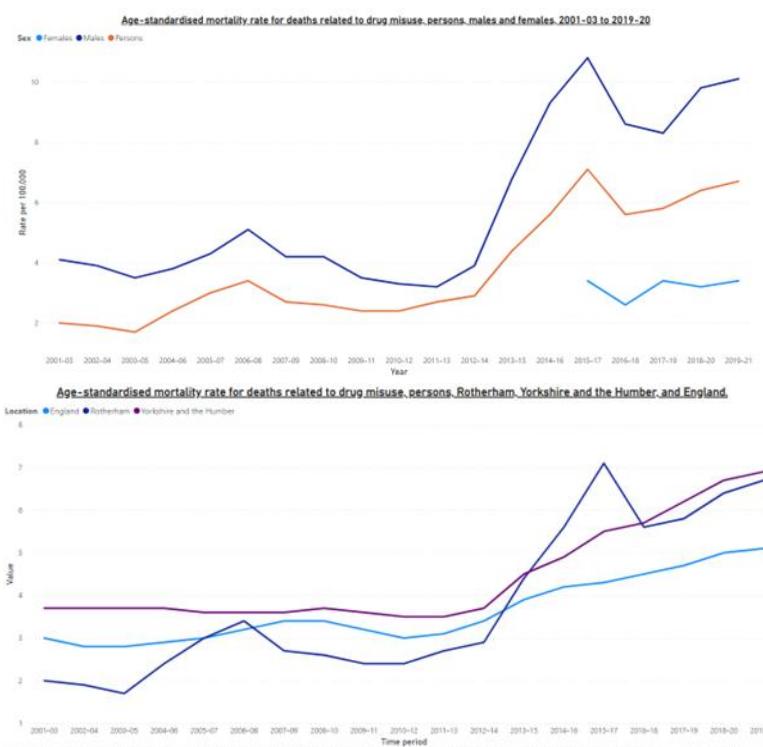
						Alcohol and drugs <p>The tender for the new drugs and alcohol service has now been awarded to the new provider and mobilisation is underway with the demobilisation of the incumbent provider. Joint meetings are taking place with both providers to ensure a smooth transition from one to the other by April 2023.</p> <p>The new service model includes a separate pathway for alcohol, which will incorporate tailored clinical care pathways to address individual risk and need, with delivery from a range of community venues. The new service model includes enhanced hospital liaison and outreach services, which seek to</p>
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						address Rotherham's identified needs. The OHID grant template for year 2 was submitted on 10/03. Expanding on the 10-year drug strategy, a new Combating Drugs Partnerships has been set up and meetings are scheduled for the year ahead, these partnerships are required to produce joint needs assessment, action plans and progress reviews.
3.10	Identify and report on learning from the population health place development programme.	November 2022	Alex Henderson-Dunk, Lydia George and Becky Woolley			Learning from the Place Development Programme has been fed back to various groups, including the Prevention and Health Inequalities Enabler Group and the Place Board. Discussions about how to take this learning

					forward are being discussed as part of the Place Plan refresh.
3.11	Identify and treat inpatient smokers as part of the QUIT programme.	March 2023	Mike Smith, Healthy Hospitals Manager, TRFT		<p>The treatment of tobacco dependence is now established at TRFT across all inpatient pathways. This includes mandated smoking status screening at point of admission with automated notification of all smokers to the Tobacco Treatment Team. The team link directly with community stop smoking colleague to facilitate transfer of care post discharge. KPIs reportable to ICB on a monthly basis.</p> <p>KPI data from January 2023:</p> <ul style="list-style-type: none">• 89% of inpatients have smoking status recorded within 24 hours of admission

						<ul style="list-style-type: none"> 69% of smokers receive a specialist assessment from a Tobacco Treatment Advisor 																								
3.12	<p>Increase the number of non-opiate and alcohol treatment completions in line with PHE Average.</p> <table border="1"> <thead> <tr> <th></th> <th></th> <th>Apr-22</th> <th>Oct-22</th> <th>Dec-22</th> </tr> </thead> <tbody> <tr> <td>Non Opiate - PHOF C19b</td> <td>Rotherham</td> <td>24.92%</td> <td>28.84%</td> <td>34.30%</td> </tr> <tr> <td></td> <td>PHE Average</td> <td>34.51</td> <td>33.32%</td> <td>32.80%</td> </tr> <tr> <td>Alcohol - PHOF C19c</td> <td>Rotherham</td> <td>25.42%</td> <td>32.80%</td> <td>35.80%</td> </tr> <tr> <td></td> <td>PHE Average</td> <td>36.42%</td> <td>36.07%</td> <td>35.70%</td> </tr> </tbody> </table>			Apr-22	Oct-22	Dec-22	Non Opiate - PHOF C19b	Rotherham	24.92%	28.84%	34.30%		PHE Average	34.51	33.32%	32.80%	Alcohol - PHOF C19c	Rotherham	25.42%	32.80%	35.80%		PHE Average	36.42%	36.07%	35.70%	Sept 2021-March 2023	Jacqui Wiltschinsky and Anne Charlesworth. RMBC		<p>This target will run until 2025 and then be reviewed. A new contract award has been made to With You for the drug and alcohol service from April 2023, in line with the Cabinet paper agreed in November 2021.</p> <p>The table to the left shows the current figures available via the National Drug Treatment Monitoring System for Rotherham against the England average. Rotherham has shown a steady increase over the last 4 months for alcohol successful completions and has shown an increasing trend over</p>
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					<p>the previous 10 months for non-opiate completions, whereas the England average has remained fairly static. Rotherham is now exceeding National averages on Q3 data. This might not be sustained at Q1 of 23/24 data (Q4 data will still be CGL) due to the disruption of the change of provider.</p> <p>Improving outcomes from treatment and supporting recovery are the key tenets of the new funding from OHID. A community-based project is being set up with VAR to build recovery capital in the community to support and maintain recovery using an evidence-based model.</p> <p>Additional work to build a families and friends</p>
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				support service in Rotherham to support sustained recovery.
3.13	<p>Review and establish the drug-related death pathway to identify improvements across the system.</p>  <p>The top graph shows the age-standardised mortality rate for deaths related to drug misuse, persons, males and females, 2001-03 to 2019-20. The y-axis is 'Rate per 100,000' ranging from 0 to 10. The x-axis is 'Year' from 2001-03 to 2019-20. The bottom graph shows the age-standardised mortality rate for deaths related to drug misuse, persons, Rotherham, Yorkshire and the Humber, and England. The y-axis is 'Value' ranging from 0 to 8. The x-axis is 'Time period' from 2001-03 to 2019-20.</p>	<p>Sept 2021-March 2023</p> <p>Anne Charlesworth, RMBC</p>		<p>This work will be funded from the new OHID Grant and will come back to be led in Public Health. The reporting will still be to SRP via the CDP. A new information management system has been purchased in partnership with Barnsley, Doncaster and Sheffield to record and report drug-related deaths. This is a similar system to that adopted for suicide prevention.</p> <p>A review of the policies and procedures is underway, relating to the system and wider process with partners.</p> <p>A drug related death review has been undertaken and has</p>

					<p>highlighted increased age-standardised mortality rates for deaths related to drug misuse over three-year periods for Rotherham, Yorkshire and the Humber, and England. The rate of death relating to drug misuse in 2019-21 was 6.7 deaths per 100,000 people (48 registered deaths). The male rate of drug misuse deaths was 10.1 deaths per 100,000 (35 registered deaths) and the female rate was 3.4 deaths per 100,000 (13 registered deaths) during the same period. In addition, a review of deaths in treatment has taken place, and further in-depth analysis is scheduled in March/April to review cases by key themes.</p>
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3.14	<p>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.</p>	<p>March 2024 – pilot extended for another year</p>	<p>Amanda Marklew, TRFT</p>		<p>NHSE Peer to Peer review held Dec 22. TRFT the only site that has progressed the pilot. Request made to NHSE to support extension as becoming embedded within the community as intended, with outstanding results. Extension to March 2024 agreed in Feb 2023.</p>
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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)	BRAG rating	Progress update
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	Blue	Befriending project has presented at various meeting with a presentation at the Health and Wellbeing Board 23rd Nov, it has been cited as good practice within the refreshed Loneliness Action Plan.
	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	Green	Messaging around loneliness and befriending are scheduled at least once every four weeks at the moment – this is reviewed quarterly as part of the Council's overall communications plan. Regular messaging is also going out via neighbourhoods ebulletins aligned to local ward priorities.
	4.3	Update and deliver loneliness action plan	Update November 2022	Ruth Fletcher-Brown, RMBC	Green	The refresh of the partnership Loneliness Action Plan was agreed by the Health and Wellbeing Board in November

			Delivery to March 2025			2022 and implementation has commenced. Partners have submitted, updates on their actions. These include: <ul style="list-style-type: none">• Warm Welcome and Open Arms Hubs running in libraries• Rotherham Federation- New Open Arms project delivered in 10 most deprived areas and focusing outreach drop ins to support cost of living issues but also to help connect people in those communities.• Development of new Shared reading groups• Children's capital of culture- Year 1 engagement programme completed• 4972 tenancy health checks undertaken to date in 2022/23 and tenants have been signposted/referred to services where required.
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						<ul style="list-style-type: none"> • Promotion of local assets/buildings/activities regularly taking place via monthly ward e-bulletins and other more traditional channels • Further investment in Gizmo • Mapping services/organisations which are available to support Rotherham residents- initial draft complete and will be hosted on JSNA when finalised.
	4.4	Promote volunteering opportunities	March 2024	Kerry McGrath, VAR		We currently have 73 volunteer opportunities advertised on our website.
Promote health and wellbeing through arts and cultural initiatives.	4.5	Annual delivery of Rotherham Show, creating opportunities for communities to come together and be outdoors	September 2022 September 2023 September 2024	Leanne Buchan, RMBC		The show reverted back to a 2-day format this year and welcomed more than 60,000 residents and visitors back to Clifton Park.

			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		<p>A programme of activities supporting audiences aged 55+ to reconnect following Covid-19 launched in October 2021 and completed in September 2022. The programme included a series of events, exhibitions and performances, and the creation of a new Care Home Choir and of a new circus school.</p> <p>An evaluation of the programme was completed in December 2022 and found that:</p> <ul style="list-style-type: none"> • 45% of participants said that they were more physically active • 55% of participants said that they were thinking more clearly • 50% of participants said that they were feeling more optimistic about the future • 90% of participants had not tried the activity before • 89% of participants would recommend the activities to a friend or family member 	

						<ul style="list-style-type: none"> 60% of participants said their wellbeing had improved as a result of attending.
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		Children's Capital of Culture launched in February 2022. Children's Capital of Culture: Making it Happen Event launched the roadmap to the 2025 festival in Jan 2023.	
4.8	<p>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:</p> <ul style="list-style-type: none"> Pop-up libraries Reading gardens Makerspaces Authors' visits and performances Fun palaces 	March 2025	Zoe Oxley, RMBC		<p>Pop-up libraries are scheduled for every Thursday in August at the Civic Theatre to coincide with Granny Norbag children's author workshops linked to the Summer Reading Challenge.</p> <p>Since January, 16 Makerspace sessions have taken place with more planned for the spring.</p> <p>On the 19th January the mobile library van visited children at Todwick Primary School. There are 7 more mobile van visits to schools planned for 2023.</p> <p>We are now accommodating fortnightly sessions within Libraries and Neighbourhood Hubs as part of the Rotherfedor Open Arms project. The sessions will be used to deliver holistic cost of living support to</p>	

					<p>individuals which started on 20th February.</p> <p>In conjunction with Flux, Swinton Library hosted six weeks of free pottery sessions. 120 adults and 36 children attended in total. A new Shared Reading group will run at Dinnington starting 13th March.</p> <p>The service is working in partnership with Tiny Talkers to organise Early Years settings having a visit from a Libraries and Neighbourhood Hubs Officer to promote and fulfil, the Cressida Cowell pledge (from 2019-22). The aim is for Early Years settings to contact their local library to organise a visit from the local library.</p> <p>Early Years partners have worked with Greasbrough, Maltby, Aston & Swinton libraries & neighbourhood hubs to re-establish network meetings for childminders. These started in December and are running successfully once a school term. Local Author Gail Jones will be visiting libraries to discuss her books and promote a love of reading. Gail's books are mainly</p>
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					<p>aimed at young teen fiction but are suitable for 9–11-year-olds.</p> <p>Using funding from 'Off The Shelf Festival', Rotherham Libraries & Neighbourhood Hubs ran one-off writing workshops at six different locations: Aston, Mowbray Gardens, Wath, Riverside, Rawmarsh and Wickersley, leading up to National Storytelling week. The workshops offered a safe, and supportive space for adults to write about themselves, their thoughts, and their feelings and were facilitated by local writers Matt Abbott and Vic Leeson. 38 adults participated in the workshops and participants enjoyed talking with other adults and having support and guidance to write. There is a demand for more writing groups across the borough. The project resulted in an exhibition in the Gallery at Riverside.</p> <p>A reading garden is planned for the new Swinton library which will open in the winter.</p>
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	4.9	<p>Utilise libraries as death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy.</p> <p>Explore legacy opportunities for programme, building on positive public response</p>	<p>March 2023</p> <p>March 2024</p>	<p>Zoe Oxley, RMBC</p>		<p>Death cafes will take place at Mowbray on a bi-monthly basis on the 3rd Thursday of the month.</p> <p>Following the success of the Music and memory sessions in 2022, a further session took place at Mowbray Gardens library in February, 2023. The service is currently exploring if funds can be identified to continue the sessions moving forward.</p>
	4.10	<p>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</p>	<p>March 2025</p>	<p>Zoe Oxley, RMBC</p>		<p>Menopause Cafés, aimed at breaking down the taboo around menopause, increasing awareness of the impact of the menopause on those experiencing it, their family, friends and their colleagues, will be held by Rotherham Libraries in Rawmarsh, Aston and Maltby due to their sites being located within health/leisure centres. Maltby held their first menopause café on 20th February. One of the partners we work with from Active Regen is interested in linking it with one</p>

						of his projects. Other partners have been contacted to look at joint work at other sites.
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		Training being rolled out in district. SYFR partnership team building relations with social housing organisations to broaden referral scheme.
	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		Safeguarding Board Chairs meetings are being re-established to maintain the relationship between the safeguarding boards and work on crosscutting issues. The first meeting took place on 17 th Jan. It was agreed to update the safeguarding protocol. Meetings will take place bi-annually.
	4.13	Establish a Combatting Drugs Partnership for Rotherham	October 2022	Jessica Brooks, RMBC		4th Combatting Drugs Partnership meeting held 02/02/23.
	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		The needs assessment was compiled from existing HNA and additional contributions from partners, a high-level version was presented at the action

					planning workshop held on 05/12/23. An initial draft of the action plan has been developed. This were shared with partners for comments reviewed at the following Combatting Drugs Partnership board meeting on 02/02/2023. Following this a new revised version is being drafted ahead of the next board meeting on 30/03/23, once finalised will be shared with HWBB.
4.15	Delivery of vaccination programme for Covid-19 and flu	Annual target	Denise Littlewood, RMBC		Covid-19 vaccine coverage in Rotherham is 84.5% first dose, 81.2% second dose and 65.6% third or booster dose for the population aged 12 years old and above. This is a total of 205671 people having received their first dose, 197701 having received their second and 159, 626 having received their booster or third dose (562998 total vaccinations in total). For the Spring Booster Campaign is now underway. Data updated 1 st March 2023

						The Flu vaccine uptake for patients registered at a Rotherham GP is 83.2% in all patients aged 65-years-old and above. For those aged Under 65-years-old, at risk only, the coverage is 51.1%. Data as of 23 rd February 2023.
Develop a borough that supports a healthy lifestyle.	4.16	Progress strategic approach to physical activity in Rotherham, through four key areas: <ul style="list-style-type: none"> • 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		Appreciative enquiry workshops completed with 100 individuals attending across broad range of partners. Action plan developed and presented to H&WbB in March. Continued monitoring of delivery of the plan to be overseen and driven through Health and wider physical activity subgroup reporting to Moving Rotherham Board.
	4.17	Develop a borough-wide MECC training offer on physical activity	March 2023	Gilly Brenner, with Norsheen Akhtar, Yorkshire Sport Foundation		Training available to healthcare workers online and face to face Moving Healthcare Professionals Sport England . Training delivered to schools' staff via PHSE forum in February. Training for care homes in development. Continued development of a range of training offers as

						detailed in Health and wider physical activity subgroup action plan.
	4.18	Deliver a range of programmes to welcome women and girls into football, focussing on under-represented groups.	July 2023	Chris Siddall, RMBC		Focus this 6 month period will be on referring awards. Work being carried out jointly with the Sheffield and Hallamshire County FA. The recent women's tournament was deemed a success. Promotional videos have been produced for International Women's Day with RUFC Women's Team.
	4.19	Use football to encourage more women and girls to adopt and maintain a healthier lifestyle.	July 2023	Chris Siddall, RMBC		Adult recreation programme continues throughout the community venues in Rotherham. New KPI's have yet to be agreed.
	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		“Narrowing the focus” meeting has taken place with partners in late January. Further consultation work will run with a final date for submissions for full grant expected around September 2023.

	4.21	Finalise delivery plan for the approved cycling strategy.	March 2023	Andrew Moss, RMBC		Delivery Plan in final draft, to be circulated for approval March 2023.
	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		Rotherham Food Network well established with 14 organisations represented and 50 members. Currently meeting regularly to work through Sustainable Food Places framework to capture existing good practice and create an action plan to respond to opportunities.

	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		Officers from OD, Neighbourhoods and Change & Innovation are in the process of scoping out an internal development programme for council staff that would potentially provide 3 levels of training – <ul style="list-style-type: none"> • General Awareness (for all staff) • Enhanced awareness • Practitioner It is also proposed to run a Place-based/Partnership offer alongside this, which will be targeted at middle/senior managers across RTP, ICP, Out of Hospital Workforce, Commissioning providers/services as well as appropriate Council staff.
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Cross-cutting priorities

Priority	#	Milestones	Timescale	Lead(s)	BRAG rating	Progress update
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		<p>Knowledge sharing activity with partners is ongoing as part of the anchor network's bi-monthly meetings.</p> <p>The Council has been working with partners and local spending profile data has now been provided by the Council and TRFT for financial years 2020/21 and 2021/22 that has enabled some baselining and trend analysis activity to take place between the two organisations. Work will continue to encourage other partners to participate.</p>
	5.2	Agree our partnership approach to act as anchor institutions to reduce health inequalities in Rotherham	March 2023	Place Board (Becky Woolley, RMBC)		<p>Following a series of workshops in January and February, a proposed approach to take this agenda forward has been developed with various</p>

						partnership subgroups. This was presented to the Place Leadership Team in early March and the approach was endorsed. Further work will be undertaken to embed this into the Place Plan refresh.
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		The draft specification for the State of The Sector work is being finalised and we expect to formally engage the Centre for Regional Economic and Social Research (Sheffield Hallam University) during March 2023.
	5.4	Conduct strategic impact assessment of Covid-19 on residents and Council services	May 2023	Lorna Quinn		The assessment is underway with review of Public Health commissioned services (drug and alcohol, better health and sexual health), health services, children and young people, and adult social care in progress. Work is also underway to capture

					community voice through engagement work. Findings will be included in the 2023 DPH report.
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		The Trust has launched a pilot initiative to reduce DNA rates for patients from the most deprived areas. Under this pilot, instead of appointment times being set automatically and sent to patients by letter, the Contact Centre are phoning patients in IMD deciles 1 and 2 in order to identify an appropriate time for them to attend their appointment. We are also due to launch our Waiting Well programme – “Ready Rotherham” – in Q4. This will provide our clinicians and patients with access to a ‘Directory of Support’ for them to be referred into additional programmes of support for their wider needs. In December, the Trust was announced as one of ten

						Trusts to successfully apply for the National Digital Weight Management Programme pilot, which will offer the Trust direct access to a national digital weight management offer for certain cohorts of patients.
Develop the Pharmaceutical Needs Assessment.	5.6	Host stakeholder consultation to support needs assessment	January 2025	Lorna Quinn, RMBC		Annual steering group meetings will be held; next one will be 2023.
	5.7	Publish updated Rotherham Pharmaceutical Needs Assessment	September 2025	Lorna Quinn, RMBC		Not yet started but will commence in 2025
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		Steering group meetings have taken place and a life course addition agreed. The JSNA is on track to be published in April 2023 and is scheduled for H&WbB in June.
	5.9	Launch annual training and promotion of the JSNA across the partnership	October 2022 October 2023 October 2024	Lorna Quinn, RMBC		Training and promotion have been conducted for 2022 including with RMBC colleagues, Health colleagues, Elected Members and Voluntary

					Community Sector colleagues. This will be scheduled for 2023 following April's refresh.
5.10	Monitor population health through Outcomes Framework and report any emerging issues to the board	Ongoing	Becky Woolley, RMBC		The assurance framework has been developed as part of a wider interactive health inequalities tool. This will be reported on regularly to the Prevention and Health Inequalities Enabler Group and Place Board.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	29 th March 2023
	LEAD OFFICER	Leonie Wieser Policy Officer Rotherham Metropolitan Borough Council
	TITLE:	Memorandum of Understanding between the Rotherham Health and Wellbeing Board and Board Sponsors for Health and Wellbeing Strategy Aims
Background		
1.1	In September 2021, the Health and Wellbeing Board agreed for a memorandum of understanding to be produced which outlines the role of Health and Wellbeing Board sponsors.	
1.2	Based on conversations with board sponsors in November and December 2022, a Draft Memorandum of Understanding has been produced, which the board is now asked to sign off.	
Key Issues		
2.1	The key role of board sponsors is to have strategic oversight and ownership of their respective aim, which includes monitoring progress against aims and removing blockages as well as providing strategic steer and identifying opportunities to develop their aim.	
2.2	The Memorandum of Understanding provides further detail on board sponsors' role and the key activities board sponsors are expected to undertake.	
2.3	Currently, board sponsors are the following: Aim 1: All children get the best start in life and go on to achieve their full potential <ul style="list-style-type: none">Strategic Director of Children and Young People's Services, Rotherham Metropolitan Borough CouncilDr Jason Page, Medical Director for Rotherham Place, South Yorkshire Integrated Care Board Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life <ul style="list-style-type: none">Interim sponsor: Chris Edwards, Executive Place Director for Rotherham, South Yorkshire Integrated Care BoardChief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust Aim 3: All Rotherham people live well for longer <ul style="list-style-type: none">Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough CouncilMichael Wright, Deputy Chief Executive, The Rotherham NHS Foundation Trust Aim 4: All Rotherham people live in healthy, safe, and resilient communities <ul style="list-style-type: none">Laura Koscikiewicz, Chief Superintendent, South Yorkshire PolicePaul Woodcock, Strategic Director of Regeneration and Environment, Rotherham Metropolitan Borough Council	

Key Actions and Relevant Timelines

3.1 Board to agree Memorandum of Understanding – 29th March 2023

3.2 Board to review Memorandum of Understanding annually, aligned to review of Board's Terms of Reference.

Implications for Health Inequalities

4.1 The MoU states that in their role in overseeing and driving the implementation of the Health and Wellbeing Strategy, the board sponsors also facilitate the other roles of the board, which includes:

- Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest.

4.2 Consideration of the top 10 risk factors affecting DALYs in Rotherham (including smoking, high blood glucose, diet, high BMI, high blood pressure, high cholesterol and alcohol use), has informed the development of the Health and Wellbeing Strategy action plan, including a greater focus on smoking, alcohol, healthy weight, and active travel.

4.3 Evidence on health inequalities will continue to influence the development of the aims and action plans.

Recommendations

5.1 Agree the Memorandum of Understanding on the role of board sponsors and support board sponsors in strategic ownership of their aims.

5.2 Agree to review the Memorandum of Understanding annually aligned with the review of the board's terms of reference.

Memorandum of Understanding between the Rotherham Health and Wellbeing Board and Board Sponsors for Health and Wellbeing Strategy Aims

Background

The Health and Wellbeing Board brings together local leaders and decision-makers, to work to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote an integrated approach.

Amongst a range of roles, the board is responsible for:

- Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2018-2025.

A key mechanism to achieve this is through board sponsors: the board identifies two sponsors for each aim from its member organisations, who have strategic oversight and ownership of their respective aim.

The Rotherham Health and Wellbeing Strategy has four aims

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

In their role in overseeing and driving the implementation of the Health and Wellbeing Strategy, the board sponsors also facilitate the other roles of the board:

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

Board sponsors – Role

Board sponsors have strategic oversight of their respective aims. They ensure actions delivering strategic priorities are on track, blockages are removed and opportunities for development are identified.

Board sponsors fulfil the following roles:

- To have strategic oversight and ownership of their respective aim, this includes:
 - Monitoring progress against aims and removing blockages
 - Providing strategic steer and identifying opportunities to develop their aim, including action to reduce health inequalities and actions that support integration of delivery
- To be champions for their aim within the board and board activities
- To be champions for health and wellbeing priorities in their organisations

Two sponsors are usually in place for each aim. It is acknowledged that in case of absences, some responsibilities/activities may be more difficult to fulfil.

Activities and responsibilities

To fulfil the roles set out above, board sponsors will:

Oversight of action plan and progress monitoring

- Review updates on their aim's action plan, before it goes to publication for each board meeting
- Present an update to the board (once-twice/year, supported by policy officer) on one of the aims to review progress and discuss any issues
- Receive regular updates from lead officers and/or delivery groups to develop constructive relationships – this could be through quarterly meetings with lead officers, or update meetings where requested
- Remove identified barriers or blockages where within their power

Aim development

- Provide strategic steer when strategy and strategic priorities are reviewed
- Provide strategic steer when action plan is being refreshed and sign off their section before the action plan goes to full board
- Regular review of action plan to identify gaps, including through annual meeting with DPH and policy officer
- Provision of strategic input to relevant strategic or delivery groups

Board sponsors are supported by the policy officer who will:

- Collate and circulate updates against the action plan in advance of each board meeting
- Prepare aim update presentations to the board and brief sponsors
- Coordinate aim updates to board sponsors, through regular meetings or briefings
- Refresh the strategy and action plan according to the strategic steer of the board and board sponsors

Lead delivery officers contributing to the action plan will:

- Provide regular updates on their actions in advance of each board meeting
- Provide info and updates to board sponsors as requested and reasonable
- Present or report updates to the board as requested

Review

To be agreed in March 2023 – subject to sign off at Health and Wellbeing Board.
Reviewed annually, aligned with the board's Terms of Reference.

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	29/03/2023
	LEAD OFFICER	Lorna Quinn, Public Health Intelligence Manager, RMBC
	TITLE:	Leonie Wieser, Policy Officer, RMBC Pharmacy consolidation

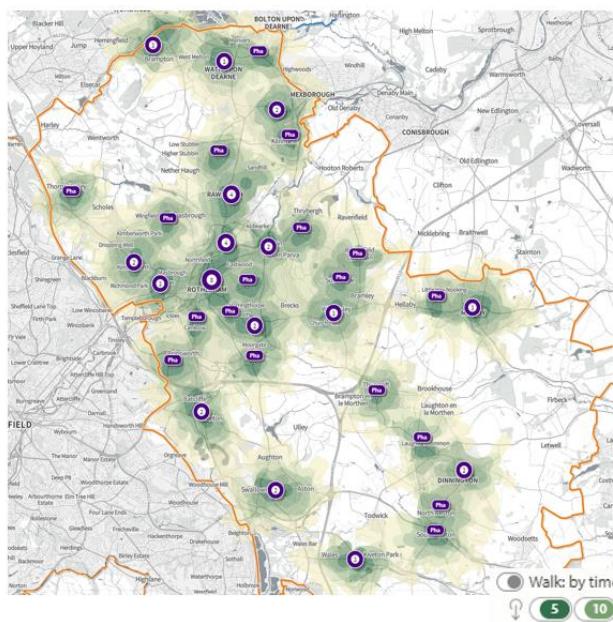
Background

- 1.1 In January 2023, NHSE received an application for a pharmacy consolidation in the Borough. As part of the review process, NHSE asked the Health and Wellbeing Board, as the responsible body for the Pharmaceutical Needs Assessment, to make representation.
- 1.2 Analysis carried out by Public Health outlines the very minimal impact that this change will have in terms of pharmacy access in the borough based on the service offer, opening hours and walking times to this branch and the main pharmacy.
- 1.3 The Health and Wellbeing Board Chair has agreed for the representation below to be sent to NHSE.
- 1.4 Analysis is outlined below and papers are attached for information.

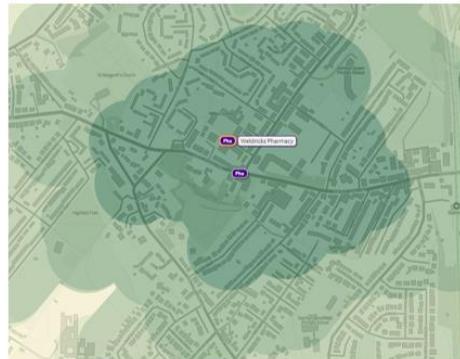
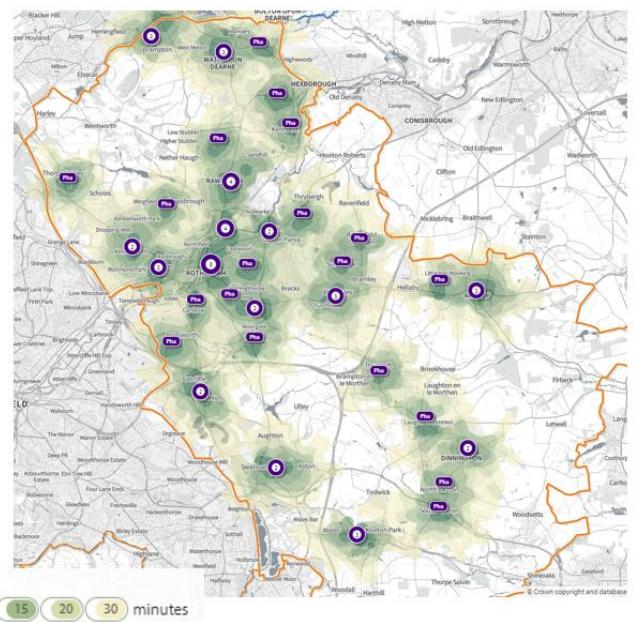
Key Issues

- 2.1 Analysis carried out by the Public Health Intelligence Manager indicates there will be no disruption to pharmaceutical services:
 - Site 2 is closing down, site 1 is remaining open.
 - All advanced/enhanced services are currently provided at site 1 and will continue to be post closure of site 2.
 - Current total opening hours for site 1 are 49 compared to 42.5 for site 2 which is closing therefore no reduction of hours.
 - There will be no disruption to service provision during the consolidation (closures for work etc).
 - The distance between the sites is only 100m.
 - Total population in a 10-minute walk with only the one site is 5,355
 - Total population in a 10-minute walk with both sites is 5,355
- 2.2 The below maps confirm the lack of difference between the two options:

Current provision



With closure of the site



Walk: by time
 5 10 15 20 30 minutes

The location selected (orange, left) is the one which will be closed:

H I Weldrick Ltd wishes to close the pharmacy at Crown Street Surgery, 17 Crown Street, Swinton, Rotherham, S64 8NB and move the services to the pharmacy at 1a-3a Church Street, Swinton, Rotherham, S64 8QA.

Below shows the walking distances with the closure.



Key Actions and Relevant Timelines

3.1 19th January 23: Application notification received

3.2 February 23: Analysis conducted by Public Health and representation signed off by the Health and Wellbeing Board chair.

Implications for Health Inequalities

4.1 Based on the analysis above, there is currently no known impact on pharmacy access of the consolidation of pharmacy services.

Recommendations

5.1 That the Health and Wellbeing Board note the application and the representation made on behalf of the Board.



Our Ref: ME2413
CAS-190991-H9Z4L1

[Primary Care Support England](#)

PCSE Enquiries, P O Box 350

Darlington DL1 9QN

Email PCSE.marketentry@nhs.net

Phone 0333 014 2884

FAO:

Rotherham Health & Wellbeing Board

Sent Via Email

19th January 2023

Dear Sir/Madam,

Re: Consolidation onto the site at 1a/3a Church St, Swinton, Rotherham, S64 8QA of Weldricks Pharmacy already at that site and Weldricks Pharmacy currently at Crown Street Surgery, 17 Health Centre, Crown Street, Swinton, Mexborough, S64 8NB.

We have received the above application, a copy of which is enclosed, and NHS England has completed its preliminary checks. We are now notifying interested parties of the application.

Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board to make representations on consolidation applications to NHS England.

Those representations must (in addition to any other matter about which the Health and Wellbeing Board wishes to make representations) indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application (a) to meet a current or future need for pharmaceutical services, or (b) to secure improvements, or better access, to pharmaceutical services.

The Health and Wellbeing Board's representations should be sent to me at the above address within 30 days of the date of this letter i.e. by **18th February 2023**.

You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

NHS England will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

Yours faithfully

Joanne Lund

Joanne Lund

Pharmacy Market Administration Services
Subject Matter Expert (SME)

Enc.

**Application by H I Weldrick Ltd to close the pharmacy at Crown Street Surgery,
17 Crown Street, Swinton, Rotherham, S64 8NB and move the services to the
pharmacy at 1a-3a Church Street, Swinton, Rotherham, S64 8QA**

Explanatory notes by NHS England

Q1. What is this application for?

H I Weldrick Ltd wishes to close the pharmacy at Crown Street Surgery, 17 Crown Street, Swinton, Rotherham, S64 8NB and move the services to the pharmacy at 1a-3a Church Street, Swinton, Rotherham, S64 8QA.

These notes explain the process we follow when deciding whether to give permission.

Q2. Why have I been sent a copy of the application?

You are being invited to make comments on the application before NHS England takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 30-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. They can also make comments within the same 30-day period.

Any comments we receive will be sent to H I Weldrick Ltd. They will have a chance to respond to us about those comments.

When we come to make a decision, NHS England will consider any comments it has received and any response to those comments from H I Weldrick Ltd.

Q3. What would the pharmacy's opening hours be and what services would it provide?

Section 3 of the application form includes the proposed opening hours.

“Core opening hours” are those which the pharmacy would be unable to change without our permission.

The pharmacy may also open for longer. This is called having “supplementary opening hours”. The pharmacy would be able to change these by giving us three months’ notice.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Pharmacies may also offer other services. Most pharmacies offer:

- The Community Pharmacist Consultation Service (CPCS);
- the New Medicines Service (NMS), which is advice when someone starts a new drug;
- vaccinations against flu.

Q4. Why does H I Weldrick Ltd want to close the pharmacy at Crown Street Surgery, 17 Crown Street, Swinton, Rotherham, S64 8NB?

H I Weldrick Ltd doesn't think that closing this pharmacy will create a gap in the provision of services and they have explained why they think this in section 5.5 of the application.

Q5. How will NHS England decide whether to give permission for a new pharmacy?

If we think that the closure will create a gap in the provision of services we have to refuse the application. We will therefore look at what everybody has to say before we make our decision.

Q6. When will a decision be made?

We expect to make a decision by 13 May 2023.

Q7. What will happen if permission is given?

If we decide to give permission for the pharmacy to close, this does not automatically mean that it will happen. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, H I Weldrick Ltd would then have up to six months to close the pharmacy at Crown Street Surgery, 17 Crown Street, Swinton, Rotherham, S64 8NB although this could be extended to nine months. If those deadlines were not met, then the permission would expire.

Q8. What if permission is refused?

H I Weldrick Ltd would be able to appeal.

Chapter 20

Annex 1

Application Form

Application in respect of a consolidation onto an existing site

Application in respect of a consolidation onto an existing site in the area of:

Rotherham (name of health and well-being board).

A consolidation application must be in relation to pharmacy premises that are located within the area of a single health and wellbeing board.

This is an application in respect of a consolidation onto an existing site and as such is an accepted application under regulation 26A(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the "Regulations").

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1 Information regarding the applicant

1.1 Full name and correspondence address of the applicant (i.e. the contractor who will continue to provide services)

H1 WELDRICK LTD MALLARD HOUSE HEAMENS WALK, DONCASTER, DN4 5HZ	MR C AICOCK
--	-------------

1.2 Applicant's legal entity

I/we am/are applying as a:

(Please tick relevant box. Only one box may be selected. GPhC registration numbers only need to be provided for pharmacy applications.)

Sole trader

My GPhC registration number is

Partnership

Please list each partner and their GPhC registration number:

Corporate Body

Superintendent's name and GPhC registration number is	Miss Nicola Goodberry 2070751
---	-------------------------------

1.3 Provision of fitness information required by Part 1, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

(Please tick relevant box)

I/We have provided the required fitness information on a previous occasion to NHS England or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate.

Please set out below when and to whom the information was provided. If NHS England cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

Doncaster PCT/NHS Doncaster

I/We have already provided the fitness information on a previous occasion to NHS England or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate

Please indicate what information NHS England already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

1.4 Relevant fee

I/we include the relevant fee for this application.

2 Name of the current owner and address of listed premises site 1 (the continuing site)

This should be the name and address as it currently appears in the relevant pharmaceutical list.

HI Weldrick Ltd
1a/3a Church St Swinton Rotherham S64 8QA

I/we (the applicant) propose to carry on at site 1, the business in the course of which the above owner is providing pharmaceutical services at the above site.

These premises are currently in my/our possession*

* by rental, leasehold or freehold

Yes No

2a Name of the current owner and address of listed premises site 2 (the closing site)

HI Weldrick Ltd
Crown Street Surgery 17 Health Centre, Crown Street Swinton Mexborough S64 8NB

I/we confirm that, consequent on the consolidation of the listed chemist premises at site 1, the provision of pharmaceutical services from site 2 will cease.

Yes No

If the current owners of listed premises site 1 and 2 are different, I/we confirm that this application is also an application to change the ownership of the listed premises for which I/we are not the owner.

Yes N/A

Are either or both of the listed premises above distance selling premises or appliance contractor premises ?

This should be the name and address as it currently appears in the relevant pharmaceutical list

NHS England must refuse a consolidation application if either or both sites are distance selling premises or appliance contractor premises.

Yes No

3 Opening hours

3.1 Current core opening hours for Site 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00 - 13:30; 15:30 - 18:00	09:00 - 14:30; 15:30 - 18:00	09:00 - 13:00	Closed	40:00			

3.2 Current total opening hours for Site 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00 - 13:30; 13:30 - 15:30; 15:30 - 18:00	09:00 - 14:30; 14:30 - 15:30; 15:30 - 18:00	09:00 - 13:00	Closed	49:00			

3.3 Current core opening hours for Site 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08:30 - 12:30; 13:30 - 17:30	Closed	Closed	40:00				

3.4 Current total opening hours for Site 2

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
08:30 - 12:30; 13:30 - 17:30; 17:30 - 18:00	Closed	Closed	42:30				

4 Pharmaceutical services and premises facilities to be provided at the consolidated premises - Site 1

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)



4.1 If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if neither pharmacy provides appliances).

4.2 I/We confirm that the current pharmaceutical services provided at site 1 will continue to be provided consequent to the consolidation of the listed chemist premises at site 1.

4.3 Please give details of any advanced and enhanced services that are currently provided from both sites; and the services that you intend to provide from the consolidated site.

Please note that enhanced services are those commissioned by NHS England. Do not include services which are commissioned by the local authority/council or the clinical commissioning group (CCG).

Details of NHS Pharmaceutical Services relevant to the applications	Currently Provided at site 1 (Y/N)	Currently provided at site 2 (Y/N)	To be provided at Site 1 after consolidation (Y/N)
New medicine service (NMS)	Y	Y	Y

Community Pharmacy Seasonal Influenza Vaccination	Y	Y	Y
Community Pharmacist Consultation Service (CPCS)	Y	Y	Y
Home Delivery Service	Y	Y	Y
Medicines Assessment and Compliance Support Service	Y	Y	Y
Needle and Syringe Exchange Service	Y	N	Y
On Demand Availability of Specialist Drugs Service	Y	Y	Y
Patient Group Direction Service	Y	Y	Y
Schools Service	Y	Y	Y
Stop Smoking Service	Y	Y	Y
Supervised Administration Service	Y	N	Y
Emergency Supply Service	Y	Y	Y

4.4 These details should include a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

Floor plan showing consultation area

The floor plan shows an updated plan to the existing layout providing more space and multiple consultation rooms, enabling vaccination clinics and extended services to be delivered.

Weldricks Pharmacys Swinton Church St.pdf

4.5 Please give details of any premises facilities that are currently provided from both sites; and the services that you intend to provide from the consolidated site. Examples are listed but include others that are considered relevant.

Details of premises facilities relevant to the applications	Currently Provided at site 1 (Y/N)	Currently provided at site 2 (Y/N)	To be provided at Site 1 after consolidation (Y/N)
Access For Wheelchair Users	Y	Y	Y
Access Without Steps	Y	Y	Y
Parking	Y	Y	Y

Other	The continuing site has participated in the covid vaccination programme. The new site will undergo refit and expansion of the consulting rooms to enable this to continue and to provide additional consulting rooms to improve the range of services as and when the opportunity arises.
-------	---

5 Information in support of the application

5.1 Please confirm that you are/will be accredited to provide all the services included in section 4 to be provided from site 1 after consolidation where that accreditation is a prerequisite for the provision of the services. Yes No

5.2 Please confirm that the premises are/will be accredited to provide all the services included in section 4 to be provided from site 1 after consolidation where that accreditation is a prerequisite for the provision of the services. Yes No

5.3 Will there be any interruption to service provision? Yes No

5.4 If the answer to question 5.1 or 5.2 is "no" or the answer to question 5.3 is "yes" please give full details in the box below:

5.5 Please use the box below to explain why granting the application would not create a gap in pharmaceutical services provision that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements or better access to pharmaceutical services. Applicants may wish to refer to the guidance on determining consolidation applications in Chapter 6 of the NHS England Pharmacy Manual.

The granting of this application would not create a gap in pharmaceutical services provision that could be met by a routine application to meet the current or future need for pharmaceutical services, or to secure improvements or better access to pharmaceutical services for the following reasons

Hours of access - The total opening hours from the continuing site are greater than the total opening hours for the closing site. The opening hours for the continuing site also include opening hours on a Saturday. The closing site is closed on a Saturday.

Distance between the two sites - The distance between the continuing site and the closing site is approximately 100m. The terrain is level with a footpath the whole way. There is a crossing point enabling patients to safely cross Church St/Station road, the route taken from the closing site to the continuing site.

Level Access - The access to the continuing site is level and without steps

Parking - Parking at the continuing site is better than at the closing site. A local carpark is just a small distance from the continuing site. The terrain is level with a footpath along the route.

The remaining pharmacy will provide pharmaceutical services sufficient to meet patient needs in terms of geographical access, opening hours, range of services and has sufficient capacity to meet current and future patient needs. The continuing pharmacy has sufficient capacity to meet existing needs and in excess of anticipated growth. In addition to the continuing pharmacy there are two other pharmacies within 1 mile radius and 11 pharmacies within a 2 mile radius, there will therefore continue to be easy access and a reasonable choice from the existing pharmacy network.

A previous application to consolidate the same two pharmacies, with the same pharmacy continuing was made and granted in recent years.

6 Declaration to be signed by the current owner of site 1

I/we confirm that this application is being made with my/our full knowledge and consent.

If I/we am/are not the applicant I/we will withdraw from the pharmaceutical list in respect of the premises listed in section 2 (site 1) consequent upon the consolidation of the listed chemist premises onto site 1 and the applicant being included in the list at site 1.

Signature

Name MR C AICOCK

Position DIRECTOR

Date 10/01/23

On behalf of the company/partnership H WELDRICK LTD

6a Declaration to be signed by the current owner of site 2 (only required where the current owner of site 2 is different to the current owner of site 1)

I/we confirm that this application is being made with my/our full knowledge and consent, and that I/we will withdraw from the pharmaceutical list in respect of the premises listed in section 2a (site 2) consequent upon the granting of this application.

I/We undertake to provide at site 1, consequent to this application, the same pharmaceutical services as those that the current owner of site 1 is providing.

Signature

Name

Email

Position

Date

On behalf of the company/partnership

7 Undertakings

By virtue of submitting this application I/we undertake to provide pharmaceutical services at the premises listed at section 2 (site 1):

- that are already listed chemist premises,

I/We also undertake to notify NHS England within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify NHS England if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.

I confirm that to the best of my knowledge the information contained in my/our application is correct.

Signature

Name .. MR C Acock

Position DIRECTOR

Date .. 10/01/23

On behalf of the company/partnership .. HI WELDRICK LTD.

Contact phone number in case of queries

Contact email number in case of queries

Registered office

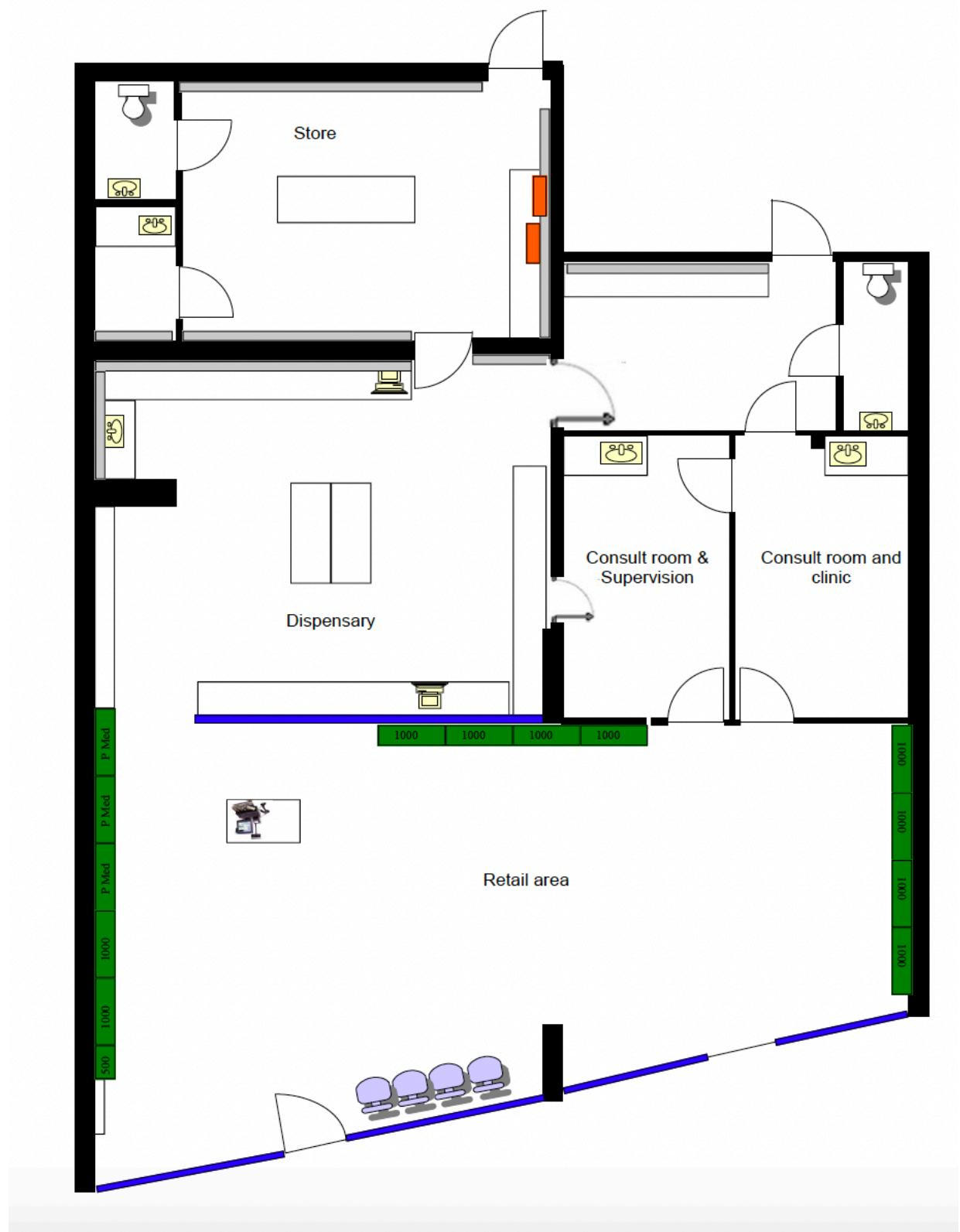
MALLARD HOUSE
HEAVENS WALK
DONCASTER DN4 5HZ

10 of 10

Weldricks Pharmacy
1a, 3a Church St, Swinton,
Rotherham S64 8QA

Proposed Layout

Scale 1:50



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Organisation Name	Address1	Address2	Address3	Address4	PostCode
WELDRICKS PHARMACY	17 CROWN STREET	SWINTON	MEXBOROUGH	SOUTH YORKSHIRE	S64 8NB
WELDRICKS PHARMACY	1A-3A CHURCH STREET	SWINTON	MEXBOROUGH	SOUTH YORKSHIRE	S64 8QA
PICKFORDS PHARMACY	125-127 WATH ROAD		MEXBOROUGH	SOUTH YORKSHIRE	S64 9RB
SKY LO (CHEMIST) LTD	30A HIGHTHORN ROAD	KILNHURST	ROtherham	SOUTH YORKSHIRE	S64 5UP
LloydsPharmacy	24 HIGH STREET	MEXBOROUGH		SOUTH YORKSHIRE	S64 9AS
Lloyds Head Office					
H.I. Weldrick Ltd					
Rotherham LPC					
Rotherham LMC					
Healthwatch Rotherham					
Rotherham HWB					
Doncaster LPC					
Doncaster LMC					
Doncaster HWB					
Healthwatch Doncaster					
South Yorkshire ICB					
Crown Street Surgery	17 Crown Street	Swinton	Mexborough	South Yorkshire	S64 8NB
Magna Group Practice	Highthorn Road	Kilnhurst	Rotherham	South Yorkshire	S64 5UP
Mexborough Medical Practice	Mexborough Integrated Healthcare Centre	Alagu Close Off Highwoods Road	Mexborough	South Yorkshire	S64 9AE
Woodgrove Surgery	2 Doncaster Road		Wath Upon Dearne	South Yorkshire	S63 7AL

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BRIEFING	TO:	Health and Wellbeing Board
	DATE:	29/03/2023
	LEAD OFFICER	Alex Hawley
	TITLE:	South Yorkshire CDOP Annual Report 2021-22

Background

1.1	Rotherham's Child Death Overview Panel (CDOP) has been in existence across England since 2008.
1.2	The 2018 Working together to safeguard children guidance introduced changes to the child death review processes set out in new guidance: Child death review: statutory and operational guidance (England) - GOV.UK (www.gov.uk) . A key change was to place the responsibility for constituting CDOPs with the local 'Child Death Review Partners' – the CCG (now ICB Place) and the local authority. Whilst no longer officially falling within the Safeguarding remit therefore, Rotherham chose to continue with the Safeguarding Children Partnership as the body providing its governing oversight.
1.3	CDOPs are statutory multi-agency entities, whose purpose is to review the death of every child resident in their area who dies before their eighteenth birthday. The only exceptions are stillbirths and planned legal terminations. The aim of the review is to identify "modifiable factors" – i.e. factors that may have contributed to the child's death that could have followed a different course. The overall purpose is to share learning in order to prevent child deaths.
1.4	Rotherham's CDOP is a member of the South Yorkshire CDOP (SYCDOP), which exists to conduct thematic reviews as described in the guidance above across a wider footprint. Whilst all individual case reviews are conducted at the place level, the annual reporting is produced at South Yorkshire level.
1.5	The host authority for chairing and administering SYCDOP rotates between the four localities on an annual basis. Rotherham was the host authority when the annual report for 2021-22 was produced.
1.6	The annual report has been taken to Rotherham Children's Safeguarding Partnership for approval (and through each of the other local area's governance arrangements) prior to publication here: https://www.rscp.org.uk/downloads/file/155/south-yorkshire-child-death-overview-panel-annual-report-2021-2022 . The full report is provided to the Health and Wellbeing Board for information.

Key Issues

2.1	<p>The report has the following structure:</p> <p>Introduction: providing an overview of work done at South Yorkshire level, topics discussed, and plans in the pipeline</p> <p>Thematic review: a report of a thematic review of cases where maternal obesity was a factor, including a series of recommendations</p> <p>Local area updates: work done in each place CDOP, based on what worked well, areas for improvement, and future plans</p> <p>Summary data analysis: covering child death notifications during the year, and reviews carried out during the period, analysed by local place and other key attributes.</p>
-----	---

2.2	<p>Deaths occurring during this year showed a significant uplift from 2020-21. This needs to be considered alongside the extreme social distancing measures taken during that year, when the number of child deaths was unusually low. This effect is evident across the whole country, where the numbers of child deaths were below normal expectations, very probably due in large part to the protection of children from infections as a result of lockdowns and other restrictions of social mixing.</p>
Key Actions and Relevant Timelines	
3.1	<p>The key actions of Rotherham CDOP and SYCDOP are set out in the report.</p>
Implications for Health Inequalities	
4.1	<p>A clear association between deprivation and risk of child mortality has been established by the National Child Mortality Database (to which all CDOPs contribute), showing a 10% increase in risk of death between each decile of increasing deprivation.</p>
4.2	<p>SYCDOP chose to look at maternal obesity for its thematic review because of the parallel association between obesity and deprivation.</p>
Recommendations	
5.1	<p>The report is provided to the Health and Wellbeing Board for information. The Board is asked to note the contents of the report, with particular regard to the local update report for Rotherham, representing a considerable multi-agency effort to learn and help to prevent child deaths.</p>
5.2	<p>The Board is also asked to note the recommendations from the South Yorkshire thematic review of cases with a focus on maternal obesity.</p>



DONCASTER
SAFEGUARDING
CHILDREN
PARTNERSHIP



SOUTH YORKSHIRE CHILD DEATH OVERVIEW PANEL

ANNUAL REPORT

APRIL 1ST 2021 – MARCH 31ST 2022

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Introduction

Numbers of child deaths

In South Yorkshire we generally expect around 80 to 100 child deaths per year. Child deaths are thankfully rare events, and so the actual figure year on year tends to display some random variation.

In the last three years the numbers have showed considerable variation – 84 (2019-20), 74 (2020-21), 104 (2021-22). Whilst 104 for the most recent year might appear comparatively high, the more stand-out figure is perhaps the 74 deaths in 2020-21, which coincides with the most restrictive social distancing measures of the COVID-19 pandemic response. The difference of 30 deaths between 2020-21 and 2021-22 reaches statistical significance, so is unlikely simply to be a random effect.

The National Child Mortality Database recorded 356 fewer deaths in 2020 than in 2019 and has informally described 2020 as the safest year on record for children. The reduction appears to be partly explained not only by a reduction in infections, but also fewer deaths relating to underlying medical conditions. Fewer accidental deaths might also be expected to occur with reduced movement, but apparently an increase in road traffic accidents was observed nationally.

It is at this point unclear to what extent the increased number of deaths seen in South Yorkshire in 2021-22 is a compensatory effect resulting from easing of restrictions, but it is interesting to note that this increase has only been apparent in Sheffield and Rotherham.

South Yorkshire CDOP

By working together the four areas are able to provide a larger cohort of data, which enables improved identification of themes, trends and shared learning than can be achieved at the individual CDOP level. Nevertheless, individual CDOPs covering the local authority footprint remain the most efficient and practical ways to carry out individual reviews, showing the best alignment to networks of healthcare, social care, education, and other related agencies.

It will inevitably be a point of future discussion whether this continues to obtain with the advent of statutory Integrated Care Boards in July 2022. As a minimum, the current Terms of Reference will need to be reviewed and updated to reflect the abolition of Clinical Commissioning Groups.

There were four SYCDOP meetings during 2021/2022:

1st April 2021
24th June 2021
7th October 2021
13th January 2022

The hosting arrangement for SYCDOP is based on an annual rotating system between the constituent local authorities. Sheffield was still the host authority for the first two quarters, meaning that the first two meetings were chaired by Diane Shahlav, Deputy Designated Nurse/CDOP Manager in Sheffield, with

administrative support provided through Sheffield Safeguarding Children's Partnership. Hosting passed to Rotherham in the Autumn, so the third and fourth quarterly meetings were chaired by Alex Hawley, Consultant in Public Health, with the support of Rotherham Children's Safeguarding Partnership's business support function (Sarah Dale and Alex Roberts). As the host organisation in Spring/Summer 2022, Rotherham also has the responsibility of compiling this annual report on behalf of South Yorkshire.

In the Autumn of 2022 Rotherham will hand over the hosting to Barnsley.

During the year 2021-22, the four CDOP panels have completed 89 reviews of child deaths, with 104 cases still ongoing at year end. 89 reviews in a year is in line with normal expectation, but with such a high number still ongoing, it does appear likely that some backlog of cases might now be accumulating. Compared to the England median of 335, Sheffield and Barnsley currently achieve quicker review periods, whilst Rotherham and Doncaster are slower. More detail can be found in the data appendix to this report.

eCDOP

For use of eCDOP the shared web-based platform, the four local authorities jointly procure a licence on an annual rolling basis.

Barnsley local authority acts as the local contractual lead authority with Quality Education Solutions Ltd (QES) for licensing the software and recharges each other area accordingly.

This year the renewal fee was £13984.03, which equates to £3497 per local authority. This represents a 5% increase on the previous year's fee.

Membership and attendance

The arrangements document for SYCDOP sets out a list of roles that are generally expected to attend and form the core membership. For a meeting to be quorate, at least one representative from each local authority should be in attendance.

Core memberships likely to comprise:

- Public health
- Designated Doctor for child deaths
- Children's Social Care Services
- South Yorkshire Police
- Bluebell Wood Children's Hospice
- Safeguarding Health Practitioner
- Primary Care (GP or health visitor)
- Nursing and/or midwifery
- Lay representation

During 2021-22 meeting attendance has remained fairly consistent with representation Local Authorities, Health Services (including Designated Doctors), Safeguarding Partnerships, Social Care and Clinical Commissioning Groups. However, it is a moot point whether the meeting in October 2021 should have proceeded with one area having no representation in the meeting.

Discussion topics

One of the purposes of the SYCDOP meetings is for each local area to update the others on the conduct of its CDOP business and to share any concerns, learning or aspects of good practice for the benefit of all and to provide ongoing assurance at the South Yorkshire level. To date, the form and content of these updates has been spontaneous and unstructured, but is well appreciated by those attending.

Agendas are a mixture of some standing items and topic discussions, some of which arise from the update discussions in previous meetings.

Topics discussed during the year included:

Bereavement services

Discussion of what good bereavement support looks like and how South Yorkshire performs in this respect. Bereavement was considered for a future thematic review – being such a broad topic would make this challenging, however. See the National Bereavement Alliance's commissioning guide for bereavement services (1).

Modifiable factors

Discussion took place across several meetings regarding the interpretation of the concept of modifiability for completion of analysis forms. It was apparent that there were inconsistencies across the region for how modifiability was being reported, and also potentially at odds with anecdotal advice being heard from National Child Mortality Database (NCMD) representatives. In light of this, Vicky Sleap from NCMD was invited to present on modifiability to the January meeting. Feedback from the session was positive and helped develop a greater understanding when reporting modifiable factors. Some key points are set out.

- There are no national guidelines and no nationally agreed definition of a modifiable factor. NCMD is not commissioned to provide this type of guidance.
- Despite this, seeking consistency across South Yorkshire was seen as commendable.
- Any factor that appears in the modifiable box on the form should always also appear as a factor contributing to vulnerability within one of the four domains on the form
- Some clarity was given for the three gradings for vulnerability:
 0. only if suspected, but not confirmed - e.g. thought to have a learning disability
 1. definitely present or definitely absent, but not contributory - e.g. smoker in an road traffic collision
 2. definitely present and contributory
- Modifiability should indicate that something is amenable to change whether at an individual or wider level
- The fact that a particular intervention was tried in a case does necessarily rule out modifiability. E.g. consider whether a smoking cessation is in place, and whether it is of sufficient quality/accessibility etc. Also then consider the potential for wider health promotion campaigns relating to smoking cessation.
- An annotated template for completion of all parts of the analysis was also shared from NCMD

LOTA – limitation of treatment agreements

Discussion took place concerning inconsistencies, changes, record keeping and flagging, responsibility for communication, etc. More follow-up may be required from this discussion.

Signs of life

Discussion concerning when to review cases of extreme prematurity (i.e. earlier than viability threshold). Consensus view was that a review is indicated whenever any signs of life are evident following birth irrespective of gestational age.

Options for thematic review

Discussion of thematic review with relationship to deprivation took place, in view of the NCMD report on deprivation and child mortality. A partial review of cases involving maternal obesity was carried out as reported in the next section.

Engagement with Coroners

South Yorkshire encompasses two different coronial areas, and experiences of engagement and communication with respective Coroner's offices varies across the region. Doncaster and Rotherham share the same Coroner. Rotherham was seeking to replicate the successful engagement exercise that Doncaster had achieved and hope to get a consistent approach.

Overseas Charging policy

Rotherham shared its experience of a particular case where the overseas charging policy had been found wanting (although not directly material to the child death). Rotherham also shared the review of the processes in the Trust and the SOP developed. Others were invited to look at their own arrangements.

Sharing of minutes

With respect to minutes of the Joint Agency Response (JAR) meetings. Clarity was obtained that parents could seek to obtain these, but would have to do so by approaching each attending organisation individually.

Some discussion also took place about the status of CDOP minutes in this respect. NCMD was believed to have queried this with DHSC. Some follow-up will be required to pursue this.

Looking ahead

CDOPs are by definition response-based and subject to unknown events. Planning ahead is therefore problematic, but an important aspect of a continuous effort to improve. For the year ahead the points listed below are likely to be important for the South Yorkshire CDOP, but unlikely to be an exhaustive list.

- Carry out a review of the document setting out the arrangements for SYCDOP and the associated Terms of Reference. This would be due for review in any case, but is all the more necessary in the light of the abolition of CCGs and the creation of Integrated Care Boards (ICBs). Review agreement/arrangements for quoracy, in the light of experience from October 2021.
- Forward planning: look at a more substantive process for agreeing a plan of priorities and actions, whilst allowing for contingencies. As a minimum, an agreement on the different purposes of each quarterly meeting would be helpful – e.g. agreeing thematic review; focussed discussion of a key topic (with invited speaker); agreeing content of annual report.
- Audit outstanding cases (and resources) across South Yorkshire – is a backlog

accumulating?

- Reporting cycle: the current reporting cycle may not align well with planning and reporting cycles within each area's related governance arrangements (e.g. safeguarding). For example, look at the pros & cons and achievability of transitioning to a calendar-year basis for reporting. In parallel with this, consider the need to realign the period for rotating hosting arrangements.
- Conduct a handover of hosting arrangements between Rotherham and Barnsley (with Barnsley currently set to chair the Autumn meeting in 2022). Ensure continuity with respect to action logs and in terms of expected attendance and support from the hosting location.
- Consider a more structured approach for content and purpose of local updates given at SYCDOP meetings.
- Agree a thematic review topic for coming year.
- Consider thematic review and other recommendations set out in this report for action.
- Review the impact of the NCMD advice on modifiability and other aspects of analysis form completion.

Thematic review – cases involving maternal obesity

Background

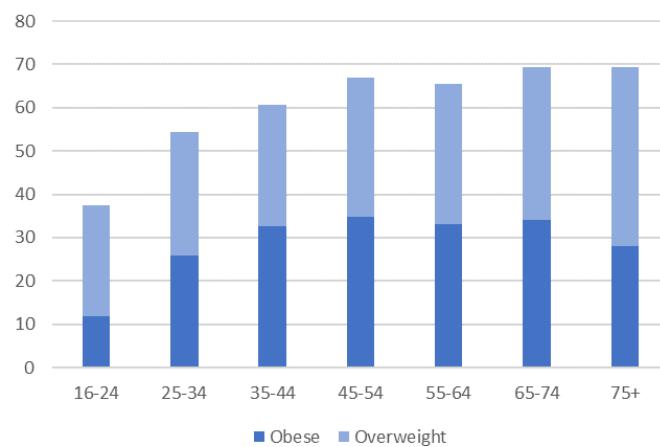
With the publication of the NCMD thematic report into child mortality and social deprivation in 2021, the South Yorkshire CDOP wanted to carry out a thematic review with a link to deprivation. The prevalence of overweight and obesity in child and adult populations is seen to be higher in the more deprived geographies of the UK, and this association has also been shown for maternal obesity (Multiple deprivation and other risk factors for maternal obesity in Portsmouth, UK).

Maternal obesity is an important public health issue with respect to foetal and pregnancy complications, maternal health and offspring health. A mother with higher pre-pregnancy BMI adversely influences the cardiovascular health of its offspring through the lifecourse (2).

Early Pregnancy	Late Pregnancy/Postpartum	Maternal Health	Offspring Health
<ul style="list-style-type: none"> Foetal malformations Miscarriage 	<ul style="list-style-type: none"> Pre-eclampsia/gestational hypertension Gestational diabetes Foetal macrosomia/growth restriction Caesarean section Postpartum haemorrhage Venous thromboembolism 	<ul style="list-style-type: none"> Weight gain/obesity Diabetes - Type 2 Cardiovascular disease 	<ul style="list-style-type: none"> Perinatal death Perinatal morbidity/admission to NICU Diabetes - Type 2 Weight gain/obesity Cardiovascular disease

Source: bump2babyandme.org

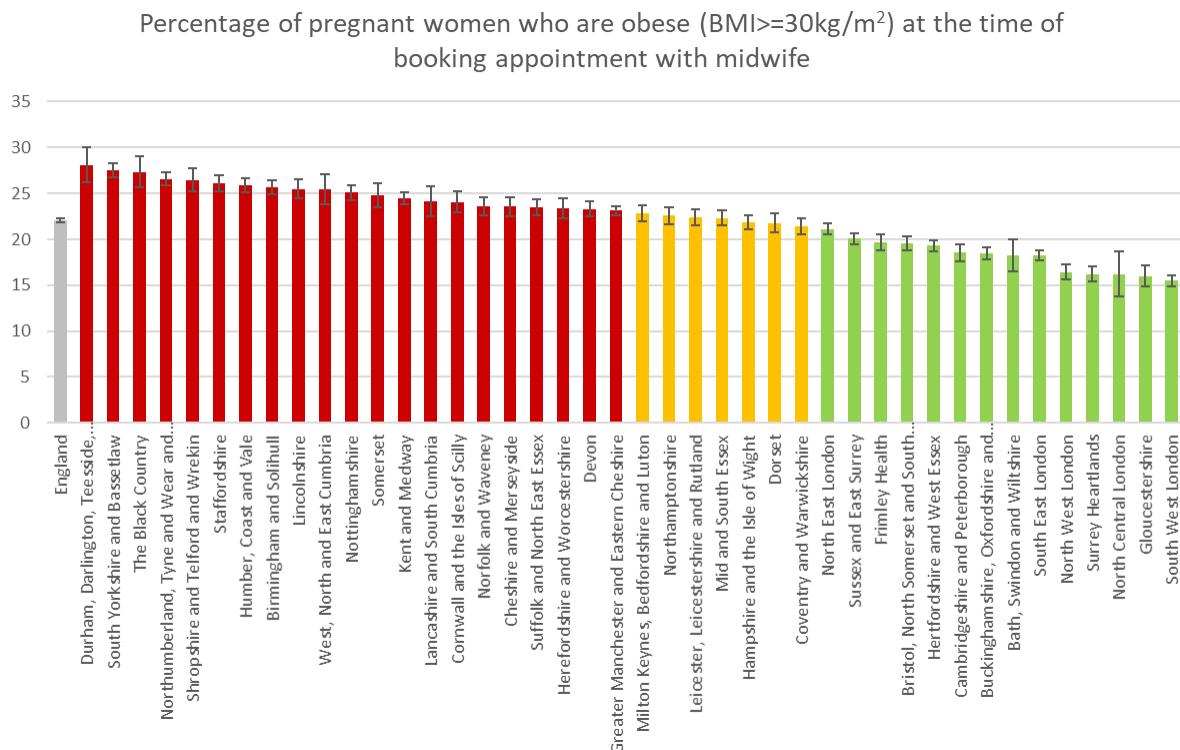
In the latest Health Survey for England (2019) the prevalence of adult obesity was 29% for women of all ages. Within women of typical child-bearing ages, obesity was most prevalent in the 35-44 age group.



Overweight and obesity prevalence in women by age
Source: Health Survey for England, NHS Digital

Recent (2019) analysis of antenatal booking data by Public Health England (3) found that 18.3% of women in England were obese at their first booking appointment, and that this proportion rises as the deprivation level increases.

South Yorkshire and Bassetlaw local maternity system (LMS) showed the second highest proportion of women who are obese at time of booking (2018/19 Maternity Services Dataset), at 27.5%. With this in mind, when looking at infant death cases, we would expect to find about 1 in 4 (or possibly higher) would involve maternal obesity in South Yorkshire, irrespective of whether that was material to the death or not.



Obesity in early pregnancy - %age by LMS. Source: <https://fingertips.phe.org.uk/>

The South Yorkshire review

Early discussions about the challenges of capacity to carry out the review led to a pragmatic approach, with the understanding that a full thematic review was not an essential requirement on an annual basis and that work to lay the foundations for a fuller review in the future was also a legitimate undertaking for the group.

In order to obtain sufficient data, three years of cases were sought – 2018-19 to 2020-21 – but with an acknowledgment that with scarce capacity across the area this might prove challenging. In the event, different periods of search were carried out and only three areas were able to find the capacity to collect and return any data.

A data collection pro forma was circulated around South Yorkshire CDOPs seeking numbers of cases of neonatal and infant deaths where the mother had a $BMI > 30$ at pregnancy booking appointment. The form sought breakdown by age and sex; numbers of preterm births; numbers where a complication that could be associated with maternal obesity was present; numbers delivered by Caesarean section; numbers delivered in a tertiary unit; number of cases where maternal obesity had been identified as a factor contributing to vulnerability; number where maternal obesity was identified as a modifiable factor in the death; themes, learning, actions resulting from case investigations.

Results

Owing to the partial data collection, there is little value in aggregation and analysis of the three areas that returned information. Instead a brief summary of each area's findings is presented below:

Barnsley

Barnsley searched reviews between April 2018 and March 2021, and found 16 cases of child deaths relating to a child under 1 year. Of these 4 related to a mother with a BMI over 30, but in 10 cases the BMI was not known.

As the current process does not ask for information on BMIs this data was not available to reviewers and consequently no reviews identified maternal obesity either as a factor contributing to vulnerability or a modifiable factor.

Related observations:

Of the 4 cases where BMI known to be above 30, 2 cases were premature and 2 were term with obstetric complications prior to birth that can clearly be associated with maternal obesity – gestational diabetes and preeclampsia.

Doncaster

Doncaster searched reviews between April 2018 and March 2021, and found 9 cases of child deaths relating to a child under 1 year, where the mother had a BMI of over 30.

Of these: 8 were preterm; 7 had complications that can be associated with maternal obesity; 2 were delivered by Caesarean section; 3 were delivered in a tertiary unit; 0 had maternal obesity identified as a factor contributing to vulnerability; but 1 case did identify maternal obesity as a modifiable factor.

Related observations:

None of the reported learning outcomes explicitly relate to maternal obesity, but there were examples where the guidelines were not fully followed.

In one case the mother was a late pregnancy booking. It is not recorded in the review what caused the late booking, but obesity is known to be associated with later access to maternity care (4).

Rotherham

Rotherham searched reviews between January 2019 and December 2021. 6 reviews of child deaths under 1 year of age were found, of which 1 related to a mother with a BMI over 30. Of the other 5 mothers, 1 was a healthy weight, 3 were overweight and 1 was clinically underweight.

For the one maternal obesity case none of the risk factors considered by the review applied, and there was no finding of modifiability or vulnerability relating to maternal obesity.

Related observations:

Maternal BMI was documented at antenatal booking in all the records audited for this review. Also, a clear pathway for raised BMI was documented where applicable, and the correct pathway was followed. However, the raised BMI was not referred to during the child death review at CDOP.

Summary of review and findings

Overall, due to incompleteness and the heterogeneity of the data we were able to collect for this thematic review means that no obvious direct conclusions can be drawn. However, it is clear that the recording of maternal BMI itself is an issue. In fact, during the course of this review the NCMD added maternal BMI into the reporting form ("Form B"), meaning that if this

review were to be repeated a year or two hence, it would almost certainly be easier to conduct and would be more complete.

In the event that South Yorkshire CDOP does seek to repeat this exercise, a more definitive inclusion list of complications and factors would be helpful, as would the addition of the timeliness of pregnancy booking and access to maternity care.

BMI

A number of cases included were unable to report the BMI, suggesting the need to improve systems for recording/retrieving such information. The Maternity Services Dataset used to create the LMS comparative chart above is reported as having missing data in 24% of records, preventing the calculation of BMI.

However, BMI on its own might be problematic as a sufficiently sensitive or specific proxy for obesity (5), and the adoption of a particular threshold to create a dichotomous obesity definition ($>30\text{kg/m}^2$) is likely to result in some risks below this threshold being missed, and some unnecessary intervention above the threshold. Indeed NICE guidance for management of diabetes in pregnancy (NG3) favours a lower threshold for weight management advice ($>27\text{kg/m}^2$). Other NICE guidance (PH46) also recognises that lower BMI cut-offs might be appropriate for adults from black, Asian and minority ethnic groups (albeit not applying to pregnancy) where risks are likely to be higher.

Whilst the BMI threshold was used for convenience in carrying out this thematic review, its use in such a binary way in assessing risks in pregnancy is likely to be too crude (and might miss women who had had previous bariatric surgery for example). BMI should be more properly seen as one piece of information to inform a risk assessment. The WHO provides a more nuanced and purposive definition of obesity as “abnormal or excessive fat accumulation that presents a risk to health”. The use of a binary threshold that is strongly associated with weight can also present problems for sensitive communication that avoids stigma.

Modifiability

It is not possible to draw any conclusions about modifiability for this small number of cases. However, given that obesity is very prevalent, is preventable in most cases, and has significant risks for birth outcomes, it might be expected that CDOP reviews would identify maternal obesity as a factor contributing to vulnerability and as a modifiable factor in a death reasonably frequently. Given efforts in South Yorkshire this year to clarify the definition of modifiability, this might also be something that would be worth coming back to in a future review.

A key consideration in this respect would be what should be modified and how. An issue that is becoming increasingly apparent through the research is that an emphasis on individual responsibility for healthy weight is not well aligned with the causes of obesity and leads to stigma and is very probably counterproductive. Our discussion about modifiable factors this year with the National Child Mortality Database did provide some helpful clarification, in that whilst CDOP investigates the circumstances surrounding the individual, such circumstances could be taken in a much broader sense. In this instance a consideration of social and commercial determinants would be highly relevant.

From the incomplete and anecdotal data set out here, it might not be too speculative to consider whether maternal obesity is a risk that is somewhat “hiding in plain sight”, given its increasing prevalence and the gradual shift in attitudes as overweight becomes normal.

Weight management in pregnancy

Given the risks associated with maternal obesity, and also because pregnancy is seen as an important public health opportunity where parents may be more receptive to nutrition advice and more motivated to alter health behaviours, there are published NICE guidelines for weight management before, during and after pregnancy (PH27). The GLOWING pilot study has attempted to demonstrate effective ways to improve the skills and confidence of midwives as the vehicle for implementing these guidelines.

However, the guidance is now quite old (2010) and is subject to review. It is due to be superseded by two new pieces of guidance in the second half of 2023 – one relating weight management and the other relating to maternal and child nutrition. It remains to be seen to what extent the new guidance moves away from the primacy of individual responsibility. The current 2010 guidance, whilst not referring directly to the risks of weight stigma, already acknowledges that advising around weight and nutrition is a topic that requires very sensitive communication skills.

This concern is picked up to some extent by the GLOWING pilot study, including through reference to the WHO's 2016 document 'Good Maternal Nutrition. The best start in life', which observes that "practitioners may need support to ensure that they understand the women's circumstances without stigmatizing when discussing diet and physical activity".

A very recent study of risk communication in pregnancy has shown the potential for harm to women's mental health that can arise from well-intentioned but poorly delivered advice (6). This highlights the need for high quality communication with respect to weight and other public health risks (including alcohol and tobacco) that avoids stigma and respects and trusts the autonomy of pregnant women.

Ockenden Report

Surprisingly, the Ockenden Report contains only a single mention of maternal obesity (specifically in relation to a maternal death), perhaps itself being evidence of the extent to which overweight is viewed as normal. Nevertheless, there are numerous references in the report to vulnerabilities, inequalities, co-morbidities and specific conditions that are strongly related to obesity, including diabetes and hypertension. A number of the related recommendations in the report are very relevant to the issue of maternal obesity. They include:

- the importance of both antenatal and preconception care for women with diabetes, emphasising better access and integration between diabetes care, general practice and maternity services;
- having a consistent and systematic approach to risk assessment at booking and throughout pregnancy;
- the importance of the role of consultant midwives and adherence to the national standards for ratios (one whole time equivalent (WTE) consultant midwife in every midwife-led unit and 1 WTE for every 900 birthing women within an obstetric-led unit – see *Safer Childbirth, RCOG, 2007*)

Recommendations

Whilst the review was of a very limited nature, a number of considerations for future actions within CDOP and the wider practice community are set out as recommendations below.

Recommendations for improving/completing the thematic review

1. Repeat the review in greater depth, aided by the recent changes to the NCMD

reporting form, which now includes BMI, and upcoming changes to NICE guidance.

2. Consider widening the scope beyond the >30kg/m² threshold. Other relevant risk factors would include previous pregnancy outcomes, diabetes, gestational diabetes, ethnicity, age, deprivation score of address, smoking status, other vulnerabilities.
3. Agree a more specific list of complications associated with maternal obesity.
4. Include timeliness of booking appointment in data collection.

Recommendations for the system

1. Acknowledge the high prevalence in South Yorkshire of obesity at pregnancy booking, and avoid normalisation of a higher level of risk in the population.
2. Acknowledge the primary role of social and commercial determinants vis-à-vis personal responsibility
3. At the individual level, emphasise the greater importance of a healthy approach to pregnancy planning – a greater role for preconception care, and continuity of care and consistency of advice and non-stigmatising language in providing that advice.
4. Ensure midwives feel confident in having the requisite communication and advisory skills both for antenatal care of pregnant women with obesity.
5. Ensure obesity is seen alongside other vulnerabilities and that these are sensitively identified and offered proportionate support.
6. Benchmark current workforce composition against RCOG recommendations for dealing with vulnerability and complexity, e.g. requisite number of WTE Consultant Midwives.

Recommendation for SYCDOP

1. Seek assurance from each area by asking for self-assessment against the above recommendations.

Local Area Updates

Barnsley

What we do
<p>The Child Death Overview Panel (CDOP) is intended to help Barnsley's Local Safeguarding Partnership to develop a better understanding of how and why children die, and to inform further prevention work. It is the role of the CDOP to look at all deaths of children and young people in Barnsley, whatever the reason, to see if there is anything that we can learn from them and anything that might help us avoid such deaths happening in the future.</p>
What we did
<p>Between 1st April 2021 and 31st March 2022, five Barnsley CDOP meetings were held, and 13 cases were reviewed and completed with the aim of understanding how and why children die, and to inform future prevention work. Of the 13 cases reviewed, seven cases were identified as having at least one modifiable factor.</p> <p>The age at time of death ranged from <22 weeks to 15 years. Most deaths reviewed were aged under one year (n = 9); four of these occurred at or under the 22 weeks gestation period, four within the first four weeks of life (neonatal period), and one at 4 months of age. All except one of the cases were amongst children whose ethnicity was recorded as White British; the remaining case was recorded as other. The majority of deaths occurred in hospital (n=8), the remaining five deaths occurred at home. Of those that occurred in hospital, five occurred on the labour ward, two in the Neonatal Intensive Care Unit and one in the Paediatric Intensive Care Unit.</p>
What's worked well?
<ul style="list-style-type: none"> Additional CDOP meetings were set up to ensure the backlog of cases (in January) was worked through and cases were reviewed in a timely manner. As well as clearing the backlog, the additional meetings allowed for more in-depth discussions around complex cases. A 'Panel debrief' has been added to the Barnsley CDOP meeting agenda to allow members to reflect and provide support for each other after the discussion of difficult cases. Members have commented that they value this. A 'Learning and Development' item has been added to the Barnsley CDOP agenda to enable members to reflect on the effectiveness of the panel and identify any potential improvements. A representative from Healthwatch Barnsley is now a core member of the panel and provides a valuable contribution to the case discussions.

- The SUDI task and finish group have continued to collaborate, and there is now:
 - A tiered training programme on safe sleep in infancy (levels one to three).
 - Prevention of SUDI Multi Agency guidelines are now published on the Barnsley LSCP website, with a safe sleep risk and action plan incorporated.
 - A cohort of trained designated ‘safe sleep in infancy champions’ from a range of agencies, including South Yorkshire Fire & Rescue, Bernslai Homes, Fostering and Adoption, Children and Families Social Care.
 - Proactive publicity including interviews and radio advert broadcast on Hallam FM.

In addition, following the Barnsley CDOP meetings over 2021/22 the below achievements have been noted in relation to learning opportunities raised:

- Training has been undertaken with the administration team at Barnsley Hospital to ensure they follow the correct notification process following a child death.
- Barnsley Hospital Maternity Service are looking at best practice from Birmingham to be able to implement learning, after it was identified that there was a need for improvements in their triage system.
- A second cold light has been purchased and is in situ on the Neonatal Unit at Barnsley Hospital.
- Video laryngoscopes have been purchased and are now in situ on the Neonatal Unit at Barnsley Hospital and associated training is available.
- The Barnsley Suicide Contagion Plan has been reviewed and updated with new services and resources.
- Training session for schools to support with eating disorders and self-harm are currently being delivered.

What needs to happen?

- Ensure more robust information gathering is undertaken by Midwifery about the pregnancy, following a neonatal death. This will provide CDOP with the ‘bigger picture’ and allow the identification of wider modifiable factors.
- Potential to categorise and split future meetings to ensure richness of data and more in-depth discussion.

What are we worried about?

- The high number of early gestation deaths in this period.

Doncaster

Overview

This narrative provides an overview of activity relating to the Child Death within Doncaster, setting out any key risks and issues, good practice and developments during the time period 1st April 2021 - 31st March 2022.

Doncaster CDOP have met 7 times during the period 1st April 2021- 31st March 2022 and reviewed 37 cases.

Child Deaths 1st April 2021 - 31st March 2022.

Expected Deaths	Q 1	Q 2	Q 3	Q4	Unexpected Deaths	Q1	Q2	Q3	Q4
Doncaster	3	0	3	6	Doncaster	3	2	4	1
Out of Area	0	0	1	0	Out of Area	0	1	0	0

Numbers of Child Deaths on a yearly basis from 1st January 2010 to 31st December 2021.

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
24	32	22	25	27	31	15	23	18	18	24	23

During the calendar year of 2021/2022, the number of deaths within Doncaster has remained around the same number in comparison to previous years.

Child Death Review Team Performance relating to Unexpected Child Deaths and Service delivery

Unexpected Deaths	Response in 24 hours Yes or No	If timescale for response not met- explanation	Home Visit Yes/ No	If no home visit- provide explanation
4	Yes	N/A	Yes	N/A
2	Yes	N/A	Yes	N/A
3	Yes	N/A	Yes x 1	2 x carried out by police only
1	Yes	N/A	No	Carried out by police as criminal investigation. Incident happened in Public Place

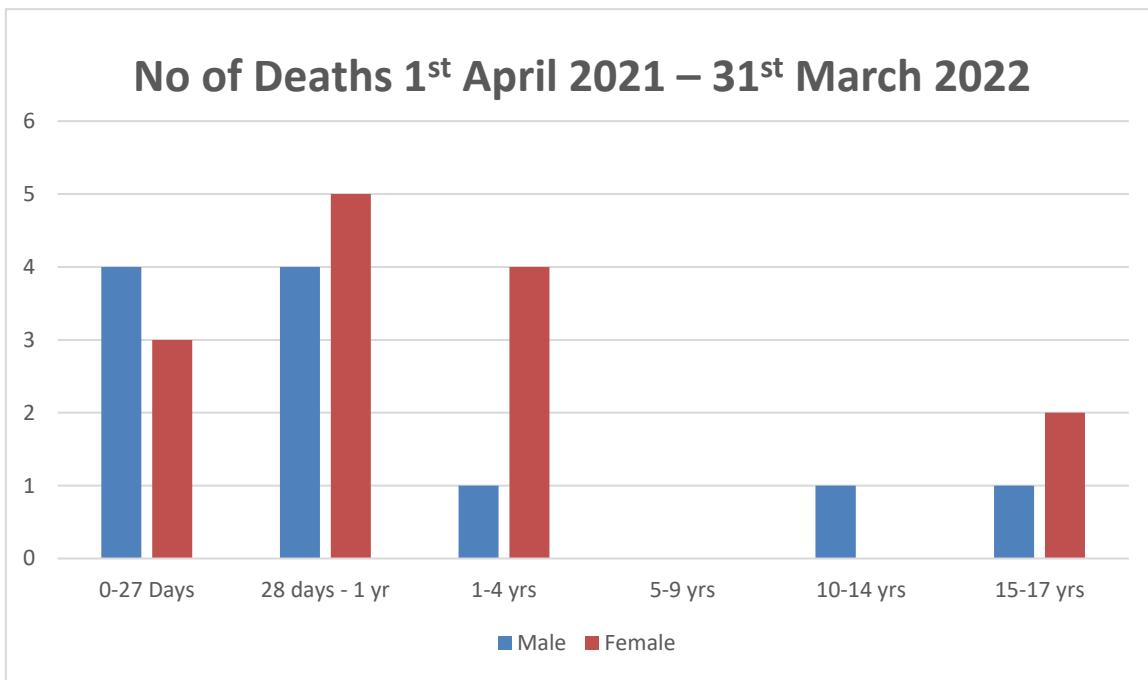
- During this review period, the Child Death Review team maintained 100% representation to the Doncaster and Nottinghamshire Child Death Overview Panels.
- The Designated Paediatricians for child deaths are supported by an identified Lead Nurse and Secretary for the Child Death service. Additionally, the number of professionals contributing to the on call rota increased during the review period and there is a 1:8 Rapid Response rota in place. The service is provided from 9am- 5pm Monday to Sunday and all staff contributing to the rota has attended appropriate training. During the review period there has been 100% rota cover.

- The Lead Nurse for Child Death Review has produced quarterly reports which have been shared with both NHS Doncaster Clinical Commissioning group, NHS Bassetlaw Clinical Commissioning Group.

Themes

There were 2 suicides within the review period which had similarities and raised concern amongst professionals. The children were both from the polish community and there were similarities in rope and position used. It was also identified that there was an adult, aged 19, who had also taken their own life in similar circumstances. The Suicide Contagion was instigated and learning has been identified and shared with relevant agencies.

Three cases of unsafe sleep have been identified. Work continues to raise awareness of safe sleep.



LeDeR referrals

Following the publication of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD) DoH 2013, the Learning Disabilities Mortality Review (LeDeR) programme was established in order to contribute to improvements in the quality of health and social care for people with learning disabilities in England. As a result, local areas complete local reviews of the deaths of people with learning disabilities and systems have been implemented which combine the Child Death review and the LeDeR review within both Doncaster and Bassetlaw for children. There was 1 referral to LeDeR during the review period.

Achievements

During the review period two Paediatricians took over the role as Designated Paediatricians for Child Death Review as a job share. At the time of their appointment there was 54 cases to be reviewed. This has now been reduced to 29. During the period there has been 22 deaths; 11 males and 11 females. Of these deaths 10 were unexplained and 12 were explained. During the review period a further two deaths were reported to the Child Death Review Team and the Child Death Review Process was initiated. However, following investigations it was found that the children were stillborn and therefore were removed from the case list as stillborn deaths do not meet the criteria for a Child Death Review.

A key worker has been recruited and joined the team in September 2021 and the Secretary has had their hours increased to full time. Feedback has been positive by parents/carers and professionals. The Key Worker advocates for families in professional meetings as well as sign posting families to appropriate bereavement services.

The CDR Team have worked hard to build professional relationships with Coroners office, social care, bereavement midwives.

Designated Paediatricians and Lead Nurse have met with the Medical Examiner's Office to make sure to ensure the Trust work within the recommendations in "National Medical Examiners Good Practice Series: Medical examiners and child deaths" (The Royal College of Pathologists, 2022), on child death review process.

Link Nurses have been identified in both Doncaster and Bassetlaw Emergency Departments. This is to enable colleagues to hear of a resolution to the children they have cared for in ED.

Training

It has been identified, as a need for training, professionals within ED when caring for children aged 16-18yrs. A case highlighted that not all professionals are aware of the child death process and procedures needed to be followed. Training sessions will be booked in and the Lead Nurse will attend breakfast training sessions to share learning.

Learning from child death sessions have commenced via Teams.

Dissemination of Local and National Learning from the Child Death Review Panel (CDOP) process.

Where learning is specific to an identified single agency area- this is managed on an individual basis, including the development of action plans with relevant practice area or service managers.

Where learning relates to external agencies, the Lead Nurse liaises with relevant managers and as appropriate, learning is taken forward by the Local Safeguarding Children Board.

The Trust is represented at the Suicide Prevention Group within Doncaster.

Issues/risks

There's work to be done around raising awareness with professionals that 16-17yrs, and up until their 18th birthday, should be treated as a child and in the sad event of their death professionals need to ensure the child death review process is initiated and the death is not treated as an adult.

Local and National Child Death developments and initiatives

Work continues alongside other CDOP's in relation to safer sleep and also suicide.

Rotherham

Overview

The Rotherham CDOP met 5 times during the period 1st April 2021- 31st March 2022 and reviewed 12 cases. Core membership of the CDOP panel includes representation from Rotherham Safeguarding Children Partnership. However, due to long-term absence within Rotherham Safeguarding Children Partnership, there have been periods of time when representation at CDOP meetings and CDOP administrative support has been limited. The panel has also seen a change in lead professionals forming membership. The Consultant in Public Health, who also has responsibility for the children's public health portfolio (Best Start and Beyond) chairs CDOP.

Rotherham recorded 23 child death during the period 2021/22; this is double the child deaths reported the last two years and highest number of deaths since 2012/13, when 28 child deaths were recorded. It is hard to provide a rationale for the increase in the number of deaths, some suggestions being the lifting of Covid19 restrictions. It is hoped, going forward, NCMD may be able to offer some narrative.

What has worked well in Rotherham?

- All cases requiring a Joint Agency Response have had a case discussion meeting held within three working days of the child death. These meetings have had excellent multi-agency attendance and contribution.
- A Pathologist has been in attendance at all Child Death Review meetings (CDRM) when a post –mortem has been performed. This has received positive feedback from pathology services and their contribution at the CDRM has been of value. The Child Death Review meetings for all child deaths have worked effectively in terms of attendance and participation.
- The work of the keyworker has proved insightful into the worries, fears and issues parents hold onto following the unexpected death of their infant/child. The service continues to be available Monday – Friday, 9am – 5pm. The keyworker is the “voice of the parent” at all professional meetings.
- Direct contact and liaison with the NCMD (National Mortality Data Base Programme) has proved valuable in supporting the child death review service to remain compliant with CDR guidance e.g. grading system used to identify modifiable factors; reporting death occurring overseas.
- As a result of leaning from a specific child death, there has been increased awareness of the CDR process in Urgent and Emergency Care Centre in TRFT and maternity services, resulting in timely initiation of relevant processes.
- Following attendance at a NCMD workshop on charging policy for pregnant overseas women, TRFT reviewed their process and in conjunction with finance team and maternity services, developed a SOP to improve the sharing of information between professionals, ensuring identified pregnant women receive appropriate, timely support and have their physical and emotional health needs met.
- An effective pathway has been developed for sharing learning from CDOP within TRFT and wider partnership.

- Rotherham Public Health team has hosted two six month part-time placements for GP Registrars since August 2021, and has involved them in CDOP meetings as an aspect of their training. A GP Registrar has carried out a review of evidence relating to child weight estimation in ED for CDOP, arising from case discussion in February. This has led to a proposal to develop a more regular role for GP trainees within the presentation of cases, carrying out rapid evidence reviews. It is hoped to pilot and develop this later in 2022.
- Following a case where a child was found to be severely deficient in Vitamin D postmortem (not contributory), the current guidelines for Vitamin D supplementation in babies and young children and how supplements can be obtained was confirmed and circulate. The details are well covered on the NHS website: <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>
- A case raised the issue of accessibility of the NHS England booklet “When a Child dies”, which is currently only available in English, albeit with a footnote indicating it can be made available in alternative formats, including other languages. The CDOP Chair wrote to the Department of Health to seek clarity on this, and received a reply that the production of alternative formats had been delayed during the pandemic, but with a hope to progress and scope the options for providing alternative formats in the following year. The reply also indicated that the leaflet is available in an editable format so that areas can tailor the leaflet to their local needs.

What could we do differently or better in Rotherham?

- Rotherham CDOP and TRFT child death review service were unable to improve communication with coroner's services during 2021/22. This has halted the sharing of valuable information between the agencies. Alternative contact details have since been identified and meeting taken place May 22.
- The quality of CDR documentation and reports, which feed into the CDR process need to be improved

What are our plans for 2022/23?

- Facilitate an on-line Learning Event for multi-agency front line professionals working with children and families in the Autumn of 2022. It is hoped that if successful this will become an annual event. It will feature a mixture of local and national topics and content.
- Improve communication with, and understanding of coroner's service. Invite coroner's officers to JAR and CDRM meetings and set out information sharing agreement in relation to meeting minutes, post –mortem reports, outcome of inquests etc. Identify learning opportunities and support practitioners where appropriate, to improve knowledge and understanding of coroners service.

- To continue to contribute to the co-ordinated Multi-agency South Yorkshire and Bassetlaw Joint Safe Sleep Guidance and promote training to help develop a shared understanding about a safer sleep environment, enabling practitioners to reflect on their individual role in promoting safer sleep messages and recognising risk. Re-visit use of Safe Sleep Assessment Tool.
- Develop standards for keyworker service and undertake formal parental/carer feedback on the keyworker service
- To participate in further thematic reviews with our Regional partners.
- Lead Nurse Child Death Review will continue to contribute to the TRFT self-assessment in relation to Bereavement Care Standards and identify actions which may need to be addressed before they can achieve National Care Pathways 2020, Bereavement Care Standards.
- Manage the backlog of cases that have developed as a result of increased child deaths and changes to the CDOP administrative arrangements.
- Clarify role of medical examiner and impact of "*National Medical Examiners Good Practice Series: Medical examiners and child deaths*" (The Royal College of Pathologists, 2022), on child death review process.

Sheffield

What We Achieved in 2021/22

This year Sheffield CDOP met on 5 occasions, reviewing 29 deaths. A further panel meeting was planned, but was cancelled due to a lack of cases available for discussion. With operational demands of COVID and restrictions in place we have remained working virtually with good attendance achieved by all agencies.

There were 49 deaths recorded during this period which is significantly higher than the previous year (24) but broadly in keeping with the average of 44 in the years 2008-2019.

Once again, most of the deaths occurred in those under 1 year (43% 0-27 days, 27% 28-364 days) which is slightly higher than national figures.

Chromosomal, genetic and congenital abnormalities and Perinatal/neonatal events remain the most common categories of death in those reviewed 2021/22 (63%).

79% of deaths reviewed during 2021/22 were within 12 months of death; 48% between 6-12 months and 31% in less than 6 months, this is an improvement on last year (60%). It should also be noted that of those reviewed over 12 months many had been delayed due to external issues such as inquests or other reviews being undertaken. Despite the CDOP Chair (Director of Public Health) being unavailable for the review period and Vice Chair retiring, we successfully managed to continue with meetings at the required frequency with the Safeguarding Partnership funding an Independent Chair on an interim basis and the Designated Doctor Child Deaths stepping up to Chair on occasion.

The median number of days between death and CDOP meeting is 335 nationally – the figure for Sheffield is 226.

The reviews consider modifiable factors, which are defined as actions that could be taken through national or local interventions, which could reduce the risk of future child deaths. Modifiable factors were assessed to be present in 17% of cases which is below the average for England (37%) and lower than previous years. This may be explained due to a delay with Inquests and other review processes, meaning fewer reviews of more complex cases (where modifiable factors are more prevalent) took place during this period.

What impact have these achievements had on the outcomes for children and young people in Sheffield?

We continue to feed into The National Child Mortality Database which is used to systematically capture information following a child death; this has enabled local learning but is also increasingly identifying learning at a national level and informing changes in policy and practice. This has been particularly important during the pandemic with real-time surveillance being introduced to highlight any issues.

[CDOP has supported actions taken in 2020/21 to help reduce risk factors and improve how services respond following a child death.](#)

There is now a good level of data completeness at notification and reporting stages, though we recognise recording of Ethnicity could be improved. It is acknowledged that some

providers still struggle with eCDOP and ongoing support and training is required.

We will continue to explore how those families where there are complex care needs can be better supported through co-ordination of care needs with the role of a lead clinician and work with Trusts to develop their understanding of the role of a Key Worker after a child dies.

Alongside other areas in South Yorkshire we are looking to improve the experience and support for bereaved families at the time of death.

Audit of implementation of Child Death Processes within Sheffield Children's Hospital was completed and will feedback during 22-23.

Agreement has been made between the Coroner/Police/Yorkshire Ambulance and hospital trusts for life extinct 16-17 year olds to be taken to the Children's Hospital mortuary rather than medico-legal centre.

Voice of the Child, Young Person and Family

How have you listened to children, young people and families?

Working in collaboration with the Designated Doctor Child Deaths there is continued action being taken with Trusts to develop their understanding of the role of a Key Worker after a child dies.

What did children, young people and families say about your agency / service?

Parent feedback to CDOP has not been possible since August 2021. However, in all cases family are supported by Hospital trust and going forward there will be liaison with the key worker role.

What We Will Do Next in 2022/23

What do you intend to achieve in 2022/23 that contributes to better outcomes for children and families within Sheffield?

For the upcoming year 2022/23 the hosting arrangements for SYCDOP will be facilitated by Barnsley CDOP in line with the agreed rotation of a local authority area hosting the quarterly meetings and facilitating the shared learning reviews throughout an annual reporting year.

Sheffield will continue with their local Child Death Overview Panel (CDOP) processes and the supporting pathways to review deaths of children who have died that are normally resident in their own areas. These reviews will contribute collectively in identifying the key themes for shared learning reviews across South Yorkshire.

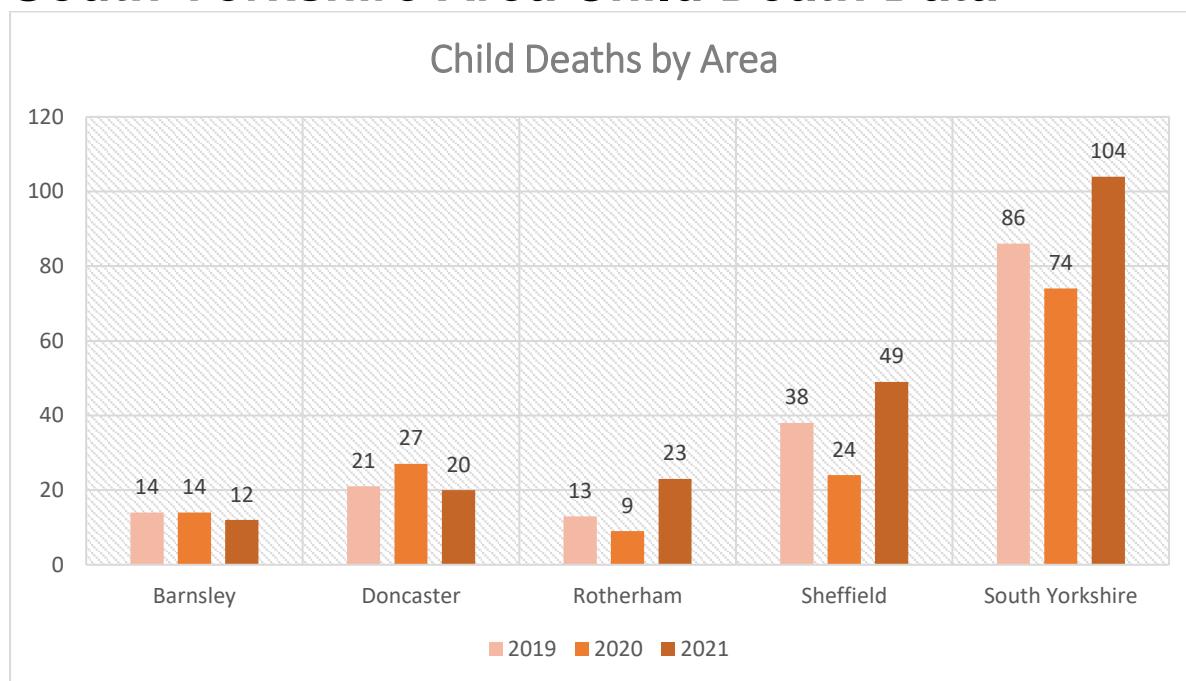
A key role in Child Death Review process is the CDOP Manager and this post has been vacant since August 2021. This has had an impact on information gathering for Panel, contributed to delays progressing actions and our ability to participate in thematic reviews in the region, and hold an annual development day. Some actions we hoped to achieve last year, in particular a focus on the impact of social deprivation, will be pursued during 2022/23.

A key focus for Sheffield throughout 2022/23 will be:

- To progress the implementation of Multi-agency Safer Sleep Guidance / practice.

- Continued roll-out of ICON across our local area.
- To participate in thematic reviews with our regional partners
- Completion of a local Contagion Plan
- CDOP will consider how we support and influence future strategies to reduce the harm of social deprivation

South Yorkshire Area Child Death Data



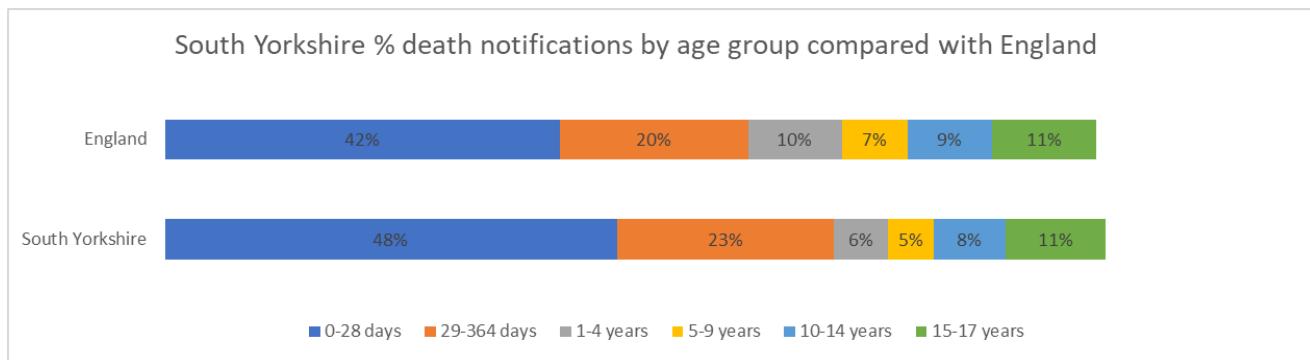
Child deaths by age range for each area:

Age group	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
0-28 days	8	1	7	14	21
29-364 days	1	7	3	13	24
1-4 years	0	2	2	2	6
5-9 years	1	0	2	2	5
10-14 years	0	1	0	7	8
15-17 years	2	3	2	4	11
Total	12	20	23	49	104

Deaths in the first 28 days have been increasing both in number and as a proportion of all child deaths for South Yorkshire. In 2019-20 the 27 deaths aged 0-28 days represented 31% of child deaths. In 2021-22 50 deaths in this age group equate to 48% of all deaths in the year.

Age group	2019-20	2020-21	2021-22
0-28 days	27	33	50
29-364 days	22	15	24
1-4 years	14	4	6
5-9 years	8	7	5
10-14 years	8	6	8
15-17 years	7	9	11
Total	86	74	104

This proportion is higher than for all England in 2021-22:



Deaths by month of notification – South Yorkshire

Month	2019-20	2020-21	2021-22
Apr	5	3	7
May	3	5	3
Jun	4	9	11
Jul	10	9	6
Aug	5	3	11
Sep	10	9	9
Oct	9	4	10
Nov	9	6	8
Dec	8	6	8
Jan	7	5	12
Feb	12	7	8
Mar	4	8	11

There is some variation in months when deaths are notified, which clearly reflects a considerable amount of randomness, which is to be expected of rare events. Nevertheless, over the course of three years the number of deaths in May has been consistently low, and the total of 11 deaths in May is statistically significantly different (with 95% confidence) from the total for the highest month, which is September (28). This might be worthy of further investigation.

South Yorkshire Child Death Overview Panels Review Data

The 2018 'Child Death Review Statutory and Operational Guidance' for England stipulates that CDR partner footprints should cover a population such that at least 60 child deaths are typically reviewed each year. The South Yorkshire CDOP covers Sheffield, Barnsley, Doncaster and Rotherham with a combined population of more than 1.4mn. In 2021-22, a total of 89 child death reviews were conducted (an increase from 71 the previous year).

The 2018 guidance also sets out that CDR partner footprints "should be aligned to existing networks of NHS care and other child services, and should take account of agency and organisational boundaries". The SYCDOP Terms of Reference and Memorandum of Understanding established in 2019 provide for the four local South Yorkshire areas to continue with their own local Child Death Overview Panel (CDOP) case reviews.

The number of child death notifications received in 2021-22, completed child death reviews carried out during the year, and the number of cases ongoing at year end are broken down between the four CDOP areas below. There is a varying lag between notification and completion of a review, meaning that some cases completed in the year will relate to notifications from previous years.

	Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire
Notifications	12	20	23	49	104
Completed Reviews	13	35	12	29	89
Cases ongoing	12	29	24	39	104

Completed reviews - primary category of death

Primary category of death	2020-21	2021-22
Perinatal / neonatal event	17	28
Chromosomal, genetic or congenital anomaly	22	25
Sudden unexpected, unexplained	6	7
Acute medical or surgical condition	3	7
Malignancy	2	6
Suicide or self-inflicted harm	2	5
Chronic medical condition	3	4
Deliberately inflicted injury, abuse or neglect	4	3
Trauma and other external factors	6	2
Infection	6	2

The trend towards an increasing proportion of notifications in the 0-28 days age group is likely to explain the increase in completed review with perinatal/neonatal event as the primary category of death. The breakdown for 2021-22 between local areas is shown below.

Primary category of death	Barnsley	Doncaster	Rotherham	Sheffield
Perinatal / neonatal event	6	10	3	9
Chromosomal, genetic or congenital anomaly	1	10	5	9

Sudden unexpected, unexplained	2	3	0	2
Acute medical or surgical condition	0	2	3	2
Malignancy	0	3	1	2
Suicide or self-inflicted harm	1	3	0	1
Chronic medical condition	0	1	0	3
Deliberately inflicted injury, abuse or neglect	1	1	0	1
Trauma and other external factors	1	1	0	0
Infection	1	1	0	0

Completed reviews - modifiable factors identified

Column1	Barnsley	Doncaster	Rotherham	Sheffield
Trauma and other external factors, including medical/surgical complications/error	0	0	0	0
Suicide or deliberate self-inflicted harm	1	1	0	0
Sudden unexpected, unexplained death	2	3	0	2
Perinatal/neonatal event	3	2	1	1
Malignancy	0	0	0	0
Infection	0	0	0	0
Deliberately inflicted injury, abuse or neglect	1	1	0	1
Chronic medical condition	0	0	0	0
Chromosomal, genetic and congenital anomalies	0	1	1	0
Acute medical or surgical condition	0	1	0	1
Proportion of reviews where modifiable factors identified	54%	26%	17%	17%

Across South Yorkshire overall 23 out of 89 cases were identified as having modifiable factors – 26% of cases.

Review completion time

The guidance suggests that CDOPs should aim to review all children's deaths within six weeks of receiving the report from the CDRM or the result of the coroner's inquest, and that CDRMs should ideally take place within three months. This would suggest an ideal period from death to review completion of 132 days. However, in reality there are many potential causes of delay for some cases, and the median period for completing a review across England is actually 335 days. Median review periods for both Doncaster and Rotherham are considerably above this. At the local level, as these periods are calculated simply on the basis of cases completed, some caution is advised when only looking at a single year. For example, a decision to clear backlogs of outstanding cases during a year is likely to inflate the figure when compared with focusing on more straightforward recent cases.

	% CDOP completed cases by time taken			Median number of days between death and CDOP meeting
	<6 months	6-12 months	>12 months	
Barnsley	8%	54%	38%	325
Doncaster	0%	23%	77%	466
Rotherham	0%	42%	58%	415
Sheffield	31%	48%	21%	226

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Best Start and Beyond Quarterly Report

Quarter 3 2022/23

March 2023

Best Start and Beyond Framework - Quarterly update Q3 2022/23

Report of Best Start and Beyond Steering Group
March 2023

Progress status



Risk – high to low



Overview summary of progress this quarter:

- Framework finalised and endorsed by Health and Wellbeing Board
- System action plans collated into single consolidated view, categorised by wider determinants, life stages, and priority lenses
- First implementation of Priority lenses toolkit - applied to maternity, seeking system assurances, and identify potential gaps, and opportunities for improvement – via Task & Finish Group
- Taken on overview governance for Rotherham 0 - 5 Speech, Language and Communication Strategic Group

Rapid 'priority lens' review of maternity

(factors affecting the life stage rather than maternity service per se)

Priority Lenses				
Poverty	Mental health	Parental health	Compassionate approach	Transitions
Assurance sought: <ul style="list-style-type: none">• Late pregnancy bookings• Crisis food referrals for pregnancy• Women with no recourse to public funds and Healthy Start scheme. Opportunities: <ul style="list-style-type: none">• Pregnancy booking audit• Promotion of Healthy Start scheme	Gap identified: <ul style="list-style-type: none">• Perinatal MH service for women with a child removed Opportunities: <ul style="list-style-type: none">• Family Hubs re partner mental health, attachment, child emotional wellbeing• Continuum of need framework being developed – clarity re referral criteria, services available, etc.• Web resources - e.g. Rotherhive, Healthier Together. Need to rationalise	Assurance sought: <ul style="list-style-type: none">• Vulnerabilities in pregnancy – in LMNS action plans• Physical activities available for pregnant women Opportunities: <ul style="list-style-type: none">• Screening tools for alcohol in pregnancy• FASD training• Alignment of midwifery specifications across South Yorkshire• Vulnerabilities midwife role	Gap identified: <ul style="list-style-type: none">• Healthier weight support in pregnancy Opportunities: <ul style="list-style-type: none">• Communication skills in midwifery – through compassionate approach training?• Recommissioning of Public Health's 'Better Health' referral service*	Assurances sought: <ul style="list-style-type: none">• Breastfeeding support between birth and 6-8 weeks.• Ongoing support when child born outside Rotherham Opportunities: <ul style="list-style-type: none">• Continuity of care efforts – midwifery/0-19/GP• Review of SEND pathway and continuity of care• Start 4 Life/FH infant feeding funded workstream• Development and publication of a Start 4 Life Offer Family Hubs programme

Maternity review summary

Key gaps identified:

- Weight management for high BMI in pregnancy
- Perinatal MH service for women with a child removed

Case study:

- Variation in pregnancy booking timeliness audit

Midwifery audit of late booking initial snap shot

We found that there were a number of women/birthing people who booked their pregnancies at a late gestation.

We wanted to explore this to see any themes and trends to enable us to understand and support these women/birthing people in the booking process.

Trends/Themes found-

16% had a problem with the GP referral.

23% didn't know they were pregnant

2% had a language barrier

28% were smokers

These themes and trends have been found from a small number of the data that we have collected. We are continuing to call these women/birthing people to find out more about why they booked late.

Once we have further data we will be able to create an action plan to improve the service.

Next steps

- Ongoing focus on maternity and 1001 Days
- Family Hubs specific workstreams oversight:
 - Publication of Start for Life Offer and use of priority lenses in further development of Start for Life Offer
 - Establishing Parent-Carer Panel
 - Home Learning Environment improvement
- Discuss need for additional lens to cover health protection for families (including screening and immunisation)
- Develop a data-informed narrative on four life stages and associated enabling outcomes for inclusion in future reports (annually?)

Rotherham Place Partnership Update: January /February 2023

Launch of the Refreshed Rotherham Plan

On 30 January local groups, organisations and businesses attended the launch of the refreshed Rotherham Plan at the University Centre Rotherham (UCR). The Rotherham Together Partnership includes a number of local organisations, from all sectors, that work together to improve the quality of life in Rotherham. There are five key themes in the refreshed Rotherham Plan, including:

- Inclusive economy
- Building stronger communities
- Health and wellbeing
- Climate and environment
- A place to be proud of

The themes reflect the things that are most important to focus on together over the next few years. At the event, workshop sessions took place covering each of the themes. Over 100 people attended the event and were able to read the plan and hear from a number of members of the Rotherham Together Partnership.

The updated Rotherham Plan, which can be found on the [Rotherham Together Partnership website](#).



Yorkshire and Humber Care Record Project

Rotherham GPs have been accepted onto the Yorkshire and Humber Care Record data consumer project.

The Yorkshire and Humber Care Record (Y&HCR) is a program kick-started by the NHS to connect all regional patient data and make it easily accessible to health and social care professionals. By detecting illnesses earlier and treating them more consistently, patient journeys and outcomes can be vastly improved. Y&HCR designed and built the programme as part of NHS England's Local Health and Care Record Exemplars programme.

Broom Lane Medical Centre Development

The start of building works on a new state-of-art two storey extension at Broom Lane Medical Centre, Rotherham was officially marked on Wednesday 1 February 2023.

The existing practice building will be reconfigured so that the two spaces work together to create a modern fit-for-purpose facility where the practice and Rotherham Central North Primary Care Network (PCN) can provide a wide range of primary care services to further support their patients' needs. The extension is due for completion by the end of 2023 providing 10 new consulting rooms and a new treatment room. An additional 10 car parking spaces will also be created for patients.



Rotherham Mental Health Think-Tank Success

More than 160 people have been getting their heads together at Rotherham's Aesseal Stadium to help develop a major mental health transformation for adults and older adults living in the borough.

The aim of the day-long 'think-tank' was for organisations involved in providing community-based mental health services to meet up with some of the patients who benefit from them, to share their thoughts on how to get services they need in the right place, at the right time, first time, as part of NHS England's National Community Mental Health Transformation.

The Head of Change and Transformation at Rotherham Doncaster and South Humber NHS Foundation Trust's (RDASH), said: "Our collective objective is to create a network of community mental health teams across Rotherham, that bring together GP practices, social care, the voluntary sector and community groups and activities to support local people."

"We want Rotherham patients to help drive what will be major changes to local mental health services, so we are spending time listening and learning from them. This engagement event has been highly successful in providing an opportunity for the partner organisations involved in the project to get lots of feedback from service users, which we are currently working through and evaluating."



Delegates sat through a packed agenda at the event and heard speakers from Rotherham Council and providers of NHS primary and secondary care.

At break time they were able to browse and chat to stall holders from over 20 organisations involved in supporting patients through their care journey, including Andy's Man Club, S62, Touchstone and Age UK Rotherham.

Organisers have produced a video, which was shown at the event, explaining why the mental health transformation programme is needed, which can be viewed on YouTube at: <https://youtu.be/9I0fnTfU9Q>.

They are also keen to hear from people who have used Rotherham's community mental health services. You can share your experiences through a quick and anonymous survey, which can be accessed here: <https://www.surveymonkey.co.uk/r/CJVGDR>

South Yorkshire Health Inequalities Event

South Yorkshire health leaders and a cast of key speakers came together to discuss the future of the region's health and wellbeing and how working in partnership could help ease the health inequalities faced by residents. Rotherham Council hosted an event at Rotherham United's New York Stadium on Friday 3 February where partners from Rotherham, Barnsley, Doncaster and Sheffield were able to discuss health inequalities across a range of health outcomes. Members of the Health and Wellbeing Boards across South Yorkshire, the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), as well as a number of key partners, were brought together to:

- Explore how we can work together at place level to deliver on tackling health inequalities
- Identify opportunities to work on a South Yorkshire footprint around this agenda
- Hear examples of current work happening across the patch and feed into ICP and ICB strategy on health inequalities



Keynote speakers included experts and regional leaders, Prof Chris Bentley, Former Director of Public Health in South Yorkshire and Head of the Health Inequalities National Support Team, and Oliver Coppard, Mayor of the South Yorkshire Mayoral Combined Authority and chair of the SY Integrated Care Partnership, as well as regional delivery leads on health inequalities. Professor Chris Whitty, Chief Medical Officer for England, was one of the speakers at the event who joined remotely to give a presentation and led a discussion about prevention measures in healthcare.

The afternoon was used to discuss and plan actions to be delivered at place and system level and identify opportunities for joint working through the delivery of priorities identified the Integrated Care Strategy.

Children's Mental Health Week 2023: February 6 – 12



Alongside national resources, such as [Children's Mental Health Week \(childrensmentalhealthweek.org.uk\)](https://childrensmentalhealthweek.org.uk), Mental Health Support Teams in Schools/With Me in Mind put together a bulletin which was sent to all schools. The theme was 'Let's Connect' – aiming to connect schools, young people and parents/carers through a range of activities. Teams visited schools and held workshops giving advice on mental health and wellbeing. As well as the bulletin information and activities were shared through their social media to reach as many people as possible.

Refresh of Rotherham Place Plan

Rotherham Place Partnership is currently refreshing its health and social care Place Plan. A development session was held with Place Board members in January to focus on partner priorities. As in previous years, the Place Plan will continue to align with the Rotherham Health and Wellbeing Strategy. The timeline for completion has been adjusted so that it can build on the development of the Joint Forward Plan and South Yorkshire Integrated Care Strategy. The first draft will be received at Place Board in April.

Place Performance

From September 2022, Rotherham Place Board has received a monthly Place Performance Report at each of its ICB Business meetings. The report built on those previously received within the CCG. From October 2022, monthly performance sessions have been held with the Place Leadership Team. In January, Rotherham trialled the first NHSE Quarterly Place meeting where key areas highlighted by the Performance Report were discussed, along with discussions around mental health, quality and finance.

GP Learning Event 'Respiratory'

On the 12th of January, Rotherham Place hosted a GP learning event on the subject of respiratory. Dr David Clitheroe, NHS SY ICB (Rotherham Place), led the event and topics were presented by a host of colleagues from across The Rotherham NHS Foundation Trust, NHS SY ICB (Rotherham Place) and Breathing Space. Topics included:

- Long Covid
- Virtual Ward Update
- Medicines Management
- Community Respiratory Team
- FeNo Overview on Interpretation
- Lung Health Check Update
- Oxygen Assessment
- Community Respiratory Exacerbation Service (CRES) Pathway
- Pulmonary Rehabilitation
- How to Address Tobacco Addiction in Clinical Consultation
- 6 Tier Approach to Asthma in Children
- The Medical Examiner Role and the National Move into Primary Care

A record number of 293 delegates attended the event and the feedback was very positive, comments include:

- "Thank you for NOT CANCELLING the PLT, learning about different services, and more details about inclusion / exclusion criteria very helpful during this winter respiratory surge we are having. Keeping all presentations together was quite user friendly, wondering whether these presentations would be available at later dates as well."
- "It was SIMPLY AN EXCELLENT SESSION!"
- "Thank you to all of the speakers. A very informative and interesting respiratory update. Helpful to clarify referral criteria for services. "



SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Our Initial Integrated Care Strategy

March 2023



A message for the people and communities of South Yorkshire:

In South Yorkshire we want everyone to live happy and healthier lives for longer. We know times are tough with the ongoing effects of Covid-19 and the rising cost of living, our engagement shows that having access to high quality care and support is important for our community. That's why we're working together as a partnership to make sure you have the support you need.

We're committed to listening to you, involving you, and responding to your needs. This strategy was created by our newly formed Integrated Care Partnership between September and December 2022 and will guide us up until 2030. It's a legal requirement, but we see it as just the start of a journey with all of you.

We're excited to work alongside our communities and the amazing people in our voluntary, community, and social enterprise sector. And we want this strategy to continue to improve and evolve through your involvement, because your health and well-being is important to us all. Let's work together for a happy and healthy South Yorkshire.



Foreword

The Mayor of South Yorkshire - Oliver Coppard

This strategy is a test; a test we are setting ourselves. Included in that test are questions we have asked ourselves before. And if we do not rise to the challenge this time, we will be back here again in a few years' time to ask ourselves those questions again. And within those intervening years yet more people – our friends, colleagues and neighbours – will have had their lives blighted, their careers cut short, and their happiness undermined by ill health.

So I am determined we will make a positive difference to the health of our communities across South Yorkshire, and this strategy is where we start. We have to challenge ourselves to think radically about what we do and how we do it.

That's why this strategy is so important as we look ahead over the next decade to 2030. If we achieve the goals in this strategy we will improve the health of our communities across Barnsley, Rotherham, Doncaster and Sheffield, tackle deep seated inequalities in health outcomes and access, make the most of the resources we have, and make sure our health and care services support our wider objectives as a region; making South Yorkshire a healthier, wealthier and happier place.

If we're going to achieve those goals, we will need to use not just the £3.8bn spent on health and care but also the wider £16bn



of public services spent in South Yorkshire each year to help those who need it most. We will need our 72,000 strong health and care staff to have the skills and resources they need to support our communities.



We need all our public services, such as employment support, transport and housing, to promote good health. We will need to listen to and strengthen our voluntary and community sector and recognise them as the equal partner they are. And we will need to put the lived experiences of our diverse communities at the heart of the way in which we work.

There are no shortage of great assets and examples of good practice across South Yorkshire upon which we can build however, there is no denying the scale of the challenge we face; those challenges are longstanding and complex. Some people in our communities will live shorter lives than others, by as much as nearly a decade in some cases. Life expectancy in South Yorkshire is no longer going up, something that has not happened in the last 40 years. There is healthy life expectancy gap of 20 years between some of our communities. And around a third of people across our region are living in some of the most deprived parts of our country.

So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of this we will continue to put our community's voices and needs first. This is our plan for a happy, healthier South Yorkshire.

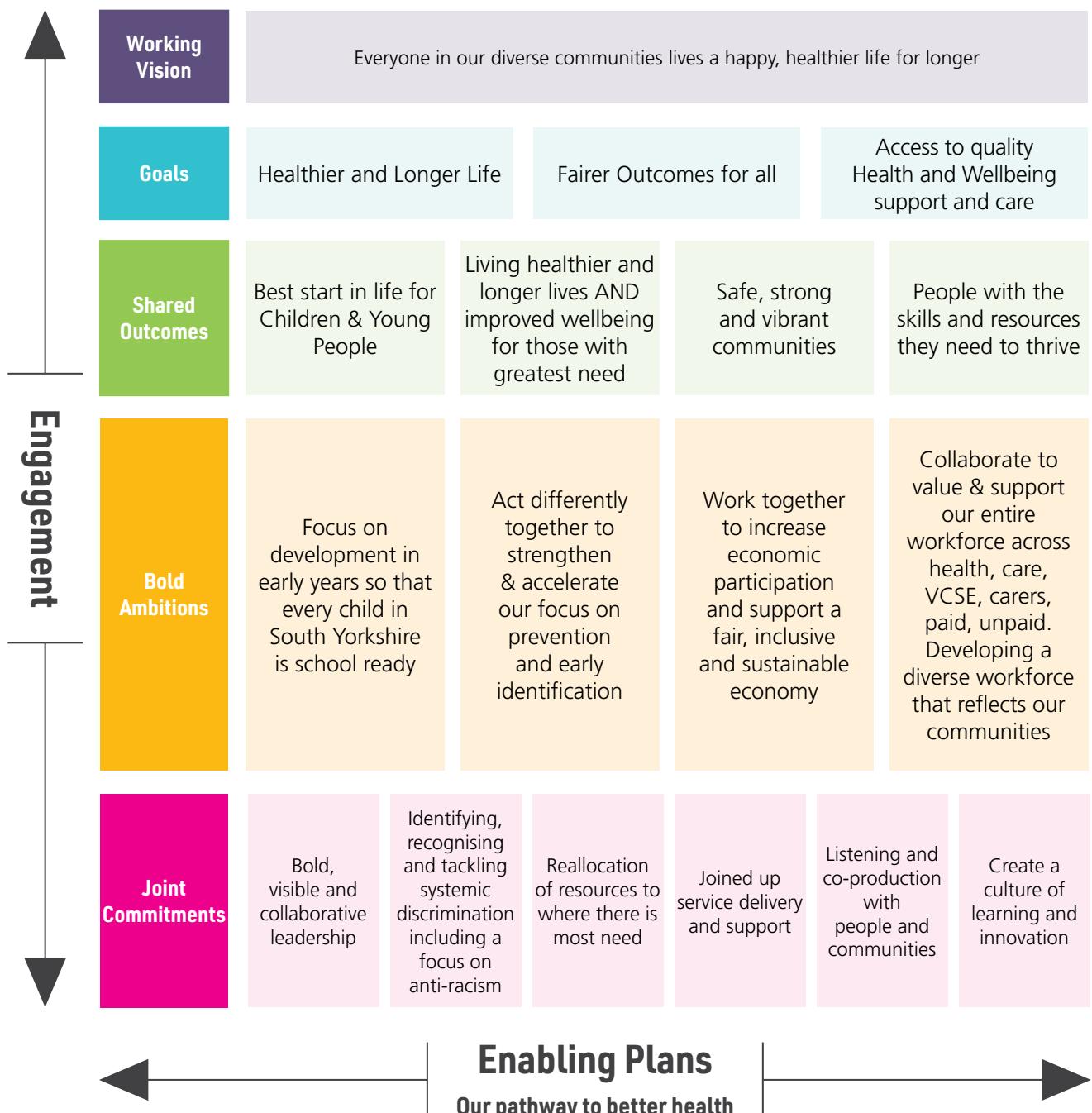
Oliver Coppard

Mayor of South Yorkshire



Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism



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Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive Voluntary, Community and Social Enterprise Sector and a broad range of health and care services providing a strong foundation for improvement. South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care including regional and national specialised services and centres of excellence, advanced manufacturing, technology, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

There are, however, some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this to improve outcomes for everyone in South Yorkshire. We are committed to working together to take action to address health inequalities and improve healthy life expectancy. We will work together as partners, with people and communities and our voluntary, community and social enterprise sector. Our ultimate ambition is in line with the Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK and this strategy is our initial staging post.

¹Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity





The '*Marmot Review 10 Years on*' report¹, published prior to the Covid-19 Pandemic, found unprecedented declines in health nationally over the decade before Covid-19. Improvement in health in the UK had slowed dramatically, inequalities had increased and health for the poorest people in society had got worse. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. However, health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.

This is our initial Integrated Care Strategy developed within the challenging timeline set nationally at a time when there is immense pressure across the health and care system. We have endeavored to engage broadly, to listen to what matters to people living in South Yorkshire and actively engage with our wider partners in the development of this Strategy. We will build on this and continue to engage and involve as the Strategy evolves and we translate its ambition into delivery.



What is the South Yorkshire Integrated Care System – an overview

Partner organisations across South Yorkshire have a long history of collaboration. The first Sustainability and Transformation Partnership was established in 2016. This then became one of the first non-statutory Integrated Care Systems in England in 2018. Following the Health and Care Act 2022 a statutory Integrated Care System (ICS) has come together from July 1st.

Partners have already started to break down organisational barriers so that we can wrap support, care and services around people and improve lives. In Barnsley, Doncaster, Rotherham and Sheffield, our Local Authorities, NHS partners, the Voluntary, Community and Social Enterprise Sector and many others have strengthened the way they work with each other and have joined forces where it makes sense to do so and where it makes a real difference to the public, patients, and staff.

Our pledges in 2016 were to give people more options for care while joining it up in communities and neighbourhoods, to help people to stay healthy, tackle health inequalities, improve quality, access and outcomes of care, meliorate workforce pressures and introduce new technologies. We paid particular attention to cancer, mental health and primary care, and the two key enablers of workforce and digital technology. Since then, much has changed - the impacts of the Covid-19 pandemic and the more recent cost of living crisis provide a very challenging backdrop as we set out our new strategy.

But we remain focussed and committed in our goal and undeterred for the people of South Yorkshire. We will build on our commitment to the quadruple aim, set out in our **Health and Care Compact** and use the new system architecture and partnerships and our renewed vision, ambition and commitments to go further faster on health inequalities. We will also build new partnerships with agencies outside the ICS to support improved and more equitable health and wellbeing for all and focus on those with greatest need.





New statutory Integrated Care Systems have been set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

Integrated Care Systems have four key purposes:

- 1** Improving outcomes in population health and health care
- 2** Enhancing productivity and value for money
- 3** Tackling inequalities in outcomes, experience and access
- 4** Helping the NHS to support broader social and economic development

They are made up of:

- An Integrated Care Partnership**
- a statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners.

The partnership is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. They are rooted in the needs of people, communities and places, oversee population health strategies, drive integration and take an inclusive approach to involvement.

- An Integrated Care Board**, which is an NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members, including Healthwatch, Mental Health and the Voluntary Care Sector representation.





What matters most to me about my health and wellbeing is to live in an equal society. Only through equality can health equity be achieved. I want to live in high-quality housing, in pedestrianised, green, and clean neighbourhoods, with local community facilities and assets prioritised. I want to live in a city that takes care of the most vulnerable, and where everyone is valued. I want to receive compassionate and destigmatising care from health and wellbeing professionals, that empowers me to take control of my life and health. I want to be able to access the resources to take care of myself and my community.

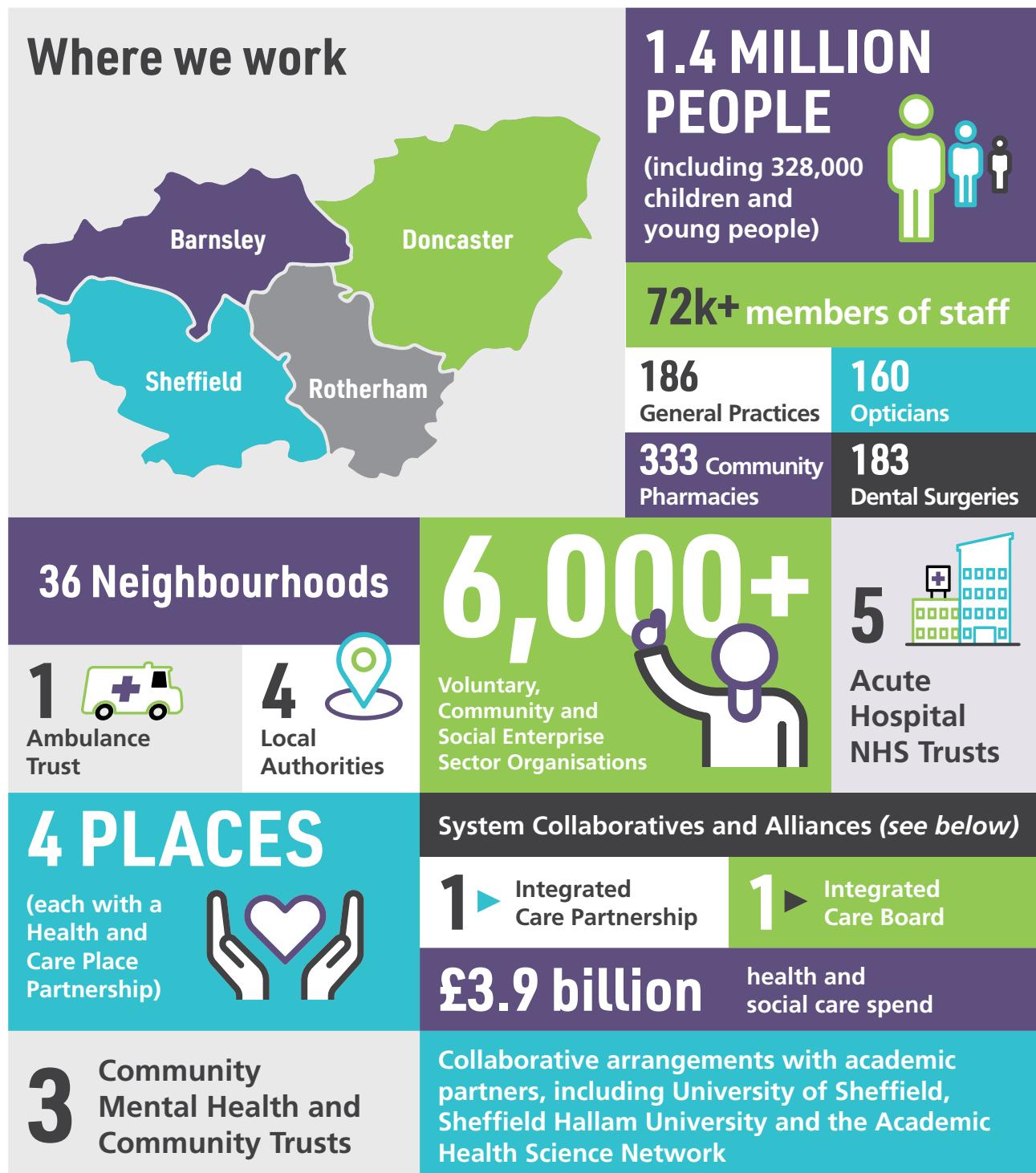
Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

In South Yorkshire the membership of our Integrated Care Partnership (ICP) was proposed by the Health and Wellbeing Boards in the four local authority areas – Barnsley, Doncaster, Rotherham and Sheffield and NHS South Yorkshire. We have worked hard to ensure there is a rich diversity of voices and perspectives represented and will continue to do this across the life of this strategy. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority became Chair of the South Yorkshire Integrated Care Partnership

in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is vice chair. By developing our partnership in this way we have built upon our existing partnership and aligned with Health and Wellbeing Boards. Work continues to increase diversity and inclusion in our Partnership and to further strengthen representation from our Voluntary, Community and Social Enterprise Sector as an equal partner, linking with the developing Voluntary, Community and Social Enterprise (VCSE) Sector Alliance.



The South Yorkshire Integrated Care Partnership covers the 1.4 million people and families living in Barnsley, Doncaster, Sheffield and Rotherham.



Places, Collaboratives, Alliances and Networks

Places: In each of our communities of Barnsley, Doncaster, Rotherham and Sheffield we have well established place-based health and care partnerships already working well together to provide joined up integrated health and social care, support and services by creating integrated multidisciplinary neighbourhood teams to meet the needs of local people. These are the cornerstone of our health and care system and already have delegated authority from the new NHS South Yorkshire to plan, determine and deliver for local communities.

Collaboratives: Our hospitals, mental health trusts and primary care organisations have also established strong collaborative arrangements. These Provider Collaboratives have been developed to further strengthen partnership working between our hospital and care providers to support joined up sustainable health and care services building resilience across organisations and pathways of care. They include:

- Mental Health Learning Disability and Autism Provider Collaborative (including acute, community and specialist services)
- Acute Hospital Provider Collaborative (including acute, elective and diagnostics children's and specialist services)



Alliances & Networks: Important Alliance arrangements have also been developed where partners across whole pathways or sectors come together to integrate and improve services and care support. These include:

- Primary Care Alliance (including general practice, pharmacists, dentists, and optometrists)
- Urgent & Emergency Care Alliance
- Children and Young People's Alliance (CYPA)
- Voluntary, Community and Social Enterprise Sector Alliance (VCSE) and creative and arts sector
- Cancer Alliance
- Local Maternity and Neonatal Network (LMNS)
- Social Care Networks and Clinical Networks



The **South Yorkshire Mayoral Combined Authority** (SYMCA) is a formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor. Its Strategic Economic Plan for the region recognises the critical interdependency of health, the economy and having good work. It aims to deliver a stronger, greener and fairer economy, one which reduces social and health inequalities. Oliver Coppard was elected as Mayor of South Yorkshire in May 2022 and is the Chair of the Integrated Care Partnership. One of his Mayoral priorities is the health and wellbeing of local communities, and he has a personal ambition to make South Yorkshire the healthiest region in the country.

We tend to think of our health as being mostly the product of our own energies, whereas in fact health outcomes and the inequalities in those outcomes are largely shaped by social, environmental, commercial and economic conditions in which we live. Our chances of experiencing good health and wellbeing, and maximising the length and quality of our lives, depend on **the circumstances and environment within which we are born, live, work and age**. Good health outcomes and health inequalities are rooted in socioeconomic circumstances. Many of the levers for improving population health, **such as quality education, good employment, comfortable, quality housing, connectivity, healthy local neighbourhoods, creativity and arts and commercial environment** reside with our local authorities and SYMCA, making our partnership a unique opportunity to make a real difference.



Listening to our communities in creating this Strategy

To develop our strategy, we started by understanding what matters to people living in South Yorkshire by:

- Gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see page 69).
- Building on this with a campaign to gain new insights: **'What Matters to You'**.

Our early insight-gathering identified the following key themes:

- **Awareness** – the need for more information about health prevention and availability of different health and social care services.
- **Access** – making it easy for people to access health and social care services and removing barriers
- **Agency** – enabling people to have the information, tools and capacity to make informed decisions and be in control of their lives.

Our **'What Matters to You Campaign'** took place over November. Working with our local Healthwatches and VCSE we asked people a single question. We reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented

and socially excluded groups and asked **'What matters to you about your health and wellbeing?'** The 'live feedback' from our campaign has been actively used to shape and inform our Strategy. The following key themes have emerged in addition to those from the early insight and they have been used to shape our strategy:

- **Access to care**
- **Quality of care**
- **Improving mental health and wellbeing**
- **Support to live well**
- **Wider determinants of health**
- **Affordability**

All the quotes throughout this Strategy are taken directly from our engagement work and the insight gathered informs our goals, shared outcomes, bold ambitions and joint commitments outlined in the next section. We have endeavoured to engage broadly and acknowledge the national timeline for development of this initial Strategy has made it challenging. There is a strong commitment from the partnership members to continue to engage and involve as the Strategy evolves and we translate it into delivery. This will include continuing to work with our local healthwatches and VCSE to engage with local people in neighbourhoods. We are working with local healthwatches and VCSE to engage with local people in neighbourhoods including those we have yet to hear from.



Our vision, strategic goals and shared outcomes for South Yorkshire

Our strategy to better health starts with people and families living in our communities.

Our Vision is that **Everyone in our diverse communities lives a happy, healthier life for longer.** Our vision is in line with Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK.

We have developed our initial strategy at a significantly challenging time for all partners. We are recovering from the covid pandemic, managing increasing operational and workforce pressures and responding to periods of industrial action. All these substantial factors are together creating an incredibly challenging environment for our health and care services and contributing to the access issues and increasing waiting times being experienced by people living in South Yorkshire.

Access to high quality services is identified as what matters most to people in South Yorkshire from our recent engagement work. Addressing access issues, including access to primary care, urgent and emergency care, mental health services and the increasing waiting times for hospital services are a key area of focus for our immediate delivery plans, with work already well underway upon which we will continue to build.

To improve access to services we know that we need to address increasing waiting times. We also need to understand the barriers people face and how we can work together with them and our VCSE partners to overcome these barriers to address inequalities in access. Alongside ensuring we have sufficient capacity in services to meet demand.

Addressing inequalities in access, improving access to services for those with the greatest needs will actively contribute to addressing health inequalities in South Yorkshire. So we commit to work together to address our immediate challenges through our delivery plans, including our NHS Five Year Joint Forward Plan, in a way that builds towards our longer term vision to address health inequalities in South Yorkshire.



This strategy is our initial staging post, through which we are making a commitment to work together to take action to address health inequalities and improve healthy life expectancy in South Yorkshire.

Creating the environments and economy that create and support health and allow people to thrive, now and in the future.

Our Strategic Goals

Our vision is underpinned by three overarching goals. We want to see the people in all our communities:

1 Live healthier and longer lives

2 Experience fairer outcomes

3 Have access to quality health and wellbeing support and care

Our success in these goals will ultimately be determined by improvements in Healthy Life Expectancy (HLE), the gap in HLE between the most and least deprived groups, eliminating inequalities in access and experience and unwarranted variation between our communities.

Our aim is to:

Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30

Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30

Close the gap in healthy years lived between the most and least deprived groups in South Yorkshire





Our vision and goals are supported by **four shared outcomes** which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of **Starting Well, Living Well** and **Aging well** and act as an enabler in this strategy for current plans. These are:

- 1** Children and young people have the best start in life
- 2** People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3** People are supported to live in safe, strong and vibrant communities
- 4** People are equipped with the skills and resources they need to thrive

Working Vision	Everyone in our diverse communities lives a happy, healthier life for longer			
Goals	Healthier and Longer Life	Fairer Outcomes for all	Access to quality Health and Wellbeing support and care	
Shared Outcomes	Best start in life for Children & Young People	Living healthier and longer lives AND improved wellbeing for those with greatest need	Safe, strong and vibrant communities	People with the skills and resources they need to thrive

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together.



Where are we now?

The impacts of the pandemic have been unequal and unfair and have highlighted inequalities which have been there for some time in South Yorkshire. Learning from the pandemic has provided us with an expanded view of inequality and to consider the importance and interplay of housing, employment, environment, skills, creativity, and transport (as key wider determinants of health) and their fundamental impact on health and wellbeing. We are fortunate to have many excellent care and support services across South Yorkshire, however, as a result of the pandemic and the impact on our workforce these have become stretched and under significant pressure over a prolonged period. We know from our engagement work, our communities value simple and timely access to high quality care and for this to support both physical and mental health needs. Our strategy and delivery plans, including our NHS Joint Forward Plan, which follow will address this and our focus will be on enabling equitable access to care and support.

Understanding the Population Health Needs and outcomes in South Yorkshire

Inequalities cost lives. People of South Yorkshire are living shorter lives than they should. The average number of years a baby born today in South Yorkshire can expect to live is 1.5 years less than those living elsewhere in England.



Not only are we dying younger, but we are living less years in good health, around 3.6 more years of life in poorer health than other areas in England. 37% (527,000) of people living in South Yorkshire live in the most 20% deprived areas nationally. Men and women living in the most deprived parts of South Yorkshire die around nine years earlier than those living in the most affluent parts of South Yorkshire. People who live in the most deprived areas are also more likely to spend longer in poorer health.

National data tells us that women in the most deprived areas will spend up to 19 years in poorer health compared to those in the most affluent areas. People living in the most deprived areas will experience the onset of multiple ill health conditions 10-15 years earlier than those in the most affluent areas.

Poor health damages our economy, prosperity and opportunity. Around a third of the productivity gap between the North and the rest of the country is estimated to be attributable to poor



My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.



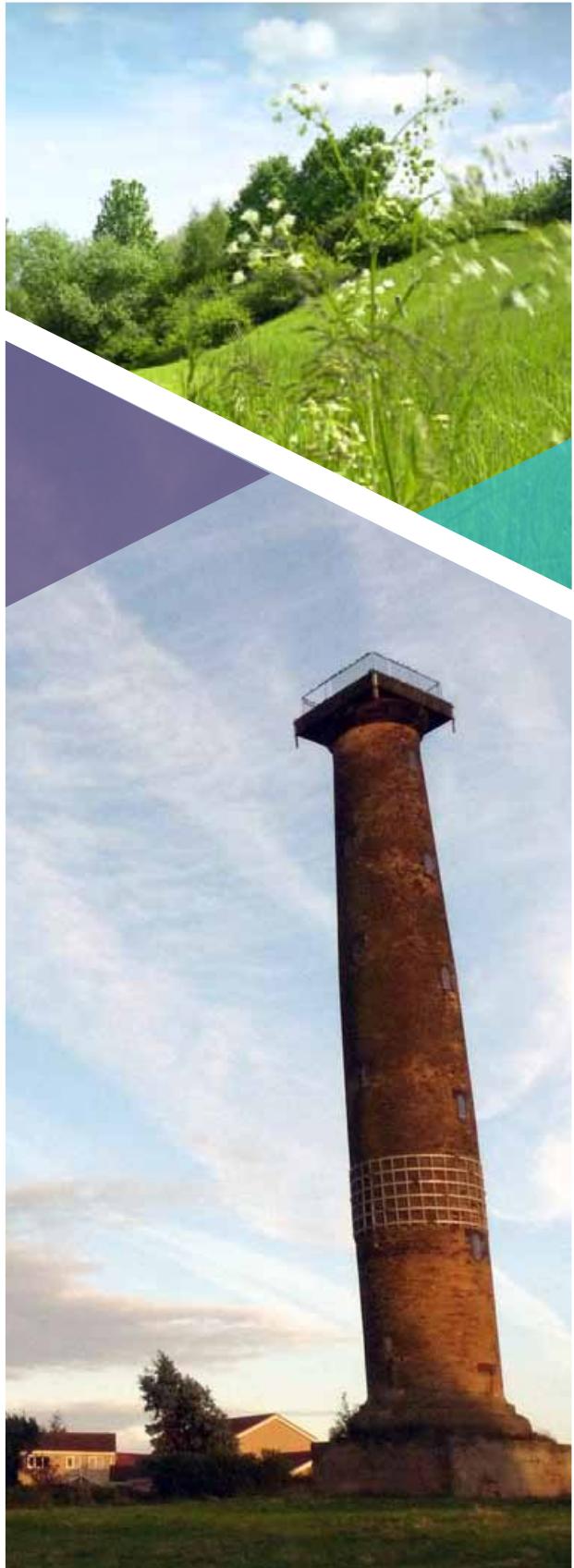
The conditions that create our health (wider social, environmental and commercial determinants)

To have a healthy society we need a range of building blocks in place: stable jobs, good pay, quality housing and education.

We need local streets and places that create and support health, environments that are free from pressure towards unhealthy products and behaviours and make it easier to be active and connect with people and with nature.

Over the last century or more we have seen a rise in non communicable diseases linked to smoking, obesity, alcohol and lack of physical activity. In that time people's genetics or will power have not changed, what has changed is the cultural and commercial environment in which we live.

Making changes to ensure everyone has equality of opportunity, has an environment that gives agency of choice and gives access to the building blocks of health is not easy and will require us to be determined in our focus for the people of South Yorkshire.



Theme	Key indicator	
	Housing Many of the most pressing health challenges such as obesity, poor mental health, physical inactivity are directly influenced by the built and natural environment, including access to quality housing.	Nearly 19% of South Yorkshire homes were reported to be experiencing fuel poverty, this is significantly worse than the England average (13%). This is likely to significantly increase given the rising cost of fuel prices and is estimated to impact on at least 42% of households.
	Access to green spaces and active travel Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.	<ul style="list-style-type: none"> 14% of adults in South Yorkshire walk for travel. 16% of South Yorkshire residents make use of outdoor space for exercise or health reasons. All four Places in South Yorkshire are ranked in the top 10 of all local authorities with the highest rates of children being killed or seriously injured on roads.
	Education Access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.	<ul style="list-style-type: none"> An estimated 1,840 (6.2%) young people are not in education, employment or training in South Yorkshire. 30% of children were deemed to not have achieved the expected level of development at the end of reception.
	Jobs Being in good work is good for both physical and mental health/wellbeing.	<ul style="list-style-type: none"> 73% of South Yorkshire residents aged 16-64 are in employment, this is significantly lower than the England average. The average weekly earnings are only 91% of the England average. The main reason for sickness absence is MSK— 19% of over 16s report having a long term MSK problem.
	Inclusive work To ensure everyone can benefit from the protective factors of being in good work, labour markets should be inclusive and diverse so everyone can access good work with fair pay.	<ul style="list-style-type: none"> There is a 12% gap in the employment rate between those with a physical or mental long term condition and the overall employment. This is even worse for those with a learning disability, where the gap is 66%. Those from non-white ethnic minority groups are less likely to be in employment, similarly employment levels are lowest in those in the most deprived areas and those aged 50-64.
	Crime and violence Crime is both a risk factor for health and an outcome from a number of other social determinants of health: crime can lead to both the short term effects which can be severe but it can also lead to long term problems such as depression or anxiety-related illnesses and; crime itself has its own risk factors.	<ul style="list-style-type: none"> There were approximately 46,000 violence offences reported, a rate of 33 offences per 1,000 population, this is higher than the value for England (29 per 1,000). The rate of deaths to drug misuse was 7.6 per 100,000, that's nearly 300 deaths due to drug misuse (in a three-year period).
	Air pollution Poor air quality is the largest environmental risk to public health in the UK as long-term exposure to air pollution can directly result in long term conditions as well as exacerbate conditions leading to hospitalisation.	<ul style="list-style-type: none"> Approximately 5% of all deaths are attributable to air pollution. It is estimated that 200,000 residents of South Yorkshire live in areas that are vulnerable to air pollution.

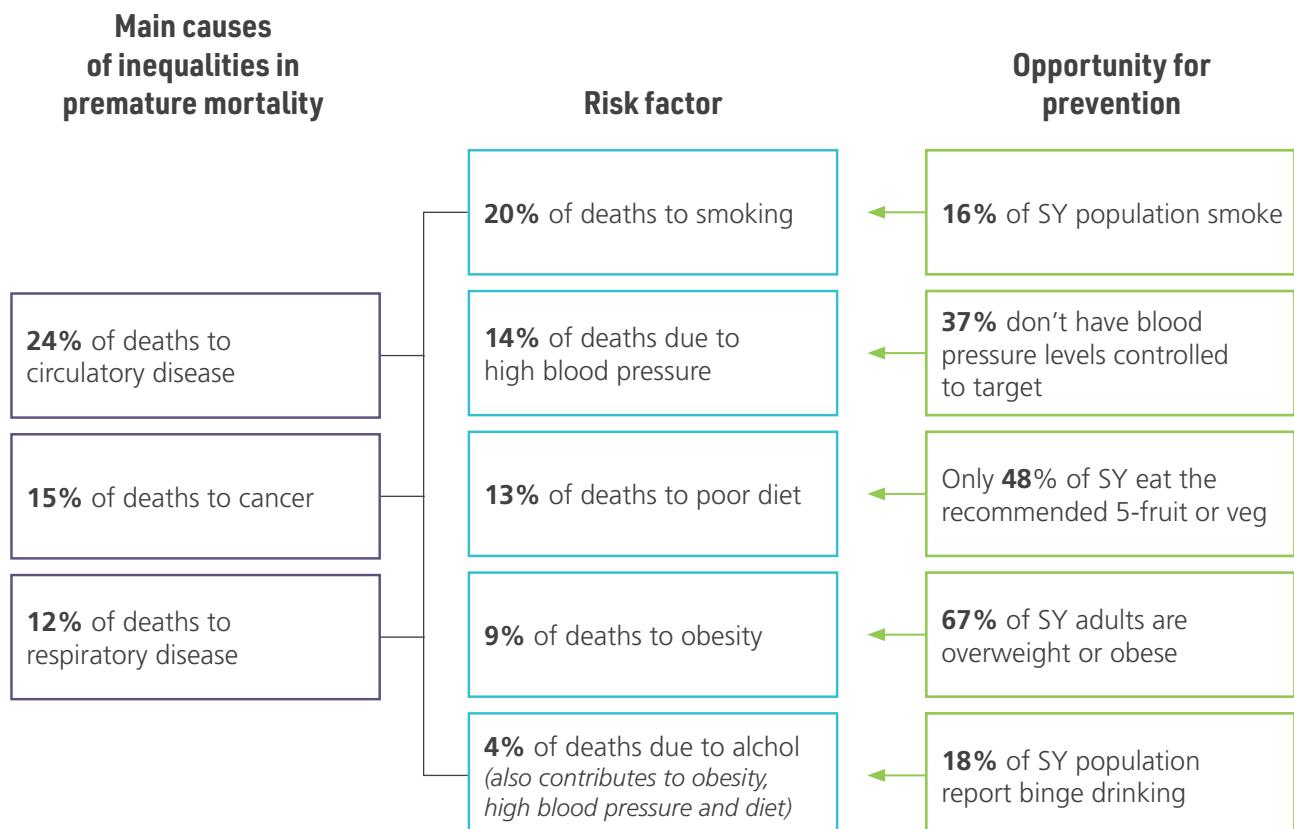


Health conditions amenable to prevention

We have a good understanding of the main contributors to mortality in South Yorkshire. They are cardiovascular disease, which includes all heart and circulatory diseases such as coronary heart disease, hypertension, stroke and vascular dementia. Inequalities in the wider determinants, risks and behaviours are strongly associated with poorer outcomes. The principal risk factors associated with the main causes of death and ill health are smoking, high blood pressure, diet, obesity and alcohol. South Yorkshire has higher than national rates of these common, but modifiable, risk factors.

Key numbers:

- 14% of population are recorded to have high blood pressure and 7% diabetes
- Rates of deaths from stroke are twice that in the most deprived group than least deprived group.
- Admissions for pneumonia in all 4 places are some of the highest in the country
- Early detection of cancer is most important factor for outcomes, only 51% of cancers are diagnosed early, which is much less than the national target of 75%

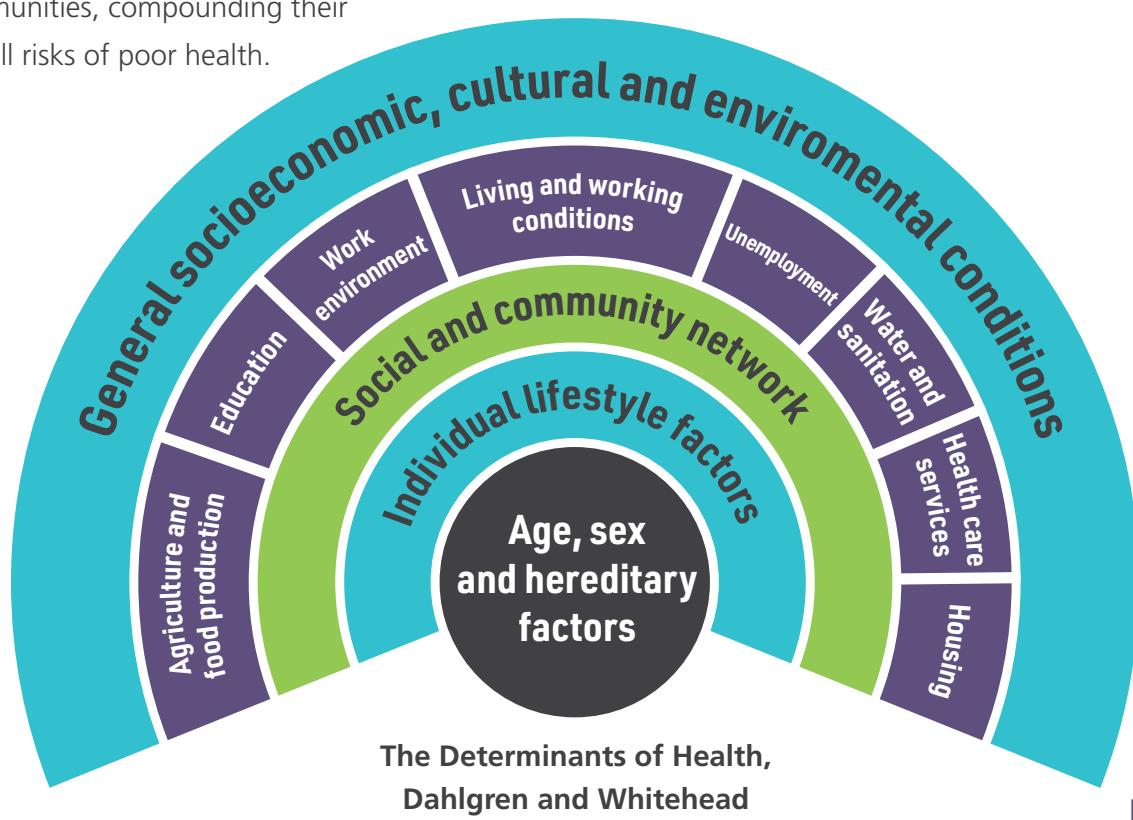


The health of groups vulnerable to inequalities

Smoking, poor diet, physical inactivity and harmful alcohol are drivers for early onset of illness and death in South Yorkshire. But people's ability to adopt healthy behaviours is strongly shaped by the environment in which they live. People in deprived areas tend to have less agency to make healthier choices as they disproportionately experience the pressures of unhealthy products due to increased advertising, exposure, normalisation, and a reduced financial means to access better alternatives, thus driving inequality.

Inequalities in the wider determinants of health; housing, environment, education, jobs and the modifiable risk factors (smoking, healthy weight, alcohol) often cluster in individuals and communities, compounding their overall risks of poor health.

The cost-of-living crisis means many more children, young people and adults in South Yorkshire will be living in poverty. Cuts in income combined with increased costs of living also means for many not being able to eat, heat their homes or keep clean. This impacts on immediate health and ability to access health and care services and support and increases the risk of illness in the short and longer-term. Poverty impacts on health through the wider determinants, affecting educational outcomes, life chances, choices and opportunities. By having to focus on their immediate needs and threats, people living in poverty may make decisions that are damaging for their health in the longer term.²



² How poverty affects people's decision-making processes Jennifer Sheehy-Skeffington and Jessica Rea 2017 JRF

Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as poverty, violence and complex trauma. This may be experienced, for example, by people who experience homelessness and drug and alcohol dependence. It may also be experienced by vulnerable migrants, Gypsy, Roma and Traveller communities. Poor access to health and care services and negative experiences can also be commonplace for these groups due to multiple barriers, often related to the way healthcare services are delivered, further compounding their inequalities in health.

The Covid pandemic has brought to the fore the health inequalities experienced by people from Black and minority ethnic groups in the UK. The recently formed NHS Race and Health Observatory concludes that the health of ethnic minority patients has been negatively impacted by inequalities in access to, experiences of, and outcomes of healthcare and that these longstanding problems in the NHS are rooted in experiences of structural, institutional and interpersonal racism.³



Key Facts:

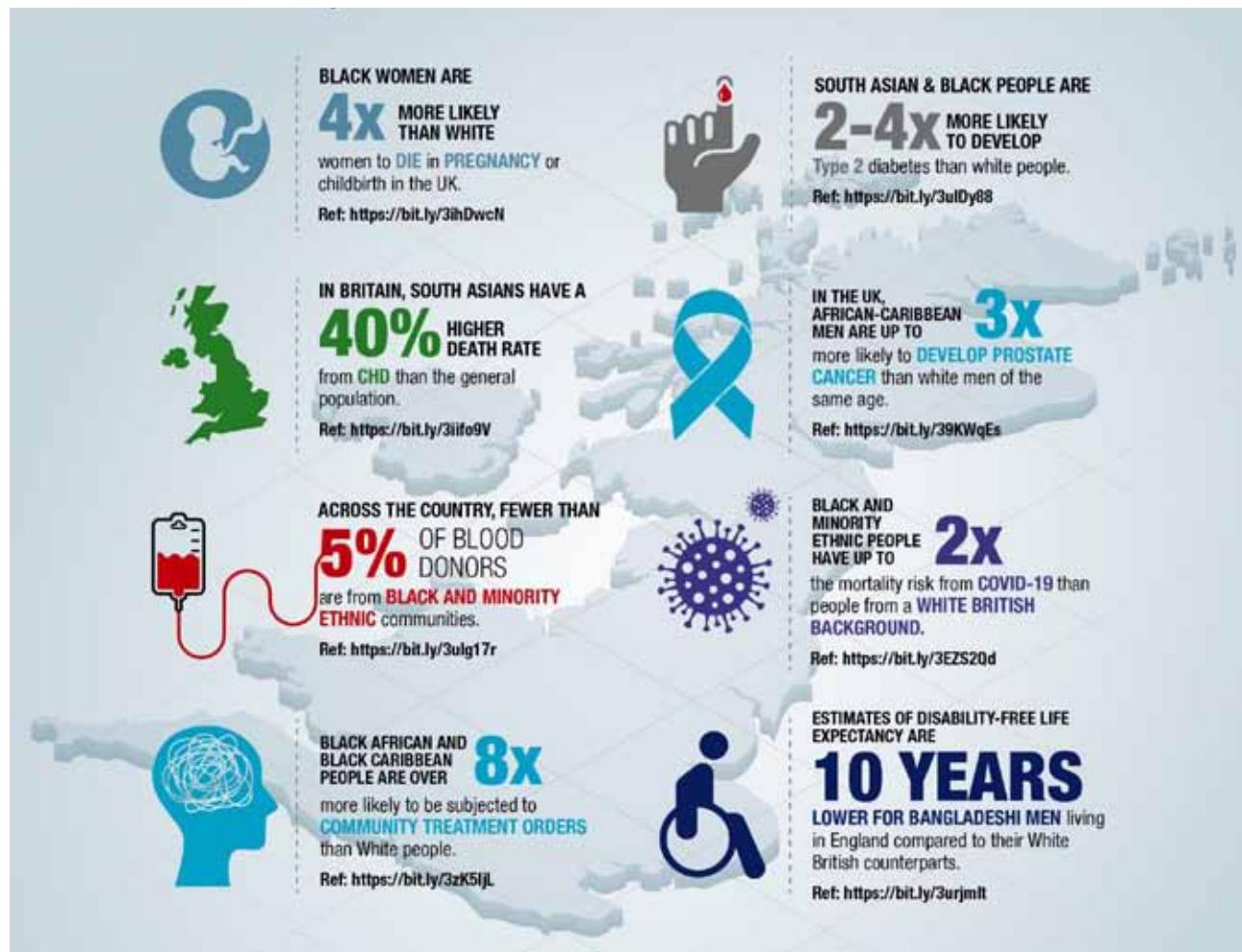
- People from Black and minority ethnic groups are disproportionately affected by socio economic deprivation
- People with severe mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population. On average men with severe mental health conditions die 20 years earlier, and women die 15 years earlier than the general population.
- People with a learning disability have worse physical and mental health and women with a learning disability die on average 18 years younger and men 14 years younger.

³ NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. 2022



Figure Ethnic Health Inequalities in the UK Source:

Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS – Race and Health Observatory (nhsrho.org)



Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Across South Yorkshire and in each of our places we have existing, strong strategies and plans, these include our Health and Wellbeing Strategies, our Place plans, our 5 Year Health and Care Plan and our South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. It is not our intention in this initial Integrated Care Strategy to duplicate these but to build on them, setting out where, as a whole partnership working together, we can add value and support to go further faster on some of the more challenging and intractable issues to contribute to reducing health inequalities and improving healthy life expectancy.

Our intention is to:

- Ensure that we focus on what matters to people, including good access to high quality care and support, and to demonstrate we have listened we have identified this as one of our strategic goals.
- Amplify or give visibility to exemplars of best practice to support learning, sharing and adoption.
- Identify a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align our collective power and influence to enable delivery at pace and at scale.



Our shared Outcomes are:

- 1 Children and young people have the best start in life
- 2 People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3 People are supported to live in safe, strong and vibrant communities
- 4 People are equipped with the skills and resources they need to thrive

Our Bold Ambitions are to:

- 1 Focus on development in early years so that every child in South Yorkshire is school ready
- 2 Act differently together to strengthen & accelerate our focus on prevention and early identification
- 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy
- 4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities



Our Shared Outcomes

1

Children and
young people
have the best
start in life



**We need...local community
groups to allow children to
do things outside school.
Access to help on healthy
eating and groups to promote
exercise at all ages.**

Quote from a South Yorkshire Citizen submitted as part of the
What Matters to You exercise



Why is it important?

- The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status.
- Behaviour is heavily influenced by our living conditions. Living in a street or place which encourages play and physical activity within daily life makes it much easier for children to develop healthy habits. We know that physical activity improves mental and physical health and is important for childhood development.
- Childhood is the most important time for enabling the development of behaviours that will have a lifelong influence on health and wellbeing, including physical activity and healthy eating.
- As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education.
- Parental ill health, including mental health can also have implications, these vary according to the nature of each parent's condition, their child's health and stage of development, and relationships with other family members.
- Poverty is a major social determinant and adversely affects children's life chances. In South Yorkshire a quarter of children live in poverty, which is higher than the national average and the increasing cost of living is placing additional strain on many families in our communities.

We have lower rates of school readiness, more children who are obese and the number of children who have dental caries is higher than the national average.

- In addition, evidence suggests that the pandemic has had a significant negative impact on children and young people and their mental and physical health.

Key Facts:

Compared to the national average, children in South Yorkshire are:

- Less likely to be breastfed at 6-8 weeks after birth
- Have slightly lower rates of school readiness (71% of children achieved a good level of development at the end of reception)
- More likely to be obese (37% of Year 6 and 25% of reception children are overweight or obese)
- More likely to have dental caries (830 admissions per 100,000 population, ages 0-5)
- More likely to die / be seriously injured on roads (37 deaths per 100,000 population of those aged 16 and under)
- There were 212 hospital admissions per 100,000 as a result of self-harm in those aged 10-14 (180 of our children)



What are we doing about it?

- We are working in each of our places, with our Local Maternity and Neonatal Network and Children and Young People's Alliance and Primary Care Networks to enable all our children and young people to thrive, have good physical and mental health, high aspirations and to ensure that they are able to maximise their capabilities to participate and contribute to society.
- We are enabling children and young people and their families to have a voice together with the information, tools and resources to manage their own health and wellbeing and to actively participate in how we improve and integrate services.
- We know that there is more we can do together to support families, including the development of family hubs in South Yorkshire to ensure that all our children are well supported in their early years and are all school ready and enabled to maximise their potential. To both support children to have the best start possible now, and to build on this for future generations.
- We are committed to supporting a reduction in healthcare inequalities, using the new Core20Plus 5 framework adapted for children and young people. The 'Core20' is the most deprived 20% of the national population as identified by the national index of multiple deprivation. The plus groups include ethnic minority communities; people with a learning disability, autistic people; people with multi morbidities; and those with protected characteristics.

Specific consideration is given to young carers, looked after children, care leavers and those in contact with the justice system. As part of the framework five clinical areas have been identified to be focused on by Integrated Care Boards and Integrated Care Partnerships and these are the key areas we are already working on:

- Asthma
- Diabetes
- Epilepsy
- Oral health
- Mental health

- We are working together with the Mental Health Provider Collaborative to improve the support of our children and young people's emotional wellbeing and mental health responding to the ongoing impact of the covid pandemic.
- We know the association between exposure to adverse childhood experiences and poor adult outcomes is heightened in looked after children therefore we are working to support all our looked after children to enable them to achieve academically and develop the capabilities to maximise their potential.
- Children's social care services are supporting families to stay safely together, with a focus on early help, access to services and preventing them from reaching crisis point.
- We are working together to identify where unhealthy commodity industries influence our environment and choices for profit, and use our powers to control those pressures. For example Local Authorities limiting saturation of hot food takeaways in areas around schools and working to remove industry interference in alcohol and gambling educational materials.





As a South Yorkshire Integrated Partnership, we will:

- Act swiftly together to galvanise all partners, including Primary Care Networks and partners in education and childcare settings, to deliver our bold ambition to focus on development in early years so that every child in South Yorkshire is school ready.
- Ensure, through our Place Partnerships, Local Maternity Network and Children's and Young People's Alliance that the voice and insights of families, children and young people are central to strengthening our understanding of their needs and enable changes to services to be co-produced.
- Through our Place Partnerships and Local Maternity Network, working closely with our communities, the Maternity Voices Partnership and VCSE, enhance maternity care, to decrease inequalities in maternal and neonatal outcomes.
- Building on existing relationships and multi-agency collaboration, take a strengths-based and coordinated approach to establishing family hubs across South Yorkshire, which have a focus on supporting families with the greatest needs. Maximise the opportunity through this approach to improve uptake of childhood immunisations.
- Through our Place Partnerships and Children's and Young People's Alliance, enable all our children to have the information, knowledge, skills and confidence to have good physical and mental health so that they are able to increasingly manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives.
- Through our Place Partnerships and Mental Health Provider Collaboratives, take action to improve support and access to mental health and wellbeing services for children and young people.
- Maximise the benefit of the Bloomberg Harvard City Leadership Programme for South Yorkshire focused on addressing health inequalities, including targeting the use of national frameworks such as the Core 20 Plus.
- Barnardo's and the Institute of Health Equity, led by Prof Sir Michael Marmot, are partnering to shape the way Integrated Care Systems (ICSs) create health and address health inequalities among children and young people. In South Yorkshire we have been invited as one of three successful ICSs to be part of this Children and Young People's Health Equity Collaborative over the next three years.
- The development of a National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park, a global first centre will develop the world's most advanced and integrated healthcare system for children and young people.

Our Shared Outcomes

2

People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest



To live a healthy, long life I want support maintaining my general health and mobility; access to fitness classes that suit me; confidence in my GP; suitable housing, preferably near a family member in case support is needed; enough money to eat reasonably healthily and to heat at least one room of my home.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Why is it important?

- People in South Yorkshire are living shorter lives than they should. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.
- People in South Yorkshire deserve better health and wellbeing.
- We want all citizens of South Yorkshire to benefit from an improvement in their health and wellbeing. We need to ensure that those with the greatest needs and /or most at risk from health inequalities see the biggest and fastest improvements.
- Taking a proactive approach, creating the conditions for good health and wellbeing to prevent problems and issues from arising in the first place, including creating streets and places that support every day physical activity and social connection.
- But where problems do arise, we need to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.
- Creating good health and preventing ill health is better for people, better for services and better for the planet.
- Consumption and choices are influenced by the commercial environment in which we live. An environment where these pressures, normalisation and exposure are reduced give people greater agency to make healthier options.

What are we doing about it?

To help improve physical and mental health and wellbeing and to reduce health inequalities action is being taken on a range of fronts:

- Partners are working together in every place with communities to take actions to improve the wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, creativity and arts climate mitigation and adaptation.
- Our partners are working to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and use their powers to reduce those pressures. For example introducing measures to limit hot food takeaways around schools and reduce industry interference in alcohol and gambling educational materials.
- Place based Partnerships, including Primary Care Networks and the Voluntary Community and Social Enterprise (VCSE) sector, are working with communities to support a strengths-based approach to the development of vibrant communities (see later sections)
- Targeted actions are being taken on the main risk factors for the conditions that are leading to premature death – smoking, alcohol, obesity and hypertension. For example, each Place is working to reduce access to tobacco and support people to stop smoking and all trusts in South Yorkshire are implementing the QUIT Programme⁴. Place Partnerships and the Children and Young People's Alliance are working with schools to promote healthy weight for children and young people.

⁴ www.sybics-quit.co.uk





- Healthcare services, including Primary Care Networks, are taking steps to identify earlier, and improve the clinical management in line with evidence, of the main diseases that contribute to our mortality and premature mortality – cardiovascular disease (heart disease and stroke), respiratory disease, cancer and dementia – and of their risk factors (such as high cholesterol, high blood pressure and diabetes).
- We have a well established Cancer Alliance that is leading the way with its focus on health inequalities and early diagnosis using behavioural science techniques, working in partnership with communities, primary care and the Voluntary Sector with Voluntary, Community and Social Enterprise Sector.
- We also have regional Clinical Networks for Cardiovascular, Diabetes, Stroke and Respiratory Disease. Our places are all actively involved in delivering prevention and management initiatives linked into these Clinical Networks.

- Physical activity partnership arrangements are well established, supported by Health and Wellbeing Boards and Place Partnerships, including for example Sheffield's Move More and Get Doncaster Moving. The South Yorkshire Mayoral Combined Authority has made a commitment to enabling active travel.
- Place Based Partnerships and the Mental Health Provider Collaborative are working with communities and people with lived experience to improve mental wellbeing, by promoting the importance of mental health throughout every stage of life, identifying those at risk of poor mental health and reducing the factors that contribute to this, including social and economic factors.
- Proactively enabling early intervention to prevent more serious difficulties and preventing suicide.
- Supporting people with mental ill health to have better physical health and working with primary care to enhance the annual physical health check for people with serious mental ill health.
- Mental Health Trusts now have specialist Tobacco Treatment Advisors who are supporting people in contact with secondary care mental services to stop smoking.
- Adult social care services are helping people to live the life they want while keeping safe and well in their local communities, guided by the 'Making it Real' Framework⁵ focusing on what matters most to people.

⁵ Making it Real - Think Local Act Personal

- We are being guided by what is important to people, we know that this includes access to services, seeing the right professional, at the right time and getting the right support when they need it. To enable this, we are working together to improve access to services, understand and remove barriers and enable the integration of care. For example, Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector.
- We have an effective health protection programme in South Yorkshire and will continue to work with the UK Health Security Agency (UKHSA) and NHSE to deliver health protection, including maximising delivery of routine adult and childhood vaccination programmes and ensuring effective delivery of covid and seasonal flu vaccination programmes. We will also continue to support delivery of health protection through Local Authorities, e.g. environmental health protection, outbreak management and addressing air pollution.
- Places are increasing their focus on addressing ethnic health inequalities. For example, improving access to social prescribing for ethnic minority communities.
- Partners are also developing their approach to the use of data and information from patients and communities to more effectively identify individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way care or broader interventions are delivered to improve patient experience, access and outcomes. For health care services, this is known as taking a population health management approach.
- Whilst progress is being made, if we are to prevent people living in South Yorkshire from having many years in poor health or from dying too early, we need a step change in the focus on wellbeing, prevention and the early identification and management of physical and mental ill health.

As a South Yorkshire Integrated Care Partnership we will:

- Through our Place Partnerships, working with the Mayoral Combined Authority Collaboratives and Alliances, ensure that community voice and insights are central to strengthening our understanding of our population needs and enable changes to services and local programmes to be co-produced with local communities and people with lived experience.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and ensure that prevention interventions are co-produced with local communities, delivered, and funded at sufficient scale to have real impact.



- Work through the Place Partnerships, Collaboratives and Alliances to accelerate the move from reactive care to proactive care, taking a whole-person approach and focusing on what matters most to people.
- Work together to ensure that people of all ages have the information, knowledge, skills and confidence they need to manage their physical and mental health and wellbeing, have choice and control in their own lives, and are able to use their skills, knowledge and experience to benefit the wider community.
- We will act differently together to deliver our ambition to strengthen and accelerate our focus on prevention and early identification. This will include a focus on improving access and the quality of care and support to reduce inequalities in access, experience and outcomes.
 - This will mean focusing on the four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension
 - Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – Cardiovascular, Respiratory Disease and early diagnosis of Cancer.
- We will enhance rehabilitation for patients prior to cancer therapy and rehabilitation for people with cancer, cardiac and respiratory diseases and stroke. By doing this we can help to delay the onset of multimorbidity and frailty as well as premature death.
- We will take a personalised approach to support those living with multiple conditions and those with life limiting conditions, enabling choice and control and supporting end of life planning.
- We will work with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services to have a strong focus on prevention, early intervention, resilience and recovery and continue our focus on reducing suicides.
- We will work together to challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness.
- We will work with:
 - People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.
 - People with serious physical long-term conditions to enable them to have good mental health.
 - Ethnic minority communities to support improvements in physical and mental health.
- We will build on the work of our partners to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and identify opportunities to work together to use our collective powers to reduce those pressures.



- NHS partners will commit to increase the focus on reducing inequalities in healthcare using the 'Core 20 Plus 5', an NHS England health inequalities framework, to support local health services to focus action on:
 - People living the most deprived neighbourhoods (Core 20).
 - Locally identified priority groups (Plus). Our Places each identified their priorities groups. Examples include people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBTQTrans communities.
 - Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids.
 - Decreasing smoking.
- We will increase our joint use of data and information to identify those at risk to target improvements in care, treatment and support. This is taking a population health management approach and will help us to support those who need it most.



Our Shared Outcomes

3

People are supported to live in safe, strong and vibrant communities



My health and wellbeing are severely affected by the environment in which we live. Clean air, green space access, safer roads, installation of renewable energy sources in public areas, improved public transport locally, more of it at affordable prices to encourage use.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Why is it important?

- We have many strong, proud and vibrant communities in South Yorkshire, but many communities have seen the decline of their local economy and of their community assets and through this they experience a lack of connectivity to education, employment and opportunities.
- The physical environment where people live and work and how safe they feel in their communities are important in creating good health and health outcomes. Good health is supported by a sense of wellbeing. Many things contribute to our sense of wellbeing; having good relationships with friends and family, being connected to nature, hobbies and having access to activities and amenities, culture and art. There is evidence of the benefits of these factors, including creativity and health improvement, particularly in relation to mental wellbeing. Other factors can be detrimental to wellbeing such as feeling lonely and isolated, living in places that we find ugly, run-down or unsafe. So creating and investing in places and local environments that support good health and wellbeing is really important for population health. Transport, planning and how the local environment is shaped, influence our wellbeing by making it easier, or harder, to get around and connect with people, activities and amenities. They are also important in creating local places that people enjoy living in.
- People living in places with poor quality housing, high air pollution and traffic volumes, poor access to green space and poor active travel and public transport links to jobs, services, family and friends and leisure are far more likely to experience poorer health outcomes. Environments like these discourage every day physical activity and can increase social isolation. These differences in the quality and liveability of our communities and local places are key contributory factors to the health inequalities we see across South Yorkshire.
- Living in poor quality housing, or homes that you are unable to heat is known to contribute to both physical and mental health problems. We know that this is an issue in South Yorkshire, with the latest published data (2020) estimating around 18% of South Yorkshire homes were experiencing fuel poverty. This is significantly worse than the England average, and likely to have increased considerably with increasing cost of living challenges. Damp, mould and condensation are all becoming increasing issues linked to fuel poverty.



What are we doing about it?

- Health and Care Partnerships in every place are working together to address these wider determinants and support community development. Health and Wellbeing Boards in each place play a critical role in driving forward this work. Places are actively enabling the growth of community infrastructure, working to increase access to physical activity in communities, working closely with the VCSE sector and with communities to enable use of our estate.
- Place Partnerships are also working together to ensure sufficient warm, sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas. Places are also aligning their plans to address housing issues related to fuel poverty and services for those with cold homes to address the key drivers of fuel poverty, income, energy efficiency and fuel prices.
- In each place organisations are working to leverage their local economic power to help create more accessible jobs for people in our communities and retain more of our public sector spend within our local areas to deliver additional social value for local people, including building wealth within our local communities through progressive procurement strategies. Progressive procurement is about making it easier for potential suppliers to bid for opportunities and to offer their goods and services to public sector organisations in a way that it benefits the local communities.
- Places are taking a strengths-based approach to build on the skills and strengths in different communities to enable positive and sustainable improvements.
- Places are working with local people and the VCSE sector to find solutions to local issues. Taking an asset-based community development approach is important in creating vibrant communities in which people feel happy, safe and proud. Putting more power and control in the hands of local people and local organisations helps to build stronger communities.
- This on the ground approach is enabling us to create more connected local communities. Being part of and feeling like you belong to a connected and resilient community, with opportunities to be physically active and participate in arts and culture, all contributes to people's mental as well as physical wellbeing.
- Work is underway to enable access to green space, leisure and sport facilities in our local communities, and to also enable access to cultural and creative opportunities, all of which positively contribute to health and wellbeing. Work needs to continue to improve health outcomes, including through interventions in the arts and a set of recommendations have been outlined to guide this in *"Improving health outcomes through culture, arts and heritage: Opportunities for the Integrated Care Strategy."*
- Strengthen our action on climate mitigation and adaption to unlock co-benefits for health and reduce health inequalities.



As a South Yorkshire Integrated Care Partnership, we will:

- Through our Place Partnerships, Collaboratives and Alliances we will actively support strength based community development, work to enable access to green space, cultural and creative opportunities and ensure decisions are made as close to communities as possible.
- In doing so we will promote physical activity and enable participation in meaningful activities to increase connectivity and reduce loneliness.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and co-produce solutions that address issues and enable community development in a way that contributes to safer, stronger more vibrant communities.
- Supporting place partnerships working together with housing providers to address key issues associated with fuel poverty, including condensation, damp and mould.
- Through our Place Partnerships, Collaboratives and Alliances, and together with our communities, to harness our collective role as anchor institutes to aid community development.
- Use our ability as a partnership to share learning and influence wider partners so that all are able to act as an advocate for safer and stronger communities.



Our Shared Outcomes

4

People with
the skills and
resources they
need to thrive



**My health is dependent on
my financial stability.
If I can afford to heat my
home, eat well, socialize,
and commute to work safely
then I am starting from a
good foundation.**

Quote from a South Yorkshire Citizen submitted as part of the
What Matters to You exercise



Why is it important?

- We know that being able to keep well, have choice and control and feel able to manage your own health and wellbeing is important to people in South Yorkshire. Equipping people with the skills and resources they need is vital so people have the information, knowledge, skills and confidence to keep well, manage and improve their own health and wellbeing and know when to seek support.
- To have a healthy society we need a range of building blocks in place as already described, these include stable jobs with good pay, quality housing, education and freedom from pressure towards unhealthy choices. As outlined socioeconomic factors such as education, employment and income all impact on our health and wellbeing.
- Together with a focus on the first 1,001 days, access to high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives. It is also important that learning opportunities are available for adults of all ages to develop the skills and qualifications needed for employment and progression.
- Equipping people with the skills and resources they need to thrive, through formal education, informal life-long learning, adult and community education, enables people to maximise their potential, participate in their communities and secure stable employment or contribute in other ways. It also equips people with the ability to research, ask questions, think critically, be curious and access/find the information and knowledge they need about how to manage their own health and wellbeing behaviours, supporting the wider prevention agenda.
- Being in work is good for both physical and mental health and wellbeing. Currently 72% of South Yorkshire residents aged 16-64 are in employment and this is significantly lower than the England average. Sheffield has one of the lowest rates in the country at 69%. As well as having less people employed in South Yorkshire the average weekly earnings are only 91% of the England average.
- Sickness absence in South Yorkshire is also higher than England. Doncaster has one of the highest rates in England, at 3.1%. There is a relationship between health and productivity, healthy people are more productive in the workplace.
- Affordability has been identified by people in South Yorkshire as an area of challenge and a barrier to enabling them to manage their health and wellbeing. It is anticipated that this will increase further as the cost of living increases, resulting in more children, young people and adults in South Yorkshire living in poverty.



What are we doing about it?

- The South Yorkshire Mayoral Combined Authority is working with partners to enable delivery of the South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. The Strategic Economic Plan (SEP) sets out local leaders' blueprint to drive our post covid recovery and to transform South Yorkshire's economy and society for people, businesses and places. We are already working to develop an inclusive and sustainable economy. "An inclusive and sustainable economy is one that works for everyone, with no one being left behind. It also protects the needs of future generations by ensuring that these can be met within the means of our planet".
- To enable this, labour markets need to be inclusive and diverse so everyone can access good work with fair pay. The South Yorkshire Skills Strategy, which is in development, will help support lifelong learning and develop people with the appropriate skills to support the economy. Life-long learning and skills development is important at all ages and in ensuring that people working in unsustainable industries are able to transition into quality, good, green jobs.
- Partners in South Yorkshire are already working together to take forward a transport strategy, with a focus on affordable public transport and enabling a shift towards active travel.



- Health and care services are working together to enable people to have the information, knowledge, skills and confidence to improve their health and wellbeing and feel confident about taking control and looking after themselves. Healthy engaged people are more able to work and are more productive in the workplace and thus able to contribute to wider economic prosperity.
- Places are working with communities and the VCSE to understand what matters most to people in our communities and what we can do to help to mitigate the negative health and wellbeing impacts of the increasing cost of living, e.g. ensuring they have a single point of contact and streamlined access to welfare advice and support. Affordable public transport is identified as important to enhance access to services and jobs, reduce poverty and address inequalities.



As a South Yorkshire Integrated Care Partnership, we will:

- Strengthen our work together to ensure everyone in South Yorkshire can benefit from being in good work by harnessing the collective power of our anchor institutions and supporting the development of our health and care workforce.
- Take action with our partners to support those that may traditionally find it difficult to get into or stay in work or find other fulfilling ways to make a meaningful contribution, such as those with a physical or learning disability, or a long-term health condition. In South Yorkshire we have schemes in place such as Working Win, but we know we can do more to make a difference.
- Actively promote the development of inclusive labour markets by focusing on work and health, including local recruitment, supporting people to enter and stay in work, especially those with physical and mental health conditions, inclusion groups & in greatest need to address health inequalities.
- Partner with education and skills providers who offer skills development at all stages of the life-course, in both formal and informal learning settings, to enable people to develop the skills and acquire the knowledge and understanding to look after their own health and wellbeing where possible.

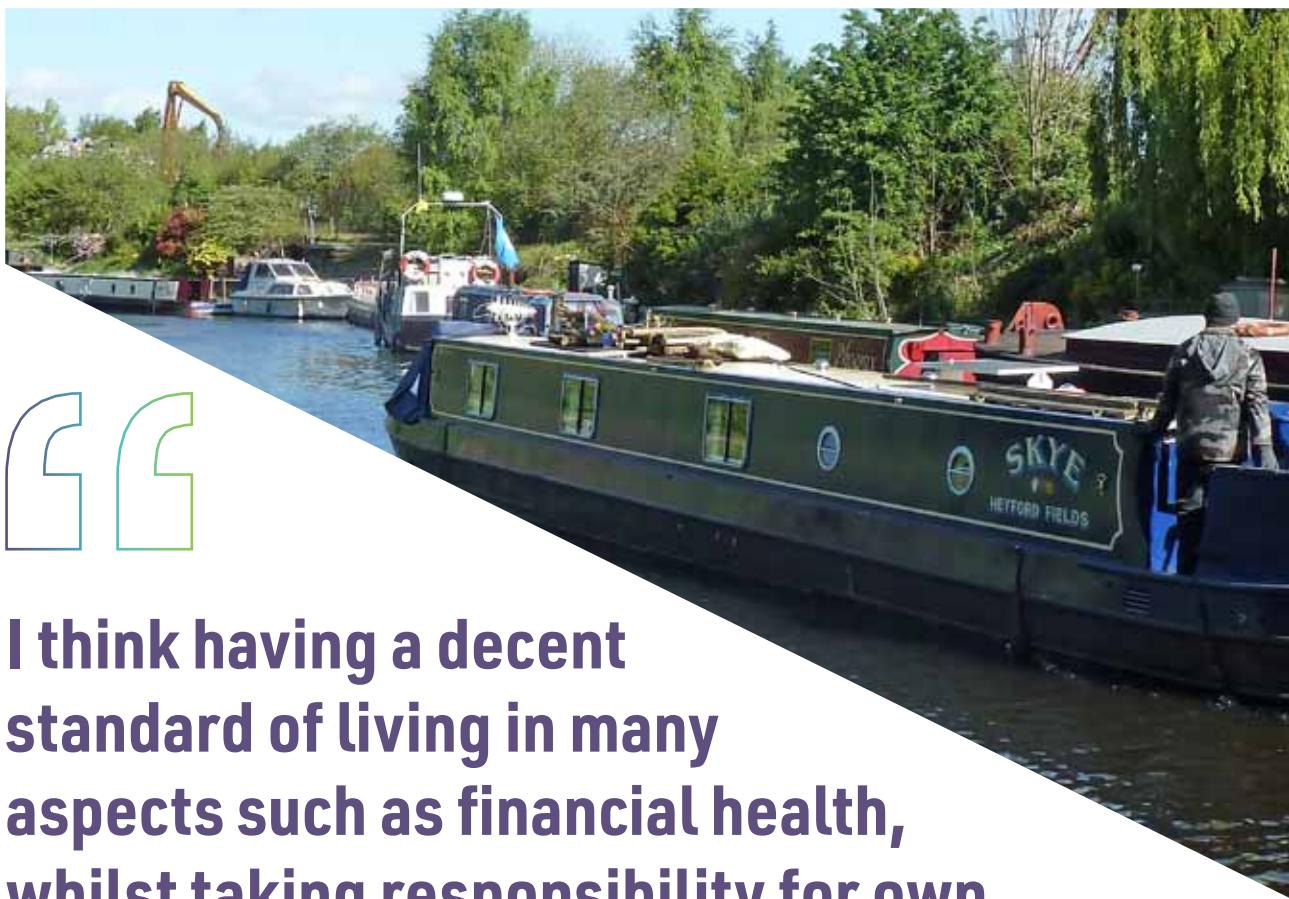
- Amplify, sharing learning and actively support the work underway in each of our places with local communities and the VCSE sector to reduce the impact of the increasing cost of living on people living in South Yorkshire, especially for those in the greatest need. Work together to understand those most at risk and to mitigate the impact of cost of living on access to health and care services and support.



Being able to flex my employment around my health needs is the most incredible gift and I cannot thank my employer enough for that, I've had jobs in the past where disability and health have always been a barrier in the workplace but where I currently work the culture and support available is genuinely the best I could ask for.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise





I think having a decent standard of living in many aspects such as financial health, whilst taking responsibility for own health is of upmost importance. Finance and health are linked in such a way where you can afford to eat healthy foods, something that has become a challenge in recent months. Everything is interlinked with Mental and Physical Health as well.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

Joint Commitments

To enable successful delivery of our strategy requires us to do things fundamentally differently for our communities. Our commitments underpin delivery of our Integrated Care Strategy.

They are:

- To be **bold, generous, visible, creative and and collaborative in our leadership** for the people of South Yorkshire, doing things differently being courageous and taking risks where it improves outcomes or reduces health inequalities.
- To **identify, recognise, and tackle systemic discrimination together** with a focus on anti-racism.
- To **reallocating our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To **join up service delivery and support** between health and social care and VCSE where it makes sense to do so in our places and across South Yorkshire.
- To **listen** and facilitate **co-production with people and communities**.
- To **create a culture of learning and innovation**, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- Develop and deliver **inclusive enabling strategies which** support delivery of our strategy **to better health**.



What do we mean by these commitments?

Bold Collaborative Leadership

- As a Partnership we are making a joint commitment to bold, visible and collaborative leadership which embraces and empowers leaders at all levels and across all partners working within a distributed leadership model.
- We will harness the power of our collective leadership across the Partnership, including VCSE. We will take an inclusive approach to develop leaders at all levels to reflect the communities we serve and develop a leadership culture which is inspiring and courageous.

Identify, recognise and tackle systemic discrimination with a focus on anti-racism

- As a Partnership we are making a joint commitment to identify, **recognise and tackle systemic discrimination with a focus on anti-racism**. We will identify and make systematic discrimination visible and work together to create the conditions to address it and to ensure fair and inclusive treatment and engagement.
- We are committed to supporting health and care systems, change levers and management leadership behaviours to tackle ethnic health inequalities and promote quality of care, safety, compassion and a **fairer experience** for patients, NHS staff and diverse communities alike.

Reallocate our resources

- As a partnership we are making a joint commitment to **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To deliver this Strategy we know that we will need to be more flexible with the use of our financial resources, rebalancing our spend towards prevention and those with the greatest needs to address health inequalities. This will mean collectively challenging ourselves as partners to operationalise a different approach to allocating our resources. We are committed to working through this together, understanding each other's differing financial regimes, the national constraints we need to operate within and considering what we can do differently, including the scope of our pooled budget arrangements.
- We will continue to strive to make best use of our financial resources, to ensure value for money and work towards a financially sustainable health and care system.



Joined up service delivery & support

- As a Partnership we are making a joint commitment to joined up service delivery and support. Through our engagement work we know that people really value access to high quality health and care services that are easy to navigate, personalised and joined up in their delivery. In every place in South Yorkshire, we are already working to join up service delivery and support by integrating health and care services. General practices are working together as Primary Care Networks, with community health services, mental health, social care, community pharmacy and the VCSE sector. They are working together to integrate health and care services through the creation of integrated multidisciplinary neighbourhood teams to deliver more preventative and personalised care, treatment and support for people in their local communities.
- Across South Yorkshire Better Care Fund Plans supported integration by enabling joint planning and pooled budgets between NHS commissioners and Local Authorities. Section 75 is a key tool to enable integration and is well utilised in South Yorkshire. Through the Better Care Fund, we have enabled people to stay independent for longer and improved our hospital discharge pathways and reablement services.

- There is still much more we can do to better integrate health and care services, physical and mental health services in each place working with our communities, the VCSE and our developing Provider Collaboratives and Alliances. By joining up service delivery and support we will be able to better meet the needs of individuals and communities in South Yorkshire.

Listening and co-production with people and communities

- As a partnership we are making an ongoing commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- We will work creatively and accessibly to reach those whose voices / views / opinions/ experiences that are underrepresented, seldom heard, too often ignored or not sought, working closely with the Voluntary Community and Social Enterprise sector (VCSE) and using flexible methods.
- Understanding the insights and diverse experiences of people and communities from across South Yorkshire is essential to help us build on all the strengths within those communities, enabling us to co design services to address health inequalities and the other challenges faced by our health and care system and our places.



Creating a Culture of Learning and Innovation

- In South Yorkshire we want to create the conditions for a high learning and sharing health and care system, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- We want to work together to strengthen our approach to research and innovation and bridging the gap between new knowledge, research and implementing evidence of what works to improve for all our local communities. There are a number of healthcare research and innovation organisations that operate in South Yorkshire that we are already connecting with, including University of Sheffield and Sheffield Hallam University and we have also partnered with the Academic Health Science Network to establish an Innovation Hub.
- We are committed to further forging partnerships between the NHS, Universities and Industry to contribute to improving the health and wellbeing of people living in South Yorkshire. Our aim is to:
 - Increase the pace of adoption and spread of impactful innovation
 - Make data, research evidence and insights more accessible
 - To support researchers and innovators and remove obstacles for those with potentially impactful solutions for health and care

- The South Yorkshire Integrated Care Partnership provides a refreshed opportunity to advocate for increased focus for innovation and research in the primary and social care sectors and explore new opportunities for socially focused research on challenges experienced by our communities, including the wider determinants of health.
- We will develop and use plans for an Academy for Population Health and Health Inequalities as a platform to connect people working across all sectors of our health, care and VCSE system to raise awareness and share knowledge. The academy will develop the confidence and capability of our workforce to enable cultural change to facilitate better collaboration and integration with the intent of reducing health inequalities and improving the health of people across South Yorkshire.



How we will achieve our ambitions: Enabling plans and our partnerships

Inclusive Enabling Plans

Developing Our Workforce

- Our South Yorkshire health and care workforce is our greatest asset as an integrated care system. Over 72,000 people are employed across our NHS and care sectors, spanning over 300 diverse roles. In addition, our communities benefit from a strong Voluntary, Community and Social Enterprise (VCSE) sector. Our workforce has grown, but demand is now often outstripping supply and there are ongoing challenges which require us to work together differently as partners.
- In addition to our health and care workforce we also recognise the significant role of unpaid carers, which includes thousands of people providing unpaid care and support. Carers often experience poorer health outcomes themselves and report that the experience of care for their family member, and themselves could be improved.
- Volunteers play a substantial role in supporting the work of all sectors and communities across South Yorkshire, and we are working together to ensure that volunteers feel valued and supported, that opportunities to volunteer are inclusive, meaningful and varied, and that organisations working with volunteers collaborate to offer best practice in volunteer management and support.

- Across South Yorkshire we operate a well-established Workforce Hub. The Hub has been developed in partnership with Health Education England and is aligned to the NHS South Yorkshire. It delivers a range of workforce transformation programmes across health and care to support education and training, recruitment, retention, health and wellbeing, equality, diversity and inclusion, and new ways of working.
- It has been agreed with our partners to develop a workforce strategy for South Yorkshire. This will enable us to:
 - Ensure that our workforce feels valued and supported by health and care organisations in South Yorkshire and the system as a whole
 - Drive parity of esteem across sectors and develop a sense of belonging
 - Continue to support the health and wellbeing of our existing workforce
 - Develop our future health and care workforce, supporting local people to enter health and care roles, and those that may traditionally find it challenging to enter and stay in work, such as care leavers or people living with a physical or mental health conditions
 - Develop creative leadership across the health and care sector working with the creative sector



- Recruit and develop a workforce that reflects the diversity of the communities we serve
- Deliver the NHS People Plan ambition for more people, working differently, in a compassionate and inclusive culture and to ensure our workforce and staff find fulfilment and enjoyment in their work
- Progress shared development of innovative new workforce roles to meet emerging needs
- Deliver on our commitment to the Sheffield Race Equality Commission recommendation to become anti-racist employers by 2024
- Work with partners to address health inequalities, especially where protected characteristics have increased those inequalities
- Put in place programmes to support unpaid carers which are coproduced to meet their needs.

embed a culture of continuous learning and improvement across our Partners.

- Our Partners are committed to delivering high quality services that meet the needs of local communities and are evidence based, and to do this through embedding the voice of our citizens throughout our work; an area we are already progressing through our System Quality Group and our broader delivery programmes. Engaging with the power in the voices of local people, listening to their needs and being driven by high quality, timely, information is core to our continuous development.
- As well as being driven by continuous improvement, we will be responsive in our approach to quality management and understanding the key risks across the systems, working together to respond to pressures across the system, embedding a supportive culture and using our collective experience and expertise to ensure we mitigate any risks to service delivery.
- We have set out a series of key principles for Quality which we deliver through the work of the partnership:
 - We will work together to develop detailed **clear standards defining what high quality care and outcomes look like**, based on what matters to people and communities
 - Create a shared understanding of **accountabilities** for the delivery of **quality and safety** across the system.
 - Focus our **resource and embed effective quality governance** arrangements appropriately

Quality and Quality Improvement

- Access to high quality health and care is consistently identified as a key theme that is important to people in South Yorkshire. We know that seeing this through a Health Inequalities lens is critical to delivery of our goal of Fairer Outcomes for All. Our approaches to Quality and Quality Improvement need to build on the principles of fairness and equity. We have embedded an approach to continuous improvement and delivery of high-quality services as a fundamental principle of our collective delivery. We are keen to build on this and to continue to





- Core to our approach will be to reduce health **inequalities and minimise variations in the quality of care and outcomes across South Yorkshire** to inform our ongoing improvement
- Embed a single, consistent approach to **measuring quality and safety** using KPIs triangulated with intelligence and professional insight
- Celebrate **where we have got things right and share this learning** widely to continue our development journey
- Focus on **adopting innovation, embedding research and monitoring care and outcomes** to provide progressive, high-quality health and care policy

- As part of setting out our governance arrangements, we have embedded an approach to quality and monitoring, which will further develop to complement our work programmes and delivery of services. We recognise, within this, the important role of regulators including the Care Quality Commission (CQC) and Office of Standards for Education, Children's Services and Skills (OFSTED) in ensuring we meet requirements around safety and quality. We will continue to ensure that individually, and collectively, we work with agencies to learn and develop. This will include learning from good practices elsewhere both within and beyond the UK, embedding national policy and recommendations as well as learning from our local service delivery.



Improving access to services, care and support

- Access to health and care services is identified by people in South Yorkshire as important to them. Across health and care we know that there is variation in access and that there is more that we can do working with our local communities and VCSE to understand the barriers people face and how to enable these be overcome to facilitate more equitable access.
- Access to primary care is an area specifically identified. In recent years primary care has been challenged by increasing workload, both complexity and intensity and workforce challenges. The expectations of people and professionals are changing and with them the manner and scale in which services are delivered are being adapted, drawing on technology and digital solutions, balancing the need for face to face and remote consultations, whilst building capacity to enable us to meet increasing patient demand.
- The South Yorkshire Primary Care Provider Alliance brings together General Practice, Community Pharmacy, Dental and Optometry. It will develop a strategic plan for primary care which includes recommendations from the Fuller report published by NHS England. This will address the need to enable good access to services delivered at the right scale, whilst retaining the benefits of local neighbourhood services that offer continuity of care. NHS South Yorkshire will commission Community

Pharmacy, Dental and Optometry services from April 2024, creating an opportunity to play to the respective strengths of the providers of primary care services, including addressing issues with access to dentistry, widening the range of services available through Ophthalmic Opticians and increasing the role of community pharmacies in providing services and support to local populations.



What matters to me about my health and wellbeing is getting care for me & my family in a timely way when we need it - be it an ambulance, a care home, a GP appointment.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



- Similar to the position nationally, waiting lists for hospital treatment in South Yorkshire have increased through the pandemic. Working through our Acute Provider Collaborative we have a strong focus on reducing waiting times such as through Community Diagnostic Centre developments. We are also working through Place Partnerships and our Urgent and Emergency Care Alliance to develop and implement plans for winter to increase capacity and support to deliver more personalised and preventative care and support for people in their own homes.
- The pandemic has also increased demand for mental health services, including children's and young people's mental health and neuro diversity services resulting in increased waiting times. We are working through our Place Partnerships and our Mental Health Provider Collaborative to take action to address this. Our aspiration is in line with 'No Wrong Door', a NHS Confederation publication that sets out a vision for mental health, learning disability and autism services in 2032 is that there will be no wrong door to access quality and compassionate care and support.

Estates

- Health and care services in South Yorkshire are delivered in a wide range of buildings and hubs across our communities. An Estate Strategy for South Yorkshire was developed by NHS South Yorkshire during 2021/22. The Estate Strategy is working towards ensuring that we have modern, fit for purpose, sustainable and high-quality estate for the people in South Yorkshire. Its purpose is to demonstrate how our estate

can be improved over time, for the benefit of patients, staff and the local community. This includes supporting a wide range of projects such as plans to upgrade hospital facilities, for example the redevelopment of Doncaster Hospital and working together as partners to invest in estate in town centre locations to improve access, increase footfall and maximise social value.

- We have been increasingly moving from a functional approach to managing our estate, to one which looks at the whole estate across South Yorkshire, building on the 'One Public Estate' approach and principles. The Estate Strategy embeds this approach and provides a strategic focus and added value via a collaborative and innovative approach to estates management, maintenance and efficiency; and strategic development and investment across the ICB footprint. It supports delivery of our clinical strategies and joint plans to maximise use of our assets through greater utilisation of existing estate, co-locating with other agencies and services where possible, creating a better patient environment and reducing the carbon emissions linked to our estate.
- Through this we are committed to taking a strategic approach to managing our estate to get the most out of our collective assets. That includes working with our communities to ensure that we plan and deliver integrated services that are in the right places and furthering our role as anchor institutions by supporting the use of our estate by VCSE and local communities contributing to social value.



Digital, data and technology

- In South Yorkshire we have an ambitious plan for digital transformation. Our vision is to promote and coordinate optimal use of digital tools, integration and interoperability of technologies (how technologies speak to each other and work together) to create a seamless digital experience for people and clinical staff with the aim of increasing safety, improving experience and reducing inequity.
- Our priorities are:
 - Working with communities VCSE and other anchor organisations / institutes to enable digital inclusion
 - Actively supporting improvements in partner digital maturity and digital transformation including delivery of electronic health records and shared care records. This will support joined up service delivery, improve access to data for health and care staff and improve reliability and cyber security
 - Implementing transformative technologies for our public to remotely interact with their care record, use new remote monitoring technologies to access health and care services and manage their own health and wellbeing
 - Develop a digital workforce strategy to improve digital and technical expertise and enable new ways of working
- We are committed to working with partners to co create a high-quality intelligence service for South Yorkshire to enable better use of data to understand our population health needs and health inequalities. Practically this means:
 - Supporting development of a data-literate community across South Yorkshire to develop an insight-led health and care system
 - Provision of a South Yorkshire data platform, collating not only health and care data, but information integral to understanding wider determinants of health
 - Supporting, where legally appropriate, sharing of data and information with research partners
 - Expanding our analytical capability to use innovative tools, techniques and advanced analytics to deepen our understanding of outcomes and develop new integrated pathways of care
 - Building a strong analytical community to promote sharing of data management and analysis skills and expertise across the system





What matters to me is staying healthy to enable me to stay independent and remain in my own home as long as possible.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Sustainability

- A Sustainability and Green Plan was launched by the South Yorkshire Integrated Care System in 2022. It sets out a programme of work that focuses action on a number of areas including estates and facilities, travel and transport, supply chain, medicines and adaptations, alongside workforce and digital. Local priorities were also identified, including primary care. The agreed programme of work set out in the South Yorkshire ICS Sustainability and Green Plan enables us to exploit synergies between partners.

- Climate change and population health are closely linked, the actions needed to promote sustainability and tackle climate change are also those that contribute to preventing ill health and improving population health. Taking a more preventative approach to health also can reduce health sector carbon emissions. Recognising this interdependence, as an Integrated Care Partnership we will collaborate with existing programmes of work and strengthen our commitment as partners to work together and with others to have a wider impact. By joining up our work to raise awareness, educate our workforce and progress initiatives to deliver sustainable travel, active travel, reduce air pollution and other sustainability initiatives.

- Action on climate and the environment also can improve health and reduce health inequalities through other mechanisms. For example, improving the energy efficiency of homes results in warmer homes and helps reduce the cost of living, both which are related to better health outcomes and contribute to reducing health inequalities. The creation of good, accessible, green jobs could be targeted to those further away from the labour market and to those needing to transition from carbon intensive jobs.
- There are also many opportunities to boost the local economy collectively as anchor institutions by meeting South Yorkshire's net zero ambition, including the needs of the NHS, by supporting local innovation, local businesses and local jobs.





- Working with partners to support nature recovery will also benefit health by providing more options for nature connectivity for our communities and can also support climate adaptation by reducing flood risk and protecting against high urban temperatures.
- The NHS has committed to reaching carbon net zero. The Health and Care Act 2022 placed new duties on NHS to contribute towards statutory emissions and environmental targets. The South Yorkshire Mayoral Combined Authority and Local Authorities are moving at pace to develop tangible plans for how they tackle climate change, including the Mayoral manifesto commitment to establish a South Yorkshire Citizens Assembly for Climate Change and together this has fuelled our collective ambition.

Broadening & strengthening our partnerships

- As a Partnership we will only be able to achieve our bold ambitions and make progress in relation to our shared outcomes to improve the health and wellbeing of people living in South Yorkshire and reduce health inequalities if we work together as partners and broaden and strengthen our partnerships.





What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Working with our Voluntary, Community and Social Enterprise Sector (VCSE)

VCSE Sector in South Yorkshire

- South Yorkshire is home to over 6000 diverse VCSE organisations undertaking wide ranging activities and services that impact positively on the health and wellbeing of our communities. This includes small grassroots community associations, community groups, voluntary organisations, faith groups, charities, not for private profit companies and social enterprises. It also includes the creative and cultural sector.



How will we work in real partnership with VCSE?

- We hugely value the contribution of VCSE organisations to our health and care landscape, and the Integrated Care System is committed to embedding and strengthening the role of the VCSE sector as an equal partner in our work, fulfilling its potential to collaborate on strategy, delivery, engagement and insight.
- To enable and support this, we are working with our VCSE partners to develop a VCSE Alliance. The Alliance will enable VCSE organisations across South Yorkshire (and Bassetlaw where appropriate) to participate in system work in meaningful ways including networking, information exchange, co-designing new opportunities and participating in South Yorkshire level ICS meetings. The Alliance will connect with VCSE organisations and networks in our Places, and will be guided by a Steering Group of VCSE infrastructure leaders (please see diagram).
- A new VCSE and ICS Memorandum of Understanding describes our relationship underpinned by shared values, principles, responsibilities and priorities. This has been co-designed by VCSE partners and conversations with NHS and Local Authority partners and will be adopted in 2022/23.
- Our 'enabling' priorities for partnership working include strengthening our VCSE commissioning and investment approach, enhancing communications, and building a culture of parity of esteem.



What will we do together?

- We will build on successful work already underway such as social prescribing and identify new opportunities and potential for collaboration across our system partners and transformation priorities.
- We have started a conversation about how we value and support the workforce both paid and unpaid across all sectors in South Yorkshire and will co-design a new workforce strategy with Voluntary, Community and Social Enterprise Sector partners.
- We will continue to utilise VCSE expertise in our work with VCSE, NHS and Local Authority partners to strengthen and support volunteering across South Yorkshire.
- We are scoping opportunities to understand how our Voluntary, Community and Social Enterprise Sector partners can work with us to improve outcomes on a range of pathways, including mental health, maternity and stroke.
- With our renewed commitment to enhancing population health and tackling health inequalities, we will harness VCSE expertise and knowledge of our local communities of geography and diversity. Building on our experience of and learning from collaboration during the Covid-19 pandemic, and as we look ahead to a cost of living crisis, this has never been more important.

Working with other agencies including

Housing and Education

- Place Partnerships in South Yorkshire are already facilitating multi-agency collaboration that enables consideration of the physical, social, structural, cultural and commercial environments people live in that directly impact on their ability to lead a healthy life.
- To enable children and young people to have the best start in life we will build on the existing relationships to strengthen our work with education providers. Education is a key factor that influences the health and wellbeing of children, young people. Not being in education increases the risk of a range of negative outcomes for young people. Increasing access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.



- To enable people in South Yorkshire to live longer healthier lives we will build on our existing relationships with adult focused education providers, including through the development of the South Yorkshire Skills Strategy. Life long learning is important to enable people to develop the skills to work and for career progression so we will work with Life-Long learning delivery partners and the VCSE to ensure people continue to learn the skills they need to thrive in the fast-changing world of the 21st Century.
- We will also build on existing relationships with housing providers to support people to access the right housing support they need, as the quality of housing, house tenure and affordability are all linked to health and wellbeing.
- As a South Yorkshire Integrated Care Partnership we will strengthen multiagency collaboration through our Place Partnerships and facilitate work with other agencies across South Yorkshire where it adds value to do so. This could be on planning for cross boundary housing developments, engaging with communities and public transport providers across South Yorkshire to improve links, walking and cycling routes and further developing sustainable and active travel.
- We will also build partnerships approaches with others, including working with the Police and Crime Commissioner. As part of this we are commencing partnership working with the violence reduction unit to prevent and reduce crime.

Harnessing our collective role as 'Anchor Institutions' - Working through our Partnerships to develop an Anchor System

- Health, Local Authorities, Universities and other large employing organisation in our communities are 'anchor institutions' which have an important presence in an area. This is usually through a combination of being largescale employers; the largest purchasers of goods and services; controlling large areas of land; and having relatively fixed assets. The term anchor is used because they are unlikely to relocate given their connection to their local community. They can make a real difference to social determinants and have a significant influence on the health and wellbeing of communities.
- In South Yorkshire we are committed to collectively harness our role as 'Anchor Institutions' across the NHS, Local Authorities, Universities, particularly maximising our collective contribution as large scale employers to support the health and wellbeing of our staff, develop the health and care workforce for the future, creating a more inclusive and sustainable economy.



Enabling delivery of our Integrated Care Strategy and measuring success

- To enable delivery of our Integrated Care Strategy we will develop a delivery plan overseen by our Integrated Care Partnership.
- The NHS South Yorkshire Five Year Joint Forward Plan to be developed by March 2023 will be a key delivery vehicle for our Integrated Care Strategy.
- We will also develop an outcomes framework to inform and monitor our progress towards our goals and vision.
- The framework will include the multiple levels at which we need to track our progress as reflected in this strategy. We will develop a dashboard to present the selected measures which will comprise:
 - an assessment of the health needs of the South Yorkshire population. This has been largely completed and was used as the basis of this strategy
 - metrics that reflect the high level goals that underpin our vision
 - the ambitions we have set ourselves where we will work differently as a partnership



- the metrics that reflect our shared outcomes. These are largely based on existing place plans and outcomes frameworks
- the measures and metrics (or proxy measures) that are used by each partner in the partnership to inform and monitor their input to our shared outcomes, ambitions and vision
- An initial set of proposed metrics are set out in the appendix but will be developed further alongside the progressing of the partnership and partner delivery plans to make sure our actions can be linked to the outcomes we want to achieve





Artwork created and submitted by a South Yorkshire Citizen submitted as part of the What Matters to You exercise

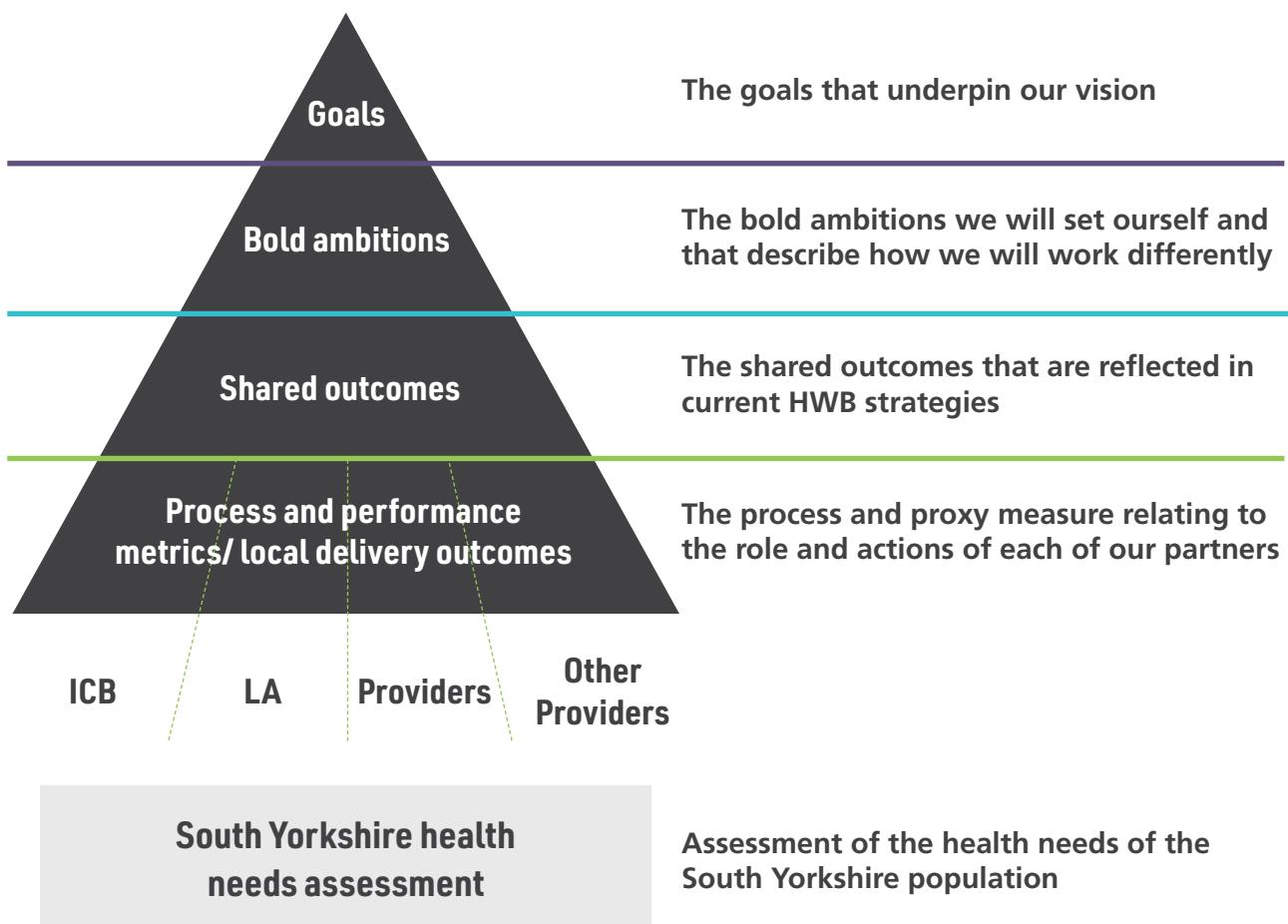


Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Figure 1 Proposed outcomes framework for South Yorkshire Integrated Care Strategy



My health is central to my hopes, ambitions and opportunities.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Appendices

Full Engagement Report:

https://syics.co.uk/application/files/7516/7094/4690/Final_phase_2_report.pdf

South Yorkshire Population Health Needs Assessment:

https://syics.co.uk/download_file/2837/0

Developing our Outcome Framework:

https://syics.co.uk/download_file/2836/0



Appendices

Strategy/Plan	Place	Link
Health & Wellbeing Strategies in South Yorkshire	Barnsley	Barnsley Health and Wellbeing Strategy 2021 – 2030:
	Rotherham	rotherham-joint-health-and-wellbeing-strategy (rotherhamhealthandwellbeing.org.uk)
	Doncaster	051115 i9 HWB_Strategy update 2015 Ap4.pdf (moderngov.co.uk)
	Sheffield	Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)
Place Health and Care Plans	Barnsley	Barnsley Health and Care Plan Refresh 22/23
	Rotherham	Rotherham Integrated Care P Place Plan appendix.pdf
	Doncaster	DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf (doncasterccg.nhs.uk)
	Sheffield	Shaping-Sheffield-Main-Doc-Final.pdf (sheffieldhcp.org.uk)
South Yorkshire Strategic Five Year Plan	South Yorkshire Strategic Five Year Plan	Five Year Plan (2019 - 2024): SYB ICS (syics.co.uk)
	South Yorkshire Green & Sustainability Plan	South Yorkshire Green & Sustainability Plan
South Yorkshire Strategic Economic Plan	South Yorkshire Strategic Economic Plan	SCR_SEP_Full_Draft_Ja (southyorkshire-ca.gov.uk)
South Yorkshire Housing Prospectus	South Yorkshire Housing Prospectus	Home Yorkshire Housing



South Yorkshire Integrated Care Partnership

Membership Nominations

Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
Health and Wellbeing Board Chairs and other elected members	Councillor Caroline Makinson	Councillor Rachael Blake Councillor Nigel Ball	Councillor David Roche	Councillor Angela Argenzio
Local Authority Chief Executive		Damian Allen, Chief Executive DMBC	Sharon Kemp, Chief Executive RMBC	
ICB Executive and Non-Executive Members				Pearse Butler , ICB Chair Gavin Boyle , ICB Chief Executive (Vice chair) Will Cleary-Gray , ICB Executive Director of Strategy and Partnerships Christine Joy , ICB Chief People Officer David Crichton , ICB Chief Medical Officer Cathy Winfield , Chief Nursing Officer Wendy Lowder , ICB Executive Place Director
Public Health		Rupert Suckling, Director of Public Health		Greg Fell, Director of Public Health
Adult Social Care				Alexis Chappell, Director of Adult Heath and Social Care
Children and Young People	Carly Speechley, Director of Children and Families			Suzie Joyner. Strategic Director Children services, Rotherham (TBC)



Barnsley	Doncaster	Rotherham	Sheffield	South Yorkshire Wide
Voluntary, Community and Social Enterprise Sector		Dolly Agoro Co-chair Doncaster inclusion and fairness forum	Kate Davis Chief Executive Crossroads, Rotherham	Helen Steers Director of Strategic Partnerships, VAS
Hospitals	Sheena McDonnell , Chair - Barnsley Hospital		Richard Jenkins , Chief Executive Rotherham and Barnsley Hospitals	
Primary Care			Dr Jason Page GP Primary Care	
Housing	Kathy McArdle , Service Director - Regeneration and Culture			Julianne Hall Co-Director of Care, Health and Wellbeing, SYHA
Education				
South Yorkshire Mayoral Combined Authority				Oliver Coppard (Chair)
Workforce				
Mental Health	Adrian England , Independent Chair – Mental Health, Learning Disability and Autism Partnership			



Glossary

ICS	Integrated Care System	Statutory Integrated Care Systems (ICSSs) are being set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.
ICP	Integrated Care Partnership	A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners. The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities.
ICB	Integrated Care Board	An NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation.
SYMCA	South Yorkshire Mayoral Combined Authority	A formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor.
VCSE	Voluntary, Community, Social Enterprise Sector	VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.
LE	Life expectancy	Life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas healthy life expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state. Both of them are key summary measure of a population's health.
HLE	Healthy life expectancy	Life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas healthy life expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state. Both of them are key summary measure of a population's health.



Core20 Plus 5	Core20 Plus 5 Framework	The 'Core 20 Plus 5' is an NHS England health inequalities framework to support local health services to focus action on the most deprived neighbourhoods (core20), locally identified groups (plus) and Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids. Alongside decreasing smoking.
PHM	Population Health Management	Population health management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing, by identifying those individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way we support and care or broader interventions are delivered to improve patient experience, access and outcomes.
BCF	Better Care Fund	The Better Care Fund is a programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
CQC	Care Quality Commission	The Care Quality Commission, CQC is the independent regulator of health and adult social care in England.
OFSTED	Office of Standards for Education, Children's Services and Skills	Ofsted is the Office for Standards in Education, Children's Services and Skills . They inspect services providing education and skills for learners of all ages.
MSK	Musculoskeletal	Musculoskeletal (MSK) is a medical condition that can affect your joints, bones and muscles. They can range from minor injuries to long term conditions. It is estimated that over 30 million working days are lost to MSK conditions every year in the UK.
CVD	Cardiovascular disease	Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. CVD includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, hypertension, stroke and vascular dementia.
SMI	Serious Mental Illness	Serious Mental Illness (SMI) is a term used to describe people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.



Our thanks

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to influence this strategy:

- Barnsley College, Dark Nights
- Barnsley Parent Carer Forum
- Barnsley Youth Council
- Beacon Coffee Morning (Carers)
- Breathing Space Rotherham
- Chilypep
- Citizens Advice Event, Barnsley Library
- Doncaster District Deaf Society, Happy Hands
- Doncaster Health Ambassadors
- Healthwatch South Yorkshire
- KickBack Recovery
- Newlife
- Roshni Asian Sheffield Women's Group
- Rotherham Ethnic Minority Alliance
- Safeguarding Event, Barnsley Market
- Salvation Army Goldthorpe Foodbank
- Sheffield Mansel Primary School
- South Yorkshire Stroke Survivor and Carer Panel
- Speakup for Autism
- SY Military Veterans support
- TransBarnsley
- Umbrella Winter Wellbeing



SOUTH YORKSHIRE

INTEGRATED CARE PARTNERSHIP

STRATEGY

Working together to build a healthier South Yorkshire
our Initial Integrated Care Strategy

March 2023

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helloworldingtogether@nhs.net

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Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.00am
Date of Meeting:	Wednesday 16 November 2022
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net
Apologies:	Richard Jenkins, Chief Executive, TRFT Suzanne Joyner, Director of Children's, RMBC Kathryn Singh, Chief Executive, RDaSH Dr Neil Thorman, Primary Care Representative Ian Spicer, Strategic Director of Adult Care, RMBC
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members Present:

Chris Edwards (**CE**), (Chair), Executive Place Director – Rotherham Place, NHS South Yorkshire Integrated Care Board (ICB)

Sharon Kemp (**SK**), Chief Executive, Rotherham Metropolitan Borough Council

Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham

Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham

Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust

Participants:

Gavin Boyle (**GB**), Chief Executive, NHS South Yorkshire ICB

Cllr David Roche (**DR**), Joint Chair of Health and Wellbeing Board, Rotherham Metropolitan Borough Council

Dr Jason Page (**JP**), Medical Director, NHS South Yorkshire ICB

Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB

Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB

Sue Cassin (**SC**), Chief Nurse - Rotherham, NHS South Yorkshire ICB

Wendy Allott (**WA**), Chief Finance Officer – Rotherham, NHS South Yorkshire ICB

Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB

Gordon Laidlaw (**GL**), Head of Communications - Rotherham, NHS South Yorkshire ICB

Julie Thornton (**JTh**), Care Group Director, Rotherham, Doncaster & South Humber NHS Foundation Trust

Helen Sweaton (**HS**), Joint Assistant Director, CYP Commissioning, NHS South Yorkshire ICB/Rotherham Metropolitan Borough Council

Rebecca Woolley (**RW**), Public Health Specialist, Rotherham Metropolitan Borough Council

In Attendance:

Leonie Wieser, Policy Officer, Rotherham MBC

Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB

Item Number	Discussion Items
1	Public & Patient Questions There were no questions.
2	Public Health Update: by exception Ben Anderson, Director of Public Health updated Members on the current situation with Covid and Flu. With around 31 Covid patients currently in Rotherham hospital, covid infections continue to decrease locally and nationally with around 1 in 40 people having covid. Flu infections have arrived around six weeks earlier than the average year. Cases are now towards the peak and expected to start reducing by the end of November. The advice is to get flu vaccinations early. Members noted the update.
3	Spotlight Presentation: Neuro-development Pathway Helen Sweaton gave an overview of the pathway and explained that the service is not diagnosis dependent meaning that children and families are given information about what is available without having to wait. She highlighted that the electronic education referral process, the multi-agency screening panel and multidisciplinary team, the comprehensive assessments based on NICE guidance and increased capacity were all working well and had resulted in some positive service evaluations. She outlined the risks as: <ul style="list-style-type: none"> – The volume of referrals to both diagnostic and post diagnostic ADHD pathway – Growing waiting lists and waiting times – The volume, quality and appropriateness of referrals received into the service – Referral to screening time – The lack of capacity within the post-diagnostic ADHD service It was noted that despite investment in recent years, partnership working and changes to the referral processes, there has been an additional 30% increase in referrals and into the child development service but this is also being seen nationally, not just in Rotherham. HS set out a number of actions that will be taken including: <ul style="list-style-type: none"> – Reviewing the referral packs and process, requesting evidence of two school terms of intervention prior to referral into the neurodiversity pathway and piloting a pre-screening model to identify the obvious referrals that wouldn't need a multiagency review. – To reduce the amount of clinical time lost due to inappropriate and inadequate referrals, work will be taken on increasing the knowledge of the education workforce and making available other interventions for children with possible ADHD before assessment to access medication. – A review of the contract with Healias will be undertaken. – A review of our data presentation will be undertaken. – Funding into the post-diagnostic service will be increased.

Following discussion about Rotherham's high referral levels, HS confirmed that Rotherham is not an outlier in terms of diagnosis and the reasons why more are referred than meet diagnosis is to be explored.

Members thanked HS for the update.

4	Spotlight Presentation: Prevention and Health Inequalities
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Rebecca Woolley gave an update on the work of the group.

Members were informed of progress made including:

- The development of an interactive tool including a draft assurance framework
- Engagement which will inform the review of the healthy lifestyles prevent pathway and the recommissioning of services.
- Developing a prevention brand and resources.
- Completion of anchor self-assessments for each partner organisation.
- A review of the data and intelligence gathered through the place development programme around research around best practice.
- Work carried out by PCNs to explore opportunities for alignment between Primary Care Network health inequality plans and the wider prevention and health inequalities strategy.

The risks and challenges were highlighted as maintaining momentum during capacity challenges and pressures and strengthening and maintaining primary care involvement with the health prevention programme.

RW went on to outline the next steps including:

- Sharing the finding of the anchor self-assessments and agreeing a way forward for the anchor institution agenda.
- Publishing the tender for integrated services including smoking cessation, tier 2 weight management and access to physical activity.
- Presenting a progress outcomes report on the assurance framework to Place Board.
- Launching the prevention brand and campaign resources including the new section of RotherHive around physical health.
- Developing a case for change on the selected cohort of the population health management place development programme.

Discussion followed on the work undertaken with the Joseph Rowntree Trust on Anchor Institutions. In the next few months, Place Leadership Team will be reviewing the findings from the self-assessments and agreeing a way forward. Place Board will be updated progress.

Members thanked RW for the update.

5	Place Governance
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Final Place Board Terms of Reference (Part 2 Partnership)

Due to the delegation of some functions from NHS SY Integrated Care Board on 1 July 2002, it had been necessary to update the terms of reference for Rotherham Place Board to reflect the establishment of the ICB Place Committee and the Rotherham Place Agreement.

The key changes in the agreement reflected:

- A commencement date of 1 July 2022 to show the ICB as a signatory.
- The revised structure of the NHS following the Health & Care Act 2022.

- A proposed initial term from 1 July 2022 to 31 March 2024.
- The revised governance structure for the Place partnership.
- Updating language and terminology to reflect national policy.

In relation to Place Board Terms of Reference the changes reflected the dual role of the board for Place Board – *partnership business* and *ICB Place Committee Business* for Rotherham.

Rotherham Place partners had taken these revised versions into their own organisations and through boards for approval. Comments were received from RMBC that reflected legislation for councils and local governance and changes were made to sections 6e, 6.2 and 10.5 as outlined in the cover paper. No other changes were requested from partners.

It was acknowledged that membership of the ICB business section will continue to be reviewed and reflected upon as we develop and evolve.

Members **approved** the updated terms of reference for Place Board in Part 2 of the Place Board terms of reference.

Noted the terms of reference for the ICB Place Committee in Part 3 of the Place Board terms of reference.

Approved in principle the updated Rotherham agreement and **agreed to delegate authority** to the Executive Place Director to agree any necessary inconsequential amendments to the final version and to enter into the updated agreement on behalf of their organisations.

Signatories will be added to the final version.

6	Voluntary, Community and Social Enterprise Sector, Memorandum of Understanding
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SH explained that the ICS Design Framework outlined the requirement for a formal agreement between the voluntary sector and the ICS to engage and embed the voluntary sector in system level governance and decision-making arrangements. Across South Yorkshire, four workshops have taken place with engagement from SY ICB and South Yorkshire voluntary sector organisations to develop this memorandum of understanding which includes a vision, defining values and setting out responsibilities for VCSE and the ICS. Further work will now take place through the VCSE Alliance.

SH advised that Voluntary Action Rotherham has been fully engaged with the process and development of the MOU. Next steps will be for it to progress through governance structures for sign off by the Integrated Care Board in January 2023. Any comments/feedback can be forwarded to SH.

Members thanked SH and VAR for their engagement and support in the development of the agreement and supported its continued development.

7	Update on Vaccination Data
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CS advised that 60.9% of Rotherham residents have now received the autumn covid booster. Good progress is being made across all of South Yorkshire.

A further push on rollout is planned for the end of November including some increased communications to target specific groups.

GL reported that work is also being undertaken with school engagement teams to offer flu vaccinations either nasally or by vaccination. Media and communications continue and will be increased in coming weeks.

BA confirmed that there is good evidence that this second-generation vaccine is more effective and working well. However, given that feedback from the public is mainly around the side effects information and advice is being given to manage expectations and actions that can be taken to limit symptoms.

Place Board thanked CS for the update and noted the Rotherham position.

8 Place Newsletter Update

The September/October Rotherham Place Partnership Newsletter was shared for information. Partners can share within their own organisations.

9 Rotherham Place Achievements

Achievements for the October period were noted.

These included examples from:

1. Community Hospital Admission Avoidance
2. Rotherham Safe Space
3. Safeguarding Vulnerable Children during pandemic
4. NCAP Level 4 'Top Performing' for Early Intervention Team

Place Board welcomed this tangible evidence of the actions and improvements being made across our services which will be shared by partner organisations and the ICB.

10 Feedback from the Integrated Care Partnership

DR reported that work continues on developing the ICP Strategy with input through a dedicated workgroup to ensure the timescale of December 2022 can be achieved.

Membership of the Partnership has now been agreed and an exercise is being undertaken to identify any gaps in representation. A workshop has been held to look at develop the priorities of the Partnership the output from which will be shared with partners.

It had also been agreed that the papers from the Integrated Care Partnership meetings can be shared with Place Boards and Health and Wellbeing Boards. Following discussion, members agreed to receive ICP agenda and papers for information at this meeting going forward.

Action: LG

11 Draft Minutes and Action Log from Public Place Board – 19 October 2022

The minutes from the October meeting were agreed as a true and accurate record.

The action log was reviewed and up to date.

12 Communication to Partners

The Place newsletter will be forwarded to partners for them to consider how they wish to circulate/communicate it within their organisations.

JP/AB/SB will discuss a way of sharing the newsletter with staff in primary care and voluntary services.

Following a suggestion from SS, Members agreed it would be a good idea to consider developing two-way information flows so that key messages are 'bottom up' as well as 'top-down' and can also provide a mechanism for a one workforce approach to listening and engaging staff.

13 Risks and Items for Escalation to Health and Wellbeing Board

There were no risks or items to escalate from Place Board.

14 Future Agenda Items:

Future Agenda Items:

- Anchor Institutions (Jan/Feb)
- Health Inequalities Outcomes Framework (Jan)

Standing Items

- Bi- Monthly Place Partnership Briefing
- Place Achievements

15 Date of Next Meeting

Due to a development session being scheduled for December, the next meeting will take place on **Wednesday 18 January 2023** in Elm Room, Oak House from 9.00am – 10.00am.

Membership

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Kathryn Singh	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)
Dr Neil Thorman	Medical Director	Rotherham Primary Care Leadership Group

Participants

Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board

Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddiqui	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health	Rotherham Metropolitan Borough Council
Suzanne Joyner	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Lydia George	Strategy and Delivery Lead	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board

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Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.00am
Date of Meeting:	Wednesday 15 February 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net
Apologies:	Chris Edwards, Executive Place Director, NHS SY ICB Richard Jenkins, Chief Executive, TRFT Ian Spicer, Strategic Director of Adult Care, RMBC Dr Neil Thorman, Exec GP Lead, RPCCG Ben Anderson, Director of Public Health, RMBC Dr Jason Page, Medical Director, NHS SY ICB Gordon Laidlaw, Head of Communications (Roth), NHS SY ICB Sally Kilgariff, Chief Operating Officer, TRFT Suzy Joyner, Director of Childrens Svs, RMBC Julie Thornton, Care Group Director (Roth), RDaSH
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members Present:

Sharon Kemp (**SK**), Chairing, Chief Executive, Rotherham Metropolitan Borough Council
 Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Sheila Lloyd (**SL**), Chief Executive, Rotherham, Doncaster & South Humber NHS Foundation Trust
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
 Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham

Participants:

Cllr David Roche (**DR**), Joint Chair, Health and Wellbeing Board, Rotherham Metropolitan Borough Council
 Wendy Allott (**WA**), Chief Financial Officer - Rotherham, NHS South Yorkshire ICB
 Sue Cassin (**SC**), Chief Nurse - Rotherham, NHS South Yorkshire ICB
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB

In Attendance:

Leonie Wieser, Policy Officer, Rotherham MBC
 Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB

Item Number	Discussion Items
1	Public & Patient Questions
	There were no questions.
2	Public Health Update: by exception
	Nothing to note by exception.
3	Learning Disability Mortality Review (LeDer) Annual Report
	<p>SC explained that LeDer is a service improvement programme which aims to improve care, reduce health inequalities, and prevent premature mortality of people with a learning disability and autistic people by reviewing information about the health and social care support people received. In Rotherham the report presented the findings from reviews undertaken into the 81 deaths between 2016 and March 2021.</p> <p>Four notifications received at the end of March 2021 that were omitted from the previous year's report were not included. Of these, three were from a BAME community, where in the previous annual report only one BAME death had been recorded, a significant increase. The reasons behind the increase are unclear. National statistics showed 3% of deaths reported were from Asian/Asian British, 3% Black, Black British, Caribbean, or African and 3% mixed ethnic group.</p> <p>SC advised that the LeDer offer will continue to be a priority with the learning shared and the opportunities to get referrals into the review system expanded to a wider range, including the BAME community. It is also intended whether reviews can be carried out more effectively across South Yorkshire by working on a shared footprint.</p> <p>KL explained that the local authority were keen to explore how the learning from the LeDer can be used to influence design and co-produce a process for reviews to be carried out at Place, particularly with the current level of vacancies. This may involve a small number of Council staff being identified by Leaders to be trained and participate who understand the impact and can champion changes in practice, both systematically and organically.</p> <p>Discuss followed around governance and the relationship with the Adult Safeguarding Board. KL, SC, and SL will discuss a collective way forward that will also better publicise the process. Place Board were supportive of this approach.</p>
4	Integrated Care Strategy for South Yorkshire
	<p>DR presented the early draft strategy that the Integrated Care Partnership (ICP) had received in December where it had been agreed that more time would be taken for partners and communities to respond before the Partnership is asked to approve the final version.</p> <p>DR advised that Rotherham representatives on the ICP supported the direction of travel although there was a point of clarification required to reflect that the role of the ICP does <u>not</u> include planning delivery. It is anticipated that the ICP will receive the revised strategy, including feedback at its March meeting for sign off. In the meantime, further engagement is being carried out.</p> <p>DR also took the opportunity to congratulate BA and LW on their hard work in organising a recent Health Inequalities Conference. The conference was initially arranged for Rotherham partners but had been expanded across South Yorkshire after much interest</p>

was shown. The event had been so well received that a follow-up conference is being organised for the Summer.

Discussion followed about success of the day and how we should publicise this achievement from a Rotherham perspective.

Commenting on the strategy, SK said it was important to acknowledge that planning for school ready children starts pre-birth and at birth. This was key for Rotherham. She was reassured by HS that the SY Collaborative had also given this comment and she will ensure it continues to be highlighted in local conversations on behalf of Rotherham Place.

Action: HS

5	Feedback from the South Yorkshire Integrated Care Partnership Board
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DR signposted to a link from the December 2022 Integrated Care Partnership Board and advised partners that these public papers can be shared within Partner organisations and with their Boards.

6	Place Partnership Newsletter
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CS presented the November/December 2022 newsletter, advising that:

the cost of living information has been added to the Rotherhive website and presented financial support as well as tips on looking after your mental health and wellbeing.

The discharge to assess model is slightly behind trajectory from a virtual ward perspective.

The roll-out of lung health checks in Rotherham has commenced with a good uptake and results of early cancer indications.

The Patient Flow Command centre based within the hospital had recently been shortlisted for a HSJ award. Monies are being identified from the Integrated Better Care Fund for approval by the Health & Wellbeing Board to assist with reablement.

Members were asked to forward ideas to LG for next month's newsletter. Initial suggestions included,

- the health inequalities event
- Rotherham Together Partnership Launch
- the mental health event
- Foster Care fortnight (for May)
- Smoking cessation

7	Draft Minutes and Action Log from Public Place Board – 16 November 2022
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The minutes from the November meeting were agreed as a true and accurate record.

The action log was reviewed and up to date.

8	Communication to Partners
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GL will be asked to consider how to disseminate the Place newsletter as part of the work of the Communications Enabling group.

Action: GL

9	Risks and Items for Escalation to Health and Wellbeing Board
There were no risks or items to escalate from Place Board.	
10	Future Agenda Items:
<p>Future Agenda Items:</p> <ul style="list-style-type: none"> – Anchor Institutions (tbc) – Health Inequalities Outcomes Framework (tbc) – Digital Update (March) <p>Standing Items</p> <ul style="list-style-type: none"> – Bi-Monthly Place Partnership Briefing – Place Achievements 	
11	Date of Next Meeting
The next meeting will take place on Wednesday 15 March 2023 in Elm Room, Oak House from 9.00am – 10.00am.	

Membership

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Sheila Lloyd	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group

Participants

Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health	Rotherham Metropolitan Borough Council
Suzanne Joyner	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Lydia George	Strategy and Delivery Lead	NHS South Yorkshire Integrated Care Board

Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

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Minutes

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 16 November 2022
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	Richard Jenkins, Chief Executive, TRFT Dr Neil Thorman, Primary Care Representative
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member

Members Present:

Chris Edwards (**CE**), (Chair), Executive Place Director – Rotherham Place, NHS South Yorkshire Integrated Care Board (ICB)
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB
 Wendy Allott (**WA**), Chief Financial Officer – Rotherham, NHS South Yorkshire ICB
 Sue Cassin (**SC**), Chief Nurse - Rotherham Place, NHS South Yorkshire ICB
 Dr Jason Page (**JP**), Medical Director, NHS South Yorkshire ICB
 Claire Smith (**CS**), Head of Commissioning, NHS South Yorkshire ICB

Participants:

Gavin Boyle (**GB**), Chief Executive, NHS South Yorkshire ICB
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
 Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham, NHS South Yorkshire ICB
 Julie Thornton (**JTh**), Care Group Director, Rotherham, Doncaster & South Humber NHS Foundation Trust

In Attendance:

Wendy Commons, Place Board Support Officer - Rotherham, NHS South Yorkshire ICB

Item Number	Discussion Items
1	Cost of Living Update
	<p>BA advised that this week sees the launch of the warm welcome for Rotherham residents struggling with the cost of energy bills. The Council's website will host a wealth of resources including an interactive map of all sites where warm welcome spaces can be accessed as well as energy advice, managing money tips and support for those on low incomes on how to access benefits and links to the voluntary section and accessing foodbanks.</p> <p>Energy crisis support scheme grants are also available through the Council and applications are already being received and processed.</p> <p>To provide a consistent approach across all partners, a briefing is being developed which will be shared with staff to help them identify the signs and symptoms of anyone struggling and give them information to signpost using the resources provided.</p> <p>Across SY ICB, Place Directors and Directors of Public health are working together to identify common actions to address the crisis including promoting poverty friendly services and providing information for frontline staff and their contacts to give support advice. A paper is being compiled to outline the approaches which it was agreed will also come to Rotherham Place Board in January for information.</p>
	<p style="text-align: right;">Action: CE</p>
2	Place Performance Report: November 2022 <p>CS advised that Rotherham is in the top 20 nationally for achieving the diagnostics target. However, issues around achieving cancer targets continue to prove challenging. Overall the report reflected a challenging but positive position for November.</p> <p>As the report is in the process of further development which will include data on looked after children, Members were asked for any other areas they may wish to see included.</p> <p>Discussion followed about health inequalities metrics. Consideration will be given as to whether these will be included or reported separately.</p> <p>MW highlighted that Rotherham Hospital like other SY Trusts is experiencing difficulties discharging patients who no longer have a medical need due to delays in packages of care or bed capacity. A 'reset' week will be undertaken w/c 23 November and the discharge to access model pilot will be employed which will bring together work with the Council and the use of additional capacity across Place to transform current discharge arrangements.</p> <p>GB advised that the autumnal statement being released on 17 November by the Chancellor of the Exchequer is expected to focus on elective recovery, not only on waiting times but also on recovery of elective activity and category 2 responses making flow and discharge really important. Another area will be primary care access, not just appointment availability but also patient experience and the practical aspects of contacting GPs.</p> <p>Following discussion, it was agreed that Place Board will take the opportunity to review and deep dive into primary care performance going forward.</p>

3**Development of Integrated Care Partnership Strategy**

Members received a briefing paper on the progress made to establish the South Yorkshire Integrated Care Partnership and to develop the South Yorkshire Integrated Care Strategy for information.

Gavin Boyle, SY ICB Chief Executive highlighted the amount of work undertaken, in a relatively short period of time, to form the SY Integrated Care Partnership bringing together NHS leaders and local authorities and other key stakeholders including the voluntary sector to provide a forum to complement place-based working and act on the wider determinants of health in local areas.

All Integrated Care Partnerships are required to publish an interim Integrated Care Strategy by the end of December 2022, which was acknowledged as a challenging timescale, therefore initial strategies will be a starting point to evolve over time.

Following a development session held in October to consider the vision, level of ambition, shared outcomes and priorities of the strategy, dates have been scheduled for November and December to enable review and sign off of the strategy.

An engagement slide pack was also included to enable stakeholders and system partners to understand more about SY ICP in the context of the SY Integrated Care System, share the development of the initial strategy which is built on existing plans and in line with national guidance, communicate details of the engagement approach, share the strategy's vision co-created with ICP Members and the shared outcomes identified as well as the potential areas of focus to be more ambitious and add value from working collaboratively across South Yorkshire.

Place Board members were asked to note the timelines outlined in the engagement pack and highlight these for progress through their governance structures to allow views and input into the development of the initial ICP strategy, noting that it will evolve over time.

It was noted that this paper and strategy will be received by Rotherham Health and Wellbeing Board at the end of November.

4**Medicines Management Annual Report 2021-22 and Quarter 1 2022-23 Update**

Stuart Lakin, Head of Medicines Management joined the meeting reporting the highlights from the 2021-22 annual report. Under Rotherham Clinical Commissioning Group we had finished the year with strong cost growth and below the national average for England and Yorkshire & Humber. The trending cost increase items were outlined, some of which related to the management of diabetes where there had been an increase in diagnoses.

Rotherham has historically been a high user of antibiotics, however this reduced during the pandemic but has bounced back again since. Work is taking place with practice prescribers to reflect and review.

During the pandemic, the prescribing incentive scheme was remodelled to reflect the extraordinary circumstances. It will be refreshed going forward and will be linked with practice prescribing budgets.

Delivery of the planned QIPP programme remained challenging but it was noted that total savings of almost £425k had been realised. Future programmes will focus on complete therapeutic pathways delivering improved patient care and outcomes, releasing efficiencies through the better use of medicines and potentially reduced admissions.

Quarter 1 2022-23 Prescribing Update

The Medicines Management Team (MMT) monitors and advises on all aspects of prescribing attributed to Rotherham Place. Financial performance against budget and progress on the implementation of quality initiatives are reported to Place Board quarterly.

Work undertaken on the infant feeding pathway to better diagnose babies born with a cow's milk protein allergy (CMPA) has resulted in Rotherham having the lowest spend across South Yorkshire on specialist infant formula spend.

A review of those on antidepressant drugs had identified 659 patients who no longer needed this intervention and have now stopped taking medication. Work continues via a service run virtually that provides good personalisation.

Working with Rotherham hospital and primary care, a pathway has been developed to maintain the prescribing of Lucentis (the first 'generic') for age related macular degeneration. By taking this approach a saving of £78k per month will be realised.

Members thanked SL and the medicines management team for the good work, particularly on the enteral feeding service and the antidepressant drugs service.

When the next quarterly medicines management report is received, Place Board will look to undertaking more focussed discussion on a specific aspect.

5 Quality, Patient Safety and Experience Dashboard Report

SC presented latest iteration of the report which remains flexible to allow for further development. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee. It contains a high-level summary of areas of concerns and a brief overview of areas that will form more detailed discussions at relevant committees as well as being used to inform Integrated Care Board governance arrangements.

Members were asked to send comments to SC. As we develop performance arrangements for Place Board the report will be presented bi-monthly and consider focussing on specific areas if necessary.

6 Place Governance: Place Board Terms of Reference (Part 3 ICB)

Members were reminded that the terms of reference for the Rotherham Place Board had been updated to reflect the establishment of the ICB Place Committee and the dual role Place Board carries out.

Changes to the terms of reference (part 3, ICB Business) received in July reflected the addition of the Deputy Place Director (NHS South Yorkshire ICB) as a member and the Deputy Chief Executive (The Rotherham NHS Foundation Trust) as a participant.

Place Board noted Part 3 of the Place Board terms of reference being the terms of reference for the ICB Place Committee.

7	Minutes and Action Log from 19 October 2022 Meeting
<p>The minutes from the October meeting were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date.</p>	
8	Communication to Partners
<p>The ICB strategy will be sent to all partners for feedback.</p> <p>The Council website will be key repository for cost-of-living resources.</p>	
9	Risks and Items for Escalation
<p>It was noted that a Rotherham Place based risk register is being developed. There is currently an ICB risk register. CE to consider adding risks relating to the cost-of-living crisis.</p> <p style="text-align: right;">Action: CE</p> <p>Discussion followed around proactively identifying potential risks. Place Board will hold discussions in January about how this will be handled going forward.</p> <p style="text-align: right;">Action: CE/LG for agenda</p>	
10	Future Agenda Items:
<p>Future Agenda Items</p> <ul style="list-style-type: none"> – SY Integrated Care Strategy – Cost of Living Update – Actions being taken across South Yorkshire ICB <p>Standing Items</p> <ul style="list-style-type: none"> – Rotherham Place Performance Report 	
11	Date of Next Meeting
<p>The meeting planned for Wednesday 21 December 2022 will be replaced with a development session to collectively look at priorities and gaps. Consideration will be given to inviting others as appropriate.</p>	

Membership

Chris Edwards (Joint Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Ian Atkinson	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Kathryn Singh	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Leadership Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 15 February 2022
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	Chris Edwards, Executive Place Director (Rotherham), NHS SY ICB Richard Jenkins, Chief Executive, TRFT Dr Jason Page, Medical Director, NHS SY ICB Ben Anderson, Director of Public Health, RMBC Julie Thornton, Care Group Director, (RDaSH) Dr Neil Thorman, Primary Care Representative Gordon Laidlaw, Head of Communications, (Rotherham), NHS SY ICB
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member

Members Present:

Claire Smith (**CS**), Chairing, Deputy Place Director, NHS South Yorkshire ICB
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB
 Wendy Allott (**WA**), Chief Financial Officer – Rotherham, NHS South Yorkshire ICB
 Sue Cassin (**SC**), Chief Nurse - Rotherham Place, NHS South Yorkshire ICB

Participants:

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Sheila Lloyd (**SL**), Chief Executive, Rotherham, Doncaster & South Humber NHS Foundation Trust
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
 Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
 Kirsty Littlewood (**KL**), Assistant Director, Adult Care & Integration, Rotherham Metropolitan Borough Council
 Scott Matthewman (**SM**), Interim Assistant Director, Commissioning, Rotherham Metropolitan Borough Council
 Stuart Lakin (**SLa**), Head of Prescribing (Rotherham), NHS SY ICB

In Attendance:

Wendy Commons, Place Board Support Officer - Rotherham, NHS South Yorkshire ICB

Item Number	Discussion Items
1	Cost of Living Update
	<p>Members received a paper that had been presented to the Integrated Care Board in January 2023. It highlighted that cost of living is an issue that will remain with us for some years not just across winter. The paper outlined the key actions being taken across South Yorkshire to address the rising cost of living and the measures being employed locally to support residents and staff including:</p> <ul style="list-style-type: none"> – Staff being aware and informed is important. A flyer had been produced to promote the Cost of Living Making Every Contact Count training sessions to front line staff and volunteers across Rotherham. – A Money Matters card with a QR code to access web pages and Money Matters Leaflet, plus note Money Matters Teams background for colleagues to use and share signposting to advice available through local authority webpages. – Poverty friendly services will be important and there is a need to consider the impacts cost of living will have on ability to attend appointments and comply with care, particularly where new services are developed. – Ask for consideration of funding for interventions, with a focus on advice and support in primary care/care settings targeting 20% most deprived areas in line with Core20+5 approach, support to meet energy costs of care, e.g. home dialysis or oxygen, and schemes for prescribing home improvements where quality of housing etc may impact and exacerbate conditions and increase admission risk (often called boilers on prescription or similar).
	<p>SH advised that some funding had been approved for supporting communities with cost of living rises. Place Board will receive an update on the outcomes.</p> <p>Following an enquiry from SS on undertaking preparatory work around price increases from April 23, WA advised that organisations would receive the usual inflationary uplift.</p> <p>In relation to increased costs for primary care, WA confirmed for AB that practice contracts are negotiated and agreed with any inflationary increases announced after that to be funded locally and likely to cause a financial pressure. Work is taking place collaboratively to look at efficiency and the impact of increasing inflation on costs with actions across Place required to mitigate risks.</p>
2	Place Performance Report: February 2023
	<p>CS presented the February report highlighting that we continue to perform well on Improving Access to Psychological Therapies (IAPT), although cancer remains challenging with Rotherham below national targets on the 62-day performance and 31-day standard.</p> <p>In relation to referral to treatment (RTT), we normally perform well compared to the national position but numbers dipped in December. Waiting list numbers remain more stable with 78 patients waiting over 78 weeks which is below the national position. There are currently 3 patients who have waited over 104 weeks, none of these are Rotherham hospital patients. Rotherham remains on track to eliminate waits by March.</p> <p>Place Board noted the performance report for February.</p>

3	2022-23 Quarter 2 Prescribing Report
<p>SLa reported that Rotherham's cost growth is 1.44% which is within the budget uplift of 2.1% and below that for England and Yorkshire and Humber. Prescribing costs have increased mainly due to No Cheaper Stock Obtainable (NCSO) issues in the first six months of this period. Other cost growth is attributed to diabetes drugs where we have seen a 14% increase in the number of patients diagnosed over the last 3 years. Oral anticoagulants continue to show strong cost growth and an increase in items whilst HRT sees strong volume growth with limited availability adding to cost growth.</p> <p>The cost efficiency programme has delivered savings of £295k, but it is proving more difficult to find areas to target. Pilot projects around diabetes and weight loss are being developed as well as developing interventions throughout pathway to look at inequity across practices.</p> <p>Dieticians are now prescribing nutritional products for those on the infant feeding pathway requiring specialist infant formula feeds and this is service model is being extended to include the management of infant reflux issues, which will also prevent endoscopies.</p> <p>The antibiotic project to work closely with six Rotherham practices that had the highest volume of antibiotic prescribing was stalled due to Strep A but continues to remain relevant and will be launched in the near future.</p> <p>Rotherham has some of the lowest costs in the country for continence and stoma products. The service led by the continence team and prevent hospital admissions.</p> <p>Work continues on the age-related macular degeneration (AMD) pathway and Rotherham hospital is understood to be the highest user of the biosimilar ranibizumab (Lucentis) in the country creating substantial savings.</p> <p>MW explained that TRFT will have a large efficiency programme next year and will embrace working collaboratively to investigate using other biosimilar options that can safely realise savings. It was also noted that further work could be considered around continence and dietetics.</p> <p>Discussion followed around how learning can be shared across South Yorkshire to achieve savings and improvement.</p> <p>Place Board noted the position, thanked SLa and his team and welcomed the excellent work being undertaken.</p>	
4	Quality, Patient Safety and Experience Dashboard – December 2022
<p>SC presented the December report for information. The report highlights key issues in the first part and more detailed information in the second section. As requested previously, it also now included a map of the borough identifying care homes.</p> <p>Members complimented the content and level of information contained which has been developed over recent months and asked that thanks be conveyed to the team.</p>	
5	Minutes and Action Log from 16 November 2022 Meeting
<p>The minutes from the November meeting were accepted as a true and accurate record.</p>	

The action log was reviewed and up to date. It was noted that CE has asked Ruth Nutbrown to attend Place Board in March to discuss handling risk.

6	Communication to Partners
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None.

7	Risks and Items for Escalation
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A risk had been identified in the confidential session around potential changes to accessing same day GP appointments. Discussions are underway.

8	Future Agenda Items:
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Future Agenda Items

- Targeted Lung Checks
- Handling Place Risks – CE/RN – (Mar)

Standing Items

- Rotherham Place Performance Report

9	Date of Next Meeting
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The next meeting will take place on **Wednesday 15 March 2023** from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
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Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Sheila Lloyd	Chief Executive (Acting)	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Lydia George	Strategy & Delivery Lead	NHS South Yorkshire Integrated Care Board
Suzanne Joyner	Director of Children's Services	Rotherham Metropolitan Borough Council
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care	Rotherham Metropolitan Borough Council
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

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