HEALTH AND WELLBEING BOARD
23rd November, 2022

Present:-

Councillor David Roche	Cabinet Member, Adult Social Care and Health **Chair**
Chris Edwards	Place Director, NHS South Yorkshire Integrated Care Board
Lydia George	Strategy and Delivery Lead, Rotherham Place, NHS South Yorkshire Integrated Care Board
Dr. Jason Page	Medical Director, NHS South Yorkshire Integrated Care Board
Dr. Neil Thorman	GP Representative, NHS South Yorkshire Integrated Care Board
Ben Anderson	Director of Public Health, Rotherham MBC
Suzy Joyner	Strategic Director, Children and Young Peoples' Services, Rotherham MBC
Sharon Kemp	Chief Executive, Rotherham MBC
Ian Spicer	Strategic Director, Adult Social Care, Housing, and Public Health, Rotherham MBC
Paul Woodcock	Strategic Director, Regeneration and Environment, Rotherham MBC
Laura Koscikiewic	Chief Superintendent, South Yorkshire Police (SYP)
Sheila Lloyd	Interim Chief Executive, Rotherham, Doncaster, and South Humber NHS Foundation Trust (RDaSH)
Michael Wright	Deputy Chief Executive, The Rotherham NHS Foundation Trust (TRFT), (representing Dr. Richard Jenkins)

Report Presenters:-

Ruth Fletcher-Brown	Specialist, Public Health, Rotherham MBC
Phil Hayes	Chief Executive, Rotherham Federation of Communities
Claire Smith	Deputy Director, Rotherham Place, NHS South Yorkshire

Also Present:-

Leonie Weiser	Policy Officer
Kelsey Broomhead	Practitioner Apprentice, Public Health

Apologies for Absence:-

Councillor Aveyard, Shafiq Hussain, Natalie Palmer. Kathryn Singh, Shayne Tottie

35. DECLARATIONS OF INTEREST

There were no declarations of interest.

36. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

37. COMMUNICATIONS

The Chair described an upcoming meeting with the Integrated Care Partnership regarding the Integrated Care Board (ICB) focus on health inequalities which was scheduled to take place on 3rd February, 2023. Special guests had also been invited to speak at the event.

The Chair invited representations to be made privately in respect of whether voluntary aid groups joining the Integrated Care Partnership (ICP) should be given remuneration for their attendance. It was noted that other membership of the ICB had not been offered remuneration.

The Chair also noted that there was representation from Police and Fire on the ICB, and consideration was being given to proportionate representation from universities in the area.

38. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting.

Further to Minute No. 20 of 21st September, 2022, it was noted that an update on social prescribing was in progress as more work had been done in this area. The update would be provided at the January meeting.

Resolved:- (1) That the minutes be approved as a true and correct record of the proceedings.

(2) That an update on social prescribing be submitted to the next meeting.

39. BETTER MENTAL HEALTH BEFRIENDER PROJECT

Consideration was given to a powerpoint presentation in respect of the Better Mental Health Befriending Project. The Chair welcomed Phil Hayes, Chief Executive Officer of Rotherham Federation of Communities (RotherFed) and Ruth Fletcher-Brown, Specialist Public Health, to present.

The presentation described the context of the work. In early 2021, Health and Social Care had announced a funding stream as part of the Local Plan which supported projects delivered in partnership with various third sector organisations. The projects focussed on schools, workplaces, and built on existing good practice in the voluntary sector. The Befriending Project grew out of this work. The presentation covered the background of the project, an overview of the project, outcomes of the project, including a breakdown of the beneficiaries of the project, key achievements, and recognition received.

The background of the project was illustrated with the following points:

- 8.3% of Rotherham residents have a low happiness score according to the annual population survey, 20/21 (lower value is better) – (chart, right).
- In all, 81 (49%) Rotherham neighbourhoods (Lower Super Output Areas or LSOAs) rank among the 30% most deprived in England and 36 LSOAs (22%) are in the top 10% most deprived. There are 167 LSOAs in total in Rotherham.
- The estimated prevalence of common mental health disorders for Rotherham is 18.6%; this is higher than that for Yorkshire and the Humber and England (2017).
- Data from 2018/19, show 12% or Rotherham residents reported a long-term mental health problem, which is significantly higher than the England value of 9.9%.

An overview of the project was illustrated:

- Rotherham befriending network formed in 2020 in response to covid. Network chaired by RotherFed.
- Public health Rotherham successful with application summer 2021 – 3 projects including “Befriending.”
- PH commissioned RotherFed to lead partnership of VCS befriending providers .
- Rotherham befriending project began in September 2021 ending in May 2022.
- Project supported lonely and isolated residents to take the next steps back into community life.
- Through social engagement, training, local activities, TARAs, community group involvement, etc.

Outcomes and targets of the project were:

- Target of 800 Rotherham residents supported through this project
- Areas of deprivation a key focus of OHID – Bottom 30% LSOAs
- BAME communities also a key focus for OHID
- WEMWEBS beneficiary assessments for all involved
- Case studies produced by each provider each month
- ‘Be a good neighbour’ campaign created and launched

A breakdown of the beneficiaries of the project was provided:

- 835 Rotherham residents were supported.
- 76% of beneficiaries were female 24% were male.
- 34% of beneficiaries were from BAME communities.
- 28% of beneficiaries were living with a disability; 57% were not, and 15% were unknown.
- 525 residents (63%) live in the most deprived 30% LSOAs in England.

Achievements of the project were also described:

- WEMWBS Warwick-Edinburgh Mental Wellbeing Scale (for ages 13+) was used – a first and second assessment was completed with all beneficiaries. The mean score at first assessment was 40.22, at second assessment 49.38. This increased by 9.22 and is classed as "significant" change. It was felt that the "scores" as detailed in the report were extremely pleasing and clearly showed the improvements to mental health and the positive "distance travelled" within the beneficiary cohort. The approach was to make the assessment process a key part of the delivery from the start, with frontline teams accountable for completing 'before' surveys with beneficiaries as soon as is practicable. Teams made beneficiaries aware that these two surveys are important as they are not only a funding requirement, but also provide the beneficiary with the chance to see how they have progressed in the process.
- The project supported 815 residents of Rotherham who were lonely and isolated both due to the impact of Covid but also prior to the pandemic, with additional "next steps" support to take part in community life, engage socially with others and improve their mental health and wellbeing.
- This diverse group of providers involved have offered varied services to a range of client groups such as BAME, older people, young people and families, people with mental health issues, and cover the whole life course within the partnership to ensure access and delivery into BAME communities, supporting adults of all ages, focusing on those living in statistically deprived locations, and supporting the wider family through our approach.
- There were 42 case studies produced for this project and 4 videos and 1 social media clip for the 'be a good neighbour campaign'.

The project had received recognition in several ways:

- Befriending project performance was highlighted by OHID across the network/programme.
- RotherFed was involved in 'testing' assessment/data capture processes for OHID.
- Blogs were created at OHID request and shared on their 'knowledge hub.'
- A Befriending project article was created by RotherFed for 'spotlight' section on knowledge hub.
- Project case studies were submitted to project evaluators – centre for mental health (CFMH).
- RotherFed have taken part in additional sessions with CFMH evaluation and OHID best practices.

The impact of the project was noted, specifically, where peer support was observed to be breaking down more barriers than professional support. This meant that access to support services was better as a result of the peer support element. The presentation emphasised that, not only were

outcomes achieved, but the data was captured well. This showed that befriending led to access to wider support services and reached communities inclusively.

During the ensuing discussion, the following points were raised/clarified:

- Thanks to RotherFed for added value on befriending services.
- Current relevance and potential reach of this work to support people affected by rising cost of living.
- How this programme linked up with other initiatives as a conduit into services.
- The need to remember that all ages are affected and share a need for connection.
- The positive impact of intergenerational befriending.

Resolved:- That the update and the success of the Befriending Programme be noted.

40. LONELINESS ACTION PLAN

Consideration was given to a presentation by Public Health Specialist, Ruth Fletcher-Brown. and Public Health Practitioner Apprentice, Kelsey Broomhead, in respect of a refresh of the Loneliness Action Plan. The Plan had been developed pre-pandemic. Loneliness was noted as a contributing factor mental and physical health. The presentation noted achievements across partner organisations during the pandemic, not only among older people but across the life course.

The Partners represented on the Better Mental Health for All Group include:

- Children, Young People and Families Consortium
- Crossroads
- Healthwatch Rotherham
- NHS South Yorkshire
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC- Adult Care, Housing and Public Health (including Neighbourhoods)
- RMBC Children and Young People's Services
- RMBC Communications
- RMBC Culture, Sport and Tourism Service, Regeneration and Environment
- Rotherham Federation
- Rotherham United Community Sports Trust (RUCST)
- South Yorkshire Police

The local and national picture around loneliness was presented, as demonstrated by the Office for National Statistics (ONS). The latest annual report for tackling loneliness (February 2022) is still following 3 overarching objectives:

1. Reduce stigma by building a national conversation on loneliness, so that people feel able to talk about loneliness and reach out for help.

2. Drive a lasting shift so that relationships and loneliness are considered in policymaking and delivery by organisations across society, supporting and amplifying the impact of organisations that are connecting people.

3. Play our part in improving the evidence base on loneliness, making a compelling case for action, and ensuring everyone have the information they need to make informed decisions through challenging times.

The strong message from the report was that tackling loneliness will require a response from public sector staff, employers and businesses, communities, and individuals. These organisations working together as one will lead to a more connected society.

The COVID-19 impact and risk factors for loneliness were noted. Vulnerable groups identified in Rotherham as part of the refresh of the loneliness action plan with stakeholders were:

- Young people
- Domestic abuse victims
- Migrants
- Ukraine refugees
- People with learning difficulties (such as autism)

Helpful resources on loneliness were provided, as well as an outline of the key aims, objectives, and associated actions. Key aims were:

- Aim 1. To make loneliness everyone's responsibility.
- Aim 2. Improving how organisations and services in Rotherham connect people at risk of experiencing loneliness to support.
- Aim 3. Make it easier for people living and working in Rotherham to access information about local community groups, activities and support services for loneliness.
- Aim 4. Spread good practice and encourage knowledge sharing on tackling loneliness across Rotherham.

The presentation also described a call for evidence. Evidence would be considered at the stakeholder meeting, which ensured that the refreshed Plan linked into existing plans and strategies to emphasise collective responsibility. The Plan was being progressed through the Better Mental Health for All Group.

In ensuing discussion, the following points were raised/clarified:

- Potential links complementing social prescribing which would be further defined by the stakeholder group.
- Ongoing conversations with library staff to find out how to further promote the offer of warm spaces at thirteen libraries.
- The continued work of the befriending network facilitated through RotherFed, linking up with libraries through "Warm Welcome." Not all the offer from Warm Welcome available in Rotherham was online, so further updates to the live online document were warranted.

Resolved:- That the Loneliness Action Plan be endorsed as a live Plan.

41. WINTER PLAN

Consideration was given to a powerpoint presentation in respect of the Winter Plan, presented by the Deputy Place Director, Claire Smith. The presentation identified the plans of Place Partners to meet challenges in the system, moving into the winter. The approach involved co-ordinating response and included workshops around thinking differently to capture learning from previous years. The Plan was developed in collaboration with all Place Partners and had been agreed through the Urgent Emergency Care Board.

The presentation highlighted the following points in implementation of the Plan that will be different this year, in terms of Acute Care provision, Community Services, Primary Care, Children and Young People, Mental Health, and the wider system:

Acute

- Admission avoidance in UECC extending social work function and expanding to include Voluntary Sector
- Transport provision to be extended based on capacity/demand planning by 31st October 2022.
- Continued increased utilisation of Same Day Emergency Care (SDEC) facilities with extended opening hours and additional consultant resource through winter by 31st October 2022.
- Increased opening hours of discharge lounge. Additional capacity/orthopaedic footprint will allow continuation of electives when under operational pressure by 30th November 2022.

Community

- Implementation of Discharge to Assess (D2A) at home pathway including additional resource (nursing/therapy) and a shift of resource from Acute to Community by 30th November 2022
- Home care capacity - increase Bridging service to support D2A pathway by 30th November 2022
- Additional community short stay beds in care homes will support effective flow by 31st October 2022

Primary Care

- Primary care will run at full core capacity, with Enhanced Access and same day care provided by PCNs from 1st October 2022
- PCN offer of Enhanced Access delivery - additional clinical backfill to enable longer appointment times and discharge from hospital reviews
- Flu and Covid Vaccinations for patients delivered as a system using PCN/place footprint for delivery

Children and Young People

- Self-help support and wider public health information will be promoted
- CYPs Crisis & Intensive Community Support Team will engage to provide risk assessment/care/treatment to avoid re-presentation at UECC
- The Me in Mind Teams will work intensely with schools to support resilience and provide early intervention where children and young people are showing the early sign of emotional distress.

Mental Health

- Delivery of mental Health communications plan
- Development of safe space crisis drop in as an alternative to crisis team providing emotional and practical support to people in need.
- RDASH patient flow team expanded to ensure effective flow through system and reduce risk of OOA placements
- Crisis accommodation commissioned until March 2023

System

- Agreed approach to Winter and System Exceptionality meetings re Covid Outbreaks in Care Homes in place.
- Communications plan across Place including refresh of 'Home First' principles.

The presentation noted several areas that were working well:

- Place winter plan developed in collaboration with all partners, aligned to UEC priorities
- Strong relationships with agreed escalation to executive level for assurance
- Elements of plan already delivered across Place – Ibcf c.£500K identified to support discharge and flow;
    - Additional transport 1xcrew daily
    - Extension of social work into UECC
    - Additional community beds (including covid if needed)
    - Discharge to Assess pathway – resource into nursing and therapy
    - Additional home care bridging service
- Virtual wards – pathways agreed and recruitment underway
- Urgent Response 2hr implemented - 9 clinical conditions met, meeting 70% national threshold with growing trajectory

The presentation also identified the key challenges associated with delivery of the Winter Plan:

- System challenges – leads to fire fighting not transformation
- Demand, complexity of patients and delayed discharges impacting on performance at times of pressure
- Maintaining an elective programme
- Risk of further bed reductions in acute - Due to cohorting flu and covid19
- Pressures on social care provision – home care market
- Workforce challenges :– Sickness, morale, and mental health. Risk of recruiting to winter resource

In the ensuing discussion, the following points were raised/clarified:

- It was felt that plans were as good as they can be for dealing with what was to come.
- All partners recognised that this was expected to be an extremely challenging winter. Plans had therefore been stress teste to the maximum degree.
- The approach across Place Partners would be characterised by close contact and flexibility, and by check and challenge on a weekly basis going into the new year.
- In support of the Winter Plan, the Trust (TRFT) was undertaking meetings three times each week to discuss discharge, assess and improve flow within the Trust.
- The continued need for prevention efforts to reduce acuity of sickness and help reduce the length of admissions.

Resolved:- That the Winter Plan be noted.

42. SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP/PLANNING

Consideration was given to an update presented by the Deputy Place Director in respect of progress made by South Yorkshire Integrated Care Partnership (ICP) relating to engagement that has been done around the strategy. The strategy was required by December 2022 and was intended to engage with scrutiny and with partners.

Work in progress around shared outcomes was described, with workshops undertaken at ICP levels. Engagement work sought to ensure and promote the following shared outcomes:

Ensuring the best start in life for children & young people

- Every child is ready for school
- Improved school attainment for looked after children
- Every child is thriving, enabled and supported to have good mental and physical health and to maximise their capabilities

Enabling people to live longer and healthier lives

- People living longer healthier lives, enabled to have good mental and physical health, living & ageing well with reduced premature mortality.
- People living in safe communities that provide opportunities to be active, access good employment & good quality housing.
- People have better access to public services that are integrated e.g. primary care

Improving the physical & mental health & wellbeing of the poorest and most vulnerable fastest

- We have increased understanding of and ability to work with communities with the greatest needs.
- Those in greatest need are enabled to improve their health & wellbeing to live healthier lives for longer.
- Equitable health outcomes for all in South Yorkshire.

Supporting people to live in safe, strong and vibrant communities

- Freedom from harm, e.g. reduced air pollution, drug & alcohol use, crime
- Creating connected communities, using estate, assets & growing community, working with voluntary sector (VCSE)
- Developing resilient communities that are strength based

Equipping people with the skills and resources they need to thrive

- Everyone is enabled to develop skills to work or contribute
- Improved access to information, services and navigation to support health and wellbeing for all groups
- Improved trust in services & reduced stigma

Discussion ensued and the following points were raised/clarified:-

- It was felt that the documentation of the progress and lines of direction had been excellent.

- Everything in the Strategy should be picked up by the Health and Wellbeing Plan.

- The joint committee of the ICP/ICB should recognise differences in places within South Yorkshire, with Health and Wellbeing Board making sure they are pushing the message out to orgs across the Borough.

- The first iteration of the Strategy that will be ready in December will be the start and not the finished article.

- The need to reach out to communities and strategically mobilise actions.

Resolved:- That the report be noted.

43. BETTER CARE FUND UPDATE

Consideration was given to a report providing an update on progress in respect of the Better Care Fund. The report was presented by the Deputy Place Director. It was noted that, every year, as part of the Better Care Fund, a Call Off Partnership Order was produced, which explained the projects between the ICB and the Council associated with the Better Care Fund. A policy framework was published every year, already into the new financial year, which impacted on governance arrangements. Therefore, the 2021 framework was the one currently operating; however, a robust structure would be in place for 2023.

In the ensuing discussion, the following points were raised/clarified:-

- Section 5.1 of the briefing was highlighted as relevant to tackling health inequalities.

- This was a statutory agreement between NHS South Yorkshire, the ICB, and Council. Following on from the pandemic, the governance needed updating, but a plan was in place to achieve this.

- Dates for Better Care Fund are fixed externally, but now there was more flexibility to allow dates to be aligned in future.

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

44. TARGETED LUNG HEALTH CHECKS

Consideration was given to a presentation by Dr. Jason Page, Clinical Director South Yorkshire and Bassetlaw, on Targeted Lunch Health Checks (THLC) in respect of bringing the TLHC programme to Rotherham communities. The presentation illustrated work by the South Yorkshire and Bassetlaw Cancer Alliance to improve on cancer diagnosis and reduce the mortality of lung cancer. The presentation highlighted the following achievements and aims of the programme:

- NHS Long Term Plan; deliver ambition to diagnose 3 out of 4 people with cancer at an early stage by 2028.

- Phase 1: Doncaster first area in SYB Cancer Alliance to introduce Targeted Lung Health Check Service. First scan March 2021; last locality/Central area at present.

- Phase 3: Expansion will bring TLHCs to 20 new areas including Rotherham, Barnsley and Bassetlaw.

- NHSE&I expects to rollout the Programme nationally to improve lung cancer diagnosis by 15%.

- Primary aim to reduce mortality from lung cancer; currently causes more deaths than any other cancer in the UK. Often no symptoms at the earlier stages and it was regularly diagnosed late. If caught early, it was much more treatable and the survival rate was much higher.

- Offers people aged 55-74 who had ever smoked the opportunity to have a Lung Health Check; an assessment of lung cancer risk (including smoking cessation advice/referral) and those with a higher risk of lung cancer are offered a Low Dose CT scan, spirometry and a BP check.

The collaborating partners were described. Key outcomes from the pilot of the programme in Doncaster were noted. As of 28th October:

- More than 40,000 patients referred by 38 GP practices
- More than 18,500 patients enrolled
- More than 17,700 LHCs Completed
- More than 10,000 LDCT scans completed (including follow ups)
- 487 people started a smoking cessation course with YSD
- 387 people set a quit date
- 257 people achieved a 4-week quit (66%)
- 179 cancers had been confirmed: 135 lung cancers, 44 other cancers
- 102 (76%) lung cancers had been found at an early stage
- 72% of patients were suitable for curative treatment (3% decision pending)

The presentation also provided a breakdown of secondary care and tertiary care referrals, stages of lung cancer diagnosis, and treatment modalities from the Doncaster LHC Multi-Disciplinary Team.

The presentation also illustrated the agreed Rotherham/Barnsley pathway for TLHC, along with Rotherham trajectories and timescales for key phases. The presentation emphasised opportunities to apply learning from the Doncaster programme to help tackle health inequalities in the Bassetlaw, Rotherham, Barnsley extension. Key groups to engage in the Programme were also identified.

Discussion ensued, and the following points were raised/clarified:

- The age group of the cohort was instructed by the NHS. Most of the patients who do curative treatment do need surgery.

- The culture in South Yorkshire tends toward late presentation; therefore, information and messaging around early presentation needs to accompany prevention and early intervention efforts.

- Initial feedback has been positive and people have been engaged.

Resolved:- That the presentation be noted.

45. UPDATE ON AIM 1 OF THE HEALTH AND WELLBEING STRATEGY

Consideration was given to a presentation in respect of Aim 1 of the Health and Wellbeing Strategy presented by the Vice-Chair of NHS South Yorkshire and the Rotherham MBC Strategic Director for Children and Young People's Services. Aim 1 was highlighted: "All children get the best start in life and go on to achieve their full potential."

Two key priorities of Aim 1 were noted:

- Develop our approach to give every child the best start in life.
- Support children and young people to develop well. – Under this priority, our presentation will have a specific focus on mental health

Key crosscutting areas of progress were noted in respect of both priorities:

- Best Start and Beyond Framework has been finalised and endorsed by the HWBB at the September meeting.
- 'Mobilisation and launch 0-19 service': TRFT was successful in winning the tender and mobilisation has now started and is currently on track for the new service to start in April 2023.

Key areas of progress in respect of Priority 1 were noted:

- Internal and external stakeholder meetings had commenced to agree an action plan to achieve formal ratification of 'Breastfeeding Borough' declaration.
- A communications plan was to be in place by January 2023.

Key areas of progress in respect of Priority 2 were noted:

- Sign up paperwork for Family Hubs has been approved and submitted to government DfE and DHSC
- 'Focus on improving early years take-up in targeted areas of Rotherham (Central) to have wider holistic benefit on key development measures': 88.1% of eligible two-year-olds were taking up a place in the Summer term - the highest recorded position for a Summer term.

Discussion ensued and the following points were raised/clarified.

- Sponsors for each aim were being identified.
- Ofsted inspections returned a judgement of Good across the board,
- The area of support for children in care and care leavers moved from requires improvement to good, so this was an accomplishment.
- The next updated on the strategy would be invited by the Policy Officer.

Resolved:- That the presentation be noted.

46. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN

Consideration was given to an update on the progress with objectives in the Health and Wellbeing Board Strategy action plan.

Resolved: That the update be noted.

47. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Consideration was given to a report in respect of the Health and Wellbeing Board Terms of Reference. The changes were noted:

- Dr. Jason Page had been added as Vice-Chair.
- The previous 3 CCG members of the Health and Wellbeing Board had been replaced with 2 ICB representatives, including the ICB Rotherham Place Director, the ICB Medical Director for Rotherham Place, and a GP representative.
- 'Senior representative, NHS England South Yorkshire and Bassetlaw' had been removed from the membership list as representation was now through the ICB/NHS South Yorkshire.

The finalised report was submitted for endorsement. The next scheduled review of the Terms of Reference was May/June 2023.

Discussion ensued and the following points were raised/clarified:

- An observer was still being sought by the Health and Wellbeing Board, and discussions were underway with opposition leadership to appoint an observer.
- A new RDaSH representative would also be appointed.

- The HWBB tied into the Children's Safeguarding Board through the Rotherham Together Partnership and Safer Rotherham Partnership.

Resolved:- That the updated Terms of Reference be approved.

48. ISSUES ESCALATED FROM THE PLACE BOARD

No issues were escalated from the Place Board, as the Winter Plan had been the key area of focus.

49. MINUTES OF THE ROTHERHAM PLACE BOARD

Consideration was given to the minutes of the meeting of the Rotherham Place Board: ICB Business, which took place on 13th July, 2022.

Resolved:- That the minutes of the Rotherham Place Board be noted.

50. DATE AND TIME OF NEXT MEETING

Resolved:- That the next scheduled meeting of the Health and Wellbeing Board be held on 25th January, 2023, commencing at 9:00 a.m. at Wentworth Woodhouse.