HEALTH AND WELLBEING BOARD

Venue: **Elm Room, Oak House (Moorhead Way, Bramley, Rotherham S66 1YY**

Date: **Wednesday 28 June 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 - 24)

   To consider the minutes of meeting held on 29 March 2023.

For Discussion

8. Breastfeeding-friendly Borough (Pages 25 - 32)

   Sam Longley, Public Health Specialist, to present

9. Health Protection Annual Report (Pages 33 - 71)

   Denise Littlewood, Health Protection Principal, to present.

10. DPH Annual Report (Pages 73 - 114)

    Ben Anderson, Director of Public Health, to present.

11. Joint Strategic Needs Assessment (Pages 115 - 129)

    Lorna Quinn, Public Health Intelligence Manager, to present.

12. Suicide Prevention (Pages 131 - 179)

    Ruth Fletcher-Brown, Public Health Specialist, to present.

13. Prevention Concordat on Better Mental Health (Pages 181 - 216)

    Ruth Fletcher-Brown, Public Health Specialist, to present

14. Health and Wellbeing Board Annual Report (Pages 217 - 240)

    The Chair and Leonie Weiser, Policy Officer, to present

15. Health and Wellbeing Board Terms of Reference (Pages 241 - 248)

    Leonie Wieser, Policy Officer, to present.

16. Update on Health and Wellbeing Strategy Action Plan (Pages 249 - 299)

    Leonie Wieser, Policy Officer, to present.

Standing Items

17. Items escalated from the Place Board

    Sharon Kemp, Chief Executive RMBC, and Chris Edwards, Place Director NHS South Yorkshire Integrated Care Board, to present

17.1 - Non Surgical Oncology (Breast) - verbal report

18. Better Care Fund - BCF Plan 23-25 (Pages 301 - 364)

    The Chair to report.

For Information

19. Better Care Fund - 2022-23 Year End Template (Pages 365 - 378)

20. Place Plan Priorities close down report (Pages 379 - 398)

21. Best Start and Beyond quarterly report (Pages 399 - 401)

22. Rotherham Place Board (Pages 403 - 407)

    To consider the minutes of the meeting held on 15 March 2023.

23. Rotherham Place Board ICB Business (Pages 409 - 413)

To consider the minutes of meeting held on 15 March 2023.

24. Date and time of next meeting

Wednesday 27th September, 2023, commencing at 9.00 a.m., venue to be confirmed

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HEALTH AND WELLBEING BOARD
Wednesday 29 March 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
Helen Dobson	Chief Nurse, TRFT (representing Richard Jenkins)
Chris Edwards	Executive Place Director, NHS South Yorkshire Integrated Care Board
Polly Hamilton	Assistant Director, Regeneration and Environment (representing Paul Woodcock)
Sharon Kemp	Chief Executive, Rotherham MBC
Laura Koscikiewicz	Chief Superintendent, South Yorkshire Police
Sheila Lloyd	Deputy Chief Executive and Executive Director of Nursing and Allied Health Professionals, RDaSH (representing Toby Lewis)
Dr. Jason Page	Medical Director, NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health
Helen Sweaton	Assistant Director, Commissioning, Performance and Quality (representing Nicola Curley)
Dr. Neil Thorman	Executive GP Lead

Report Presenters:-

Gilly Brenner	Consultant in Public Health
Susan Claydon	Head of Locality and Family Support Strategic Lead, CYPS
Leanne Dudhill	Head of Human Resources and Organisational Development
Alex Hawley	Consultant in Public Health
Martin Hughes	Head of Neighbourhoods
Andrew Turvey	Consultant in Public Health
Rebecca Woolley	Public Health Specialist

Also Present:-

Leonie Wieser	Policy Officer
Katherine Harclerode	Governance Advisor

Apologies for absence were submitted by Toby Lewis, Claire Smith, Paul Woodcock, and Michael Wright.

70. DECLARATIONS OF INTEREST

There were no declarations of interest.

71. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

72. COMMUNICATIONS

The Chair noted that the meeting of the Integrated Care Partnership (ICP) was to be the same day as the strategy was due to be launched. It was felt that the strategy was excellent and had had wide consultation.

In discussion, it was noted that the masterplan was to fully link up plans.

73. MINUTES OF THE PREVIOUS MEETING

Resolved:-

1) That the minutes of the previous meeting on 26 January 2023, be agreed as a true and correct record.

74. FAMILY HUBS, (INCLUDING RELATIONSHIPS CHARTER)

Consideration was given to a presentation by the Head of Locality and Family Support in respect of Family Hubs delivery. The family-centred approach was described:

- **Accessible** - non-judgemental support in a mix of physical and virtual spaces
- **Attuned to local needs** – connecting families with the right help at the right time
- **Whole-family** support offered – avoiding 'bouncing' between services
- **Informative** – the whole range of support is communicated simply and consistently
- **Inclusive** – services are responsive and co-produced with parents and families
- **Transformational** – improvements are system-wide and long-lasting

The delivery expectations for Family Hubs were identified. The Service was received physically or in person at a family hub building, with the relevant information, professional or practitioner. The Service was accessed through the family hub network but received elsewhere (e.g. VCS organisation, via outreach, clinical setting). Universal and specialist support could be accessed through a digital and virtual offer. There were a range of funded themes.

The Family Hub Principles were also described. These included promoting access through clearly branded and communicated hub buildings, virtual offers and outreach. Moving from services organised for under fives, to families with children of all ages, reduced fragmentation. It was noted that the key emphasis on early years and the 'Start for Life' offer would remain. A relationship-centred approach meant that practice in a family hub built on family strengths and looked to improve family relationships to address underlying issues. Joining up locally brought

existing family help services together, into a place where services are delivered that is a base for professionals. It was felt that this approach was better connected because family hubs drive progress on joining up professionals, services and providers (state, private, voluntary, community) – through co-location, partnerships, data sharing, shared outcomes and governance. An information gateway allowed families to know about all the services delivered anywhere within the network-physical, virtual or via outreach, and beyond. Family hubs brought together services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

Progress with the delivery model was described. Progress included instilling a strong appetite to develop Family Hubs and to deliver transformation across partners; holding regular Task & Finish Groups with agreed chairs across key funded strands; establishing an Operational Group held regularly; facilitating a delivery team; carrying out a needs analysis, coproducing the model of delivery and headline delivery plan which was submitted and agreed by a national team as part of an iterative process; securing wholesale evidence-based training programmes; and developing a digital evidence-based offer for families.

Further elaboration on the role of evidence-based programmes was noted. These programmes included The Solihull Approach Programme, Family Foundation Preparation for Parenthood, Solution Focused Brief Intervention, Triple P Online, Attachment and Bonding, Cultural Competency in maternity and beyond, PEEP (Peers early education programme) Home Learning Environment, Perinatal Mental Health Programme, and Reducing Parental Conflict.

Current work was being undertaken to agree branding and communications, roll out training programmes across public and voluntary sector, develop the digital offer, publish Start for Life Offer, develop the Parent Carer Panel, and to recruit.

In discussion, the following points were raised:-

- SY ICP/ICB have made school readiness a key aim. It will be important to ensure all areas of Rotherham are reached.
- Within the SY ICP strategy, the headline for ages 0-5 was to reduce health inequalities. This will require all partners to take a child-centred view rather than a focus on any individual service.
- The importance of a safe place to sleep also complements this agenda.
- Further, it will be helpful to parents and children to ensure that Rotherham Health App and Healthy Together are linked in.
- If libraries could also be linked, these are good resources for signposting and support for the digitisation within communities. Further, the museum group are a resource for engagement with families at community venues.

- It was agreed that 0-5 is a key age group to focus on to set children up for a good experience of school, especially among those who have additional educational needs. Work on an early years strategy had begun which would reach beyond the existing strategy around childcare sufficiency. It was acknowledged that early years is much more than childcare. As had been seen with the financial inclusion and homelessness strategies, these linkages put Rotherham in a stronger place.

Resolved:-

1) That the progress be noted and an update be received in six months' time.

75. AIM 3 UPDATE BY BOARD SPONSORS

Consideration was given to a presentation in respect of progress associated with Aim 3 of the Health and Wellbeing Strategy which was presented by the Chief Executive of Rotherham MBC on behalf of the Council and TRFT. The two key priorities comprising Aim 3 were described in the presentation:

- Ensure support is in place for carers.
- Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.

In regard to Priority 1, to ensure support is in place for carers, progress was described. The Borough That Cares Strategic Framework had been agreed by the Health and Wellbeing Board in September of last year and formally launched on Carers Rights Day in November 2022. The strategy set out the vision that was to guide partnership approaches in the work to ensure that carers in Rotherham stay mentally and physically healthy, and economically active, for longer. Underpinning the strategy was a three-year roadmap, with each year grounded in a specific area of focus: creating carer cornerstones in year one (22/23), creating communities of support in year two (23/24), and solidifying a carer friendly borough in year three (24/25) and beyond.

To ensure Carers were supported when they have a breakdown in care through delivery of Carers emergency services, this service was commissioned by the Council. The service provided emergency care and support in situations when the unpaid carer becomes incapacitated and are unable to fulfil their role. This service aimed to provide interim cover to prevent admission to residential care and support people to remain at home.

Progress was also described regarding implementation of Priority 2, to support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol. This work linked into the Prevention and Health Inequalities Group.

Ongoing work to identify and treat inpatient smokers as part of the QUIT programme was noted. The treatment of tobacco dependence was established at TRFT across all inpatient pathways. This included mandated smoking status screening at point of admission with automated notification of all smokers to the Tobacco Treatment Team. KPI data from January 2023 showed 89% of inpatients had smoking status recorded within 24 hours of admission, and 69% of smokers received a specialist assessment from a Tobacco Treatment Advisor.

Rotherham had shown a steady increase over the last 4 months for alcohol successful completions and had shown an increasing trend over the previous 10 months for non-opiate completions, whereas the England average had remained static. Rotherham had exceeded National averages in Q3 data. It was noted that figures from 2023/24 may have been impacted by some expected disruption caused by a change of provider. However, the new service model, once embedded, was anticipated to have a positive impact in the longer term.

A partnership plan focussed on tobacco had been developed and presented to the Board. The Tobacco Control Action Plan was presented to Health and Wellbeing Board in January. The Tobacco Control Steering Group would continue to oversee the actions with representatives from across Place and use the dashboard of indicators to monitor progress.

Learning from the Place Development Programme had been fed back to various groups, including the Prevention and Health Inequalities Enabler Group and the Place Board. Significant analytical work was undertaken through the Place Development Programme. Discussions about how to take this learning forward were being held as part of the Place Plan refresh, as noted in detail in the update presentation from the Prevention and Health Inequalities Enabler Group.

Progress to review and establish the drug-related death pathway to identify improvements across the system was described. Work was ongoing to develop a process to learn from deaths from drug misuse, improve services and gain intelligence around needs and where they were not being met. This work was being done by Public Health and reported to both the Safer Rotherham Partnership and the Combatting Drugs Partnership. It was noted that the rates of drug related deaths had increased nationally. A local review had been undertaken and had highlighted increased age-standardised mortality rates for deaths related to drug misuse over three-year periods for Rotherham as well as Yorkshire and the Humber, and England. Further in-depth analysis was scheduled in March/April to establish any identifiable themes.

A new information management system had been purchased in partnership with Barnsley, Doncaster and Sheffield to record and report drug-related deaths which would mirror the suicide work to improve ability to respond to trends across South Yorkshire. A full-time Police role had been established to operate the real-time surveillance and support the

learning panels. Also, a pilot funded by NHS England was progressing to support frequent attenders to ED with complex Alcohol and Mental Health needs through an outreach team providing holistic support offer.

An NHS England Peer to Peer review was held in December 2022, with positive results. The project was becoming embedded within the community as intended, influencing positive change and reducing Blue light Calls significantly. The one-year pilot was initially going to run until March 2023, but an extension to March 2024 was agreed in February 2023. TRFT was the only site in England that had progressed the pilot.

No milestones under Aim 3 were rated as 'off-track', but five were rated as 'at-risk'. This included the following actions:

- Refresh of information, advice and guidance available to carers, including the launch of the carers' newsletter. Newsletter development had been delayed due to capacity issues. Informal arrangements were in place to share information, advice and guidance.
- Actions as part of delivery of area of focus 2 and 3 of the Carers strategic framework were rated amber. A dedicated officer resource, Carers Strategy Manager, commenced in post 6 March. It was felt that this appointment would accelerate progress to co-produce the Action Plan and deliver the associated objectives and priorities. Priority was being given to advancing work in this area, including, for example, through promotion of national initiatives such as Carers UK – Carers Active Hub, a resource to help carers to increase activity levels and improve their health and wellbeing.

Next Steps to be undertaken relating to Priority 1, Ensure support is in place for carers, were described:

The Carers Strategy Manager had commenced developing an Expert by Experience programme and would establish locality-specific carer partnership network groups with increased diverse representation of unpaid carers. A co-production approach would be carried out to determine a detailed action plan. The co-production outcomes would be presented to the Health and Wellbeing Board in Sept 2023. An assurance process for all published Information would be introduced. The Advice and Guidance offer would be assessed to ensure the relevance, accuracy and accessibility. Overall progress would be reported into the Health and Wellbeing Board and board sponsors, via the Health and Wellbeing Strategy Action Plan.

Development of a partnership prevention campaign with a focus on upstream prevention messaging was underway. Options had been developed, and community insights had begun shaping this campaign. This would be reviewed for approval by all partners and launched in the coming weeks/months. The next presentation from the Prevention and Health Inequalities work had the latest information on the progress. Content had also been written for the expansion of RotherHive to include

wider health issues (such as smoking, weight, physical activity). This would be ready to launch by the end of March/early April.

Development of partnership plans focussed on alcohol was also described. An action plan on alcohol had been developed, which would go through the Combatting Drugs Partnership on 30th March 2023. Further, the tender for the new drugs and alcohol service had been awarded to the new provider and mobilisation was underway. The new service model included a separate pathway for alcohol, which would incorporate tailored clinical care pathways to address individual risk and need, with delivery from a range of community venues. The new service model included enhanced hospital liaison and outreach services, which sought to address Rotherham's identified needs.

In discussion the following points were made:

- An upcoming 10 K was an opportunity to support Priority 2.
- It was felt that the Council should be proud of the progress made.

Resolved:-

1) That the report be noted.

76. PREVENTION AND HEALTH INEQUALITIES UPDATE

Consideration was given to a presentation by Director of Public Health Ben Anderson and Public Health Specialist Rebecca Wooley in respect of progress in prevention and health inequalities. The presentation covered five priorities, including strengthening understanding of health inequalities, developing healthy lifestyles, supporting prevention and early diagnosis of chronic conditions, promoting equity of care, and harnessing partners roles as anchor institutions.

Priority 1, Strengthen our understanding of Health inequalities, involved three areas of activity: improving the understanding of health inequalities in Rotherham, ensuring that partners have access to bespoke data products, and ensuring that data around health inequalities informs commissioning, decision-making and service-delivery.

There were three key areas of progress relating to Priority 1: development of an interactive health inequalities tool, research around the impacts of the COVID-19 pandemic, and delivery of MECC and JSNA training. Next steps were to explore opportunities to rollout training around health inequalities, picking up on the findings from the SY Health Inequalities Event; profiling each of the inclusion groups outlined within the strategy; exploring opportunities to build primary care data into this programme of work, including the development of PCN profiles; and considering asset-based community development and understanding of communities as part of the approach to tackling health inequalities.

Priority 2, Develop healthy lifestyles - prevention pathway, involved action to reduce the prevalence of smoking in Rotherham and narrow the gap between our most and least deprived communities; increase the proportion of people in Rotherham who are a healthy weight; reduce alcohol-related harm for people in Rotherham; and support older people in Rotherham to retain their independence and age well.

Key areas of progress had been achieved, including an umbrella prevention brand was in development to support with upstream prevention messaging and campaigns; RotherHive was being expanded to incorporate sections on healthy eating, physical activity and smoking; a local tobacco control action plan and e-cigarette policy had been agreed by the Health and Wellbeing Board in January; work to embed the compassionate approach to weight had started, including training and development and changes to commissioning and service delivery; the OHID approved drug and alcohol grant funding project plans had been agreed; and an action plan had been developed from appreciative enquiry approach to address broader physical activity aims with stakeholders.

Next steps regarding these workstreams were noted, including work to launch and utilise the prevention brand to engage with local people around their health and wellbeing; to continue to develop the RotherHive resources to support with signposting and local people finding local advice and support; and to map the support available to help with the modifiable risk factors associated with poor health in Rotherham, with a focus on identifying inequities and variation across Rotherham.

Priority 3, Support the prevention and early diagnosis of chronic conditions, comprised several key aims, including reducing the health burden of cardiovascular disease in Rotherham, improving the management of diabetes, reducing the health burden of chronic respiratory disease in Rotherham, increasing the proportion of cancer diagnoses made at stage 1 or stage 2, and ensuring people get support with their mental health at the earliest possible stage.

Key areas of progress included significant analytical work undertaken through the Place Development Programme, relaunch of the NHS Health Checks programme, rollout of the lung health checks programme, delivery of the Community Transformation Programme within mental health, and an audit underway to baseline Rotherham's position against the NHSE Prevention High Impact interventions and the Core20Plus5 clinical areas.

Next steps in respect of Priority 3 were to build the findings of the audit work into the Prevention and Health Inequalities Strategy and Action Plan, establish a PHM Operational Group to take forward the learning from the Place Development Programme, and drive work around personalisation, for example, producing physical activity videos targeted towards people with chronic pain, frailty etc.

Priority 4 - Tackle Clinical Variation and promote equity of access to care, comprised several aims, including narrowing the gap in maternity outcomes for ethnic minority women and women from deprived communities; reducing premature mortality for people with learning disabilities, autistic people and those with severe mental illnesses; improving access to social prescribing for ethnic minority communities; and mitigating against digital exclusion.

Key areas of progress noted included the continuity of care model within maternity having been launched within TRFT in December 2022, which linked with the Core20Plus5 clinical areas; work underway to deliver commitments around improving the health of people with learning disabilities, including improving uptake of enhanced health checks, improving access to health promotion and cancer screening programs and rolling out the Oliver McGowan training for all NHS and social care staff; and a Digital Exclusion Strategy developed for Rotherham with relevant links to the Prevention and Health Inequalities Group. Next steps for Priority 4 included engagement with primary care around clinical variation.

Priority 5 - Harness Partners roles as anchor institutions, comprised several aims, including improving the health and wellbeing of our workforce across the place partnership, employing people from deprived communities and inclusion groups in Rotherham; increasing our local spend to support Rotherham's economy; reducing our environmental impact.

Key areas of progress were noted, including Self-assessments undertaken undertaken by all Place partners using the JRF framework, workshops with key stakeholders having used findings from these assessments to identify priority actions, and an anchor action plan had been drafted for submission for Place Board approval in April. Subject to approval at Place Board, the next step was delivery of the action plan which included actions around analysing recruitment and retention practices from an equalities perspective, baselining local spend within procurement and social value, using our estates differently to foster health and wellbeing, joint action to deliver on net zero commitments, and embedding consideration of health inequalities within decision-making.

Several points of feedback from the Health Inequalities Event were noted:

- Significant energy and support across South Yorkshire
- Need to focus on workforce development and staff understanding the context/challenge around health inequalities
- Usefulness of the 'intervention decay model'
- Work in the 'seams' – particularly between community-based interventions and service-based interventions

- Linked to the above, importance of community engagement, targeting the communities of public health interest

In discussion, the following points were raised:

- The large scale of the work was felt to be noteworthy.
- The importance of partners working on this together to make a real impact was emphasised.
- Changes to management approaches can lead to inequality in outcomes because of differences in motivation to seek care.
- Patients least likely to seek care often are the most in need of care; consideration will be needed around how this leads to differences of resource, funding and practical changes.
- There was an opportunity to shift how early young people are experiencing chronic conditions.
- Metrics currently emphasise flow and moving people through services, rather than health.
- Slides from the ICP would be shared regarding school readiness and the 0-5 age group.

Resolved:-

1) That the update be noted.
2) That the Board endorse the next steps that have been outlined, which will inform the action plan.

77. COMBATING DRUGS PARTNERSHIP

Consideration was given to a presentation by Ben Anderson, Director of Public Health, and Laura Koscikiewicz, Chief Superintendent of South Yorkshire Police which described partnership efforts in relation to combatting drugs. A National 10 Year Drug Strategy aimed to break drug supply chains, deliver a world class treatment and recovery system, and achieve a shift in the demand for drugs.

Timelines for National Outcomes were noted. By the end of 2024/25 it was expected that the whole-of-government mission will 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,

Anticipated Rotherham Outcomes by the end of 2024/2025 were:

- 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

Progress in relation to the ask of Local Place included an established CDP including geography, core membership, SRO and additional roles; agreed Terms of Reference, a completed Needs Assessment, and a Draft Action Plan created/in development.

Rotherham Combatting Drugs Partnership was described. A *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.*

Aims included:

- 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 oDrug and Alcohol Health Needs Assessment (HNA), 2022
- Complete drug and alcohol covid impact assessment (in progress)
- Complete a Rotherham Drug Market Profile, 2022
- Submit updates to the Safer Rotherham Partnership
- 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
- Joint Combatting Drugs Unit

Needs Assessment Highlights were described. It was noted that successful completion of drug treatment was lower than national average. Within Rotherham there were four Organised Crime Groups (OCGs) that were 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 were concerned about young people being drawn into drug taking. Feelings of safety surveys identified drug and alcohol misuse as reasons people felt unsafe in public spaces. The majority of service users also had a mental health need. Alcohol/Substance Misuse was one of ten top presenting needs for early help. The majority of service users were not in employment at the time of

presentation. There was a high unmet need for services, particularly alcohol misuse.

Development timeline and structure of the action plan was described, including a summary of the action plan:

- 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

It was noted that governance design emphasised the need for true partnership working so that no one organisation had responsible for all the delivery. The responsible partners were noted.

In discussion, the following points were raised:-

- Delivery required a high level of coordinating and agility of the services.
- The significance of the dual diagnosis issue was emphasised. This is because of the challenges involved in improving mental health unless substance misuse stops, and challenges involved in the inverse situation where substance misuse cannot be stopped due to mental health. People with a dual diagnosis were the most vulnerable, yet there has not been much provision for them. Currently, the organisational set up did not work for these situations. It was felt that any such provision should proceed with carefully measured outcomes because of the organisational issue.
- Historic changes around commissioning of services and how services reacted to those changes were acknowledged. Under the recommissioned drug and alcohol service the new provider will transition the service from 1 April, presenting an opportunity to craft additional aims around drug diagnosis and treatment that include

more psychological support around drug and alcohol.

- A dual diagnosis pathway was newly commissioned, with further work to determine how the pathway will work and how it will be embedded. The challenges presented with the dual diagnosis were acknowledged and had led to this piece of work to bring in the pathway which will be worked with RDaSH with agreements imminent.
- The importance of investment in working with subject matter experts in mental health was emphasised.

Resolved:-

1) That the progress on establishing the CDP and developing the action plan be noted.
2) That an annual progress report against the action plan be received.
3) That the CDP Governance structure, which supports the CDP to overcome barriers, blockers and risks as necessary in conjunction with the Safer Rotherham Partnership, be noted.

78. PHYSICAL ACTIVITY ACTION PLAN

Consideration was given to a presentation by Consultant in Public Health Gilly Brenner on behalf of partnership work by Rotherham MBC and Yorkshire Sport Foundation in respect of a Physical Activity Action Plan. Norsheen Akhtar, from Yorkshire Sport Foundation, led on this work. This presentation was a six-month update. This was an update on the progress of the work previously described to Health and Wellbeing Board in September 2022. Health and Wellbeing Board members were supportive of the process of undertaking a review of physical activity which was done by Sam Keighley of Yorkshire Sport. This led to the development of four key priorities. An appreciative enquiry approach was then taken, with a series of workshops with a wide range of stakeholders to determine how to deliver these priorities. These workshops were held in July 2022, October 2022, and January 2023. In the final workshop, actions were proposed with key stakeholders agreeing to lead the delivery of actions. The workshops formed the Big Active Conversation, aims of which included 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, and strengthening social prescribing, including embedding physical activity.

Priorities and associated actions were described:

- Active Champions
    - Promoting physical activity through community champions
    - Promoting physical activity through workplace champions
    - Monitoring progress of strategic physical activity work

- Active Environments
    - Employers supporting the workforce to be active
    - Safer, open green and blue spaces
    - Incorporating activity into travel

- Active Communities
    - Normalising physical activity in schools
    - Normalising physical activity in health settings and provision
    - Normalising physical activity through events or provision

- Active Communications
    - Moving Rotherham communication plan
    - Facilitate effective signposting to physical activity opportunities
    - Facilitate networking and collaboration between physical activity champions

In discussion, the following points were raised:-

- The importance of embedding physical activity within the health sector, including clinical pathways, was emphasised.
- The importance of people being empowered to talk about the benefits of physical activity within their own communities was noted.
- The workstream around provision for teenage girls was of importance as teenage girls had been identified as a group at risk to drop out of physical activity.
- It was now statutory for physical activity opportunity to be equal for boys and girls.
- In addition to normalising participation, having choice was fundamental.
- The Children's Capital of Culture included a strong physical activity element.
- Thanks to Places for Leisure, a Big Sister programme was now being offered in addition to the big brother programme.
- Swimming and swimming lessons were now being offered for Looked After Children and Care Leavers.
- Thanks to partners, it was felt that much progress had been made together to address inequalities.
- Diverting negative energy into positive interventions such as community boxing clubs promotes a safer, healthier community.
- Any further nominations to the Moving Rotherham Partnership Board should be sent to the Consultant in Public Health.

Resolved:-

1) That the report be noted.
2) That the delivery of actions identified in the plan be encouraged, enabled and supported
3) That opportunities to incorporate physical activity into organisational and borough strategic plans and delivery continue to be identified.
4) That the Board receive annual updates from the Moving Rotherham partnership.

79. THRIVING NEIGHBOURHOODS STRATEGY

Consideration was given to a presentation of the refreshed Thriving Neighbourhoods Strategy presented by Martin Hughes, Head of Neighbourhoods, and Leanne Dudhill, Service Manager, Human Resources. The refreshed strategy included a strengths-based approach. The presentation offered a six-month update on the ward priorities and how these linked into the strategic aims. These aims sought for 'Every neighbourhood in Rotherham to be a thriving neighbourhood, where people are able to work together to achieve a good quality of life.' Further, the Strategy worked toward 'Ensuring communities are at the heart of everything we do to make people feel happy, safe and proud.' The Strategy sought to achieve neighbourhoods that are safe and welcoming with good community spirit; and residents who are happy, healthy and loving where they live, with the opportunity to use their strengths, knowledge and skills to achieve what is important to them.

The Strategy provided a framework for key actions:

- Enhance the role of Councillors as community leaders
- Ask and listen to communities about the things that matter to them
- 'Work with' communities rather than 'doing to'
- Build on the strengths and assets within our communities
- Empower 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
- Improve services that are personalised and flexible
- Find local solutions to reduce the impact of the cost-of-living crisis

A consultation was live to ensure communities have a say in various aspects of how the Strategy is delivered, including promoting the Strategy, role of Councillors and Neighbourhood Working; informing the delivery of the strategy and an Equality Assessment – to be presented at

Improving Places Select Commission (July 2023); informing Councillors ward priorities – updated June 2023; delivering events across all of Rotherham's 25 wards; engaging in discussions with communities with protected characteristics; and online survey for the Consultation.

Place-based approaches were being used in the Strategy Delivery. This included a role for Councillors, council services, police, Primary Care Networks, Parish Councils, community groups, residents and others working collaboratively within a neighbourhood to tackle local priorities. These priorities were:

- Environment – including street scene, parks and green spaces
- Community safety & ASB
- Community resilience & infrastructure, including cost-of-living
- Children and young people
- Transport & road safety
- Cost of Living
- Physical & mental health and well-being
- Ward Plans – Rotherham Metropolitan Borough Council

The diverse roles of Councillors within the University of Birmingham's Twenty-first-century Councillor were described, as well as the Strengths-based Approach. Within the authority, the personal assets were the strengths, talents, skills, and local knowledge. Community and neighbourhood strengths included spaces, networks and services. The Strengths-based approach recognises and builds on the skills, resources, knowledge, experience and heritage within our communities and empowers residents to find creative solutions to the local issues that matter most to them. A partnership training programme on the strength-based approach is in development.

As part of this approach, Rotherham Metropolitan Borough Council has the following aims.

- 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.
- 'Work with' 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.

A reflection on accomplishments during the pandemic response included the following points:

- 1,286 people offered to volunteer.
- During the first 12 months of the pandemic over 1,000 households supported with prescription collection, shopping and befriending calls.
- Helped to deliver 5,284 food parcels and 1.5 million items of PPE.
- Numerous community organisations were established and existing ones expanded to develop new services.
- Rotherfed set up a Befriending Service staffed by volunteers and created the Befriending Services Network.

The example of Sunnyside supplies was provided as a social supermarket which was working to help people with a variety of needs. Ward Councillors and council staff helped set up and now work alongside Sunnyside Supplies community group to provide a Social Supermarket and Community Café.
This essential service is providing healthy, affordable groceries, a range of valuable volunteer roles, and a much-needed place to come together for those who are lonely or socially isolated, including single-parents and older people.

Delivery and transformation involved a big element of learning and development for the workforce. Raising general awareness was a current aim to increase understanding of the importance of the Strengths-based approach in helping people to live well for longer. This approach would aid in the delivery of the Health and Wellbeing Strategy in the following ways:

- Ward priorities/plans are helping to deliver the four Aims and Strategic Priorities.
- Board membership / organisations informing future ward priorities – data, local intelligence, inequalities, etc.
- Place-based working - Strengthen partnership working within neighbourhoods; focus on early intervention & prevention.
- Strengths-based working – helping communities to help themselves; joint training and development.

In discussion the following points were raised:-

- The importance of case studies to get a picture of work across the borough was emphasised.
- It was felt that events arranged around bringing people back together had been excellent.

- Partners had been impressed by the progress in learning and development that was creating a cultural competency.
- It was felt that the Council had come a long way to a strong place of partnership and joined up working.

Resolved:-

1) That the report be noted.

80. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN

Consideration was given to an update on the Health and Wellbeing Strategy Action Plan presented by Ben Anderson, Director of Public Health, and Leonie Weiser, Policy Officer. The presentation noted DHSC guidance on ICP strategy and health and wellbeing Strategy.

- HWBs would need to consider the integrated care strategies when preparing their own strategy (JLHWS) to ensure that they are complementary. Conversely, HWBs should be active participants in the development of the integrated care strategy as this may also be useful for HWBs to consider in their development of their strategy.
- When the HWB received an integrated care strategy from the ICP, it did not need to refresh JLHWS if it considered the existing JLHWS sufficient.

In discussion, the Chair affirmed that Rotherham Place originated from Rotherham rather than from South Yorkshire.

Resolved:-

1) To note the alignment between the ICP strategy and the Rotherham Health and Wellbeing Strategy.
2) Aim sponsors to consider implications for their aims in light of the ICP strategy.

81. MEMORANDUM OF UNDERSTANDING OF THE ROLE OF BOARD SPONSORS

Consideration was given to a Memorandum of Understanding of the Role of Board Sponsors presented by the Public Health Policy Officer, Leonie Weiser.
The Chair noted the key role of sponsors in driving forward each aim.

In discussion, the interim lead was confirmed.

Resolved:-

1) That the memorandum be agreed.

82. ITEMS ESCALATED FROM PLACE BOARD

Consideration was given to an update regarding items escalated from the Place Board, which was presented by Sharon Kemp, Chief Executive Rotherham MBC, and Chris Edwards, Place Director NHS South

Yorkshire Integrated Care Board. Extreme pressure during the winter had been experienced. The Place coped with peaks in both COVID-19 and flu in January. The Health and Care Plan had been revised, and a first draft of the Place Plan would be brought to the next meeting.

Resolved:-

1) That the update be noted.

83. BETTER CARE FUND

The Chair confirmed that the papers from the Better Care Fund Board would be circulated.

Resolved:-

1) That the papers from the Better Care Fund be circulated.

84. CHANGE TO PHARMACY PROVISION, SWINTON

Resolved:-

1) That the report be noted.

85. SOUTH YORKSHIRE CDOP ANNUAL REPORT 2021-22

Resolved:-

1) That the report and recommendations be noted.

86. BEST START AND BEYOND QUARTERLY REPORT

Resolved:-

1) That the report be noted.

87. PLACE PARTNERSHIP UPDATE

Resolved:-

1) That the report be noted.

88. SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY 2023

Resolved:-

1) That the strategy be noted.

89. ROTHERHAM PLACE BOARD

Resolved:-

1) That the minutes of the of the Rotherham Place Board Partnership Business meeting be noted.

90. ROTHERHAM PLACE BOARD ICB BUSINESS

Resolved:-

1) That the minutes of the Rotherham Place Board ICB Business meeting be noted.

91. DATE AND TIME OF NEXT MEETING

The next meeting of Health and Wellbeing Board will be held at on 26 June 2023, commencing at 9.00 am in Rotherham Town Hall.

BRIEFING		
	TO:	Health and Wellbeing Board
	DATE:	28/7/2023
	LEAD OFFICER	Sam Longley
	TITLE:	Rotherham Breastfeeding Friendly Borough

Background

1.1 Breastfeeding has long term benefits for both baby and mother. For baby the benefits include reduced risk of infection, obesity, cardiovascular disease in later life and sudden Infant death. For mother breastfeeding reduces the risk of ovarian and breast cancer, osteoporosis, and obesity. Any amount of breastmilk a baby receives has health benefits and the benefits are increased the longer breastfeeding is continued.

Rotherham Council formally adopted the Local Authority Declaration on Healthy Weight in January 2020. A key line of action within that document refers to creating supportive environments for all children, young people and parents by:

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

In pursuit of that ambition, in June 2022 a briefing paper was presented to the Health and Wellbeing Board proposing adoption of a Rotherham Metropolitan Borough Council Breastfeeding Friendly Borough Declaration. This was agreed in principle by the Board.

A Breastfeeding friendly Borough Declaration clearly articulates the commitment of the council, the Health and Wellbeing Board and key partner organisations to support ongoing change within a range of contexts towards a common goal, to enable families to make the right choice for them, with appropriate support

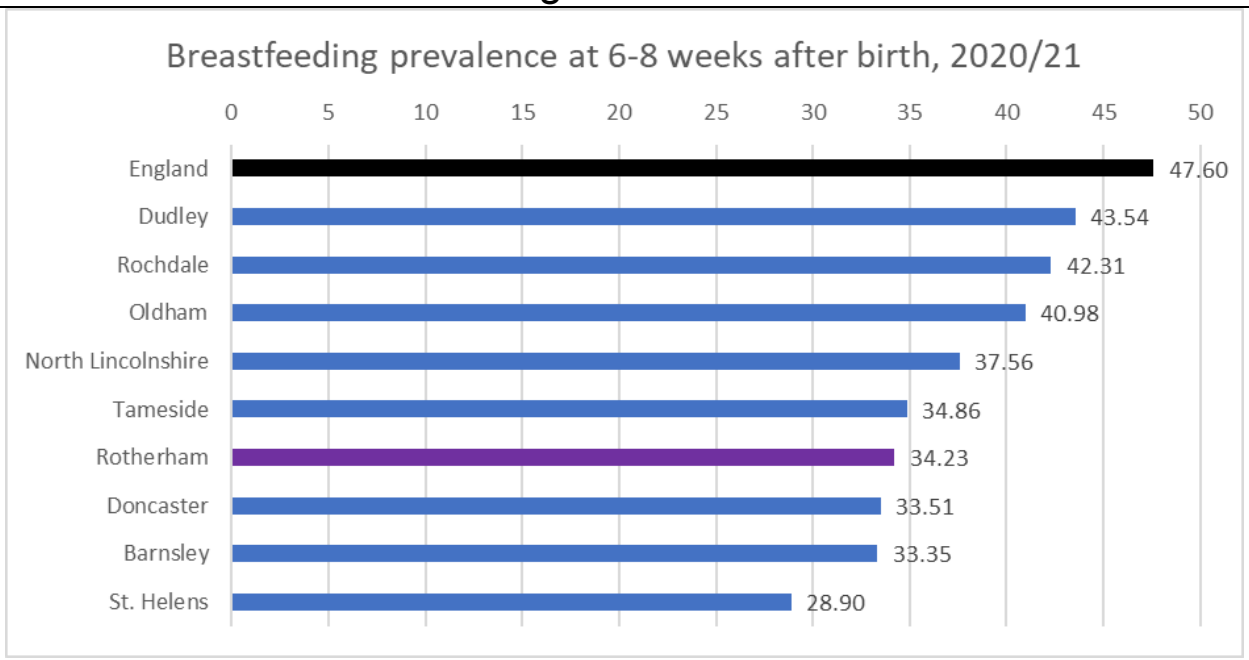
This briefing aims to provide assurance to the Board by setting out the progress made over the last year.

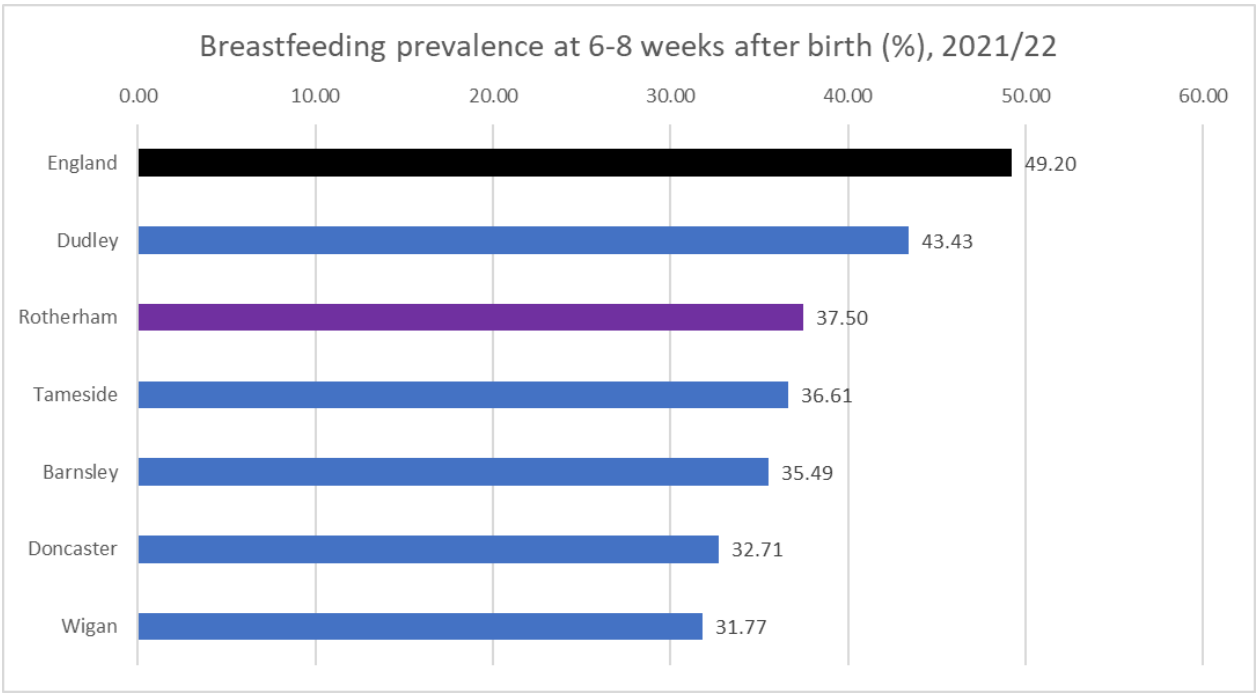
Key Issues

2.1 **Rotherham Breastfeeding rates**

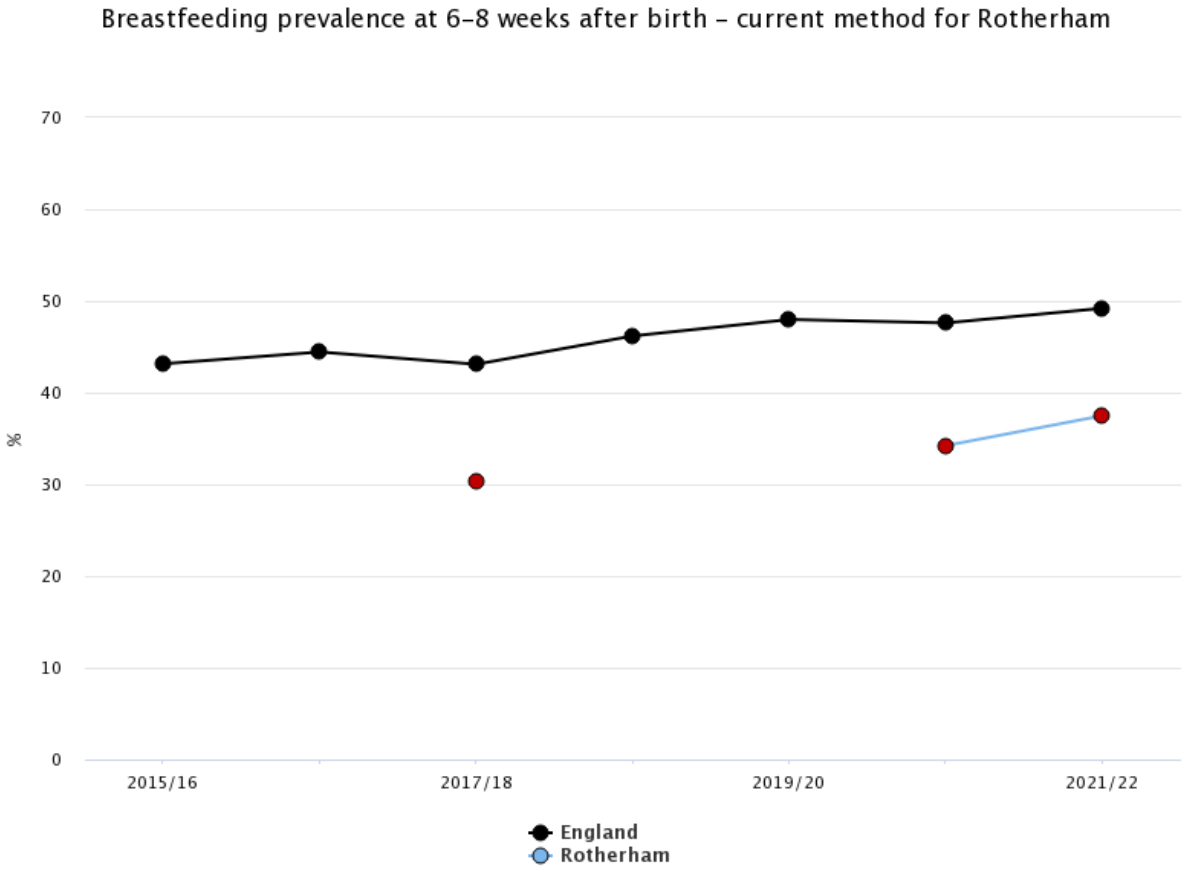
The current breastfeeding prevalence at 6-8 weeks after birth is 37.5% in Rotherham. This is significantly worse than the England average of 49.2%, however Rotherham has seen an absolute increase from 34.2% in 2020/21.

The charts below show Rotherham compared with England and statistical neighbours. Rotherham's relative performance within this comparator group may also have improved in the most recent data, but there is a lot of uncertainty due to missing data across other local authorities.


Breastfeeding prevalence at 6-8 weeks after birth, 2020/21
0
5
10
15
20
25
30
35
40
45
50
England
47.60
Dudley
43.54
Rochdale
42.31
Oldham
40.98
North Lincolnshire
37.56
Tameside
34.86
Rotherham
34.23
Doncaster
33.51
Barnsley
33.35
St. Helens
28.90


Breastfeeding prevalence at 6-8 weeks after birth (%), 2021/22
0.00
10.00
20.00
30.00
40.00
50.00
60.00
England
49.20
Dudley
43.43
Rotherham
37.50
Tameside
36.61
Barnsley
35.49
Doncaster
32.71
Wigan
31.77

2.2



2.2.1

Public health profiles - OHID (phe.org.uk)

Informed and supported choice

Eight out of ten women stop breastfeeding before they want to, and most report that this is due to feeling insufficiently supported. This also frequently results in feelings of guilt and failure [1]. Rotherham is promoting a compassionate approach to health behaviour choices.

The compassionate approach is *'An approach that promotes health gains for all people, without stigma or judgement, and which takes into account the wider context of their lives.'*

In this context the compassionate approach should mean Infant feeding choices are well informed and supported without stigma or blame.

Breastfeeding and climate change

As well as offering many direct health benefits to both infant and mother, increases in breastfeeding rates also has the potential for wider indirect planetary benefits. This is due to the potential reduction in environmental costs that arise from infant formula production and administration, such as emissions from dairy farming, product packaging, shipping, disposal, and water consumption [2].

Breastfeeding and the cost of living

Breastmilk is effectively a free and safe resource. Bottle feeding has been estimated to cost on average between £50 and £100 per month, meaning that exclusive breastfeeding for the UNICEF recommended six months is likely to offer considerable financial savings. The British Pregnancy Advisory Service has warned that due to the increased costs of living some bottle-feeding families may have resorted to unsafe practices to reduce costs, such as watering down formula or increasing periods between feeds [3].

Key Actions and Relevant Timelines	
3.1	**Actions since June 2022**
3.2	The Rotherham Breastfeeding Borough Forum has been created. This is a multi-agency working group is in place with membership from a variety of stakeholders in Rotherham which includes VCS, 0-19 service, midwifery, RMBC HR, RMBC public health team and RMBC Children and Young Peoples Service.
3.3	The RMBC HR infant Feeding policy has been refreshed.
3.4	RMBC premises have been identified to enable us to support staff and/or public to be supported to breast feed. Current picture has been established and where further support will be needed.
3.5	Plan in place for RMBC staff to receive training regarding Making Every Contact Count and Breastfeeding. The training will be developed and shared to all Health and Well-being Board partner organisations and wider business in Rotherham.
3.6	Resources developed with TRFT Infant feeding team to support wider Rotherham businesses to become Breastfeeding Friendly with a plan in place to work with businesses to promote this.
3.7	We have recommissioned our Specialist Community Public Health team for 0-19 years (25 SEND) comprising of Health Visitors (HV), School Nurses (SN) delivering the Healthy Child Programme. The services have now mobilised level 2 UNICEF Breastfeeding friendly Initiative (BFI) accreditation.
3.8	The Community Infant Feeding team within the 0-19 service have designed a "Rotherham backs breastfeeding" campaign. A planned launch event will take place in the Summer 2023.
3.9	As part of the Family Hubs and Start for Life funded programme antenatal Infant feeding advice will be delivered using the Solihull Approach. Providing families with the information required to enable informed choice.
3.10	
3.11	Children's Centres/ Family Hubs to begin the process of UNICEF Baby Friendly Initiative accreditation.
3.12	''Baby Friendly accreditation is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services. These are designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development". [4]
3.13	
3.14	A consistent supportive approach will be embedded across the local authority estate, e.g. libraries, especially where they are providing a satellite family hub venue. Additional funding received via the Family Hub specific for an Infant Feeding Co-ordinator to enhance the support offer to families for Infant feeding. RMBC PH team workstream lead for Infant Feeding workstream of the Family Hub and start for life offer development.

	LA communication plan completed. Public Health is also pursuing this agenda at ICB level, as part of the Local Maternity Network and System (LMNS), which includes recent work on breastfeeding and climate change and the cost of living. Next steps include delivery of MEC infant Feeding sessions, creation and distribution of a business pack created alongside the Rotherham Backs Breastfeeding campaign to identify breastfeeding friendly business and venues in Rotherham, family hub development and enhanced offer of peer support volunteers, opportunities to promote the Rotherham Breastfeeding Friendly Borough will be sought at community events such as Rotherham Show and via the Start For Life Offer.
Implications for Health Inequalities	
4.1	Whilst UK breastfeeding rates are comparatively low internationally, within the UK the way rates vary is associated with socio-economic status, with economically deprived mothers the least likely to initiate or to continue breastfeeding. Any Rotherham-wide improvement in breastfeeding initiation and continuation rates is therefore likely to have some positive impact on health inequalities and represents one of the key opportunities we have for giving Rotherham children the best start in life.
Recommendations	
5.1 **5.2** **5.3**	The Health and Wellbeing Board to note the 3.27% increase in Rotherham's 6-8 week Breastfeeding rate and the progress made during the last year to become a Breastfeeding Friendly Borough The Health and Wellbeing Board to reaffirm its support for the ambition for Rotherham to become a breastfeeding friendly borough by signing the declaration on behalf of its member organisations. For the board to agree a 12-month period for update.

Appendix A

Supporting a Breastfeeding Borough Declaration (DRAFT v1)

Our commitment

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

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

Stage One: Building a firm foundation

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

Stage Two: An educated workforce

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

Stage Three: Parents' infant feeding experience, the local authority and partners will:

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

A Breastfeeding Borough - Places.

Our commitment

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

A Breastfeeding Friendly Workplace -Policy

Our Commitment

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

- Allowing lactation breaks (an example, one 30 minute break every four hours) for expression of breastmilk for at least one year after childbirth, and to adopt a flexible approach thereafter.
- Provide somewhere for hand washing which does not involve a public toilet.
- Provide a private space with a comfortable chair and an electric outlet for operating the breast pump.
- Provide refrigerating facilities for safe storage of expressed breastmilk. There is an expectation that the employee will ensure that this would be clearly marked and placed in a separate box within the fridge to prevent colleagues from opening it by accident.
- All other staff members are requested to support their colleagues to breastfeed by adopting a positive and accepting attitude.
- Consider if needed, flexible approaches to enable the continuation of breastfeeding when a baby will not take milk from a bottle. This might involve the baby's carer attending the offices, at the cost of the mother, for the 30 minute break every four hours, to allow the mother to breastfeed. This would need a separate risk assessment undertaking.

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

Our Commitment

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

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

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

Health Protection Assurance Report for Rotherham Metropolitan Borough Council

May 2023

Contents

1. Introduction

1.1 This report provides a summary of the assurance functions of the Rotherham Metropolitan Bourough Council Health Protection Committee and reviews performance for the Health and Wellbeing Board. This is the first assurance report since 2019 due to the COVID pandemic.

1.2 The report considers the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance
- Emergency planning and response.

1.3 The report sets out for each of these domains:

- Assurance arrangements
- Priorities for 2023/24.

1.4 The health protection agenda in in recent years has been dominated by the COVID-19 pandemic. This report therefore focuses on the response to the pandemic, the impact on wider health protection activity, and work to recover screening and immunisation coverage for our population.

2. Assurance arrangements

2.1 Local authorities, through their Director of Public Health, have an assurance role to ensure that appropriate arrangements are in place to protect the health of their populations.

2.2 The Health Protection Committee is mandated by the Health and Wellbeing Board to provide assurance that adequate arrangements are in place for prevention, surveillance, planning, and response to communicable disease and environmental hazards.

2.3 The purpose of this report is to update the Health and Wellbeing Board on key Health Protection Board priorities, achievements and areas of focus for 2023/24. The report will look back at what the health protection system helped to achieve in the Covid-19 response.

2.4 Summary terms of reference for the Committee are listed at **Appendix 1**.

2.5 A summary of organisational roles in relation to delivery, surveillance and assurance is included at **Appendix 2**.

3. Prevention and control of infectious disease

3.1 At the end of December 2019, Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia. The situation escalated rapidly and on 30 January 2020 the Director-General of the World Health Organisation declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC) as sporadic cases were now being seen across countries outside of China.

3.2 By the end of January 2020 the first two cases of coronavirus (2019-nCoV) in the United Kingdom were confirmed and, over the course of February, single and linked cases were being identified across the UK and outbreaks were being confirmed across Europe, notably Italy, France and Spain.

3.3 By mid-March 2020, as the UK Chief Medical Officers raised the risk to the UK from moderate to high, the first COVID-19 cases and situations in Rotherham involving single cases, schools and care homes were being identified. On 26 March 2020, the UK went into lockdown with the instruction to Stay at Home, Protect the NHS, Save Lives.

Activity in 2020/21/22

3.4 PHE/UKHSA, Rotherham MBC and the CCG (now ICB) worked in partnership to support settings with high-risk cases or outbreaks of COVID-19. Common settings where an outbreak response is required include care homes, supported living settings, early year and education settings, health care settings, workplaces (particularly those associated with national infrastructure or are otherwise high risk) prisons and homelessness settings.

3.5 In total 2045 outbreaks of Covid were recorded in Rotherham before the decommissioning of the COVID team and a move to Living with COVID.

3.6 The above number includes the first workplace Covid-19 Outbreak in the Rotherham which occurred in a sandwich factory in early 2020.

3.7 During this time the Public Health - Health Protection Teams provided the specialist response to other infectious disease and hazard related situations across Rotherham. Situations responded to alongside management of COVID-19 have included:

- Gastro-intestinal outbreaks in early years, schools and residential care settings
- Environmental exposures – including a large industrial fire
- High number of cases of Scalp Ringworm associated with barbers/hairdressers

COVID Response

Throughout the Covid-19 pandemic, from the first confirmed case in Rotherham to 'Living with Covid-19', the health protection system, under the governance of the Health Protection Board, has provided solid and consistent leadership to the local system in the response to outbreak control, infection prevention, management and response. The system has provided evidence-based and coordinated action as the pandemic unfolded, providing intelligence-led decision making, mobilising services to minimise transmission and protecting the most vulnerable.

Area of response	Detail
Public Health advice	Public health advice was developed and disseminated in relation to the identification and management of symptoms, case and outbreak response, promotional campaigns, and support for all sectors in relation to the pandemic. Proactive support was provided through a suite of assets and communication tools hosted by local authority, CCG and PHE/UKHSA agencies. Examples include early year and education setting regular online meetings, care home webinars, flow charts communicating actions to take following possible or confirmed case(s), checklists and risk assessment tools.
Contact tracing	The national NHS Test and Trace (T&T) service was launched on 28th May 2020, the aim being to ensure that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and to target asymptomatic testing of NHS and social care staff and care home residents. In addition, the programme intended to trace close recent contacts of anyone who tested positive and, if necessary, notify them that they must self-isolate at home to help stop the spread. A local 0 Contract tracing service was then successfully implemented locally with an increased contact success rate which helped to control and drive down the spread of COVID 19 in the Rotherham area.
Testing	Testing was coordinated across Rotherham by a regional testing strategist, along with the LRF, bringing together clinical, commissioning and public health expertise regularly to review latest guidance and manage implementation in the most effective way for a geographically dispersed population. Testing capacity and capability was targeted to ensure all communities were able to access symptomatic and asymptomatic testing services, considering the needs of those without easy access to transport, and vulnerable populations. Targeted community testing, including deployment of fixed and mobile PCR and LFD testing sites, was used to maximise testing uptake across the borough.

Vaccination	COVID-19 and flu vaccination programmes were co-managed as a seasonal vaccination programme, channelling resource and expertise in the most effective way. A particular focus was the work to identify and target areas of vaccine inequality. Rotherham MBC worked with the CCG to develop the outreach offer, through use of all vaccine partners – CCG, acute trusts, GPs and pharmacies, and use of community settings in areas of high deprivation and low uptake.
Variants of concern	PHE/UKHSA led the response to investigating single cases and outbreaks of variants of concern, working closely with ourselves to ensure containment and, in the case of Delta and Omicron, mitigate spread.
Workplaces	Rotherham employed two Workplace Covid officers to work closely with Rotherhams Businesses to control and mitigate outbreaks.
Settings based prevention & case & outbreak response	Prevention and response processes were developed for all settings to prevent and control outbreaks particularly in: • Schools and early years • Care homes and domiciliary care • Businesses & hospitality New and productive relationships were built with all sectors to support them to keep staff, clients and students safe, minimise disruption and keep premises open and functioning.

Surveillance Arrangements

3.8 UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

3.9 Covid is just one of many infectious diseases of relevance to Rotherham and a smaller scale response needs to be available to respond to all communicable diseases and hazards within resource constraints. Surveillance arrangements cover all relevant pathogens and hazards.

3.10 Fortnightly bulletins are produced throughout the winter months, providing surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus.

3.11 A new Health Protection Dashboard has been developed to improve surveillance and assist Health Protection Committee.

4 Screening programmes

4.1 This section summarises some of the key developments for the individual screening programmes.

4.2 All screening programmes suffered from the impact of the COVID-19 pandemic to varying degrees with the focus during 2020/21 to support providers to safely pause programmes where this was necessary or required, for example due to infection, prevention and control reasons, and then to develop and implement detailed recovery plans to safely recommence screening and tackle the backlog that had developed during the pandemic to return programmes back to a business as usual footing. For some programmes, this has required significant investment, both regional and national to increase capacity over and above 100% to be able to deliver screening in a COVID-19 secure manner (for example, longer appointments to follow PPE and IPC procedures) and to offer screening to all those individuals who were affected by the pause in the programmes in as timely a way as possible. As a consequence, this investment has been designed to build in increased capacity to ensure more robust and sustainable services into the future.

4.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards (for example, round length and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.

4.4 The following table gives a summary of performance, challenges and developments during 22/23 and future developments.

Screening programme:	
Bowel	**Service Delivery:** Bowel cancer screening for the population of Rotherham is delivered through the South Yorkshire Bowel Screening Centre, and the Bowel Screening Hub in Gateshead. Work has continued following the pandemic with great progress made in clearing the backlog which was caused by the pause in screening during Covid-19 pandemic. Endoscopy capacity continues to be a risk across the country with only limited numbers of endoscopists in the system and difficulties recruiting, however all KPIs are being met. The continuing age extension and introduction of Lynch Syndrome will put pressures on the system but plans for increasing capacity continue. Rotherham NHS Foundation Trust (and all Hospital Trust's across SY) have agreed to further extend the implementation of the Age Extension programme, with the inclusion of 58-year-olds from 3rd January 2023. The Age Extension will be a phased approach over a four-year period, lowering the age of bowel cancer screening eligibility to 50-years old, and this started in April 2021. **Improvements:** The South Yorkshire Bowel Screening programme has restored to achieve the six-week standard for sending out invitations.
Breast	**Service Overview** Currently the Breast screening service is delivered by The Rotherham NHS Foundation Trust (TRFT). The programme has successfully restored following the pandemic. **Service Delivery:** The Rotherham Breast Screening programme have now returned to their normal 36 month "next test due date" (previously "round length") and are inviting women who are now due for screening. The data provided in table 3 below shows an uptake for 2021/22 of 65.8% This is lower than pre covid figures however it is maintaining a steady upward trajectory. NHSE provided funding to support the programme to introduce text messaging to encourage attendance for screening with behavioural science nudges being included in prepared texts. Rotherham breast screening service have already seen an increase in screening attendance in the short time that these messages have been utilised. The unit also received additional non recurrent funding to allow a member of staff to undertake courtesy calls to remind previous non responders about their upcoming

appointments and confirm attendance.

Table 3: Breast Cancer Screening % uptake up to May 2022 and 2020 and 2021 as a comparison

	2016/17	2017/18	2019/20	2020/21	2021/22
	Breast	Breast	Breast	Breast	Breast
	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)	Females, 50-70 Screened for Breast Cancer in last 36 Months (3 year Coverage, %)
Standard	80%	80%	80%	80%	80%
Low threshold	70%	70%	70%	70%	70%
England	72.50%	72.10%	70.00%	61.30%	62.30%
Rotherham	76.00%	75.00%	74.00%	60.90%	65.80%

Improvements

The Public Health Programme Team (PHPT) and the Breast screening programme are working with the Health Facilitator Team and the Learning Disability team to introduce proactive telephone calls to patients with LD who are due their breast screening. This will ensure that any reasonable adjustments are agreed to enable the person to attend for their screening. Once identified the breast screening unit can also send out appropriate easy read information.

The PHPT are also working with the PCN Cancer Champions across Rotherham to ensure all people who are eligible for a breast screening have the right information recorded in their record so that a reminder text message/telephone call or information can be sent to encourage attendance if they have not responded to their Initial invites.

Cervical	Cervical Screening Activity in Primary Care All practices in Rotherham have continued to offer cervical screening, the coverage below demonstrates a slight decrease in the uptake compared to previous years in 25-49-year cohort but uptake in the 50-64-year cohort has stayed around the same. The collaborative partnership with the SYB ICS Cancer Alliance continues with the implementation of the innovative behavioural science approach using nudges and bespoke targeted messages within invites by letter, SMS text message reminders and telephone scripts, to reach underrepresented groups and influence their behaviour to partake in cervical screening programme. All of which are hosted on the Cancer Alliance website and available for practices to utilise. Three PCNs in Rotherham showed an interest in completing the behaviour science training and implementing some of the nudge theories. This approach will continue to be offered to the remaining PCN/practices within Rotherham. Gateshead Cervical Screening Laboratory Our regional laboratory for primary care cervical screening samples is based at Gateshead Health NHS Foundation Trust. For those that are HPV positive and go on for cytology, turnaround time is currently within the 14 days standard across SY, which is an improvement from last year and back within target. Colposcopy activity Rotherham NHS Foundation Trust (TRFT) are the local colposcopy provider. Currently the unit reports a higher number of referrals compared to this time last year, but all grades of referral continue to be managed within the required timeframes. Objectives for Cervical Screening within the Health Improvement Plan • Continue to encourage and roll out behavioural science nudge work to all PCNs, to assist practices to increase uptake of women who don't usually take up the offer of screening. • Continue to identify and specifically target any inequalities related to ethnicity. • Ensure all practices continue to offer screening despite other challenges. • Work with Primary Care to ensure that patients with LD are enabled to access their screening and have easy read information available to them to ensure they have informed choice. Work with LD team and cancer champions to offer a proactive telephone call to offer any reasonable adjustments to enable attendance. • Work with colposcopy providers to ensure patients with LD are identified and easy read information created to be utilised across South Yorkshire.

Table 1: Screening Coverage Data % Uptake 2016/17, 2017/18, 2019/20, 2020/21 and 2021/22 comparison.

	2016/17	2017/18	2019/20	2020/21	2020/21	2021/22	2021/22
	Cervical	Cervical	Cervical	Cervical	Cervical	Cervical	Cervical
	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 25-49, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	Females, 50-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)
Standard	80%	80%	80%	80%	80%	80%	80%
Low threshold	75%	75%	75%	75%	75%	75%	75%
England	72.10%	71.70%	72.20%	69.10%	75.00%	68.60%	75.00%
Rotherham	76.30%	76.10%	76.60%	74.40%	77.00%	73.90%	76.50%

Antenatal/ Neonatal

Service Overview

All key performance indicators (KPIs) are being met as detailed in the following link: NHS screening programmes: KPI reports 2021 to 2022 - GOV.UK (www.gov.uk). There are no areas of concern currently highlighted.

BCG vaccine and SCID (Severe Combined Immuno-Deficiency):

Implementation of the NHS SCID (Severe Combined Immuno-Deficiency) screening evaluation commenced in September 2021 (applicable to babies born from the 1st of September 2021). All babies born in Rotherham are offered SCID screening as part of a national evaluation. This is undertaken prior to BCG vaccination as BCG vaccine (a live vaccine) is contraindicated in babies who test positive for SCID. BCG vaccination is provided by the Children's out-patient department at The Rotherham NHS Foundation Trust, and this is being monitored monthly by NHSE. The programme is working on maintaining above the 80% vaccinated within 28-days target. To aid uptake the programme has added a barcode to invite letters and displayed posters in the hospital setting which allows parents to access the information in other languages if English is not their first language.

Diabetic Eye

Service Overview:

The Diabetic Eye Screening programme is provided by Barnsley NHS

	Foundation Trust and is delivered at Rotherham hospital and community outreach venues including Rawmarsh Community Hall. **Service Delivery** Quarterly meetings with the programme continue to monitor progress and capacity against demand, supported by nationally developed forecasting tools. Barnsley and Rotherham programme have fully restored for their routine cohort, with patients being recalled within the 12-month interval. The service has made good progress with regards to timeframes for patients requiring slip lamp examination. **Improvements** The programme has now secured funding for a text messaging service to invite and remind patients of their appointments with a view to increase uptake and reduce the number of people who do not attend or respond.
Hepatitis C	In 2023/24, the RMBC commissioned Drug and Alcohol service was the first service in South Yorkshire to achieve Micro-Elimination of Hepatitis C. Micro-elimination is a new way of tackling hepatitis C. It uses a series of targets to ensure people are being diagnosed and getting the treatment they need quickly and easily. Rotherham's Drug and Alcohol service has achieved the following: • 100% of people using the service have been offered a hepatitis C test. • Over 90% of these people have then been tested. • 91% of people who were diagnosed with hepatitis C have started treatment. NHS England set these micro-elimination targets to eliminate hepatitis C as a major health concern by 2025.

Abdominal Aortic Aneurysm (AAA)

Service Overview

Abdominal Aortic Aneurysm (AAA) Screening Programme is delivered by Doncaster and Bassetlaw NHS Trust across South Yorkshire and uptake is monitored across the region.
Uptake data is shown below.

Public Health Profiles - OHID

Cohort	Period	Target	Rotherham
AAA male	2021/22	Acceptable >75% Achievable >85 %	79.4%

Service Delivery:

Monthly meetings continue between NHSE and the provider to seek assurance that there are no concerns regarding access to the screening programme for the Rotherham locality with timely invitations for routine cohort and both annual and quarterly surveillance. There is no backlog, and we are assured that all the eligible Rotherham population are being invited within appropriate timescales. The uptake above is the current position, and the programme are on track to meet the required thresholds.

Referral to Vascular Services:

Referrals to vascular services for men requiring potential surgery are discussed at the monthly provider meeting. There are currently two men from Rotherham awaiting surgery outside the 8-week target, these are due to complex health factors which require further clinical assessment.

Improvement work:

The Public Health Programmes Team have commenced work with the programme to address inequalities. Further insight is currently being gained to identify areas with the lowest uptake who require a targeted approach. This is being supported by the programme completing a Health Equity Assessment Tool (HEAT), a tool consisting of a series of questions and prompts, designed to help systematically assess health inequalities related to the programme and identify what can be done to help reduce inequalities, whilst also considering the requirements of the Equality Act 2010. Once the tool is completed the information will be used to identify priority areas in Rotherham.
The programme implemented a reminder text message service, this intervention has been audited providing proof of concept and therefore continues. The programme has commenced trial use of invite letters including QR codes and other languages to aid uptake in those whose first language is not English.

SYB AAA Service Procurement.

The current contract for the delivery of the South Yorkshire AAA Service provided by Doncaster and Bassetlaw Teaching Hospital was due to expire

	on 31st March 2023. Procurement to secure a high quality, sustainable service for South Yorkshire is underway. In response to the NHSE pre-procurement engagement (Request for Information) the current SYB Doncaster and Bassetlaw Teaching Hospital contract has been extended for 6 months (to 30th September 2023) to allow for a minimum 20-week service mobilisation period. Evaluation of bids will be undertaken in March 2023.

5 Immunisation programmes

5.1 This section summarises some of the key developments for the individual immunisation programmes.

5.2 National pandemic guidance prioritised the continuation of all immunisation programmes to ensure that public health protection was maintained, and outbreaks of vaccine preventable diseases were prevented.

5.3 The impact of the COVID pandemic has meant that there have been challenges meeting some national standards in some programmes (for example, recommended intervals between doses and coverage) and for these areas, action plans and improvement plans are in place alongside the recovery plans.

5.4 The following table gives a summary of performance, challenges and developments during 2022/23 and future developments.

Immunisation programme:	
Primary childhood immunisations	Immunisation programmes have been maintained as business as usual in general practice in Rotherham. Uptake in Q2 2022 showed consistent uptake across many cohorts, The Public Health Programmes Team review practice level data regularly and monitor any waiting lists in practices where children are waiting for appointments for vaccinations. The PHPT have sight of Quarterly COVER data that is submitted by CHIS for Rotherham practices and continues to have dialogue with primary care. The Local Vaccination and Immunisation Operational Group chaired by the NHSE Screening and Immunisation Place Lead brings together the local authority, CCG, CHIS, 0-19 Team, School aged Immunisation team and primary care to review uptake/coverage, agree priorities and programmes of work along with key actions required to improve childhood immunisation rates in Rotherham. The Public Health Programme Team are currently leading on a piece of work to ensure all practice staff understand the offer they can receive from the Child Health Information Service. A Standard Operating Procedure (SOP) has been created to help practices to increase uptake and manage their waiting lists. This includes a GP Resource pack with templates for those parents who want to delay or decline a vaccination which will assist with the management of waiting lists, and tips and strategies for increasing Uptake. We have also worked with Child Health Information Service (CHIS) to adapt the appointment letters that go out to parents to include behavioural science nudges and links to vaccine information, to ensure that we comply with NICE Guidance for information/communications regarding vaccinations. These are now live in all areas across South Yorkshire, and we are continuing to pursue a national change in the way vaccinations are written in the letters, to enable them to be translated and easily understood when parents receive them. However, it is too early to see the impact of this change. The waiting lists for child immunisations within GP practices continue to be monitored by Child Health Information Department and the PHPT alongside practice uptake. Work is ongoing with individual practices to help them bring their waiting list numbers down. **Uptake of Childhood Immunisations** The published COVER data shown below shows that despite all the disruptions of Covid-19, childhood immunisation uptake has remained steady throughout the period from April to September 2022. Collection is at Primary Care level and as such does not show the impact of vaccinations given at a later stage, such as the school team offer of MMR. Table 6: Cover data from April to June (Q1) and July to September 2022 (Q2) Target 95% (minimum threshold 90%)

Immunisation:	Q1April to June 2021	Q2 July to Sept. 2021	Q3 Oct to Dec 2021	Q4 Jan to March 2022	Q1 April - June 2022	Q2 July to Sept 2022
12m DTaP/IPV/Hib/HepB	96.6	95.3	96.4	96.3	95.2	93.2
12m PCV1	99.7	98.2	98.7	97.6	96.7	96.2
12m Rotavirus	95.9	94.3	95.1	94.2	93.3	91.5
12m Men B	96.9	95.5	97.1	96.5	95.5	93.7
24m DTaP/IPV/Hib/HepB	96.5	96.8	97.4	96.0	95.5	95.9
24m MMR1	96.6	96.1	97.1	93.8	93.8	93.9
24m Hib/MenC	96.3	96.2	97.2	93.8	93.9	94.1
24m PCV Booster	96.8	96.4	97.1	94.1	93.9	93.9
24m MenB Booster	95.4	94.8	96.1	93.3	92.9	92.5
5y DTaP/IPV/Hib	96.9	96.9	96.8	97.5	97.1	95.7
5y MMR1	97.2	97.2	96.3	97.1	97.0	96.1
5y DTaP/IPV Booster	92.9	92.4	92.5	93.4	92.6	91.6
5 y Hib/MenC	94.5	94.7	94.7	94.2	94.9	94.3
5y MMR2	93.3	93.5	93.1	93.3	93.2	92.0

School-aged immunisations

At this present time Intrahealth provide the school aged flu vaccination programme across Rotherham. However, there is a School aged Immunisation procurement being undertaken with the new contract effective from September 2023 which will see a new provider. The programme continued to offer secondary school age flu vaccination until February half term 2023.

Uptake has been affected by high levels of school absence due to Covid-19 isolation and other seasonal illnesses. School timetables and child absence have also affected uptake.

Table 5: School Flu Vaccination Uptake.

COHORT	**Rotherham 20/21**	**Rotherham 21/22**	**Rotherham 22/23**
Reception	63.7%	56.6%	57.3%
Yr. 1	62.6%	62.8%	61.6%
Yr. 2	64.1%	60.7%	62.6%
Yr. 3	64.7%	56.9%	59.2%
Yr. 4	63.4%	59.3%	61.8%
Yr. 5	63.1%	61.0%	60.5%
Yr. 6	58.6%	59.4%	60.4%
Yr. 7	54.7%	44.3%	46.5%
Yr. 8	N/A	41.8%	40.7%
Yr. 9	N/A	41.5%	42.1%
Yr. 10	N/A	39.9%	N/A
Yr. 11	N/A	43.3%	N/A

The adolescent programme for the 2021/22 academic year cohort commenced in September 2021 and was completed by 31st August 2022. Uptake was affected by disruption to schools, caused by the covid vaccination programme at the beginning of the year, and staff absence.

Catch up of delayed school vaccinations from 2019/20 and 20/21 was completed in August 2021 but the School Immunisation Team continued to offer any missed vaccinations in school whilst vaccinating the current 2021/22 cohort.

	Immunisation:	Up to August 2022	Up to August 2021	
	HPV girls dose 1 Year 8	93.5%	91.1%	
	HPV Boys Dose 1 Year 8	91.9%	88.4%	
	HPV Girls Dose 2 Year 9	87.8%	80.8%	
	HPV Boys Dose 2 Year 9	85.1%	76.9%	
	TD/IPV Year 9	90.0%	88.8%	
	Men ACWY Year 9	91.0%	89.9%	
Vaccinations in pregnancy	Pertussis vaccination is being offered to all pregnant women at Rotherham Hospital Site. Flu vaccination is also offered at the same time during flu season. Those eligible for the prenatal pertussis vaccine are from 16 weeks of pregnancy onwards. Rotherham's uptake for January 2023 was 70.6% which is higher than January 2022 at 61.8% (data taken from Immform and not yet published, not to be shared outside HPB).			

Older people immunisations

Pneumococcal vaccination is offered to over 65's as protection against serious forms of pneumococcal infection. Uptake for Rotherham is 72.6% for over 65's, this is higher than previous years however it is acknowledged further work with GP Practices is required to increase uptake (21/22 coverage for England 70.6%).

Year (received at any time from 65 years)	17/18	18/19	19/20
Rotherham uptake	72.2%	71.6%	72.3%
Yorkshire and Humber uptake	Not measured	71.2%	71.1%
England uptake	69.5%	69.2%	69%

The routine Shingles programme offers the vaccine to those turning 70 and patients remain eligible for the vaccine until their 80th birthday. Shingles is a key priority on the NHSE Yorkshire and Humber Immunisation Strategy and for the Public Health Programme's Team

Rotherham uptake for 80 year olds is 52.0% (annual coverage 2021/22 hpr1122-shingles-vc-financial-year-2021-to-2022_v3.ods (live.com))

Year (Coverage aged 75 years)	20/21	21/22
Rotherham uptake	43.5%	52.0.%
England uptake	69.%	70.8%

Flu immunisations

The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu with associated morbidity and mortality. Groups eligible for flu vaccination are agreed on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant women, and those with certain underlying medical conditions. Since 2013, flu vaccination has been offered to children not in at-risk groups via a phased rollout to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.

The programme for 2022/23 included:

- Those aged 65 years and over.
- all children aged 2 to 10 on 31 August 2022
- those aged 6 months to under 65 years in clinical risk groups.
- pregnant women.
- those in long-stay residential care homes.
- Carers
- Close contacts of immunosuppressed individuals

Additionally (part way through the season)

- 50- to 64-year-olds not in clinical risk groups.
- Secondary school aged children focusing on years 7,8 and 9 initially, with years 10 and 11 offered vaccine subject to availability (following a later national policy decision, the extension to Y10 and Y11 was not progressed)

Rotherham has this year continued with a Rotherham Place (CCG) led Flu/Covid vaccination (ICB) place group who have strong system leadership to drive delivery of the flu programme through the joining together of all local partners. The SY Mass Vaccination Board ensures oversight of this programme through monthly meetings which enable place-based work and risks to be highlighted and key actions identified. Local intelligence and data monitoring have assured delivery of flu vaccines with a continued increase across most cohorts. In general, cohorts continue to improve on a weekly basis despite extra challenges of the Covid-19 vaccination booster programme, although flu vaccination along with other routine immunisations was identified nationally as a continued priority. Uptake has not been as high this season particularly for pregnant women and 2- and 3-year-olds. Although uptake this year is generally lower than last year there is a general trend to be higher than pre covid uptake. Covid possibly resulted in increased uptake due to higher public awareness and concerns regarding respiratory viruses.
National recall letters have also been used this season to catch up anyone who has yet to take up the offer of vaccination.

Table 4 Flu vaccination Uptake comparison. Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK (www.gov.uk)

COHORT	Rotherham 2018/19 Pre covid	Rotherham 21/22	Rotherham 2022/23	South Yorkshire
Over 65 years	**74.3%**	85.4 %	**83.3%**	**82.4%**
Under 65 at risk	**50.9%**	55.0%	**51.4%**	**50.5%**
Pregnant	**46.2.9%**	38.5%	**38.8%**	**36%**

All 2-year-olds	**41.2%**	46.7%	**40.5%**	**40%**	
All 3-year-olds	**41.6%**	50.0%	**43.5%**	**43.3%**	

Locally there has been excellent collaborative work between the Rotherham Place (CCG), Local Authority and pharmacies with partners sharing good practice across the Primary Care Networks. A review of the Flu season will take place in early spring, but despite all the challenges of the Covid-19 response, partners have still managed to have a positive impact on uptake.

TRFT staff vaccination programme has achieved 57.7% uptake of Flu vaccinations so far this season which is like where they were at the same time last season (52.6%). This season's data is in line with other trusts nationally.

6 Health Care Associated Infections

6.1 The following table summarises the key performance position and developments for health care associated infections over 2022/23.

Infection type:	
MRSA	The number of cases can vary year to year, there were cases within TRFT and the community last year however there have been 0 cases in TRFT and the community during 2022/2023 therefore achieving the zero tolerance approach to MRSA Blood Stream Infections. Rotherham has been, and continues to be under the current threshold rate whereby PIR is required to be inputted on to the UKHSA Data Capture System (as was the expectation for all cases in the past).
MSSA	Although there is no nationally set threshold the numbers within the acute trust have reduced, however the community cases have increased.

Gram negative BSI cases	E coli - Numbers for the acute trust are well below the set threshold, and although Rotherham place have exceeded the threshold the figures are lower than 21/22. Klebsiella – Trust numbers appear very similar to 21/22 however are over target for 22/23, Rotherham place figures are above threshold but are lower than 21/22 in comparison. Pseudomonas - Trust numbers are above target for 22/23, and higher than 21/22. Rotherham place figures are at threshold and are lower than 21/22 in comparison. Gram negative infections appear to be predominantly urine related, and urinary catheter related in care homes, however there are also issues with sampling. There is currently collaborative working to look at these themes and trends and how to implement improvement processes around these. The hydration project in Rotherham has commenced and some of these themes will be picked up through this project with further work streams emerging and taken forward.
Antimicrobial resistance	The AMR plan includes themes around acne and otitis media prescribing, broad spectrum antibiotic prescribing and high volume antibiotic prescribing in GP practices. These link into HCAI IPC workstreams along with the UTI's/ Hydration and care homes theme which has one of the focuses on UTI prevention that links with gram negative blood stream infections.
Hydration Project	UTI's hydration & Care Homes - An education programme is being delivered across Rotherham Care Homes to increase awareness of and improve hydration. The incidence of UTI's and antibiotic prescriptions will be monitored pre and post the intervention not just this is a wider project.

6.2 Key challenges for 2023/24 include strengthening the health care associated infection programme, implementing *C. difficile* reduction strategies.

Working at Place is essential with wider support to care homes.

7 Emergency planning and response

7.1 Emergency planning was dominated during 2020, 2021 and into 2022 by the response to the pandemic. This involved a very substantial amount of work and substantially challenged our systems to deliver. In summary the response involved:

- Activation of incident management structures on a multi-agency South Yorkshire Local Resilience Forum (SYLRF) footprint and for the council as a single agency:

- A strategic co-ordinating group was established to manage the local response in support of the UK's response to COVID-19. This SCG structure ensured the effective co-ordination of the Local Resilience Forum and other specialist resources.

- To maximise co-ordination, the SYLRF enacted a Tactical Co-ordinating Group.

- With the need for local multi-agency working groups to respond to COVID-19 below the level of the LRF-wide Tactical Co-ordinating Group (TCG), local Operational Cells were also established.

- Organisations across South Yorkshire stood up their incident management structures.

- The council established a strategic management group (Gold Group), a tactical management group with cross-council representation to coordinate activities and resources, supported by specific workstreams (cells) that reported into the tactical response.

7.2 In addition to the latter stages of the pandemic response in 2022, from multiple concurrent incidents, there were the following notable events:

- A succession of 3 storms with varying impacts - wind rain and flooding, alongside potential for Ice.
- Response to the first national Level 4 Heat Health alert which required a health and public health response which subsequently led to a number of fire's across the Borough (homes and land)
- Large fire at a waste site in Rotherham which required a health and public health response that ran for a period of approximately 6 months (from initiation to recovery completion)

7.3 Despite the pandemic, local and regional exercises were held over the period.

7.4 It is safe to say that the 3 years saw unprecedented challenges across health and social care systems. The primary focus was on responding and adapting to the issues and risks that arose, from which substantial learning, improvement and good practice has been, and continues to be, identified.

8 Environmental Health and Trading Standards

8.1 The period 2020 to 2021 was dominated by the response to Covid and in particular, monitoring, investigation of complaints and formal enforcement actions. Activity included:

- 14,077 proactive visits and investigations undertaken
- Issuance of 25 Fixed Penalty Fines
- Prohibition of 39 commercial premises
- Provision of enforcement during out of hours seven days each week

8.2 Business as usual continued throughout the pandemic, albeit with certain activities limited by legislation including visits to properties and inspections

8.3 The service delivers a broad range of enforcement and regulatory functions which are mainly statutory. Usually, in the region of 10,000 investigations together with 2,000 regulatory inspections are carried out each year.

8.4 Priority enforcement and regulatory areas for prevention of infectious disease and non-infective public health risks include:

- Air Quality
- Private Sector Housing enforcement
- Contaminated Land inspection
- Animal Health and Welfare
- Food Hygiene and Standards inspection
- Health and Safety at Work
- Infectious Disease investigation
- Tobacco Control
- Industrial Pollution

9. Work Programme Priorities 2022/23- Progress

9.1 Progress against 2022/23 priorities is set out below

	Priority	Progress on delivery
1	Continue to support the COVID-19 pandemic through national, regional and local response, preventing disease transmission and responding to situations and outbreaks.	The whole system worked together to deliver a comprehensive COVID-19 prevention and response programme. This includes the close of the COVID response and the ending of temporary contracts that supported Health Protection work during the pandemic and the reduction of resources back to pre-pandemic levels. The Covid response is now subsumed into business as usual and our response has now been amended in line with Living with Covid guidance, following the success of the vaccination programme in reducing impacts of Covid.
2	Support the implementation of emerging interventions aimed at reducing COVID-19 transmission.	This work has focused on the vaccine roll out programme, ensuring high levels of uptake across the population and specifically in target groups where uptake is traditionally lower. Work has also continued to promote and support delivery of the community testing programme, ensuring PCR and LFD testing is

		available and signposted for symptomatic and asymptomatic individuals in line with Living with Covid guidance. UKHSA and Local Authority public health teams have also supported surveillance initiatives such as waste water testing, and variant response including surge testing.
3	Work with our partners across the system to identify, mitigate and monitor for the effects of COVID-19 on the health protection system and the services it delivers.	Under the Rotherhams COVID-19 Health Protection arrangements all partners worked collaboratively to put in place systems for prevention, early identification, advice and guidance, response and engagement. Monitoring of COVID-19 impact has taken place at a number of levels, through daily system business information reporting, identification of trends, and information to monitor impact and inform the pandemic recovery.
4	Work with our partners across the health protection system to support the restoration of key health protection public health services and activities disrupted by COVID-19.	The pandemic continued in acute phase throughout 2020/21/22, with recovery activities largely postponed into 2022. However the joint work on the COVID response laid foundations for greater post pandemic resilience and effective partnership working to address all areas of health protection. Work to recover screening and immunisation services progressed during the year and all services have returned to normal operation or are on track to do so.
5	Work with our partners across the health protection system to support the restoration of the screening programmes disrupted by COVID-19.	Progress is being actively monitored and plans are in place.
6	Work with our partners across the health protection system to support the recovery of the immunisation programmes disrupted by COVID-19.	
7	Continue efforts to ensure high uptake of flu vaccinations locally, particularly amongst at risk groups and frontline health and social care Workers.	The system ran a successful flu vaccination programme. This sat alongside the COVID-19 vaccination programme which also achieved high uptake.

10. Work Programme Priorities 2023/24

1. To provide Health Protection assurance and leadership to the wider system.

2. To ensure that Rotherham has a competent surveillance system for managing communicable diseases – working alongside UKHSA. This work will also continue to focus on new and emerging concerns, as well as Living with COVID.

3. To maintain effective prevention, incident and outbreak response including treatment programmes for all communicable diseases of local concern. Work will continue to explore options to address Rotherham's deficit in terms of community IPC.

4. To ensure that health protection work programmes are embedded in local systems to support reducing health inequalities.

5. Tackling Tuberculosis through improving awareness to increase screening and treatment targeting underserved populations.

6. To optimise the role of Rotherham Council in increasing uptake of vaccination and screening in areas of deprivation and underrepresented groups. Working with partners to ensure a system response.

7. To ensure a collaborative approach for action to address impact of air pollution on health.

8. Reducing the impact of adverse weather on health including the Climate Change agenda.

9. Improve links with the Sexual Health Strategy Group to increase assurance with regard to Sexually Transmitted Diseases.

10. To ensure a consistent approach for action to address Anti-Microbial Resistance, working with partners to provide assurance.

11. Glossary

AMR	Antimicrobial resistance
CCG	Clinical Commissioning Group
E. coli	Escherichia Coli
HPV	Human papillomavirus testing (for risk of developing cervical cancer)
IPC	Infection Prevention and Control
MMR	Measles, Mumps and Rubella (immunisation)
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
NHSEI	NHS England and NHS Improvement
NIPE	New-born Infant Physical Examination
PHE	Public Health England
PPE	Personal Protective Equipment
SCID	Severe Combined Immunodeficiency
UKHSA	UK Health Security Agency

12. Appendices

Appendix 1 Health Protection Committee terms of reference & affiliated groups

Appendix 2 Roles in relation to delivery, surveillance and assurance

Appendix 1

HEALTH PROTECTION COMMITTEE
TERMS OF REFERENCE 2022/23

Date	Version	Author	Comments
May 2013	1.0	Jo Abbott	To be reviewed March 2014 to reflect changing health and social care architecture
March 2014	2.1	Richard Hart	Re-drafted April 2014 in line with above above
July 2014	2.2	Richard Hart	Amended following comments from Health Protection Committee
October 2014	2.3	Richard Hart	Amended following further comments from Health Protection Committee
May 2015	2.4	Richard Hart	Reviewed and amended as part of annual review
April 2022	2.5	Catherine Heffernan & Richard Hart	Reviewed and amended following pause of HPC due to COVID-19

Aims

- To provide collective strategic leadership and oversight for multi-agency response to protecting Rotherham's population against communicable diseases, chemical and biological incidents, environmental hazards and other health threats.
- To work in partnership to prevent, plan, prepare, detect and respond to outbreaks, incidents and other health threats for Rotherham.
- To enable the partners to plan their future work programmes effectively
- To ensure a rapid, coordinated response by the partners to unexpected developments
- To gain assurance that the elements of the system are working together well, that any temporary failings or tensions are quickly dealt with for the good of the system as a whole

Scope

The Health Protection Committee will look at health protection issues relating to the population of Rotherham (whether resident, working or visiting), namely:

- Emergency preparedness, resilience and response
- Communicable disease control
- Risk assessment and risk management
- Risk communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Response to public health alerts from the European Union (EU - via the European Centre for Disease Prevention and Control) and the World Health Organisation (WHO - through the International Health Regulations)
- Infection prevention and control in health and care settings
- Delivery and monitoring of immunisation and vaccination programmes
- Environmental public health and control of chemical, biological and radiological hazards

Functions

- Develop, monitor and review roles and responsibilities to provide a robust health protection function in Rotherham
- Maintain good working relationships between all agencies
- Plan and prepare multi-agency rapid response
- Review at least two areas of the health protection system annually to identify and implement actions to improve preparedness and response
- Ensure that there is effective surveillance of communicable diseases and health threats so that appropriate action can be taken where necessary
- Manage emerging health protection risks in delivering effective commissioning and provision of health and social care
- Share understanding of risk and escalate where appropriate
- Receive regular updates that appropriate policies and plans associated with health protection activities are in place
- Review incidents and share 'lessons learned' and other learning including resultant actions
- Enable commissioning decisions to be effectively informed by coordinating and agreeing plans, strategies and commissioning of programmes including developments required to address local or national directives / priorities
- Maintain good communications and engage with all relevant stakeholders.

Membership

- Core members consist of senior representatives from:
    - RMBC – Director of Public Health/Consultant in Public Health & Health Protection Principal
    - UKHSA – Consultant in Health Protection/Consultant in Communicable Disease Control
    - ICS – IPC Nurse, medicines management representative
    - TRNFT – Director of Infection Prevention and Control/Medical Director/Nursing Director/Director of Operations
    - RDaSH – Medical Director/Nursing Director/Senior IPC Nurse
    - RMBC – Senior Representative from Environmental Health
    - RMBC – Senior Representative from Social Care/DAT
    - RMBC – EPRR
    - NHSE/I – Representative from Public Health & Primary Care Commissioning (screening and immunisations)/ EPRR/ representative from medical/nursing directorates
- Members will be responsible for attending each meeting, either in person or remotely and contributing to the agenda. Members can nominate deputies to attend on their behalf where attendance is not possible.
- Minutes of meetings will be shared with members after each meeting.
- Key individuals will be co-opted as and when required by the Committee.

Frequency of Meetings

- Quarterly with quorate membership the Chair (or their deputy) and a minimum of three other Committee members (or their representative with delegated authority to make decisions on their behalf) who will be from the medical, nursing, public health, environmental health professions representing the scope of health protection.
- Quarterly meetings will comprise of standing items and a 'deep dive' into a pre-agreed/pre-selected area of interest or hot topic. The latter part of the meeting will comprise of members and other invited participants.
- Meetings may be held between the main quarterly meetings if a need is warranted.

- The group will be chaired by the Director of Public Health who leads for health protection in the Local Authority and in their absence a deputy.
- All meeting papers will be circulated at least seven days in advance of the meeting.
- The agenda (standing items listed below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

Governance & Reporting Arrangements

- The Health Protection Committee is accountable to the Health & Well-Being Board.
- The Health Protection Committee will provide regular reports to the Health & Well-Being Board, providing assurance of the work being done to plan, prepare, prevent and respond to incidents and outbreaks. Review of risks and mitigation of those risks will also be reported.
- Areas for escalation will be forwarded to members of the Health and Wellbeing Board and/or Local Health Resilience Partnership.

Equality and Diversity

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

Review

These terms of reference will be reviewed in May 2023.

Appendix 2

Definition of roles and arrangements in relation to delivery, surveillance and assurance

Prevention and control of infectious disease

Normal working arrangements are described in the paragraphs below. During the pandemic there has been an enhanced response to infectious disease, with additional responsibilities taken on by Local Authority Public Health teams in relation to COVID-19 tracing, isolation and containment, funded in part through the national Contain and Outbreak Management Fund.

Public Health England (now UKHSA) health protection teams lead the epidemiological investigation and the specialist health protection response to public health outbreaks or incidents. They have responsibility for declaring a health protection incident, major or otherwise and are supported by local, regional and national expertise.

NHS England / Improvement is responsible for managing and overseeing the NHS response to any incident that threatens the public's health. They are also responsible for ensuring that their contracted providers deliver an appropriate clinical response.

Clinical Commissioning Groups (now ICB) ensure, through contractual arrangements with provider organisations, that healthcare resources are made available to respond to health protection incidents or outbreaks.

Local Authorities, through the Director of Public Health or their designate, has overall responsibility for strategic oversight of an incident or outbreak which has an impact on their population's health. They should ensure that an appropriate response is put in place by NHSE/I and UKHSA, supported by the local Clinical Commissioning Group. In addition they must be assured that the local health protection system response is robust and that risks have been identified, are mitigated against, and adequately controlled.

Public Health England / UKHSA provides a quarterly report to the Committee containing epidemiological information on cases and outbreaks of communicable diseases of public health importance at local authority level.

Surveillance information on influenza and influenza-like illness and infectious intestinal disease activity, including norovirus, are published during the Winter months. Public Health England also provides a list of all community outbreaks all year round.

Screening and Immunisation

Population Screening and Immunisation programmes are commissioned by NHS England and Improvement under what is known as the Section 7A agreement.

NHS England is the lead commissioner for all immunisation and screening programmes except the six antenatal and new-born programmes that are part of the CCG Maternity Payment Pathway arrangements, although NHS England remains the accountable commissioner.

Public Health England has been responsible for setting national screening and immunisation policy and standards through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff in Screening and Immunisation Teams, employed by NHSE/I, work alongside NHS England Public Health Commissioning colleagues to provide accountability for the commissioning of the programmes and system leadership.

Local Authorities, through the Director of Public Health, are responsible for seeking assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local populations. Public Health Teams are responsible for protecting and improving the health of their local population under the leadership of the Director of Public Health, including supporting NHSE/I in efforts to improve programme coverage and uptake.

The Screening and Immunisation Team provides quarterly reports to the Health Protection Committee for each of the national screening and immunisation programmes.

Serious incidents that occur in the delivery of programmes are reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.

Separate planning groups are in place for seasonal influenza.

Emergency planning and response

Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency, and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The geographical area the forums cover is based on police areas

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector. The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, UKHSA and local authority (LA) representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.

All Councils continue to engage with the Local Resilience Forum and the Local Health Resilience Partnership in undertaking their local engagement, joint working, annual exercise programme, responding to incidents and undertaking learning as required.

Table 1: Impact scoring scale – qualitative measures (EPRR definition)

Level	Descriptor	Categories of Impact	Description of impact
1	Limited	Health	Insignificant number of injuries or impact on health
		Social	Insignificant number of persons displaced and insignificant personal support required Insignificant disruption to community services, including transport services and infrastructure
		Economic	Insignificant impact on local economy
		Environment	Insignificant impact on environment
2	Minor	Health	Small number of people affected, no fatalities, and small number of minor injuries with first aid treatment
		Social	Minor damage to properties Minor displacement of a small number of people for up to 24 hours and minor personal support required Minor localised disruption to community services or infrastructure for up to 24 hours
		Economic	Negligible impact on local economy and cost easily absorbed
		Environment	Minor impact on environment with no lasting effects
3	Moderate	Health	Sufficient number of fatalities with some casualties requiring hospitalisation and medical treatment and activation of MAJAX procedures in one or more hospitals
		Social	Damage that is confined to a specific location, or to a number of locations, but requires additional resources Localised displacement of up to 100 people for 1–3 days Localised disruption to infrastructure and community services
		Economic	Limited impact on local economy with some short-term loss of production, with possible additional clean-up costs
		Environment	Limited impact on environment with short-term or long-term effects
4	Significant	Health	Significant number of people in affected area impacted with multiple fatalities, multiple serious or extensive injuries, significant hospitalisation and activation of MAJAX procedures across a number of hospitals
		Social	Significant damage that requires support for local responders with external resources 100 to 500 people in danger and displaced for longer than 1 week. Local responders require external resources to deliver personal support Significant impact on and possible breakdown of delivery of some local community services
		Economic	Significant impact on local economy with medium-term loss of production Significant extra clean-up and recovery costs
		Environment	Significant impact on environment with medium- to long-term effects
		Health	Very large numbers of people in affected area(s) impacted with significant numbers of fatalities, large number of people requiring hospitalisation with serious injuries with longer-term effects

Level	Descriptor	Categories of Impact	Description of impact
5	Catastrophic		
		Social	Extensive damage to properties and built environment in affected area requiring major demolition General and widespread displacement of more than 500 people for prolonged duration and extensive personal support required Serious damage to infrastructure causing significant disruption to, or loss of, key services for prolonged period. Community unable to function without significant support
		Economic	Serious impact on local and regional economy with some long-term, potentially permanent, loss of production with some structural change Extensive clean-up and recovery costs
		Environment	Serious long-term impact on environment and/or permanent damage

Table 2: Likelihood scoring scale

Level	Descriptor	Likelihood over 5 years	Description of Likelihood over 5 years
1	Low	Estimated at 0.005%	It is a conceivable but highly remote possibility
2	Medium Low	Estimated at 0.05%	No significant incidents of this type have occurred in South Yorkshire & Bassetlaw, but it is capable of happening
3	Medium	Estimated at 0.5%	Has occurred in South Yorkshire & Bassetlaw and is capable of happening again
4	Medium High	Estimated at 5%	Has occurred on multiple occasions in South Yorkshire & Bassetlaw and is capable of happening again
5	High	Estimated at 50%	Has occurred on multiple occasions in South Yorkshire & Bassetlaw and is expected to occur in the future.

Definitions from NHS National Patient Safety Agency

Example of risk matrix (NHS National Patient Safety Agency)

Consequence					
Catastropic (5)	Yellow (5)	Orange (10)	Red (15)	Red (20)	Red (25)
Major (4)	Yellow (4)	Orange (8)	Orange (12)	Red (16)	Red (20)
Moderate (3)	Green (3)	Yellow (6)	Orange (9)	Orange (12)	Red (15)
Minor (2)	Green (2)	Yellow (4)	Yellow (6)	Orange (8)	Orange (10)
Negligible (1)	Green (1)	Green (2)	Green (3)	Yellow (4)	Yellow (5)
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
			Likelihood		

Consequence: For example catastrophic means death or debilitating permanent injury and minor means requesting first aid.

Risk management: is assessment, analysis, and management of risks.It is simply recognising which events (hazards) may lead to harm in the future and minimising their likelihood (how often) and consequence (how bad?).

Table Definition of Likelihood (NHS National Patient Safety Agency)

Likelihood: This must be estimated over a stated period or related to a given activity

	1	2	3	4	5
Frequency	Rare	Unlikely	Possible	Likely	Almost certain
How often might it happen (per procedure / episode or within a specified timeframe)?	Can't believe that this will ever happen or recur	Do not expect it to happen or recur but it is possible	Might happen or recur occasionally	Will probably happen or recur but it is not a persistent issue	Will undoubtedly happen or recur, possibly frequently

Likelihood: This must be estimated over a stated period or related to a given activitiy

Consequence covers several domains including, impact on patient safety, Quality/complaints, Organsiational, Statutory duty/inspections, Reputation/Adverse publicity, Finance/Claims,Service interruption
Consequence should be assessed taking all of these domains into account - the full model matrix can be found at the link below.

http://www.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=7267

HEALTH PROTECTION ASSURANCE FRAMEWORK (April 2023 to March 2024)

Version Number	By whom incorporated	Pages Amended	Date	Comments
0.1	Denise Littlewood		16th May	

KEY	RAG rating on the effectiveness of controls from assurance work undertaken
Low	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
Medium	Some areas of concern over the adequacy/effectiveness of the controls in plave in proportion to the risks
High	Controls in place assessed as adequate/effective and in proportion to the risks
	Insufficient information at present to judge the adequacy/effectiveness of controls

Topic area	Hazard or Threat Description	Control Measures	Assurance on Controls	Control RAG Rating	Assurance sufficient? Y/N	Area for Development work				
PREVENTION: Strategic objective **To ensure local authority and partners are supporting preventive actions to protect the health of the population**										
Surveillance	Failure to recognise and cascade information regarding new and emerging infections in a timely manner to initiate response	Rapid Cascade via UKHSA	Daily Sit Reps Weekly Notification of Infectious Diseases Report UKHSA Monthly Disease Report on Emerging Infections Press releases and other public comms Health Protection Dashboard			Ensure communications maintained with UKHSA using new Health Protection Inbox. Feed data regarding infections into Health Protection Dashboard.				
	Failure to manage and control the spread from an existing or newly emerging infectious disease.	Rotherham Multi-Agency Outbreak (2017) /Mass Treatment Plans (2018)	Notes/actions for all significant Incidents Multi Agency Outbreak and Mass Treatment Plans updated following COVID Health Protection Dashboard			Learning from COVID incorporated into Multi-Agency Outbreak/Treatment Plans and actions implemented. All plans to be reviewed and updated.				
Tuberculosis	Failure to diagnose TB at the earliest opportunity - avoidance of mis diagnosis	UKHSA Surveillance TB Specialist service specification (under review) The current working document is the TB action plan for England Tuberculosis (TB): action plan for England - GOV.UK (www.gov.uk) Incidents reported to PHE/PH NTBS National Statistics Latent Infection Surveillance NICE Guidance 2016	PHE reports on treatment outcomes UKHSA reports Notes and actions of incident meetings Learning from South Yorkshire TB Cohort Reviews Cohort review is now held as a local clinical network meeting and cohort data is produced Health Protection Dashboard			Latent screening The TB nursing service now consists of one service lead and a second TB nurse with part time admin support Occupational health screening for latent TB in care homes would be a priority or the homeless population No formal agreement for additional capacity which may be required for significant incidents & outbreaks. Ukraine screening and other migrants who come as refugees via alternative route to seeking asylum Migrant health in contingency accommodation (hotels).				
Sexually Transmitted Infections (inc HIV)	Management of outbreaks of sexual health diseases e.g. HIV	Guidance: Managing Outbreaks of STIs (PHE, 2018) Contracts/SLAs with TRFT.	Notes and actions from Incident/Outbreak meetings . Minutes from performance monitoring meetings . Sexual Health surveillance data reports from UKHSA Advice from UKHSA Health Protection Dashboard			Updated guidance for STI outbreaks Further development developing an early detection system for STIs through GUM departments, especially in light of Multi-Drug Resistant Gonorrhoea				

Topic area	Hazard or Threat Description	Control Measures	Assurance on Controls	Control RAG Rating	Assurance sufficient? Y/N	Area for Development work				
	Delay in early detection and diagnosis of people with HIV	PHOF. National commisioning guidance. Sexual Health Strategy for Rotherham SLA for Sexual Health Services PHE/GUM early detection system for STIs	Action notes from delivery plan. Minutes from TRFT performance monitoring meetings. Surveillance report from PHE. PHOF reports.			Raising awareness with communities Health Protection representation at Sexual Health Stategy Group.				
Incidents and Outbreaks	Failure to identify, prevent and control risks associated with Food Borne infections, maintain good food hygiene standards	Case reports and potential outbreaks notified to UKHSA and Enviromental Health for investigation and follow-up REgistration and inspection of food premises by LA officers Food Hygiene Regulations Standard Operating Procedures across South Yorkshire	Daily Sit Reps Outbreak Reports Incidents reported via Health Protection Committee Compliance with standards			Improve links between UKHSA, Public Health and Env Health				
	Failure to control and manage risks associated with Zoonotic infections e.g. cryptosporidium, E.coli 0157	National and local surveillance by UKHSA/Defra . Investigation of individual cases by UKHSA/Env Health Officers	Weekly reports from DEFRA UKHSA surveillance reports Clusters and outbreaks notified to UKHSA/DPH			Learning shared and implemented. SOPs to be improved and reviewed following COVID				
Routine Vaccinations	Failure to meet targets for the uptake of routine vaccinations including MMR, Singles and BCC	PHOF indicators (quarterly reports) Annual Report to Health Protection Board NHS Futures Data	Health Protection Dashboard Quarterly Performance monitoring reports (SITs) South Yorkshire Immunisations Group			Further development required on hard to reach communities.PH meeting with SITs				
Cancer Screening	Failure to meet minimum targets and uptake for Cervical Screening. Late detection and more costly treatment.	South Yorkshire Programme Board Health Protection Dashboard	Programme Board minutes Health Protection Annual Report to the Health & Wellbeing Board			Improve links between Screening and Immunisation Teams and Public Health Increased scrutiny through Health protection Dashboard				
	Failure to meet minimum targets and uptake for Bowel Cancer Screening Late detection and more costly treatment.	Yorkshire and Humber Programme Board Health Protection Dashboard	Programme Board minutes			Improve links between Screening and Immunisation Teams and Public Health Increased scrutiny through Health protection Dashboard				
	Failure of programmes to reach breast screening uptake rates of 80% Late detection and an increase in cost of treatment.	Yorkshire and Humber Programme Board Health Protection Dashboard	Minutes from Programme Board Health Protection Annual Report to H&WB			Improve links between Screening and Immunisation Teams and Public Health Increased scrutiny through Health protection Dashboard				

Topic area	Hazard or Threat Description	Control Measures	Assurance on Controls	Control RAG Rating	Assurance sufficient? Y/N	Area for Development work				
Health Care Associated Infections	Failure to ensure the delivery of an effective infection prevention and control service in secondary care to reduce HCAI	NHSE National Guidance Monitor SI reports CQC UKHSA Outbreak Management Guidance	Committee minutes Local audits			Implementation of local action plan				
	Failure to ensure the delivery of an effective infection prevention and control service across the wider community to reduce HCAI e.g care homes.	CQC Health Protection Dashboard	Health Protection Committee minutes			IPC Champions Care Home Newsletter Further work on development of an IPC Team				
	Failure to ensure the delivery of an effective infection prevention and control service within primary care to reduce HCAI	Health Protection Dashboard	Health Protection Committee minutes			Further work on development of a IPC Team				
	Failure to ensure good antimicrobial stewardship to reduce the risks asscociated with resistance	Health Protection Committee South Yorkshire AMR/IPC Steering Group	Health Protection Committee minutes			NHS and partners ensure that there is effective local Antimicrobial Stewardship (AMS) by improving the knowledge and understanding of antibiotic resistance, conserving and supervising the use of existing treatments and optimising Infection Prevention and Control.				
Regulation and Enforcement	Failure to fulfil Proper Officer role	Approval by Strategic Director, Rotherham Regeneration and Environment	Letter confirming appointment of Y&H CCDCs			Ensure updated following changes in Staff post covid				
	Contamination of private water supplies	Health Protection Committtee Register of Private Supplies	Health Protection Committee minutes			Ensure feedback is received and reported at HPC				
	Health risks as a result of poor ambient Air Quality	Real time monitoring or Air Quality in the borough DEFRA/UKHSA alerts Health Protection Dashboard	Local surveillance data UKHSA Alerts			Development of Air Quality Stategy Feedback to Health Protection Committee				
	Contaminated Land/closed landfills owned by council	Pollution control officer prioritisation and comment on planning applications				Feedback to Health Protection Committee				
	Noise & public health nuisance, domestic, commercial and individual	No of Complaints received No of enforcment actions taken	Health protection Dashboard			Feedback to Health Protection Committee				
Emergency Planning	Failure to respond to major incidents - including Weather alerts	No of incidents Debrief Exercises Emergency planning exercises UKHSA Alerts Met Office Alerts	Health protection Dashboard			Feedback to Health Protection Committee				

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Rotherham Metropolitan Borough Council

The Impact of the Pandemic in Rotherham

Director of Public Health Report for Rotherham, 2023

Contents

Introduction

Following on from my 2022 DPH Annual Report on the impact of Covid-19 in Rotherham, this year's Report considers the wider impacts of the pandemic and some of the longer-term changes in Rotherham from pre-pandemic through to March 2023. This report focuses on the impact of the pandemic on people, health behaviours, community and neighbourhoods, the environment, and wider socio-economic factors. We've looked at the immediate impact of the pandemic during the first wave, how Rotherham adapted to deal with the challenges presented, and the long-term effects on people and the essential services they use.

Rotherham is 35th most deprived of the 151 upper-tier local authorities in England. The pandemic highlighted how Rotherham's deprivation coupled with the unequal distribution of social determinants of health impacted resilience to Covid-19 and the outcomes for our population. Preventable inequalities within society reduce an individual's ability to prevent sickness or access healthcare when ill health occurs. These inequalities include exposure to risk factors, education, housing, employment, and lead to associated inequalities in physical and mental health. The pandemic exposed these inequalities with people living in the poorest 10% of areas more likely to die from Covid-19, and left sections of society vulnerable to financial insecurity, employment loss, missing education, and unmet mental and physical health needs. This report looks at some of the ongoing impacts from the pandemic and highlights that while many of us have moved on from the pandemic and associated restrictions others are still being impacted and that we are seeing a widening of some inequalities as a result.

This report has been produced using both Rotherham Metropolitan Borough Council service data and community intelligence from Rotherham residents, or those who work in Rotherham. Data has been analysed and contextual intelligence gathered through discussions with staff covering service adaptations during the pandemic, long term changes to the service, ongoing or emerging issues, the impact on service users, and the impact on staff. This information was coupled with significant public engagement obtained through focus groups where there was use of semi-structured interviews to gather intelligence across each sub-section of this report.

Ben Anderson
Director of Public Health
Rotherham Metropolitan Borough Council

1. The impact of the pandemic on socio-economic factors

The impact of the pandemic on socio-economic factors

There have been long-lasting impacts of the Covid-19 pandemic felt in health, social care, and education as the necessary restrictions in place to control infections resulted in disruptions to these services, meaning missed education and change in access. Socio-economic factors include public services, and this section will cover health, education, and social care services alongside housing services, income inequality, and work and employment.

Education

Education and health and wellbeing are intrinsically linked, with education being strongly associated with life expectancy, health behaviours and morbidity, and having a key role in shaping opportunities, income, and housing choices.

Education sufficiency: birth rate and early years

Rotherham has sufficient childcare places to accommodate children in childcare. Predictions of an increased number of births during the pandemic did not materialise nationally or in Rotherham. Locally, live births have continued an overall downward trend since the mid 2010's locally (figure 1)[1].

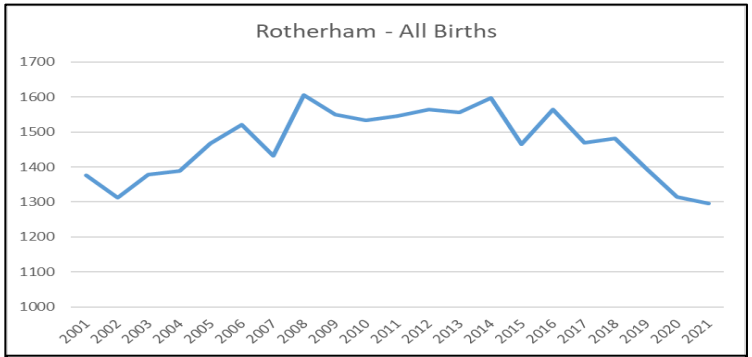


Figure 1: The number of births per year, Rotherham

The pandemic resulted in disruptions to education as a whole, but particularly Early Years settings where there was substantially less support than for schools. Take-up of early education has a positive impact on development and overall outcomes for children and is a priority for the local authority.

Although early years settings remained open after the first lockdown, attendance in 2021 saw a decrease meaning some young children may not have received the input and positive impacts that early education provides. Early education take up for 2-year-olds saw a decrease in 2021 from 78% to 72%, however has since increased to 83%, and take up for 3- to 4-year-olds showed a decreasing trend from 2017, however has increased in 2022.

The take up rate for 2022 for 2-year-olds was 83%, higher than that of England (72%), Yorkshire and the Humber (76%), and Statistical neighbours (78%), and for 3- and 4-year-olds, it was 95%, as was Yorkshire and the Humber, and remained higher than England (92%), and Statistical neighbours (94%).

Although there is no increased demand by number alone, there is an increase in demand due to a change in need; the cohort of children in childcare now present differently to pre-pandemic with a rise in numbers of children with additional needs, particularly around speech and language, and behavioural needs.

Pre-pandemic, the sector was already facing funding pressures with providers struggling to deliver on funding rates and the situation has deteriorated with additional costs from the pandemic and inflation. A combination of recruitment issues and funding challenges means the sector is more fragile than it perhaps has ever been.

[1] Births in England and Wales - Office for National Statistics (ons.gov.uk)

How has the pandemic influenced school?

Since emerging from the pandemic schools are facing significant challenges around social and emotional needs of pupils, school readiness, and absence which are impacting education recovery post-pandemic. Since before the pandemic, we have seen an increase in year 7 & 10 pupils reporting their mental health as poor, and 35% of this cohort have reported some deterioration in their mental health in the past two years[2].

Reductions in Early Years Foundation Stage (EYFS) school readiness measures and Key Stage 1 (KS1) attainment since before the pandemic indicate that there may have been some impact on pupils following periods of lockdown and home schooling (figure 2)[3]. A lower percentage of Key Stage 2 (KS2) pupils are performing as expected in Reading, Writing and Maths in 2022 compared to 2019, when measures were last available (figure 3)[4]. These core subjects are priorities for schools in terms of catching up, but it is not yet clear what the longer-term impact of this will be.

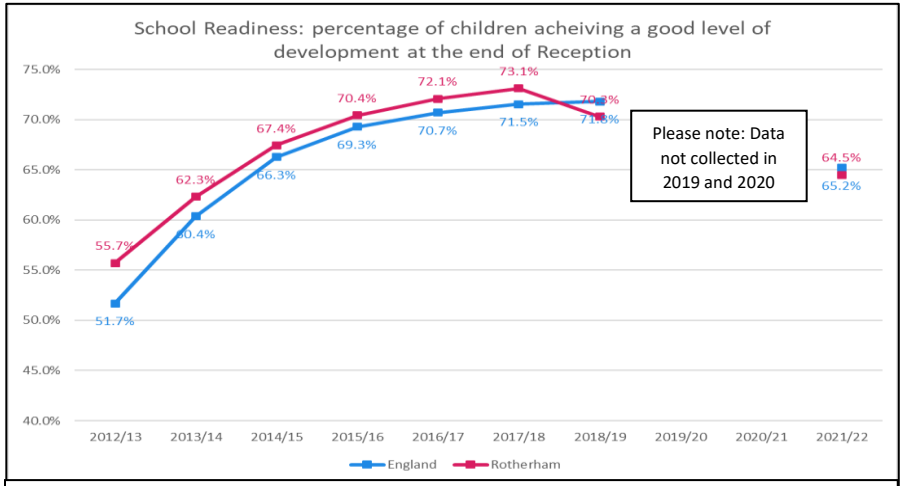


Figure 2: School readiness at end of reception, Rotherham and England, 2012/13 to 2021/22.

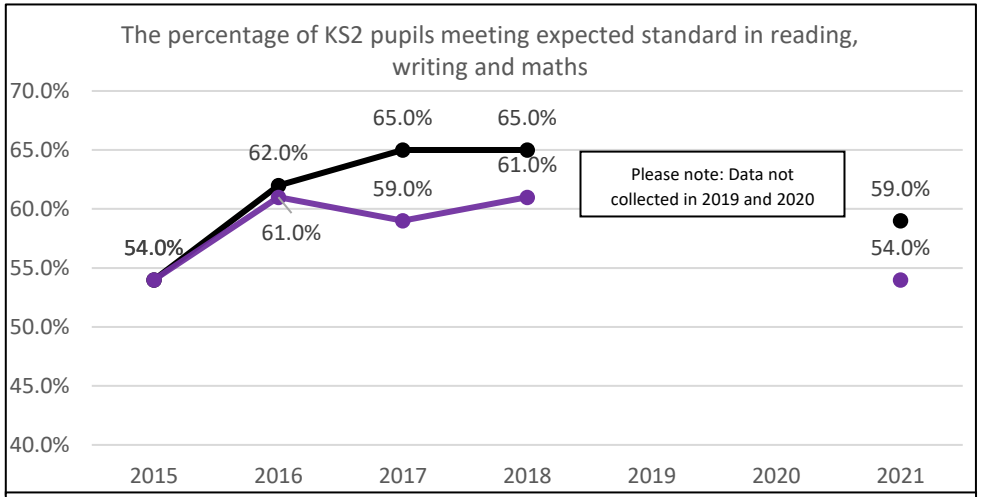


Figure 3: The percentage of KS2 pupils meeting expected standard in reading, writing and maths

We have seen a marked increase in Elective Home Education (EHE) following the pandemic. Around 70% of EHE pupils are of secondary school age with Year 10 & 11 being the largest groups. Although incomplete, reasons cited for choosing EHE include bullying, mental health issues, special education needs not being met and behavioural issues.

Schools are facing considerable challenges post-pandemic with recovery and managing the needs of pupils. A lack of contact with health workers, children isolated at home with a lack of contact with other children and sometimes limited contact with home-working parents means many more children, particularly in

[2] Rotherham Voice of the Child Lifestyle Survey 2022

[3] Department for Education (DfE), EYFS Profile: EYFS Profile statistical series.

[4] Key stage 2 attainment, Academic year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

transition cohorts, are presenting with social and emotional needs, lack of self-regulation, speech and language issues and generally not being school-ready.

Focus group members found that schooling was difficult due to workload for children, and some members of the groups found it difficult to support their children either through issues with the internet, or due to the fact some parents couldn't read or write therefore were unable to assist with work:

"As women who can't read or write themselves it was very difficult for them to support their children, while on zoom classes or with their homework that they were given, so that was extremely difficult for them" [interpreter]

How has the pandemic impacted Special Educational Needs and Disabilities (SEND) and Social, Emotional and Mental Health (SEMH)?

During lockdowns the National SEND Code of Practice only had one minor adaptation which was to 'provide reasonable endeavours' for children with SEND, so schools had to try and continue provision as normal with all the difficulties the pandemic brought such as limited spaces, staff and pupil absence, and infection control measures. The most vulnerable children were expected to continue school during lockdowns with attendance monitoring carrying on as normal.

Statutory reviews for SEND pupils continued but could not be satisfactorily completed. Specialist health staff involved with SEND were seconded to Covid work, so health support for individual children and special schools was not at the levels needed. Following the pandemic there have been increases in pupils registered with SEND support needs, and applications for Education, Health and Care Plans (EHCP). More children, and more very young children, are being identified as having social, emotional, and mental health needs. Many children from this cohort did not have the opportunities to access society in normal ways, and this is creating a variety of challenging behaviours in education settings. Additionally, it's not only children entering education recently, but we are also seeing SEMH needs in children which did not present with these issues before the pandemic. In 2021/22, there were 15.2% of Rotherham pupils with SEN support and this has been increasing from 2017/18 (figure 4).

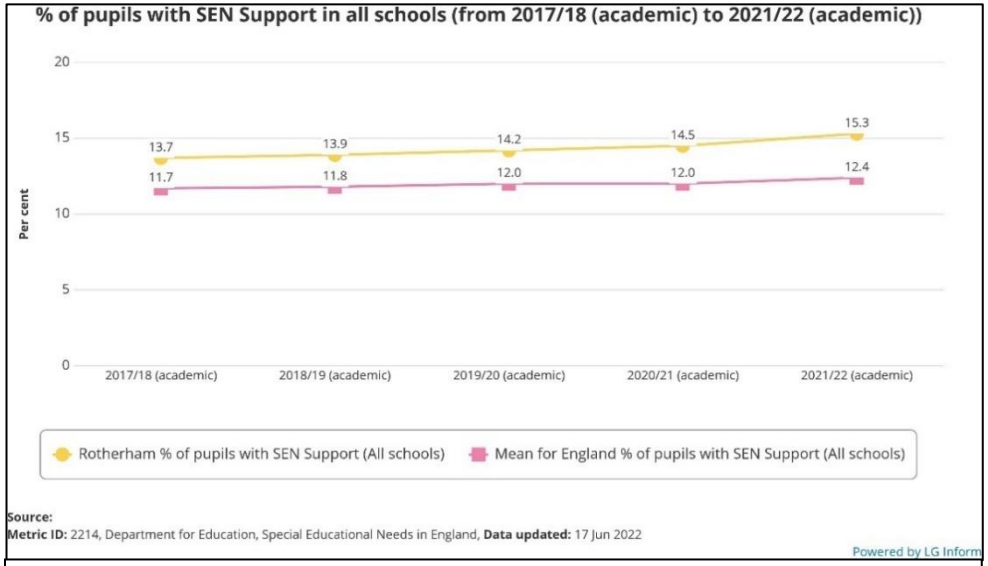


Figure 4: The percentage of pupils with SEN support in schools.

There is a risk around children not performing as expected due to missing these early years experiences and opportunities to develop being misidentified as having SEND.

Some pupils with autism who learned from home during the pandemic and thrived have now been expected to return to school which some may have found distressing. There has been a rise in Emotional Based School Avoidance (EBSA), with most presentations among children with autism.

Staffing issues are also impacting on SEND pupils. Difficulties recruiting in the post-pandemic labour market for support staff positions and within Special Schools

means a lack of support available for pupils. This is potentially leading to more exclusions and long-term impacts on a child's education, wellbeing, and outcomes. Low pay, a high level of responsibility and inflexible working conditions are leading prospective employees to look elsewhere.

Attainment at KS2 among SEND pupils remains below national averages and has declined since 2019/20 when measures were last available.

Healthcare

There was a change in healthcare access throughout the pandemic with a shift in GP appointment type, sharp decreases of A&E attendances, reductions in preventative care, health checks, screening and immunisations and fewer cancer referrals.

How has the pandemic impacted primary care[5]?

- In total, 151,000 fewer primary care appointments were booked between April 2020 and March 2021 compared to the previous 12 months – a fall from 1.55 million to 1.40 million. This increased between April 2021 to March 2022 to 1.63 million, and again April 2022 to March 2023 to 1.75 million.
- Of these booked appointments, attended appointments accounted for 87.1%, 90.9%, 92.7% and 92.0% each fiscal year (2019/20 through 2022/23).
- The way that appointments took place also shifted. March 2021 saw the highest ever number of telephone appointments in general practice in Rotherham; 47,750 compared to 22,797 in March 2020 and 9,369 in March 2019. The highest proportion of telephone calls occurred in May 2020 at 44%.
- Between April 2020 and March 2021, 60% of appointments were face-to-face, compared with 86% in the previous year.

There has been significant impact of Covid-19 on primary care and those working in it; there has been pressure to maintain health services, the adjustment to virtual consultation, and significant time committed to the delivery of the Covid-19 vaccination programme.

In April and May 2020, the UK's first months of lockdown, appointments in general practice in Rotherham reduced significantly from being consistently above 118,000 per month in the previous 12 months, to 89,000 and 87,000 April and May 2020 respectively (figure 5). This reduction in appointments led to concerns about unmet need and potential for delayed diagnosis. By September 2020, the number of appointments increased to pre-pandemic levels. This reduction, and increase, are in line with general practice appointments nationally.

In total, 151,000 fewer primary care appointments were booked between April 2020 and March 2021 compared to the previous 12 months – a fall from 1.55 million to 1.40 million (table 1). This increased between April 2021 to March 2022 to 1.63 million, and again April 2022 to March 2023 to 1.75 million.

The fall in appointment number was most evident in April and May 2020 with a reduction of 71,579 of the 151,537 (47.2%) appointments during those two months alone.

The North East and Yorkshire, experienced the same pattern of general practice appointments with a sharp decrease to April 2020 and May 2020, as did all regions across England. London had the lowest drop in total number of appointments, with the North East and Yorkshire, the East of England and the Midlands all seeing a drop in appointments twice as big percentage wise.

In line with the decrease of appointments booked 2019/20 to 2020/21, there was also a decrease in appointments attended (1.35 million to 1.27 million respectively), and those flagged as 'did not attend' (76,000 and 44,000 respectively).

However, despite the number of total appointments decreasing from 2019/20 to 2020/21, the increased number in 2021/22 and 2022/23 have increased by almost double the number that were lost with the decrease indicating a higher level of

[5] All primary care data was obtained from NHS Digital unless otherwise stated - Appointments in General Practice - NHS Digital

demand post-pandemic. The reasons for this are not fully understood but may include the impact of lost pro-active care, changes in lifestyle habits during and since the pandemic amongst other factors.

In addition to a shift in appointment number, there was also a shift in appointment type and although face-to-face appointments remained higher in number, and in March 2020, the proportion of appointments by telephone begun increasing from a maximum of 6.7% to 44.0% in May 2020 (figure 6).

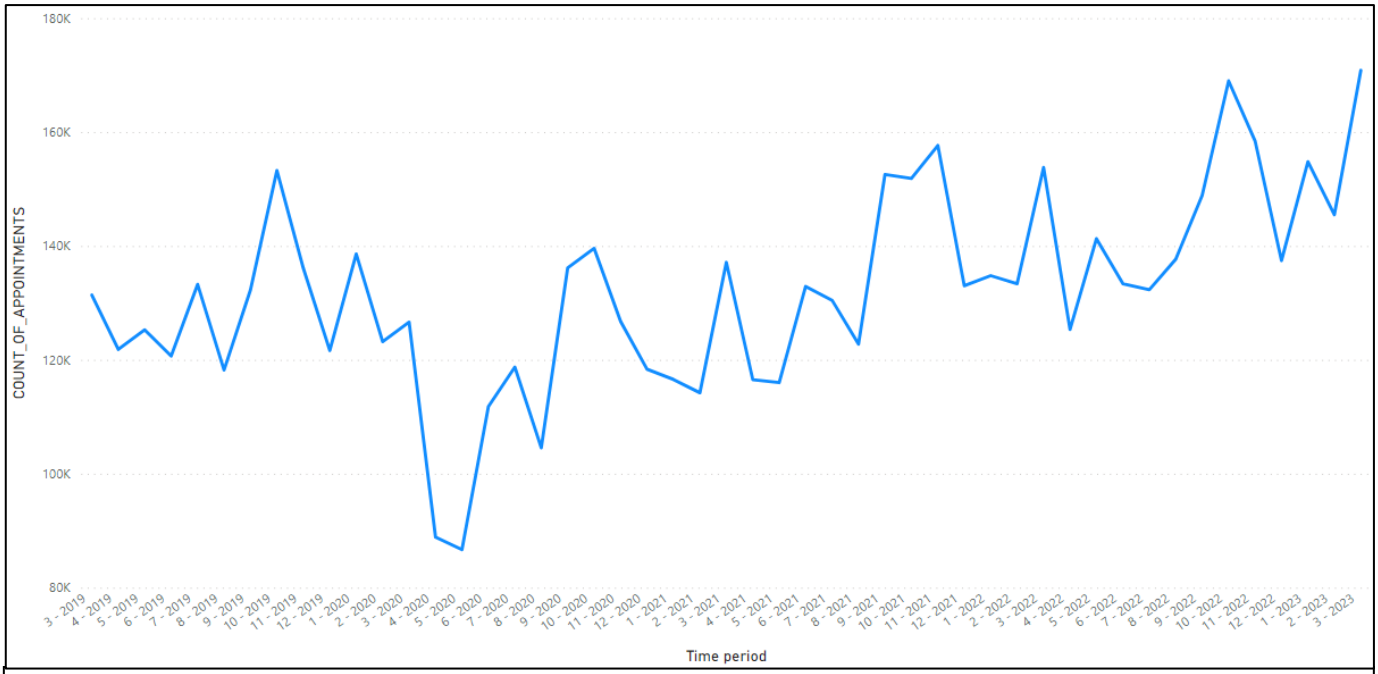


Figure 5: Total number of primary care appointments, Rotherham, monthly data March 2019-March 2020

Area	Number of appointments April 2019 to March 2020	Number of appointments April 2020 to March 2021	Difference in appointment number	Percentage change (%)
Rotherham	1550993	1399456	-151537	-9.77%

Table 1: Number of primary care appointments, Rotherham, 2019/20 to 2020/21

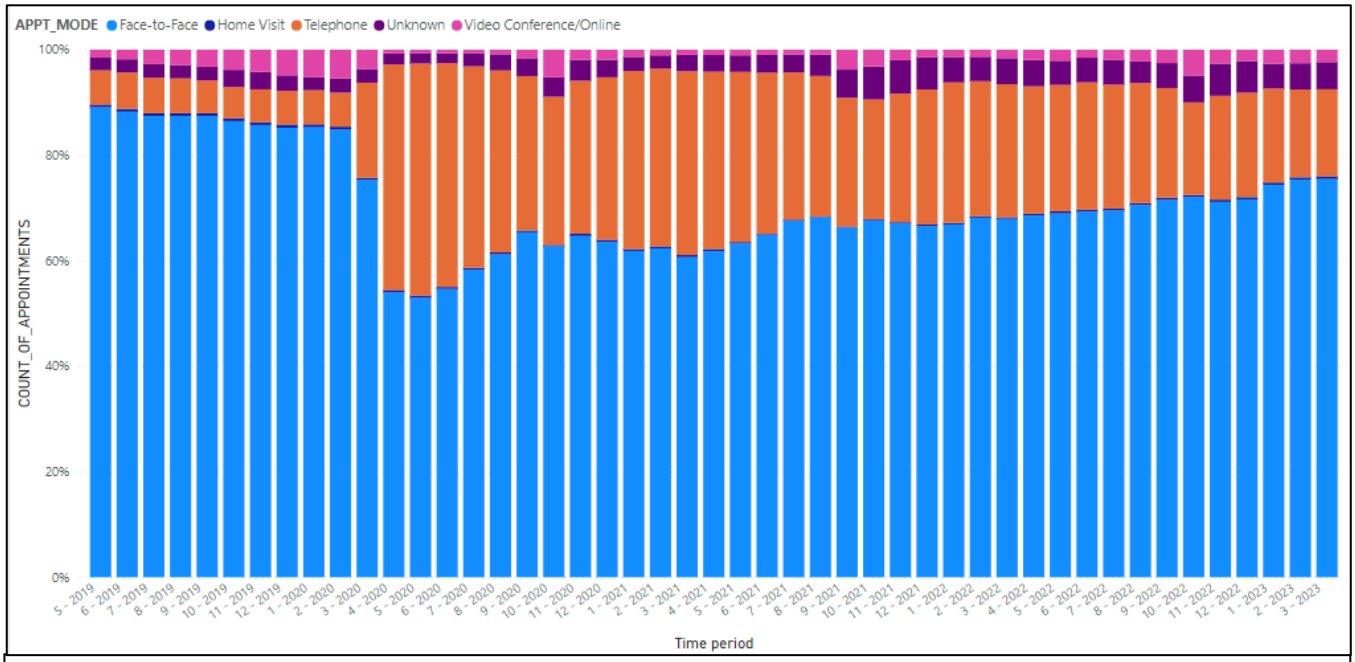


Figure 6: Primary care appointment types as a proportion of total number of appointments, Rotherham.

Although telephone appointments proved necessary in response to reduce COVID spread and there has been progress in evolving the blend of face-to-face and telephone appointments to meet patient needs and adapt to ever-changing circumstances, focus group members perceived little benefit by way of healthcare access in primary care. Reflections around access to a GP appointment were overwhelmingly negative mainly around the ability to get a GP appointment, and many struggled, and continue to struggle, with this.

"it's just a nightmare now"

"Quite hard to get an appointment"

Some felt that although other areas have returned to a 'normal', GP access remains an anomaly:

"Even now, after COVID, people's gone back to normal things like that, your doctors are still trying to trying to keep you not letting you go into surgery"

"GPs haven't gone back to normal"

Whilst most were reflections from the pandemic onwards, some reflections pre-dated the pandemic, where people expressed continued difficulties with GP access:

"Always been difficult to get an appointment at my doctors"

"I've not had a good experience with a GP since I was like 13"

How has the pandemic impacted secondary care[6]?

- The pandemic led to changes in the way in which people used NHS and social care services, and urgent and emergency care was no exception.
- At the start of the covid-19 outbreak, total A&E attendances sharply decreased reaching the lowest value of 4,389 in April 2020 (time period April 2017-March 2023). This was a decrease of 49% compared to the average for April 2017-December 2019 (8,535).
- By May 2020, attendances were increasing again, but remained lower than expected for the time of year.
- Reductions in visits predate lockdown suggesting that the initial decrease in attendances were as a result of covid-19 awareness, and not lockdown itself.
- Decreases in A&E attendances could be due to changes in NHS operations, changes in public and patient behaviour, or changes in condition prevalence.

Overall, the number of Accident and Emergency (A&E) attendances at The Rotherham Foundation Trust (TRFT) declined from 2019-20 to 2020-21 (99,071 to 71,108) however increased in 2021-22 and remained stable to 2022-23. A&E attendance rates varied throughout the borough with Hoober having the consistently lowest rate across the four financial years, and Rotherham East and Greasborough having the highest rates. Data includes any method of arrival at A&E including ambulance or walk-in.

Monthly, there was a significant fall in A&E attendances from February 2020 reaching the lowest value of 4,389 in April 2020 (time period April 2017-March 2023), 50% lower than in April 2019. Nationally, numbers were 48% lower, and a similar pattern was seen regionally.

[6]All secondary care data was obtained from NHS Digital unless otherwise stated - Statistics » A&E Attendances and Emergency Admissions (england.nhs.uk)

However, A&E attendances increased to August 2020 before declining to February 2021 when they then increased sharply and are more in line with pre-pandemic levels (figure 7). Presentations to A&E by age group were similar in proportion 2020/21 and 2021/22, with the largest proportion in those aged 35 to 64 years old a total of 34.73% (26,360) and 32.04% (30,550) respectively (table 2).

Emergency admissions, both total and those via A&E, have been steadily increasing since 2019/20. The number of elective admissions also decreased from 2019-20 to 2020-21 (37,957 to 25,888) and increased in 2021-22 and remained stable to 2022-23. The number of emergency admissions has been increasing year on year; an increase of 6,205 from 2019-20 to 2020-21, 2,836 from 2020-21 to 2021-22 and 1,673 from 2021-22 to 2022-23.

Although we might expect lockdown and subsequent social distancing measures to present reductions in infectious diseases and certain types of injuries, we expect that prevalence of other illnesses, such as long-term conditions, will remain constant. However, concern about infection risk in health and social care workers, may have driven demand for patients to seek care elsewhere.

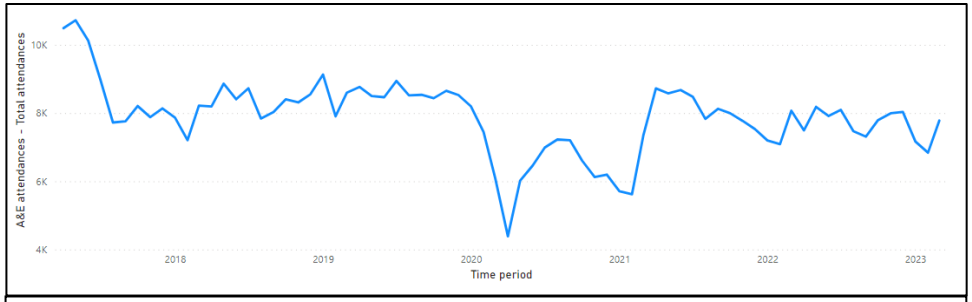


Figure 7: Monthly A&E attendances, The Rotherham Foundation Trust

Age	2020/21	2020/21 (%)	2021/22	2021/22 (%)
Age - Under 1 Year	1640	2.16%	2765	2.90%
Age - 1-4 Years Old	3640	4.80%	7055	7.40%
Age - 5-13 Years Old	4325	5.70%	7460	7.82%
Age - 14-17 Years Old	2555	3.37%	3900	4.09%
Age - 18-34 Years Old	18160	23.93%	22165	23.24%
Age - 35-64 Years Old	26360	34.73%	30550	32.04%
Age - 65-79 Years Old	10955	14.43%	12310	12.91%
Age - 80 Years or Older	8260	10.88%	9155	9.60%

Table 2: Presentations to accident and emergency (number and percentage of total), The Rotherham Foundation Trust, by age band.

Adult care and children's services

Adults in care

During the first wave beginning in March 2020, the substantial drop in the total number of people in Residential and Nursing care due to excess mortality within the population caused a net negative intake despite the changes to hospital discharges to care. Numbers in residential care have only recently returned to pre-pandemic levels, while the numbers of customers in receipt of a community care package displayed some fluctuations across the course of the pandemic (figure 8).

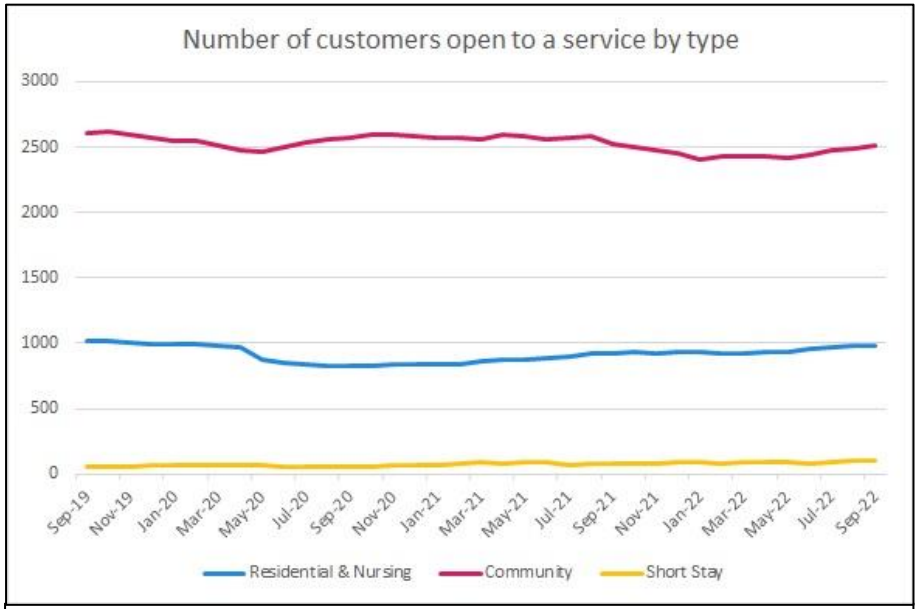


Figure 8: Number of customers open to a service by type of service

In 2020, registered deaths occurring in care homes increased by 30% compared to the average for the previous five years; there were 707 care home deaths in 2020 compared to an average of 545 the previous five years (table 3). In 2020, 15.1% of all deaths in a care home setting were involving Covid-19. This is comparable to England & Wales for both percentage increase and proportion of Covid-19 deaths occurring in a care home.

Place of occurrence	2015	2016	2017	2018	2019	2020	2021
Care home	510	547	543	557	566	707	495
Elsewhere	53	52	53	33	42	59	67
Home	604	569	645	642	688	899	849
Hospice	261	261	245	230	253	213	212
Hospital	1269	1307	1246	1222	1274	1562	1373
Other communal establishment	12	8	10	12	4	14	5

Place of occurrence	2015	2016	2017	2018	2019	2020	2021
Care home	18.8%	19.9%	19.8%	20.7%	20.0%	20.5%	16.5%
Elsewhere	2.0%	1.9%	1.9%	1.2%	1.5%	1.7%	2.2%
Home	22.3%	20.7%	23.5%	23.8%	24.3%	26.0%	28.3%
Hospice	9.6%	9.5%	8.9%	8.5%	8.9%	6.2%	7.1%
Hospital	46.8%	47.6%	45.4%	45.3%	45.1%	45.2%	45.8%
Other communal establishment	0.4%	0.3%	0.4%	0.4%	0.1%	0.4%	0.2%

Table 3: Death registrations in Rotherham by location, all causes; actual numbers and as a proportion of total.

Overall number of contacts for adult care show no overall trend over the course of the pandemic and have remained between 1,500 to 2,200 per month (figure 9), however the number of contacts where the route of access is 'discharge from hospital' has seen an increasing trend indicating a change in the level of need at the point of hospital discharge since the pandemic.

Despite the long-term staffing challenges that Adult Care services faced and continues to deal with, adult social care staff kept the service running during an incredibly difficult period.

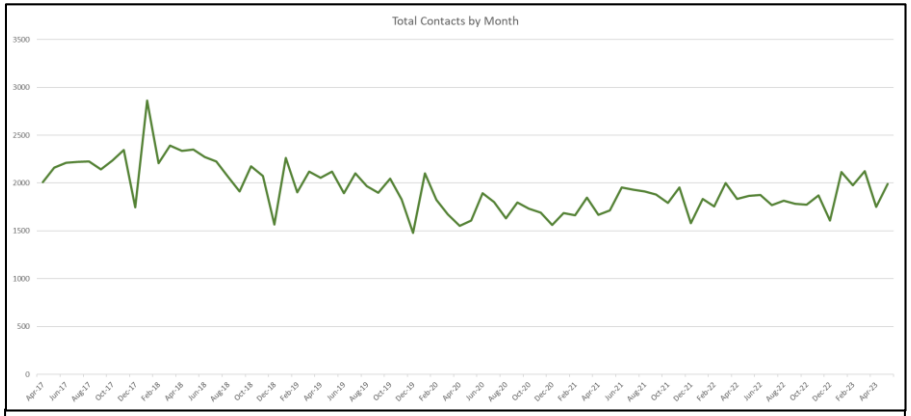


Figure 9: Overall number of contacts for adult care

Transitions

During the pandemic, the scope and role of Transitions largely remained the same. Due to restrictions in place, home, care home and residential service visits were significantly scaled back, and most of the work was performed remotely unless necessary, for example where a service user's disability would prevent an assessment being performed remotely.

One significant challenge was the closure of some service provision for young people, and the focus shifted on how to support people at home. The lack of day services placed additional strain on carers.

The numbers in service were not affected by the pandemic, as all service users are coming from children's services, so the throughput of clients is predictable. Some service users limited contact however, as service users and their families understandably wanted as little external contact as possible to minimise the risk of infection. Any reduction in workload due to inactivity was offset by assessments taking two to three times longer than normal.

The challenges facing Transitions post pandemic are largely the result of longer-term staffing issues and the knock-on effect the pandemic has had on social care.

Reablement

Pandemic restrictions necessitated some changes to how Reablement delivered their service. Firstly, initial assessment and set up for customers was taken on by Reablement staff to minimise the number of people entering a property. This was previously done by Adult Social Care (ASC) Coordinators, and following the ending of Covid-19 restrictions, this aspect of the service has returned to normal.

Secondly, the capacity of Reablement was affected by staff absence. The numbers of new cases accepted by Reablement was adjusted based on available staff to maintain the same level of service to customers already on the service. Although numbers accepted would fluctuate, the service delivered to customers was consistent throughout the pandemic. Client quality of life surveys were not submitted for 2020-21, so can't be compared with other years.

Integrated Discharge Team

When the pandemic first started, the service had to work to a much shorter discharge window in line with government guidance to clear beds in the hospital. Since the pandemic, there has been an increased number of requests for support from social care to facilitate safe hospital discharge and examples of this include frailty and complex needs demonstrating the rising level of need at this stage in the patient pathway.

Local picture

Information from Speakup, a Rotherham based advocacy group, has provided some local context around the impact of the pandemic on adults with learning disabilities. Speakup provided additional support during the pandemic to the people they engage with, which is around 50 people who are by and large not in receipt of social care. They provided easy-to-read information on Covid restrictions and how to stay safe during the pandemic, filling that gap in official advice.

Around a week before official lockdown, the organisation moved to remote working. Without that IT capability it would have much more difficult to operate; friendship groups would not have been feasible and social contact would be limited to calling around colleagues and the people they support locally.

Help was offered to get people access to social calls via video conferencing systems to mitigate the social isolation people were experiencing, and when the rules allowed walking bubbles were established to provide some face-to-face, albeit socially distanced, contact.

Social isolation and anxiety around catching Covid were reported as the main concerns from service users. This anxiety has lessened over time, and vaccination has offered a level of reassurance, but people are still mindful of Covid and continue to take precautions which themselves may be having wider impacts on lifestyles, care access and quality of life.

Focus group members reflected on negative feelings around providing care or receiving care during the pandemic. These were predominately around being isolated with no access to visit family or have family visit. There were also reflections of ***"carers left to do it alone"*** when dealing with the impact of deaths of people in receipt of care across the range of care settings.

Children's services – Early Help

Family support is one of the core aspects of Early Help, and this aspect of the service continued through the pandemic, but like many other front-line services, adaptations had to be made and additional challenges presented themselves.

Many services that would have normally had contact with vulnerable families stopped in-person visits entirely. Early Help staff continued to visit homes throughout the pandemic to ensure that families continued to receive support during periods of lockdown. Rapidly changing rules, additional requirements for administration and data returns also impacted on time to conduct the core business, with home visits requiring individual risk assessments, a process that has only recently stopped. The more direct effects of the pandemic also added to the pressure the service felt; some medically vulnerable staff were not able to undertake home visits but were re-deployed in other ways and high levels of sickness reduced available staff.

There have also been positive changes for how Early Help workers engage families using remote working technology which has provided a further mechanism for engaging with parents and other family members outside of Rotherham. Managers were very mindful of staff wellbeing during the pandemic, and whilst there wasn't the informal peer support network that naturally comes from working in an office with colleagues, proactive measures, like daily check ins, socially distanced outdoor meetings, and wellbeing walks, were taken to ensure staff were supported.

Housing

Repairs and maintenance

RMBC is a significant landlord in Rotherham with over 20,000 homes being directly managed by the council. There were initial concerns that the repairs and maintenance programme would fall behind during lockdown periods and see a surge in demand following lifting of restrictions, fortunately, these predictions did not materialise and there has been no long-term impact from Covid-19 on the delivery of repairs and maintenance of council properties, and no cost implications due to the fixed cost of contracts.

Strategic development

The councils overarching strategy for development has been largely unaffected by the pandemic. Timescales and costs have been impacted, but the degree to which this is directly attributable to Covid-19 is not possible to quantify as the effects cannot be disentangled from the simultaneously occurring effects on labour markets and supply chains due to leaving the European Union and the Ukraine conflict. Individual projects were hampered by the pandemic as development came to a standstill during lockdowns adding months of delays to projects. There were constraints on the availability of building materials as factories closed and the increased costs of those material. Labour shortages linked both to the pandemic and to impacts of the European Union Exit delayed projects substantially.

Income and financial inclusion

The income and financial inclusion service supports Rotherham residents to improve their financial situation to ensure tenancies are sustainable and in doing so assist with reducing poverty, improving health, and increasing employment opportunities. This service moved to remote working and stopped all face-to-face contact with tenants in March 2020. For the Income Recovery team whose work is mostly telephone based, moving to home working did not affect how they work, however all recovery activity stopped as this required home visits. Legislation brought in by the government to prevent evictions later made any action unnecessary however, so any impact was short-term.

The Tenancy Support service is largely an in-person service and moving to remote working meant interventions took longer and were more difficult to perform, leading to some frustrating interactions for both staff and tenants.

Despite the difficulties of operating in a pandemic the service adapted well and rent arears did not rise over this period.

Tenancy Support saw a rise in support calls following the withdrawal of the £20 uplift in Universal Credit, with tenants finding paying rent more difficult. Longer term, the team have seen financial and emotional struggles among tenants who lost family members due to Covid-19; those who weren't main earners, those who found themselves under occupying a property having to pay penalties or downsize, and provision for those who needed support maximising their income.

Homelessness team

The Homelessness Team's work pre-pandemic was almost entirely conducted in-person so the immediate move to remote work in March 2020 was difficult. Assessments were far more difficult conducted remotely, it was reliant on the customer having a phone, which for people at risk of homeless is often not the case. There was still a requirement to meet people in person when they were placed in temporary accommodation but visiting these properties to check they were in use became challenging due to the government guidelines in relation to being in contact/same room as others.

From 26th March 2020 until 30th September 2021 there were restrictions for private landlords evicting tenants meaning they must give extended notice; however, these restrictions didn't seem to prevent, and only delayed homelessness. The lifting of the ban caused a surge in demand with the service inundated with new presentations. Longer term, the service has struggled to bring numbers in temporary accommodation down. Due to pandemic restrictions private rented accommodation availability reduced significantly, meaning there was a significant reduction in available and affordable accommodation for homeless households.

The service has seen a rise in people presenting as homeless with increased vulnerability and multiple support needs e.g., substance abuse and mental health needs, potentially linked to the periods of lockdown, as support providers and health services availability was reduced or postponed, meaning people could not access the support they needed or received pre-pandemic such as GP appointments, counselling, or drug and alcohol services[7].

Furnished homes

The Council's Furnished Homes service offers affordable furniture for tenants requiring routine inventory checks. These were suspended when restriction came into place leading to the development of a backlog. In May 2023, there was a backlog of around 2,000 inventory checks on furniture still outstanding.

There were delays in delivering items and to people moving into social housing properties due to infection control measures in place; lettings and key handovers being done remotely added time and additional steps to the process which impacted re-let times and the time residents spent in temporary accommodation.

Housing advice and assessment

Prior to Covid, a prospective social tenant wanting to join the housing register would be given a face-to-face appointment for assessment and lettings staff would speak to most residents face-to-face. In March 2020, all lettings and house moves were put on hold, a policy that had to be partially reversed when government guidance changed to allow rehoming of priority cases, namely domestic abuse victims and in cases of homelessness, which created a significant backlog.

Lettings of council properties being on hold was the largest impact on the team's workload, once tenants could move again there was an influx of new customers and a large backlog to deal with.

Demand for social housing has continued to rise since the pandemic ended, although other factors such as cost of living rises are likely to be influencing this.

Homelessness and temporary accommodation demand created additional demand in lettings, with more people placed into Band 1 (highest priority for social housing), meaning more cases and assessments for the team, and extended wait times for people in Band 2 and below.

[7] Drug and alcohol treatment service continued to operate during the pandemic, self-referral into this service continued but accessing treatment via primary care became more difficult.

Income and inequality[8]

Rotherham's employment rate amongst those of working age (16-64) has risen significantly over the last ten years, from 65.5% in 2011/12 to 73.4% in 2021/22 however remains below the English average of 75.7%. For ethnic minority residents, the proportion of working aged people in employment is 62%.

There was a significant increase in claimant levels in 2020/2021 as a result of the impact of the pandemic for both those claiming Jobseeker's Allowance plus those who claim Universal Credit who are out of work. The claimant count has not yet returned to pre-pandemic levels in any area and the post pandemic cost of living crisis and change in economy has resulted in more people in work in poverty.

The gross disposable household income gap between Rotherham and England has widened over time, however the value for England fell for the first time between 2019 and 2020 likely a result of the pandemic and the tightening and loosening of lockdown measures and social distancing policies subsequently affecting the income and expenditure of households.

Females in Rotherham have consistently lower rates of employment compared to males; however, this gap has narrowed significantly in 2021/22 to only 2.8 percent which was due to both an increase in the female employment rate, and a decrease in the male employment rate (figure 10).

National data suggests this could be an increase of women working full-time despite a decrease in women working part-time, and for males, a decrease in both part-time and full-time work. These figures indicate changes in family dynamics as the economy has adapted through and since the pandemic and may reflect wider economic factors as well as those created by the pandemic itself.

The pay gap between males and females which was narrowing until 2018, widened to around £10,000 per annum in 2020, before reducing between 2020-21. However, this reduction is due to a fall in male salaries, rather than an increase in female salaries (which have remained static since 2018). This may also indicate that male salaries were reduced due to the impacts of the pandemic (more so than female salaries).

Employment rates for people with disability are low compared to those with no disability, and this gap has recently widened, due to the impact of the Covid-19 pandemic. Since 2013 up to the start of the pandemic, 2019/20, the general trend in disability employment has been increasing and positive however despite the non-disability employment rate remaining similar 2020/21 to 2021/22, the disability employment rate has seen a decrease from 57% to 45% and the disability employment gap is now at its widest since 2015/16. There were approximately 41,000 people aged 16-64 in Rotherham (in the 12 months to March 2022) who had a disability or a work-limiting disability (under the Equalities Act).

Work and employment

The coronavirus lockdown in March 2020 and subsequent restrictions put in place to limit the spread of Covid-19 over the course of the pandemic had a great impact on the labour market and Rotherham, along with the rest of the country, is still recovering. While the situation is improving, fragility still exists and the additional pressures from the cost-of-living increases mean that higher levels of support are still required for those feeling the effects of both situations.

[8] Employment rates and claimant data were obtained from NOMIS unless otherwise stated - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

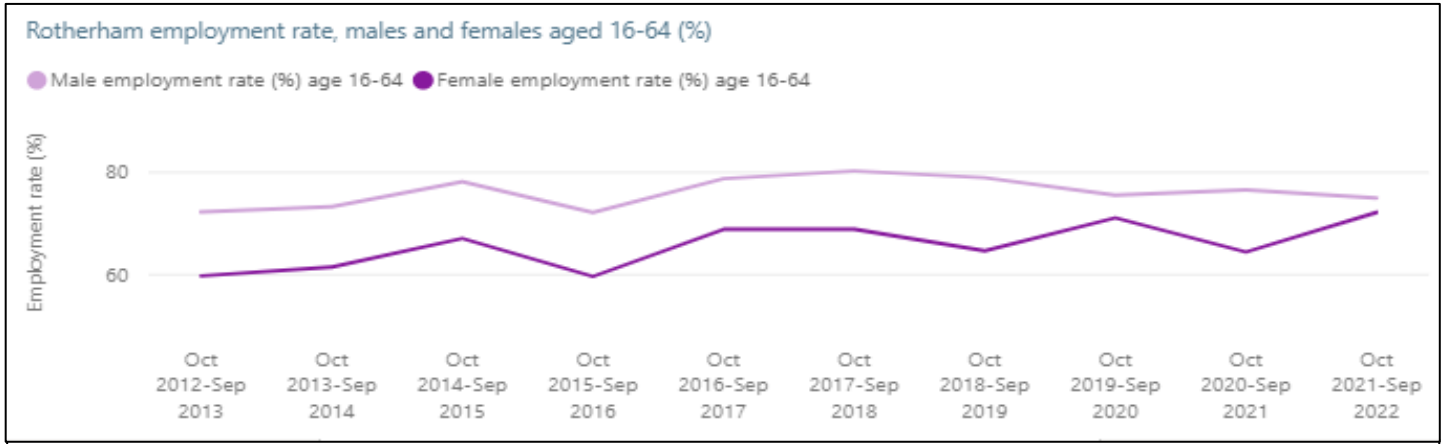


Figure 10: Rotherham employment rate, male and females, 2012/13 to 2021/22.

Footfall in the town centre has recovered from the lowest point in lockdown but remains below levels prior to March 2020. Weekly footfall in the town centre, as measured by the Springboard cameras, in January 2020 was 295,000. In January 2022 it was 202,000 (32% reduction) and in February 2023 it was 248,000 still 16% below January 2020.

The percentage of the population aged 16-64 claiming out of work benefits was steadily increasing from January 2019 to February 2020 (3.1% to 3.7%), however there was a sharp increase between March and May 2020 to 7.4% as the impact of the Covid-19 pandemic on workplaces was seen. In Rotherham, the percentage of the population claiming out of work benefits remained consistently around 7% between May 2020 and April 2021. Since then, the percentage has fallen, and remains around 1% higher than pre-pandemic levels at 4.3% at May 2023.

There are several employability programmes being delivered to support residents to prepare for and secure employment within the borough such as Employment Solutions, Advance and Multiply.

There were significant differences throughout the pandemic between those who were out of work or unable to work due to restrictions in their sectors, and those whose employment continued. Some sectors saw rising demands creating opportunities while others were unable to operate or limited in their operation. Our engagement heard many positives from focus group members about the benefits of work during the height of the pandemic and the opportunities that arose from working differently, many of which have endured beyond the pandemic period.

Focus group members saw some positive reflections around employment and the pandemic, in particular people found joy and purpose in being in a role that was useful and helping others and were grateful they had a job during this time:

"I'm very glad I had that job."

"The fact that I was useful and productive, and essential and supported."

Focus group members were amazed at the results of collaboration, and how people came together to work at this time of need. There were really positive feelings around this topic and the strength of working relationships:

"it's amazing what you can pull out the hat collectively when you need to do you know, relationships that were made".

"Those relationships will, you know will be very, very long lasting"

"Professionally, it [covid] actually created lots of opportunities"

Some even found the new ways of working, and fast paced nature of the job ***"quite exciting".*** Partnership working was positively reflected on and the opportunities this has continued moving forward. It was clear that volunteering provision provided a learning opportunity.

However, focus group members did reflect on the long hours and how hard the work was not only from a business perspective but having to adapt to both a new way of working, i.e., business communications software, and a new role entirely in some cases.

"I was absolutely flat out."

"I've worked for [workplace] nearly 18 years and I don't think I have ever known, and I've never worked as hard"

"We worked very long hours. We work weekends, we work bank holidays. We worked the lot, you know, and it was very, very hard work, particularly listening to some traumatic stories that came out."

"Being a key worker was terrible" [working in a care home]

Some people reflected they were working above and beyond their contracted hours because they felt they were helping and making a difference to others and reflected on their own family sacrifices to ensure services continued to run:

"Because of the increase in demand to adult services in general, which working alongside health, I ended up working seven days a week for many, many months".

"You sacrificed your own family commitments to make a difference".

"They weren't any work life balance"

There appeared to be an initial struggle and divide to get everything up and running in these new ways of working:

"I think they there was a bit of a disconnect at the very beginning".

Another perceived benefit because of the pandemic was around working from home and feeling of being fortunate to be in this position throughout the pandemic but also the positives to this continuing. However, there was a clear adaptation period where people experienced initial unrest:

"I struggled and I think for lots of reasons, but I think it was the, that work life balance, adjusting to that work life balance of working from home".

2. The impact of the pandemic on the environment

The impact of the pandemic on the environment

In this section, we consider the impact the Covid-19 pandemic had on the wider environment in which Rotherham residents live, and includes air quality, our physical environment including transport, as well as the cultural environment covering social and leisure experiences.

Air quality

There was a marked improvement in air quality throughout Rotherham because of the reductions in traffic flows during 2020 and into 2021. In all places it was observed that there were no exceedances of national health-based air quality standards during 2020. Average borough-wide mean annual nitrogen dioxide concentration was reduced by 19.8% in 2020 compared with 2019. However, in July, August and December 2022 monthly mean nitrogen dioxide readings exceeded the levels recorded in 2019.

Transport

Rotherham Metropolitan Borough Council monitors the Average Annual Daily Flow relating to the number of vehicles that travel past nine count points in the borough (figure 11). These count points saw a steep decline in traffic flow during the pandemic from 193,000 in 2019 to 151,000 in 2020 but did increase in 2021 following easing of pandemic restrictions. In 2021, the increase was to 173,000, which remains below pre-pandemic levels. The mode of transport has remained consistently higher for 'car or taxi' than other types of vehicles. Since 2008, there has been a general decrease in subsidy for bus services, resulting in a diminished coverage of the network which has had a compounding impact on bus patronage with bus use across South Yorkshire declining year on year. The Covid-19 pandemic resulted in a significant decline in bus patronage across South Yorkshire from just under 11.1 million passenger journeys in 2019/20 to just under 4.1 million passenger journeys in 2020/21, however increasing to 4.9 million in 2021/22.

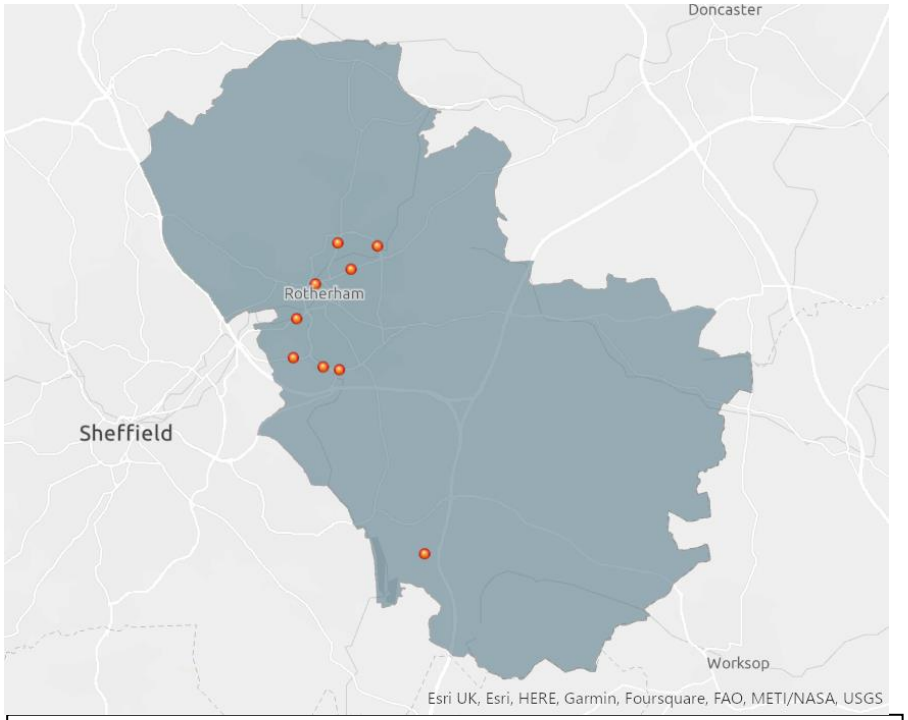


Figure 11: Daily Flow monitoring points, Rotherham

Discussions with the focus groups saw transport reflected on from multiple groups, and was split between access to public transport, primarily buses and use of taxi services. Buses were reflected on to be a barrier due to accessibility, reduced service, increased cost, and frequent cancellations

and some felt that those relying on the reduced service operating during the pandemic, meant that people couldn't get out as much:

"Means that people relying on public transport can't get out".

"Buses are a barrier, so there's not as many services, bus services as there used to be and sometimes, they get cancelled and on short notice and it's more expensive as well"

Some groups felt they were at increased risk from Covid-19 and therefore chose to use a taxi service to access disability services and community groups, but as funding diminished, the bus had to be used which was often viewed as carrying an increased risk of infection transmission.

Culture, leisure, and socialising

The community reflected on how local groups and exercise classes had to stop during the pandemic with groups such as dancing, and coffee mornings stopping. However, despite these groups stopping, there were multiple reflections of how exercise increased in other ways, with people valuing their daily walk, and noting that this was often the only thing people did aside from staying home:

"Definitely did more exercise and eat better" & ***"Other than walking, stayed at home"***

Libraries were recognised as a support for a range of groups including as a resource and a centre for community need and it is positive that people have returned to accessing libraries with staff noting that there are a variety of customers using the service.

"Libraries are good sources of information."

"It's lovely to see that people are, you know, using libraries as much as they were before"

"We've got different customers coming in now that we wouldn't have seen before COVID."

During the focus group discussions on the social impact of the pandemic there were sub-themes of children and young people, community support and support networks, seeing family and friends, and a change of routine.

Reflections around babies and toddlers were that they had been impacted significantly. This was represented as a lack of socialising due to closure of toddler mornings, and not being able to attend baby classes. The impact on the parents who didn't necessarily have support from other new parents through these clubs was also raised:

"Everyone has been impacted – especially the little ones as having to stay away from people, didn't socialise and didn't know how to play with other groups".

For children and young people, it was reflected that there was a feeling of missing out, and although there were attempts to support each other online, it wasn't the same as seeing family and friends.

People reflected on their increased mental health issues as a result of not socialising. These presented as increased anxiety around other people and worries about the repetitiveness of being at home.

"My anxiety to be around people has gone up quite badly since first lock down".

However, there were positive reflections around socialising too. These were predominately around the importance of support networks through lockdown and the emergence of online mechanisms for support and contact.

3. The impact of the pandemic on community and neighbourhoods

Periods where stay at home restrictions were in place had wide reaching but varied impacts on our communities, with people having positive, neutral, and negative experiences. This section covers the impact of crime, how our community felt about the lockdown and being at home, and use of the community hub.

Crime

The coronavirus pandemic and government instructions to limit social contact have had a significant impact on patterns of crime. Crimes such as theft and robbery saw a decrease from 2019 to 2020 possibly due to periods of lockdown reducing social contact and people staying at home. Local crime data published by the Office for National Statistics (ONS) shows that in 2022, Rotherham had 100.4 crimes per 1,000 people, a total of 26,717 crimes[9]. In 2019, the total recorded crime rate was 99.9 per 1,000 and this decreased to 93.2 per 1,000 in 2021, before increasing again in 2022.

One group in particular reflected on their experience of crime and safety stating that it wasn't clear and that disputes were passed around,

"For instance [name] said she had a dispute with a neighbour, she went to the Council, Council said ring the Police, Police said it's not their area and it's a civil dispute, go back to the Council. So just getting passed from pillar to post and nothing getting done." [Interpreter]

There were no reflections from the groups around an increase or decrease in crimes, nor if lockdown had made people feel safer, or less safe.

'Being at home'

Restrictions initially began in March 2020 and resulted in people being ordered to stay at home, only being able to leave for essential purposes, with no mixing with those outside of household members. Although the majority of those interviewed reflected with negative feelings towards lockdown, there were some comments with neutral or positive descriptions of being at home. These were reflections from people who described themselves as introverts, or as initial reflections of a perceived time off school:

"Well, I'm not gonna lie all right reyt happy when... no school" [young person].

"I wasn't too bad"

Feelings that respondents noted with respect to lockdown were upset, sadness, overwhelmed and missing out. One participant described this as ***"the lockdown restrictions were illegal"*** [carer/person in receipt of care]. Other negative feelings were:

"Destroyed 20/21, completely ruined"

"I found lockdowns quite overwhelming."

"Couldn't meet during covid: loneliness"

[9] Recorded crime data by Community Safety Partnership area - Office for National Statistics (ons.gov.uk)

It was noted that there was a perceived benefit to those living with others as opposed to alone, and that this may have positively impacted feelings during this difficult time:

"Mostly down to the fact that I've got a husband that I live at home with as well, so I don't feel isolated in that respect."

"I didn't particularly feel isolated during Covid. I live with my partner"

However, those who were not able to see friends and family, felt upset and sadness:

"I was upset as well because I have few friends and I can't see them and nobody can come to mine, I can't go there, it was really hard time for me."

Community hub

The community hub was established at the beginning of the pandemic as a single point of contact for Rotherham residents. It had a role to triage calls and requests for support and to direct them to the appropriate team or teams for assistance.

During the pandemic the community hub dealt with:

- 3161 calls.
- 5623 requests for help.
- 1272 people who offered their services as volunteers.
- 435 organisation and businesses offering support.

Emergency Food Provision

At the start of the pandemic, Rotherham Metropolitan Borough Council already had crisis food supply and distribution procedures in place, so was in a good position to support people. A food bank at Riverside House was established and other local food banks were also supplied. The community hub, set up as a triage service for the pandemic, would take referrals.

Crisis food support pre-Covid delivered around 4000 food parcels per year, this increased to almost 20,000 in 2020/21. Demand has since fallen but is still far higher than pre-pandemic levels (figure 12).

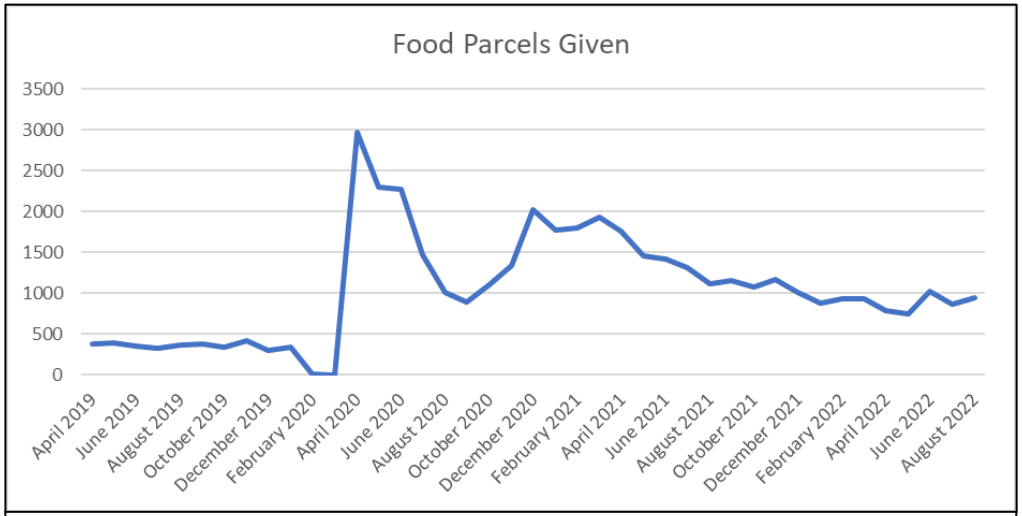


Figure 12: Number of food parcels given, Rotherham

While crisis food demand remains high, support from central government and donations from members of the public have reduced creating a squeeze on crisis food resources. Some foodstuffs are no longer available as surplus from the food industry, which has created a need to purchase canned food to supplement the surplus supply chain. Even if demand were to drop to pre-Covid levels, supply issues would still see this service under pressure.

Food banks and social supermarkets have also seen increased demand for non-food items as well as no-cook meals for those experiencing fuel poverty or lacking cooking facilities, such as people housed in temporary accommodation.

The type of demand seen by the service also shifts depending on individual choices and priorities; clients may need support with food if they chose to instead pay a fuel bill or vice versa. Either way, the fact remains Rotherham residents are facing stark choices. The pandemic and the cost-of-living crisis have both exacerbated underlying poverty in the borough and pushed people from precarity into crisis. Although there are some known issues around data quality[10],most referrals into the service since the end of pandemic restrictions are due to poverty and low income.

[10] Referral forms are filled in by service users, everything is essentially self-reported by people in difficult circumstances.

4. The impact of the pandemic on health behaviours

The impact of the pandemic on health behaviours

The pandemic likely had some impact on health behaviours of people in Rotherham and this section covers the impact on smoking, weight, alcohol use, opiate use, and sexual health.

Smoking

During times of pandemic-related stress, individuals from populations vulnerable to smoking might be at a greater risk of harm from smoking. Those self-reporting as current smokers in Rotherham increased slightly in 2021 to 16.9% of adults, an increase from the previous year reported figure of 15.2% (figure 13). The Annual Population Survey (APS) does indicate that smoking amongst Females increased faster than for males in 2021, bringing smoking rates between sexes into parity (figure 14).

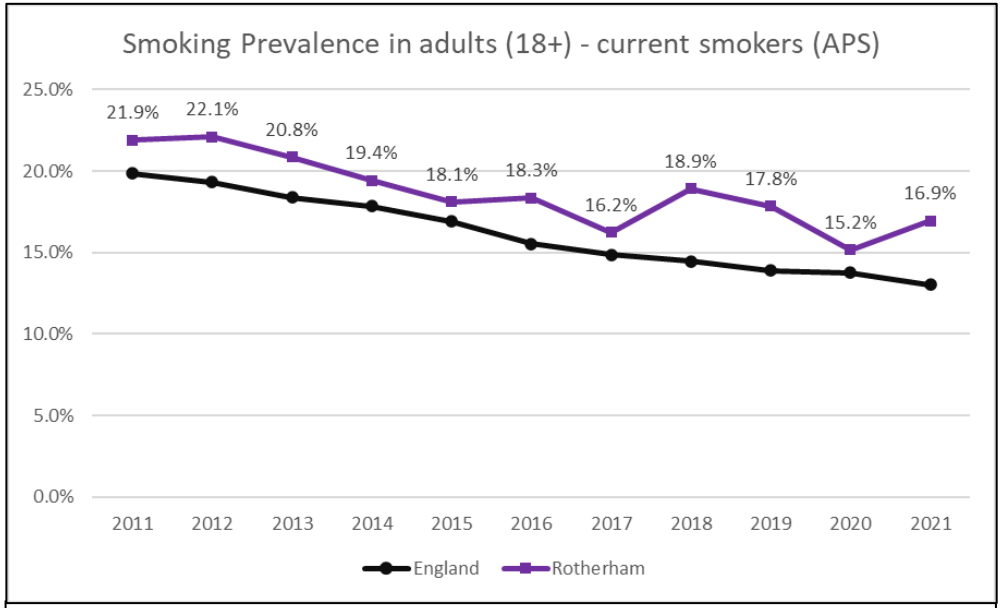


Figure 13: Smoking Prevalence in adults (18+) current smoker – source: ONS Annual Population Survey (APS) via OHID Fingertips

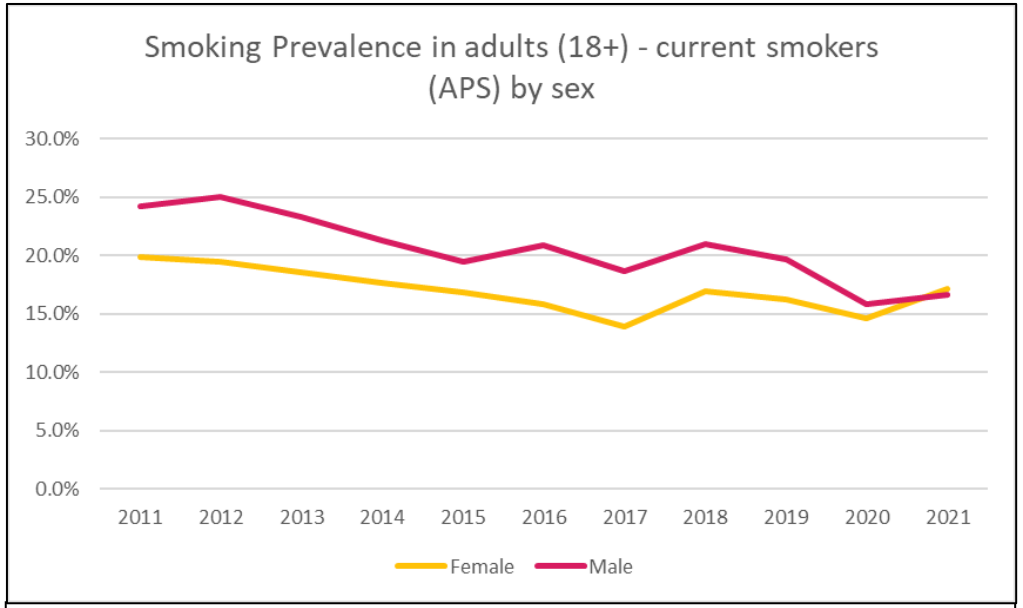


Figure 14: Current smokers by sex – source: ONS Annual Population Survey (APS) via OHID Fingertips

HM Revenue and Customs (HMRC) data does show some concerning trends in clearance data. Clearance statistics relate to when tobacco goods pass duty points, at which point duty is due to be paid to HMRC by registered UK businesses, we used this rather than revenue data as this is unaffected by duty rates which vary over time.

Cigarette clearances, when tobacco goods pass through UK customs, showed a steady decline until 2020, levelling off before declining again in 2021 (figure 15). Hand rolling tobacco (HRT) and non-cigarette tobacco[11] rose in 2020 and 2021 after a long period of stability, with an additional 1.68 million metric tonnes of HRT cleared in 2020 compared to 2019, a 26% increase.

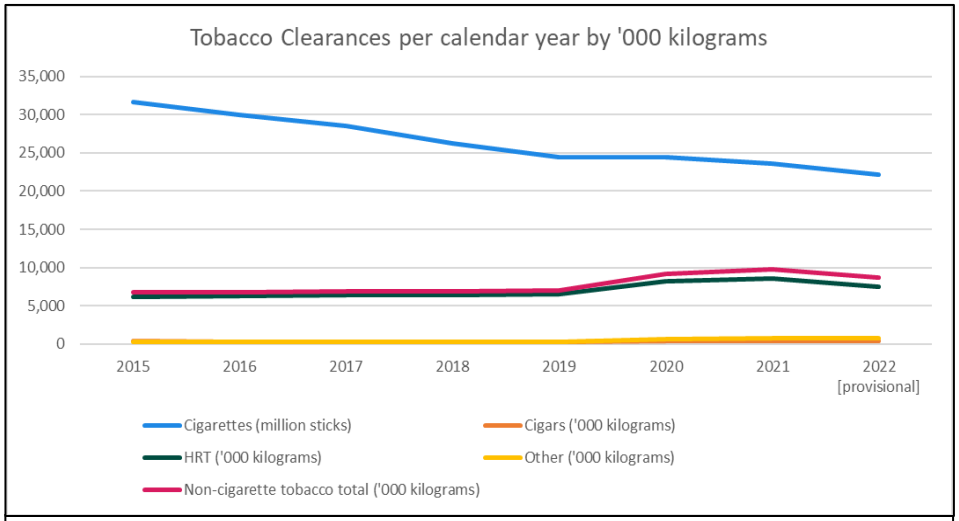


Figure 15: Tobacco clearances by calendar year and product type in '000's of kilograms – source: HMRC

Weight

While no overall trend could be calculated, there was a moderate reduction in the percentage of adults classified as overweight or obese in Rotherham in 2020/21 (figure 16). Without further data it's not currently possible to assess whether this represents any significant change or a temporary drop in the data.

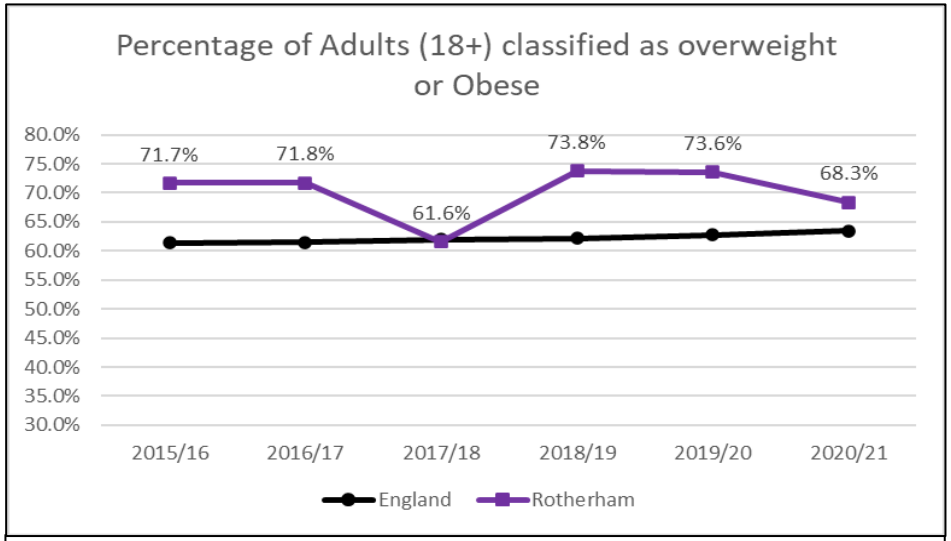


Figure 16: Percentage of adults (18+) classified as overweight or obese, adult prevalence data from Active Lives Adult Survey, Sport England – source: OHID Fingertips

Prevalence of overweight and obesity in Reception children (4-5 years) remained relatively unchanged in Rotherham between the pre and post pandemic years. Data for 2020/21 for Rotherham is unavailable, but we did see an increasing proportion of overweight and obese children amongst those

[11] Classifying tobacco for import and export - GOV.UK (www.gov.uk)

measured regionally and nationally compared with academic year 2019/20 (figure 17). This year's data is however less robust due to the limited number of children in school that year, and data for 2021/22 suggest that the true figure remains in line with pre-pandemic levels.

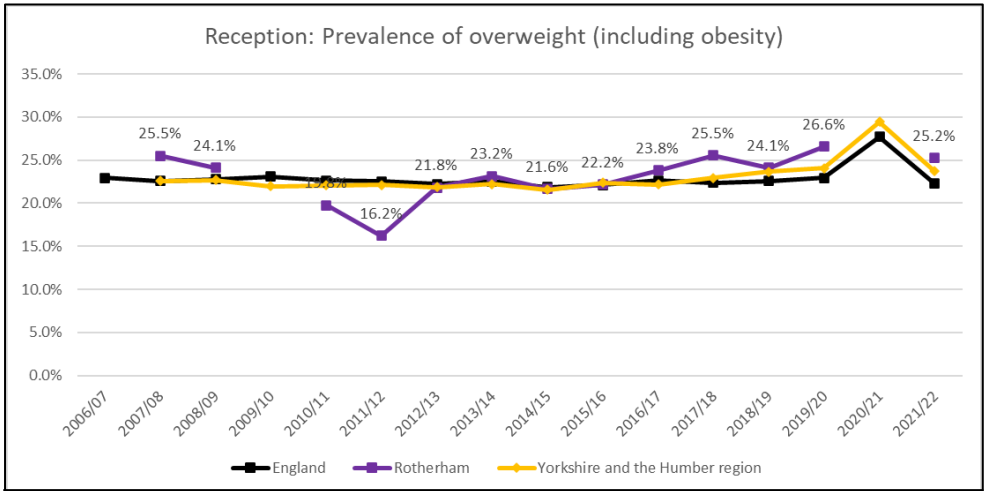


Figure 17: Reception: Prevalence of overweight (including obesity) NCMP prevalence data – source: OHID Fingertips

Year 6 (10-11 years) overweight and obesity prevalence has shown an upward trend for several years and is significantly higher than prevalence in reception. The data show a similar pattern through the pandemic in England and Yorkshire & Humber with a spike in prevalence in 2020/21 but settling back into the upward trend established before the pandemic (figure 18). That upward trend continues to be of concern, and further data is needed to understand if the pandemic has accelerated the rise.

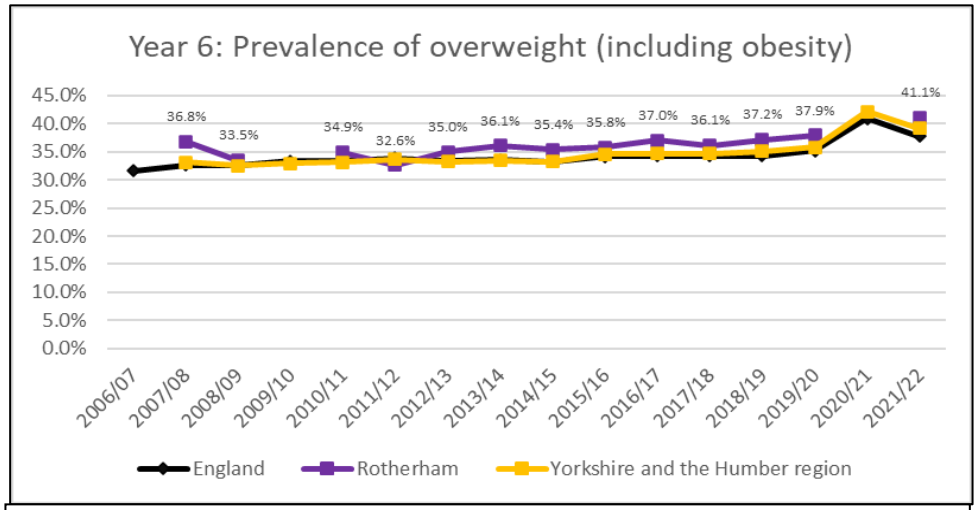


Figure 18: Prevalence of overweight (including obesity) NCMP prevalence data – source: OHID Fingertips

Post lockdown, we saw an increase in self-referrals for weight management services in early 2022, but it is too early to tell whether this will translate into any long-term health improvement in Rotherham.

Alcohol Use[12]

Rotherham saw a significant increase in new presentations for alcohol treatment during 2019/20 prior to the pandemic after a number of years of a declining trend. During 2020/21 this fell slightly. It is hard to interpret the causes for this rise and fall or whether there has been an impact from the pandemic. Longer term data is required. Factoring in presentations for alcohol and non-opiate treatment, cases only rose slightly, with 10 more presentations than the previous year, but alcohol patients as a proportion of all patients remained static.

In 2019/20, the service saw a significant increase in the number and proportion of adults in treatment for alcohol, rising to 27% of all adults in treatment which is comparable to the figures for England. The service maintained this proportion into 2020/21 (table 4). This is down to a reticence to discharge people from service during the pandemic due to the increased stress and higher support needs during that time.

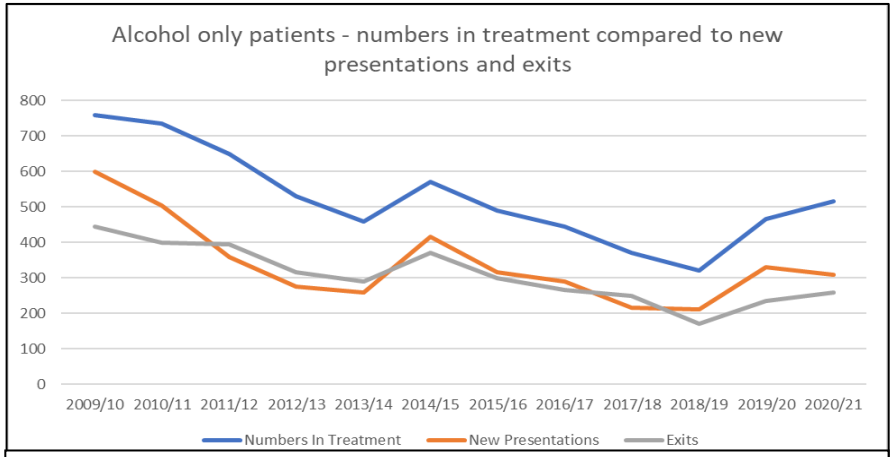


Figure 19: Alcohol number in treatment, new presentations and number of exits, Rotherham

For alcohol only patients, the total number in treatment continued an upward trend into 2020/21. Despite new presentations dropping from 330 in 2019/20 to 310 in 2020/21, treatment exits have not kept pace (figure 19). This issue began in 2018/19 however so there may be factors other than the pandemic involved.

Alcohol referrals by self, family and friends peaked in 2019/20 with 83% of referrals made this way, dropping to 77% in 2020/21, representing 35 fewer referrals with small increases from health and 'other' (figure 20). Data from the Wider Impacts of COVID-19 on Health (WICH) monitoring tool[13] indicates that around half of people surveyed did not seek medical advice during all stages of Covid-19 restrictions, while self-referrals for alcohol treatment did not drop that dramatically, some people may have avoided treatment.

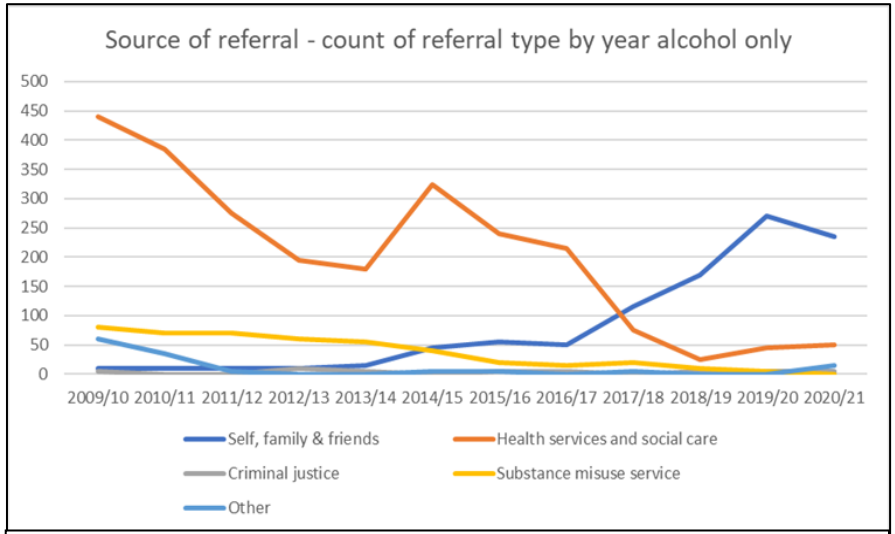


Figure 20: Alcohol source of referral, Rotherham

[12] Alcohol and substance misuse data obtained from NDTMS - NDTMS - Home

[13] Wider Impacts of COVID-19 (phe.gov.uk)

Rotherham

Substance Category	2009/10 (%)	2010/11 (%)	2011/12 (%)	2012/13 (%)	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)	2018/19 (%)	2019/20 (%)	2020/21 (%)
Opiate	55	55	57	61	63	60	63	64	65	68	59	57
Non-opiate only	7	7	7	8	9	5	4	4	7	7	9	9
Alcohol only	33	32	31	28	25	30	28	27	24	21	27	27
Non-opiate & alcohol	5	6	5	2	2	5	5	5	4	4	5	7

Table 4: Proportion of adults in treatment by substance category in Rotherham (source: NDTMS)

While no definitive indicator for alcohol use exists, Rotherham does perform significantly worse than England for alcohol-related and alcohol-specific hospital admissions.

While the numbers of patients reported as unemployed/economically inactive has been on an upward trend since 2017/18, presentations for alcohol treatment did not follow this pattern.

Patients classed as unemployed/economically inactive and in regular employment had been on an upward trend since 2018/19, with both overtaking long term sick/disabled. In 2019/20, people in regular employment made up the largest share (42%) of alcohol patients before falling sharply in 2020/21.

Opiate use[12]

There has been a steady growth of patients in treatment for opiate use for several years which has continued through the pandemic. New presentations had been climbing moderately for several years but levelled off in 2020/21. Despite this, numbers in treatment have grown as exits have been declining and for similar reasons to alcohol treatment exits were greatly reduced during the pandemic.

Similar to alcohol patients, this drop in exits began prior to the pandemic so it is important to disentangle factors which may be causing this from difficulties in delivering services due to Covid-19 restrictions.

Opiate users drop-out rate reduced to 33% (55) continuing a downward trend from 44% (95) in 2018/19. Successful completions saw a sharp decline to 15% (25) from 23% (45) the previous year, custody transfers increased to 21% (35) from 13% (25). Overall, opiate treatment exits dropped from 195 in 2019/20 to 165 in 2020/21, a reduction of around 15%, this is compared to a reduction in exits of 2.5% for all substances. This decline in exits is entirely attributable to patients in treatment over 1 year.

There were small increases to the proportions of patients in longer-term bands compared to newer patients (under one year), which is unsurprising given the drop in patients exiting the service, but it is not possible to establish why that is the case and how much of that is down to the pandemic.

2020/21 saw no major changes to how patients were treated, there was an existing trend in greater numbers and a higher proportion of patients being treated in the community which continued during the pandemic with no

notable changes in the type of treatment received; psychosocial treatments were still received by a high proportion of patients in 2020/21.

Referral by self, family or friends is how most patients come into the service, this has been on an upward trend since 2017/18, peaking at 75% (565) of presentations in 2019/20. In 2020/21, this proportion dropped to 72% (560), with small increases in referrals from health services and 'other' changing the proportions slightly. In terms of actual numbers, this means five or fewer referrals through this channel due to rounding so a roughly stable number with a small increase in referrals from other avenues.

Sexual health

Sexual Health services in Rotherham were classified as an essential service during the pandemic, meaning that staff were not re-deployed elsewhere, and the majority of services continued to be offered, although there was a move to on-line and remote provision where possible. The move to digital services and the retention of staff during the pandemic allowed the sexual health service to continue to operate in Rotherham. This contrasts to some other areas where Sexual Health staff were re-deployed and certain services ceased to operate for some time.

Testing, treatment and one-to-one talking appointments all moved to virtual services, and a strong digital service now works alongside in-person appointments. Postal testing for STIs worked, although remote treatment was difficult. Contraceptive services, specifically LARC, were hampered by a lack of in-person appointments. The total prescribed LARC rate fell during the pandemic and has since increased between 2020 and 2021 but not back to pre-pandemic levels (figure 21)[14]. This is in-line with the trend across England.

Syphilis diagnosis rates show no significant change when comparing 2021 to recent trends, but did have a significant drop in 2020, likely due to under use of services. In contrast other measures, including all STI diagnoses in under 25's have been on a downward trend (figure 22 and 23) which seems to be continuing post-pandemic[14].

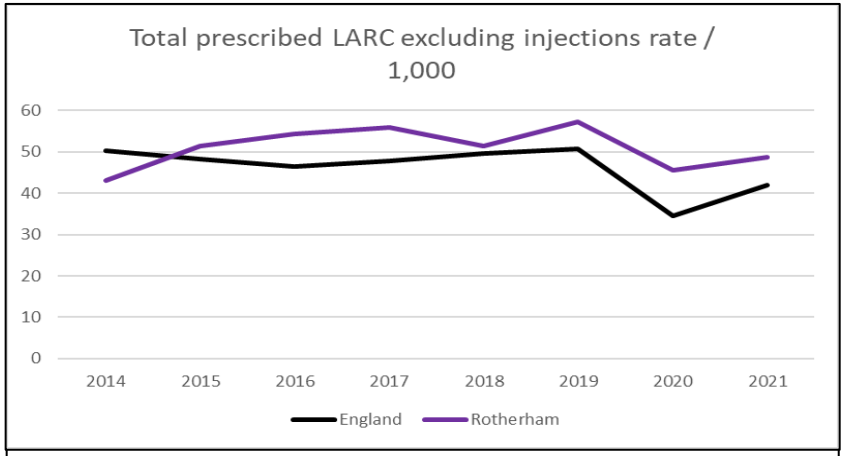


Figure 21: Total Prescribed LARC excluding injection, rate per 1000, rate is all LARC injections across Rotherham and not specific to the Sexual Health Service.

[14] Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

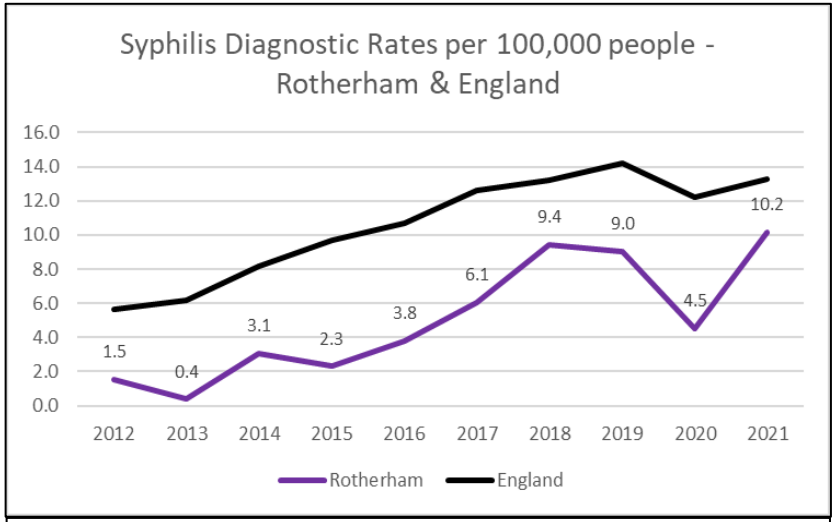


Figure 22: Syphilis diagnostic rate per 100,000, Rotherham and England, 2012 to 2021.

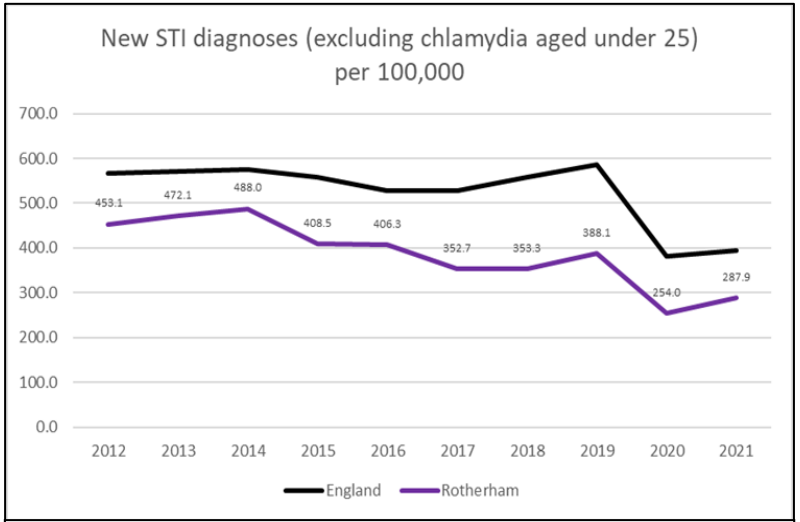


Figure 23: New STI diagnosis per 100,000, Rotherham and England, 2012 to 2021.

5. The impact of the pandemic on people

The impact of the pandemic on people

People's experiences varied widely but it's clear there were negative effects on the lives of Rotherham residents. This section covers access to services, a move to a 'digital approach', guidance and media, and overall reflections.

Access to services

Respondents in the focus groups described a range of experiences in terms of access to a range of services meeting the needs of the vulnerable and those experiencing support needs or loss.

Domestic abuse community groups noted higher referrals and increased demand during the pandemic which resulted on increased pressure to staff but subsequently increased numbers for women supported into safe houses and refuges.

"In terms of our referral statistics and in terms of our service-users, we know that the violence has increased, so we had three times as more referrals, um so we know that the demand was there and that there was an increase in violence during the lockdowns." [Domestic abuse service]

There was clear upset experienced by those who could not access funeral services as people were denied the opportunity to get closure:

"One individual lost 3 friends during and doesn't feel like she has closure yet" [support worker].

Those pregnant, or partners of those who were pregnant, also experienced challenging times during the pandemic as partners weren't allowed into scans, and some women experienced sad news alone:

"[Partner] wasn't allowed to come and felt a little bit separate".

While the cost-of-living rises are not solely linked to the pandemic, focus group members expressed concerns around the cost of living and a worry about how people will survive with increased costs and a remaining strain on food banks:

"It's the crisis in itself you know with all the cost of living".

Digital

Most groups reflected on the shift to a digital, technology first approach with sub-themes around schooling and accessing teaching online, the use, or limited use, of internet, the shift to downloadable and installed technology and the associated difficulties, and how work changed.

For technology, such as downloadable apps, it was reflected that this wasn't easy for most, as ***"not everybody's techy"***, and there was clear dissatisfaction with the only option being online systems. The Rotherham Health App was one of these examples.

"Don't actually know how to access services online"

"Needs to reapply for benefits but a lot of support is online"

It was also clear that there was a self-noted gap in technical skills for certain groups of people:

"In terms of contacting service users, they didn't have the IT skills, in terms of clicking the zoom link, putting the passcode in." [carer].

However, it was noted that online forums, and the online library offer even when they were closed, helped with sharing this information, and providing support to those struggling.

"Library offer, so be it online, but it went really, really well, when libraries were shut."

The sense of relief when people could start meeting again was clear in the responses, demonstrating a clear need for human interaction again as opposed to video calls:

"We really found that people were desperate to have that socialisation and come back in and you know whilst they had been isolated for such a long period of time and they just wanted that human interaction again".

This was due to people having a requirement to see others, but also there were comments on how ***"people on the phone don't always have the empathy"*** required when accessing support. It was also mentioned that there is a limit as to how much screen time people actually wanted or needed:

"A lot of screen time, TV, binging on series, Netflix.".

There was a clear understanding of development for IT systems in a workplace, and many described the shift of IT systems and technology as challenging at the start, but definite positive development throughout the pandemic.

Guidance and media

Reflections around guidance around lockdown, and the influence of the media, were split categorised around communication methods, the influence of others following guidance, mask wearing, and unclear communication.

Most groups reflected that the guidance was incredibly unclear and that they ***"didn't really know what to do"*** and that people worried about breaking the rules, but these weren't clear enough to confirm if they were being adhered to.

There were clear frustrations and upset with the government, ranging from an unknown timeframe of what people should expect and complication, through to anger, fear and upset:

"The government could lead by example''.

From the group of carers, and people in receipt of care, there was upset around PPE from government mandates:

"Feels anger over many aspects of the pandemic including PPE contracts and shortages" [carer].

There were clear feelings towards the media and how people were frustrated at how the media escalated things:

"The media actually escalated it a lot you know with the being worried and kind of um telling us about the dangers of things, so they made us overthink about things".

It was also clear that there could be amendments to make the messaging easier to understand in the future:

"The wording is not too complex and then in different languages, that would help" [interpreter].

Some mask wearing continued past when these became optional, and some users reflected that they still wore masks sometimes.

"I don't wear the mask as much as I did back then"

Largely the guidance around mask wearing was comparatively easier to understand, but the guidance around socialising and leaving the house was more unclear.

Language

There were multiple reflections on how difficult the pandemic was for those with English as a second language with difficulties accessing services and communicating with the 'outside' world during times of lockdown. Reflections around this emphasised the requirement for communication messages to be in plain English and aimed at a child's age and pitched in a way that people can identify with.

"[Name] was just saying that um having English as a second language is quite difficult for her, because it's all well and good picking the phone up, but sort of thinking, how am I gunna put my views across?" [Interpreter]

"It's difficult for them to communicate with the outside world. So it was difficult for them to actually try and get help for themselves." [Interpreter]

Overall

Lasting impacts of the pandemic still exist for some people and at a time when society has moved on overall, there are still some people who are afraid to go out of the house and are living with persistent anxiety:

"I try and sort of zigzag people like in the public, like if I'm coming near a person I try and move for them"

"There is still some anxiety there. There's still some anger as well"

Focus group members also reflected on how the lockdown and a lack of going out led to reduced physical activity post-lockdown due to the impact of shielding:

"As time went on, people started to kind of feel a longer impact…started feeling a little impact on their physical. Deconditioning is kind of what we call it. They've lost strength in their legs. They wanted to go to the supermarket after six months of not going but didn't feel confident to walk to the supermarket." [member of forum]

"Not being active for a long time"

"When you're older it takes longer [to bounce back physically] and you may not never actually get back to the way we were"

In addition to anxiety and a fear of being in contact with others, some people were still displaying exaggerated tendencies that were as a result of the pandemic:

"Exaggerated tendencies, example of cleanliness…obsessive about using hand sanitisers"

The carers support group also reflected on how their parent's behaviour had changed due to being isolated in lockdown and that people still viewed themselves as vulnerable:

"Dad is still wary about going out"

Overall feelings around the pandemic varied but were predominantly negative reflections. Although a time of great need, there were working relationships and community support that people valued to cope through the continually changing landscape, and although a strange time, some reflected as it being:

"Definitely a balance of best of times and worst of times"

Recommendations

1. The pandemic highlighted the complexities of care and the need for understanding impacts across the system. It is recommended that the population health management operational group work to develop further understanding of health and social care demand and service access underpinned by data sharing agreements and mechanisms for reporting.
2. The pandemic continues to have impact across sectors. Partners should continue to monitor areas of concern and post pandemic trends particularly to develop an understanding of areas not included within the scope of this report.
3. Engagement responses demonstrate the complexity of pandemic guidance and communication challenges throughout. For future major incidents, partners should recognise the importance of good communications nationally, regionally, and locally, and the need for community engagement to support understanding, adherence, and the ability to engage with the changes to pathways and services.
4. The pandemic had a significant impact on local economies which have created recruitment concerns in key roles such as the social care sector. Partners need to develop recruitment and career pathways within these key sectors that are attractive within the post pandemic economy.
5. Partners should recognise the continued anxiety felt by certain cohorts within the population. This creates a barrier to community participation which risks detriment to physical and mental health. There is a need to support people to overcome this to regain the confidence to interact normally and achieve full integration with society.
6. Partners should recognise the benefits of digital and online communication and access to services that have been noted by respondents, but also the barriers that exist for some to the digital world. It is important as digital first approaches are rolled out that those excluded by this are considered and are able to maintain access.
7. Work remains to recover the pre-pandemic position for a number of services and outcomes. It is important that services monitor this recovery and consider the impact on health inequalities and inequalities in access as they do so. Outcomes of concern that will have a long-term effect on individuals and within the borough include Alcohol and Drug treatment completions, Long-Acting Reversible Contraception (LARC) prescribing rates, smoking rates, obesity rates, immunisation, and cancer screening rates.
8. Providers should note the economic impacts of the pandemic and the post pandemic rises in the cost of living and consider how to mitigate poverty locally both through the provision of poverty friendly services, and in terms of organisational delivery of social value through support for the local economy and to local employment.

Progress update on previous report recommendations

Recommendation	Progress update
Living safely with Covid-19 - Recognising the high exposure risks to COVID-19 due to the nature of the local economy, and the high prevalence of risk factors for poor COVID-19 within the Rotherham population there is a need to minimise the ongoing impacts of COVID-19.	Work has continued to maximise coronavirus vaccine take up. Vaccines have effectively reduced the impact of infections on hospitalisations and deaths and in Rotherham during the autumn booster vaccine campaign, more than 78,000 people aged 50 years and over have received a booster by 6 March 2023, equivalent to 70.2% of the population. A Health Protection Assurance Report for Rotherham Metropolitan Borough Council has been finalised detailing assurance arrangements and prevention and control of infectious diseases, such as for coronavirus.
Access to health and social care - Restore equitable access to quality health & social services	There has been effective working during difficult times during the pandemic with services resuming. Primary care has seen increased GP appointments following a decline during the pandemic, and a shift to maximise benefits of virtual access such as telephone appointments. Services such as NHS Health checks have been resumed and to ensure equitable catch up are being focused on reducing the gap between the most deprived 20% of the population and elsewhere.
Mental Health - Work as a whole system to promote good mental health through evidence-based early intervention and prevention programmes and ensure equitable access to mental health support.	Rotherham Health and Wellbeing Board have refreshed their loneliness action plan informed by a call for evidence from stakeholders and a dedicated meeting of the Better Mental Health for All group. Partners of the Better Mental Health for All group have been working on actions to promote mental health and wellbeing across the life course, for example activity during mental health awareness week. The OHID Better Mental Health projects in Rotherham were delivered from July 2021 to May 2022 and have been evaluated and showed outcomes across all three settings.

Physical Health - Promote good physical health across the Borough with a particular focus on reducing health inequalities that have been exacerbated by the pandemic.	A new borough-wide partnership has been created, the Rotherham Food Network, to bring together actions on a wide breadth of food-related work. This network has been successful in achieving membership of Sustainable Food Places. The Moving Rotherham Board has been relaunched with 2 underpinning subgroups and a new action plan to specifically tackle the opportunities to increase physical activity through health and the wider environment. A variety of funded projects with community groups have supported the embedding of physical activity into areas with lower rates of physical activity. A new multi-agency Tobacco Control Steering Group has developed an action plan to ensure a robust approach to tackling smoking prevalence. Drink coach has been commissioned to support wider alcohol interventions.
Education - Work to support schools with the recovery of lost education	Disadvantaged groups have been supported to recover from the disproportionate effects of lost education. The attendance rate since week commencing 12 September 2022-May 2023 for Primary and Secondary schools in Rotherham is 93.5% and 90.6% respectively.
Health Inequalities - Work in partnership to address the underlying health inequalities and the high rates of morbidity that have contributed to the disproportionate impact of COVID-19 in Rotherham	A prevention and health inequalities strategy has been developed and implemented with partner commitment and with a focus on the role of the health and social care system in the prevention and health inequalities agenda. There has been further understanding of Rotherham's communities and this includes an interactive 'prevention and health inequalities' dashboard which details Rotherham's most deprived communities which is hosted on the Joint Strategic Needs Assessment.
Economic recovery	There has been a continuation of monitoring and understanding changes to Rotherham's economy to build an inclusive economy for Rotherham and the Council has established an Inclusive Economy workstream as part of the One Council Big Hearts Big Changes programme.

JSNA Summary of key findings

Accurate as of May 2023

Lorna Quinn – Public Health Intelligence Manager

Introduction

- This JSNA summary provides key headlines structured into the key domains:
  - People
  - Health behaviours
  - Community and neighbourhoods
  - Environment
  - Socioeconomic
- Please note this document has been produced to summarise key points from the JSNA however more detailed and additional findings are available in the main sections of the *JSNA website* under each domain.

New data included in the 2023 refresh

- A refresh of IMD data and supporting narrative
- 2021 Census dashboard with supporting narrative
- Addition of a deprivation dashboard displaying data on the 20% most deprived communities
- Life course view (C&YP and the lifestyle survey, working-aged adults, older adults, and end of life care)
- Public health additions include 1,001 days, child mortality, NCMP, Physical activity, food, and loneliness (list not exhaustive).

2021 Census dashboard example

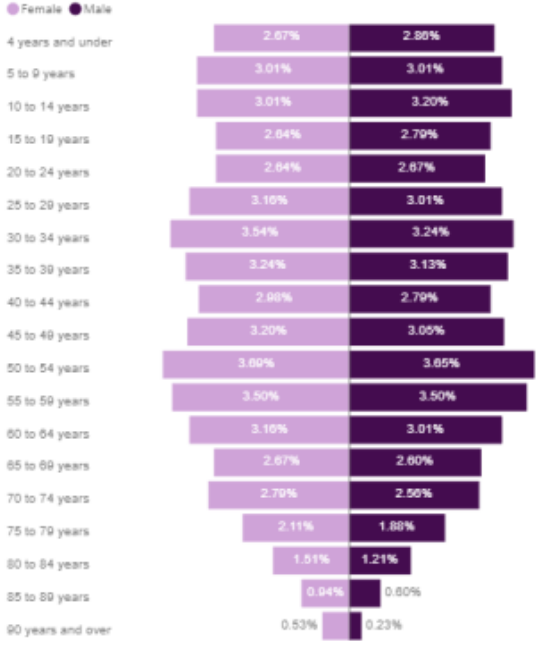
Rotherham Data Hub

Age

DATA REFRESHED: 18 APRIL 2023

Rotherham Data Hub

Population Pyramid by Age & Sex for Rotherham - 2021



USER GUIDANCE

Use CTRL + select to view data regarding age structure in Rotherham 2021. Data can be displayed with comparisons made to either the 2011 census data for Rotherham or the 2021 census data for England.

Compare to 2011

Compare to England

Compare Sex

SUMMARY

In Rotherham, the largest proportion of residents in 2021 were within the 50 to 54 years age group (7.3%) followed by those aged 55 to 59 years (7%).

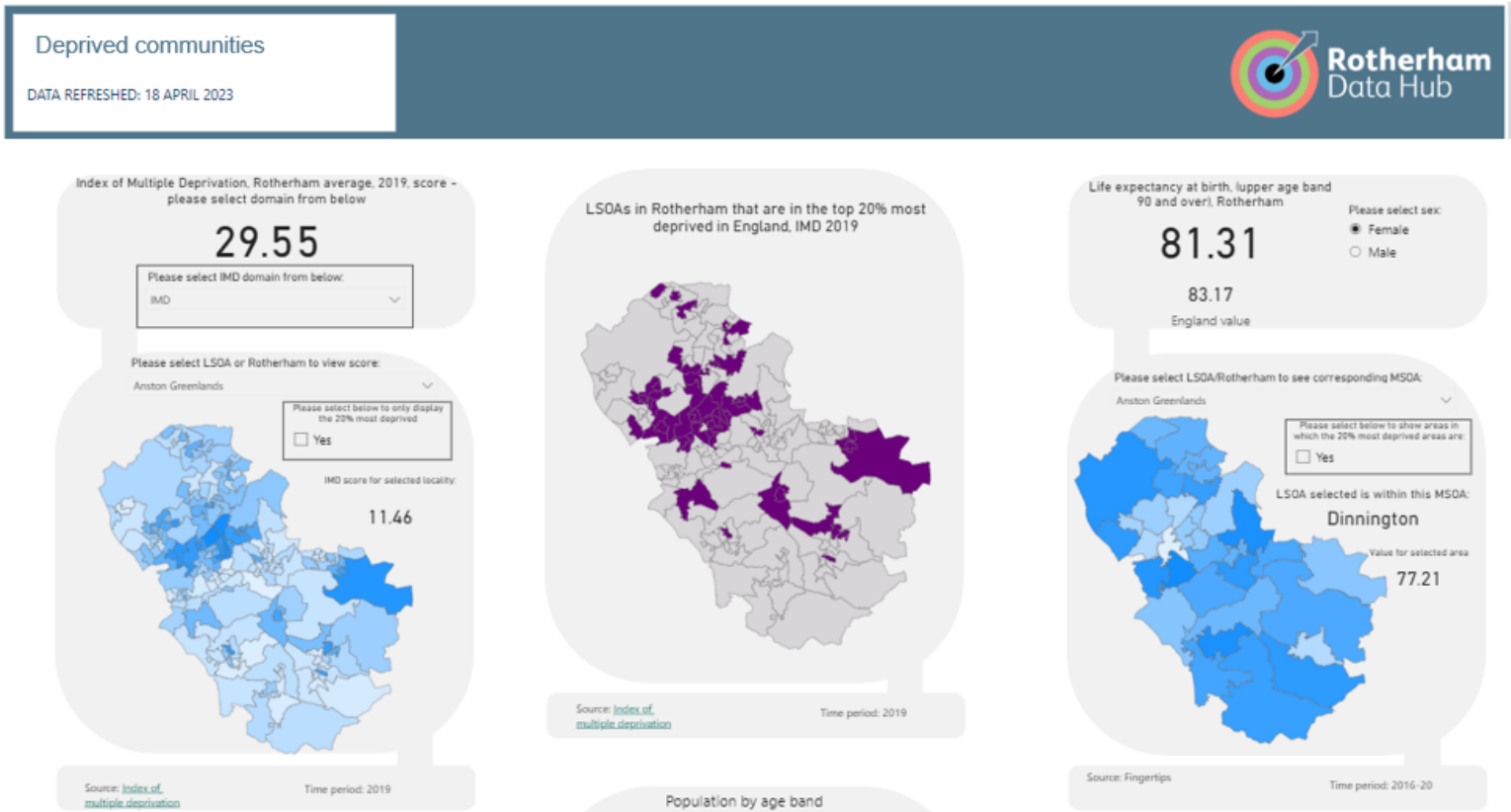
The smallest proportion of residents were within the 90 years and over age group (0.8%) followed by 85–89-years (1.5%), and then 80-to-84-years (2.7%).

The largest increase between 2011 and 2021 was in those aged 30 to 34 years (1.2%) with 5.57% of

Population of Male/Female by Age Group - Rotherham

20% Most deprived communities

Rotherham Data Hub



Index of Multiple Deprivation update

Rotherham Data Hub

Index of Multiple Deprivation

DATA REFRESHED: 18 APRIL 2023

Type in a postcode, right, to find equivalent middle super output area (LSOA)

Postcode to LSOA

S60 1AE

S60 1AE

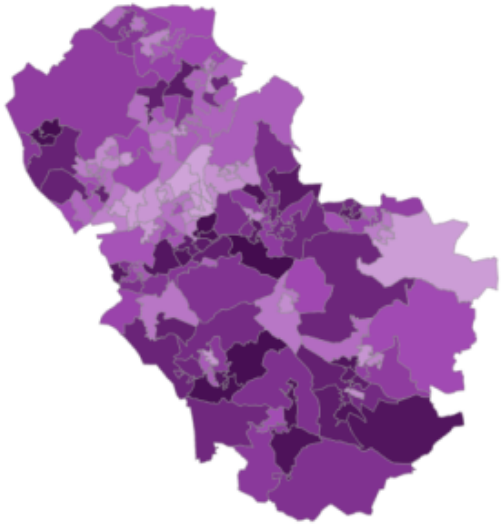
LSOA

Town Centre

NOTE: LSOA highlighted here

Rotherham Data Hub

IMD Rank by LSOA across Rotherham (where 1 is most deprived)



The Index of Multiple Deprivation (IMD) is the overall relative measure of deprivation.
The England-wide IMD distribution is 0.54 to 92.74 with an average value of 21.70.
Rotherham's IMD average score is 29.35.
Higher IMD scores equate to a more deprived area.

Rank across Rotherham

Decile in England

LSOA Name

All

LSOA	Rank

Please select an LSOA

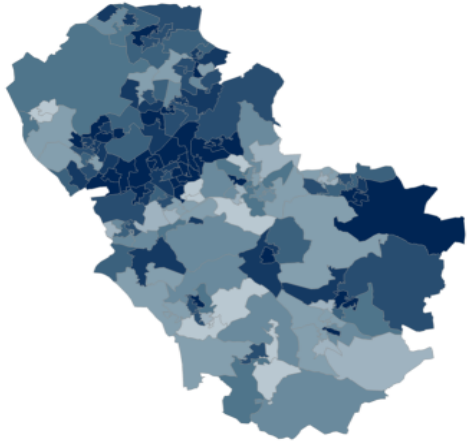
Rank

- Eastwood East is the most deprived LSOA in Rotherham (according to IMD score) with a rank of 1.
- Wickersley South is the least deprived LSOA in Rotherham (according to IMD score) with a rank of 167.
- The top 5 most deprived LSOA's in Rotherham (in descending order of deprivation) are: Eastwood East, East Herringthorpe North, East Herringthorpe South, Eastwood Village and East Dene East.

People (1)

- The 2021 Census showed there are 265,807 people living in Rotherham. This is an increase of 3.3% from the previous 2011 census, equating to 8,526 more people living in Rotherham.
- As a result of this, population density also increased, from 900 usual residents per square km in 2011 to 928 in 2021.

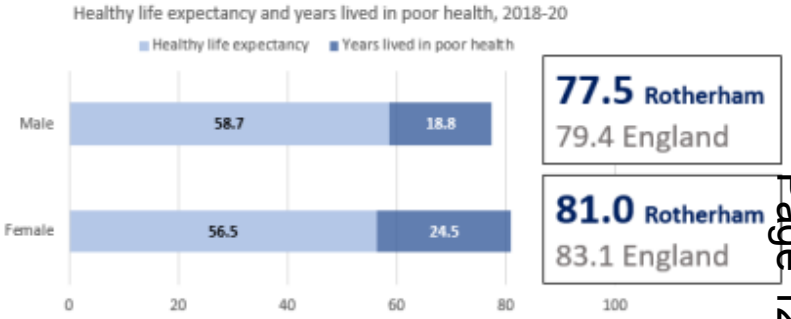
- On the Index of Multiple Deprivation 2019 (IMD 2019) Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 authorities.
- In all, 59 Rotherham neighbourhoods (Lower Super Output Areas or LSOAs) rank among the 20% most deprived in England and 36 LSOAs are in the top 10% most deprived (darker colour represents a more deprived area on map, right.



Link to JSNA: People – Rotherham Data Hub
Data sources: Life expectancy and healthy life expectancy data are from Fingertips - Public health profiles - OHID (phe.org.uk) data source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk
Index of Multiple Deprivation: English indices of deprivation 2019 - GOV.UK (www.gov.uk)

People (2)

- Life expectancy at birth for men in Rotherham, 2021, is 77.1 years; significantly lower than the England value of 78.7 years.
- Life expectancy at birth for women in Rotherham, 2021, is 80.7 years; significantly lower than the England rate of 82.8 years.
- The healthy life expectancy at birth, 2018-2020, in Rotherham is 58.7 years for a male, significantly lower than the England average of 63.1.
- The healthy life expectancy at birth, 2018-2020, in Rotherham is 56.5 years for a female, significantly lower than the England average of 63.9.



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Index of Multiple Deprivation: English indices of deprivation 2019 - GOV.UK (www.gov.uk)

Health behaviours (1)

- In 2021/22, there were 2,362 per 100,000 admission episodes for alcohol-related conditions (broad definition), a total of 6,290, significantly worse than the national average, a rate of 1,734 per 100,000.
- In 2021/22, the percentage of physically inactive adults was 24.4% in Rotherham; statistically similar than the England value of 22.3%. 64.4% in Rotherham were physically active.
- The smoking prevalence, adult, current smokers, in Rotherham, 2021 is 16.9%; significantly worse than the England value of 13.0%.
- The number of persons aged 18+ who self reported never smoking, 2021, is 57.0% and the value for England 61.3%.
- In primary care in Rotherham 2021/22, the recorded prevalence of depression (aged 18+) was 16.7%, a total of 35,364 persons, this is higher than the England value of 12.7% and has been increasing in Rotherham since 2013/14.
- 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%

Link to JSNA: Health Behaviours – Rotherham Data Hub
Data sources: Alcohol dependence: Alcohol dependence prevalence in England - GOV.UK (www.gov.uk)
All other data taken from Fingertips profiles (Obesity, Local Authority Health Profiles, Common Mental Health Disorders and Local Tobacco Control Profiles - Public health profiles - OHID (phe.org.uk)

Health behaviours (2)

- 23.5% of 5-year-olds had visually obvious dental decay; statistically similar to the England value of 23.7% (2021/22)
- 419 per 100,000 diagnoses of new sexually transmitted infections were recorded in Rotherham in 2020, statistically similar to the England value of 551 per 100,000.
- The HIV testing coverage total, Rotherham 2021, was 76.2%.
- Deaths from drug misuse in Rotherham, 2018-20, were 6.4 per 100,000 compared to the England value of 5.0 per 100,000.

Link to JSNA: Health Behaviours – Rotherham Data Hub
Data sources: Access to NHS Dental Services - NHS Dental Statistics - NHS Digital
All other data taken from Fingertips profiles (Child and Maternal Health and Sexual and Reproductive Health Profiles - Public health profiles - OHID (phe.org.uk))

Community and neighbourhoods

- In 2021, the largest proportion of crimes reported were for stalking and harassment. This was the same for 2019 and 2020.
- In December 2021, 617 domestic abuse reports were reported to the Police – in 2020 this value was 503 and 2019 was 604.
- In July 2021, a total of 653 domestic abuse reports were reported to the Police – July was the month with the most reports in 2021.

Link to JSNA: Community and Neighbourhoods – Rotherham Data Hub
Data sources: Data provided by South Yorkshire Police.

Environment

- The percentage of mortality attributable to particulate pollution for Rotherham, 2021, was 5.3%.
- In October 2019 Rotherham Council declared a climate emergency, making a pledge to reduce carbon emissions – in 2018/19, the total borough-wide carbon emissions (Direct and Indirect) were 2,106 ktco2e.
- The percentage of households with a car or a van, by ward, in Rotherham ranges from 87% in Anston & Woodsetts to 60.9% in Rotherham East.
- 13.4% of households are classed as fuel poor, predicted to rise to 14.4% in 2023
- 17.3% of those in fuel poverty live in social housing, whereas 12.5% live in private housing
- The average fuel poverty gap (the reduction in fuel costs needed for a household to not be in fuel poverty) was estimated at £338, up by 33 per cent since 2021 (£254)
- The average house price for Rotherham as of March 2021 was £157,725.
- In 2021-22, the main reason for homelessness was 'Family no longer willing or able to accommodate' (26.49%), followed by 'End of private rented tenancy' (21.39%).
- Rotherham has over 20,000 council homes. Rotherham is ranked 19th of all local authorities in England for number of council homes, 2022.

Link to JSNA: Environment – Rotherham Data Hub

Data sources: Mortality attributable to air pollution data were accessed on Fingertips (Public Health Profiles) Public health profiles - OHID (phe.org.uk)
Carbon emission data were provided by Rotherham Metropolitan Borough Council.
Utilisation of outdoor space data were provided by Natural England: Monitor of Engagement with the Natural Environment (MENE) survey.
Tenure data were accessed from the Building Research Establishment (BRE) 2018 private sector housing stock condition report.
Median house price data were accessed from The Office of National Statistics.
Applications by households and the number of Council homes data were provided by Rotherham Metropolitan Borough Council.

Socioeconomic

- There are 56,368 children aged 0-17 in Rotherham (2021 Census)
- In 2022, the children in need rate was 381 per 10,000.
- In 2022, the child protection rate was 83 per 10,000.
- In 2022, the looked after children rate was 99 per 10,000.
- In 2021, 4.9% of 16-17-year-olds were not in education, employment or training.
- The long-term unemployment rate per 1,000 working aged population, 2021/22, was 3.2 per 1,000; significantly worse than the England value of 1.9 per 1,000.
- At the end of February 2023, 2949 children and young people 0-25 years old have an Education, Health and Care Plan in place. This number equates to 6.5% of our school population, however, if you compare this to the latest Rotherham ONS 0-25 years old population projections this equates to 3.7%.
- Rotherham's IMD 2019 deprivation rank means that the borough is amongst the 14% most deprived local authority areas in England.
- The key drivers of deprivation in Rotherham remain Health and Disability, Education and Skills and Employment (as were in 2015).

Link to JSNA: Socio-Economic – Rotherham Data Hub
Data sources: Data on population were accessed from the Office of National Statistics.
Children's social care data were provided by Rotherham Metropolitan Borough Council.
Data on education and/or learning were accessed from the 'Annual NEET Scorecard' published by Department for Education.
Claimant count data were accessed from NOMIS Official Labour Market Statistics.

Next steps

Partner consultation to determine the following:

- How do you use the JSNA?
- What would enable you to use it better?
- Do you have any perceived gaps or improvements for the next iteration?

Please visit the JSNA website for additional information

JSNA website

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Suicide Prevention Update
28th June 2023

Ruth Fletcher-Brown
Public Health Specialist

Partnership Working

In England, responsibility for suicide prevention action plans sits with local government but this cannot be achieved without working with partners. At Place RMBC work with:

Place

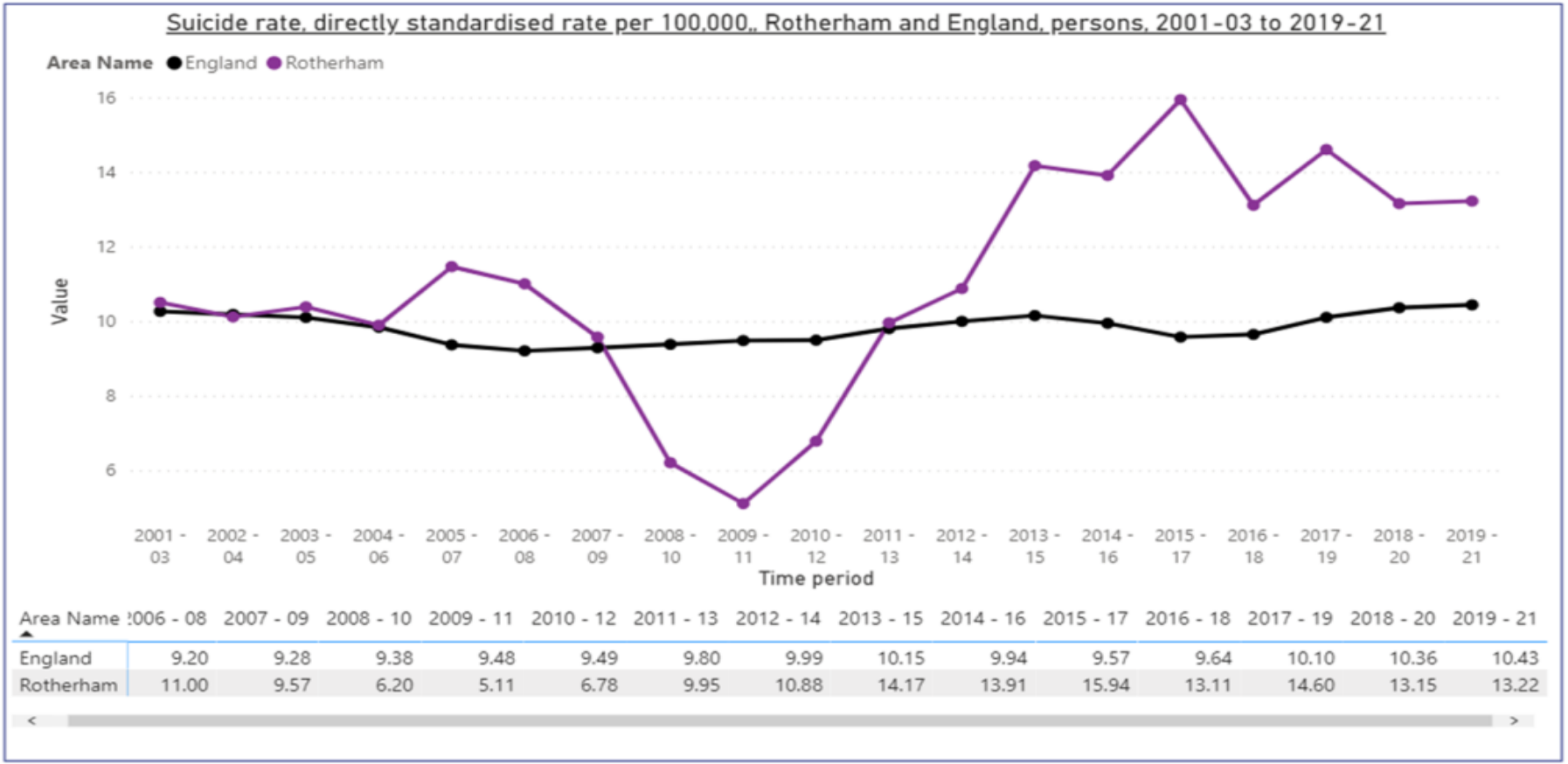
- People with living experience
- South Yorkshire Police
- NHS SY ICB (Rotherham)
- Rotherham NHS Foundation Trust
- RDASH
- Rotherham Samaritans & other Voluntary and Community Sector organisations
- Rotherham United Community Trust

Partnership Working

South Yorkshire ICB

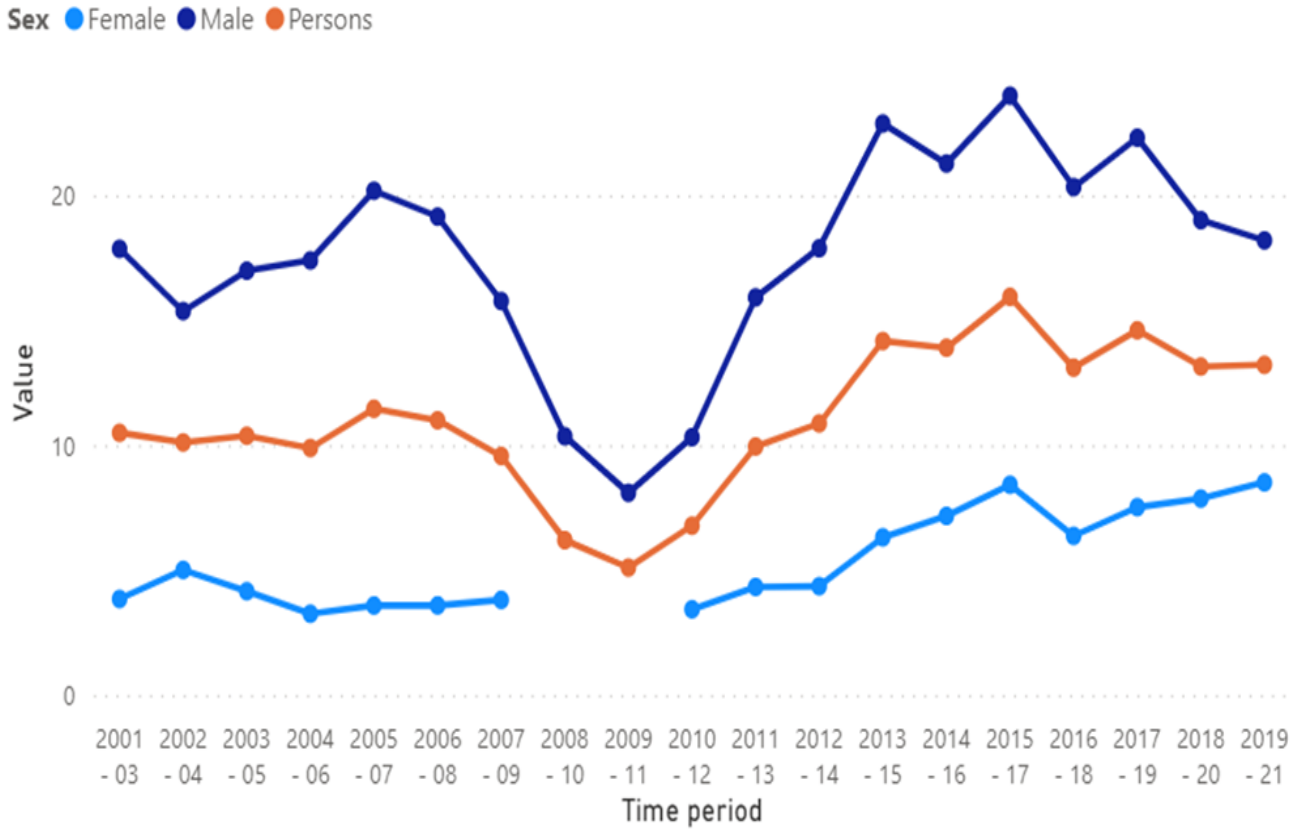
- People with living experience
- Public Health Leads for all 4 Local Authorities
- NHS SY ICB
- Acute Trusts
- Mental Health Trusts
- SYP & British Transport Police
- Yorkshire Ambulance Service
- Office of Health Improvement and Disparities (OHID)
- Primary Care

Rotherham

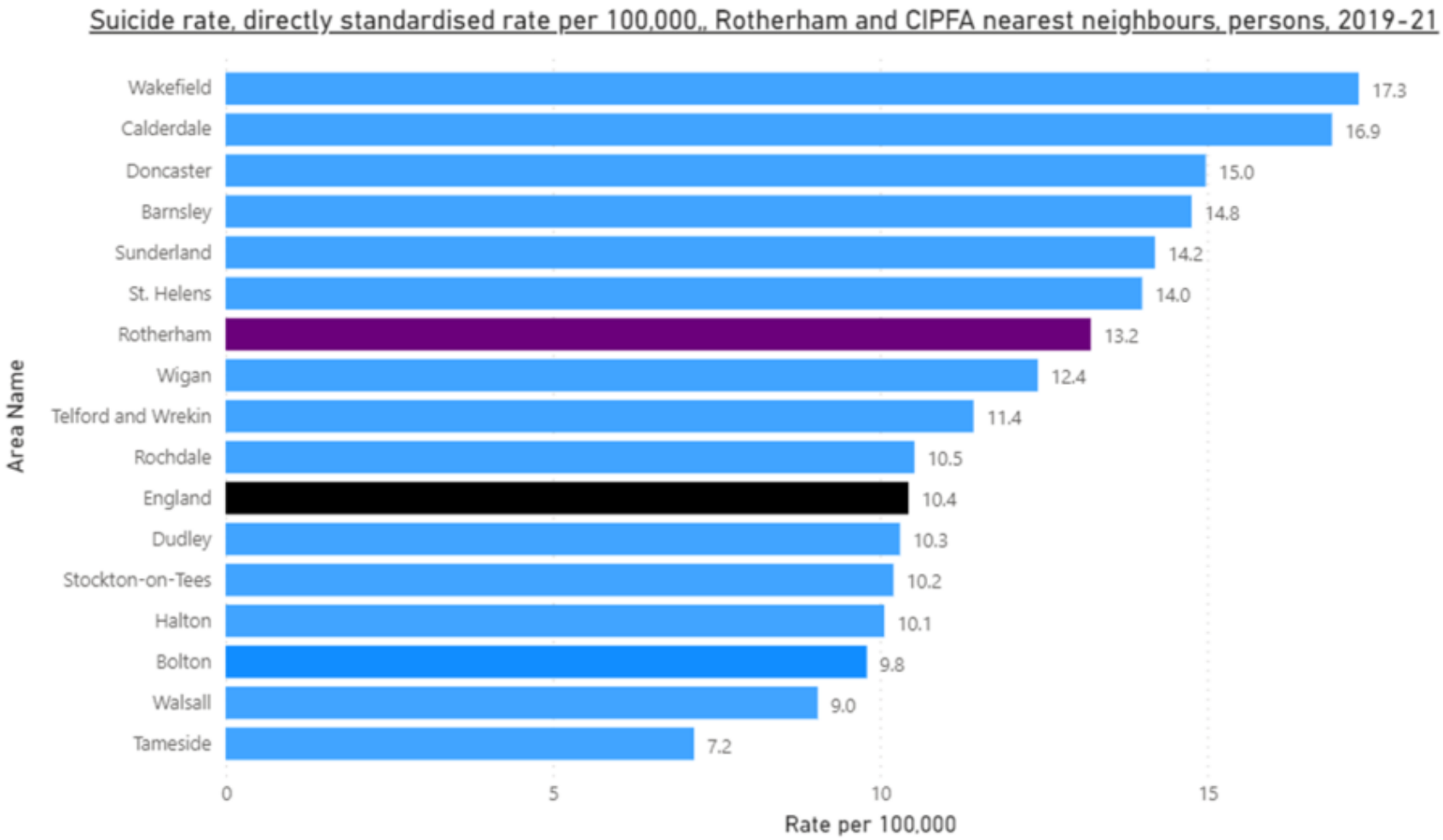


Area Name	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19	2018 - 20	2019 - 21
England	9.20	9.28	9.38	9.48	9.49	9.80	9.99	10.15	9.94	9.57	9.64	10.10	10.36	10.43
Rotherham	11.00	9.57	6.20	5.11	6.78	9.95	10.88	14.17	13.91	15.94	13.11	14.60	13.15	13.22

Suicide rate, directly standardised rate per 100,000,, Rotherham, 2001-03 to 2019-21



Time period	Female	Male	Persons
2001 - 03	3.85	17.86	10.50
2002 - 04	5.01	15.37	10.11
2003 - 05	4.16	16.99	10.38
2004 - 06	3.26	17.40	9.89
2005 - 07	3.59	20.19	11.46
2006 - 08	3.59	19.15	11.00
2007 - 09	3.81	15.77	9.57
2008 - 10		10.36	6.20
2009 - 11		8.10	5.11
2010 - 12	3.44	10.32	6.78
2011 - 13	4.33	15.92	9.95
2012 - 14	4.36	17.88	10.88
2013 - 15	6.32	22.88	14.17
2014 - 16	7.17	21.28	13.91
2015 - 17	8.42	23.99	15.94
2016 - 18	6.38	20.33	13.11
2017 - 19	7.52	22.31	14.60
2018 - 20	7.87	19.01	13.15
2019 - 21	8.52	18.20	13.22


Suicide rate, directly standardised rate per 100,000,, Rotherham and CIPFA nearest neighbours, persons, 2019-21
Area Name
Wakefield
Calderdale
Doncaster
Barnsley
Sunderland
St. Helens
Rotherham
Wigan
Telford and Wrekin
Rochdale
England
Dudley
Stockton-on-Tees
Halton
Bolton
Walsall
Tameside
17.3
16.9
15.0
14.8
14.2
14.0
13.2
12.4
11.4
10.5
10.4
10.3
10.2
10.1
9.8
9.0
7.2
0
5
10
15
Rate per 100,000

What's working well- Rotherham

- New Be the One film launched September 2022
- Continued promotion of Place Guidance document for staff and volunteers on responding to people at risk of suicide
- 309 frontline staff and volunteers have attended suicide prevention, self harm and mental health awareness training in 22/23
- Suicide Awareness session delivered for primary care in March 2023
- Suicide Awareness session in Safeguarding Awareness week, November 2022
- Distribution of 'Walk with Us' resource to all schools (124) , colleges, early years, cyp services, voluntary and community organisations (70) and all childcare providers
- Early Help delivery of self harm awareness sessions for parents and carers
- Early Intervention and prevention work- as evidenced in the Prevention Concordat application
- Joint working with domestic abuse colleagues
- Peer to peer support groups (Survivors of Bereavement by Suicide, Andy's Man Club and ASK)
- ICB Rotherham commissioning Qwell, the online mental health platform for adults

What's working well- South Yorkshire

- Strong partnership working- all 4 LAs, SYP, NHS and Voluntary and Community Sector
- Second memorial event for families bereaved by suicide in December 2022
- Survivors of Bereavement by Suicide groups (SOBS) in all 4 LA areas
- Real Time Surveillance including work with Yorkshire Ambulance Service
- Reducing access to means
- Joint working on themes and addressing the needs of vulnerable and at risk groups.
- Launch of 'Walk with Us' toolkit. Winner in the LGC Award Public/Public Partnership category.

What are we worried about

- Increasing pressure on individuals and families
- Support for people who have attempted suicide
- Yorkshire Ambulance Data for SY data shows that the anxiety is the highest presenting final working impression
- Rotherham's response to the NICE guidance in relation to self harm
- Capacity for comms and engagement activity
- Support for peer to peer support groups going forwards
- Changes to the SY Real Time Surveillance System means that the onus is on staff from across the partnership to promote Amparo
- Launch of the Attempted Suicide Prevention service

What needs to happen next and when

- Partners to review the Traumatic Bereavement Pathway for children and young people- May 2023
- Further specific actions to address needs of vulnerable and at risk groups- specifically transitions
- Launch of the Attempted Suicide Prevention service- Autumn 2023
- There have been 412 referrals to the ZSA training through the Be the One website to date. Further promotion of Zero Suicide Alliance Training- ongoing
- Targeted work on themes and vulnerable groups identified through real time data- ongoing
- Promotion of mental health support to children, young people and adults in Rotherham- ongoing
- Targeted Comms campaigns as part of Be the One- summer 2023
- Review action plan in light of the anticipated national strategy- Summer/Autumn 2023

Rotherham Suicide Prevention and Self Harm Action Plan 2022-2023

'Be the one to Talk, Listen and Care'

Introduction

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

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

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

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

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

The strategy outlined six areas for action:

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

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

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

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

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

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

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

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

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

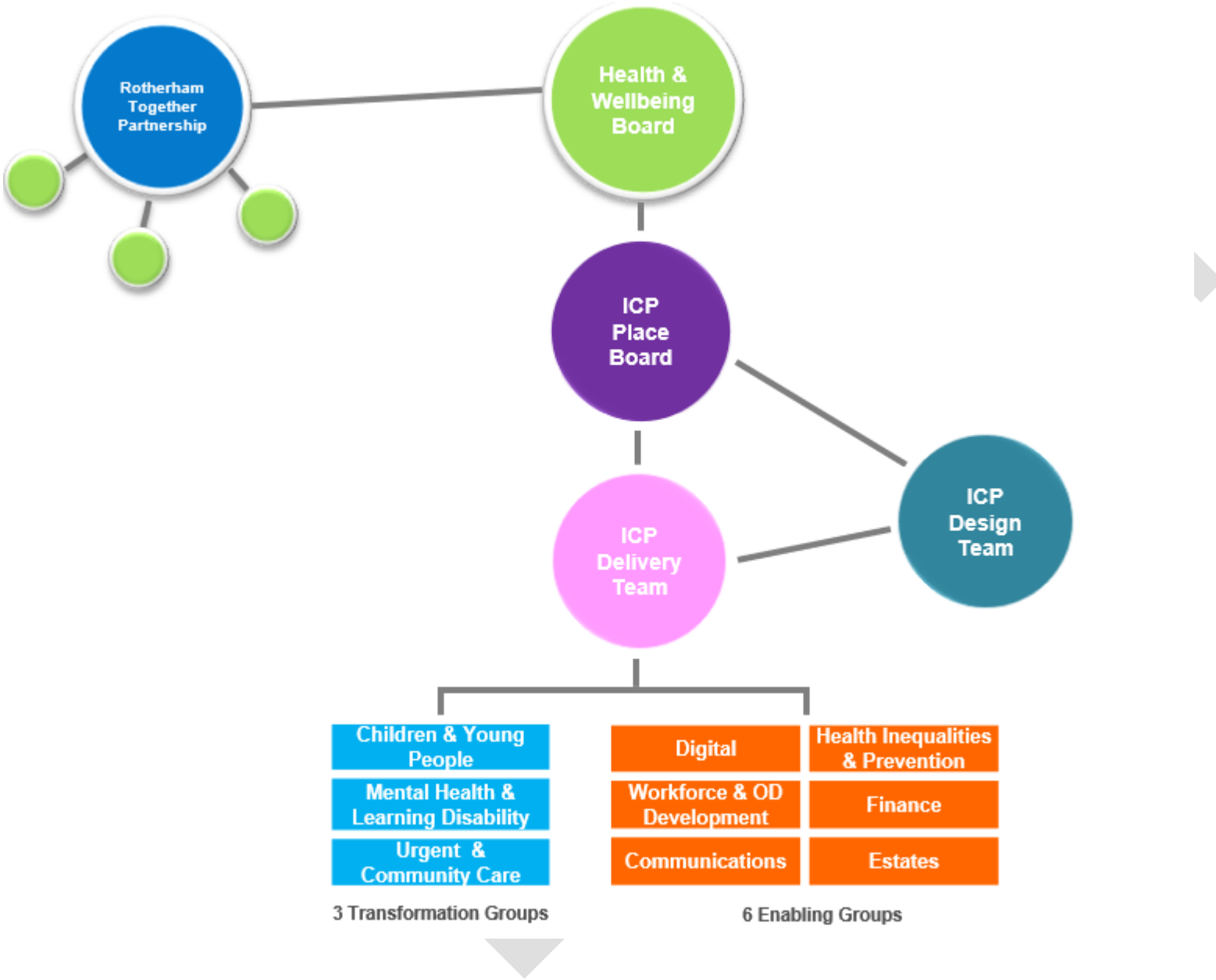
Governance arrangements

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

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

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

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


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

Rotherham Suicide Prevention Symposium

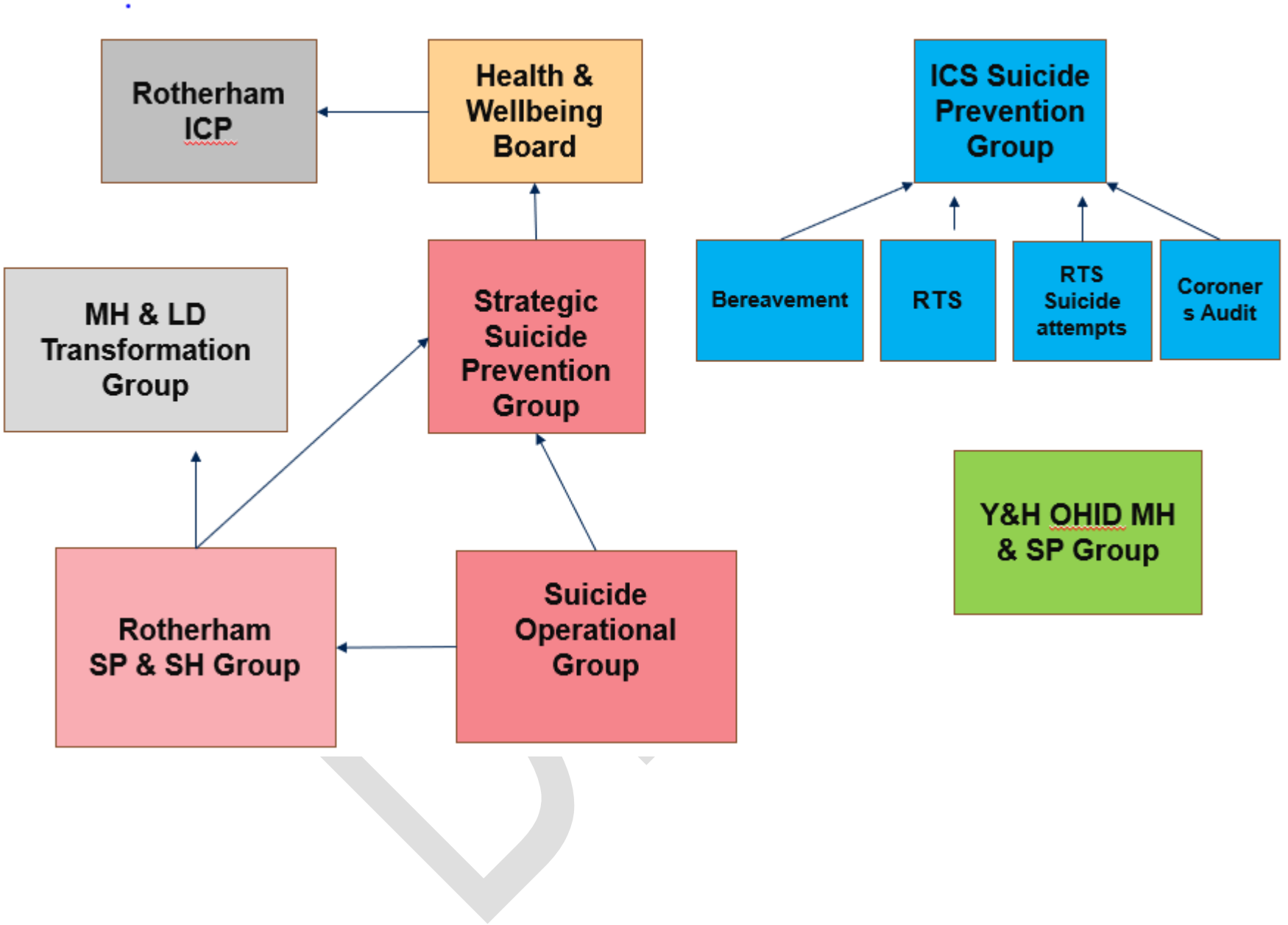
On the 12th October a second suicide prevention symposium was held in Rotherham with the following delegates invited to attend:

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

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

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

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


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

National Picture

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

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

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

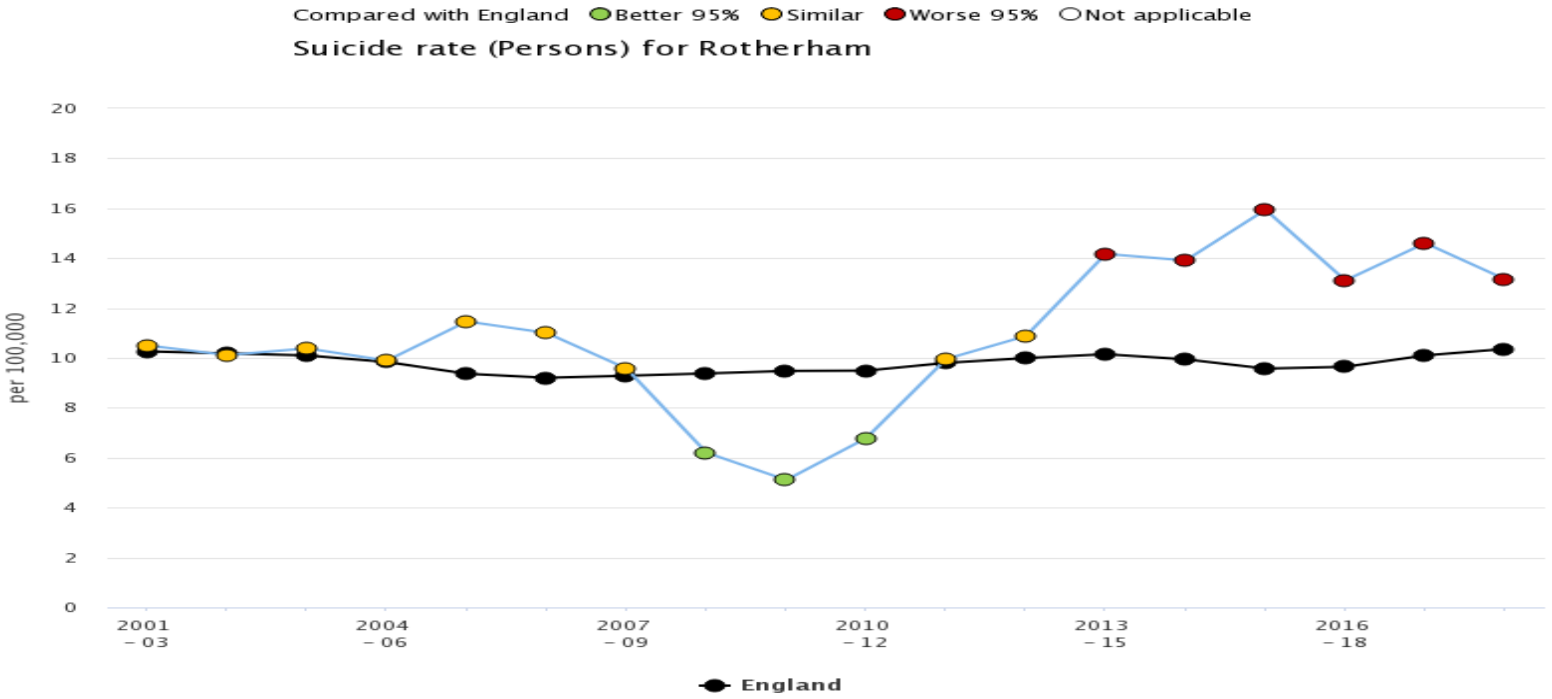
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations

Local picture

Rotherham Data

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

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



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

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

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

Suicide rate (Persons) New data 2018 - 20

Directly standardised rate - per 100,000

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

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

- **Gender**
  Males still account for most deaths in Rotherham. The rate for Rotherham in 2017-2019 period was 22.3, and this has now dropped by 3.3 to 19 per 100,000 for 2018-2020.
- Female deaths for Rotherham for this period have risen by 0.4 to 7.9 per 100,000.
- Yorkshire and Humber and England have seen increases in all person, male and female deaths during this period, as shown in the diagram below:

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

South Yorkshire and Bassetlaw Integrated Care System

The University Of Sheffield.

SUICIDE AUDIT FINDINGS

AIMS

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

METHODS

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

WHO & WHEN?

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

WHY?

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

WHAT DID WE FIND?

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

NO SUICDE IS THE SAME

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

RED FLAGS?

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

WHAT CAN BE DONE?

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

South Yorkshire and Bassetlaw suicide audit: Summary of overall Findings

Basic Demographics:

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

In summary:

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

Rotherham data:

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

Self-harm- National and Regional Picture

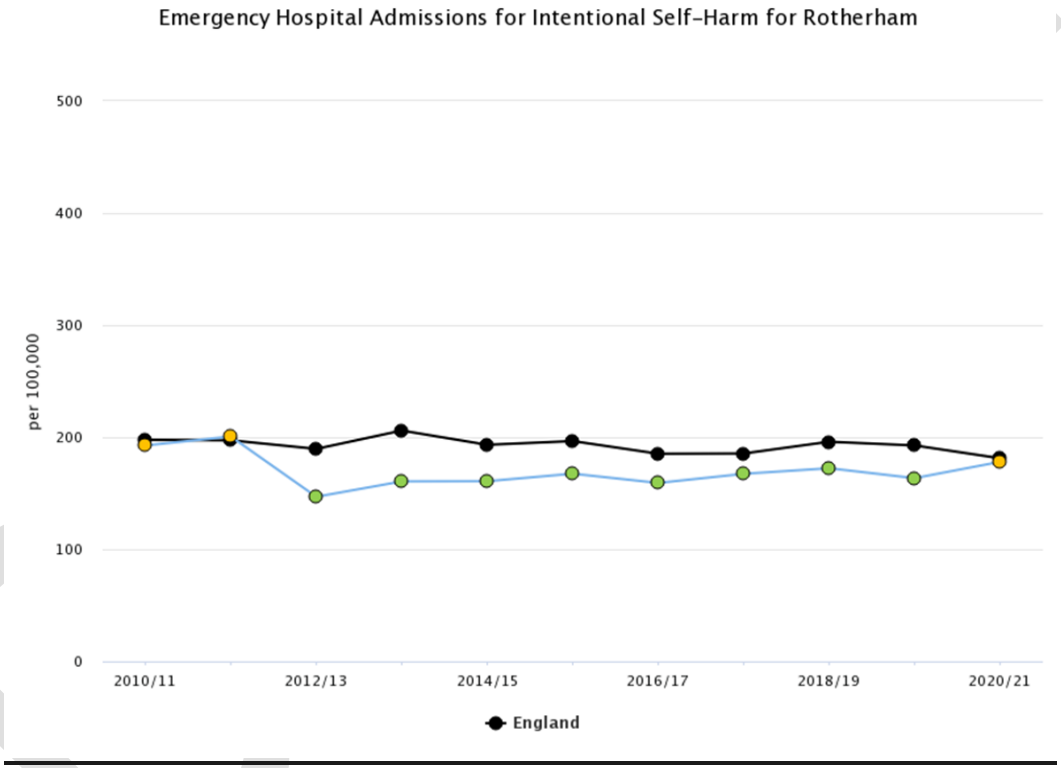
Emergency Hospital Admissions for Intentional Self-Harm **New data** 2020/21

Directly standardised rate - per 100,000

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

Self-Harm- local picture

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



Achievements in the 2019-2021 action plan

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

Helpful resources on suicide prevention

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

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

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

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

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

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

Support After Suicide Partnership, Help is at Hand

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

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

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

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
1.1 To have a whole system approach to suicide prevention within acute and community mental health services.	To implement Rotherham Doncaster and South Humber NHS Foundation Trust KEEPING SAFE KEEPING WELL Suicide Prevention Action Plan 2019 – 2021 This action plan is being updated and the plan will continue to be implemented.	RDaSH	Action Plan will be reviewed annually through the Mortality Surveillance Group chaired by the Executive Medical Director.	**A reduction in the number of suicides amongst people receiving mental health support:** • Plan focusses on zero suicide for inpatients. • Part of a Place based ambition to of a 10% reduction.	RDASH are mapping themselves against the 10 Steps to Improve safety. An update against the 10 steps was presented to the Trust Quality Committee in May 2023. as part of the Annual Mortality report National confidential inquiry suicide and homicide (NCISH) Toolkit – Baseline Assessment was completed in June 2022 and is currently being updated. This will be presented at

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					the Mortality Surveillance group meeting in July 2023 There have been no in patient suicides in Rotherham mental health services during 2022/23
1.2 Staff across the health, SYP, VCS and social care system are equipped to identify and support people at risk of suicide.	1.2.1 Promotion of the Place prompt sheet to enable staff to deal with suicidal ideation. 1.2.2 Promotion and adoption of the Zero Suicide Alliance Training. 1.2.3 Promotion of RotherHive to health and social care- utilising the briefing pack. 1.2.4 Training programme for suicide	1.2.1. & 1.2.2 PHS, RMBC & RCCG/Place Comms and Engagement Leads working with Place leads. 1.2.4 PHS & Learning and Development, RMBC. 1.2.5 PHS, MH Lead Safer Neighbourhood Service	Prompt sheet launched March 2022. Zero Suicide Alliance Training promoted via prompt sheet and through Be the One from April 2022. Briefing sessions for health and social care staff on RotherHive March 2022 onwards. Training programme launched April/May 2022.	**A reduction in the number of suicides amongst people receiving mental health support:** Number of staff trained across the sectors. Staff feeling more confident and knowledgeable. Increasing number of visits to local websites	1.2.1 Place Prompt sheet has been promoted at Safeguarding training sessions, and specific training like sessions for Adult Care staff in March. 1.2.2 Zero Suicide Alliance training has been promoted to staff via newsletters, through

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	prevention and self-harm promoted during 2022 with a focus on VCS and primary care 1.2.5 Suicide Awareness session for SYP Sergeants and Inspectors		SYP training delivered July 2022.	Be the One and RotherHive website.	Safeguarding Awareness week, Making Every Contact Count training. 1.2.3 Suicide Awareness sessions for Adult Care staff (March 2023) which included promotion of RotherHive and other wider support offers. Suicide prevention in Rotherham (RDASH staff, January 2023) 1.2.4 309 frontline staff and volunteers across Place have attended suicide prevention, self-harm and mental

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					health awareness training in 22/23. PLTC for primary care on suicide prevention, delivered in March 2023. 1.2.5 The wider partnership training is offered to SYP and places taken. We are exploring options for bespoke training to tie in with postvention support offers.

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

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
2.1 To provide support and early intervention to children and young people bereaved by suicide.	2.1.1 To review with Partner organisations, the Child Bereavement pathway, brief all organisations and upload onto Tri-x. 2.1.2 To review offer of support to schools following a death by suicide of a parent/carer. 2.1.3 To rollout training to CYPS practitioners working across the partnership re supporting children, young people and families bereaved by suicide. 2.1.4 To address the recommendations at Place from work conducted by Chilypep on a coproduced toolkit to support CYP and families bereaved by suicide and guide organisations to provide appropriate postvention support.	2.1.1 PHS working with partners from RMBC C&YP services, SY Police and CAMHS. 2.1.2 The review will incorporate any feedback from families where this is available. 2.1.2 Review of offer to schools will be led by Educational Psychology and PH. 2.1.3 EPS to promote & deliver a suicide bereavement course for CYPS	2.1.1 Review due October 2022 2.1.2 Review of Critical Incident information to schools and bereavement toolkit- Sept 2022. 2.1.3 Training 2.1.4 ICS CYP coproduced toolkit- key findings to be presented at Place and toolkit launched May-June 2022. Discussion at Place re recommendations to take forwards, June 2022.	**Children bereaved or affected by suicide receiving appropriate support:** Pathway renewed. Organisations to cascade updated pathway to their staff. Updated pathway on Tri-x. Critical Incident information to schools reviewed and updated. Positive feedback from Children,	**2.1.1** May 2023 initial meeting with Partners to look at changes. Further meeting with a Task and Finish group to amend the document before it considered by the RSCP Learning and Improvement subgroup. **2.1.2** The Critical Incident sheet is currently under review and will then be sent to all

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
		practitioners working across partner organisations. 2.1.4 PHS Lead working with SY colleagues and ICS Comms and Engagement to oversee the work by Chilypep through the ICS Suicide Bereavement Group.		young people and families. Evidence of CYPS practitioners across partner organisations attending training and measured improvements in knowledge and confidence. ICS CYPS Toolkit launched, practitioners understand their role in supporting children, young people and families bereaved by suicide.	schools this summer term. **2.1.3** Educational Psychology ran a session for schools through the Wellbeing Network Rotherham meeting on 23rd March. **2.1.4** Walk with Us resource has been distributed to all schools in Rotherham, to Early Help and VCS. 2 training sessions were provided by Suicide Bereavement UK to

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					practioners in Rotherham' 'Talking to children about suicide.'
2.2 To ensure that timely, coordinated and appropriate support is provided to adults bereaved and affected by suicide.	2.2.1 To continue to work with PH Leads and Commissioning Leads (RCCG) to provide a suicide listening service for adults living in SY and/or registered with a GP in SY. 2.2.2 To promote Amparo across Place organisations with a particular focus on funeral directors, libraries and Registrars. 2.2.3 To launch and promote a Survivors of Bereavement by Suicide Group (SOBS) in Rotherham.	2.2.1 PHS Lead & RCCG working with SYP and PH Leads across SY. Working with suicide prevention colleagues from across the ICS.	2.2.1 Bimonthly contract and performance meetings held between RCCG, PH Leads and the Provider. 2.2.1 Monthly reviews reported to Strategic Suicide Prevention and the MH & LD Transformation Groups. 2.2.2 Information circulated to Place Partners with a focus on key stakeholder groups by February 2022. 2.2.2 Group launched Jan 2022.	**Adults bereaved or affected by suicide receiving appropriate support:** Current provision reviewed on a regular basis and changes made where necessary. Positive feedback from people receiving support. SOBS peer group launched and families from Rotherham signposted to support.	**2.2.1** Amparo commissioned until 2024, Senior Contract and Service Improvement Officer ICB Rotherham and ICB PH SY Leads hold quarterly meetings with Amparo to discuss performance. **2.2.2** Amparo Zoom sessions promoted to all SP & SH Group members to cascade

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			Promotion of group through channels of communication across Place.	Reports of uptake to Strategic Suicide Prevention and the MH & LD Transformation Groups.	round organisations. Amparo information shared with Senior Registrar and then shared with funeral directors. **2.2.3** Rotherham SOBS group launched, and numbers are increasing each month. SPBS groups have been promoted in suicide prevention training.
2.3 Frontline staff in contact with families able to offer support and signposting.	Equip frontline staff to be able to offer appropriate support to families they have contact with: 2.2.1 Use briefing sessions/newsletters/ internal training, Protected Learning Time Events/ Safeguarding Awareness	Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisation.	2.2.1 Scoping completed re opportunities to promote these services throughout the year by March 2022.	**Adults bereaved or affected by suicide receiving appropriate support:**	2.2.1 Amparo produced an eight minute awareness training video which was

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	workshops to promote Amparo and the importance of supporting people after suicide. 2.2.2 To work with the Provider to ensure that regular Zoom workshops raising awareness of the service, are available on a regular basis for frontline staff are available. 2.2.3 To promote Amparo and SOBS peer support groups on Place websites, Be the One, RotherHive. 2.2.4 Promote the Help is at Hand guide to all services so that workers can distribute this to families: https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/	Working with Communication Leads from: RCCG, TFRT, RMBC, RDaSH, SYP Working with Amparo and SOBS.	2.2.1 Services promoted throughout the year at various workshops and training events. 2.2.2 Work with Provider at bimonthly contract and performance meetings Feb 2022. 2.2.3 Comms and Engagement Leads to provide reassurance that services are promoted on	Staff distributing the Help is at Hand guide. Staff aware of the Amparo service and SOBS peer support group and know how and when to refer people into this service.	shown at the PLTC training in March. Amparo promoted during Safeguarding Awareness week in November 2022. 2.2.2 Amparo awareness sessions held on zoom, have been promoted with staff across Place. The latest quarterly (Jan-March) report shows a good uptake from Rotherham staff (71% of attendees

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					were from Rotherham). 2.2.2 Working with the Provider to look at opportunities for face to face awareness sessions. 2.2.3 Amparo promoted on Be the One and RotherHive. Need to promote SOBS groups on both sites. Suicide Prevention support is promoted on Hub of Hope: Mental Health Support Network

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					provided by Chasing the Stigma | Hub of hope 2.2.4 Help is at Hand is promoted in training sessions.

Aim 3. People who self-harm

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.1 Increasing people's knowledge, skills and changing attitudes towards people who self-harm.	To roll out a series of awareness raising courses for parents/carers and frontline staff on self-harm awareness	L&D and PHS RMBC working with Trainers from partner organisations (RDASH, Early Help & Housing RMBC, VCS)	Programme of training from April 2022	**To reduce self-harm in within the community amongst children, young people and adults:** Qualitative and quantitative evaluations showing an improvement in knowledge and confidence of parents/carers and frontline staff.	Rotherham has 4 active self-harm trainers (Trained by Harmless) who deliver training sessions to staff and parents/carers
3.2 NICE (National Institute for Health and Care Excellence) guidance	3.2.1 To hold local workshops to promote the refreshed NICE guidance expected June 2022. 3.2.2 Services to benchmark against new NICE guidance. 3.2.3 Rotherham's response to the NICE guidance in the form	PHS Lead, MH Adult Commissioning Lead, RCCG, Members of the Strategic Suicide Prevention Group	Workshops held July 2022. Benchmarking completed September 2022. Production of new pathways/ guidance/action	**To reduce self-harm in within the community amongst children, young people and adults:** Staff across the system informed of	No progress to date this action. Focus group to revisit and explore future actions for self-harm work across the life course.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	new pathways/local guidance/action plans		plans in response to this- October 2022.	the new NICE guidance. Individual services reflecting and making changes in line with new NICE guidance.	
3.2 To promote protective factors for children and young people.	To explore opportunities to introduce trauma-based work in schools so that they become trauma informed and mentally healthy places for all. To encourage schools to adopt the whole school approach, particularly Trailblazer schools.	RMBC C&YPS working with schools. RDaSH CAMHS RDaSH Trauma and Resilience Service.		**Taking appropriate training for schools, communities and organisations**	3.2.1 Up to two staff so far from the following settings have been on TISUK's 11-day diploma course courtesy of the Virtual School: 10 primary 11 secondary 5 post-16/AP 5 special school. Staff trained will endeavour to cascade this knowledge and use trauma-informed approaches in their setting. The EPS will provide ongoing

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					support and supervision to these practitioners. 3.2.2 WMiM have employed Rachel Evans as a Whole School Approach Coordinator
3.3 To increase awareness amongst people living and working in Rotherham of the importance of having good mental health.	3.3.1 Promotion of Rotherham Five Ways to Wellbeing Campaign www.rotherham.gov.uk/health and RotherHive and in particular the Wellness Hive https://rotherhive.co.uk/wellness-hive/ to the general public through social media. 3.3.2 Referencing local campaigns and resources in prevention and early intervention and recovery pathways.	3.3.1 Comms and Engagement Leads 3.3.2 All partners of the Health and Wellbeing Board: RMBC, RCCG. TRFT, RDaSH, SYP and voluntary sector.	Ongoing but activity reported to SP & SH Group, Better Mental Health for All Group and MH & LD Transformation Group.	**Improved emotional resilience amongst people living and working in Rotherham:** A range of initiatives across the borough. Partners evidencing their actions on the activity record sheet. Evidence of pathways referring to early intervention and prevention,	3.3.1 Campaigns promoted through training. New sections have been added to RotherHive for example pain management. Five Ways to Wellbeing promoted through Making Every Contact Count training

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				evidence-based self-care and helpful local resources. Case studies illustrating impact campaign is having. Evidence of campaign message being delivered to health and social care staff.	3.3.2 Campaigns referenced in mental health pathway work

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

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

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	prevention in primary care 4.1.4 To use real time data to inform local action plans, commissioning intentions and pathways on issues like: domestic abuse, drug and alcohol services and preventative work, debt and money management. 4.1.5 To continue to work with the Lead Coroner and Officers to audit suicides from 2020 using the same audit tool to assess any impact the pandemic may be having.	MH & LD Transformation Group 4.1.5 PHS working with RCCG and MH Lead within Primary Care to update Top Tips.	4.1.5 Top Tips for Suicide Prevention updated September 2022.		4.1.4 GP Top Tips is due a refresh and this will incorporate audit findings. 4.1.4 Learning event held in March 2023, with Domestic and Sexual Abuse Priority Group. actions for support offered to alleged perpetrators. 4.1.5 SY Audit completed and shared with Partners.
4.2 To equip people living and working to Rotherham to understand	4.2.1 Continue to build on the success of the Be the One Campaign developing a year comms and	PHS, RMBC and RCCG/Place Comms Lead working with Place Comms and Engagement Group	Quarterly updates to Suicide Prevention and & SH Group and the MH & LD	**A reduction in suicides amongst high risk groups:**	Be the One relaunch in September 2022. Since that period there have been

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
how to identify and support someone at risk of suicide.	engagement plan with a particular focus on: 4.2.2 Promoting the Zero Suicide Alliance Training to the general public 4.2.3 Promoting the Stay Alive App 4.2.4 Promotion of the grassroots support to help people at risk of suicide.	and local venues like libraries.	Transformation Group.	An increase in people understands of how to identify and support someone at risk of suicide. Promotion and uptake of Zero Suicide Alliance online training.	communication posts through social media. Plans to build on this campaign throughout the year are yet to be actioned. 4.2.2 6 Zero Suicide Alliance training sessions held in libraries across Rotherham from November to May. 4.4.4 Local groups encouraged to enter contact details and information onto the Hub of Hope.
4.3 to provide support for those who have attempted suicide	Pilot a service to support those who have attempted suicide prevention service	RMBC Commissioning, PHS, RCCG MH Lead Commissioner and people with lived experience	Pilot to commence Summer 2022.	**A reduction in suicides amongst high-risk groups:** Building emotional resilience and	Procurement for this service resulted in interest but no formal submissions.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				increasing people's coping skills.	
4.4 To work towards a more restorative practice	To develop a just and learning culture in our organisations and move away from punitive/retribution dynamics when things go wrong	All partner organisations represented on the Strategic Suicide Prevention Group	Ongoing	**A reduction in suicides amongst high risk groups:** Impact of HR processes on employee's wellbeing is considered more carefully.	Learning events held: RMBC, RDASH. Amparo service utilised for supporting staff.
4.5 For partners of the H&WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.	4.5.1 All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide. 4.5.2 Promotion of Amparo Service to staff through staff briefings and Zoom workshops.	4.5.1 Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, RCCG, RDaSH, TRFT) 4.5.2 OD/HR within Health and Wellbeing Partner organisations	Evidence of policies/procedures in place by December 2022.	**A reduction in suicides amongst high-risk groups:** Sharing of good practice across partner organisations. Evidence of written policies/procedures. Evidence of briefing information given out to managers and staff on availability of support.	4.5.1 RMBC has produced guidance for Managers on supporting staff affected and bereaved by suicide. This has been shared with Partner organisations. 4.5.2 Amparo sessions have been promoted in various team meetings across Place and at events like

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					Safeguarding Awareness week in November 2022.

Glossary

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

Progress Summary

Date of meeting	Actions Outstanding	Lead	Actioned By

Rotherham Suicide Prevention and Self-Harm Action Plan 2022

Date of meeting	Actions Outstanding	Lead	Actioned By

Grey	Not due to start
Red	Not on target
Amber	Almost achieving target
Green	Achieving Target On track

Blue	Complete

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BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	28th June 2023
	LEAD OFFICER	Ruth Fletcher-Brown Public Health Specialist, ACH & PH 01709 255867 Kelsey Broomhead Public Health Practitioner (Apprentice), ACH & PH
	TITLE:	Prevention Concordat

Background

1.1 Background to the concordat
The Concord was launched by Public Health England in 2017 (now Office of Health Improvement and Disparities, OHID) and refreshed in December 2020. It is supported by the Association of Directors of Public Health, the Local Government Association, the Centre for Mental Health, the Mental Health Foundation, the What Works Centre for Wellbeing and the NIHR School of Public Mental Health Research. The Prevention Concordat draws on the evidence base including of cost effectiveness for public mental health interventions. It features in NHS Long term plan and Prevention Green Paper, Advancing our Health, Prevention in the 2020s.

1.2 The Prevention Concordat focuses on upstream interventions and the wider determinants of health. It is a whole population approach and includes those at greater risk. It supports joint cross-sectoral action locally, including those with lived experience and the wider community. It encourages collaborative working to address local needs and identify local assets and it is about building the capacity of the local workforce to prevent mental ill health.

1.3 The Prevention Concordat welcomes Health and Wellbeing Boards and Integrated Care Systems, as anchor institutions to become signatories. Becoming a signatory was also a condition of the Better Mental Health Find expression form.

1.4 The Benefits of being a signatory are:

- having a focus on prevention
- committing to an annual prevention and promotion action plan
- being part of a growing community of practice -webinars, updates, case studies
- linking local stakeholders on the prevention agenda
- linking to national professional academic and voluntary sector expertise in mental health.

Key Issues

2.1 The draft application form was completed with support from the Better Mental Health for All Group, which represents partners of the Health and Wellbeing Board. This group met over a couple of months to consider each of the domain areas and provide evidence of activity across the partnership. The domains are as followed:

- Understanding local needs and assets
- Working together
- Taking action on the prevention/promotion of mental health

	• Taking action to reduce mental health inequalities • Defining success/measuring outcomes • Leadership and Direction
2.2	At the beginning of the process support was provided from the Health and Wellbeing Programme Manager for Public Mental Health (OHID, Yorkshire & the Humber).
2.3	The application form once approved by the Health and Wellbeing Board will be assessed by a national panel who will give feedback. If successful, the Board will receive signatory certificate and social media promotion.
2.4	The OHID national PMH team will provide follow-up after 12 months and ongoing support will be available from OHID regional lead. Applicant areas are invited to give a short presentation providing context about the place and population and the focus of their action plan, this is an opportunity to highlight application strengths and existing good practice. The outcome and feedback will be provided approximately one week after the panel session.
Key Actions and Relevant Timelines	
3.1	Draft application form to Health and Wellbeing Board for sign off (June 2023).
3.2	Application submitted to Office of Health Improvement and Disparities (OHID). (application deadline 24th August).
3.3	Regional panel meeting 20th September 2023.
Implications for Health Inequalities	
4.1	The application form asks for specific examples as evidence of completed or proposed to address inequalities.
Recommendations	
5.1	HWB to approve the draft application form.
5.2	Chair and DPH to attend Regional Panel meeting.
5.3	HWB to commit to an annual prevention and promotion action plan.
5.4	HWB to receive annual update.

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Prevention Concordat for Better Mental Health: Commitment level

Information required from signatories to the Consensus Statement

We are delighted that you are interested in becoming a signatory to the Prevention Concordat for Better Mental Health Consensus Statement. You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.

The Prevention Concordat Commitment level registration process

Step 1. Complete a first draft of your Prevention Concordat Commitment action plan using the template below and send it to publicmentalhealth@phe.gov.uk.

(Attach any supporting documents that you may want to share)

Step 2. Your PHE regional lead will contact you to arrange an informal conversation and give feedback on your proposed plan.

Step 3. Make any changes to your action plan based on feedback.

Step 4: Once your application is complete you will need to obtain the signature of your most senior leader or Chief Executive Officer for formal approval of your plan.

Step 5. E-mail your final submission to publicmentalhealth@phe.gov.uk

Step 6. The national Public Mental Health team will review your application and will be in touch with the result within 2-4 weeks of the submission date.

Step 7: Following this, the national team will dispatch a certificate to the lead contact for your organisation.

Step 8: The national team will follow up progress after 12 months. New aspects of the programme to provide support and progression for existing signatories will be developed in 2021.

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Section 1 - Registration form

Please note: If you are signing up on behalf of a partnership, e.g. health and wellbeing board, integrated care system, sustainability and transformation partnership or another type of partnership, please provide name, email, telephone number and job title of all the lead officers. Add additional columns as needed.

Lead contact name	Councillor David Roche Chair of the Health and Wellbeing Board Ben Anderson, Director of Public Health, RMBC
Lead contact details	Email: cllrdavid.roche@rotherham.gov.uk ben.anderson@rotherham.gov.uk ruth.Fletcher-Brown@rotherham.gov.uk
Job title of lead officer	Ruth Fletcher-Brown Public Health Specialist, RMBC
Name of organisation / partnership.	Rotherham Health and Wellbeing Board
Local authority/region	Rotherham Metropolitan Borough Council (RMBC)
Post code	S60 1AE
Weblink	
Twitter handle	
Organisation or Partnership	Health and Wellbeing Board
Please tell us more about your organisation's work (no more than 150 words) Health and Wellbeing Strategy 2022-25	The Health and Wellbeing Board brings together local leaders and decision-makers, to work together to improve the health and wellbeing of Rotherham people and identify priorities and needs within our system, through:

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	• Overseeing and driving the implementation of the Health and Wellbeing Strategy, 2018-2025. • Leading action to reduce health inequalities in Rotherham and tackle the wider determinants of health to ensure the health of our most vulnerable communities is improving the fastest. • Setting the strategic direction for the Place Board and Place Plan. The four aims outlined within the Health and Wellbeing Strategy 2018-25 are 1. All children get the best start in life and go on to achieve their potential 2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life 3. All Rotherham people live well for longer 4. All Rotherham people live in safe and resilient communities.
Please list any partners you are working with	**Please give a lead contact name and email for each member of the partnership**
Chair of Board, Cabinet Member for Adult Social Care and Health	Cllr Roche (cllrdavid.roche@rotherham.gov.uk)
Vice Chair of Board, Medical Director for Rotherham Place (NHS South Yorkshire)	Dr. Jason Page (jason.page1@nhs.net)
Rotherham Metropolitan Borough Council (RMBC)	
• Director of Public Health	Ben Anderson (ben.anderson@rotherham.gov.uk)
• Strategic Director of Adults, Housing & Public Health	Ian Spicer (ian.spicer@rotherham.gov.uk)
• Chief Executive	Sharon Kemp (sharon.kemp@rotherham.gov.uk)
• Director of Children Services	Nicola Curley (nicola.curley@rotherham.gov.uk)

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• Cabinet Member with responsibility for Children's Services	Cllr Victoria Cusworth (victoria.cusworth@rotherham.gov.uk)
Voluntary Action Rotherham (VAR)	Shafiq Hussain (shafiq.hussain@varotherham.org.uk)
South Yorkshire Police	Laura Koscikiewicz (laura.koscikiewicz@southyorkshire.police.uk)
The Rotherham NHS Foundation Trust (TRFT)	Richard Jenkins (Richard.jenkins8@nhs.net)
NHS South Yorkshire (ICB) Rotherham Place Director	Chris Edwards (Christopher.edwards7@nhs.net)
GP representative	Neil Thorman (neil.thorman@gmail.com)
Health Watch Rotherham	Eldho Rajan (eldho.rajan@healthwatchrotherham.org.uk)
Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)	Toby Lewis (tobylewis@nhs.net)

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Section 2 – Action Plan

The Prevention Concordat for Better Mental Health is based on the five-domain framework for local action. Please describe what you are planning to commit to in the **next 12 months** for your organisation/area using the form below. Please take into account the mental health impacts of COVID-19 when completing this action plan.

(See the question prompts to support completion of this section).

Background Population – Rotherham Data Hub director-of-public-health-annual-report-2022 (rotherham.gov.uk)	Rotherham borough covers an area of 110 square miles and has a population of 264,984. Around half of the borough's population lives in the Rotherham urban area (including Rawmarsh and Wickersley), in the central part of the borough. Most of the rest live in many outlying small towns, villages, and rural areas. Rotherham is a diverse borough with a mixture of people, cultures, and communities. There are densely populated multi-ethnic inner urban areas, large council-built housing estates, leafy private residential suburbs, industrial areas, rural villages, and farms. Rotherham is well connected to other areas of the region and country via the M1 and M18, both of which run through the borough, and by the rail network which links to Sheffield, Doncaster, and Leeds. There are five airports within 55 miles of Rotherham, Doncaster (Robin Hood), Manchester, Leeds & Bradford, East Midlands, and Humberside. Pre-industrial Rotherham developed as a small market town serving a rural hinterland. It became a major industrial centre during the Nineteenth Century, built around steel making and coal mining. Rotherham attracted workers from other areas, growing rapidly between 1890 and 1910. In 1951, manufacturing industries employed 33,100 people and 27,600 worked in coal mining and quarrying, a total of 65% of all workers. The last coal mine closed in 2013 and the steel industry has declined to employ just 1,600 workers in 2015. As of May 2021, Rotherham is divided into 25 wards (an increase from 21 wards following the 2018 electoral boundaries review). The Rotherham Local Authority has a resident population of 264,984 (mid-year 2020, ONS). The age profile for Rotherham is similar to that of England as a whole. However, Rotherham has a below average percentage of people aged 18 to 29 as a result of students leaving Rotherham to study elsewhere and young adults leaving the area for work. The high proportion of residents aged 45-59 is largely a reflection of high birth rates in the 1960s. 19.8% of the Rotherham population are aged 65 and above which has implications for health and care services. **Key Statistics** • In 2019, Rotherham was ranked 44th most deprived authority in England, making the borough amongst the 14% most deprived local authority areas in England. • In terms of deprivation, the Department for Communities and Local Government published Index of Multiple Deprivation indicates that 22% (36 LSOAs) of Rotherham are in the top 10% most deprived in England.

	• Suicide rates for all persons in Rotherham are statistically higher than the national average 13.2 compared to 10.2 per 100,000 nationally. Males (18.2) have seen a decrease and we are now statistically similar to the England average (15.9). (Y&H 18.8). However females have increased to 8.5 compared to England at 5.2 which is statistically higher (Y&H 6.5) • Before covid, the estimated Rotherham prevalence for common mental health disorders was high in the over 65 age group (11.6% compared to 10.2% nationally) and 16+ population (18.6% compared to 16.9% nationally).		
Domain	**Proposed Actions**	**Lead**	**Timeframe**
1. Understanding local needs and assets ***Whole Population Needs***	**To Be Actioned** **JSNA** The Rotherham JSNA assesses current and future health and social care needs within the health and wellbeing board area covering the whole population. This includes both physical health and mental health, health protection, and upstream prevention of ill health. The JSNA includes demographics of Rotherham and sub-Rotherham geographies (such as Wards and MSOAs), the needs of people of all ages, and how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services. In addition, it includes wider social, environmental, and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, and employment. The JSNA is looking to incorporate qualitative data from our communities, which will include case studies from the Better Mental Health Project.	Lorna Quinn (Public Health Intelligence Manager, RMBC)	Refreshed April/May 2023.To go 'live' by June 2023

	Homepage – Rotherham Data Hub **ASSET Mapping** RMBC Public health intelligence and adult care commissioning have developed a Rotherham asset map that displays mental health services throughout the borough including primary prevention, dementia cafes, carers support groups, physical activities, and social groups. This is available on the JSNA website (listed above). Pilot will be planned with Social prescribers at VAR. Following feedback from the pilot adjustments will be made and mapping will be available to Partner organisations. **Rotherham Ward Priorities** The Councillors in each of Rotherham's 25 wards have identified a set of priorities which are contained within a ward plan. These are based on ward profiles, which include relevant ward level data such as health. Currently, 9 of those wards specifically mention mental health within their priorities. However, the majority of the wards include other priorities that have an indirect impact on mental wellbeing, such as tackling the cost-of-living crisis, improving community safety, and ensuring access to quality green spaces. These priorities and plans are refreshed annually and published every June. **Mental Health Data Pack** Partners are working collaboratively to pull together a mental health data report which will inform pathway development work and transformation of mental health provision.	Lorna Quinn (Public Health Intelligence Manager, RMBC) Martin Hughes (Neighbourhood Coordinator, RMBC) Lorna Quinn (Public Health Intelligence Manager, RMBC), Ruth Fletcher-Brown working with RDASH, ICB	Pilot to commence in July. Rollout to Partners in September/Oct 2023 May/June 2023 September/ October 2023

		Rotherham and Adult Care, RMBC	
	ICB **YAS data** A piece of analysis has been undertaken with Yorkshire Ambulance Service and Public Health Intelligence, across South Yorkshire. This work covers mental health calls by local area and demographic, final working impressions, contact with other services, outcomes, and use of services. This piece of work is being used to understand where, and how, services could be targeted.	Lorna Quinn (Public Health Intelligence Manager, RMBC) Ruth Fletcher-Brown (Public Health Specialist, RMBC)	YAS report to be shared at Strategic Suicide prevention group in June 2023 and actions to follow
	Real-Time Surveillance Rotherham began looking at suicides in real time in 2016. This system was then replicated across South Yorkshire. The Real Time Surveillance System allows action to be taken immediately to prevent suicide contagion, support all those bereaved and affected and look at methods, areas of concern and risk factors. The real time surveillance data is analysed by demographic (including gender, age, and index of multiple deprivation) and thematic analysis to understand the range, and prevalence, of mental health conditions throughout the borough. This informs Rotherham's Suicide Prevention and Self Harm Action Plan.	Lorna Quinn (Public Health Intelligence Manager, RMBC) & Ruth Fletcher-Brown (Public Health Specialist, RMBC)	Ongoing. Quarterly reports to the Strategic Suicide Prevention Group

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Needs across the life course	**Rotherham Lifestyle Survey** The Rotherham Lifestyle Survey is for students in Y7 and Y10 at secondary school, pupil referral units, and elective home educated students. It covers health and wellbeing in its entirety and has specific sections on mental health and emotional wellbeing. The schools participating in the survey will use the findings from their school's results to develop actions. The redacted report will be available for children and young people's commissioners and providers. **Rotherham Older People Forum/ EngAge Rotherham** This forum focuses on the older generation's needs by establishing priorities raised within the forum. Topics can range from engagement and collaboration to promote creativity and culture in later life; Ways to Wellbeing in Later Life; Hospital Discharge support; addressing Cost of Living pressures; supporting peer-led Activity Groups; Loneliness Conversations.	Bev Pepperdine (Commissioning, Performance & Quality, RMBC) Iain Cloke (EngAge Rotherham Operations Manager)	Report expected June/July 2023. Shared with SEMH Strategy Group Ongoing – Meet monthly and programme is being planned for the year ahead (2024)
Determinants of Mental Health	**JSNA** The JSNA includes wider social, environmental, and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances and employment. The JSNA is updated on a quarterly basis where new data is available and will have a full refresh of all data on a yearly basis. Updates are shared with commissioners and providers. Training on use of the Rotherham Hub is an annual offer to all Partner organisations. Mental Wellbeing – Rotherham Data Hub	Lorna Quinn (Public Health Intelligence Manager, RMBC) & Ruth Fletcher-Brown (Public Health Specialist, RMBC)	Refreshed April/May 2023, then annually. Training offered annually including VCS colleagues and Elected Members.

Inequalities including community engagement	**Place Development Programme- now Population Health Management (PHM)** Rotherham Place partners participated in the national NHSE funded place development programme and undertook significant analytical work. The findings of this work included that there is a need to focus on multimorbidity, and that there is a high prevalence of multimorbidity including mental health conditions, such as depression and anxiety. This is already feeding into existing work programmes and services. A Population Health Management Group is being set up to look at how we can take a more person-centred approach to supporting people with LTCs which is holistic and includes mental health. **Impacts of COVID report** This report reviews the impact of the previous three years on mental health services including IAPT (Talking therapies), Community Mental Health Transformation team, and children and young people's mental health services. The analysis reviews the impact of the last three years by demographic data including age, sex, ethnicity, and deprivation decile, for referrals, waiting times, outcomes, and did not attend/was not brought rates. This research also included a series of engagement sessions with local community groups. A targeted approach was taken to try and understand the impacts within different communities, including ethnic minority communities, carers, people with SEND and neurodiversity, older people, and younger people. The lasting impacts of the pandemic on mental health was raised within many sessions, such as higher levels of anxiety and lower feelings of self-confidence. The report will go to the Health and Wellbeing Board in June and will include recommendations about how to address the lasting impacts of the pandemic.	Rebecca Woolley (Public Health Specialist, RMBC) / Alex Henderson -Dunk (Head of Intelligence – Rotherham ICB) Lorna Quinn (Public Health Intelligence Manager, RMBC) / Rebecca Woolley (Public Health Specialist, RMBC)	Population Health Management workshop is in June 2023. PHM Steering group meets monthly Report due June 2023. The Director of Public Health report covering the impact of the pandemic will be shared at the HWB and Place Boards in June and July 2023

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	Completed Actions	
	Mental Health & Emotional Wellbeing Impact Assessment COVID-19 During 2020, a Mental Health and Emotional Wellbeing Impact Assessment was conducted to understand the impact COVID was having on Rotherham's residents. This review drew upon national, regional and local data. Qualitative data was included from Partner organisations, reflecting specific needs of vulnerable groups and communities.	Completed in 2021
	COVID19 Survey – Voice of Children & Young People During the 2020 and 2021 colleagues in CYP Services, schools and Public Health sent out a questionnaire to children and young people in Rotherham to understand the impact that the pandemic was having in their mental health and emotional wellbeing. The survey was to inform local planning for mental health and wellbeing support. The survey was administered in June 2020, October 2020 and June 2021. 'You said, we did' The survey findings were shared with Senior Leaders at RMBC, Partners on the Education Recovery Cell and the Social Emotional Mental Health Strategy Group. Individual schools received their own data which informed local action plans within the schools.	Finalised in summer 2021
	Coroners Audit In 2019 Public Health Leads for suicide prevention in South Yorkshire and Bassetlaw worked with Sheffield University to perform an audit of suicides from 2018 and 2019 for the purposes of identifying the demographics, factors and circumstances round the death, producing a final report for the ICB Suicide Prevention Group. This report is used to inform suicide prevention actions at Place and across ICB South Yorkshire.	Completed in 2021 (report produced)

	Children, Young People and Families The Children, Young People and Families Consortium have developed a map on a page detailing the services offered by a coordinated platform of around 30 VCS organisations available via www.cypfconsortium.org.uk	Completed in 2021 (refreshed on an ongoing basis)	
Domain	**Proposed Actions**	**Lead**	**Timeframe**
2. Working together	The Rotherham Health and Wellbeing Board is a multi-agency board of equal partners, who are working together to improve the health of local people. The role of the Health and Wellbeing Board is to support and encourage effective partnership working, share good practice, understand, and build on local assets, as well as taking action where needed to remove blockages, identify gaps and hold organisations to account for delivery. The Board has agreed a refreshed strategy in September 2022, covering four strategic aims. The four aims are: 1. All children get the best start in life and go on to achieve their full potential 2. All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life 3. All Rotherham people live well for longer 4. All Rotherham people live in healthy, safe and resilient communities An action plan is in place for each aim, and the board receive updates against the full action plan at each board meeting (7. Health and Wellbeing Strategy Action Plan updates March 2023.pdf), with a detailed presentation on one aim coming to each meeting. While Aim 2 covers mental health, Aim 1 also includes a focus on children's mental health, which includes a variety of initiatives delivered with schools, health and voluntary sector. Aim 4 covers tackling loneliness.	Leonie Wieser (Policy Officer, Assistant Chief Executive Directorate, RMBC)	Ongoing – Regular updates on each aim within the strategy

	The Health and Wellbeing Board feeds into the borough-wide Rotherham Together Partnership, which additionally to the health partners, police and voluntary sector representatives from our board, also includes the Chamber of Commerce. The partnership is committed to enable people to lead healthy lives, focusing on prevention, with 'Improving Mental Health' one of the key priorities (see Rotherham Plan) ▪ Structure and action plans/strategies ▪ MH & LDA Transformation group ▪ Better MH for all group ▪ Prevention and Health Inequalities Enabler Group ▪ Humanitarian & Community Group ▪ Rotherham SEMH Strategy Group ▪ Rotherham SEND employment forum – chaired by Jenny (partners to be determined) first meeting last week ▪ Employment and skill board – RIDO (colleges, universities, MEERS) ▪ Local Integration board – supports the **Working Win project** (not in work and looking for work or in work but need support to maintain – health issues)		
	Better Mental Health for All Group The Partnership Better Mental Health for All Group oversees early intervention and prevention work, including the implementation of the Rotherham Loneliness Action Plan Attendees represent Partner Organisations of the Health and Wellbeing Board: RMBC South Yorkshire NHS ICB Rotherham	Ruth Fletcher-Brown (Public Health Specialist, RMBC)	Meetings happen bi-monthly. Action plans to accompany this application will

	The Rotherham Foundation Hospital Trust Rotherham and Doncaster Foundation NHS Trust South Yorkshire Police Voluntary Action Rotherham Age UK Rotherham Children, Young People, and Families Consortium Rotherham Federation Department of Pensions and Skills This group will ensure implementation of the proposed actions within this application.		be drafted in August 2023.
	VCS Mental Health Network The Mental Health Network is bringing together all groups in the Rotherham area that provide funded services that help people with low level Mental Health issues. These can be constituted groups, charities, CIC's etc. There is currently change ongoing with Community Mental Health Services and the group is a voice to identify any gaps in local areas as well as trying to ensure that the community can access groups relevant to them.	Kathy Wilkinson (Mental Health Provider Network Manager, VAR)	Workshop for network members to be held summer 2023
	Delivery of the Mental Health Pathway Review Place Partners are working together to collectively strengthen the Mental Health pathway, to improve the journey and outcomes for people with mental ill-health. This will be achieved by redesigning the pathway, in partnership, to embed principles and practices that prevent, reduce and delay people's need for care and support. This will include embedding a 24/7 'Making Safe' and reablement model, focussed on community-based recovery. The new model will be developed by December 2023 and implemented from April 2024.	Claire Green, (Programme Manager RMBC) and Natalie Belt, (Head of Change and	The new model will be developed by December 2023 and implemented from April 2024.

		Transformation RDaSH)	
Domain	**Proposed actions**	**Lead**	**Timeframe**
3 (a). Taking action on prevention/promotion of mental health	**Universal and Life Course Interventions** **RotherHive, Wellness, and Working Well** This website, commissioned by ICB Rotherham, provides a range of verified practical mental health and wellbeing information, support, and advice for adults in Rotherham and is a well-used resource by many professionals such as GPs: RotherHive – The wellbeing and mental health resource for Rotherham New sections to be added will include smoking, physical activity, and food. This will increase the awareness of the wider determinants of health and also the effect they can have on your mental health. **Five Ways to Wellbeing** The Five Ways to Wellbeing are a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. This is a Health and Wellbeing Board campaign: Five Ways to Wellbeing – Rotherham Metropolitan Borough Council. This campaign is used throughout the year to highlight national awareness weeks (for example Mental Health Awareness Week in May and World Mental Health Day in October). This campaign aims to reduce the stigma attached to mental health and encourage self-help and early intervention for all.	Kate Tufnell (Head of Adult Mental Health Commissioning, ICB Rotherham and RMBC) Ruth Fletcher-Brown (Public Health Specialist, RMBC) with Comms Leads from RMBC and ICB Rotherham	Ongoing. New sections are set to go live June 2023 Promotion of the campaign through Making Every Contact Count training & comms campaign's throughout the year.

	Be the One: Be the One – Preventing suicide in Rotherham – talk, listen, care (be-the-one.co.uk) Be the One campaign is the Health and Wellbeing Board's suicide prevention campaign and hopes to raise awareness of the importance of talking to others if they are thinking of taking their own life. The campaign was developed with the input from men's groups in Rotherham and launched September 2019. The campaign highlights signs to spot someone is at risk, guides people in how to have conversations and signposts people to local and national support. The latest film was commissioned by Rotherham Council and NHS South Yorkshire to raise awareness of suicide by using personal stories within the community. Zero suicide alliance training, enabling people to feel confident in talking openly about suicide, is promoted via this site. The training has been promoted through libraries across the borough to engage the public with the training. To date, there have been 382 visits to the Zero Suicide Alliance Training site since it was promoted from November 2022.	Ruth Fletcher-Brown (Public Health Specialist, RMBC) & Aidan Melville (Communications and Marketing Manager, RMBC)	Ongoing – Promotional events throughout the year
	Communication and Engagement • Be the One campaign- promotion throughout the year but a specific focus on World Suicide Prevention Day, 10th September 2023 • Mental Health Awareness Week (13-20 May)- promoting partners activities to address anxiety, 2023. • World Mental Health Day (10th October), focus on reducing stigma and enabling people to talk about their mental health, seek help and find ways of looking after their own mental wellbeing. • Further targeted campaigns looking at specific at risk groups are planned for 2023/24	Aidan Melville (Communications and Marketing Manager, RMBC)	Be the One Comms plan finalised in July 2023

	The Great Big Rotherham to do List This was produced following a social media callout to the public during 2020 to ask them what they did to keep happy and healthy during the pandemic. These ideas were then shared within a resource and build on the Five Ways to Wellbeing messages: The Great Big Rotherham To-Do List – Rotherham Metropolitan Borough Council **Targeted and Wider Determinants** **Kooth** Kooth (www.kooth.com) is a British Association for Counselling and Psychotherapy accredited service, providing a free, safe and non-judgemental place for young people to connect with others and know they are not alone. They have instant access to self-help materials, live moderated discussion forums and tools such as online journals and goal trackers. Young people can also contribute written pieces of work reflecting their own experiences, as well as accessing drop-in or booked sessions with professional counsellors from 12pm-10pm weekdays and 6pm-10pm at weekends. Kooth is available to young people in Rotherham, Barnsley and Doncaster across the ages of 11-25 years and young people across Sheffield aged 11-18. **Qwell** Qwell (www.qwell.io) is now available for anyone aged 18+ in Rotherham. The service runs alongside our well established children and young peoples service Kooth.com and similarly is a platform that can be accessed from any internet device 365 days, 24/7.	Communications and Marketing Manager, RMBC / Ruth Fletcher-Brown (Public Health Specialist, RMBC) Laura Bestall (Commissioning Officer, RMBC) Kate Tufnell (Head of Adult Mental Health Commissioning, ICB)	Ongoing promotion of the Great Big Rotherham To Do List Ongoing promotion through training and to all Partner Organisations Launched in December 2022, promoted through training and regular

	As a safe and anonymous mental health and wellbeing online service, users can access Qwell.io free with no waiting lists, no referrals and no thresholds. It is accredited by the British Association for Counselling and Psychotherapy (BACP and delivered by Kooth Digital Health, the UKs largest digital mental health provider. **Listening Ear** Building on the pilot during the pandemic this service provides bereaved people with listening and practical help following the death of a loved one. This service is jointly funded by ICB Rotherham and RMBC. **Cost of Living Summit** RMBC's Public Health team facilitated the Council's first Cost-of-Living Emergency Summit with relevant local partners and stakeholders, including the Food Crisis Partnership to explore how more local help can be provided for those struggling with the cost of living, including extending the use of discretionary payments. The workshop session aimed to capture the thoughts of partners on three themes, the response so far, future needs and next steps to collectively identify what has worked well with the crisis response, challenges and gaps in the system that could be collaboratively filled over the coming months into next winter. **Making Physical Activity Age-Friendly** Rotherham wants to make physical activity attractive and accessible to all ages, therefore activities have been made age-friendly for example adaptations to park runs.	Kate Tufnell (Head of Adult Mental Health Commissioning, ICB) Sally Jenks (Public Health Improvement Principal, RMBC) Chris Siddall (Head of Sport, Leisure, and Strategic	communication to Partner organisations. Promotion of the service is ongoing. Evaluation and future commissioning intentions- March 2024 Report due June 2023 Ongoing

		Partnerships, RMBC)	
	Small grants Voluntary Action Rotherham secured funding from NHS South Yorkshire ICB – Rotherham Place to run a small grants scheme. This was open to all community organisations who wanted to help support positive mental wellbeing. The activity had to target adults who are experiencing poor mental health and who live in Rotherham. There were small and medium MH grants. In the first round 16 groups were funded and in the 2nd 21 groups were funded. There was also funding for Mental Health activities lead by ethnic minority community groups.	Kathy Wilkinson (Mental Health Provider Network Manager, VAR)	Interim Evaluation of small grants end of 2023
	<u>Settings</u>		
	Be Well @ Work The bewell@work award scheme is aimed at all employers across Rotherham and also South Yorkshire to enable them to look after the wellbeing of their staff. There is an element within the scheme around mental health, and the majority of employers who have signed up to the scheme have this as a specific focus. Signposting to resources such as Rotherhive, 5 ways to wellbeing and Be the One are often given to employers.	Colin Ellis (Public Health Practitioner, RMBC)	Ongoing – Training is delivered to employers throughout the year on topics such as mental health awareness.
	Staff wellbeing	Jane Hart (Engagement	Regular events held throughout

	Partners work to promote their wellbeing of staff. Examples from Rotherham Foundation Trust include wellbeing hub for staff, self-care week, Time to Talk day, exercise classes, stress reduction and Wellbeing Champions.	Officer, The Rotherham NHS Foundation Trust	the year. Ongoing
	Make Every Contact Count (MECC) Training Make every contact count (MECC) covers a range of topics from loneliness and social isolation to the cost of living crisis. It is training that helps to raise awareness, motivate & signpost people to better health and well-being. From 01/04/2022 to 31/03/2023: 535 individuals attended MECC training, with the biggest attendance being for the cost of living sessions (436 in 2022/23 and 108 in 23/24)	Phillip Spencer (Public Health Practitioner, RMBC)	Ongoing with a continued push on mental health and loneliness throughout the year (2023/24)
	<u>Partners examples</u> **Smiles for Miles** This two-year joint-consortia project is delivered by members of the Children, Young People and Families Consortium and is aimed at children and young people in Rotherham aged 9 to 19, or up to 25 for young people with special education needs or disabilities. 3 main bases (JADE Youth and Community, Rotherham United Community Sports Trust, and Clifton Learning Partnership) offer open-access youth provision and access to a trusted adult for 1-1 support and signposting to further support. A "basket of support and provision" is also offered by 8 VCS organisations covering a range of fun activities and support based on what children and young people say they "need" or "would like to have a go at".	Ashley Leggott (Strategic Co-ordinator - Children, Young People and Families Consortium, VAR) Iain Cloke (Operations	October 2021 – September 2023. Further work is subject to external funding Ongoing

	Age UK Rotherham 'Ways to wellbeing in later life', providing social opportunities, wellbeing taster sessions and opportunity to increase digital confidence. Also work collaboratively with organisations such as RMBC Public health team around the impacts of covid. This enables themes of concern to be identified and solutions to be create by partnership working.	Manager – Partnerships & Projects, Age UK Rotherham)	
	RotherFed RotherFed have been part of the overall community support programme targeting those most in need in our communities, initially through the Rotherham Heroes campaign and Community Hub, but also through providing support to our network of TARA's and community groups. These are some of the services they offer: Friendship calls, Energy Know How, and Making our money go further support. Good News Stories Archives - Rotherham Federation	Phil Hayes (CEO of Rotherham Federation)	Ongoing
	Alcohol Outreach Group TRFT secured grant money to work with adults to progress back into society from treatment. They currently have 45 patients who have alcohol and mental health needs. They also have received money from the drug grant to have 2 specialist drug nurses joining the team to help with treatment naivety and have needs met – all without any stigma attached	Amanda Marklew (Lead Alcohol Transformation Nurse, The Rotherham Foundation Trust)	Ongoing since July 2022
	Social Prescribing and mental health	Hannah Thornton	Ongoing

	Rotherham has an award winning Social Prescribing programme which includes two schemes providing commissioned services for patients funded through the Integrated Better Care Fund. One service is for people with long term conditions who are referred through their GP and one to help patients under the care of RDaSH with a mental health diagnosis to be supported out of long term statutory mental health services. The mental health scheme receives referrals of around 240 patients per year and refers patients to VCS-funded services, other VCS services, as well as wider local services. Patient wellbeing outcomes are measured using a wellbeing scale recording self-reported changes to indicators, such as feeling positive, managing symptoms, lifestyle, friends and family and work, volunteering, and activities. In addition, Rotherham's network of Social Prescribing Link Workers are hosted in PCNs, throughout the Borough, supporting patients who are ineligible for long-term condition or RDaSH mental health schemes, but would still benefit from non-clinical interventions and wider community-based activity. The link workers receive 1500+ referrals each year, helping patients with a wide range of issues including loneliness and social isolation, benefits & finance, employment, housing and mental wellbeing. The support aims to promote independence and self-confidence, using ONS4 outcome measures to record patient's feelings on life satisfaction, feeling life is worthwhile, happiness and anxiety. **<u>SY ICB</u>** **Walk With Us** A Toolkit for Supporting Children, Young People and Families Affected or Bereaved by Suicide, all 4 Local Authorities and SY NHS ICB commissioned Chiypep a youth empowerment project, coproduced this with children and young people who have been bereaved by suicide. It was supported by Survivors of Bereavement by Suicide (SOBS),	(Director of services at VAR) Ruth Fletcher-Brown (Public Health Specialist, RMBC)	Distribution of toolkit to families ongoing. Exploration of peer support service

	Amparo and SY Yorkshire Police. https://chilypep.org.uk/library-resources/support-for-those-affected-and-bereaved-by-suicide/ **Amparo** Amparo is a suicide liaison service commissioned by all 4 SY Local Authorities. It provides emotional and practical support for all those bereaved ad affected by suicide living and working in SY: South Yorkshire South Yorkshire - Amparo	Ruth Fletcher-Brown (Public Health Specialist, RMBC) & Anne Hazlehurst (Senior Contract and Service Improvement Officer, ICB Rotherham)	September 2023. Funded until 2024. Regular Zoom training sessions for practitioners.
	Completed actions **Making Every Contact Count – Cost of Living** The Cost of Living (COL) crisis created the need to ensure frontline staff and volunteers knew where to go for and an overview of what was available to support our residents. The Council's Money Matters webpages were the central repository for the local offers and support available, MECC training provided an effective way to engage all staff and volunteers on the headlines about support available and putting the MECC principles into practice.	From January to March 2023	
Domain	**Proposed actions**	**Lead**	**Timeframe**
3 (b). Taking action to reduce mental health inequalities	**Prevention and Health Inequalities Group** In April 2022, Rotherham adopted our local Prevention and Health Inequalities Strategy which is overseen by a partnership group. This outlines our approach to addressing the Core20Plus5,	Rebecca Woolley (Public Health	Refresh of action plan is

Prompts ▪ *What steps are you taking to address the social and economic disadvantages that underlie mental health inequalities?* ▪ *What steps are you taking to address discrimination, racism and exclusion faced by particular local communities?* ▪ *How are you addressing mental health stigma?*	which includes delivery of mental health priorities such as the health checks for people with SMIs, the Better Mental Health projects and the community mental health transformation programme. The action plan is currently being refreshed and partners have discussed opportunities to strengthen the position of mental health within the delivery of this strategy. **MH Community Transformation** Partners working in collaboration to ensure that early intervention and prevention is a golden thread throughout this work. (RMBC, Rotherham ICB, VCS and RDASH). **Employment is for everyone** This is a social movement looking to encourage the employment opportunities in South Yorkshire for people with learning disabilities and autistic people. There has been a massive amount of work been done already and a number of employers are engaged with the movement. You will see on the website that supports organisations, employers, and people looking for work are encouraged to use this as a one-stop shop. The website is going to be revamped and updated in the coming weeks so will be more friendly to use and contain more info.	Specialist, RMBC) Ruth Fletcher-Brown (Public Health Specialist, RMBC) and Kate Tufnell (Head of Adult Mental Health Commissioning, ICB) Colin Ellis (Public Health Practitioner, RMBC)	due quarter 2 (Summer 2023) March 2024 Ongoing - July 2023 event to invite unemployed members of the public to engage with organisations/in

			ternships/education/training providers September 2023 training session for employers to be disability confident
	Suicide Prevention action plan The actions within the Rotherham Suicide prevention and Self Harm Action plan are informed by national data from the Office of National Statistics and local intelligence from the real time suicide surveillance system. Actions include raising awareness of suicide and creating environments which are suicide aware. The work of the Suicide Prevention Operational Group is to work with others to act on the wider determinants which impact on mental health, promoting protective factors and reducing risk factors.	Ruth Fletcher-Brown (Public Health Specialist, RMBC)	Plan runs until end of 2023 and will be refreshed in line with the national strategy and real time data December 2023
	Loneliness action plan The Rotherham Loneliness action plan (2023-25) has recently been refreshed and reflects actions to increase connectivity within communities, promoting local assets. Included are actions to address issues like discrimination and hate crime. Making Every Contact Count training (MECC) is used to increase awareness of the impact of loneliness and help practitioners to spot the signs and guide that person towards appropriate support. Campaigns	Ruth Fletcher-Brown (Public Health Specialist, RMBC)	Annual progress reports to the HWB, next update

	like Five Ways to Wellbeing are used to help destigmatise loneliness and enable the wider communities to understand their role in supporting people.		September 2023
	Open Arms (Financial Inclusion Project) The Open Arms Project aims to: ▪ To meet the increased and immediate needs of people entering crisis ▪ To deliver holistic support to individuals that will help prevent people returning to crisis ▪ To develop community infrastructure, frontline services, and emergency food provision in the identified geographical areas. Open Arms aims to do this via a small grants scheme, enabling smaller VCS organisations to deliver positive activities. The positive activities are to serve as engagement activity, with progression into financial inclusion built in. These are a short-term solution to support people through the immediate needs of the Cost-of-Living crisis. The activity will engage those who need it in the short-term but open up further avenues of support to address their needs, generating incremental long-term benefits. There is also a community development arm which is a longer-term approach to help prevent people from returning to crisis. This will be a partnership approach involving key VCS organisations such as VAR, RotherFed, Citizens Advice, LASER credit union, and RMBC's financial inclusion and employment support teams. As part of the proposal, 20 local volunteers will receive community leadership training, equipping them to act as a bridge between communities and organisations, ensuring continuity of provision and helping to build resilience and self-reliance. Open Arms - Community Support Hubs - Rotherham Federation	David Plumtree (Director of Services Infrastructure) VAR)	Launched March 2023. The engagement warm welcomes end June 2023 and Community Development Strand ends in January 2024. Internal evaluation to be completed at the end of the funding.
	Compassionate approach Rotherham's Health and Wellbeing Board endorsed a new 'compassionate approach to weight' in January 2023. This approach means being more holistic and person-centred when delivering interventions relating to weight, food and physical activity. This means that mental	Sue Turner (Public Health Specialist, RMBC) /	

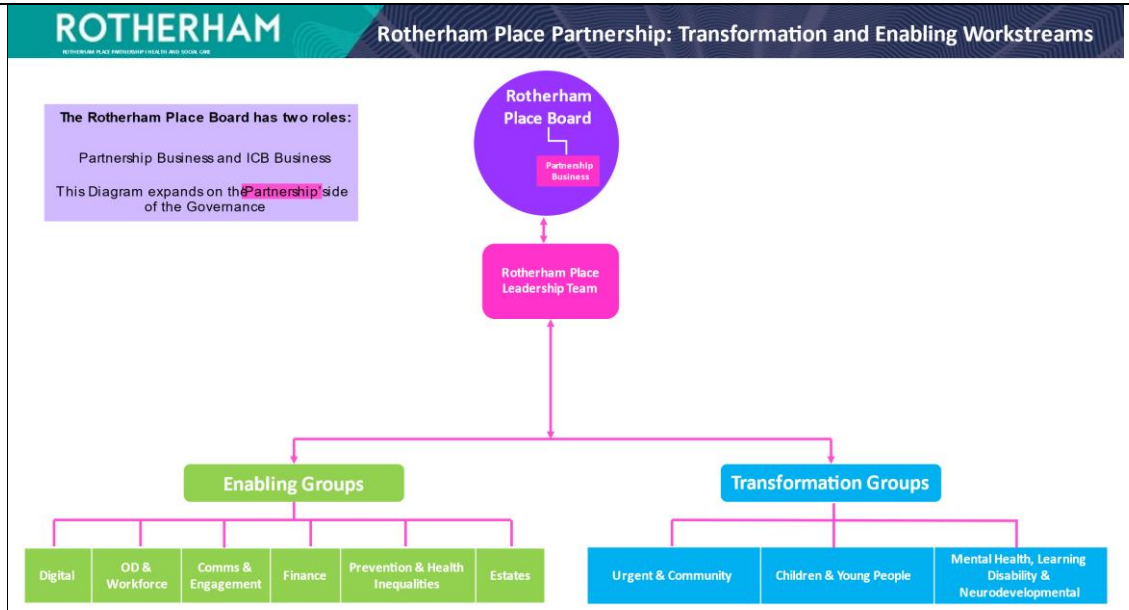
	health and wellbeing is now a golden thread in the work we're doing around weight and we are also exploring opportunities to tackle weight stigma, which has a detrimental impact on body image and mental health.	Rebecca Woolley (Public Health Specialist, RMBC)	Ongoing – Signed off in January 2023
	Completed **Better Mental Health Projects** This was funded through the Department of Health and Social Care (DHSC) Mental Health Fund in response to the impact of the COVID 19 pandemic on mental health. The three projects were Team around the School, Workplace Mental Health, and the Befriending Project. All three projects delivered activity from September 2021 to May 2022. There were challenges delivering all three projects during the different stages of the pandemic. However, all three projects have reached some of the most vulnerable and at-risk groups within the borough and the case studies provided by the Befriending and Team around the School project evidence the impact which has been made on individual lives. In addition, new partnerships have been created and lessons learnt for future developments. **BAME HEP (Health Equalities Partnership)** A small amount of funding was made available to link Health inequalities in the BAME community with a view to increasing social prescribing provision. 6 BAME groups received this funding, providing services that the Link Workers can refer into. Voluntary Action Rotherham are continuing to work with BAME groups to further build capacity in the community and to identify groups who can develop and offer their services which can be referred into. This will	July 2021 – May 2022 Completed December 2022	

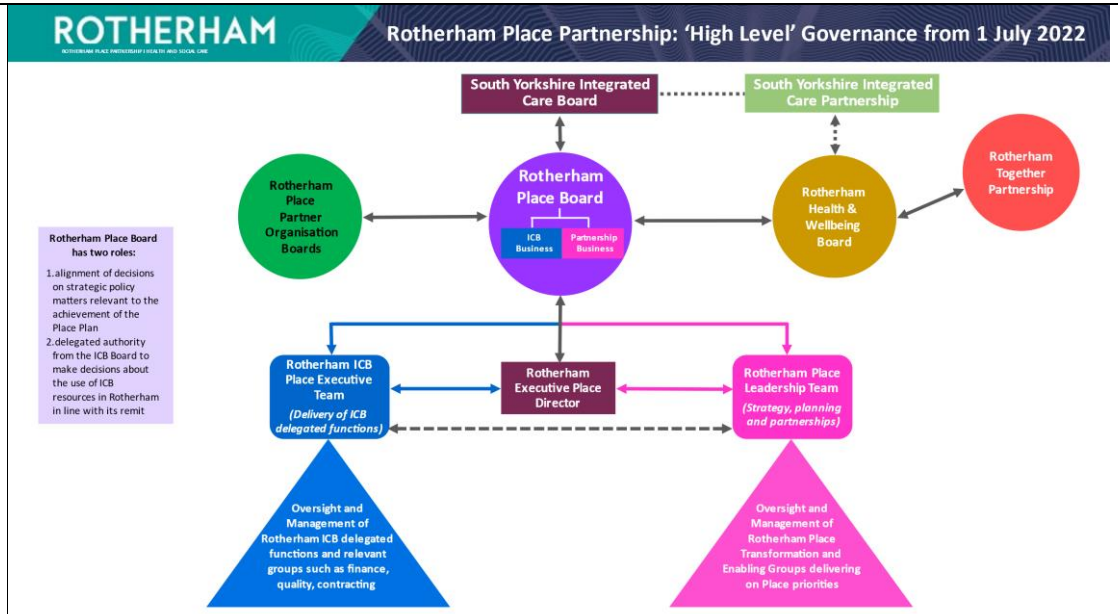
	continue to encourage members of the BAME community to access support as research shows they are the least likely to access a GP service if they are suffering with their mental health.		
Domain	**Proposed actions**	**Lead**	**Timeframe**
4. Defining success/measuring outcomes **Prompts** ▪ *What is the impact you are looking to measure?* ▪ *What are your agreed outcomes?* ▪ *How will you measure and monitor them?* ▪ *Do you have effective monitoring plans in place with regular reporting?*	**JSNA guide for measuring mental health** Look to develop a best practice sheet of how best to measure projects in the format of a pros and cons list. This will be made available on the JSNA platform for all organisations. The Rotherham JSNA covers the Public Health Outcomes Framework, and the Mental Health and Wellbeing data provided by OHID. The data is updated on a yearly basis and the outcomes monitored over time. Due to the delayed reporting of public data on this platform, we would expect to see changes in these measure in the longer-term, but local projects will be measured using best practice guides and reported on through the JSNA. Indicators that we monitor include: - Self-reported wellbeing (satisfaction, anxiety, happiness and worthwhile) - Mental health prevalence (common mental health disorders, anxiety, and depression) Examples of preventative indicators include: - Social isolation - Employment - Physical activity - Utilisation of outdoor spaces **PH Commissioned services** • Drug and Alcohol PHQ9 and GAD 7 and Warwick Ed	Ruth Fletcher-Brown (Public Health Specialist, RMBC) / Lorna Quinn (Public Health Intelligence Manager, RMBC) Michael Ng (Operational	Next 12 months (March 2024) Ongoing

	• Better Health Service - (Smoking cessation, weight management, and access to physical activity service) Warwick Ed and is wellbeing focused • 0-19 service PHQ9 and GAD 7 Maternal mood and support young people via the school nursing service. • Sexual health service- also use PHQ9 and GAD 7 • NHS Health Checks with use PHQ9 and GAD7 All of these services will use this information to signpost onto appropriate services.	Commissioner, Public Health, RMBC)	
	Using the wellbeing star in PH commissioned services Linked with the compassionate approach, the wellbeing outcomes star has been embedded within Public Health commissioned services, including services for smoking cessation and Tier 2 weight management. This will help to ensure that people receive a more holistic assessment that includes their mental health and wellbeing.	Michael Ng (Operational Commissioner, Public Health, RMBC)	Reviewed annually in line with Clinical Guidance
	<u>Partner examples</u> **Smiles for Miles** VAR is utilising an underspend to enable the Smiles for Miles partnership to capture knowledge, skills and insights from the project following the end of the delivery period in order to spot opportunities for adapting practice and improving the way we can respond to future challenges facing children and young people. To achieve this, VAR are supporting Smiles for Miles delivery partners to collectively reflect, review, and process the performance and outcomes of the project, identify common areas of strength and development, and inform a	Ashley Leggott Strategic Co-ordinator - Children, Young People and Families	February 2024

	clear direction of future planning. This work will also support the assessing and identifying of individual organisational needs within the Smiles for Miles partnership, support the ongoing development of joint consortia approaches and provide rich learning to both the partnership and the National Lottery. **Family Hub work** One of the Family Hubs areas of focus is mental health. This will include improving the identification of parents of children aged 0-2, who might need support at an earlier stage, by working across the system in a joined-up way. Perinatal mental health is one of the funded workstreams and priorities are evolving by a multi-agency group, using a gap analysis/mapping process of current provision. A training offer is already in place, and we are looking at how best to expand the offer, ensuring improving voluntary sector engagement. Maternal mental health is being considered, and how the reach can be widening for partners. Already the 'dad pad has been purchased and will be available for the next three years. Mental health will be a strong feature of the digital offer for family hubs, with the initial focus being a published 'Start for life offer', for preconception and parents under 2. The performance management of family hubs is reported on a quarterly basis, with the need to outline progress, and next steps. The funding is until March 2025.	Consortium, VAR) Lorna Quinn (Public Health Intelligence Manager, RMBC) / Sue Turner (Public Health Specialist, RMBC) / Susan Claydon (Head of Service Early Help, RMBC)	Sue Turner and Susan Claydon. Performance reported quarterly
Domain	**Proposed actions**	**Lead**	**Timeframe**
5. Leadership and Direction **Prompts**	Mental health is one of the four aims of the board's Health and Wellbeing Strategy, Aim 2: *All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.* The board receives updates regarding key strategic projects that support this aim at each board meeting. The board's agreed priorities for mental health include:	Health and Wellbeing Executive Group / Lead Officer - Leonie Wieser (Policy	Ongoing

▪ *Do you have a Mental Health Champion?*
▪ *Is there a stated commitment and support from 'the top level' of the organisation?*
▪ *How will you ensure clear leadership and vision for prevention and promotion of better mental health across the organisation or partnership?*
	• Promote better mental health and wellbeing for all Rotherham people.
	• Take action to prevent suicide and self-harm.
	• Promote positive workplace wellbeing for staff across the partnership.
	• Enhance access to mental health services.
	
	This ensures all board members have oversight of key developments.
	
	The board also has 1-2 members with a specific sponsorship role for this aim.
	
	Their role is:
	• 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
	
	The sponsor role is currently filled by the Executive Place Director for Rotherham Place, NHS South Yorkshire, who is usually joined by the Chief Executive of Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)
	
	Structure diagrams:
		Officer, Assistant Chief Executive Directorate, RMBC)	


ROTHERHAM
Rotherham Place Partnership: Transformation and Enabling Workstreams
The Rotherham Place Board has two roles:
Partnership Business and ICB Business
This Diagram expands on the Partnership side of the Governance
Rotherham Place Board
Partnership Business
Rotherham Place Leadership Team
Enabling Groups
Transformation Groups
Digital
OD & Workforce
Comms & Engagement
Finance
Prevention & Health Inequalities
Estates
Urgent & Community
Children & Young People
Mental Health, Learning Disability & Neurodevelopmental


ROTHERHAM
Rotherham Place Partnership: 'High Level' Governance from 1 July 2022
South Yorkshire Integrated Care Board
South Yorkshire Integrated Care Partnership
Rotherham Place Partner Organisation Boards
Rotherham Place Board
ICB Business
Partnership Business
Rotherham Health & Wellbeing Board
Rotherham Together Partnership
Rotherham Place Board has two roles:
1. alignment of decisions on strategic policy matters relevant to the achievement of the Place Plan
2. delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit
Rotherham ICB Place Executive Team
(Delivery of ICB delegated functions)
Rotherham Executive Place Director
Rotherham Place Leadership Team
(Strategy, planning and partnerships)
Oversight and Management of Rotherham ICB delegated functions and relevant groups such as finance, quality, contracting
Oversight and Management of Rotherham Place Transformation and Enabling Groups delivering on Place priorities

Public Health England

Protecting and improving the nation's health

Section 3 - Senior leadership/CEO sign off

Please let us know if you would like to be contacted to provide short statements on your progress to use in communication pieces, such as bulletins, social media, etc.

Is your organisation/ partnership happy to provide key impact headlines or quotes when contacted related to your Prevention Concordat Commitment? **Yes** ☐ **No** ☐ *The purpose of this information is from promotion purposes, to support us to inspire others and share good practice.*	
Upload Senior leader/CEO signature and organisation logo. *If you are signing up on behalf of a partnership, please include signatures and logos from all the organisations*	

Please attach any additional documents that you may want to share to support your commitments, e.g. strategies, plans project outlines. For example, your health and wellbeing strategy.

Supporting Documents

- Health and Wellbeing Strategy
- Public Health Director Annual Report
- Rotherham Suicide Prevention and Self Harm Action Plan
- **Loneliness action plan**

Rotherham Metropolitan Borough Council

HEALTH AND WELLBEING BOARD

ANNUAL REPORT 2022/23

A HEALTHIER ROTHERHAM BY 2025

NHS

South Yorkshire POLICE

VoluntaryAction Rotherham

healthwatch Rotherham

CONTENTS PAGE

FOREWORD

I am delighted as Chair of the Health and Wellbeing Board to present our fifth annual report. Our Health and Wellbeing Board is built on strong partnership working across key organisations in the borough. I would like to thank all the partners for their commitment to delivering Rotherham's Health and Wellbeing Strategy and working together to improve outcomes for local people.

While the pressures of Covid-19 have eased over the last year we are still facing considerable health challenges locally, as well as understanding the long-lasting impacts of the pandemic. Life expectancy for both men and women in Rotherham continues to be significantly lower than the England average. Rotherham rates for a range of issues are worse than the national average: child obesity rates, smoking prevalence in adults, residents with a long-term mental health problem. At the same time, a lower number of Rotherham residents indicated they used the natural environment for health and exercise purposes compared to national figures. As a board, supporting our children to develop and flourish, our residents to lead healthy lives, creating a borough that supports good health and promoting better mental health and wellbeing for all Rotherham people are key priorities.

Over the last year, we undertook a review of the impact of Covid-19 on council services and key public health areas. Lessons learnt from the pandemic will now be discussed by the board. We have updated our Health and Wellbeing Strategy as well as the accompanying action plan to ensure alignment with our reviewed priorities and we have strengthened the role of our board sponsors in overseeing delivery of our aims. We also hosted an event on South Yorkshire health inequalities, which was well-attended by our colleagues from across the four local authorities.

Further, the board has overseen delivery of a number of key pieces of work over the past year, such as development of a framework to give every child the best start in life, a toolkit to support children, young people and families affected or bereaved by suicide, establishment of a tobacco control steering group and refresh of the loneliness action plan, including promoting volunteering. Tackling health inequalities has been core to our focus over the last year and the place-level prevention and health inequalities sub-group continues to report regularly to the board.

In the last year, our regional integrated care system has been reshaped as the South Yorkshire Integrated Care System. The Health and Wellbeing Board has nominated a number of representatives to the Integrated Care Partnership, which has overseen development of the South Yorkshire Integrated Care Strategy.

We will continue to work together with partners across Rotherham as well as our South Yorkshire colleagues to improve the health of our local populations, with a focus on health inequalities and strengthening prevention.

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

THE HEALTH AND WELLBEING BOARD

Rotherham's Health and Wellbeing Board brings together local leaders and decision-makers to improve the health and wellbeing of Rotherham people, reduce health inequalities and promote the integration of services. The Board supports and encourages effective partnership working, shares good practice, as well as taking action where needed to remove blockages, identify gaps and hold organisations to account for delivery.

Organisations represented on the board include:

- Rotherham Metropolitan Borough Council
- NHS South Yorkshire Integrated Care Board (Rotherham Place)
- The Rotherham NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Voluntary Action Rotherham
- Healthwatch Rotherham
- South Yorkshire Police

The board has a number of specific responsibilities, including producing a local joint strategic needs assessment, overseeing the delivery of the joint health and wellbeing strategy, and producing an assessment of the need for pharmaceutical services. Further detail around the role of the board, including how the board has met the statutory duties over 2022/23 is outlined below.

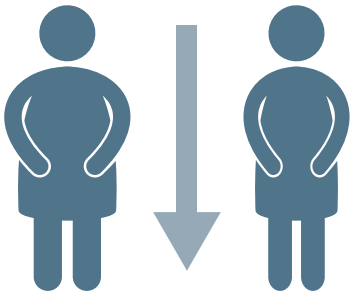
Joint Strategic Needs Assessment (JSNA)

The JSNA is an assessment of the current and future health and social care needs of the local population. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery.

The JSNA is refreshed annually and last year's update was presented to the board in June 2022. This refresh included for the first time a section on small geographies, where relevant information can be accessed at ward level, or even more local level (MSOA or LSOA).

Key findings showed:

Life expectancy at birth for both men and women in Rotherham continues to be significantly lower than the England average.



56.5% women in Rotherham
healthy life expectancy
63.9% nationally

On the Index of Multiple Deprivation 2019 (IMD 2019) Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 authorities.

The key drivers of deprivation in Rotherham remain Health and Disability, Education and Skills and Employment (as were in 2015). Of 40,900 residents (aged 16-64) who were economically inactive, 32.5% were long-term sick, compared to 25.2% nationally.

Achieving the conditions for a healthy life continue to be a concern. The estimated number of alcohol dependent adults in Rotherham is higher than the national average (1.75 per 100 compared to 1.37 nationally). In 2020/21, there were 1,922 per 100,000 admission episodes for alcohol-related conditions, significantly worse than the national average, a rate of 1,500 per 100,000.

Approximately 17.8% of Rotherham adults (around 37,100 people) were smokers in 2019 compared to 13.9% nationally. In 2020, this figure was estimated to be 12.5% in Rotherham, and 12.1% nationally. However, 2020 estimates should be treated with caution because data collection was affected by Covid-19 and is not comparable with previous estimates.

17.8% adults in Rotherham **smokers**, **13.9%** nationally

In 2020/21, 68.3% of adults in Rotherham were classified overweight or obese, compared to 66.5% regionally and 63.5% nationally. Child obesity rates are also higher than national average – 26.6% of reception age children were overweight or obese in 2019/20, compared to 23.0% nationally.

26.6% children **overweight or obese,** **23.0%** nationally

Mental health and wellbeing are also a concern:

In primary care in Rotherham 2020/21, the recorded prevalence of depression (aged 18+) was 15.9%, a total of 33,251 persons, this is higher than the England value of 12.3% and has been increasing in Rotherham since 2013/14.

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%

12% Rotherham **mental health problems** **9.9%** nationally

Environmental factors for health include:

The percentage of mortality attributable to particulate pollution for Rotherham was 5% (2020).

69% of residents in Rotherham indicated they used the natural environment for health and exercise purposes compared to 82% for England (2017).

69% Rotherham residents use **outdoors for exercise** **82%** nationally

Health and Wellbeing Strategy

The Health and Wellbeing Strategy provides a high-level framework which directs the Health and Wellbeing Board's activity until 2025; it supports the Board's role to provide leadership for health and wellbeing by making the most of collective resources within Rotherham. The strategy is developed based on the needs identified in the Joint Strategic Needs Assessment.

The four aims of the Health and Wellbeing Strategy are:

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

While these aims have remained the same since inception of the strategy in 2018, the strategic priorities underpinning each aim were refreshed in summer 2021. The strategy was updated to reflect these priorities in 2022 and the Health and Wellbeing Board agreed the revised strategy in September 2022.

For each of the four aims, two board members provide strategic oversight in a sponsorship role. Over the past year, we have developed the role of board sponsors to ensure that there is clarity, and in March 2023 the Board agreed a Memorandum of Understanding with Board sponsors. This formalises the roles they fulfil and sets out the processes and activities in place to support them. The core role of the Board Sponsors is:

- 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

GOVERNANCE

The Health and Wellbeing Board is a statutory sub-committee of the Council and is an integral part of Rotherham's wider strategic partnership structures that sit under the Rotherham Together Partnership. Following the changes to Integrated Care Systems in July 2022, Rotherham became one of the four constitutive Places in the South Yorkshire Integrated Care System, with some Health and Wellbeing Board members providing representation at the South Yorkshire Integrated Care Partnership. The Rotherham Place Board continues to report into the Health and Wellbeing Board and takes strategic direction from the Health and Wellbeing Strategy.

South Yorkshire Integrated Care Board (NHS South Yorkshire)

Rotherham is one of the four Places constituting the South Yorkshire Integrated Care Board (ICB). The ICB is directly accountable for NHS spend, delivery and outcomes within the ICB area. It is responsible for the commissioning of healthcare services for the population of South Yorkshire and ensuring the quality and performance of those services within the ICB area.

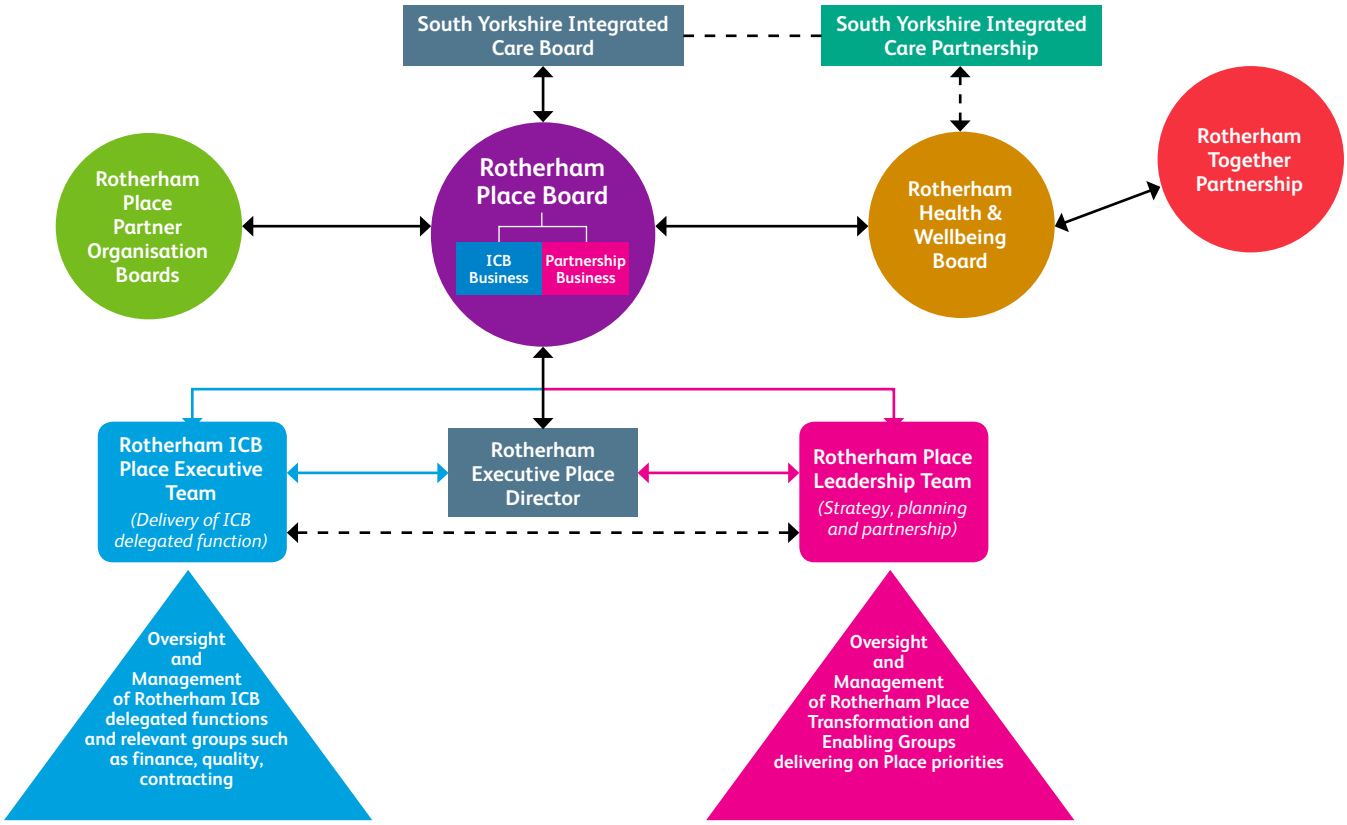
South Yorkshire Integrated Care Partnership (ICP)

The South Yorkshire Integrated Care Partnership is a joint committee of the four local councils, Rotherham, Doncaster, Barnsley and Sheffield, and the ICB. The ICP facilitates joint action to improve health and care outcomes and experiences across its population, and influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies. Between Autumn 2022 and March 2023, the Partnership oversaw development of the South Yorkshire Integrated Care Strategy, which will direct sub-regional work and will be complemented by the four local Health and Wellbeing Strategies.

Rotherham Place Board

The Place Board is responsible for partnership business, providing the strategic and collective leadership to deliver the ambitions of the Place Partnership and the Rotherham Place Plan.

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



Safeguarding

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

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

Delivering on the protocol includes each board delivering and receiving updates from one another, to ensure connectivity and appropriate oversight of issues relating to safeguarding. In 2022/23, the safeguarding chairs group – bringing together the chairs of the four boards with safeguarding responsibilities – was re-established to share and discuss joint and cross-cutting issues. Ensuring we are taking an integrated and coordinated approach to addressing issues relating to safeguarding will continue to be a focus for 2023/24.

Rotherham Together Partnership

The Rotherham Together Partnership brings together statutory boards such as the Safer Rotherham Partnership and the Health and Wellbeing Board, with other key strategic partnerships, such as the Business Growth Board, to deliver the priorities of the Rotherham Plan 2025. Rotherham Plan was refreshed over 2022 and launched in January 2023. Health and Wellbeing continues to be one of the key themes in the plan.

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

KEY DATES – APRIL 2022 – MARCH 2023

2022

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

2023

JANUARY

FEBRUARY

MARCH

APRIL

SUMMER 2022

Refresh of Health and Wellbeing Strategy, based on priorities agreed by the board in September 2021

JUNE 2022

Board updates its terms of reference

JULY 2022

Rotherham Clinical Commissioning Group becomes South Yorkshire Integrated Care Board

SEPTEMBER 2022

The Health and Wellbeing Board approves refreshed strategy and action plan

SEPTEMBER 2022

Health and Wellbeing Board agrees its nominations for the South Yorkshire Integrated Care Partnership

SEPTEMBER 2022

South Yorkshire Integrated Care Partnership meets for the first time

FEBRUARY 2023

Rotherham hosts health inequalities event for the four South Yorkshire Health and Wellbeing Boards

MARCH 2023

South Yorkshire Integrated Care Strategy is agreed and launched

MARCH 2023

Health and Wellbeing Board signs off Memorandum of Understanding formalising the role of Board sponsors

South Yorkshire Health Inequalities Event

In the summer of 2022, ideas emerged for a session for our board focused on health inequalities. This session, supported by the Local Government Association, developed into a South Yorkshire wide event to explore opportunities for collaboration across Rotherham, Sheffield, Doncaster and Barnsley through the newly established South Yorkshire Integrated Care Board.

Rotherham Council hosted the event at Rotherham United's New York Stadium in February 2023 and brought together partners from across South Yorkshire to discuss inequalities across a range of health outcomes. Members of the Health and Wellbeing Boards across South Yorkshire, the Integrated Care Partnership (ICP), the South Yorkshire Mayoral Combined Authority 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 Prof Chris Witty, Chief Medical Officer for England and Prof Chris Bentley, Former Director of Public Health in South Yorkshire and Former Head of the Health Inequalities National Support Team who joined the session remotely, and Oliver Coppard, Mayor of the South Yorkshire Mayoral Combined Authority and Chair of the SY Integrated Care Partnership, and , Prof Peter Kelly, Regional Director for the North East and Yorkshire at the Office for Health Improvement and Disparities (OHID) . Following their key note presentations the event also heard from a range of South Yorkshire colleagues who shared local best practice.

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 the Integrated Care Strategy priorities.

Local learning from the event is taken forward through Rotherham's Prevention and Health Inequalities Group and key issues identified were:

- Need to focus on workforce development and staff understanding the context and challenge around health inequalities
- Usefulness of the 'intervention decay model', covered in Prof Chris Bentley's presentation
- Work in the 'seams' – particularly between community-based interventions and service-based interventions
- The importance of community engagement and targeting the communities of public health interest

AIM I:

ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR POTENTIAL

This aim is focused on two priorities:

- Develop our approach to give every child the best start in life.
- Support children and young people to develop well.

This section sets out key achievements including a case study on the work delivered under this aim.

Key achievements in 2022/2023 include:

- **Rotherham's leaders pledge to work towards becoming a Breastfeeding Friendly borough.** Local health partners and the Council's Children and Young People's Services will work together to ensure parents make informed and supported choices when it comes to caring for their children. The commitment to become a Breastfeeding Friendly borough includes supporting local businesses and public transport partners to provide environments where parents feel encouraged to breastfeed if they want to. Furthermore, partners will also work with leisure centres, restaurants and shopping centres to welcome breastfeeding parents, as well as encouraging the general public to be supportive in any of these environments.
- **Rotherham's multi agency transformational work to deliver the Family Hubs & Start for Life Programme has been coproduced alongside a wide range of partners.** With funding from the Department for Education (DfE) and the Department for Health and Social Care (DHSC) the programme seeks to make access to support easier for children and families. The programme will establish co-location across a wider range of partners to enable better connectivity, information sharing and support across the whole family. A Family Hubs Digital Offer is in development that 'makes sense' of the numerous digital platforms available to families so that there is a single point of access for digital advice, guidance and support. This work is adding value to work across the partnership in the provision of high quality, joined up, whole family support with an approach that improves access and connections between families, professionals, services, and providers, and puts relationships at the heart of our shared approach. Delivery is now underway across the key thematic elements which include: transformation, parent support, parent/carer panel, perinatal mental health, infant feeding, the Start for Life Offer, the home learning environment, workforce and the digital/ self-serve offer.
- **'Places to Go and Things to Do' – the universal youth offer for young people in Rotherham** so that all children and young people have fun things to do and safe places to go across Rotherham. As part of this inclusive universal offer, the Council has commissioned youth work provision across the borough, working in partnership with the voluntary sector and launched the new universal youth offer website 'Places to Go and Things to Do' in November 2022. Activities on offer include biking, football, and cooking, with provision taking place across all areas of the borough. In 22/23 in excess of 1000 universal youth work sessions were delivered across Rotherham, providing a safe space for young people to enjoy and achieve in the communities in which they live.

- **Kooth, the online mental health and wellbeing service, has been available to all children and young people aged 11-25 in Rotherham since November 2021,** as part of a range of work to support children and young people's mental health and wellbeing. Usage is being monitored to ensure wide reach. The response to the service has been positive: 97% of young people said they would recommend KOOTH to a friend. Overall, 9% of service users identified as Black, Asian and Minority Ethnic (BAME).

BEST START AND BEYOND FRAMEWORK

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

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

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

A first version of an action plan has now been compiled, based on actions already present in other plans and forums. Inevitably, this will mean actions will be owned and led across a range of services and agencies, elsewhere and are likely to have different lines of governance and reporting. The advantage of bringing them together under this framework is to create some system oversight for the steering group, and the ability to map the actions against the framework, with the prospect of identifying important gaps and opportunities for more integrated, efficient and effective effort. These gaps and opportunities will then be the key focus for the Steering Group in moving from framework development to implementation. The Steering Group might set up task and finish groups where appropriate to take best advantage of these opportunities. Such opportunities may exist at service, place and ICS levels.

The Health and Wellbeing board receives quarterly updates from the group and further items are brought to the board where appropriate.

AIM 2:

ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

This aim is focused on four priorities:

- Promote better mental health and wellbeing for all Rotherham people.
- Take action to prevent suicide and self-harm.
- Promote positive workplace wellbeing for staff across the partnership.
- Enhance access to mental health services.

Key achievements in 2022/2023 include:

- **Strategic communications to promote better mental health and suicide prevention Social media messages promoting Rotherhive and Five Ways to Wellbeing** are scheduled at least once every four weeks as part of the Council's overall communications plan. Regular messaging is also provided via neighbourhoods ebulletins aligned to local ward priorities and 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.
- **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.
- **Implementation of the Community Mental Health Transformation has commenced:** Primary care hub development is underway and an engagement event held in Feb was attended by 160 people.

CASE STUDY:

WALK WITH US- A TOOLKIT FOR SUPPORTING CHILDREN, YOUNG PEOPLE AND FAMILIES AFFECTED OR BEREAVED BY SUICIDE

9% of young people in the UK under the age of 20, who die by suicide, are reported to have been bereaved by suicide.

South Yorkshire and Bassetlaw has a higher suicide rate than the England average. The impact of suicide is complex, and its effects are profound; not only on the family and friends of the person who has died but also on the wider community.

In recognition of the importance of those bereaved from or affected by suicide receiving the support they need, South Yorkshire and Bassetlaw Local Authorities and NHS partners have been working together to develop a consistent approach which is informed by the experiences of those living within the region. Children, young people and families from South Yorkshire and Bassetlaw developed the 'Walk with Us' toolkit with Chilypep, a young people's empowerment project. There were four stages to the project: Engagement of professionals, consultation with children, young people and families, consolidation of research & co-production of toolkit, the launch.

Chilypep held workshops with one hundred practitioners across South Yorkshire and Bassetlaw to understand their experience of supporting children and young people bereaved by suicide. Fifteen Children, young people and families were asked what had helped and what further support was needed. The toolkit offers practical and emotional advice and resources, and signposts to where children, young people and families and those who work with them can get further support if needed. A group of young people involved in the interviews co-produced the toolkit, from working

with the designer, to clarifying key messages, including encouraging posts for others going through a bereavement to suicide and guidance for practitioners. The toolkit was launched on the 30th September 2022 with young people taking a leading role. Practitioners from councils, NHS, police, voluntary and community organisations attended from across South Yorkshire and pledged their commitment to improve support for children and young in the region.

From this launch date to the beginning of January 2023, there have been 1,767 visits to the website, with 662 unique views to date on the signposting webpage. The toolkit has been shared as an example of good practice in Yorkshire and Humber, in Wilshire, in Merseyside and across the country and is a finalist in the LGC Awards in the category Public/Private Partnership. It is now promoted on several national suicide prevention organisations including: National Suicide Prevention Alliance and Suicide Bereavement UK.

South Yorkshire Local Authorities and NHS partners continue to put individuals and families bereaved and affected by suicide at the centre of improvements, working with them, through the Survivors of Bereavement by Suicide peer groups and Amparo. This has resulted in:

- A robust South Yorkshire real time surveillance system for suspected suicides, which is a partnership between South Yorkshire Police and all four South Yorkshire Local Authorities, ensuing that families and all affected are identified early and offered support
- Commissioning of training sessions for practitioners across South Yorkshire on 'Talking to Children and Young people when there has been a suicide'
- Memorial events in South Yorkshire for families to come to together in a safe space to remember loved ones
- Commissioning of a suicide listening service for people bereaved and affected by suicide living and working in South Yorkshire
- Working with the local media in South Yorkshire to help them understand the impact that reporting on suicides can have on all those affected and bereaved
- Improving support for staff who are affected by the death of a client, patient or customer in South Yorkshire.

AIM 3:
ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

This aim is focused on two priorities:

- Ensure support is in place for carers.
- Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.

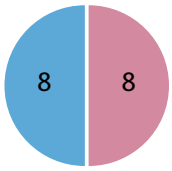
Key achievements in 2022/2023 include:

- **Ensuring support is in place for carers.** Work to support carers is overseen through the Borough that Cares Strategic Framework and work is progressing together with carers to deliver on the agreed priorities. During 6-12 June 2022 Carers Week, the Council organised an event, in partnership with Crossroads Care Rotherham, to offer information, support and advice to Rotherham's unpaid carers. Carers Week is a national, annual campaign, supported by organisations including Carers Trust and Carers UK, during which events and activities are held to raise awareness of the challenges faced by unpaid carers and recognise the contribution that unpaid carers make to society.
- **Since emerging from the pandemic, Rotherham has out-performed the national average in terms of successful completion of alcohol and non-opiate drug treatment, demonstrating our real commitment to helping more people overcome addiction locally Rotherham has shown a steady increase.** The rate for completion of non-opiate drug treatment has increased from 24.92% in April 2022 to 34.30% in December 2022, whereas the England average has remained fairly static over that time.
- **Delivery of a pilot to support frequent attenders to the hospital's emergency department through an outreach team providing a holistic support offer.** The Rotherham Foundation Trust's Alcohol Liaison was awarded a grant from NHSE. The offer extends care into the community to frequent attenders with a dual diagnosis of alcohol and mental health issues. The project was aligned with the existing acute care team to ensure seamless cares offered and robust supervision within the specialist and wider healthcare community provision. The initial 12-month project has been extended for another 12 months until March 2024. Case Studies have been presented to an NHSE peer panel, which have attracted national interest, as Rotherham is the only site that has gone live. Recognition of positive impact has been provided from Policing, Yorkshire Ambulance Service, Social Care RMBC, families and patients. Significant lifestyle achievements not previously seen include engagement with social prescribing, community support hubs, substance misuse treatment services, safer neighbourhood teams and housing, as well as residential rehabilitation and specialist assessment units for alcohol related brain damage, amongst others.

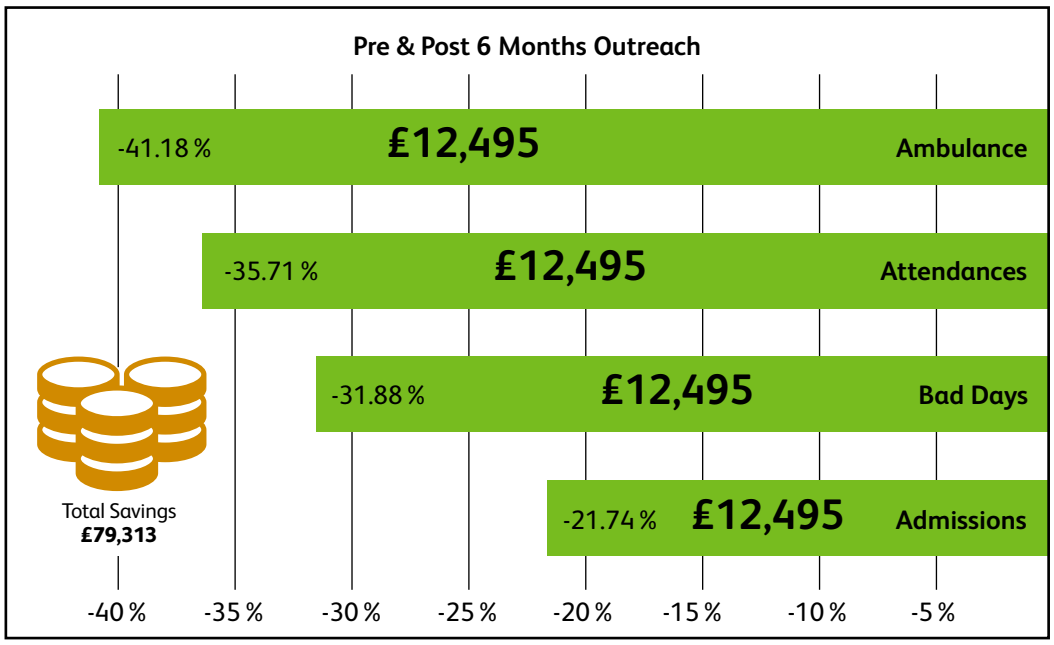
Rotherham Alcohol & Mental Health Outreach Team

99 Patient Referrals

Current Caseload



Average 209 Days



36 Patients have completed 6 months post Outreach initial contact, figures compared to 6 months pre Outreach initial contact.

CASE STUDY:

IMPROVING TOBACCO CONTROL AND SUPPORTING SMOKERS WHO WANT TO QUIT SMOKING

Supporting local residents to lead healthy lifestyles is a key priority for the Health and Wellbeing Board, including tocacco, alcohol and weight. Despite a huge decrease in the number of people who smoke in the last 10+ years, smoking remains the leading cause of preventable and early deaths in the UK and Rotherham.

Tobacco Control Steering Group was set up over the last year to coordinate the response locally. The group is 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.

In January, the board agreed a range of measures being taken locally to improve tobacco control, coordinated by the Tobacco Control Steering Group:

- A 3-year multi-partner tobacco control workplan for Rotherham.
- A multi-partner vaping / e-cigarette position paper for Rotherham.
- A dashboard of indicators to monitor progress towards a smokefree Rotherham by 2030.
- Plans to endorse the NHS Smokefree Pledge and Local Government Declaration on Tobacco Control.

Additionally to these measures, local health partners and the Council worked together to raise awareness of the risks of smoking and the services available to help residents quit as part of No Smoking Day 2023. No Smoking Day is an annual health awareness day which aims to help smokers who want to quit smoking by highlighting the support available.

There is a broad range of support in Rotherham to help those wanting to quit, this comprises:

- NHS Better Health Service available to access online or by downloading the free NHS quit smoking app.
- Stop Smoking Service provides advice on different ways to stop smoking, including the use of nicotine replacement therapy, such as nicotine gum and patches.
- Rotherham NHS Foundation Trust, smoking in pregnancy team offers weekly face-to-face visits or telephone support, free nicotine replacement treatment and information on using the e-cigarette, and other support throughout pregnancy and postnatal period.

Councillor David Roche, Chair of Rotherham's Health and Wellbeing Board, said 'if you are wanting to quit smoking, for whatever reason, be it to improve your health or to cut down on your outgoing expenses, make the first step by talking to one of our friendly support services, such as Get Healthy Rotherham or the Rotherham NHS Foundation Trust, smoking in pregnancy team. There is also advice, guidance and support available through the use of the NHS quit smoking app and website, to enable residents to find the most appropriate way to stop smoking that fits around their goals.'

Bev Farnish, Health Improvement Manager, at The Rotherham NHS Foundation Trust, said: 'smoking is an addiction, and the trust is here to help those who are ready to start their smoke-free journey. Inpatients at the trust, those attending outpatient clinics, or patients receiving care in their own home can all access support to quit smoking from tobacco treatment advisors. As well as behavioural support, the trust can provide nicotine replacement therapies and help patients access community-based services.'

AIM 4:

ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

This aim is focused on four priorities:

- Deliver a loneliness plan for Rotherham
- Promote health and wellbeing through arts and cultural initiatives.
- Ensure Rotherham people are kept safe from harm.
- Develop a borough that supports a healthy lifestyle.

Key achievements in 2022/2023 include:

- Rotherham was a host city in delivering a record-breaking **UEFA Women's Euros 2022.** As one of nine host cities, Rotherham supported the continued growth of women and girls' football in England. During July, Rotherham's New York Stadium hosted three group games and a quarter final. As part of the delivery of the tournament, a range of programmes have been delivered to welcome women and girls into football, focussing on under-represented groups. The impact of the Euros is already being felt, with a significant increase in new girls' football teams being set up locally, more women going into coaching and at least 20 local women becoming referees.
- **A range of activities were delivered in libraries,** including development of a programme of activities as part of the Warm Welcome programme to support Rotherham people through the cost of living crisis this winter.
- Further, libraries delivered a series of activities for people of all ages to connect, be active and learn new skills, and widen the accessibility of library services, for example: one-off writing workshops at 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.
- **A Combatting Drugs Partnership for Rotherham has been established.** The group met for the first time in December 2022, has developed a needs assessment and its initial action plan.
- Delivery plan for the approved cycling strategy has been finalised.

CASE STUDY:

VOLUNTEERING

Taking action to reduce loneliness is one of the board's strategic priorities. To drive this priority, the loneliness action plan was updated over the last year and agreed by the board in November 2022.

Key areas of action supporting delivery of the plan include:

- 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
- 4972 tenancy health checks undertaken to date in 2022/23 and tenants have been signposted/referred to services where required.
- 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 and organisations which are available to support Rotherham residents- initial draft complete and will be hosted on JSNA when finalised.

Promoting volunteering is also key to reducing loneliness. Volunteering has a range of health benefits, including improving mental health and wellbeing.

Patricia is a volunteer who shares more about her experience:

I was in my late fifties when I saw a leaflet asking for people to volunteer at the library. I had taken early retirement but was wanting to do something outside the home and I have always loved reading. I filled in the form and was then invited for an interview.

It was very informal, more like a chat, and I was asked what I was interested in doing. As a result, I started volunteering at a weekly IT drop-in session where people could come in for assistance with accessing the internet, setting up emails, searching for jobs online etc. There was always a member of library staff I could ask if I had questions and I felt well-supported as a volunteer.

A few months later, the library volunteers were all asked if we would like to take part in a new initiative called Shared Reading. It sounded interesting so I undertook the training and then helped run a Shared Reading group at a library with another volunteer. It had to stop at lockdown but has since started up again at another library.

Volunteering at the IT group and at the Shared Reading group gave me the confidence to apply when the library advertised for relief library assistants, a paid role. I started 9 months ago, and I love it. It all started from reading that leaflet several years ago. Volunteering has helped change my life. I was new to Rotherham, and it has helped me feel more part of the community and that I am giving something back. I think the key is to find something that you are interested in, and you never know where it may lead.

LOOKING AHEAD

A focus on reducing health inequalities and prevention and early intervention will continue to be key to the Health and Wellbeing Board over the next year.

As a board, we will:

- Sign up to the OHID Prevention Concordat for Better Mental Health as a Health and Wellbeing Board.
- Continue to work with Board sponsors and the Board to monitor delivery of our strategy.
- Continue to develop our relationships within the new South Yorkshire Integrated Care System.
- Ensure each of our aims is aligned with the South Yorkshire Integrated Care Strategy.
- Continue to focus on reducing health inequalities between our most and least deprived communities.
- Influence other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies.

The board will also oversee delivery through partnerships and partners, monitored through the Health and Wellbeing Strategy action plan:

- Continue implementation of 'Best Start and Beyond' framework, identifying areas of action through Task and Finish groups as appropriate.
- Implementation of the Breastfeeding Friendly Borough declaration.
- Establishment of Family Hubs model of service delivery.
- Development and mobilisation of the integrated primary/secondary care mental health transformation.
- Work in partnership to enhance the Mental Health Crisis Pathway.
- Launch a partnership prevention campaign with a focus on upstream prevention messaging.
- Delivery of the loneliness action plan.
- Implement the Combatting Drugs Partnership delivery plan.
- Continue developing a borough that supports a healthy lifestyle, including implementing our strategic approach to physical activity through the Moving Rotherham Partnership, and development of a partnership training offer on the strength-based approach.

Terms of Reference:
Rotherham Health and Wellbeing Board

Key Contacts	
Chair	**Councillor Roche** – Cabinet Member for Adult Social Care and Health, Rotherham Metropolitan Borough Council
Vice Chair	**Dr Jason Page** – Medical Director for Rotherham Place, South Yorkshire Integrated Care Board
Health and Wellbeing Board Support Officer	**Leonie Wieser** – Policy Officer, Rotherham Metropolitan Borough Council leonie.wieser@rotherham.gov.uk

Role of the Health and Wellbeing Board

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

The role of the board includes:

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

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

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

Responsibilities

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

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

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

The Health and Wellbeing Board is also responsible for the Better Care Fund (BCF). A Better Care Fund Executive group exists as a sub-group of the Health and Well Being Board and reports into this group. The BCF Executive is primarily the strategic group who set the criteria, parameters and priorities of the BCF funds, and at a high level monitors the progress of the BCF fund and spending plan. Plans are signed off firstly by the BCF Executive group and finally by the Health and Wellbeing Board.

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

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

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

Expectations of a Health and Wellbeing Board member

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

a) Act in the interests of the Rotherham population, leaving aside organisational, personal, or sectoral interests.
b) Effectively communicate and action outcomes and key decisions of the board within their own organisations.
c) Contribute to the development of the JSNA.
d) Ensure that commissioning is in line with the requirements of the Health and Wellbeing Strategy.
e) Deliver improvements in performance against measures within the public health, NHS and adult social care outcomes frameworks.
f) Declare any conflict of interest, particularly in the event of a vote being required and in relation to the providing of services.
g) Act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.

h) Act as ambassadors for the work of the board.
i) Participate where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the board, including working with the media.
j) Read and digest any documents and information provided prior to meetings to ensure the board is not a forum for receipt of information.

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

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

Membership

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

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

The membership of the board is as follows:

- Cabinet Member for Adult Social Care and Health (Chair)
- Rotherham Place Medical Director, South Yorkshire Integrated Care Board (Vice Chair)
- Cabinet Member with responsibility for Children's Services
- Deputy Leader, RMBC[1]
- Director of Public Health, RMBC
- Chief Executive, RMBC
- Strategic Director of Adult Care, Housing and Public Health
- Strategic Director of Children and Young People's Services
- Rotherham Place Director, South Yorkshire Integrated Care Board
- GP representative
- Healthwatch representative
- Rotherham District Commander, South Yorkshire Police
- Chief Executive, Voluntary Action Rotherham
- Chief Executive, Rotherham NHS Foundation Trust
- Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust

Standing invites will also be circulated to:

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

[1] or substitute as put forward by Council Leader/Cabinet member for Public Health Adult Social Care

Governance
The Health Select Commission is the health scrutiny function and the Health and Wellbeing Board provides updates on progress to Health Select where required. The minutes of the Health and Wellbeing Board are also received at every meeting of the Health Select Commission to ensure that Health Select can scrutinise items from the Health and Wellbeing Board if they so wish. Critically, the Health and Wellbeing Board will also be an integral part of Rotherham Together Partnership's structures. The Chair will be a member of the Rotherham Together Partnership and will be required to regularly report on progress. The board is also signed up to the Rotherham Safeguarding Partnership Protocol which is an agreement between several partnership boards to ensure that strategic priorities in relation to safeguarding are translated effectively into action plans. The Chair and the Health and Wellbeing Board support officer will be responsible for ensuring that the requirements of this protocol are met. Rotherham is one of the four constitutive places of the South Yorkshire Integrated Care System. The Health and Wellbeing Board is linked primarily through the Integrated Care Partnership, on which members nominated by the board are represented. Through this, the board contributes to the formation of the system-wide Integrated Care Strategy. The Health and Wellbeing Board will also be responsible for setting the strategic direction for the Place Board, as the Place Plan is the delivery mechanism of the aspects of the Health and Wellbeing Strategy relating to integrating health and social care. Regular updates on the delivery of the Place Priorities will be received by the Health and Wellbeing Board to ensure appropriate oversight. The Chair and the Health and Wellbeing Board support officer will also attend Place Board meetings as observers. Further to this, the Health Inequalities and Prevention Enabling Group established by the Place Plan will report directly into the Health and Wellbeing Board. A diagram is included within appendix one which outlines the governance arrangements.

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

Meeting arrangements
The board will meet every two months, with additional special meetings arranged as required to discuss specific or urgent issues. The schedule of meetings will be reviewed and agreed annually by the board. Meetings are currently held at the Rotherham Town Hall (RMBC). The venue is to be reviewed and agreed by board members. Alternative or virtual meeting venues may be considered according to the discretion of the Chair and the requirements of the meeting. Board meetings will be conducted in public, though the board will retain the ability to exclude representatives of the press and other members of the public from a defined

section of the meeting having regard to the confidential nature of the business to be transacted (in accordance with the Public Bodies Act 1960).

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

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

Engaging with the public and providers

The public and providers may wish to attend meetings to observe or submit questions to the Health and Wellbeing Board. Any questions should be submitted to the Health and Wellbeing Board support officer (contact details included in the key contacts section above) one working day before the date of the meeting. Ordinarily, this will mean that any questions will need to be submitted by 9am on the Tuesday preceding a Health and Wellbeing Board meeting on the following Wednesday.

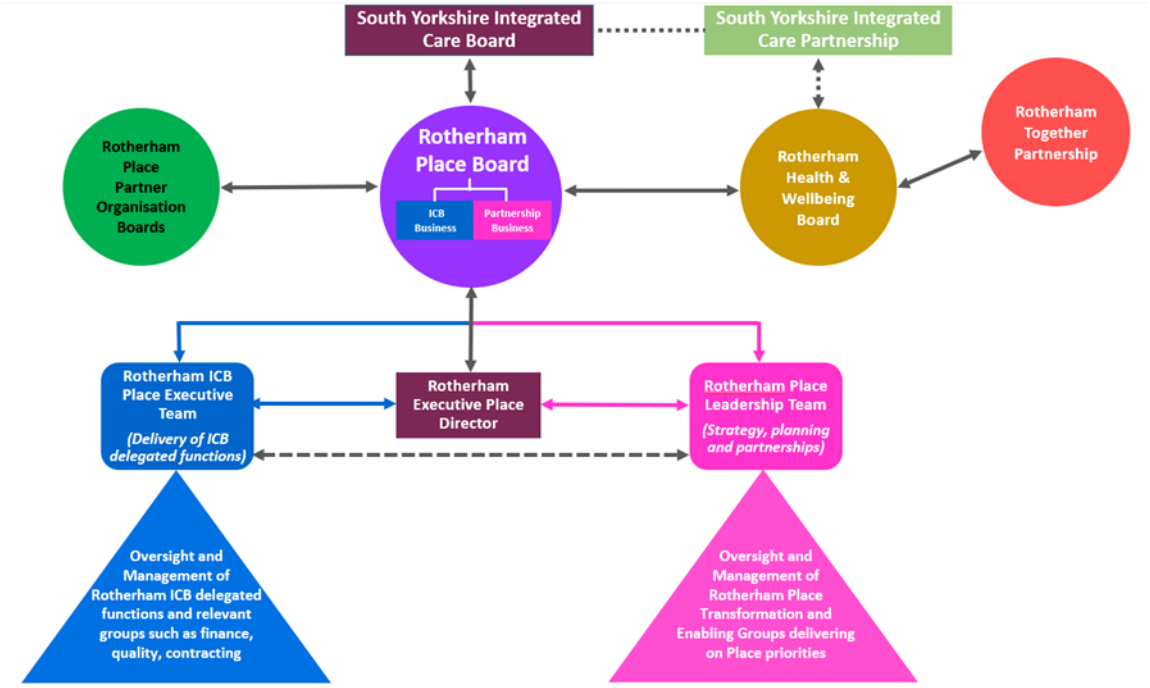
In responding to queries, the board may wish to provide a written response and will commit to providing this response within a month of the board meeting.

The board is inclusive of commissioners and providers and it is intended that all members will take part in and support the development of strategic priorities and direction. However, members who have a provider role should declare any conflict of interest whenever appropriate.

Review date

Review in May 2023 – subject to sign off at Health and Wellbeing Board.
Next formal review May 2024.

APPENDIX ONE: Rotherham Health and Wellbeing Board governance arrangements



APPENDIX TWO: 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

Agreed in March 2023. Reviewed annually by Health and Wellbeing Board, aligned with the board's Terms of Reference.

Health and Wellbeing Strategy Action Plan: June 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: Nicola Curley, 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		Framework has been finalised and endorsed by the HWBB and incorporated into EH Strategy. Further detail on implementation can be found in report received by the Health and Wellbeing Board. This high level report is produced quarterly, including narrative around actions and include case studies. To provide a deep dive and show what this has meant to families. Second quarterly report to go to June HWB for information.
	1.2	Mobilise and launch 0-19 service with a universal offer to support all children and young people and their families, with an	April 2023	Michael Ng, RMBC		The service was mobilised and launched successfully in April 2023 with no issues.

		enhanced offer for those that need it, ensuring that there is equality across the service.				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		A collated action plan was presented to the Best Start and Beyond Steering Group. Subgroups are now taking forward delivery of the 1001 Days aspects. Initial maternity analysis was undertaken by a task and finish group. Development of the Start for Life offer is now underway.
	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 taken place to agree action plan. 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. Declaration being discussed at health and Wellbeing Board 28th June. Rotherham backs breastfeeding launch planned for summer 2023.
	1.5	Developing and publishing the Start for Life Offer (first 1001 days), through implementation of Best Start and Beyond Framework. New action	September 2023	Alex Hawley		Maternity framework analysis will be followed up in respect of gaps, opportunities and assurances. Further framework analysis for rest of start for life period to be carried out, including through workshop format.
	1.6	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 21st September 2022.

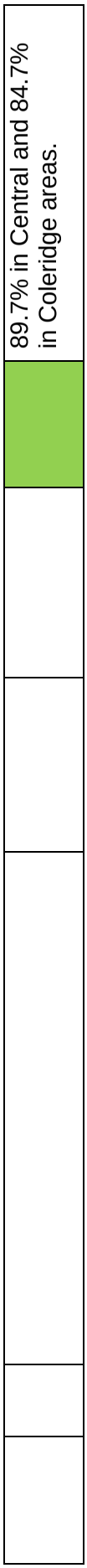
						TRFT are currently working on workforce Transformation plan with the Rotherham Maternity Voice Partnership to improve the COC offer women antenatally and postnatally whilst maintaining safe staffing in the acute service on every shift. The development of the Maternity workforce transformation plan is 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.	1.7	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		Continue to present at SMTs, Children Social Care 20th March, Education, 27th March 2023. Presented at 0 to 19 Service development day, to ensure approach can be embedded. Adapting the approach for NCMP programme, has meant no complaints received about letters, which is the first year) this has happened, and also

						more engagement with parents. Joint action plan developed with Becky Woolley, and a terms of reference, to set up a working group, to look at how we make this approach real for the residents of Rotherham.
	1.8	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.
	1.9	Continue to support children and young people's Mental Health and wellbeing, along with schools, health and voluntary sector	Ongoing (up to March 2025)	Helen Sweaton, ICB		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.

						DfE Wellbeing for Education Return has been rolled out Two cohorts for the Anna Freud Link Programme delivered using the Cascade framework to map whole system provision. CAMHs Getting Advice pathway is operational The SEMH toolkit has been developed and available to schools which supports the graduated response Autism Education Trust training has been rolled out to learning providers. Approval has been sought for this to be rolled out to Early Years.
	1.10	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		The quarterly WSoA review meeting with the Department for Education (DfE) acknowledged Rotherham's progress in implementing its WSoA has exceeded expectations. Leadership appears to be strengthening and is shared across

						agencies. The prognosis is good for sustainability and a number of impact measures are already being reported. A further meeting with the DfE to formally assess progress against the actions in the WSoA is in place for late June 2022. The SEND Executive Board meets bi-monthly to review and hold accountability in respect of progress against the actions in the WSoA. SEND Executive Board has met three times during this quarter to support preparations for the June support and challenge meeting with the DfE. Members of all sub-groups met collectively to review progress against each area of the WSoAs in April. This included developing plans for each sub-group post support and challenge 5 as part of

						preparation for sustainability and business as usual.
	1.11	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		90% of eligible 2 year olds are taking up a place. This is the highest level of take-up ever achieved in a Spring term (average of previous 5 years is 81.2%). Take-up is above the 80% target in all areas of the borough with the exception of Central and Thrybergh which have both achieved 74% take-up 83 families in central areas of the borough, were visited by Early Help and given a 'Golden Ticket' to give them immediate access to their free place. 2 year EEF leaflets, 3 & 4 year EEF leaflet, translated early years entitlement leaflets and play and learn books were shared with Early Help Central Outreach team who had 2 open days for families in the Spring term. Take-up of the universal early education entitlement for three year olds was also very positive in the Spring term at 98.4% borough wide with


89.7% in Central and 84.7%
in Coleridge areas.

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

Interim Board Sponsor: Claire Smith, Deputy Director Rotherham Place, South Yorkshire Integrated Care Board and Toby Lewis, 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		The application has been drafted. It has been circulated to members of the Better Mental Health Group and will be presented to the HWB at the June meeting with a covering paper. The deadline for the next round is August with the OHID panel meeting in September when representatives from the HWB will attend to present and answer questions from the panel.
	2.2	Develop and deliver partnership communications activity focussed on mental health, building on successful campaigns and resources • Rotherhive • Five Ways to Wellbeing • Great Big Rotherham To Do List	Delivery to March 2025	Aidan Melville, RMBC Gordon Laidlaw, ICB		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		The actions within the Prevention Concordat application, will form the basis of the new Better Mental Health for All action plan. The application needs to be agreed first at the HWB.
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		309 frontline staff and volunteers across Place have attended suicide prevention, self-harm and mental health awareness training in 22/23. RMBC Public Health are going out to procure for some further suicide prevention and mental health awareness training. This training will target groups given the limited number of courses. A session on suicide prevention was held for RMBC staff as part of Mental Health Awareness week. The final Zero Suicide Alliance training sessions for the public were held in Wath and Maltby libraries. A second training session is booked with RDASH staff in July which will look at suicide prevention activity in Rotherham, sharing findings from the Real Time Surveillance system.

	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		Meetings have been held with RMBC Comms to look at targeted campaigns during the year with a focus on specific vulnerable groups.
	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		Walk with Us won in the Public/Public Partnership category at the LGC Awards 2023, announced at the awards ceremony on 8th June. Amparo awareness sessions held on zoom, have been promoted with staff across Place. The latest quarterly report shows a good uptake from Rotherham staff (71% of attendees were from Rotherham). Rotherham Survivors of Bereavement by Suicide (SOBS) group is working well, and numbers increase each month. A multi-agency group (RMBC Public Health and CYPS, RDASH, SYP and TRFT) is updating the CYP Sudden and Traumatic Bereavement pathway.

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. TRFT have agreed to renew their award and we will be working together on this. Still not a very good response from partners who are not signed up to the award.
	2.8	Ensure partners are engaged in Employment is for everyone programme, promoting employment opportunities to those with SEND, and improving wellbeing at work	March 2024	Colin Ellis, RMBC		Rotherham has launched employment for everyone. employment is for everyone is a project that four organisations have 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. This is going from strength to strength and is linked in with various partners across the region. We are linked into all four regional SEND forums and are working with a number of regional employers to promote the benefits of employing people with SEND. Events and training are being organised for this summer.

Enhance access to mental health services.	2.9	Ensure partners are engaged in the development and mobilisation of the integrated primary/secondary care mental health transformation. This will include: • Implementation of MH ARRS roles • Long term plan eating disorders, IPS and EIP targets by March 2024 • Implementation of Community Mental Health Integrated primary / secondary care transformation programme by March 2024	March 2024	Community Mental Health Transformation Place Lead – tbc Kate Tufnell, ICB-Rotherham Julie Thornton, RDaSH		• 7/9 B7 Mental Health Specialist Practitioners in post (ARRS) • 8/8 Health & Wellbeing Triage Coaches in post (ARRS) • Primary Care Mental Health Team Manager in post • Primary Care Mental Health Team Clinical Lead in post EIT - 60% of people experiencing first episode of psychosis (aged 14-65) will commence a NICE **approved care package** within **two weeks** of referral. Rotherham EIT, in the second 2022/23 audit, achieved 'top performing' in this domain with 75.3%. The team are engaging in a Quality Improvement project with NCAP for support in increasing our take-up of Family Interventions. Primary care hub development underway. Initial discussions held with RMBC regarding estates. Exploring opportunities to co-locate, following a HUB and Spoke model.
	2.10	To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care & crisis). This will require:	March 2024	Andrew Wells, RMBC Julie Thornton, RDaSH Kate Tufnell, ICB – Rotherham		**Partnership working to ensure an early intervention and crisis prevention** Meeting took place on Friday 19th May 2023 with RDASH, RMBC and ICB colleagues to start discussions on the 'art of the possible' of co-delivering the crisis pathway for the residents of Rotherham,

		• Partnership working to ensure an early intervention and crisis prevention model is developed • Mobilisation of the Touchstone Safe Space (alternative to crisis) provision • Mobilisation of social care pathways		Ruth Fletcher-Brown, Public Health		within the context of the separate RMBC and RDASH transformation programmes that are currently underway. Further meetings to be held during the summer to map out statutory responsibilities of each organisation and how we can best work together to deliver these as efficiently and effectively as possible. As part of the RDASH transformation programme and the national NHS 111 programme, from 1st June 2023, all out of hours crisis calls will be managed by the Doncaster Single Point of Access. The agreement with TRFT Care Coordination Centre ceases at 9am on 1st June 2023. **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. The number of people accessing Safe Space is steadily rising. A **new free phone number** has been launched for the Service: **0808 175 3991**

						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 of the Mental Health revised service offer and model with agreement for this to come back to Cabinet in December 2023 prior to implementation.

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	March 2023	AD Strategic Commissioning, RMBC		Aspects of this action have been completed, but further work is necessary to complete action. Activity is planned for the coming months Achieved June 2023: The first edition of the Carers Newsletter has been published and launched in Carers Week 2023: https://www.rotherham.gov.uk/downloads/file/3270/carers-newsletter The Carer's web pages have been revised and refreshed – this is the interim arrangement. The future content of these will be shaped by

						the outcome of co-production activity now taking place. There are planned sessions that encompass information and advice requirements – workshop style events/hybrid/online to encourage engagement to collaborate on the current position of what is offered and help to shape the future offer. Partner involvement will facilitate sessions and unpaid carers. During Carers Week 2023 - Information stands across the Borough are aimed at offering information and identifying carers (staffed by providers, carers forum, carers groups).

	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	AD Strategic Commissioning, RMBC		A permanent Carers Strategy Manager is being recruited to. This resource will bring partners together to co-ordinate integration and joint working. A carers information pack has been drafted. Partnership work has been undertaken to prepare for Carers Week 2023 with Health and Wellbeing Checks.
	3.3	Establish locality specific carer partnership / network groups	April 2023 – March 2024	AD Strategic Commissioning, RMBC		The Borough that Cares Strategy Group responsible for supporting the strategy's implementation, has an established membership and will begin to address the support networks of specific carer groups (i.e., for unpaid carers who are supporting people with substance misuse, mental ill-health,

						dementia, physical disability).
	3.4	Introduce co-production programme with communities to build our carer friendly Borough	April 2023 – March 2024	AD Strategic Commissioning, RMBC		The Carers Strategy Manager will lead this piece of work. The experts by experience programme members will be recruited from the co-production workshops taking place June/July 2023. RMBC Learning and Development Team are to provide free to access training on 'The role of the Expert by Experience.' Delivery area focus 2: Key Objective: Ensure organisations work together to provide services that are flexible and accessible throughout the Borough. 7 workshops are planned for June /July 2023 to begin gap analysis work and

						identify the priorities for unpaid carers. Once determined, this will inform the next steps and populate the consequent action plan.
	3.5	Introduce an assurance process for all published Information, Advice and Guidance to ensure the relevance, accuracy and accessibility	April 2023 – March 2024	AD Strategic Commissioning, RMBC		The Carers Strategy Manager will lead this piece of work on completion of 3.1.
	3.6	Ensure carers feel their role is understood and valued by their community • Develop Carer friendly communities action pack • Empowerment Plan – align carers reps (navigators) to key strategic meetings • Pull community generated content through to The Borough that Cares virtual platform	April 2024 – March 2025	AD Strategic Commissioning, RMBC		This will be taken forward as part of the medium-term delivery of the strategic framework.
	3.7	Ensure Carers are supported when they have a breakdown in care through delivery of Carers emergency services	Sept 2023	Jill Tideswell, TRFT		This service is commissioned by the Council and provides emergency care and support in situations when the unpaid carer becomes incapacitated and are unable to fulfil their role. This service

						aims to provide interim cover to prevent admission to residential care and support people to remain at home. Current provider – TRFT has indicated their ability to continue providing the service until end of March 2024 – this is the final extension period allowed by the terms of the current contract. Approval to extend the contract for this final period to be sought to enable the future of the service to be determined as part of the gap analysis workshops taking place in June/July and future commissioning requirements identified.
Support local people to lead	3.8	Develop a partnership prevention campaign with a focus on upstream prevention messaging.	March 2023	Becky Woolley, Gordon Laidlaw,		Development of the prevention campaign is complete. Community insights have shaped

healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol.				Aidan Melville		the campaign and partner feedback has also been taken on board. This was approved by place leadership team in May and will be launched in June. Content has also been written for the expansion of RotherHive to include wider health issues (such as smoking, weight and physical activity). This should be ready to launch alongside the prevention branding.
	3.9	Develop our partnership plans focussed on tobacco and alcohol.	December 2022	Jacqueline Wiltschinsky, RMBC Gilly Brenner, RMBC		**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. **Alcohol and drugs** 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. 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 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		Significant analytical work was undertaken through the Place Development Programme.

				and Becky Woolley		Learning from the 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		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

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<td>care post discharge. KPIs reportable to ICB on a monthly basis.

KPI data from January 2023:

• 89% of inpatients have smoking status recorded within 24 hours of admission
• 69% of smokers receive a specialist assessment from a Tobacco Treatment Advisor</td>
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<td>Increase the number of non-opiate and alcohol treatment completions in line with PHE Average.

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<tr><td rowspan="2">Non Opiate - PHOF C19b</td><td>Rotherham</td><td>24.92%</td><td>28.84%</td><td>34.25%</td><td>30.90%</td></tr>
<tr><td>England Average</td><td>34.51</td><td>33.32%</td><td>32.78%</td><td>31.64%</td></tr>
<tr><td rowspan="2">Alcohol - PHOF C19c</td><td>Rotherham</td><td>25.42%</td><td>32.80%</td><td>35.80%</td><td>33.22%</td></tr>
<tr><td>England Average</td><td>36.42%</td><td>36.07%</td><td>35.75%</td><td>35.40%</td></tr>
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<td>Sept 2021-March 2023</td>
<td>Jacqui Wiltschinsky and Anne Charlesworth. RMBC</td>
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<td>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. Delivery now returns to business as usual.

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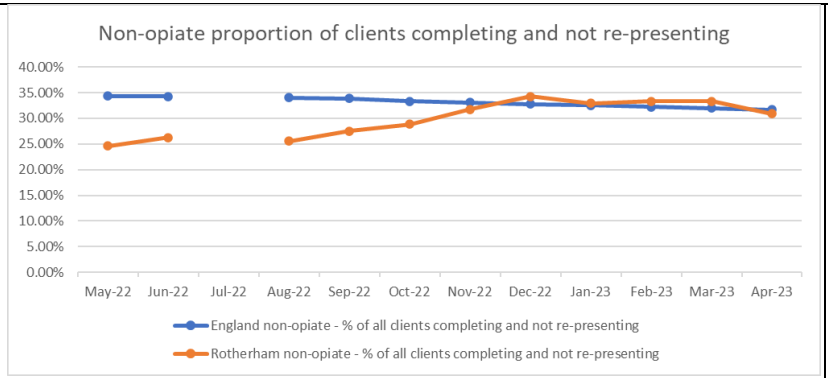
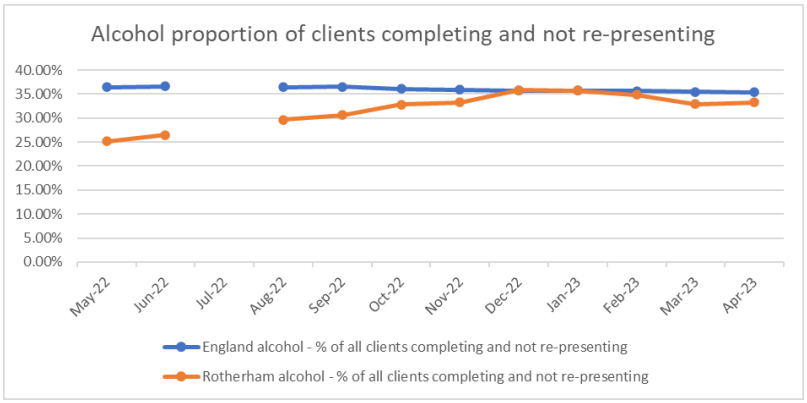
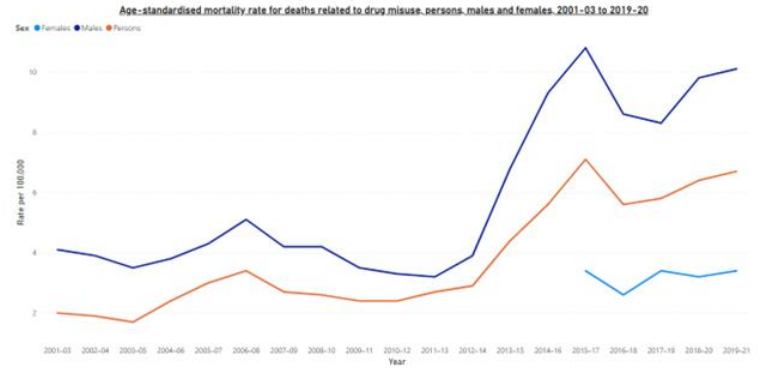




National Drug Treatment Monitoring System for Rotherham against the England average. Rotherham has shown some recent improvement and is now closer to the England average with an overall upward trajectory over the last 12 months which will continue to be monitored. The national measure on exits is also having some definition changes which may impact the data.

Disruption due to the change of provider is expected.

Improving outcomes from treatment and supporting recovery are the key tenets of the new funding from OHID. A community-based project is now established with VAR to build recovery capital in

						the community to support and maintain recovery using an evidence-based model and the IPS Grant is supporting with return to employment.
	3.13	Review and establish the drug-related death pathway to identify improvements across the system.  	Sept 2021-March 2023	Anne Charlesworth, RMBC		The drug and alcohol related death pathway has been established through the procurement and implementation of a drug and alcohol related death reporting and monitoring system, called QES; and the provision of a Drug and Alcohol Prevention Coordinator post. This post is populating QES with real time surveillance data from police databases in relation to suspected drug and alcohol related deaths. The real time surveillance data from

						both from the police and partner agencies will be fed into wider thematic reviews, as part of the newly established pathway.
	3.14	Deliver NHSE funded pilot to support frequent attenders to ED with complex Alcohol and Mental Health needs through an outreach team providing holistic support offer.	March 2024	Amanda Marklew, TRFT		Final Peer-to-Peer review April 23 NHSE complimentary of TRFT ambitions and exceptional outcomes. Invited to speak with national team to discuss moving forward. Local discussions to be arranged to build up a business case. Extension to March 2024 agreed in Feb 2023.

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		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		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		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, including • Warm Welcome and Open Arms Hubs running in libraries • Rotherham Federation- New Open Arms project • Shared reading groups • Children's capital of culture engagement • tenancy health checks The next update of the action plan is at the July/August meeting. Partners continue to deliver on their actions above. The next steps will be to look at focused work with specific vulnerable and at-risk groups. Activity during Mental Health Awareness week (May) was captured and promoted across Place, much of which promoted

						connecting people and local assets.
	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 September 2025	Leanne Buchan, RMBC		Work is underway to plan delivery of Rotherham Show 2023. The council will be working with Flux Rotherham, Children's Capital of Culture, Grimm & Co, Gullivers and Magna alongside communities from Wath, Ferham and Eastwood, to create a 2-day cultural festival at Clifton park on 2-3 September. We will continue to work with partners to ensure local communities have access and partners such as VAR will have representation at the festival. The council works closely with SYP to plan the event and ensure its safe running.
	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		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. An evaluation of the programme was completed in December 2022 and found that: • 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 • 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	Deliver a series of activities in libraries for people of all ages to connect, be active and learn new skills, and widen the accessibility of library services, through: • Pop-up libraries • Reading gardens • Makerspaces • Authors' visits and performances • Fun palaces	March 2025	Zoe Oxley, RMBC		Writing workshops for children, to promote the Rotherham Loves Writing competition, took place in Libraries and Neighbourhood Hubs over the Easter holiday at five library sites. The writers Nik Perring and Bethan Woollvin carried out workshops with classes at Wath, Kiveton and Aston Libraries & Neighbourhood Hubs in May to further promote the writing competition and to support children with their entries. Libraries & Neighbourhood Hubs will be hosting 4 events with Ray Matthews who will be talking about his life and achievements. The events will take place at Riverside, Wath, Wickersley and Mowbray Gardens and tickets will be sold on a 'pay as you feel' basis with all proceeds going to benefit the Newman School. Shared Reading Sessions at Swinton Library will be starting on 20th June 10.00-11.30 and

						these will take place weekly. A volunteer will be running the sessions along with a trained member of staff. FLUX 'Threads that Connect Us' - a creative project that has involved hundreds of people from across Rotherham. Based on reconnection and recovery, people have stitched, quilted and appliqued textile artworks, adding to the national creative textiles project 'Threads of Survival', the exhibition, launched in Riverside on 4th May. Workshops took place at 3 library sites and resource packs were available from all 15 sites. 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. A pop-up library will be taking place in July at Rotherham Minster as part of their social supermarket.

						Handlebards theatre company has contacted the library service, they are currently producing a play based on the children's book Anna Hibiscus' Song with a Sheffield based theatre company Utopia Theatre. Riverside Library will be one of the stop offs as part of the tour on Monday 24th and Tuesday 25th July 2023. In April 2023, the first pop up makerspace session took place at Maltby with 12 children, and their adults, in attendance. Plans are currently in place to deliver more of the same in Maltby due to the appetite from customers and staff to bring something new to the service offer. The mobile library van has visited children at Todwick Primary School, Blackburn primary School and Sitwell Infants. There are 4 more mobile van visits to schools planned for 2023. Libraries are now accommodating fortnightly sessions as part of the Rotherfed Open Arms project.

						The sessions are used to deliver holistic cost of living support to individuals. In conjunction with Flux, Swinton Library hosted six weeks of free pottery sessions. 120 adults and 36 children attended in total. 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. 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

						aimed at young teen fiction but are suitable for 9–11-year-olds. Using funding from 'Off The Shelf Festival', Rotherham Libraries & Neighbourhood Hubs ran one-off writing workshops at six different location, 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. A reading garden is planned for the new Swinton library which will open in the winter.
	4.9	Utilise libraries as death positive spaces, where the public can have conversations	March 2023	Zoe Oxley, RMBC		Death cafes are taking place at Mowbray on a bi-monthly basis

		around loss, grief, end of life planning and legacy. Explore legacy opportunities for programme, building on positive public response	March 2024			on the 3rd Thursday of the month. 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.
	4.10	Utilise and promote libraries as spaces for people to share experiences and response to specific health issues, including menopause and dementia, and improve community resilience	March 2025	Zoe Oxley, RMBC		A Menopause Cafe is currently running once a month at Maltby Library & Neighbourhood Hub. The focus of the Cafe is to break down the taboo around menopause, increase awareness of the impact of the menopause on those experiencing it, their family, friends and their colleagues. The service is looking at offering Menopause Cafes at other library sites and linking with partners such as Active Regen.

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 now established to maintain the relationship between the safeguarding boards and work on crosscutting issues. The safeguarding protocol has been updated. Meetings will take place bi-annually and boards' annual reports will be shared for the group to consider and for cross-cutting issues to be discussed.
	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.

						The revised action plan is due to be signed off either on or shortly following the next CDP Board meeting on 15/06/23, once finalised will be shared with HWBB.
	4.15	Delivery of vaccination programme for Covid-19 and flu	Annual target	Denise Littlewood, RMBC		561,222 Covid Vaccinations have been given in Rotherham in total . In line with Living with Covid, data is no longer being published for the number of 1st and 2nd vaccinations received. The Spring Booster Campaign is now underway – 16162 people have received this with a 62% uptake. Data updated 1st June 2023 The Flu vaccine uptake for patients registered at a Rotherham GP is 83.8% in all patients aged 65-years-old and above. For those aged Under 65-years-old, at risk only, the coverage is 52.2%. Data as of 28rd February 2023 – no updated data available.

Develop a borough that supports a healthy lifestyle.	4.16	Progress strategic approach to physical activity in Rotherham, through four key areas: • Active workforce • Social movements • Front line workers signposting • Local social prescribing structures	Nov 2022 (Action plan developed) March 2025 (Delivery)	Gilly Brenner, RMBC, with Norsheen Akhtar, Yorkshire Sport Foundation		Action plan presented to H&WbB in March. Continued monitoring of delivery of the plan to be overseen and driven through Wider physical activity and health subgroup reporting to Moving Rotherham Board. Moving Rotherham Board has been refreshed with new members. First meeting to take place in July 2023.
	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. Continued development of a range of training offers to meet need as detailed in Wider physical activity and health 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		Community delivery continues to take place across the borough and the recent attendance at the NY Stadium for RUFC ladies team demonstrates the increase in awareness of Women's football.

						Schools activity has risen.
	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 conversations on viability and sustainability are to take place this quarter.
	4.21	Finalise delivery plan for the approved cycling strategy.	March 2023	Andrew Moss, RMBC		Final Delivery Plan approved 30 March '23.
	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 awarded membership of Sustainable Food Places due to submitted action plan and network progress. Action plan will continue to be progressed to work towards submission for bronze award.

	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 OD lead, tbc		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 – • 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.

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		The Council has been working with partners and local spending profile data has now been provided by the Council and NHS Rotherham Foundation Trust for financial years 2020/21 and 2021/22. This has enabled some baselining and trend analysis activity to take place between the two organisations. Work will continue to encourage other partners to participate.
	5.2	Agree our partnership approach to act as anchor institutions to reduce health inequalities in Rotherham	March 2023	Place Board (Becky Woolley, RMBC)		Following a series of workshops in January and February, a proposed approach to take this agenda forward has been developed with various partnership subgroups.

						An action plan has been developed and was formally supported at Place Board.
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 Centre for Regional Economic and Social Research (Sheffield Hallam University) has been formally engaged to conduct State of the Sector research for South Yorkshire, including a place approach. The survey questions are currently being finalised. Rotherham State of The Sector Report (2023) details to be shared with Health and Wellbeing Board in January 2024.
	5.4	Conduct strategic impact assessment of Covid-19 on residents and Council services	May 2023	Lorna Quinn		The assessment is complete with the report being circulated through appropriate channels and to be presented at the Health and Wellbeing Board in June. Findings are 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 Continuing to November 2023	Michael Wright, TRFT		The Trust continues to test an 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 based on their particular needs. We have also now launched our Waiting Well programme. This provides 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. On top of this, we are testing a digital initiative to ensure we are aware of changes to patients' situations that may affect their prioritisation on the waiting list. The Trust is now part of the National

						Digital Weight Management Programme pilot, and is one of the first 3 trusts in the country to have patients referred into the programme since May 2023.
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		The JSNA refresh is complete and the JSNA has been through appropriate channels for sign-off. It will be published on the website ahead of the presentation at Health and Wellbeing board 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.

						Training is set to be scheduled for 2023.
	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.

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BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	28th June 2023
	LEAD OFFICER	Steph Watt Joint Head of Adult Commissioning (Rotherham Place) E-mail: steph.watt@nhs.net
	TITLE:	Better Care Fund (BCF) Plan 2023-25

Background

1.1 The purpose of this report is to give the Health and Wellbeing Board an overview of the Better Care Fund Plan for 2023/25.

1.2 The BCF Planning Template and Narrative Plan including capacity and demand for intermediate care services is in line with the Better Care Fund Policy Framework 2023-25 and the Better Care Fund Planning Requirements 2023-25.

Key Issues

2.1 **BCF Policy Framework and Planning Requirements for 2023/25**

The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.

The vision for the BCF plan in 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

BCF is a joint plan for 2023/25 which uses pooled budget arrangements to support integration, governed by an agreement under Section 75 of the NHS Act (2006).

The BCF planning and reporting has incorporated the utilisation of the NHS minimum contribution, IBCF, Disabled Facilities Grants and the Discharge funding.

2.2 **BCF Planning Template 2023/25**

The BCF planning template (Appendix 1) shows that the planning requirements which are set out in the BCF Policy Framework 2023-25 are fully met as follows:

(i) A jointly developed and agreed plan between the Council and South Yorkshire ICB (Rotherham Place) which has been signed off by the Health and Wellbeing Board.
(ii) Clear narrative for the integration of health, social care and housing
(iii) A strategic, joined up plan for Disabled Facilities Grant (DFG) spending
(iv) A demonstration of how the services commissioned will support people to remain independent for longer and to support them to remain in their own homes for longer
(v) How the additional funding to support discharge will be allocated for Adult Social Care and community based reablement capacity to reduce delayed discharges and improve outcomes.
(vi) A demonstration of how the services commissioned will support provision of the right care in the right place at the right time

(vii) A demonstration of how the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution

(viii) Confirmation that the components of the BCF pool that are earmarked for a purpose are being planned to be used for that purpose

(ix) The plan sets stretching targets which are clear and ambitious

2.3

Income and Expenditure

The total Better Care Fund (BCF) for 2023/24 is £50.681m, an increase of £1.425m from 2022/23. This increase is due to a combination of underspends in 2022/23 on the Improved BCF and Disabled Facilities Grants (DFG) carried forward, plus additional investment and the removal of non-recurrent funds from the previous year.

Spending Plans continue to be allocated to the 6 themes plus Improved Better Care Fund and Discharge grant funding and managed within 2 separate pooled funds, both the South Yorkshire ICB (Rotherham Place) and RMBC managing one pool fund each. This is in line with previous years and can be summarised in the table below:

Better Care Fund 2023/24 Budget	2023/24 INVESTMENT			2023/24 SPLIT BY POOL	
BCF Investment	SYICB SHARE	RMBC SHARE	Total	Pool 1 RMBC Hosted	Pool 2 SYICB Hosted
	£000	£000	£000	£000	£000
THEME 1 - Mental Health Services	1,464		1,464		1,464
THEME 2 - Rehabilitation & Reablement	12,188	6,759	18,947	18,947	
THEME 3 - Supporting Social Care	4,144		4,144		4,144
THEME 4 - Care Mgt & Integrated Care Planning	5,090		5,090		5,090
THEME 5 - Supporting Carers	791		791		791
THEME 6 - Infrastructure	242		242		242
Risk Pool	500		500		500
Improved Better Care Fund		15,948	15,948	15,948	
Discharge Funding	1,525	2,030	3,555	2,030	1,525
TOTAL BUDGET	25,944	24,737	50,681	36,925	13,756

The indicative budget for 2024/25 is £53.149m, this assumes that the budget for 2023/24 is fully spend. The underspend on the Disabled Facilities Grant and iBCF funding in 2022/23 as been profiled over the 2 financial years and are included in these budget figures. Any further underspend on the BCF in 2023/24 will be carried forward into 2024/25 subject to approval of the BCF Executive Group. Grant funding allocations for the IBCF and Disabled Facilities grant for 2024/25 will be announced in the next comprehensive spending review. It is therefore likely that the budget for 2024/25 will change and is only an estimate at this stage.

2.4

BCF National Metrics

The BCF Policy Framework for 2023-25 sets out BCF national metrics which includes stretching ambitions for improving outcomes against the national metrics from the fund. These include:

(i) **Indirectly standardised rate (ISR) of admissions per 100,000 population –** Areas of work linked to this plan to stabilise and support an improved Q3 include, anticipatory care development, growing the use of the virtual ward and increasing the volume of urgent community response activity. Consideration of alternative ambulance pathways such as the PUSH model may also support this.

(ii) **Emergency hospital admissions due to falls in people aged 65 years and over directly age standardised rate per 100,000 – new metric introduced for 2023/24 and 2024/25**. Indicator has seen small decreases over the last couple of years (based on local data). Trend currently expected to continue. Trajectory is provisional, further work required on standardisation.

(iii) **% of people discharged from acute hospital to normal place of residence** - Moving to a discharge to assess model expected to impact this indicator and development of a more integrated approach across health, social care and voluntary sector partners to support right care right time right place.

(iv) **Long-term support needs of older people (65 years and over) met by admissions to residential and nursing care homes, per 100,000 population** - The Council acknowledges that further work is required to achieve a stepped reduction in placements and BCF, Commissioning and Service joint working and quality plans will be monitored in year to support delivery of improvement.

(v) **% of older people (65 years and over) who were still at home 91 days later after discharge from hospital into reablement / rehabilitation services** - We recognise and will monitor the impact of both increased numbers offered and benefiting from service in cohort count, but also the challenge in maintaining effectiveness rate due to increased complexity of people accessing service.

2.5 **Capacity and Demand**

The BCF capacity and demand for Intermediate Care Services (including hospital discharge and avoidance) which has become a new requirement and is part of the BCF assurance process for 2023/25. This includes:

- The expected capacity and demand on intermediate care services (hospital discharges and community) during 2023/24
- Reablement, rehabilitation in a person's own home, intermediate care bed step up / step down, urgent community response and voluntary and community services.
- The demand for hospital discharges and community has been calculated using the referral rate from 2022/23.
- The capacity for hospital discharges and community has been calculated using the maximum caseload or number of admissions at any one given time based on agreed 85% bed occupancy rates and average length of stay.

2.6 **BCF Narrative Plan 2023/25**

An optional narrative plan has also been completed which complements the agreed spending plans and ambitions of BCF national metrics for local areas.

The BCF narrative template (Appendix 2) covers our joint approach to:

- Continue further integration of health and social care and how they will support further improvement of outcomes for people with care and support need.
- Primary, intermediate, community and social care services are being delivered to help people to remain at home including steps to personalise care and deliver asset-based approaches, implementing joined up approaches to population health management and proactive care
- Multi-disciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- Estimates of demand and capacity for intermediate care to support people in the community and support hospital discharges.
- Integrating care to support people to receive the right care in the right place at the right time

- Implementing the High Impact Change Model for managing transfer of care and any areas for improvement identified.
- IBCF and ASC Discharge Fund will ensure that duties under the Care Act are being delivered
- Supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.
- Strategic approach to using housing support, including DFG funding, that supports independence at home
- Addressing health inequalities and equality for people with protected characteristics within health and social services.

2.7

Key Priorities for 2023-25

The workstreams of the Urgent and Community transformation group (aligned to BCF and Ageing Well funding streams and Rotherham's Prevention and Health Inequalities strategy) are as follows:

Workstream 1: Sustaining People at Home, Prevention and Avoidance

The aim of this work stream is to develop a multi-disciplinary approach which provides the right level of care, at the right time and in the right place to support more people to remain/return to living in their own home as independently as possible and for as long as possible. Projects include:

1. Development of a prevention and anticipatory care model in localities to support those with complex needs, long term conditions and unplanned exacerbations aligned to Ageing Well priorities
2. Embedding and growing Rotherham's virtual ward offer for those who would otherwise be in an acute bed, supported by remote monitoring technology
3. Embedding and developing our urgent community response, growing referral numbers and ensuring a minimum 2 hour response at least 70% of the time
4. Delivering the 4 hour accident and emergency response standard including development of Rotherham's SDEC offer and alternative pathways to admission
5. Reviewing the falls offer to inform development of an integrated health and social care falls pathway

Workstream 2: Integrating a Sustainable Discharge to Assess Model (Priority 4)

The aim of this work stream is to develop and implement an integrated Discharge to Assess model, across 7 days, building on the changes made during the pandemic in response to national discharge guidance. We will target specific barriers to effective discharge, including those highlighted in the 100 day challenges, and enhance integrated working across acute and community health, care and the voluntary and community sector. Planned activity includes:

1. Developing and implementing a service improvement plan in the acute hospital to support early discharge planning with patients, carers and health, care and VCS colleagues to reduce those with no right to reside and long lengths of stay and support more people home.
2. Implement a Discharge to Assess model by moving assessment from the acute setting to the community and to further develop an integrated care co-ordination referral and triage hub for admission avoidance and discharge. Members of the hub will work together to identify the right pathway and level of care according to individual needs, facilitate movement across pathways as needs change and maximise effective use of resource.
3. Developing and implementing a service improvement plan in the community bed base to support early discharge planning with patients, carers and health, care and VCS colleagues to reduce those with no right to reside, long lengths of stay and support more people home

4. Review the community bed base offer in the post pandemic, home first contex

Workstream 3: Digital Whole System Flow

This work stream aims to use technology to support patient care and improve efficiency. Activity includes:

1. Approval and roll out of an assistive care strategy to promote independence and wellbeing and reduce reliance on formal care
2. Procurement of remote monitoring to support the virtual ward. This is being progressed with Barnsley and Sheffield through a joint process co-ordinated by South Yorkshire ICB
3. Digitising record keeping in care homes, part of a wider South Yorkshire programme
4. Expanding the acute command centre to provide a whole system OPEL escalation overview and performance dashboards for operational and strategic decision making.
5. Refreshing our capacity and demand model for intermediate care and discharge

Key Changes since Previous BCF Plan

The key changes since the last BCF plan are as follows:

- Further integration of community health, social and voluntary sector services to support people at home. This includes the initial phase of establishing a co-located multi-disciplinary referral and triage hub to co-ordinate the right level of care for individuals and reduce avoidable admissions and facilitate discharge.
- Increase in health and social care services to support more people at home. This includes support for health rapid response services, reablement and home care as well as the equipment service to enable the needs of the individual to be met at home.
- Both changes detailed above has enabled Rotherham Place to rapidly roll out the 'PUSH' model with Yorkshire Ambulance service in response to industrial action. This was initially in response to low level falls which resulted in "long lies" and potential complications and is currently being expanded and embedded. Over 50 conveyances and potential admissions have been avoided in Quarter 1 through this pathway.
- Investment in the community bed base has supported a higher level of acuity / complexity for people who cannot be supported at home and facilitated system flow.
- Support for the VCS hospital after care service has facilitated more timely discharge from acute and community beds, reducing the reliance on formal services. As well as transport, settling in support and advice, the service now provides low level non personal enablement and a follow up safety netting service.
- Support for carers – a Carers Strategy Manager has taken up post. The role will focus on delivering the objectives of "The Borough that Cares" Strategy
- The publication of the Market Position Statement for the South Yorkshire Integrated Care System (ICS) in relation to housing with support for people with learning disabilities and / or autism
- Further roll out of ECHO e-learning platform to cover health related topics including End of Life Care, Dementia, Falls, Strokes, Diabetes.
- Increased the spend on the COT provision in year to support the demand profile and to reduce waiting times
- Continued funding for brokerage to provide support over the weekend to facilitate hospital discharges.
- Continued funding for a Public Health Specialist (and admin. support) for the programme management of the Prevention and Health Inequalities Strategy.
- Workforce investment has enabled innovative approaches to be taken including development of a hybrid health and social care support worker role to support more people at home.
- Utilising technology as an alternative to formal care including use of assistive technology and promotion of Single Handed or Proportionate Care, an ethos which asks if the person's needs can be met by one carer with use of equipment, adaptations and techniques.

Key Actions and Relevant Timelines

3.1 The BCF planning and narrative templates for 2023/25 will go through various stages of the approval process as follows:

Task	Timeline
BCF Operational Group	12th May 2023
BCF Executive Group	17th May 2023
Optional Draft Planning Submission (highly recommended)	19th May 2023
Feedback on Optional Draft Planning Submission	w/c 5th June 2023
Health and Wellbeing Board	28th June 2023
Final Planning Submission to NHS England	28th June 2023
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	28th June to 28th July 2023
Regionally moderated assurance outcomes sent to BCF team	28th July 2023
Cross-regional calibration	3rd August 2023
Approval letters issued giving formal permission to spend (NHS minimum)	3rd Sept 2023
Revised S75 Agreement and BCF Call Off Partnership Work Order 2023/25 to Health and Wellbeing Board	27th Sept 2023
All Section 75 Agreements to be signed and in place	31st October 2023

Implications for Health Inequalities

4.1 Addressing health inequalities is integral to the allocation of BCF resource and funded schemes. This includes contributing to achieving the strategic aims of developing healthy lifestyles and prevention pathways, supporting prevention and early diagnosis of chronic conditions and targeting variation.

BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.

Recommendations

5.1 **That the Health and Wellbeing Board approves the:**

(i) Documentation for submission to NHS England (NHSE) on 28th June 2023.

BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.

5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs
- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
    - emergency admissions due to falls for the year for people aged 65 and over (count)
    - estimated local population (people aged 65 and over)
    - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2023-25 Template

2. Cover

HM Government

NHS England

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Complete:
Health and Wellbeing Board:	Rotherham		Yes
Completed by:	Karen Smith		Yes
E-mail:	karen-nas.smith@rotherham.gov.uk		Yes
Contact number:	01709 254870		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No		Yes
If no please indicate when the HWB is expected to sign off the plan:	Wed 28/06/2023	<< Please enter using the format, DD/MM/YYYY	Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	David	Roche	david.roche@rotherham.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Christopher	Edwards	chris.edwards@nhs.net	Yes
	Additional ICB(s) contacts if relevant	Miss	Claire	Smith	claire.smith138@nhs.net	Yes
	Local Authority Chief Executive	Mrs	Sharon	Kemp	sharon.kemp@rotherham.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Ian	Spicer	ian.spicer@rotherham.gov.uk	Yes
	Better Care Fund Lead Official	Mr	Scott	Matthewman	scott.matthewman@rotherham.gov.uk	Yes
	LA Section 151 Officer	Mrs	Judith	Badger	judith.badger@rotherham.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	SYICB (Rotherham Place) Finance Officer	Mrs	Wendy	Allott	wendy.allott@nhs.net	
	SYICB (Rotherham Place) Head of Commissioning (Adults - Joint SY	Mrs	Steph	Watt	steph.watt@nhs.net	
	Local Authority Head of Finance	Ms	Gioia	Morrison	gioia.morrison@rotherham.gov.uk	

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Capacity&Demand	Yes
5. Income	Yes
6a. Expenditure	No
7. Metrics	Yes
8. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Rotherham

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£3,063,735	£3,063,735	£3,063,735	£3,063,735	£0
Minimum NHS Contribution	£24,187,917	£25,556,953	£24,187,917	£25,556,953	£0
iBCF	£14,480,543	£14,480,543	£14,480,543	£14,480,543	£0
Additional LA Contribution	£5,393,038	£4,192,038	£5,393,038	£4,192,038	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£2,030,150	£3,383,000	£2,030,150	£3,383,000	£0
ICB Discharge Funding	£1,525,000	£2,473,000	£1,525,000	£2,473,000	£0
Total	**£50,680,383**	**£53,149,269**	**£50,680,383**	**£53,149,269**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£6,873,521	£7,262,562
Planned spend	£14,515,917	£15,128,000

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£8,602,274	£9,089,163
Planned spend	£13,874,000	£14,869,953

Metrics >>

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	255.8	255.8	250.9	242.0

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,796.5	1,770.4
	Count	913	900
	Population	52551	52551

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.5%	94.0%	93.5%	94.0%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	618	572

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	75.4%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Rotherham

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month.
The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabiitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:
- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.
You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:
- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.	Demand for 2023/24 is based on the referral rate in 2022/23. Capacity is based on maximum capacity of 85% bed occupancy rates (KPI target) and average LoS of 32 days for IC reablement beds. 89% bed occupancy rates were achieved in 2022/23, therefore capacity is at a similar rate. Demand for social care support (including VCS) is based on the referral rate in 2022/23 and capacity is based on the contracted rate for 2023/24. Demand for other community services is based on the referral rate in 2022/23 and maximum caseload (number of people who can be looked after at any one given time). The data suggests that there is sufficient capacity in Pathways 1-3 to support hospital discharge (demand is 5,258 and capacity is 5,795) but there is less capacity in Pathways 1 in the community to meet demand (total

	Complete:
3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Demand - Hospital Discharge

Trust Referral Source (Select as many as you need)	Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
THE ROTHERHAM NHS FOUNDATION TRUST	Social support (including VCS) (pathway 0)	557	567	584	554	515	553	539	661	585	672	602	739
THE ROTHERHAM NHS FOUNDATION TRUST	Reablement at home (pathway 1)	42	50	36	50	44	36	43	54	52	55	60	58
THE ROTHERHAM NHS FOUNDATION TRUST	Rehabilitation at home (pathway 1)	72	72	70	72	72	70	72	70	72	71	64	72
THE ROTHERHAM NHS FOUNDATION TRUST	Short term domiciliary care (pathway 1)	234	234	226	234	234	226	226	226	234	234	193	234
THE ROTHERHAM NHS FOUNDATION TRUST	Reablement in a bedded setting (pathway 2)	40	31	39	28	42	37	42	47	24	36	37	30
THE ROTHERHAM NHS FOUNDATION TRUST	Rehabilitation in a bedded setting (pathway 2)	24	24	24	24	24	24	24	24	24	24	24	24
THE ROTHERHAM NHS FOUNDATION TRUST	Short-term residential/nursing care for someone likely to require a longer-term care home placement	0	1	10	3	3	6	6	2	2	4	3	5

3.2 Demand - Community

Demand - Intermediate Care

Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	1	3	1	0	0	0	1	1
Urgent Community Response	514	514	497	514	514	497	514	497	514	514	464	514
Reablement at home	19	22	19	20	14	20	12	17	19	20	40	36
Rehabilitation at home	582	582	564	582	582	564	582	564	582	582	526	582
Reablement in a bedded setting	3	8	4	5	8	11	14	9	4	10	14	11
Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	497	497	497	497	497	497	497	497	497	497	497	497
Reablement at Home	Monthly capacity. Number of new clients.	48	48	48	48	48	48	48	48	49	49	49	49
Rehabilitation at home	Monthly capacity. Number of new clients.	87	87	87	87	87	87	87	87	87	87	87	87
Short term domiciliary care	Monthly capacity. Number of new clients.	255	255	255	255	255	255	255	255	255	255	255	255
Reablement in a bedded setting	Monthly capacity. Number of new clients.	34	36	40	36	40	36	41	39	36	37	39	36
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	24	24	24	24	24	24	24	24	24	24	24	24
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.	4	4	4	4	4	3	3	3	4	4	4	4

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly

ICB	LA	Joint
100%	0%	0%
0%	0%	100%
100%	0%	0%
0%	100%	0%
0%	0%	100%
100%	0%	0%
100%	0%	0%

3.4 Capacity - Community

Capacity - Community

Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	3	3	3	3	3	3	3	3	3	3	3	3
Urgent Community Response	Monthly capacity. Number of new clients.	500	500	500	500	500	500	500	500	500	500	500	500
Reablement at Home	Monthly capacity. Number of new clients.	21	21	21	21	21	21	22	22	22	22	22	22
Rehabilitation at home	Monthly capacity. Number of new clients.	500	500	500	500	500	500	500	500	500	500	500	500
Reablement in a bedded setting	Monthly capacity. Number of new clients.	3	8	4	5	8	11	14	9	4	10	14	11
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly

ICB	LA	Joint
100%	0%	0%
100%	0%	0%
0%	0%	100%
100%	0%	0%
0%	0%	100%
100%	0%	0%
100%	0%	0%

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Rotherham

Local Authority Contribution		
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2
Rotherham	£3,063,735	£3,063,735
DFG breakdown for two-tier areas only (where applicable)		
Total Minimum LA Contribution (exc iBCF)	**£3,063,735**	**£3,063,735**

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Rotherham	£2,030,150	£3,383,000

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS South Yorkshire ICB	£1,525,000	£2,473,000
Total ICB Discharge Fund Contribution	£1,525,000	£2,473,000

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Rotherham	£14,480,543	£14,480,543
Total iBCF Contribution	**£14,480,543**	**£14,480,543**

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Rotherham	£1,496,000	£1,500,000	DFG balance b/fwd from 22/23
Rotherham	£2,199,038	£2,222,038	Intermediate Care and Occupational Therapy
Rotherham	£1,698,000	£470,000	ibcf c/fwd 22/23 plus Carers Strategy
Total Additional Local Authority Contribution	**£5,393,038**	**£4,192,038**	

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS South Yorkshire ICB	£24,187,917	£25,556,953
Total NHS Minimum Contribution	**£24,187,917**	**£25,556,953**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£24,187,917**	**£25,556,953**	

	2023-24	2024-25
Total BCF Pooled Budget	**£50,680,383**	**£53,149,269**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
The carry forward for Disabled Facilities Grant and iBCF funding has been profiled over both 23/24 and 24/25.

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Rotherham

<< Link to summary sheet

Running Balances	2023-24 Income	2023-24 Expenditure	2023-24 Balance	2024-25 Income	2024-25 Expenditure	2024-25 Balance
DFG	£3,063,735	£3,063,735	£0	£3,063,735	£3,063,735	£0
Minimum NHS Contribution	£24,187,917	£24,187,917	£0	£25,556,953	£25,556,953	£0
iBCF	£14,480,543	£14,480,543	£0	£14,480,543	£14,480,543	£0
Additional LA Contribution	£5,393,038	£5,393,038	£0	£4,192,038	£4,192,038	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£2,030,150	£2,030,150	£0	£3,383,000	£3,383,000	£0
ICB Discharge Funding	£1,525,000	£1,525,000		£2,473,000	£2,473,000	£0
Total	**£50,680,383**	**£50,680,383**	**£0**	**£53,149,269**	**£53,149,269**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24 Minimum Required Spend	2023-24 Planned Spend	2023-24 Under Spend	2024-25 Minimum Required Spend	2024-25 Planned Spend	2024-25 Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£6,873,521	£14,515,917	£0	£7,262,562	£15,128,000	£0
Adult Social Care services spend from the minimum ICB allocations	£8,602,274	£13,874,000	£0	£9,089,163	£14,869,953	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

>> Incomplete fields on row number(s):
60, 61,

Planned Expenditure

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average)
1	Adult Mental Health Liaison	Adult mental health support in community supporting independence and recovery	Integrated Care Planning and Navigation	Care navigation and planning					Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£1,464,000	£1,547,000	100%
2	Falls Service	Community service (health) supporting reablement/prevention to	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£519,000	£548,000	100%
3	Reablement	LA Reablement Service	Home-based intermediate care services	Reablement at home (to prevent admission to hospital or residential care)		838	920	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,087,000	£1,087,000	56%
3	Domiciliary Care	Provision of domiciliary care services to help people live in their own homes	Home Care or Domiciliary Care	Domiciliary care packages		34022	34022	Hours of care	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£758,000	£758,000	7%
4	Community Stroke Service	Integrated stroke pathway to support early discharge/rehabilitation	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£581,000	£614,000	100%
5	Community Neuro Rehab	Integrated neuro pathway to support early discharge and rehabilitation	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£179,000	£189,000	11%
6	Breathing Space	Community based service for people with Chronic Obstructive Pulmonary	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£2,031,000	£2,146,000	100%
7	Otago Exercise Programme	Falls prevention exercise programme	Personalised Care at Home	Physical health/wellbeing					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£20,000	£20,000	100%
8	Mediquip (Wheelchairs & Equipment)	Integrated Community Equipment Service	Prevention / Early Intervention	Other	small items of equipment to enable people to				Social Care		NHS			Private Sector	Minimum NHS Contribution	Existing	£1,909,000	£2,017,000	95%
8	Mediquip (Wheelchairs & Equipment)	Integrated Community Equipment Service	Prevention / Early Intervention	Other	small items of equipment to enable people to				Social Care		NHS			Private Sector	iBCF	Existing	£92,000	£92,000	5%
9	Community OT	Occupational Therapy Assessments	Prevention / Early Intervention	Other	OT assessments carried out by community				Social Care		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£483,000	£510,000	53%

9	Community OT	Occupational Therapy Assessments	Prevention / Early Intervention	Other	OT assessments carried out by community				Social Care		LA			NHS Community Provider	Additional LA Contribution	Existing	£420,000	£443,000	47%
10	Disabled Facilities Grant	Major property adapatations to enable people to continue to live independently within	DFG Related Schemes	Adaptations, including statutory DFG grants		201	201	Number of adaptations funded/people	Social Care		LA			Local Authority	DFG	Existing	£2,193,735	£2,193,735	72%
10	Disabled Facilities Grant	Community alarm and Equipment service to support independent living	Assistive Technologies and Equipment	Community based equipment		2134	2200	Number of beneficiaries	Social Care		LA			Local Authority	DFG	Existing	£870,000	£870,000	28%
10	Additional Disabled Facilities Grant schemes	Additional major Adaptations	DFG Related Schemes	Other	Balance brought forward from slippage in	201	201	Number of adaptations funded/people	Social Care		LA			Local Authority	Additional LA Contribution	New	£1,496,000	£1,500,000	100%
11	Age UK Hospital Discharge	Hospital Discharge supporting flow	Personalised Care at Home	Physical health/wellbeing					Other	Charity / Voluntary Sector	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£168,000	£178,000	100%
12	Stroke Association Service	VCS provision to support stroke survivors	Personalised Care at Home	Physical health/wellbeing					Other	Charity / Voluntary Sector	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£57,000	£60,000	100%
13	Intermediate Care	Residential Rehabilitation for patients who cannot return home from hospital	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		530	550	Number of Placements	Social Care		LA			Local Authority	Additional LA Contribution	Existing	£1,779,038	£1,779,038	67%
13	Intermediate Care	Residential Rehabilitation for patients who cannot return home from hospital	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		374	375	Number of Placements	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,039,000	£1,039,000	37%
13	Intermediate Care	Residential Rehabilitation for patients who cannot return home from hospital	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		288	288	Number of Placements	Social Care		NHS			Private Sector	Minimum NHS Contribution	Existing	£1,467,000	£1,550,000	100%
13	Intermediate Care - Home first	Rehabilitation and reablement pathway home	Home-based intermediate care services	Reablement at home (to support discharge)		374	375	Packages	Social Care		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£862,000	£910,000	100%
13	Intermediate Care - Therapy	Rehabilitation and reablement pathway home	Bed based intermediate Care Services (Reablement,	Other	Social Care	374	375	Number of Placements	Social Care		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£528,000	£534,000	100%
13	Intermediate Care - Therapy	Rehabilitation and reablement pathway home	Bed based intermediate Care Services (Reablement,	Other	Social Care	374	375	Number of Placements	Social Care		LA			NHS Mental Health Provider	Minimum NHS Contribution	Existing	£97,000	£97,000	100%
13	Intermediate Care - GP Cover	GP support for bed based intermediate care services	Bed based intermediate Care Services (Reablement,	Other	GP Cover	374	375	Number of Placements	Primary Care		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£36,000	£36,000	100%
13	Intermediate Care	Rehabilitation and reablement pathway home	Home-based intermediate care services	Reablement at home (to support discharge)		374	375	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£367,000	£387,000	100%
14	Direct Payments	Personal budget to support an individual social care plan and support	Personalised Budgeting and Commissioning						Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£1,283,000	£1,283,000	7%
14	Supported Living	A range of services to support the independence of people with a learning disability	Residential Placements	Supported housing		8	8	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£410,000	£410,000	14%
15	Care Act	Deprivation of Liberty Safeguards (Dols) support	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£40,000	£40,000	6%
15	Care Act	Direct Payments and Domiciliary Care provision	Care Act Implementation Related Duties	Other	Direct Payments and Domiciliary Care provision				Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£661,000	£661,000	3%
16	Mental Health rehabilitation services	Rehabilitation and support in a bed base provision	Residential Placements	Care home		3	3	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£209,000	£209,000	6%
17	Learning Disabilities independent	Learning disabilities residential placements	Residential Placements	Learning disability		11	11	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£984,000	£984,000	8%
17	Learning Disabilities Domiciliary Care	Learning Disabilities Domiciliary Care packages	Home Care or Domiciliary Care	Domiciliary care packages		1661	1661	Hours of care	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£37,000	£37,000	12%
18	Free Nursing Care	NHS Funded Nursing Care	Residential Placements	Nursing home		98	98	Number of beds/Placements	Social Care		LA			Private Sector	Minimum NHS Contribution	New	£520,000	£1,243,953	29%
19	GP Case Management	Empowering GP's to take full responsibility for all health and social care input	Community Based Schemes	Other	GP Support for Long Term Conditions				Primary Care		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£1,138,917	£1,140,000	100%
20	Care Home Support Service	Integrated community service to care homes	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£312,000	£330,000	100%
21	Hospice - end of Life Care	EOLC support to ensure needs are meet	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£967,000	£967,000	26%

22	Social Prescribing	Links patients in primary care with non medical support within the community and	Prevention / Early Intervention	Social Prescribing					Other	Health and Social Care	NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£856,000	£856,000	100%
23	Social Work Support (A&E, Case	Includes Fast Reponse and Supported Discharge Pathways teams	High Impact Change Model for Managing Transfer of Care	Flexible working patterns (including 7 day working)					Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£919,000	£919,000	22%
24	Care co-ordination Centre	A single point of contact for health and social care professionals providing	Community Based Schemes	Integrated neighbourhood services					Community Health		NHS			NHS Acute Provider	Minimum NHS Contribution	Existing	£896,000	£947,000	100%
25	Carers Support Services	Implement Carers Strategy to support unpaid carers across the borough	Carers Services	Carer advice and support related to Care Act duties		30,000	30,000	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	New	£237,000	£237,000	51%
25	Carers Support Services	Carers Emergency Scheme	Carers Services	Carer advice and support related to Care Act duties		30	30	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£23,000	£23,000	100%
25	Carers Support Services	Direct Payments and domiciliary care provision	Carers Services	Respite services		50	50	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£301,000	£301,000	8%
26	Joint Commissioning Team	Joint Commissioner team staffing costs	Enablers for Integration	Joint commissioning infrastructure					Other	Commissioning	NHS			Local Authority	Minimum NHS Contribution	Existing	£50,000	£50,000	50%
27	IT to Support Community Transformation	Digital enablers to support integration of community services	Enablers for Integration	System IT Interoperability					Other	Information sharing	NHS			NHS	Minimum NHS Contribution	Existing	£192,000	£192,000	100%
28	BCF Risk Pool	Risk pool - contingency for unforeseen cost pressures	Other						Other	Contingency	NHS			NHS	Minimum NHS Contribution	Existing	£500,000	£500,000	100%
29	Adaptation of Liquid Logic to support care	Support IT infrastructure and promote integrated working	Enablers for Integration	System IT Interoperability					Social Care		LA			Local Authority	iBCF	Existing	£60,000	£60,000	100%
30	Rotherham Place DTOC Project Manager	Strategic Project Manager post to support hospital discharge pathway	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Acute		NHS			NHS Acute Provider	iBCF	Existing	£85,000	£85,000	100%
31	Health Inequalities	Project support to implementation population health priorities	Integrated Care Planning and Navigation	Support for implementation of anticipatory care					Other	Public Health	LA			Local Authority	iBCF	Existing	£90,000	£90,000	100%
32	Trusted Assessor	Assessments and care planning to reduce delays in hospital discharges	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Acute		NHS			NHS Acute Provider	iBCF	Existing	£70,000	£70,000	100%
33	Social Care Sustainability	Older People Residential placements	Residential Placements	Care home		79	79	Number of beds/Placements	Social Care		LA			Private Sector	iBCF	Existing	£2,779,000	£2,779,000	36%
33	Social Care Sustainability	Older People Domiciliary Care provision	Home Care or Domiciliary Care	Domiciliary care packages		68537	68537	Hours of care	Social Care		LA			Private Sector	iBCF	Existing	£1,527,000	£1,527,000	15%
33	Social Care Sustainability	Provision of direct payments to support people within their own homes	Personalised Budgeting and Commissioning						Social Care		LA			Private Sector	iBCF	Existing	£700,000	£700,000	11%
33	Social Care Sustainability	Residential placements for younger adults with a Learning Disability.	Residential Placements	Learning disability		25	25	Number of beds/Placements	Social Care		LA			Private Sector	iBCF	Existing	£2,238,000	£2,238,000	19%
34	Care Market Capacity and sustainability	Supporting the increase in provider costs, for example, due to the increase in NLW	Residential Placements	Other	Meeting increasing costs of placements	889	889	Number of beds/Placements	Social Care		LA			Private Sector	iBCF	Existing	£4,225,543	£4,225,543	100%
35	Care Market Capacity and sustainability	Supporting the increase in LD provider costs, including the increase in NLW plus	Residential Placements	Supported housing		13	13	Number of beds/Placements	Social Care		LA			Private Sector	iBCF	Existing	£753,000	£753,000	46%
36	Prevention and Early Intervention	Voluntary Sector advice and Support at front of access	Prevention / Early Intervention	Other	Advice and Guidance				Social Care		LA			Charity / Voluntary Sector	iBCF	Existing	£50,000	£50,000	100%
37	Prevention and Early Intervention	Advocacy support, advice and guidance for people with a learning disability	Prevention / Early Intervention	Other	Advice and Guidance				Social Care		LA			Charity / Voluntary Sector	iBCF	Existing	£55,000	£55,000	100%
38	Perform Plus	Coaching Programme to increase capacity and performance of the social	Enablers for Integration	Workforce development					Social Care		LA			Local Authority	iBCF	Existing	£48,000	£48,000	100%
39	Reablement - Additional staffing	Increase capacity of reablement service	Workforce recruitment and retention						Social Care		LA			Local Authority	iBCF	Existing	£87,000	£87,000	4%
40	Spot purchase Reablement beds	Short term provision within the independent sector to support hospital discharge	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		150	150	Number of Placements	Social Care		LA			Private Sector	iBCF	Existing	£107,000	£107,000	73%
41	Escalation wheel	Supports oversight on system prsessures to conentrate actions/escalation on	Enablers for Integration	Data Integration					Acute		NHS			NHS Acute Provider	iBCF	New	£12,000	£12,000	100%

42	Community Services	Contingency for additional demand for Community Services	Community Based Schemes	Other	Contingency				Social Care		LA			Local Authority	iBCF	New	£157,000	£157,000	100%
43	Tactical Brokerage	To broker residential and home care packages of care from commissioned providers	Other						Social Care		LA			Local Authority	iBCF	Existing	£110,000	£110,000	100%
44	Winter Bed Capacity	Discharge Pathways and Patient Flow	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Other	Winter Planning	NHS			Private Sector	iBCF	Existing	£500,000	£500,000	100%
45	Integrated Discharge Team	Multi-disciplinary teams to support hospital discharges	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	iBCF	Existing	£225,000	£225,000	21%
46	Early Planning Team	Social Work team to support hospital discharges	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	iBCF	Existing	£237,000	£237,000	14%
47	Additional Winter Capacity	Winter Planning contingency	Other						Social Care		LA			Local Authority	iBCF	Existing	£273,000	£273,000	100%
48	Digital Champion	Digital Champion lead - Assistive Technology	Assistive Technologies and Equipment	Digital participation services		5,000	5,000	Number of beneficiaries	Social Care		LA			Local Authority	Additional LA Contribution	New	£78,000	£0	100%
49	Additional Social work Capacity	Additional Social work Capacity - Learning Disabilities	Workforce recruitment and retention						Social Care		LA			Local Authority	Additional LA Contribution	New	£250,000	£250,000	100%
50	PCN Social Work Practitioners	Additional roles to link with PCN's as part of anticipatory care model	Workforce recruitment and retention						Social Care		LA			Local Authority	Additional LA Contribution	New	£120,000	£120,000	100%
51	Prevention and Early Intervention	NEW front door prevention capacity to ensure deflection	Prevention / Early Intervention	Other	2 FTE posts				Social Care		LA			Local Authority	Additional LA Contribution	New	£100,000	£100,000	100%
52	Self-Assessment	Implementation of self-assessment and the LAS citizen portal	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	Additional LA Contribution	New	£70,000	£0	100%
53	Suicide Prevention	Suicide Prevention	Prevention / Early Intervention	Risk Stratification					Social Care		LA			Local Authority	Additional LA Contribution	New	£5,000	£0	100%
54	Trusted Reviewer (Home Care)	To avoid admission, free up capacity ACI	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Social Care		LA			Local Authority	Additional LA Contribution	New	£130,000	£0	100%
55	Deflection from the front door	Prevention Services - VCS	Prevention / Early Intervention	Risk Stratification					Social Care		LA			Local Authority	Additional LA Contribution	New	£100,000	£0	100%
56	Integrated Brokerage Support Service	Additional Brokerage resources	Workforce recruitment and retention						Social Care		LA			Local Authority	Additional LA Contribution	New	£100,000	£0	100%
57	Digital Health Record	ASC providers to access digital health record	Enablers for Integration	Data Integration					Social Care		LA			Local Authority	Additional LA Contribution	New	£15,000	£0	100%
58	Winter Planning	Additional Winter Capacity	Other						Social Care		LA			Local Authority	Additional LA Contribution	New	£300,000	£0	100%
59	Crisis Support	Remodelling of MH crisis service / offer	High Impact Change Model for Managing Transfer of Care	Housing and related services					Social Care		LA			Local Authority	Additional LA Contribution	New	£200,000	£0	100%
60	Carers Support Services	Careres Strategy	Carers Services	Other	Other	30000	30000	Beneficiaries	Social Care		LA			Local Authority	Additional LA Contribution	New	£230,000	£0	49%
61	Home Care/Care Home sustainability	To meet the challenges of escalating cost pressures within this service, relating to	Workforce recruitment and retention	Improve retention of existing workforce		1313	1378	WTE's gained	Continuing Care		NHS			Private Sector	ICB Discharge Funding	New	£1,011,600	£1,933,930	3%
62	SYHA Discharge Support	Additional housing inreach on to ward to support with housing issues to support	Housing Related Schemes						Mental Health		NHS			Private Sector	ICB Discharge Funding	Existing	£58,000	£60,900	100%
63	Community Equipment	Supply and delivery of additional Community based equipment to increase ability	Assistive Technologies and Equipment	Community based equipment		173	183	Number of beneficiaries	Community Health		NHS			Private Sector	ICB Discharge Funding	Existing	£150,000	£157,500	6%
64	Alternative to Admission	Spot purchase short term stay to help manage a crisis situation.	Bed based intermediate Care Services (Reablement,	Other	Crisis alternative	2	2	Number of Placements	Mental Health		NHS			NHS Mental Health Provider	ICB Discharge Funding	New	£150,000	£157,500	100%
65	Hospice - Clinical Nurse Specialist	Clinical Nurse Specialist which will enable increased community activity allowing	Workforce recruitment and retention						Community Health		NHS			Charity / Voluntary Sector	ICB Discharge Funding	Existing	£65,000	£68,250	3%
66	Hospice - Increased Inpatient Unit	Improve the management of discharge from the hospice thus increasing bed	Other	Other	Hospice beds - supported flow through IPU beds				Community Health		NHS			Charity / Voluntary Sector	ICB Discharge Funding	Existing	£60,000	£63,000	3%

67	CHC – assessments	Increase number and speed of assessments to improve flow	Other	Additional or redeployed capacity from current care workers					Continuing Care		NHS			Private Sector	ICB Discharge Funding	Existing	£30,400	£31,920	100%
68	Integrated Discharge Team	Additional avoidance / front door capacity	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge					Social Care		LA			Local Authority	Local Authority Discharge	New	£120,000	£120,000	100%
69	Reablement expansion	Additional hours dedicated to hospital discharge + funding for a Deputy	Home-based intermediate care services	Reablement at home (to support discharge)		84	92	Packages	Social Care		LA			Local Authority	Local Authority Discharge	New	£200,000	£200,000	100%
70	Davies Court Intermediate Care	Support discharge capacity and admission avoidance	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		190	190	Number of Placements	Social Care		LA			Local Authority	Local Authority Discharge	New	£500,000	£500,000	100%
71	Rothercare - installer	Additional post to support discharge and avoidance	Enablers for Integration	Data Integration					Social Care		LA			Local Authority	Local Authority Discharge	New	£30,000	£30,000	100%
72	Housing Officer	Housing officer align to ACT/IDT	High Impact Change Model for Managing Transfer of Care	Housing and related services					Social Care		LA			Local Authority	Local Authority Discharge	New	£50,000	£50,000	100%
73	CHC assessors	CHC co-ordinators in practice hub	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	Local Authority Discharge	New	£150,000	£150,000	100%
74	MH Discharge	MH discharge co-ordinator due to DToC	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	Local Authority Discharge	New	£100,000	£100,000	100%
75	Intermediate Care	Athorpe Lodge 24 Community Beds fee Uplift	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		288	288	Number of Placements	Social Care		NHS			Private Sector	Local Authority Discharge	Existing	£93,000	£93,000	100%
76	Incentive payment - Fees for Nursing EMI Beds	Incentive payment - Fees for Nursing EMI Beds	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with rehabilitation (to support discharge)		56	56	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge	New	£138,000	£138,000	100%
77	Trusted Assessor for Care Homes	Trusted Assessor for Care Homes over 7 days	High Impact Change Model for Managing Transfer of Care	Trusted Assessment					Social Care		LA			NHS	Local Authority Discharge	New	£100,000	£100,000	100%
78	Administrative Support	Administrative Support	Other						Social Care		LA			Local Authority	Local Authority Discharge	New	£40,000	£40,000	100%
79	Fast Response	Fast Response - additional capacity to accommodate discharge - up to 3 day period	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Social Care		LA			Private Sector	Local Authority Discharge	New	£130,000	£130,000	100%
80	Home Care	Home Care Temporary Block Capacity - if capacity shortfall home care	Home Care or Domiciliary Care	Short term domiciliary care (without reablement input)		49	49	Packages	Social Care		LA			Private Sector	Local Authority Discharge	New	£379,150	£379,150	3%
81	LA Discharge funding 24/25	Balance of LA Discharge funding to be allocated for 24/25	Other						Social Care		LA			Local Authority	Local Authority Discharge	New	£0	£1,352,850	40%

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.

12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Rotherham

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	259.1	232.6	275.6	236.0	Q3 and Q4 (based on current available data) have been more challenging than expected in terms of ACS admissions. This is thought to be linked to high winter pressures particularly in primary care, linked to areas such as Children's respiratory conditions. Average of last 3 available quarters has been used for Q1	Areas of work linked to this plan to stabilise and support an improved Q3 include, anticipatory care development, growing the use of the virtual ward and increasing the volume of urgent community response activity. Consideration of alternative ambulance pathways such as the PUSH model may
	Number of Admissions	772	693	821	-		
	Population	264,671	264,671	264,671	264,671		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		
	Indicator value	255.8	255.8	250.9	242		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,814.2	1,796.5	1,770.4	Indicator has seen small decreases over the last couple of years (based on local data). Trend currently expected to continue. Trajectory is provisional, further work required on standardisation.	Indicator has seen small decreases over the last couple of years (based on local data). Trend currently expected to continue. Trajectory is provisional, further work required on standardisation.
	Count	920	913	900		
	Population	52,551	52551	52551		

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	92.5%	93.3%	93.2%	94.0%	Currently above national % discharged to usual place of residence. Performance over last 3 months is 93.4%, with 94% being upper level of achievement. Given this is above national levels, trajectory provisionally set to maintain for Q1 and	Moving to a discharge to assess model expected to impact this indicator and development of a more integrated approach across health, social care and voluntary sector partners to support right care right time right place.
	Numerator	5,885	5,937	6,321	6,149		
	Denominator	6,365	6,366	6,780	6,542		
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan		

(SUS data - available on the Better Care Exchange)	Quarter (%)	93.5%	94.0%	93.5%	94.0%	achieve higher level of 94% in Q2 and Q4. Slight dip profiled in for Q3 to account for winter challenges. Trajectory is provisional.	
	Numerator	6,124	6,212	6,216	6,003		
	Denominator	6,550	6,609	6,648	6,386		

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	618.5	660.3	625.4	571.7	2022-23 outturn was 341 new admissions and above 320 regional benchmark. BCF 317 target aligns the rate of 571.7 to that set using ASCOF population MYE of 52388 which equals 300 admissions (572.7) agreed within Council Plan for 2023/24.	The Council acknowledges that further work is required to achieve a stepped reduction in placements and BCF, Commissioning and Service joint working and quality plans will be monitored in year to support delivery of improvement.
	Numerator	324	360	341	317		
	Denominator	52,388	54,525	54,525	55,448		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	75.1%	78.1%	72.5%	75.4%	Target of 75.4% will recover performance to above 2021/22 level as an interim step towards improving towards regional 2021/22 average of 80.4%.	We recognise and will monitor the impact of both increased numbers offered and benefiting from service in cohort count, but also the challenge in maintaining effectiveness rate due to increased complexity of people accessing service.
	Numerator	154	164	153	159		
	Denominator	205	210	211	211		

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4**	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan
Additional discharge funding	**PR5**	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan

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HM Government

NHS England

BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.

Rotherham Health and Wellbeing Board

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

At a local level Rotherham Place has been working in a collaborative way for several years to transform the way it cares for its population of around 265,800. Rotherham's older population (over 60 years) has increased from 61,500 (Census 2011) to 68,600 (Census 2021), which is 25.8% of the local population. The population of Rotherham aged 60 years and over is slightly higher than the England figure of 24.2% and the Yorkshire and Humber region of 25%.

The number of residents aged 65 years and over is also predicted to increase to 61,800 by 2030. It is estimated that the number of people aged 65 years and over who need help with at least one support need is around 15,640. This number is expected to increase by 8% to 16,891 by 2025 and by 16% to 17,867 by the year 2030. The age group of 75 years and over is showing the greatest rate of increase and the percentage of people aged 85 years and over has also increased from 2.1% (Census 2011) to 2.3% (Census 2021).

The population of people living with a primary need of a learning disability in Rotherham is estimated to be 5,202 in 2022. This number is predicted to increase by approximately 100 people every 5 years, with an overall increase of 5% by 2032.

The Rotherham Place Partnership [formerly the Integrated Care Partnership (ICP)] has been in place since 2018 and is responsible for the delivery of the Integrated Health and Social Care Plan and Better Care Fund Plan (2023/25). The Rotherham Place activity is also aligned to our newly formed NHS South Yorkshire Integrated Care Board (SY ICB) including ensuring governance processes support decision making at Place and at SY ICB (where appropriate).

The Rotherham Better Care Fund (including IBCF and ASC Discharge funding) continues to provide a substantial funding stream to some of our key priorities within the Urgent and Community Transformation Programme and surge and winter planning and is aligned to other funding streams such as Ageing Well. The Plan also supports elements of the Health and Wellbeing Strategy (A Healthier Rotherham by 2025) including commitments to support unpaid carers, people with autism and learning disabilities and to tackle health inequalities.

The governance arrangements through Rotherham Place ensure that all partners across the acute and community NHS Foundation Trust, Social Care, Local Authority Service Leads, Strategic Housing, DFG Leads, Mental Health, Public Health, Primary Care, Independent and the Voluntary and Community Sector are engaged strategically and operationally in the development of the Place Plan and BCF Plan, with several task and finish groups in place under an overarching operational and executive meeting structure.

Outcomes for the Rotherham population are jointly agreed and all partners are committed to a whole system partnership approach. The SY ICB Commissioning Plan aligns with the Joint Health and Wellbeing Strategy (A Healthier Rotherham by 2025) and the Integrated Place Plan and sets out, as a key partner, how we will support their delivery.

The Council, South Yorkshire ICB (Rotherham Place) and NHS England work closely together to ensure that all commissioning plans (including the BCF Plan) are aligned so that together we deliver the maximum amount for each 'Rotherham pound'. This includes the System Wide Winter Plan developed annually, within an identified Place fund of c£500K to spend on winter pressures across partners

How have you gone about involving these stakeholders?

The Council's Directorate Leadership Team and the Place Executive Team have been involved in the development of the BCF Plan 2023/25 including commissioning, adult care and integration, public health, LA service leads, Strategic Housing, DFG Leads, finance and performance and intelligence.

The BCF Operational and Executive Group members have also been fully consulted in the BCF planning process as well as members of the Health and Wellbeing Board (HWB). The HWB consists of Cabinet Member for Health and Social Care, Chief Executive, Chief Officers and Directors from the Council, South Yorkshire ICB (Rotherham Place) and The Rotherham Foundation Trust (TRFT), Housing, Public Health, Children and Young People's Services, Regeneration and Environment, Executive GP Lead, South Yorkshire Police, Voluntary Action Rotherham (VAR) and Healthwatch. Age UK Rotherham, community health services, in-house and independent sector care home providers have also been involved in development of the Rotherham Place plan and the BCF planning process.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

Rotherham has a strong record of joint commissioning between health and social care. This is underpinned by a joint commissioning framework and governance structure which incorporates joint needs assessment, supply mapping, market analysis, pooled budgets and performance management. This has prepared the way for new developments in integrated care which will support people with complex needs to remain independent in the community.

The Better Care Fund Section 75 Agreement for 2023/25 will be approved by the Health and Wellbeing Board which consists of Cabinet Member for Health and Social Care, Elected Members, Chief Executive, Chief Officers and Directors from the Council, South Yorkshire ICB (Rotherham Place) and TRFT, GP Leads, Voluntary Action Rotherham (VAR), Healthwatch on 28th September 2023.

The Health and Wellbeing Board has overall accountability for the delivery of the BCF plan and for the operation of the delivery of the Section 75 Partnership Framework Agreement.

The key responsibilities of the Health and Wellbeing Board include:

- Monitor performance against the BCF Metrics (national / local) and receive exception reports on the BCF action plan
- Agree the Better Care Fund Commissioning Plan
- Agree decisions on commissioning or decommissioning of services, in relation to the BCF

The management and oversight of the delivery of the BCF plan has been delegated to the BCF Executive Group, chaired by the Chair of the Health and Wellbeing Board and including senior representatives from both the Council and the South Yorkshire Integrated Care Board (Rotherham Place).

The key responsibilities of the BCF Executive Group include:

- Make recommendations for the strategic direction and management of the BCF to the Health and Wellbeing Board.
- The delivery of the Better Care Fund Plan for 2023/25
- The strategic operation and delivery of the BCF Framework Partnership agreement
- Setting up the strategy, parameters, criteria priorities and framework
- The fund's feasibility, business plan and achievement of outcomes.
- Defining and realising benefits and budgetary strategy and monitoring spending plans
- Monitor delivery of the BCF Plan through quarterly meetings and ensure performance targets are being met
- Ensure schemes are being delivered and additional action put in place where the plan results unintended consequences.

The BCF Executive Group is supported by the BCF Operational Group, which is made up of the identified lead officers at the Service Head level for each of the BCF actions within the plan, plus other supporting officers from the Council and SYICB (Rotherham Place). The BCF Operational Group meets on a quarterly basis and reports directly to the BCF Executive Group.

The BCF Operational Group is made up of the identified lead officers for each of the BCF priorities, plus other supporting officers from the Council and South Yorkshire Integrated Care Board (Rotherham Place).

The key responsibilities of the BCF Operational Group include:

- Making recommendations to the BCF Executive Group to ensure effective action and implementation of the plan
- Overseeing the delivery of the Better Care Fund Plan for 2023/25
- Co-ordination of the delivery of the BCF Performance Measures and BCF Action Plan
- Ensuring that effective performance management of the BCF Performance Measures takes place and where performance is not meeting targets appropriate and timely action is taken.
- Ensuring the effective delivery of the BCF action plan at an operational level
- Ensuring that the accountable leads of the BCF performance measures and the BCF action plan are collectively discussing their progress and key actions.
- Ensuring the BCF conditions are met.
- Ensuring the customer journeys/experience are delivering increased customer satisfaction as shown by the delivery of the measures, i-statements and the plan.

A financial governance process is in place and the financial monitoring and performance information is provided at quarterly BCF Operational Group meetings and quarterly at Director and Member level.

The financial framework will expose those areas of high risk in year and identify areas where slippage may be available to balance the financial pressure in year. The recurrent plans will be modified, where appropriate, as part of the planning cycle for both Health and Social Care in totality, through the Section 75 Framework Partnership Agreement for 2023-25.

Executive Summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan

Priorities for 2023-25

The Rotherham Place Partnership: Health and Social Care Place Plan delivers a set of 'place' key priorities, which are aligned to the Health and Wellbeing Strategy which aims to transform mental health, learning disability, urgent care and community care services.

Rotherham partners are committed to supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery. Prevention, early intervention and the integration of health and social care services are the focus of the Place Plan and Better Care Fund Plan, to transform the way services are delivered. These plans in Rotherham have increased care delivered in a person's home over recent years to improve outcomes and system flow and reduce inefficiencies. Health and social care transformation programmes include developing alternatives to entering services, developing alternative pathways to hospital admission and facilitating timely discharge.

The Place Plan and Better Care Fund Plan (2023-25) provides an opportunity to build on this to take a more holistic and integrated approach across physical and mental health, social care and the voluntary and community sector to develop and embed an integrated model of care. This model supports individuals and their carers to remain/regain independence and focuses more on prevention. Narrowing inequalities and targeting resources towards areas of greatest need is a key principle of the Health and Wellbeing Strategy.

Rotherham as a Place participated in the joint NHS England and Local Government Association sponsored Place Development Programme and focused on Module C of this programme, Population Health Management (PHM). This programme captured a range of perspectives and insights on PHM. These insights will be taken through key forums such as the Place Prevention and Health Inequalities Enabler Group and our PHM operational group to embed a PHM approach. This will be supported by the Rotherham Office of Data and Analytics (RODA) arrangements and links into the wider Integrated Care Board, including the ICB Public and Population Health Analysis Team.

The urgent and Community transformation group work streams (aligned to national priorities including the BCF and Ageing Well funding streams and Rotherham's Prevention and Health Inequalities strategy) are as follows:

Workstream 1: Sustaining People at Home, Prevention and Avoidance

The aim of this work stream is to develop a multi-disciplinary approach which provides the right level of care, at the right time and in the right place to support more people to remain/return to living in their own home as independently as possible and for as long as possible. Projects include:

1. Development of a prevention and anticipatory care model in localities to support those with complex needs, long term conditions and unplanned exacerbations aligned to Ageing Well priorities
2. Embedding and growing Rotherham's virtual ward offer for those who would otherwise be in an acute bed, supported by remote monitoring technology

3. Embedding and developing our urgent community response, growing referral numbers and ensuring a minimum 2 hour response at least 70% of the time
4. Delivering the 4 hour accident and emergency response standard including development of Rotherham's SDEC offer and alternative pathways to admission
5. Reviewing the falls offer to inform development of an integrated health and social care falls pathway

Workstream 2: Integrating a Sustainable Discharge to Assess Model (Priority 4)

The aim of this work stream is to develop and implement an integrated Discharge to Assess model, across 7 days, building on the changes made during the pandemic in response to national discharge guidance. We will target specific barriers to effective discharge, including those highlighted in the 100 day challenges, and enhance integrated working across acute and community health, care and the voluntary and community sector. Planned activity includes:

1. Developing and implementing a service improvement plan in the acute hospital to support early discharge planning with patients, carers and health, care and VCS colleagues to reduce those with no right to reside and long lengths of stay and support more people home.
2. Implement a Discharge to Assess model by moving assessment from the acute setting to the community and to further develop an integrated care co-ordination referral and triage hub for admission avoidance and discharge. Members of the hub will work together to identify the right pathway and level of care according to individual needs, facilitate movement across pathways as needs change and maximise effective use of resource.
3. Developing and implementing a service improvement plan in the community bed base to support early discharge planning with patients, carers and health, care and VCS colleagues to reduce those with no right to reside, long lengths of stay and support more people home
4. Review the community bed base offer in the post pandemic, home first context

Workstream 3: Digital Whole System Flow

This work stream aims to use technology to support patient care and improve efficiency. Activity includes:

1. Approval and roll out of an assistive care strategy to promote independence and wellbeing and reduce reliance on formal care
2. Procurement of remote monitoring to support the virtual ward. This is being progressed with Barnsley and Sheffield through a joint process co-ordinated by South Yorkshire ICB
3. Digitising record keeping in care homes, part of a wider South Yorkshire programme
4. Expanding the acute command centre to provide a whole system OPEL escalation overview and performance dashboards for operational and strategic decision making.
5. Refreshing our capacity and demand model for intermediate care and discharge

Key Changes since Previous BCF Plan (2022/23)

The BCF Plan also reflects the wider priorities within the Place Plan through supporting the transformation of mental health, learning disability, urgent care and community care services.

The key changes since the last BCF plan are as follows:

- Further integration of community health, social and voluntary sector services to support people at home. This includes the initial phase of establishing a co-located multi-disciplinary referral and triage hub to co-ordinate the right level of care for individuals and reduce avoidable admissions and facilitate discharge.

- Increase in health and social care services to support more people at home. This includes support for health rapid response services, reablement and home care as well as the equipment service to enable the needs of the individual to be met at home.
- Both changes detailed above has enabled Rotherham Place to rapidly roll out the 'PUSH' model with Yorkshire Ambulance service in response to industrial action. This was initially in response to low level falls which resulted in "long lies" and potential complications and is currently being expanded and embedded. Over 50 conveyances and potential admissions have been avoided in Quarter 1 through this pathway.
- Investment in the community bed base has supported a higher level of acuity / complexity for people who cannot be supported at home and facilitated system flow.
- Support for the VCS hospital after care service has facilitated more timely discharge from acute and community beds, reducing the reliance on formal services. As well as transport, settling in support and advice, the service now provides low level non personal enablement and a follow up safety netting service.
- Support for carers – a Carers Strategy Manager has taken up post. The role will focus on delivering the objectives of "The Borough that Cares" Strategy
- The publication of the Market Position Statement for the South Yorkshire Integrated Care System (ICS) in relation to housing with support for people with learning disabilities and / or autism
- Further roll out of ECHO e-learning platform to cover health related topics including End of Life Care, Dementia, Falls, Strokes, Diabetes.
- Increased the spend on the COT provision in year to support the demand profile and to reduce waiting times
- Continued funding for brokerage to provide support over the weekend to facilitate hospital discharges.
- Continued funding for a Public Health Specialist (and admin. support) for the programme management of the Prevention and Health Inequalities Strategy.
- Workforce investment has enabled innovative approaches to be taken including development of a hybrid health and social care support worker role to support more people at home
- Utilising technology as an alternative to formal care including use of assistive technology and promotion of Single Handed or Proportionate Care,an ethos which asks if the person's needs can be met by one carer with use of equipment, adaptations and techniques.

National Condition 1: Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person-centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

Joint Priorities for 2023-25

Please see Executive Summary for detail of our joint key priorities for 2023-25 and changes to our approach in supporting the transformation of mental health, learning disability, urgent care and community care services.

Approaches to Joint / Collaborative Commissioning

RMBC and SYICB (Rotherham Place) have a proven track record of successful joint / collaborative commissioning which is managed by the BCF Executive Group which acts as a key decision-making forum on areas of common interest and joint priorities across the health and social care community. There is a joint performance management framework in place which includes the monitoring of BCF funded schemes and development of pooled budget arrangements. Assurance of performance delivery is provided through the Place governance framework. Together this provides the framework for a more innovative, cross system multi-disciplinary approach to be taken with targeted investment to support new ways of working and integrated services and roles. It provides the means for the development of joint strategies and service reviews, facilitating stakeholder engagement and incorporating the views of service users, carers and service providers. There are 3 joint health and social care commissioning roles within the Adult Commissioning framework.

The Adult Social Care Pathway is a whole system approach with specialisms working together to fully explore the potential of individuals to become as independent as possible.

The community support offer within the Adult Social Care Pathway model connects people with their local social, community, housing and neighbourhood assets, through joint working with partners across Rotherham to allow people to access the support they need providing a variety of more sustainable support networks.

Rotherham Place fully recognises that individuals need to be at the centre of the adult social care pathway. People are encouraged to self-manage their care unless their requirements exceed the threshold. This means that people who have a care package will be re-enabled so that their needs decrease, resulting in either a reduced care package or no required package, an increased level of independence and enhanced quality of life, that is healthier and more fulfilling for the individual. This has led to a better understanding of what care is currently being provided and whether or not this is the most appropriate, with increased reviews and oversight, specifically with a recovery model that requires close working with the provider and individuals.

An initiative that the Place is looking at currently is to further develop our proportionate care approach, recognising the challenges with workforce across the social care sector, particularly home care. Single Handed or Proportionate Care is an ethos which asks if the person's needs can be met by one carer. With use of specific equipment, adaptations and techniques it is usually possible to enable someone to maintain their dignity and reduce their need for formal care. The benefit to the person and across the systems are being increasingly recognised across stakeholder groups. These benefits include a more strengths based, person centred approach, identifying the least intrusive options for care, and improving relationships with the individual, carer and family. It also supports the national shortage of care hours available within the system and can release resource to reinvest in essential care.

Specialist training has been provided to colleagues across the Reablement pathway including Occupational Therapists, Reablement Coordinators and Trainers from the Care Provider network.

The Council and South Yorkshire ICB (Rotherham Place) Commissioning Teams are working collaboratively together to increase the range and availability of equipment available to support this approach.

The aim of care and support is for people to live the best life that they can, meaning living independently, in their own home when possible, utilising the assets and the people around them to do the things that make them happy and leading a fulfilled life. This has required a strengthening of partnerships and collaboration with a wide range of key stakeholders including Public Health, Strategic Housing, DFG Leads, South Yorkshire ICB (Rotherham Place), Foundation Trusts and Mental Health Trusts, voluntary, community and independent sector to create more options for how care can be delivered through, for example, natural forms of support, universal services and community assets, as well as formal health and social care services.

The four key themes of the Adult Social Care Pathway model are as follows:

1. Prevention
2. Integration
3. Care co-ordination
4. Maximising independence and reablement.

The Integrated Discharge Team are moving towards a full discharge to assess model. The first phase of the transition has been completed with the establishment of an urgent community referral and triage hub with health, care and voluntary sector specialists co-located to enable a multi-disciplinary approach to providing the right level of care, at the right time and right place for individuals. As the hub is based in the community it is more attuned to the level of risk that can be safely supported in a person's home than an acute based service. This in turn reduces unnecessary conveyances to hospital and avoidable admissions, supports timely discharge and increases the number of discharges home. A core care co-ordination service for urgent responses is staffed 24 hours a day, 7 days a week with specialist teams available in core hours aligned to the higher periods of demand.

Responsibility for Reablement Service transferred to Adult Social Care Provider services in December 2022. Programming efficiencies have released capacity with the service operational from 7.00 am to 10.00 pm 7 days a week. The ability to re-able more people as soon as possible is a core commitment to improve outcomes for greater independence for individuals and to ensure that social care provision, which has been increasingly hard to source is channelled to those who need it most.

The Reablement Service is working closely with the Integrated Rapid Response Service to support assessment and case management. A reablement assessor and co-ordinator are both part of the urgent community hub to facilitate triage and a more flexible use of resource. A new hybrid health and social care support worker role has been developed and implemented. The role is hosted by the Foundation Trust providing a flexible resource which works across the urgent pathways including the virtual ward, urgent community response and pathway 1 discharges as demand requires.

The Place Workforce group has worked collaboratively across South Yorkshire and locally to develop recruitment strategies including joint recruitment events which have contributed to the recruitment to the hybrid health and care support worker roles. Apprenticeship opportunities to enhance the health and care offer are being developed.

How BCF funded services are supporting our approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

The BCF funded schemes described above will continue to support our approach to continued integration of health and social care provision, working collaboratively with the voluntary and community sector. This will continue to support further improvements of outcomes for people with care and support needs to help people remain independent at home for as long as possible and ensure the right level of care according to an individual's needs at that time.

Over the period 2023-25 the Council, along with partners, will continue to focus on a strengths-based approach, in partnership with staff, to ensure that community assets are utilised and self-directed support is maximised, thus increasing choice and control.

Over this period, we will also review our current offer including further capacity and demand analysis and utilising population health data to assess provision against outcomes and value for money, managed through the BCF assurance framework. We will continue to invest in services and development which support independence and self-management and support more people at home, whilst acknowledging the greater complexity, dependency and acuity of an ageing society in the post pandemic context.

To this end we will:

- Review our approach to pro-active care working in partnership with primary and secondary community care and the voluntary sector to target those at risk of deterioration and work with the individual, families and carers to agree advanced care plans which support what matters to them.
- Further strengthen our approach to integrated assessment and triage to ensure right levels of care for improved patient outcomes and effective use of system resources. This will include full role out of the community-based care co-ordination hub for admission avoidance and discharge and a fully implemented discharge to assess model
- Strengthen and embed our approach and use of assistive technology and proportionate care across partners.
- Focus on greater promotion of the use of individual budgets via a direct payment, strength based, focussed assessment of well-being and clear evidence of a person's needs. Consideration must be taken in relation to eligibility criteria, support planning, completion of Continuing Health Care and Decision Support Tool checklists.
- Provide targeted support in the community for the most complex, vulnerable and /or highest acuity people including those in crisis, mental health and complex continuing care which cannot be met through currently commissioned provision.
- Continue to develop our workforce, working in partnership across health and social care to provide attractive and flexible career opportunities, development schemes and integrated services and roles.
- Develop our digital offer including a whole system command centre and performance dashboard to help manage system flow and anticipate and respond to system pressure
- The Council's Aids and Adaptation Policy is also currently under review. As part of the process, consideration will be given to making use of the Regulatory Reform Order (RRO). The new policy will detail how the Council intend to exercise their powers under the RRO, as this allows the Council to use Government funding for the DFG more flexibly, improving outcomes for people with care and support needs. The aim is for the new policy to be approved in December 2023. ,

National Condition 2

Use this section to describe how your area will meet BCF objective 1: **Enabling people to stay well, safe and independent at home for longer.**

Please describe your approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- Steps to personalise care and deliver asset based approaches
- Implementing joined up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these processes
- Multi-disciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- How work to support unpaid carers and deliver housing adaptations will support this objective.

The BCF funding enables people to stay well, safe and independent at home for longer and provides the right care in the right place at the right time. The BCF funded services will support delivery of these objectives through collaborative commissioning with primary, intermediate, community and social care services to help people to remain at home.

The aim of care and support is for people to live the best life that they can, meaning living independently, in their own home when possible, utilising the assets and the people around them to do the things that make them happy and leading a fulfilled life and provide personalised care and support planning based on a 'what matters to me' conversation.

At a service user level, the utilisation of the Better Care Fund 2023/25 is based on the experiences, values and needs of our service users, patients and carers. To demontrate the outcomes local people want from better integrated, person centred services, a number of “I statements” based on their testimonies have been defined and “We” statements for providers. The ambition is to link these to the Provider Assessment and Market Management Solution (PAMMS) to inform regular contract monitoring returns. The Rotherham Health and Wellbeing Board holds the responsibility for the Better Care Fund plan and will work towards achieving these outcomes:

‘I am in control of my care’ - People want to feel central to decision making and development of their care plans, they want all professionals and services to communicate with each other to understand their care needs and ensure they receive the most appropriate care for their circumstances, and they want to be provided with the right information to help them to manage their conditions and make informed choices about their own health and wellbeing.

‘I am listened to and supported at an early stage to avoid a crisis’ - People want support, advice and information at an early stage to help them look after their mental health and wellbeing, avoiding the need for more intense, high-level services when they reach crisis point.

‘I am able to access information, advice and support early that helps me to make choices about my health and wellbeing’ - People want a greater focus on preventative services and an increased

capacity in community activity to prevent high intensity use of services and more formal care, and to help them better manage their conditions. They also want services to be available 7 days a week and information and advice to be more accessible.

'I feel safe and am able to live independently where I choose' - People want to stay independent and in their own homes for as long as possible. They want to feel safe to do this and know that the right support is available when and where they need it.

To demontrate the outcomes of a better integrated, person centred services, a number of "We statements" include:

'We have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments".

"We work with people to make sure that their personal plans promote wellbeing and enable them to be as independent as possible".

"We make sure people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations, technology and medical equipment".

The launch of the Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers was embedded during 2022/23. This ensures better data collection, analysis and reporting to increase care quality and mitigate risks of provider failure. Adult social care providers will have completed their Quality Assurance self-assessments during 2022/23 and 2023/24.

The RMBC Insight system also provides a wealth of "live" performance data of how many individuals are being supported by adult social care commissoined services.

At a system level the avoidable admissions metrics for 2022-3 illustrate a sustained period of system pressure from the autumn through to December. This is expected to return to more standardised seasonal variation in 2023-4 as the impact of Covid outbreaks and children's seasonal respiratory conditions reduces. Emergency admissions due to falls have slighltly reduced in recent years, however there is evidence of duplication and gaps across the system. We believe we can improve this metric through a whole system review of falls pathway to develop a more integrated approach. This work will be taken forward through priority 1 of our Place plan which focusses on prevention and admission avoidance. BCF funding will be used to develop our out of hospital urgent and unplanned pathways including the virtual ward, urgent community response, intermediate care offer and transfer of care hub.

Discharge

Our metrics show that we are performing well against the national benchmark of discharges home with low rates of re-admission. However, the numbers remaining at home 91 days after discharge have dipped and admissions to residential care are above the regional benchmark. Factors influencing this include the aging population and the impact of Covid increasing the level of acuity and complexity of patients requiring support in the community.

There is a joint approach to discharge planning within Rotherham. We have made significant progress in implementing the acute, community and mental health 100-day challenges which have had a positive impact on system flow. A four-day quality service improvement and re-design event

was held in April 2023 which informed a system lead time out session to develop a discharge to assess model and action plan.

BCF funding contributes to the Rotherham Integrated Discharge Team (IDT) – funding posts such as the joint manager across health and social care and the capacity manager in The Rotherham Foundation Trust (TRFT) who provides daily oversight across Place and escalation levels (Opel).

The Rotherham pathway for discharge home was c 93-94% in 2022-23, against a target of 95%. Whilst the national target has not been achieved performance needs to be assessed against the backdrop of a very challenging post pandemic recovery and recruitment and retention and sustained system pressures. Rotherham's position compares favourably within the South Yorkshire footprint and is above the national average. Length of Stay (LOS) has fluctuated due to challenges with Covid pressures, although these are reducing, and Rotherham performs well in relation to low rates of re-admission.

Significant progress has been made in relation to:

MDT Working has been strengthened with the establishment of the community based urgent community referral and triage hub. This includes nursing, therapy, social care and the voluntary sector. There is a well-established contract with Age UK for hospital after care support which now supports discharge from the acute and community bed base providing transport, non-personal enablement, advice and access to low level equipment. The service also provides safety netting for those at risk. Two VCS pilots are underway. The first is a social prescriber link worker who in-reaches into the emergency department for admission avoidance and facilitates discharge. The second is piloting personal health budgets to facilitate timely discharge. This is through the Community Group 'We Ask You Respond".

Home First/Discharge to Assess The Place intermediate care and reablement strategy, developed and partially implemented before the pandemic, reduced the community bed base to free up resources to re-invest in home based services. Further investment in home-based services has been made possible through the Better Care Fund and use of short-term discharge monies in 2022-23. A discharge to assess pilot was trialled over the winter which provided important learning regarding barriers to implementation. The responsibility for co-ordination and management of the discharge pathways will move to the community in 2023-24 and will be managed through the urgent community hub, in order to fully implement a discharge to assess model.

Rotherham's intermediate care, reablement and recovery pathway is well established. BCF funding has been invested in a range of community services including urgent response, reablement and therapies. The Council has also increased the number of providers on the jointly commissioned home care framework (home first) to support the demands on the care sector and provided incentives to help offset recruitment and retention challenges through discharge fund monies. Additional resource has been invested to support the review of care packages, freeing capacity to provide better flow from hospital. Additional reablement co-ordinator and support worker roles (including the hybrid health and care role) have increased capacity. Investment has also been made in the brokerage service to provide an enhanced offer for complex care and extend working hours to better support discharge.

Multi-disciplinary teams at Place Level – which takes into account the vision set out in the Fuller Stocktake. Across the Rotherham system we are developing our plans for Anticipatory Care Planning (ACP). ACP is a person-centred, proactive "thinking ahead" approach whereby health and social care professionals support and encourage individuals, their families and carers to plan ahead of any changes in their health or care needs. The aim is to increase people's healthy, independent

years by up to five more years. Anticipatory care encourages people to make positive choices about what they should do themselves, and from whom they should seek support, in the event of a flare up or deterioration in their condition, or in the event of a carer crisis.

A multi partner steering group has been set up to lead this work stream with a cross system workshop held in April 2023 to define and develop the approach, to be implemented across the Borough in 2024. Discussions suggested that Rotherham has good foundations to build upon and that "what matters most" to patients and personalisation needs to be at the heart of discussions. The impact of health inequalities on long term conditions was explored and it was recognised that we need to take this into account as part of our plans and recognise that anticipatory care is all age groups.

Flexible Working and Trusted Assessments- Within Rotherham there is a 7 day discharge service which includes the integrated discharge team, brokerage and dispensing. Community colleagues are working into the acute and community bed base to support timely discharge. This includes nurse consultants in-reaching to case find and support discharge to the virtual ward to support people who are not yet medically fit to be discharged home, as well as ACPs, nurses and therapists in-reaching to the emergency department, Same Day Emergency Care (SDEC), admission units and wards. However, issues remain particularly in relation to the ability of care homes and home care to accept discharges over the weekend. A trusted assessor approach has worked well in home care and a model is being explored for care homes. Where discharges cannot be completed over the weekend, arrangements are planned through the weekend for early discharge Monday morning.

Choice - The Deputy Chief Nurse has carried out extensive work to improve communication and engagement with patients and their supporters. This includes banner stands on wards and an information pack for each bedside. All discharge letters have been reviewed with new information leaflets developed. Work is underway to improve communication and support for carers as part of the discharge process.

Discharge to Care Homes - Rotherham has carried out two self-assessments against the enhanced health in care homes framework. Each care home has an allocated GP. Commissioners are working with GP practitioners to develop a proportionate continuum of care appropriate to the needs of the individual. The physical and mental health care homes teams provide proactive support and training. The teams continue to work closely with Public Health and Commissioners to ensure Care Homes remain up to date and supported with changing guidance on infection control, use of PPE and regulatory requirements.

Domains identified as requiring additional development include:

Discharge

1. **Early Discharge Planning** in line with the 100 day challenges all patients now have an expected date of discharge set within 24 hours. Plans are in place to support earlier discharge planning in practice and provide better co-ordination between acute and community services and involving patients, families and carers at an early stage.
2. **Discharge Home -** Rotherham does not currently have a discharge to assess model in place. We will move the majority of assessments to the community setting in order to ensure the right level of care is provided. This will be enabled by moving most of the acute based discharge team to the community setting and fully integrating it with the urgent community hub.

3. **Review of the bed base** we currently have a high occupancy rate in the acute setting. We will grow the number of acute beds according to national guidance. We will review the community bed offer within the context of home first to better manage higher levels of acuity and surge.

Falls - Our current offer is fragmented across health, care and the voluntary sector. We will review the offer and develop a more integrated approach.

End of Life - We are working with South Yorkshire and Place partners to ensure people at the end of life and their families receive timely support and a positive end of life experience in accordance with their wishes.

Assistive Technology - The Council will develop an assistive technology strategy and promote proportionate care. We will seek to invest in this area to increase awareness and grow use across health, care and the VCS.

Housing – The housing service is now more proactively involved in discharge planning. We will seek to grow this relationship to develop short term placement opportunities and more effective use of voids. The Disabled Facilities Grant (DFG) provides funding for Housing to support for the provision of aids and adaptations to disabled people's homes to enable them to live independently in their own homes and to improve their quality of life.

Unpaid Carers – A Carers Strategy Manager role has been employed using BCF funding to achieve the objectives of "The Borough That Cares" Strategy to support the co-ordination of the co-production exercise, achieve inclusion of all relevant stakeholders, develop the resulting action plan and administer any commissioning intentions. This enables unpaid carers to support their loved ones to stay well, safe and independent at home for longer.

Brokerage - The brokerage function has also been increased to cover weekends to support hospital discharges.

The above BCF funded services improves the discharge process from hospital and ensures that people get the right care at the right time. We will continue to utilise BCF funding to support and develop these initiatives.

Rotherham is working across Place and ICS partners to share knowledge and develop our capabilities in understanding and addressing Health Inequalities and Population Health Management (PHM). Place partners meet monthly as a Prevention and Health Inequalities Enabler Group, chaired by the Director of Public Health. This group leads the multi-agency approach to address Prevention and Health Inequalities across Rotherham, linking to the wider South Yorkshire Integrated Care Board. This has included developing Rotherham's partnership strategy and plan around prevention and tackling health inequalities, looking at the whole population and the individual.

This Enabler group is supported by a data network across Place to share knowledge and learning in relation to Health Inequalities Data. The Rotherham Place system has developed a network of BI professionals as a virtual Rotherham Office of Data and Analytics (RODA) as a Place wide capability in analysing and interpreting Public Health Management and Health Inequality data, supporting the Place wide Health Inequality and Prevention Group work programme. RODA aims to generate insight into areas such as the inclusive restoration of services and population segmentation. Rotherham as a Place also participated in the joint NHS England and Local Government Association sponsored Place Development Programme and focused on Module C of

this programme, Population Health Management. As part of this programme the Place have undertaken a series of externally facilitated Action Learning Sets, to test out a PHM approach. This programme has generated a wide range of quantitative and qualitative knowledge and insight on Health Inequalities, acting as a foundation for a work programme to address these. Rotherham has also worked with Sheffield University to consider how to gain better insight into PHM.

RODA colleagues also link with the wider ICB intelligence arrangements, including being part of the DAISY (Data, Analytics and Intelligence for South Yorkshire) group, led by the ICB Associate Director of Public Health Analysis.

Rotherham Place continues to focus on inequalities and CORE20PLUS5 through the creation of a Health Inequalities Monitoring Tool and Outcomes Framework to inform the work of the Prevention and Health Inequalities Enabler Group. The Place is also keen to work across partners to develop insights for groups where available data is more limited currently.

The Place system has also started to focus on the impact of the pandemic and taking a population approach to meeting those needs and preventing further demand. This includes resources funded through BCF and working with partners to review/audit access to acute care for those with long Covid. Physical and mental health needs are rising, it is timely to deliver a focused piece of work. This will include looking at risk factor prevalence, with a focus on cardio-vascular disease, diabetes, mental health.

The Rotherham Place is working on our Anticipatory Care model, the national ask is for systems to provide proactive health and care interventions for all ages. To be targeted at frailty, multiple morbidity and / or complex needs for people living in their own homes. The focus is on what is important to individuals, and it is delivered and co-ordinated through cross system MDT working. The Rotherham Place has allocated funding in year to scope the development, which will use population health and local data to identify those at risk by PCN / Offer, carry out a proactive needs assessment with individuals, provide personalised care and support planning based on a 'what matters to me conversation' and establish a digital MDT to agree what interventions the person needs

National Condition 2 (continued)

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- Learning from 2022/23 such as:
  - where numbers of referrals did and did not meet expectations
  - unmet demand i.e where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - patterns of referrals and impact of work to reduce demand on bedded services – eg admissions avoidance and improved care in community settings, plus evidence of un-derutilisation or over-prescription of existing intermediate care services)

- Approach to estimating demand, assumptions made and gaps in provision identified
  - Where if anywhere, have you estimated there will be gaps between the capacity and the demand?

- How have estimates of capacity and demand (including gaps in capacity) been taken on board and reflected in the wider BCF plans.

Capacity and Demand for Intermediate Care to Support People in the Community

Learning from 2022/23

The Rotherham Place has developed an acute clinical command centre which provides full visibility of patient flow, in real time, to and through the acute hospital to enable strategic and operational decision making. BCF monies have been used to develop the acute escalation wheel which provides a real time automated view of OPEL escalations levels to cover community services. This will replace a manual daily snapshot report circulated to all partners.

In parallel, a capacity and demand tool has been developed to support development of intermediate care and reablement and discharge pathways. A robust escalation ladder is in place including an executive lead meeting held three times a week during periods of heightened pressure.

Over the last two cycles patterns of referrals for community and hospital discharges have been high during summer and winter periods reducing in the spring and autumn. There have been sustained periods of system pressure due to the impact of the pandemic and recruitment and retention issues particularly in relation to care and some qualified roles such as social workers and therapy.

The number of referrals to intermediate care beds have increased and a bed occupancy rate of 89% has been achieved in 2022/23. The capacity of the Council's reablement team was also increased over the winter period which was funded by discharge monies

The surge community beds were well utilised over the winter period which were also funded by discharge funding which offered care and support for those that were waiting for a home care package, equipment or other ongoing services, with the plan for them to return home safely. The referral pathway for these beds has been widened to the community for admission avoidance purposes.

Approach to Estimating Demand, Assumptions Made and Gaps in Provision Identified

Capacity and demand modelling has been based on establishing a baseline level of resource required throughout the year to support our avoidance and discharge pathways. However, this approach will be developed prior to winter 2023-4 through Priority 3 of the Rotherham Place Urgent and Emergency Programme. The aim of this work-stream is to gain a better understanding of whole system flow, including pressure points. This includes improving our understanding of current capacity and demand, by refreshing our performance tool and developing an integrated performance dashboard which will be monitored through our monthly Place Urgent and Emergency Care Group. As part of the development work the information will be mapped to gain a better understanding of seasonal variation and the impact of interventions so we have a more robust baseline and can better target short term seasonal investment strategies. We will use BCF monies to secure specialist resource to help with the modelling of this information as well as planning and implementing a step change in how we support admission avoidance and discharge.

We will continue to use the BCF to support winter pressures. A review of 2022-3 has been completed highlighting a number of successful schemes with recommendations for 2023-4 including extending operational hours in key areas such as pharmacy, the discharge lounge and weekend working, additional seasonal capacity, targeted winter roles and beds, investment in

avoidance pathways, development of the integrated transfer of care hub and D2A model and the Place escalation wheel

Our plan is to continue increasing capacity within the community through increased use of reablement services, assistive technology aids and adaptations, supporting unpaid carers and other housing options. This in turn will reduce the number of existing intermediate care beds, although they are well utilised at present.

Through development of the discharge to assess model with the majority of assessments taking place in the community and the expansion of our urgent and community referral and triage hub we are expecting to make some efficiency savings through a reduction in the level of care required and hand offs and more flexible allocation of resources.

National Condition 2 (continued)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- Unplanned admissions to hospital for ambulatory care sensitive conditions
- Emergency hospital admissions following a fall for people over the age of 65
- The number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

The Rotherham NHS Foundation Trust are developing their (Same Day Emergency Care (SDEC) offer as part of the re-introduction of the 4 hour response standard. Part of this work includes the development of urgent response pathways and alternative pathways to ED and admission. This includes supporting the expansion of the PUSH model with the Yorkshire Ambulance Service including support for Rothercare and urgent community response teams and support to care homes following a deterioration or fall to grow the number of accepted referrals. Evidence shows that such pathways can significantly reduce avoidable conveyances which often go on to result in an unnecessary admission.

We will be updating our capacity and demand model in quarter one and will use the outcomes to inform the allocation of resources over the next 12-24 months, taking into account seasonal variations. We will seek to invest in continuing health care to support higher levels of acuity at home and provide targeted support to meet needs relating to mental health, learning disabilities and autism.

BCF funded schemes will continue to have an impact on reducing unplanned and emergency hospital admissions (including falls for older people aged 65 years and over) and decrease the number of older people whose long-term support needs were met by admission to residential and nursing care homes.

Training, development and investment in proportionate care and assistive technology and provision of aids and adaptations will enable more people to be independent at home for longer, with reduced care and support needs. Urgent community response, reablement and rehabilitation services and intermediate care bed services will also continue to support admission avoidance.

National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge including:

- Ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.
- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds.
- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow.

Rotherham has had a longstanding commitment to home first principles. This approach was refreshed in the intermediate care and reablement strategy developed and approved in 2018. The strategy was to streamline discharge pathways, reduce the community bed base and re-invest in home-based services. 7 disparate discharge pathways were reduced to 3 which were then aligned to the national pathways following publication of the national discharge to assess guidance in March 2020. The community bed base was reduced and consolidated on 3 sites with two centres for intermediate care and one for intermediate care with nursing and discharge to assess beds.

Increasing out of hospital, home based care continues to be our strategy, in line with national drivers. We have utilised Improved Better Care Funding and additional national discharge monies to this end and to reduce seasonal and exceptional system pressures and improve flow.

Investment schemes have included:

1. Increasing capacity and providing incentives to home care providers to address increased demand and recruitment and retention barriers.
2. Commissioning a care broker service and home care bridging service
3. Increasing capacity in urgent response nursing and therapy services and reablement to support discharge and assessment at home
4. Supporting extended hours, including evenings and weekends according to demand in services such as transport, brokerage, pharmacy, the discharge lounge and discharge team.
5. Supporting unpaid carers
6. Commissioning additional community bed capacity on a short term block and spot purchase basis to manage increased demand and complexity. This included 15 additional residential step down beds, nursing EMI beds and crisis mental health beds.
7. Investing in the voluntary and community sector including extension of the hospital after care service, piloting of personal health budgets and befriending services

8. Investing in assistive technology and purchasing equipment, deep cleaning and decluttering (hoarding) to enable faster turn-around of community beds and bariatric equipment to support a growing need.

The schemes are currently being evaluated and will inform future development and spend. However, given the short-term nature of funding in 2022-23 there was insufficient time for some of the schemes to be established and developed.

We therefore plan to allocate some of the 2023-25 funding to an 'innovation' scheme, to enable us to pilot activity which has either evaluated well or is evidence of good practice from elsewhere and can be used to pump prime new ways of working or helps address an identified barrier to discharge. Evidence from our whole system flow improvement work will highlight areas of variation which we will seek to smooth out through the year using targeted short term investment opportunities.

We will also use discharge funding in 2023/25 to ensure that people receive the right care in the right place at the right time and commissioning of these services will ensure services are being delivered to support safe and timely discharge, thus freeing up hospital beds.

This funding will provide resource to deflect/support at the front door and increase capacity to support more people at home including reablement and home care. We have identified a number of barriers to 7 day discharge and will invest in shortage areas including a Housing Officer to work with the Integrated Discharge Team, CHC co-ordinators in the practice hub, a mental health discharge co-ordinator and a trusted assessor for discharges to care homes.

We will continue to support additional community beds during the transition period as we develop our discharge to assess model as well as incentive payments for nursing EMI beds, an area of concern within the Borough. In addition to this we will invest in community equipment, short-term stays to help manage in a crisis situation, hospice clinical nurse specialist to increase community activity, increase hospice bed availability and increase in CHC assessments to improve flow.

National Condition 3 (continued)

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- Learning from 2022/23 such as:
  - where numbers of referrals did and did not meet expectations
  - unmet demand i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - patterns of referrals and impact on work to reduce demand on bedded services – eg improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services)

- Approach to estimating demand, assumptions made and gaps in provision identified
  - Where if anywhere, have you estimated there will be gaps between the capacity and the demand?
  - How have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

Capacity and Demand for Intermediate Care to Support Discharges from Hospital

Learning from 2022/23

We will be conducting a capacity and demand exercise of intermediate care in quarter 1 alongside evaluating the impact of the national discharge monies. The outcomes will inform future allocation of resource. When last carried out this evidenced a significant gap in reablement and rapid response services which the BCF was used to support. It is anticipated that there will be a continued need for further reablement and urgent care resource in order to support short term care and grow out of hospital capacity. Our new hybrid health and social care support worker role has proved attractive in the recruitment market. This is a likely area of expansion, particularly as we seek to extend service hours.

Whilst the model suggested the level of resource in the discharge team and therapies was appropriate at the time the integrated discharge team has seen an increase of over 46% since 2019. In parallel to this we have experienced significant challenges in recruiting social workers and therapists resulting in a number of ongoing vacancies. Alternative solutions have been put in place where possible, including development schemes and the appointment of ARCs instead of social workers. However, this does leave an experience and knowledge gap.

It is anticipated that challenges in the home care and care home market are reducing following an uplift in payments. However, there is recognition that our fee rates are lower than some neighbouring areas. We have identified a particular risk in nursing EMI provision which may require some targeted intervention.

Investment in the voluntary sector has been productive, providing flexible resource closer to home and reducing reliance on formal care. However, it takes time for these services to embed, particularly in relation to communicating the offer across a wide range of acute and community services. To this end VCS colleagues are attending our discharge and community hub MDTs to raise awareness and case find. This is increasing the number of referrals, but is resource intensive.

Approach to estimating Demand, Assumptions Made and Gaps in Provision Identified

Whilst occupancy rates in the block purchased community beds were good, this was partly due to challenges in supporting more people at home. We believe there is some capacity in the system to support more people at home but that it was not possible to develop and implement new ways of working during the height of system pressures. This will be addressed over the course of 2023/24 through conducting Quality, Service Improvement and Redesign (QSIR) events across acute and community discharge services, the implementation of a discharge to assess model and the extension of the urgent community hub. This will ensure that unmet needs will be identified, and that people are offered support in the most appropriate service. However we anticipate that this alone will not be sufficient to meet higher periods of demand and that further targeted investment will be required.

Where possible we will seek to re-invest resource from elsewhere in pathways. The development of the urgent community hub has enabled a more flexible use of resource with the ability to move people more easily across pathways as their condition changes and to provide alternative care where there are shortages. For example, the rapid response team and support workers provide a bridging offer where a care package cannot be sourced or there is a shortage of reablement resource. We anticipate development of this approach will release capacity by reducing duplication and hand offs. The introduction of Rotherham's virtual ward in December 2022 enables people who would otherwise be in an acute bed to remain at home or to be stepped down from an acute

bed prior to being declared medically ready. As people improve on the virtual ward, they are stepped down to other unplanned services according to their need and likewise patients can be stepped up where their condition worsens. This reduces the length of stay on the virtual ward and enables the right level of care to be assigned according to need.

Currently there is an issue in the quality of information received from ward staff to make informed decisions around the correct pathway. In the coming months we are moving to a model where ward staff 'describe' the situation rather than 'prescribe' the need. A patient passport is being planned which will be developed through the patient journey. Our aim is to link this with the anticipatory care work to start the passport in a planned way so advanced care plans are in place, and accessed in the event of an urgent exacerbation. It is envisaged that the VCS could play a significant role in the initial development of the plan.

National Condition 3 (continued)

Set out how BCF funded activity will support the delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

BCF Funded schemes will support the further development of the integrated urgent and community hub and discharge to assess model. Schemes will include investment in the voluntary sector, reablement and urgent response. This will enable more people to be allocated to the right level of care at the right time and place and will reduce delayed discharges.

The development of our whole system command centre, performance dashboard and Opel Escalation Wheel will enable us to make evidence-based decisions to inform strategic commissioning and operational decision making.

National Condition 3 (continued)

Set out progress in implementing the High Impact Change Model for managing transfer of care, any areas for improvement identified and planned work to address these.

The initial self-assessment against the High Impact Change Model led to the establishment of the Rotherham integrated health and social care discharge team and a range of process and system service improvements.

The model has informed planning for the full implementation of our Discharge to Assess (D2A) model. Significant progress has been made against 7 of the 9 domains and we are active in all 9. Further work is planned during 2023/25.

National Condition 3 (continued)

Please describe how you have used BCF funding, including the IBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

Adult Social Care, Housing and Public Health Services work collaboratively together in responding to the Care Act (2014) requirements to prevent, reduce or delay care and support needs, provide timely Care Act assessments and to support the role of unpaid carers to continue their caring role in the community.

The BCF, IBCF and DFG funding is used to commission a range of services including intermediate care, reablement, therapy, assistive technology, community equipment, aids and adaptations, carers support services, direct payments, advocacy, supported living, transitional placements for learning disabilities, social work teams, care home support, adult mental health liaison teams, GP medical cover, social prescribing, end of life care and exercise programmes. Funding also supports digital enablers to support integration of community services and to support IT infrastructure and promote integrated working. There is also project support for the implementation of our population health strategy to reduce health inequalities. IBCF is also used to support sustainability of the adult social care market and to increase capacity over the winter period.

The ASC Discharge Fund (2022/23) provided an increase in the number of Care Act assessments to increase patient flow from the hospital, to support unpaid carers in their caring role which provided an opportunity to pilot a support service and to provide incentive payments to recruit and retain the adult social care workforce to ensure sustainability of the adult social care market.

Housing will also ensure that information and advice is provided within the Council's Aids and Adaptations Policy which is currently under review.

Supporting Unpaid Carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

The Rotherham Health and Wellbeing Board's (HWB) vision is for Rotherham to be a carer friendly Borough. There are around 31,500 unpaid carers in Rotherham, which shows that at least 12% of people living in Rotherham fulfil an unpaid caring role.

As Rotherham's ageing population increases, it is predicted that more people will identify as an unpaid carer. The Council's Borough that Cares Strategic Framework 2022-25 provides a strategic framework with a purpose to ensure unpaid carers can live well, be active and have fulfilled lives.

The Carers Strategy – *The Borough That Cares* has been co-produced with carers, carer organisations, colleagues across the Council, Health and the voluntary sector and has been signed off by the Health and Wellbeing Board. This is 'live' document which will be updated on an ongoing basis to reflect required actions and activity. The carers voice is embedded throughout the framework.

The Strategic Framework (2022-25) sets out a vision for working with and supporting carers, it also provides an action focused road map for how the Rotherham Place will achieve this change directly with carers. Over the next three years, the Place system will work to deliver the actions, and will continue to put carers at the heart of this process through their direct involvement in *The Borough That Cares* Strategic Group.

The purpose of the strategic framework is to ensure carers can live well, be active and have fulfilled lives. It recognises that carrying out an unpaid carer role can be rewarding and life affirming.

The Council Plan also shows priorities that we work with health and community partners to provide accessible, high-quality services for adults with support needs, including those with disabilities, older people and their carers

The Better Care Fund currently has a budget allocation of around £600,000 to provide support to a range of Carers Support Services. The BCF funding to support carers has been reinvested to provide dedicated resources to oversee implementation. An investment will be made to increase the number of carers assessment / carers direct payment to provide carers breaks and support to carers as per the requirements of the Care Act duties and the BCF Planning Requirements 2023/25. This approach is aligned to the priorities of the Carers Strategy and the BCF NHS minimum contribution will be used to improve outcomes for unpaid carers.

The Better Care Fund currently provides funding for a Carers Emergency Service which is available for a period of up to 48-72 hours when substitute care is necessary as a result of any sudden or unplanned event that incapacitates the unpaid carer and it would be unsafe to leave the cared for person without support. The service is free of charge and provides peace of mind for unpaid carers registered to the scheme who are undertaking regular and substantial care of vulnerable adults should informal replacement care and support be unavailable. This is currently being provided within the Integrated Rapid Response Service which is also financed by the Better Care Fund.

The Better Care Fund also currently provides funding for home care and support services for unpaid carers who provide support to people who live with or receive support from an unpaid carer. The specialist nature of this service provider means that they are able to provide support to connect unpaid carers to relevant statutory or voluntary services. Expected outcomes for eligible unpaid carers and the person that they care for include improving quality of life for unpaid carers and the person they care for, enabling unpaid carers to enjoy a life outside of their caring role, achieving greater independence for the unpaid carer, having an improved sense of carer wellbeing, and their mental and physical health, reducing carer isolation and increasing local community, voluntary sector, and social enterprise involvement. Maintaining/increasing the independence of the person being cared for and sustaining the unpaid carer should increase the likelihood of the cared for person remaining at home for longer.

A significant range of support that aligns with the outcomes of the Carers Strategic Framework is currently provided by an independent sector home care provider which includes carers groups, carer activities and events, complementary therapies and volunteering opportunities.

The Council also currently provide 8 respite care beds at Conway Crescent for people with learning disabilities / autism which is used for short stays to support informal carers to take a break from their caring role. There were a total of 412 admissions during 2021/22.

Disabled Facilities Grant (DFG) and wider services

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

The Strategic Director for Adult Social Care, Housing and Public Health is fully engaged in the planning and approval process for the BCF 2023-25 and is a member of the Health and Wellbeing Board (HWB) and BCF Executive Group.

Both the HWB Board and BCF Executive Group includes representatives from SYICB (Rotherham Place) including the Chief Officer and Chief Finance Officer. This ensures there is a joined-up approach in improving outcomes across the health, social care and housing sector

The Housing Strategy (2022-25) aligns to the Integrated Place Plan and BCF Plan (2023/25) by supporting people to live at home for longer and has benefits for the individual's health as well as a positive impact on health, housing and social care budgets. Instead of providing everyone with the same service regardless of need, housing support or adaptations are tailored to the individual and used to empower people to make choices for themselves.

The Housing Strategy focuses on increasing the supply of affordable housing, both through new build and from bringing empty homes back into use. The Adult Care Housing and Public Health Market Position Statement shows that the Council owns a large stock of social housing, although this number reduces by approximately 200 units annually through the Right to Buy scheme. 566 new homes were built in 2020/21 across all sectors. The private rented sector in Rotherham has grown significantly and currently provides 16% of the total housing stock in the borough.

Surveys of people who have moved into new Council built homes are conducted and feedback is used to inform the future development of schemes. 10 bungalows have recently been completed in the South area of Rotherham. The plan is for more bungalows to be built alongside the purchase of additional bungalows from private developers to support people with accessibility needs to continue to remain living in the community.

Extra Care Housing in Rotherham is currently based across three sites providing 108 units. Each site provides accommodation aimed at enabling people to remain independent within their home for longer. Extra care housing combines a safe secure environment in a community setting and is seen as a way forward to provide older people with their own high-quality accommodation, with access to housing related support and personal care when required.

The Council will continue to support older people, to remain at home in the community for as long as appropriate and would like to expand housing options for older people, including housing related support provision such as Supported Living, Extra Care and Shared Lives models and other models of support such as 'live in' care.

Council owned housing stock is also ageing, and it is essential that investment continues so that the Council can continue to provide good quality, safe and affordable homes in sustainable neighbourhoods that meet the needs of local people. As people's needs evolve, the Council will

seek opportunities to make better use of its stock and consider conversions and adaptations to provide more suitable homes where appropriate. The strategy sets out a clear direction for aiming to increase the overall number of homes through the creation of new housing, as well as continued investment to making the best of existing homes and communities. Council priorities are focused on the right homes to meet the needs of Rotherham's people which need to be safe, comfortable, affordable and energy efficient.

The plan is also to maximise the use of aids, adaptations, and assistive technology to support independence in the home to meet the needs of a range of people and support the creation of mixed communities. This supports the principles of Home First.

The Council's Adaptations Policy aims to assist people in living independently through either the provision of equipment and/or adaptations in their current home or re-housing to a suitable property that meets their needs.

The Disabled Facilities Grant (DFG) provides funding for Housing to support for the provision of aids and adaptations to disabled people's homes to enable them to live independently and to improve their quality of life.

The DFG has provided funding for aids and adaptations for older people, people with physical disabilities and care needs, children and those living in owner occupied, private and social tenancies in 2022/23. Grant approvals range from £1,000 to around £80,000 and in exceptional circumstances has been as high as £120,000.

The release of the Government's White Paper – 'People at the Heart of Care: Adult Social Care Reform White Paper' (modified in March 2022) focussed on 'Providing the Right Care, in the Right Place at the Right Time'. It gives more people the choice to live independently and healthily in their homes for longer. It includes updated guidance advising Local Authorities on the efficient and effective delivery of DFGs, including more flexibility on the areas and amount of spend.
This ensures that people can quickly access the adaptations they need, in a way that is co-ordinated with other practical support they receive. The Council now applies discretion to larger more expensive projects such as major internal conversions and extensions to meet this need. A clear case is made that by providing the adaptations, the customer can live independently for longer in their home and cost savings are made in terms of long-term care requirements from the NHS.

The DFG also provides funding for community equipment to enable and support people with their daily living activities which are supplied by our Integrated Community Equipment Service delivered by an independent sector provider. Mandatory functions for DFG are always considered annually before continuing to agree funding for community equipment.

The IBCF funded a project lead for Assistive Technology and Occupational Therapy in 2022/23, which we are looking to continue. The role of Occupational Therapy (OT) in supporting the 'prevent, reduce and delay' agenda within Adult Social Care and Housing is well established, and the impact of extended roles are also being increasingly recognised. The DFG is also used to fund assistive technology equipment.

The Council funded a further 1 x full time equivalent Community OT to support the increasing caseload of the service in 2022/23. The postholder took the lead, alongside the commissioning team, in a review of the current service offer, including benchmarking with other Adult Care based services regionally. The recommendations from the review have been taken forward with the Community OT Service providers and other stakeholders to ensure effective and efficient use of the

OT resource. A recovery plan was been agreed with the COT provider and good progress is being made against targets.

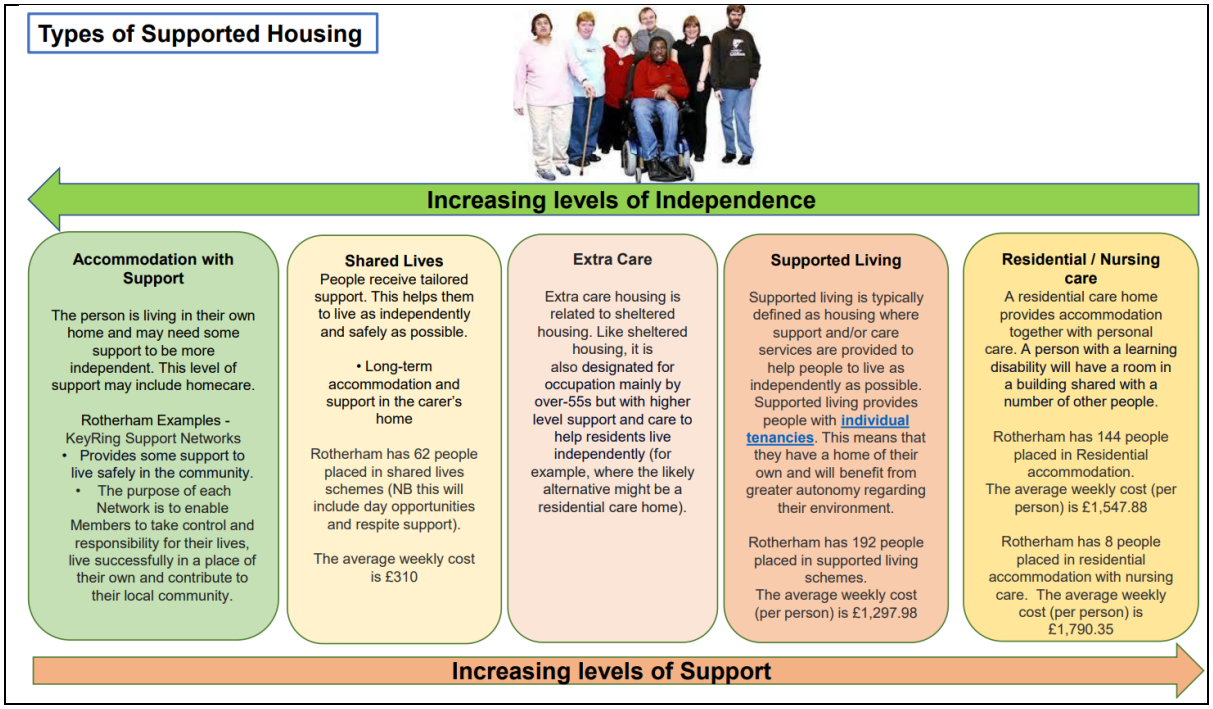
The Adult Social Care Discharge Fund for 2022/23 has also been utilised to commission an independent sector OT service to reduce the waiting list by around 150. The post is also supporting adult social care to better utilise care technology. There is a wide range of Technology Enabled Care (TEC) equipment in use including exit sensors, GPS trackers and pre-set reminders enabling people with memory difficulties to remain safe and live their lives well, as well as several falls detection options. Robotic pets are also proving successful in reducing anxiety, purposeful walking and challenging behaviours.

A relaunch of the Assistive Technology Champions scheme has started to raise awareness across teams and develop new ideas for better utilisation of the Technology Enabled Care currently available. Links have been made with corporate customer services and communications teams to further raise the profile within the Digital Strategy work streams. This work needs to be rolled out and embedded across Place.

A Remote Monitoring Pilot was undertaken with Care Homes in relation to monitoring vital signs. The aim was to keep people out of hospital and reduce the length of stay in hospital if a person was to be admitted. The pilot is currently being evaluated.

The Market Position Statement for the South Yorkshire Integrated Care System (ICS) has been published in 2022/23 in relation to housing with support for people with learning disabilities and / or autism. This sets out the opportunities for developing new supported living provision across the ICS. The principles for providing housing for people with learning disabilities and / or autism are based on those contained in “Building the Right Home”.

There are a total of 753 individuals with learning disabilities and / or autism who are in receipt of long-term adult social care services who have moderate to severe learning disabilities. There are a total of 203 supported living units in Rotherham where the Council has nomination rights with the majority of commissioned supported living owned or managed by housing associations and the private sector. In Rotherham there are 14 supported living units which are currently being developed in the north of the Borough which includes 8 flats and 6 bungalows. There is also a shared unit that is currently being developed through exempt Housing Benefit for a group of 4 individuals, as well as another 4 units that are currently in development. Rotherham is looking to expand its accommodation with support offer for people with a learning disability and autistic people as needs and expectations change. This will aim to extend peer support networks, shared lives and extra care as well as supported living. The chart below shows the types of supported housing according to levels of support and independence.



Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? **(No)**

The Council's Aids and Adaptation Policy is currently under review. As part of the process consideration will be given to making use of the Regulatory Reform Order (RRO) 2002.

The policy review provides an opportunity to explore opportunities on how the Council will exercise their powers under discretionary provisions of the RRO. The review will explore how the Council facilitates earlier prevention and intervention to maximise independence and reduce risk to the client more quickly, as well as facilitating hospital discharges.

Further discussions will continue between DFG strategic / operational leads and BCF leads in the use of the DFG, how delivery is contributing to BCF plans including facilitating hospital discharges, improving outcomes and development of the new Aids and Assistance Policy which will illustrate how the mandatory and flexible grants will contribute to BCF plans in 2023/25. These plans will be supported by the Health and Wellbeing Board.

If so, what is the amount that is allocated for these discretionary uses and how much districts use this funding?

This will be detailed in the new Aids and Assistance Policy – the aim is to complete the review by December 2023

Equality and Health Inequalities

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include:

- Changes from previous BCF plan
- How equality impacts of the local BCF Plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these
- Any actions moving forward that can contribute to reducing these differences in outcomes
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

Changes from Previous BCF Plan

There is a recognition by the South Yorkshire ICB (Rotherham Place) that tackling Health Inequalities (HI) is integral to everything the system needs to do to keep people healthy and independent and reduce statutory service demand.

Rotherham's Prevention and Health Inequalities Strategy and Action Plan: 2022-25 was agreed in by the Place Board and endorsed by the Health and Wellbeing Board. This strategy is focussed on supporting people in Rotherham to live well for longer through driving prevention-led approaches across health and social care. Working in partnership, the aim of the strategy is to:

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

Delivery of the strategy is focussed on five main priorities:

1. Strengthening the Place understanding of health inequalities. Work around this priority is centred around data and intelligence, which links with the further detail around population health management outlined above.
2. Developing the healthy lifestyles prevention pathway. This priority is focussed on the factors closely associated with disability-adjusted life years in Rotherham, such as smoking, obesity and alcohol.
3. Supporting the prevention and early diagnosis of chronic conditions. This includes cardiovascular disease, diabetes respiratory disease, cancer, and mental health conditions.

4. Tackling clinical variation and promote equity of access and care for underserved groups.
5. Harnessing partners' collective roles as anchor institutions to address health inequalities.

Additionally, the strategy sets out the local approach to delivering the Local Authority's priorities under the Equality Act and NHS Core20Plus5 framework. This means that as part of the programme, partners have committed to addressing inequalities for:

- Those living in the 20% most deprived communities of England according to the Indices of Multiple Deprivation (IMD). In Rotherham this accounts for 36% of the population.

- A number of inclusion groups include:
  - Ethnic minority communities
  - Gypsy, Roma and Traveller communities
  - People with severe mental illnesses
  - People with learning disabilities and neurodiverse people
  - Carers
  - Asylum seekers and refugees
  - Those in contact with the criminal justice system

An action plan is in place to deliver against the strategy and progress is overseen by the Prevention and Health Inequalities group. The group includes representatives from the Council, NHS South Yorkshire ICB, TRFT, RDaSH, Primary Care and the Voluntary Sector.

The BCF has also been utilised to partly fund a Public Health Specialist who is responsible for programme management of the Prevention and Health Inequalities Strategy and reporting into the Place Partnership and Health and Wellbeing Board. The BCF also partly funds an Administrative Assistant to support and arrange meetings relating to the programme.

How equality impacts of the local BCF plan have been considered

Health inequality remains an issue for the Learning Disability client group and neurodiverse people that will continue to be addressed. It is still evident that people in these client groups are dying at an earlier age than within the general population. Continued reviews of early deaths through the LeDeR Programme influences future practice around health and aging well. The LeDeR programme has now been extended to review early deaths in people who are neurodiverse.

Work has been undertaken across Rotherham to ensure that Annual Health Checks are completed in a timely manner by local GP's and people are aware of and have access to appropriate health screening services. Support and information for the individuals and service providers is regularly distributed around accessing Annual Health Checks, promoting healthy lifestyles and healthy choices. Future Care and Support contracts both in Care Homes, Supported Living and Day Opportunities will continue to focus on reducing these inequalities and improving the lives of people with Learning Disabilities and Neurodiverse People in Rotherham.

How these inequalities are being addressed through the BCF plan and BCF funded services

Rotherham Prevention and Health Inequalities Strategy includes an aim to improve access to social prescribing (BCF funded scheme) for ethnic minority communities. The plan is to deliver a programme to promote social prescribing amongst ethnic minority communities and increase referrals from clinicians.

Breathing Space is also a BCF funded scheme and the aim is to reduce the health burden of chronic respiratory disease in Rotherham. The plan is to restore diagnosis, monitoring and

management to pre-pandemic levels, as per the Quality and Outcomes Framework (QOF), Integrated Investment Fund and Direct Enhanced Service targets for asthma registers and spirometry checks and COPD registers for adults and children.

The Council have also refreshed the Equality, Diversity and Inclusion Strategy and Objectives (2022/25) which set out the ambition to create an inclusive borough for people to live, work and enjoy. A borough where no-one is left behind and where all are welcome and treated fairly. The aim is to ensure no-one is held back and that regardless of age, disability, race, sex, religion or belief, gender re-assignment, sexual orientation, marriage and civil partnership, pregnancy and maternity that people can achieve.

Rotherham's Joint Strategic Needs Assessment (JSNA) identifies the current and future health and wellbeing needs of Rotherham's local population. Data to inform commissioning is obtained from the JSNA, Census, POPPI and PANSI, ongoing consultations and engagement activities, feedback from individuals and targeted or specific health assessments. The JSNA also details Rotherham's diverse communities, their needs, and the aspirations of all partners in addressing these identified gaps in provision and used to identify commissioning priorities and areas of health inequalities to target interventions. An Equality Analysis is also carried out when commissioning significant changes to service to identify the potential impact on individuals to ensure that equality duties are met and that changes benefit individuals.

The Council will continue to look to advance equalities through their third-party contracts and this is now included in a commissioning toolkit, tender documents and contract documentation. The Council will also continue to focus on the way services are designed, commissioned, and delivered and contributes to ensuring that the needs of diverse communities are served and that nobody is excluded from accessing services.

Changes to local priorities related to health inequality and equality and how activities in the document will address these

Changes to local priorities in relation to health inequality are described above.

Equality, Diversity and Inclusion

Equality, Diversity and Inclusion are embedded in commissioning activity. Equality Analyses are carried out within commissioning activities including service development. This includes an equality screening process which takes into account the requirements of the Equality Act 2010 including protected characteristics - age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups eg parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence and homeless people.

The equality analysis considers whether commissioned services meet the needs of different communities and groups and whether this presents any barriers to communities or groups and identifies positive impacts. The data derived from the Council's social care management system, Joint Strategic Needs Assessment, Census, POPPI and PANSI also informs the development of new services, through needs analyses and our commissioning plans to accommodate unmet need. It is also a mandatory requirement that an equalities screening and analysis are completed for all Cabinet reports and commissioning activity which requires a key decision. Commissioned providers are required to comply with the Equality Act, under standard terms for all contracts with the Council.

Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered

The Council collects and analyses information from internal and external data sources including the Indices of Multiple Deprivation (IMD) to better understand the make-up of their communities. This range of data sources are shared through the Rotherham Data Hub.

The Market Position Statement provides an overview of the opportunities available to providers and presents the Council's future strategic priorities and upcoming procurement opportunities. It also aims to provide the background information and context to support any future business proposals. It outlines the number of people we support through commissioned services, predicted future demand and overall commissioning intentions. The "live" data is supplied on Insight, the Adult Social Care's case management system, on the number of individuals supported by adult social care commissioned services.

Services are encouraged to use the data available for service planning, commissioning, decision making and preparation of strategic documents such as the Joint Strategic Needs Assessment and contracts / service specifications. The data is also used to assess the health needs of the local population. Housing is a wider determinant of health and has a significant impact on the wellbeing of our residents.

In 2021/22, there were 22 deaths of people in Rotherham with a learning disability notified to LeDeR. An average of 14 deaths are reported per year for Rotherham, therefore this shows an increase of 57%. The mean age at death was 56 years in 2021/22, with all notified deaths being in respect of adults. This is a decrease in age of 7 years from 2020/2021, therefore this shows that people with a learning disability are dying younger. The median (middle) age at death in Rotherham was 62 years for females and 61 years for males. This is a reduction in age at death of 5 years for females and an increase of 3 years for males since 2020/2021. Ethnicity of the LeDeR notifications were recorded as: 88% were White British, 8% were mixed or multiple ethnic groups and 4% were Black, African, Caribbean or Black British. Addressing health inequalities faced by people with learning disabilities and autism is a key priority for South Yorkshire ICB and Rotherham Council.

Customer satisfaction surveys for jointly commissioned services include the nine protected characteristics identified in the Equality Act 2010 to ensure that the Council is fully compliant with the Public Sector Equality Duty. This ensures Place partners have the ability to analyse the effect on all protected groups. Having the ability to collect, analyse and use equality information in a consistent way will help Rotherham to better understand our customers and help to evaluate how our policies and activities are impacting on our local communities. Where existing or developing inequalities are identified, an action plan is put in place to tackle these inequalities and the impact is monitored.

Any actions moving forward that can contribute to reducing these differences in outcomes

The Council have launched a commissioning toolkit for commissioners, contract managers and suppliers. The toolkit will address equalities through social value in the commissioning and procurement of services and managing external contracts. A suite of training materials has been produced to support its implementation. The Council will also ensure new in scope contracts are in line with Living Wage accreditation.

South Yorkshire ICB (Rotherham Place) has also produced an annual report for 2021/22. This shows that Equality and Diversity is central to the work of the SYICB to ensure there is equality of

access and treatment within the services that they commission. The SYICB is committed to embedding equality and diversity values into its commissioning processes that secure health and social care for our population, and into our policies, procedures and employment practices. The ICB's vision is "Your Life, Your Health, Better Health and Care for Rotherham People". The Annual Report will be published for 2022/23 once these have been approved in 2023.

Healthwatch Rotherham

Healthwatch Rotherham has run several surveys over the past year to establish the quality of health and social care services, what residents want from services and how services can improve the patient experience. They have ensured as a priority that they engage with seldom heard and harder to reach communities in Rotherham to hear their views, opinions and experiences of services.

In September 2022, Healthwatch Rotherham conducted a survey to find out the challenges residents of Rotherham with English as an additional language encountered when trying to access health and social care services. The findings made clear that getting an appointment proved to be the most challenging aspect of accessing primary care services, due to the language barrier faced between patient and receptionist / GP. This research highlighted the need for translators to be present and available through the whole process of accessing medical service (booking an appointment through to attending one). Healthwatch Rotherham passed their comments onto the SYICB (Rotherham Place) who responded and acknowledged the translator issue and confirmed this is something that they are working on.

Healthwatch Rotherham also ran a survey on how residents of Rotherham access health and social care information, the cost of living crisis is limiting people's access to the internet, necessitating the need for health and social care information in different formats. Since the Covid-19 pandemic, many people are also being digitally excluded from accessing the information they need. When asked, respondents preferred if information created by health and social care providers is made available in many formats, including braille, easy read, translated to other languages, and physical copies.

Based on these findings, Healthwatch Rotherham created a service booklet that highlights local health and social care services, including primary care, urgent care, adult social care, sexual health, homelessness, and healthy living. During public outreach activities, physical copies of the booklet will be distributed to members of the general public and can be translated into other formats. In addition, Healthwatch has created a digital directory of mental health services. Based on the feedback from Rotherham residents, Healthwatch Rotherham plans to create other in-depth and detailed directories / guides for different areas and issues of health and social care.

In 2023, Healthwatch Rotherham began their first Enter and View inspections of care homes. They have currently visited two care homes in Rotherham, which were suggested by the CQC. They have really enjoyed interacting with residents, speaking with staff, friends and family to hear their stories, experiences and views. Both inspections have resulted in a report and any recommendations have been highlighted to the care home managers in order to improve the resident and staff experience. Healthwatch Rotherham look forward to participating in more Enter and Views during 2023/23.

For the past three years, Healthwatch has successfully hosted monthly "Let's Talk" events via Zoom on various topics. This year, they also organised Let's Talk events in person in Rotherham on a variety of topics to increase community awareness of health promotion, disease prevention, screening, and treatment. Over 300 people from various walks of life have attended these events.

Healthwatch Rotherham has focused heavily on in-person engagement and outreach in the past year. This in-person engagement has allowed them to engage with more people than ever before, championing the voice of those who are seldom heard and highlighting health inequalities faced in different communities and areas of Rotherham. Their Engagement Officer hosted in-person events at various libraries in Rotherham, with link workers also joining to ensure they were engaging with different communities in Rotherham, hearing about their experiences, and making connections and relationships with the community.

Healthwatch Rotherham also attended the Rotherham Show and various community events, where they had a stall that allowed them to engage with residents and highlight the work that is carried out by them. They also visited various local services including Hygge Tots Group, Shiloh and Dementia Cafes on both a weekly and monthly basis, listening to service users and creating 'spotlight shares'; posters which highlighted both good and bad experiences from different services in Rotherham. In the last year, Healthwatch Rotherham have spoken with more than 1,500 individuals in Rotherham from a variety of backgrounds to better understand their needs, concerns, and experiences with health and social care services.

How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS Actions in line with Core20PLUS5.

Rotherham's Prevention and Health Inequalities Strategy sets out the local approach to delivering the Local Authority's priorities under the Equality Act and NHS Core20Plus5 framework. This means that as part of the programme, partners have committed to addressing inequalities which are highlighted within this narrative plan above.

BCF Funded Schemes which Reduce Health Inequalities

BCF funded schemes which reduce health inequalities include:

- Social Prescribing programmes which provides interventions on tobacco, weight, alcohol, physical activity, obesity reduction, smoking cessation and diabetes prevention programmes.

- Breathing Space is delivering respiratory services within the Right Care pathway. There are projects underway, focused on Frailty and Anticipatory Care including the use of external support to agree a capacity/demand modelling tool for community services (including the 2 hour urgent community response).

- Project support for the implementation of Population Health Management (PHM) priorities

The above BCF funded schemes are included in the BCF Section 75 Agreement which will be signed off by the Health and Wellbeing Board on 28th September 2023.

BRIEFING	**TO:**	Health and Wellbeing Board
	DATE:	28th June 2023
	LEAD OFFICER	Steph Watt Joint Head of Adult Commissioning (Rotherham Place) E-mail: steph.watt@nhs.net
	TITLE:	BCF Year End Template 2022/23

Background

1.1 The purpose of this report is to note the content of the BCF Year End Template report to NHS England regarding the performance of Rotherham's Better Care Fund and Improved Better Care Fund in 2022/23.

1.2 The overall delivery of the Better Care Fund continues to have a positive impact and improves joint working between health and social care in Rotherham

Key Issues

2.1 The BCF Year End template for 2022/23 covers reporting on: national conditions, metrics, income and expenditure, year-end feedback and the use of the Adult Social Care Discharge Fund.

Below is a summary of information included within the BCF submission:

2.2 **National Conditions**

There is a total of 4 national conditions for 2022/23 which continue to be met through the delivery of the plan as follows:

- That a plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled budget governed under Section 75 of the NHS Act 2006.
- That the planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy.
- That the agreement to invest in NHS commissioned out of hospital services is in place.
- That there is a plan in place for improving outcomes for people being discharged from hospital.

2.3 **BCF Metrics**

There is a total of four BCF metrics within the BCF Year End Template for 2022/23 which measures the impact of the plan as follows:

Avoidable Admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions – Not on track to meet target**. Challenges and any support needs** - There have been higher levels of ACS admissions than planned during 22/23. This was particularly due to higher levels seen in Q3 and expected to be seen for Q4. This mirrors system pressures including challenges in primary care capacity related to high levels of attendances for conditions such as children's respiratory, covid, flu and strep A. **Achievements** - Q2 showed a positive position below plan.

Discharge to normal place of residence - Percentage of people who are discharged from acute hospital to their normal place of residence – On track to meet target. **Challenges /**

Achievements - February performance based on the BCF SUS data pack was 94%, above the planned level.

Residential Care Admissions – Rate of permanent admissions to residential care per 100,000 population (65+) – On track to meet target. **Challenges** - The Council acknowledges that further work is required to achieve a stepped reduction in placements and our plans will be monitored in year to support delivery of improvement. **Achievements** - Despite increased demand and admissions at the start of the year successful actions have been taken, which reduced the overall year end projections to within service targets. These will continue in 2023/24.

Reablement – Proportion of Older People (65 years and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services (bed base and at home) – Not on track to meet target. **Challenges** - The impact of both increased numbers will be monitored being offered reablement in our bed base but also the challenge in maintaining the effectiveness rate due to the increased complexity of people accessing the service. **Achievements** - Increased numbers being supported by the service.

Income and Expenditure

2.4

The total BCF planned expenditure for 2022/23 was £46.483m (excluding ICB and LA Discharge funding) compared with the actual expenditure of £41.319m, resulting in an overall underspend of £5.164m. This is mainly due to slippage in delivery of approved schemes under the Disabled Facilities Grant and planned activity within the iBCF funding. The underspend will be carried forward into 2023/24 to meet the continued pressures facing both health and adult social care.

Adult Social Care Discharge Fund

2.5

Rotherham Council has been allocated £1.121 million and £1.652 million to South Yorkshire ICB (Rotherham Place), amounting to a total of £2.773 million of funding for Rotherham Place partners over the winter period.

The purpose of the fund is to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care over the winter period. The majority of the funding has been used to support a 'home first' approach and discharge to assess (D2A) model of provision.

Funding has been used to increase additional or redeployed capacity of the workforce, improve retention of the workforce, assistive technology and equipment, re-ablement in a person's own home, bed based intermediate care services, short-term placements in residential care and administration costs.

The use of both elements of this funding has been agreed and fully spent by both partner organisations during the period 13th December 2022 to 31st March 2023.

Year End Feedback

2.6

The overall delivery of BCF has improved joint working between health and social care in Rotherham. Place partners continue to work closely together to support a system wide approach. The Integrated Health and Social Care Place Plan and BCF Plan is closely aligned with shared key priorities including integrated working for discharge to assess, intermediate care and enhanced support for care homes. The IBCF is used at Place to support system priorities including winter planning and surge planning. There are transformational joint posts in place, funded through the IBCF, to support implementation of ICP priorities. A joint approach to the allocation of discharge monies has enabled key system issues to be targeted and addressed and new ways of working trialled. This continues to increase collaboration between providers forged through commissioning relationships. Examples include development of a hybrid health and social care support worker role to work flexibly across admission avoidance and discharge pathways and our community services supporting the Council in providing services to carers where the independent sector have struggled to recruit.

Our BCF schemes were implemented as planned in 2022/23. Expansion of bed base including winter pressures and surge beds have been in place to support winter planning in 2022/23. Work is ongoing to achieve the key priorities within the BCF and Integrated Health and Social Care Place Plan.

The delivery of the BCF Plan in 2022-23 has had a positive impact on the integration of health and social care in Rotherham. Investment in services such as the Integrated Health and Social Care Discharge Teams, Community Hub, Integrated Rapid Response and Intermediate Care and Reablement teams has had a positive impact on the (Length of Stay) LOS in the Trust and those with No Right to Reside, albeit the challenges of Covid 19 and on going system pressures has meant performance has fluctuated.

Key success through strong, system wide governance and systems leadership has been achieved. Governance and partnership arrangements have been re-aligned in the light of the formation of the South Yorkshire Integrated Care Board. Chief Executive Officers and senior officers from all partners provide strategic leadership which continues to strengthen existing excellent relationships, setting the ambition, spirit and culture by which partners work together to achieve the best for Rotherham. Strong governance and wider partnership engagement has informed the robust structure in the continued implementation of the Place Plan and provided an excellent foundation for development of an integrated strategic and operational response. This includes weekly Urgent and Emergency operational partner meetings for escalation and resolution of challenges and working together to identify and develop system solutions and partner executive meetings to support dealing with challenges as they arise (for admission avoidance/effective flow in acute/managing winter pressures and surge).

Key success through joint commissioning of health and social care has been achieved. An Integrated Discharge Service Lead currently manages the Integrated Discharge Team which contributes to enabling the majority of patients being discharged home. An enhanced single digital referral process is in place which ensures a consistent approach to discharge of complex patients. Members of the team are now co-located with the acute site team (including a dedicated social worker in the emergency department), the community urgent response team and the community bed bases. This has led to positive outcomes of reducing long lengths of stay and people with no right to reside from hospital and the community bed base, reduced admissions and re-admissions to hospital and reduced the number of admissions to residential and nursing care. Through a joint Executive Discharge Lead and Capacity Manager significant progress has been made to develop robust escalation channels and shared information for strategic and operational decision making as well as national reporting.

Challenges - Adult Social Care faces an increase in demand for services with an ageing population. Data from Census 2021 shows that the number of people aged over 80 years has increased by 16%. 25.8% of people are aged 60 years and over, an increase of 11.5% in the last 10 years. 23.2% confirmed they are disabled, 8% of people confirmed they are in bad or very bad health, 13.3% of older people are living on their own and 13% of people are providing unpaid care. As a result of the pandemic we are seeing people with higher levels of acuity, dependency and complexity. People are leaving hospital at a lower base line. Rising demand and the cost of living crisis is placing additional pressure on existing budgets, in particular direct payments, domiciliary and residential care. The increased costs of staffing alongside significant increases in fuel, cost of living, food, insurance and inflationary costs is also placing additional financial pressures for independent care providers which is having an impact on the sustainability of both the domiciliary care and residential and nursing care market, particularly nursing EMI. The care market now offers the Real Living Wage to carers.

Challenges – The Adult Social Care Discharge Fund has provided additional funding to support discharge home though a home first/discharge to assess model of provision. A Fair Cost of Care Exercise and Market Sustainability Plan exercise has been carried out in 2022/23 to provide a sustainable market. The launch of the Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers has been well embedded during 2022/23. This ensures better data collection, analysis and reporting to increase care quality and mitigate risks of provider failure. Adult social care providers have completed their QA self-assessments during 2022/23.

Key Actions and Relevant Timelines	
3.1	The BCF Year End Template for 2022/23 has now been submitted to NHS England on 23rd May 2023.
Implications for Health Inequalities	
4.1	Addressing health inequalities is integral to the allocation of BCF resource and funded schemes. This includes contributing to achieving the strategic aims of developing healthy lifestyles and prevention pathways, supporting prevention and early diagnosis of chronic conditions and targeting variation. BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.
Recommendations	
5.1	**That the Health and Wellbeing Board notes the:** **(i) Documentation which has been submitted to NHS England (NHSE) on 23rd May 2023.**

Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in due course.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the template can then be later resubmitted with the remaining sections completed.

After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.
Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.
If there are any new scheme types not previously entered, please enter these in the bottom section indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:
1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Dischaege to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions from LA and NHS. This year we include final spend from the Adult Social Care discharge fund.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional NHS or LA contributions in 2022-23 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2022-23.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please include actual expenditure from the ASC discharge fund.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2022-23.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23.
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2022-23?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Checklist Complete:
Health and Wellbeing Board:	Rotherham	Yes
Completed by:	Karen Smith	Yes
E-mail:	karen-nas.smith@rotherham.gov.uk	Yes
Contact number:	01709 254870	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board: Rotherham

Confirmation of Nation Conditions			Checklist
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:**	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board: Rotherham

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	942.0	Not on track to meet target	We have seen higher levels of ACS admissions than planned during 22/23. This was particularly due to higher levels seen in Q3 and expected to be seen for Q4. We believe this to be linked to challenges in	Q2 showed a positive position below plan.	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.5%	On track to meet target	February performance based on the BCF SUS datapack was 94%, above the planned level.	February performance based on the BCF SUS datapack was 94%, above the planned level.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	660	On track to meet target	The Council acknowledges that further work is required to achieve a stepped reduction in placements and our plans will be monitored in year to support delivery of improvement.	Despite increased demand and admissions at start of year successful actions taken, reduced overall year end projections to within service targets. These will continue in 2023/24.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	78.1%	Not on track to meet target	We recognise and will monitor the impact of both increased numbers offered reablement but also the challenge in maintaining effectiveness rate due to increased complexity of people accessing.	Increased numbers offered service.	Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Rotherham

Income

	2022-23	
Disabled Facilities Grant	£3,063,735	
Improved Better Care Fund	£14,480,543	
NHS Minimum Fund	£22,892,217	
Minimum Sub Total		£40,436,495

	Planned	Actual		
NHS Additional Funding	£409,783	Do you wish to change your additional actual NHS funding?	No	
LA Additional Funding	£5,636,722	Do you wish to change your additional actual LA funding?	No	
Additional Sub Total	£6,046,505			£6,046,505

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£46,483,000	£46,483,000

ASC Discharge Fund

	Planned	Actual		
LA Plan Spend	£1,121,073	Do you wish to change your additional actual LA funding?	No	
ICB Plan Spend	£1,652,000	Do you wish to change your additional actual ICB funding?	No	
ASC Discharge Fund Total	£2,773,073			£2,773,073

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£49,256,073	£49,256,073

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23	

Expenditure

	2022-23
Plan	£46,483,000

Do you wish to change your actual BCF expenditure?	Yes
Actual	£41,319,000

	ASC Discharge Fund
Plan	£2,773,073

Do you wish to change your actual BCF expenditure?	No
Actual	£2,773,073

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	The underspend mainly relates to delays in delivery of a number of aids and adaptations schemes through the Disabled Facilities grant plus slippage on a number of iBCF funded schemes.

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF.
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Rotherham

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Place partners continue to work closely together to support a system wide approach. The Integrated Health and Social Care Place Plan and BCF Plan is closely aligned with shared key priorities including integrated working for discharge to assess, intermediate care and enhanced support for care homes. The IBCF is used at Place to support system priorities	Yes
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	Our BCF schemes were implemented as planned in 2022/23. Expansion of bed base including winter pressures and surge beds have been in place to support winter planning in 2022/23. Work is ongoing to achieve the key priorities within the BCF and Integrated Health and Social Care Place Plan.	Yes
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	Investment in services such as the Integrated Health and Social Care Discharge Teams, Community Hub, Integrated Rapid Response and Intermediate Care and Reablement teams has had a positive impact on the (Length of Stay) LOS in the Trust and those with No Right to Reside, albeit the challenges of Covid 19 and on going system pressures has meant	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	2. Strong, system-wide governance and systems leadership	Governance and partnership arrangements have been re-aligned in the light of the formation of the South Yorkshire Integrated Care Board. Chief Executive Officers and senior officers from all partners provide strategic leadership which continues to strengthen existing excellent relationships, setting the ambition, spirit and culture by which partners work together to achieve the best for Rotherham. Strong governance and wider partnership engagement has informed the robust structure in the continued implementation of the Place Plan and provided an excellent foundation for development of an	Yes
Success 2	7. Joined-up regulatory approach	An Integrated Discharge Service Lead currently manages the Integrated Discharge Team which contributes to enabling the majority of patients being discharged home. An enhanced single digital referral process is in place which ensures a consistent approach to discharge of complex patients. Members of the team are now co-located with the acute site team (including a dedicated social worker in the emergency department), the community urgent response team and the community bed bases. This has led to positive outcomes of reducing long lengths of stay and people with no right to reside from hospital	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	Adult Social Care faces an increase in demand for services with an ageing population. Data from Census 2021 shows that the number of people aged over 80 years has increased by 16%. 25.8% of people are aged 60 years and over, an increase of 11.5% in the last 10 years. 23.2% confirmed they are disabled, 8% of people confirmed they are in bad or very bad health, 13.3% of older people are living on their own and 13% of people are providing unpaid care. As a result of the pandemic we are seeing people with higher levels of acuity, dependency and complexity. People are leaving hospital at a lower base line.	Yes
Challenge 2	6. Good quality and sustainable provider market that can meet demand	The Adult Social Care Discharge Fund has provided additional funding to support discharge home though a home first/discharge to assess model of provision. A Fair Cost of Care Exercise and Market Sustainability Plan exercise has been carried out in 2022/23 to provide a sustainable market. The launch of the Provider Assessment and Market Management Solution (PAMMS) which is an on-line commissioning toolkit to support market shaping and oversight responsibilities and assesses the quality of care delivered by providers has been well embedded during 2022/23. This ensures better data	Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board: Rotherham

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.
The actual impact column is used to understand the benefit from the fund. This is different for each sheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.
1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).
2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
6) For 'Assistive Techonologies and Equipment' , please state the number of unique beneficiaries through the fund.
7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?	If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
Administration	Administration		£27,730	£38,940	0	N/A	Yes	The LA is lead for completing the fortnightly returns which were submitted to NHS England, therefore LA allocation has been increased to 2% for administration costs.	Yes	MDT meetings have taken place including commissioning, finance, performance and intelligence teams and a number of returns have been submitted to NHS England on a fortnightly	Reporting requirements have significantly increased across health and social
Befriending Service	Additional or redeployed capacity from current care workers	Costs of agency staff	£15,000	£15,000	300	hours worked	No	Funding has provided an additional 300 hours. The service will continue to support discharged patients until 31/05/2023 so they can be signposted to other services for ongoing support.	Yes	The service has reduced isolation and loneliness and improved confidence and mental health. It also has assisted people to gain employment.	Funding provided earlier in the year would have benefited additional
Care Broker Service	Additional or redeployed capacity from current care workers	Redeploy other local authority staff	£12,083	£15,413	533	hours worked	No	Funding has provided an additional 533 hours.	Yes	Enhanced care broker post in place from 22.12.22 until 31.03 23. The post facilitated use of bridging services to expedite hospital discharge.	
CHC – assessments	Additional or redeployed capacity from current care workers	Costs of agency staff	£30,400	£30,400	629	hours worked	No	Funding has provided an additional 629 hours. This has provided additional capacity to carry out assessments	Yes	Increased number and speed of assessments to improve patient flow	
CHC – interim funded beds for complex patients to expediate discharge	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£711,264	£806,526	199	Number of beds	No	A total of 199 number of beds were purchased over the winter period. These were provided on a spot puchase basis	Yes	Increased capacity in interim funded care packages to improve flow / discharges from hospital	Supported increase in complexity/acuity during and post pandemic
CHC: Care home provider	Improve retention of existing workforce	Bringing forward planned pay increases	£137,387	£0		number of staff	Yes	To allow redeployment of funds to support additional equipment/assistive technology an Incentive payments scheme was introduced through the additional discharge funds (£200m)	Yes	To allow redeployment of funds to support additional equipment/Assistive technology an Incentive payments scheme was introduced through the additional discharge funds (£200m)	
CHC: Home care provider	Improve retention of existing workforce	Bringing forward planned pay increases	£66,704	£0		number of staff	Yes	To allow redeployment of funds to support additional equipment/assistive technology an Incentive payments scheme was introduced through the additional discharge funds (£200m)	Yes	To allow redeployment of funds to support additional equipment/Assistive technology an Incentive payments scheme was introduced through the additional discharge funds (£200m)	
Community Equipment and transport - Medequip/TRFT	Assistive Technologies and Equipment	Community based equipment	£124,000	£232,829		Number of beneficiaries	Yes	Funding has been redeployed to fund additional assistive technology and equipment to reduce the need for double handling and improve flow.	Yes	Provide additional assistive technology and equipment to patients homes to improve discharge	Supported increase in bariatric needs and alternatives to care.
COT Independent Sector	Reablement in a Person's Own Home	Reablement service accepting community and discharge	£45,000	£45,000		Hours of care	Yes	Funding provided an additional 150 COT assessments to be carried out to reduce the waiting list.	Yes	Commissioned an independent sector provider for the successful reduction of the COT waiting list by around 150 people	
Discharge Coordinator	Increase hours worked by existing workforce	Overtime for existing staff.	£10,971	£10,971		hours worked	No	Information not available to report hours worked as this is part of overall workforce record.	Yes	Supported same day discharge and weekend working. The overall impact was based on temporary staff to which there was a lower level of interest from applicants. The funding was	Outcomes are informing 7 day discharge model being developed as part of Place
Discharge Lounge support and Co-ordinators	Additional or redeployed capacity from current care workers	Local staff banks	£216,719	£216,719		hours worked	No	Information not available to report hours worked as this is part of overall workforce record.	Yes	Supported same day discharge and weekend working. The overall impact was based on temporary staff to which there was a lower level of interest from applicants. The funding was	7 day discharge model will be developed as part of Place 2023-24 discharge
Home Care Bridging Service	Additional or redeployed capacity from current care workers	Costs of agency staff	£254,869	£304,521	15,011	hours worked	Yes	An additoinal 15,011 hours have been worked. This was widened to include IDT Bridging Service (in addition to North Home Care Bridging and South Home Care Bridging)	Yes	IDT, North and South Home Care Bridging service have increased capacity until care packages can be picked up by home care framework providers.	D2A and bridging model being reviewed as part of Place 2023-24 plans
Hospice - Care Support Worker	Increase hours worked by existing workforce		£10,000	£10,000		hours worked	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.	Yes	Health Care Support Worker provided additional advice, guidance and support. The has enabled support to be provided for non-clinical needs and freed up Clinical Nurse	Will inform end of life review in 2023-24
Hospice - Hospice at Home	Reablement in a Person's Own Home		£5,000	£5,000		Hours of care	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.	Yes	Staff have worked additional hours. This has enabled flexibility to meet demand.	Will inform end of life review in 2023-24
Hospice - Clinical Nurse Specialist	Additional or redeployed capacity from current care workers	Local staff banks	£20,000	£20,000	740	hours worked	No	Two posts provided 75 additional hours per week amounting to a total of 740 hours over the winter period.	Yes	Two Clinical Nurse Specialists commenced in post and have completed all induction. These posts have worked operationally as part of the team creating more	Supported progression of developmental programmes and career
Hospice - Increased Inpatient Unit costs	Additional or redeployed capacity from current care workers	Local staff banks	£15,000	£15,000	0	hours worked	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.	Yes	IPU staff are completing additional shifts. Staff experience regarding planning, managing and facilitating discharge has develoed and has and supported patient flow	Supported flow through IPU beds. Development of IPU staff in pro-active
Housing Support	Additional or redeployed capacity from current care workers	Costs of agency staff	£12,083	£2,054	0	hours worked	Yes	Funding has been used to support deep cleaning of properties and complex hoarding issues which is a barrier to hospital discharges, rather than employ agency staff.	Yes	Increased funding supported earlier hospital discharge to address housing related issues.	Funding was initially provided for Council tenants but was
Incentive Payments for Home Care and Residential Care	Improve retention of existing workforce	Incentive payments	£219,310	£219,310		number of staff	No	Information not available on number of staff recruited. This will be monitored from April 2023 onwards.	Yes	Phase 1 – Home Care - £250 paid for assessments carried out within 24 hours - £5,000 (20 discharges) Residential Care - £400 paid for assessments carried out within	Incentive payments supported hospital discharges for residential
LD Discharges (Specialist Agency)	Additional or redeployed capacity from current care workers	Costs of agency staff	£21,090	£0	0	hours worked	Yes	Funding has been used to employ Agency Social Workers in the Integrated Discharge Team. Funding has not been spent therefore 0 hours worked recorded.	Yes	Funding has been used to increase capacity of the Hospital's Integrated Discharge Team, thus speeding up hospital discharges.	IDT have experienced 46% increase in referrals since 2019. Impact of additional
Mental Health Agency Social Workers	Additional or redeployed capacity from current care workers	Costs of agency staff	£152,625	£106,789	3,847	hours worked	Yes	Funding has been used to employ Agency Social Workers in the Integrated Discharge Team.amounting to a total of 3,847 hours worked.	Yes	4 x Agency Social Workers employed in IDT to support hospital discharges and carry out additional assessments to increase patient flow from the hospital	IDT have experienced 46% increase in referrals since 2019. Impact of additional
Pharmacy Cover - weekend (2 hours sat&sun)	Additional or redeployed capacity from current care workers	Local staff banks	£29,393	£29,393	360	hours worked	No	An additional 360 hours have been worked. 2 x Pharmacist, 2 x Technician and 2 x ATOs have provided 2 additional hours cover over the weekend (Sat/Sun) to support extra same day	Yes	Enabled an extension of the Pharmacy Dispensary opening hours to help the Trust to maximise the number of same day hospital discharges. This is supporting patient flow throughout	Extended cover has also ensured resilience for sickness and to manage
Provision of Crisis Beds	Bed Based Intermediate Care Services	Other	£60,750	£60,750	3	Number of beds	No	3 crisis beds x 16 weeks which amounts to 48 weeks of bed base care	Yes	Provision of 3 crisis beds in the community to provide short term crisis accommodation for 15 people to either avoid an acute admission or provide a short-term step-down facility –	This service ended in March 2023. There are currently no crisis beds in
S136 cost pressures	Increase hours worked by existing workforce	Overtime for existing staff.	£63,216	£63,216		hours worked	No	Information not available to report hours worked as this is part of overall workforce record. Electronic system on line from April 2023.Urgent Care Workers (UGWs) working on a 24/7 rota	Yes	All S137 paperwork has been completed in a timely manner by the UCW which was previously completed by the RMN	UCW's have made contact with a number of self-help groups and charitable
Short stay placements	Residential Placements	Care home	£86,760	£63,033	35	Number of beds	No	35 admissions into spot purchase short-term residential care beds over the winter period. This achieved 115 weeks of bed based care.	Yes	Where there have been delayed discharges of patients with long hospital stays and complex health and care needs, short-term residential care placements have been used to free up	
Step-down beds at Lord Hardy Court	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£127,761	£127,761	15	Number of beds	No	15 beds available for 16 weeks amounting to a total of 240 weeks of bed based care.	Yes	15 surge beds at LHC have been in full operation and a high bed occupancy rate has been achieved.	
Supporting Unpaid Carers	Additional or redeployed capacity from current care workers	Costs of agency staff	£59,250	£59,250	813	hours worked	No	An additional 813 hours have been worked.	Yes	Supported unpaid carers that are caring for people post hospital discharge. The funding provided an opportunity to pilot a support service from 03.01.23 to 31.03.23.	Increased communications and easier ways to refer needed
SYHA Discharge Support	Residential Placements	Discharge from hospital (with reablement) to long term care	£15,000	£15,000	0	Number of beds	Yes	Unable to report the number of beds as this funding was to provide an essential support around the practicalities of various options, i.e., registering on Council housing register, exploring	Yes	The post has enabled plans to move early on admission for any housing support eg collating the data to register a person with housing and to support them to collate and submit the	Input essential to discharge planning work, with the specific goal of reducing
TRFT Place escalation wheel	Assistive Technologies and Equipment	Other	£60,500	£60,500	0	Number of beneficiaries	No	Unable to report the number of beneficiaries from this fund as funding was used to develop acute escalation wheel.	Yes	Development of the acute escalation wheel to community services to provide a whole system overview accessible remotely by all Place partners. This provides holistic real time	This supported phase 1 of development of a whole system patient flow
Trusted Assessor to support Integrated Discharge Team	Additional or redeployed capacity from current care workers	Costs of agency staff	£104,032	£50,522	730	hours worked	Yes	A total of 730 hours have been worked. Original amount included a Fast Response Service which was not commissioned.	Yes	Freed up capacity of the Integrated Discharge Team in assessment responsibilities.	Learning is informing development of pathway 1 processes and resource
Voluntary Sector - AGE UK	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£30,000	£30,000	111	Hours of care	No	Funding has provided an additional 111 hours.	Yes	Supported the extension of the Age UK hospital after care service operating hours, providing non personal reablement care and accessing low level equipment needs. The service	Informed work to increase referral rates and more integrated approach to VCS
Voluntary Sector - VAR	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£29,176	£29,176	208	Hours of care	No	Funding has provided an additional 208 hours.	Yes	Support and adminstraton of a personal health budget pilot by 'You Ask We Respond' community group to award small grants to people to address barriers to discharge thereby reducing the	Short term pilot with evidence of contributing to facilitating earlier discharge

Schemes added since Plan											
Community Equipment	Assistive Technologies and Equipment	Community based equipment	£90,000	£90,000	0	N/A	Yes	Used underspends to procure community based equipment for virtual wards and intermediate care units.	Yes	Provision of equipment has supported discharge into the community and intermediate care units,	
	<Please Select>										

Planned Expenditure	£2,773,073
Actual Expenditure	£2,773,073
Actual Expenditure ICB	£1,652,000
Actual Expenditure LA	£1,121,073

Rotherham Place Board – 17 May 2023

Final assessment of the Place Plan Update of Priorities/ Close Down Report as at May 2023

Lead Executive:	Claire Smith, Deputy Place Director – NHS South Yorkshire ICB (Rotherham)
Lead Officer:	Lydia George, Strategy & Delivery Lead – NHS South Yorkshire ICB (Rotherham)

Purpose:

To provide members with a final assessment on progress against the Place Plan Priorities for 2022/23.

As we are refreshing the Place Plan, to ensure continuity the attached 'close down' report of the Update of Priorities document has been produced so that we can track the actions in terms of whether they have been delivered or whether they will roll over into the refreshed Place Plan. The Place plan went to the Confidential Place board meeting on 19 April and is here for information.

Background:

Pre-pandemic the Place Board received a regular quarterly performance report covering both key performance indicators and milestones/timescales against each of the priorities for each of the three Transformation Groups. The performance report had been received since 2018.

As a consequence of the pandemic there was acknowledgement that the system had significantly changed and that it would continue to do so for the foreseeable future. In September 2020, in response to this and the Governments phase 3 planning requirements all partners across the Rotherham place engaged in assessing the impact of Covid on the revised Place Plan and the priorities within. The document produced supplemented the 2020-22 Place Plan and reconfirmed place priorities and the key actions associated with those priorities. The impact of the pandemic on key performance indicators meant that it was either not possible or that the reporting was very skewed as performance was severely impacted. As a result, reports focussed on only the milestones element of the performance report, which became the 'Update of Priorities' document.

The Update of Priorities document was reviewed and received by Place Board in September and December 2020 enabling place board to understand progress on delivery.

During April 2021 each Transformation Group jointly reviewed their priorities again within the Place Plan along with the associated actions and timescales. The priorities were assessed in light of covid both in terms of capturing learning and identifying where priorities had significantly changed. It was clear that the assessment had raised a significant level of partner discussion and as a result had a notable impact on the priorities. The Place Board received an update reaffirming the priorities in June 2021 and progress report in November 2021. As a result of the pandemic and winter pressures it was agreed that Q3 update would not take place and an end of year Update of Priorities document detailing the position was received in June 2022.

The 2022/23 quarter 1 report was received in September 2022. As work was to commence on the development of the 4th edition of the Place Plan and as the system was experiencing a challenging time with winter pressures and operational planning it was agreed that a final 'close down' version of the priorities document would be produced. The close down report will enable us to track the actions in terms of whether they have been delivered or whether they will roll over into the refreshed Place Plan. It will also provide the opportunity to refresh how the place priorities will be monitored.

To note, the close down report does not include the priorities for the Enabling Groups, however, progress will be incorporated in the Place Plan.

Analysis of key issues and of risks

The table summarises the number of actions, it shows that approximately 50% of the actions are complete and that the remaining 50% will be picked up in the refreshed Place Plan.

Transformation Area	Overall Number of actions	Actions complete	Actions rolled over to 2023-25 Place Plan
Children and Young People	21	14	7
Mental Health, Learning Disabilities and Autism	42	16	26
Urgent and Community Care	13	7	6
Total	**76**	**37**	**39**

Of those actions that will be picked up in the refreshed Place Plan, from the table below we can see that 54% are green (on track), and 33% are off track (amber), with a small number of new or actions to be confirmed. However, all target timescales will need to be revisited to confirm they are appropriate for monitoring against.

Transformation Area	Amber	Green	New or TBC	Total
Children and Young People	1	3	3 (new)	7
Mental Health, Learning Disabilities and Autism	12	13	1 (new)	26
Urgent and Community Care	0	5	1 (tbc)	6
Total	13	21	5	39

Once the revised Place Plan has been developed, the mechanism for monitoring the Place Plan will be established. This will be both milestones and key performance indicators and will be received at Place Board on a regular basis.

Discussions on the development and design of the new report will take place to ensure it fits with the Place Performance report and any other relevant reporting mechanisms to ensure alignment and to remove duplication.

Approval history:

Rotherham Place Board – confidential April 2023

Recommendations:

Place Board members to note:

- that this document provides a ‘close down’ position for 2022/23 against the Place Plan priorities, actions, and timescales.
- the priorities and actions that are complete and those that will be rolled over to the refreshed Place Plan for 2023-25.
- that a mechanism for monitoring and reporting progress with the refreshed Place Plan will be established.

Rotherham Place: for Public information.

Close Down Report as at May 2023

Before the pandemic the Place Board received regular quarterly performance reports covering both key performance indicators and milestones/timescales against each of the priorities for each of the three Transformation Groups. The performance report had been received since 2018, but during the pandemic regular reporting of progress halted, as did many business as usual tasks.

Following the first and subsequent waves of the pandemic and the winter period, work continued to reaffirm the priorities. Transformation Groups spent significant time assessing and reconfirming priorities and the key actions associated. This enabled Place Board to continue to receive updates so that members were able to understand performance against revised target dates and any risks to delivery.

We are now refreshing our place plan, which also provides the opportunity to refresh how we will monitor its delivery. To ensure continuity we have prepared a close down report so that we can track the actions in terms of whether they have been delivered or whether they will roll over into the refreshed place plan.

Closed actions (pages 2 – 8)

Actions to be carried forward from pages 9 - 18

Children and Young People

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation area:

1. The first 1001 days
2. Special Education Needs and Disabilities
3. Looked After Children
4. Children & Young People's Mental Health and Emotional Wellbeing
5. Transition to Adulthood

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	**The First 1001 Days**	**Lead Officer Alex Hawley**	**COMMENTS/ACTIONS**
No.	**Description**	**Target**	
CH 1	Deliver, Implement and Embed the Better Start and Beyond Framework to provide a context for priorities for all commissioning and delivery.	Q1 2023/24	**This action is complete and embed into existing mechanisms for delivery.** • Draft framework developed and approved by Health and Wellbeing Board, to include the local action plan • Mapping of local action priorities against framework completed • Gap analysis is informing future planning • Assurance activity underway to confirm the framework is underpinning all commissioning and delivery. Better Start and Beyond Steering Group leads on implementing assurance activity informing improvements to commissioning and delivery. Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children's Collaborative and Rotherham Early Help Strategy and Family Hubs transformation. This is overseen by the Early Help Steering Group which reports into the Rotherham Safeguarding Children Partnership
CH 2	To explore realigning commissioning pathways and commissioning arrangements in relation to 0-19 services	Q1 2023/4	**This action is complete.** • The re-commissioning of the 0-19 service is now complete. • The specification for new 0-19s has been developed to optimize the ability of the service to adapt to the system and changes in needs and priorities, and to include co-production (based on Four Cornerstones) as an ongoing aspect of service development. The 0-19s Project Group explored evaluation models that acknowledge the importance of integration, adaptability, and additionality. • Public Health commissioned Rotherham Parent Carers Forum to conduct a co-production exercise (October – December) to inform the specification, using the Four Cornerstones ethos. • The Best Start and Beyond framework provides a structure for the 0-19s to be integrated within a system (covering preconception through to transition to adulthood, but with a key focus on 1001 Days). • Service development considering the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service has been agreed for commencement upon mobilisation of the new contract.
CH 3	Mobilisation of the new 0-19 specification	Q4 2024/5	**This action is complete.** • The new 0-19 Service mobilised on 1st April 2023. Service development considering the new Healthy Child Programme guidance, including optimising continuity of care between midwifery and 0-19s service has been agreed for commencement upon mobilisation of the new contract. Robust contract monitoring is undertaken by Public Health. The Best Start and Beyond framework provides a structure for the 0-19s to be integrated within a system (covering preconception through to transition to adulthood, but with a key focus on 1001 Days). Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children's Collaborative and Rotherham Early Help Strategy and Family Hubs transformation.

Priority 2	Special Educational Needs and Disabilities	Lead Officer Vicky Whitfield	COMMENTS/ACTIONS
No.	Description	Target	
CH 4	Develop an understanding of the impact of Covid and related changes to service provision on outcomes for children with SEND	Q1 2021	**This action is complete and embed into existing mechanisms for delivery** SEND Strategic Board and Education Recovery Cell have clear oversight with regular reporting regarding outcomes for children. The Cell has made an Innovative bid which has been successful to pilot a Team Around the School approach to prompt practitioner delivery and model for support in school. This will be monitored closely as part of implementation to establish the impact. Impact and associated actions are documented in the Director of Public Health Annual Report.
CH 5	Develop and implement internal mechanisms within Health and RMBC including membership of the EHCP panel	Q4 22/23	**This action is complete and embed into existing mechanisms for delivery.** • There is now a bank of good practice examples held in central folder for all to access. • The DCO supports health colleagues to QA the contributions as part of the EHCP assessment and review process. This includes discussions and feedback at 1:1 and team level. • An audit of health advice informed improvement activity • Quarterly audit is now embed into provider practice to ensure ongoing monitoring The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission
CH 6	Embed 'lessons learned' including outcomes from audits and Practice Learning Days and benchmarking data to inform service improvement	Q3 22/23	**This action is complete and embed into existing mechanisms for delivery.** • Bi-annual Quality Assurance event now embed for Health, education and care practitioners alongside school representatives to evaluate EHCPs together and agree on appropriate actions for development. • This includes providing the opportunity for a deep dive on specific cases to allow practitioners to go into school and observe the child, have discussions with the SENCO etc. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 7	Provide a range of CPD opportunities for practitioners, schools/settings, parents/carers, children, and young people to ensure that the quality of EHCP Plans improve across the local area	Q3 22/23	**This action is complete and embed into existing mechanisms for delivery.** • Delivered CPD to Health/CCG Practitioners • EHCP workshops delivered to CAMHS staff and TRFT therapists The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.

Priority 3	Looked After Children and Vulnerable Children and Young People	Lead Officer Rebecca Wall	COMMENTS/ACTIONS
No.	Description	Target	
CH 8	Improve Dentist registration and attendance at appointments for Looked After Children	Q3 22/23	**This action is complete and embed into existing mechanisms for delivery.** • Rotherham Local Safeguarding Partnership and Rotherham CCG (at the time) facilitated connectivity with dental services, and the LAC team at TRFT developed partnerships with dentists and dental services and recognised and responded to the dental needs of LAC – this means that no child goes without their dental needs being assessed and treatment provided as required, as well as regular check-ups. Access to dental care for Looked After Children is a key performance indicator reported into Corporate Parenting Board.

Priority 4	Children and Young People's Mental Health and Emotional Wellbeing	Lead Officer Christina Harrison	COMMENTS/ACTIONS
No.	Description	Target	
CH 9	Review of the multi-agency Neuro screening pathway will inform recommendations to ensure demand remains in line with the trajectory.	Q3 22/23	**This action is complete** Review of the multi-agency screening pathway (CH13) informed changes to the process associated with the pathway. Evidence of 2 terms of implementation of graduated response is now required
CH 10	Communicate the multi-agency offer to support children's mental health and emotional wellbeing to schools and ensure that it is accessible to all.	Q3 20/21	**This action is completed. Outstanding elements of this action are covered by CH15.** • DfE Wellbeing for Education Return is being rolled out through this term with input from the whole system • The SEMH toolkit has been developed and available to schools which supports the graduated response The SEMH Strategic Group has agreed the development of a framework to support consistent aspirations for children and young people's SEMH across the continuum with appropriate support identified, a workforce competency framework and workforce development framework and a communications plan.

Priority 5	Transitions to Adulthood	Lead Officer TBC	COMMENTS/ACTIONS
No.	Description	Target	
CH 11	Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services	Q2 2023	**This action is complete and embed into existing mechanisms for delivery.** • Refreshed action plan now in place to support transitions to adulthood for young people with long-term conditions and complex care needs • Work underway with ICS re development of Epilepsy pathway • Practice Learning Day on 23rd march with all key stakeholders to identify learning for development of mental health pathway • TRFT business case for complex care transitions coordinator submitted • Strategic Preparation for Adulthood Board waiting confirmation from Rotherham Parent Carer Forum regarding appropriateness of Therapy Services (OT/ Physio and SALT) to be 4th pathway. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 12	Agree a joint multi-agency standards and quality assurance framework for transition for young people with SEND in line with NDTi minimum standards	Q2 2022	**This action is complete and embed into existing mechanisms for delivery.** • Joint multi-agency standards and quality assurance framework for transition for young people with SEND The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 13	Co-produce with health providers good practice guidance for protocols of effective transitions	Q4 2022	**This action is complete and embed into existing mechanisms for delivery.** • Draft good practice guidance is established • This will be approved and communicated after further consultation and engagement is completed. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.
CH 14	Encourage attendance of health staff who write Education, Health and Care Plans and contribute advice following Education Health and Care statutory assessments on NDTi training	Q4 2022	**This action is complete and embed into existing mechanisms for delivery.** • Health staff were encouraged to attend the training by email from senior officers and the DCO • DCO contacted areas with poor representation to prompt registration • Although registration was good, the short notice of the training combined with covid/ winter pressures on health staff resulted in poorer attendance than anticipated. • Further training has been arranged.

Mental Health, Learning Disabilities and Neurodevelopmental Care

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation group:

1. Improving Access to Psychological Therapies (IAPT) service
2. Dementia diagnosis and post-diagnostic support
3. Adult Severe Mental Illnesses (SMI) in the Community including perinatal mental health.
4. Mental Health Crisis and Liaison
5. Suicide prevention
6. Better Mental Health for All, including loneliness.
7. Improving residential, community and housing support for people with Mental Health and/or Learning disability
8. Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care)
9. Delivery of My Front Door transformation programme
10. Delivery of Autism Strategy and Neurological Pathway

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	**Improving Access to Psychological Therapies (IAPT) service**	**Lead Officer Kate Tufnell**	**COMMENTS/ACTIONS**
No.	**Milestones**	**Target**	
MH/LD 1	20/21 IAPT trainees complete training (PWPs and HITs)	Q4 20/21	**Action Complete** The 20/21 IAPT PWP and HIT trainee have been recruited and completed their training.
MH/LD 2	CBT trainee recruitment and commence training (21/22 cohort)	Q4 22/23	**Action Complete** The 21/22 CBT trainee have been recruited and completed their training.
	CBT (qualified posts) vacancies recruitment completed or alternative explored - to be agreed with RDaSH	Q2 22/23	**Action closed.** RDaSH have continued to experience difficulties in recruiting to the CBT vacancies within the Rotherham service. In January 2023 RDaSH submitted a proposal to RICB to request that the unfilled 1.6 WTE band 7 CBT vacancies be converted into Team Manager Posts. The rationale for this reconfiguration of the workforce structure to create extra management capacity was to: • increase productivity and efficiency within the team. • provide support to the team to deal with the increasing number of patients accessing the service. • enable more active management of the waiting list, • provide improved management support to the clinical staff.
	Recruitment of 2 PWPs in 2021/22	Q4 22/23	**Action Complete** The 20/21 IAPT PWP trainee have been recruited and completed their training.
MH/LD 3	Development and agreements of mental health themed communications campaign Anxiety campaign launched Q.3 2021/22	Q4 22/23	**Action closed** Due to completion of the following work. • Anxiety campaign undertaken across the borough. This included the promotion of electronic resources, social media posts, as well as physical resources (over 1,800 copies of social anxiety, health anxiety and anxiety self-help leaflets were distributed to partners and public venues across Rotherham. Electronic version of the leaflets can be found at Rotherham CCG - Self Help Guides (ntw.nhs.uk) • Mental Health ARRS roles based in PCNs are now using the above leaflets to work with individuals who are experiencing depression. • Promotion of the Rotherham IAPT offer undertaken to promote the different service across the borough, which offer a choice of formats

			(telephone, face-to-face, digital etc.) and times (inc. weekends and evenings) as well as access to BSL IAPT has also been undertaken. • Refresh of the mental health offer leaflets to promote the wider offer of support available RCCG_MH_Leaflet_Digital_Dec22 (rotherhive.co.uk) Promotion of this new resource has been undertaken electronically and hard copy distribution. • RDaSH has development of community workers to promote their IAPT services in Rotherham. • Refresh an update of the Rotherhive 'Depression, anxiety and Stress' page and Wellness Hive Note South Yorkshire ICB will continue to develop and promote different mental health themes, as part of its ongoing Rotherhive development plan (MHLD 6)

Priority 3	**Adult Severe Mental Illness (SMI) in the Community**	**Lead Officer Kate Tufnell**	**COMMENTS/ACTIONS**
No.	**Milestones**	**Target**	
MH/LD 4	Delivery of all the SMI Annual Health check long-term plan requirement. Action required: Complete secondary / primary care SMI register validation	Q4 22/23	**Action closed** Register validation process completed. Further work is, however, required to ensure that there is an ongoing real-time update of the primary care / secondary care SMI register (action identified below) Other work undertaken development of electronic prescription function in RDaSH, Use of ICE is now enabled across primary care and RDaSH. This will reduce the duplication of blood test etc across the different organisations.
MH/LD 5	Maintain 60% target of patients requiring Early Intervention for Psychosis (EIP) receiving NICE concordant care within two weeks, and service graded at level 3 for NICE concordance	Q4 22/23	Action to be moved to be monitored through the **RICB/RDaSH Contract Performance meetings** (held monthly) to ensure this level of performance is maintained. The target of 60% has been achieved over the past 12 months. In the last national audit, the RDaSH Early Intervention in Psychosis service achieved a Level 4, which is above the national requirement of level 3 achievement.
MH/LD 6	Support the delivery of the ICS Individual Placement Support programme	Q4 22/23	Action to be moved to be monitored through the IPS for **SMI Contract & Commissioning Meeting**. In 22/23 RICB has worked with ICB-wide partners and local Place partners to evaluate, re-procure, and mobilise the IPS service. During 22/23 further work will be required to support the service to continue increase the number of referrals receive to ensure service optimisation.
MH/LD 7	Delivery of the 2022/23 Adult SMI in the Community Workforce year 2 plan.	Q4 22/23	**Action complete** Any outstanding recruitment will be included in the 23/24 Community Mental Health Transformation programme workforce development plan.
MH/LD 8	Support the delivery of the perinatal Mental Health long-term plan requirements.	Q4 22/23	**Action to be moved** to ICB-wide discussion and RDaSH /RICB Contract performance meeting (ongoing monitoring).
MH/LD 9	All contract mechanisms in place RDaSH with each of 6 PCNs	Q3 22/23	The 2022/23 Contracts between RDaSH and PCNs have been drafted but none have yet been agreed. Further work is required RDaSH/PCN • to ensure that all of 6 PCN 21/22 - 22/23 contracts are agreed. • 23/24 Contracts to be agreed by RDaSH/PCN. As this is contract issue this action will be moved to be monitored and completed through the **RDaSH/PCN Primary Care MH Practitioner (ARRS) Operational meeting.**

MH/LD 10	Year 2 MH ARRs plans in place to support recruitment of posts	Q1 22/23	Action to be moved to be monitored through the **RDaSH/PCN Primary Care MH Practitioner (ARRS) Operational meeting.** The year 2 (22/23) plan was to recruit 6, Band 4 posts. To date 6 MH ARRs year 2 post have now been recruited. These posts will be in place, as follows: Year 2 • Maltby Wickersley 1 Band 4 to start April/early May. • Central North 1 Band 4 • Health Village/Dearne Valley 1 Band 4 • Rother Valley South 1 Band 4 • Raven 1 Band 4 • Wentworth 1 Band 4 Year 3 MH ARRS recruitment planning in now in process. Both the year 2 and 3 posts will be monitored through the above group. • Maltby Wickersley 1 Band 4 • Central North 1 Band 4 • Health Village/Dearne Valley TBC • Rother Valley South 0.6 Band 6 To commence 15 April. • Raven 1 Band 7 • Wentworth 1 Band 7

Priority 4	**Mental Health Crisis and Liaison**	**Lead Officer Andrew Wells / Kate Tufnell**	**COMMENTS/ACTIONS**
No.	**Milestones**	**Target**	
MH/LD 11	Develop at least one alternative crisis service to hospital admission. Actions required:	Q3 22/23	**Action complete** Rotherham Safe Space launched in September 2022. Rotherham Safe Space supports anyone experiencing a mental health crisis in Rotherham. It provides a safe place during the weekend evenings (Friday, Saturday, and Sunday from 6pm to midnight) designed for people in crisis to go for support and to prevent avoidable attendances at A&E. On-going monitoring through Rotherham/Touchstone Contract Performance meetings

Priority 6	**Suicide prevention**	**Lead Officer Ruth Fletcher-Brown**	**COMMENTS/ACTIONS**
No.	**Milestones**	**Target**	
MH/LD 12	Review of the delivery of Suicide Prevention training	Q2 22/23	No recurrent funding available
MH/LD 13	Coroners Audit Report – local workshop to disseminate finding	Q2 22/23	

Priority 10	**– Delivery of Autism Strategy and Neurological Pathway**	**Lead Officer Garry Parvin**	**COMMENTS/ACTIONS**
No.	**Description**	**Target**	
MH/LD 14	Autism awareness training sessions for all South Yorkshire Police officers and Rotherham elected Members (October 2021).	Q4 22/23	The action sits outside of the remit of Rotherham Place Board. SY Police do run autism awareness training sessions

Urgent and Community Care

In the refreshed Rotherham Place Reset Plan the following were identified as priority areas for this transformation group:

Workstream 1: Prevention and Urgent Response

1. Front Door **(priority 1)**

- Urgent Response Standards **(priority 2)**
- Prevention and anticipatory care in localities: long term conditions and unplanned **(priority 3)**
- **Workstream 2: Integrating a sustainable discharge to assess model (priority 4)**
- **Workstream 3: Enhanced Health in Care Homes (priority 5)**

- Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 2	**Urgent Response Standards**	**Lead Officer Penny Fisher/Claire Smith**	**COMMENTS/ACTIONS**
No.	**Description**	**Target**	
UC 1	Meet the two hour standard 70% of the time by Dec 2022	Q3 20223	Successfully implemented. All milestones met on time including 7 day full geographic cover and the specified 9 clinical conditions. National sitrep from April 2021. Threshold of 70% response rate within 2 hour threshold consistently met or exceeded.
UC 2	Grow urgent response activity	Q4 2022/3	Activity increased from 83 referrals and 470 contacts in September 2022 to 540 and 1505 in Nov 2022 (latest published data).
UC 3	Validate and improve the quality of data	Q3 2022/3	A consistent programme of data cleansing and quality improvement has been completed, with improved accuracy evidenced through a reduction in variation between internal and external data sets

Priority 3	**Prevention and anticipatory care in localities: long term conditions and unplanned**	**Lead Officer Penny Fisher/Claire Smith**	**COMMENTS/ACTIONS**
No.	**Description**	**Target**	
UC 4	Implement an acute respiratory infection and frailty virtual ward	Q3 2023/4	The virtual ward was successfully implemented on time in December 2022 for step up and step down pathways with an initial capacity of 10. Numbers on the ward grew to 18 in quarter 4 contributing to avoidance of unnecessary admissions and facilitating discharge. As part of the urgent hub patients can be transferred across community pathways as levels of acuity/need change. The ward is led by nurse consultants with successful recruitment to all roles.

Priority 5	**Enhanced Health in Care Homes**	**Lead Officer Claire Smith**	**COMMENTS/ACTIONS**
No.	**Description**	**Target**	
UC 5	Pilot and roll out electronic information capture by care homes	Q2 2023/4	Phase one, identification of requirements for the commissioned bed base was completed in Rotherham. Work was then paused as national funding was received to be progressed at SY level.
UC 6	Joined up commissioning	Q4 2022/3	A joint care home specification has been developed
UC 7	Pilot remote monitoring in care homes	Q4 2022/3	Pilot ended March 23 and is being evaluated. Any future work will be aligned to development of remote monitoring supporting virtual wards and SY development of electronic record keeping in care homes

Actions to be rolled over to 2023-2025 Place Plan

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Note – some of the timescales will need to be revisited in this document.

Children and Young People

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation area:

6. The first 1001 days
7. Special Education Needs and Disabilities
8. Looked After Children
9. Children & Young People's Mental Health and Emotional Wellbeing
10. Transition to Adulthood

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	**The First 1001 Days**	**Lead Officer Alex Hawley**		**COMMENTS/ACTIONS**
No.	**Description**	**Target**	**RAG position as end June 2022**	
1	The Development of family hubs including publication of the Start for Life offer, Parent-infant mental health support and Breastfeeding support service	Q2 2023/24		• In April 22, Rotherham was announced as one of the 75 LA's that are directly eligible for funding in this phase of the development of Family Hubs. • A Rotherham group had already been established to enable early discussion on practical arrangements for family hubs. • Family Hubs will support the transformation of services to improve access to 'whole family' service delivery, including 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. • An update report detailing progress made in year 1 (22/23) was provided to the Health and Wellbeing Board on 29th March 23. Activity in this area is aligned to the SY Harvard Bloomberg, the work of the SY Children's Collaborative and Rotherham Early Help Strategy and Best Start and Beyond Framework for assurance. •

Priority 2	**Special Educational Needs and Disabilities**	**Lead Officer Julie Day/ Vicky Whitfield**		**COMMENTS/ACTIONS**
No.	**Description**	**Target**	**RAG position as end June 2022**	
2	Develop the Local Offer	Q2 23/24	New action	The Local Offer is a statutory function to ensure accurate and relevant information for children and young people with SEND and their families is accessible. Co-production activity informed re-branding and website redesign. Appointment to Local Offer Coordinator role supports maintenance of the website and ensures information is accurate, relevant, and accessible.

Priority 3	Looked After Children and Vulnerable Children and Young People	Lead Officer Rebecca Wall		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
3	Implementation of review recommendations to support the social, emotional, and mental health needs of Looked After Children. • Establish a Looked After Children pathway into CAMHs • Development of our therapeutic offer to looked after children, in-house foster carers/ residential care providers	Q4 22/23		• Updated S75 Work Order for Child and Adolescent Mental Health and Emotional Wellbeing • Activity across RMBC and NHS SY Rotherham Place to understand the current arrangements and inform proposals to deliver the recommendations continues. • Health 'takeover' of RMBC Residential Panel further developed working relationships, shared good practice and identified gaps in current joint decision-making processes • RDASH crisis team is in place. • Eating disorder SDIP ToR extended to enable escalation of other CYP experiencing crisis in mental health pathway • LAC pathway in CAMHs implemented.
4	Produce a mental health transition pathway to support effective transition for looked after children and care leavers with SEMH needs	Q2 23/24	New action	• A multi-agency Practice Learning Event identified recommendations for improvement. • Action plan is in development.

Priority 4	Children and Young People's Mental Health and Emotional Wellbeing	Lead Officer Christina Harrison		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
5	Children in Rotherham will have timely access to an assessment and intervention for neurodevelopment disorders when a need has been identified. Business Case submitted and funded by the CCG to reduce waiting lists over a 3-year period	Q1 2024		Update / Key actions • The SEN Toolkit with resources for school-based workforce was launched w/b 14.12.2020 to support with implementation of a graduated response • The digital offer (initially provided by Healios) has been well received by families and has been extended • The waiting list is reviewed weekly, identifying where the referrals are from, and support needed to wider services • A Neuro dashboard is updated on a weekly basis and shared with the Commissioners on a regular basis • Now that the capacity is able to meet new demand, further discussion has taken place to increase capacity to manage the historic demand. • An updated trajectory established the projected reduction of the waiting list over the three year period. Demand post covid did not follow the trajectory with approx 50% more contacts and referrals than projected • Review of the multi-agency screening pathway (CH13) informed changes to the process associated with the pathway. Evidence of 2 terms of implementation of graduated response is now required.

5	Development of a framework to support consistent aspirations for children and young people's SEMH across the continuum with appropriate support identified, a workforce competency framework and workforce development framework and a communications plan.	Q4 22/23	New action	A draft framework has been considered by the SEMH strategic group. Further consultation and engagement is planned. Additional supporting documents identified.

Priority 5	**Transitions to Adulthood**	**Lead Officer TBC**		**COMMENTS/ACTIONS**
No.	**Description**	**Target**	**RAG position as end June 2022**	
6	Produce transition pathways for Rotherham's Preparing for Adulthood Cohort for four prioritised Health Services	Q2 2023		**This action is complete and embed into existing mechanisms for delivery.** • Refreshed action plan now in place to support transitions to adulthood for young people with long-term conditions and complex care needs • Work underway with ICS re development of Epilepsy pathway • Practice Learning Day on 23rd march with all key stakeholders to identify learning for development of mental health pathway • TRFT business case for complex care transitions coordinator submitted • Strategic Preparation for Adulthood Board waiting confirmation from Rotherham Parent Carer Forum regarding appropriateness of Therapy Services (OT/ Physio and SALT) to be 4th pathway. The SEND Strategic Board and SEND Executive Group oversee delivery for children and young people with SEND and their families. The Board reports into the RMBC Senior Leadership Team, NHS SY Rotherham Place Executive Team. Progress is overseen by Improving Lives Select Commission.

Mental Health, Learning Disabilities and Neurodevelopmental Care

In the refreshed Rotherham Place Plan the following were identified as priority areas for this transformation group:

11. Improving Access to Psychological Therapies (IAPT) service
12. Dementia diagnosis and post-diagnostic support
13. Adult Severe Mental Illnesses (SMI) in the Community including perinatal mental health.
14. Mental Health Crisis and Liaison
15. Suicide prevention
16. Better Mental Health for All, including loneliness.
17. Improving residential, community and housing support for people with Mental Health and/or Learning disability
18. Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care)
19. Delivery of My Front Door transformation programme
20. Delivery of Autism Strategy and Neurological Pathway

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	**Improving Access to Psychological Therapies (IAPT) service**	**Lead Officer Kate Tufnell**		**COMMENTS/ACTIONS**
No.	**Milestones**	**Target**	**RAG position as end June 2022**	
MH/LD 1	Reduction in the RDaSH IAPT CBT waiting times.	Q4 22/23		
	Increase awareness of IAPT Provision and low-level psychological support available in Rotherham.	Q4 22/23		
	Continued development of Rotherhive and Wellness Hive digital platform https://rotherhive.co.uk/	Q4 22/23		**Note comment above in MH/LD 5.**

Priority 2	**Improving Dementia diagnosis and post-diagnostic support**	**Lead Officer Kate Tufnell**		**COMMENTS/ACTIONS**
No.	**Milestones**	**Target**	**RAG position as end June 2022**	
MH/LD 2	To implement the new dementia pathway across the Rotherham place	Q4 22/23		Note: this action will be refreshed to reflect the new elements of pathway work that need to be undertaken.

Priority 3	Adult Severe Mental Illness (SMI) in the Community	Lead Officer Kate Tufnell		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 3	Development of single live SMI register across primary and secondary care	Q4 22/23		
	Development of digital offer to support primary care SMI LES deliver	Q4 22/23		
	Increase the number of primary care SMI health checks completed in 2022/23 (against 2021/22, q.4 baseline – 31%)	Q4 22/23		
	Expansion of peer support /living experience workers to support the provision of community Mental health provision (bid requirement – VSC posts)	Q4 22/23		
MH/LD 4	Enhance eating disorder offer across Rotherham – SYEDA, Physical Health shared care protocol	Q4 22/23		

Priority 4	Mental Health Crisis and Liaison	Lead Officer Andrew Wells / Kate Tufnell		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 5	Reduction in the number of out of area placements. Action required: • Implementation of the OATS agreement	Q4 22/23		
MH/LD 6	Implementation of the new social care delivery model commenced	Q4 22/23		

Priority 5	Improving residential, community and housing support for people with Mental Health and/or Learning disability	Lead Officer Garry Parvin		COMMENTS/ACTIONS
No.	Milestones	Target	RAG position as end June 2022	
MH/LD 7	Service transformation model to be agreed	Q4 22/23		The mental health FPS is out to tender. The action will be amended to align with Councils ambition to build accommodation with support options.

Priority 6	Suicide prevention	Lead Officer Ruth Fletcher-Brown		COMMENTS/ACTIONS
No.	**Milestones**	**Target**	**RAG position as end June 2022**	
MH/LD 8	Delivery of 22/23 actions within local plan	Q4 22/23		
MH/LD 9	Evidence of impact of the Be the One campaign	Q2 22/23		
MH/LD 10	Review the suicide prevention and self-harm action plan, considering emerging risks / inequalities	Q4 22/23		

Priority 7	Better Mental Health for All, including loneliness	Lead Officer Ruth Fletcher-Brown		COMMENTS/ACTIONS
No.	**Milestones**	**Target**	**RAG position as end June 2022**	
Better Mental Health for All				
MH/LD 11	Update of Better Mental Health for All Strategy and Action plan	Q2 22/23		
Loneliness				
MH/LD 12	Refresh the H&WB Loneliness action plan	Q2 22/23		
MH/LD 13	Implementation and delivery of 22/23 loneliness action plan	Q4 22/23	New action	

Priority 8	Delivering the NHS Long Term Plan for people with a learning disability and / or autism (this includes Transforming Care	Lead Officer Garry Parvin / Andrew Wells		COMMENTS/ACTIONS
No.	**Description**	**Target**	**RAG position as end June 2022**	
MH/LD 14	Ensure no more than 3 people are detained in CCG hospital beds at one time, during 21/22	Q4 22/23		The targets remain a core element in the NHS operational guidance
MH/LD 15	Ensure that Rotherham meets the national target of 75%% of annual health check completed (as a minimum)	Q4 22/23		

Priority 9	Delivery of Learning Disability Transformation (My Front Door)	Lead Officer Garry Parvin		COMMENTS/ACTIONS
No.	**Description**	**Target**	**RAG position as end June 2022**	
MH/LD 16	Delivery of Learning Disability Transformation (My Front Door) – Work Stream 1: *Scope: Completion of the changes set out in the Transformation of Services and Support for People with a Learning Disability - Cabinet and Commissioner's Decision-Making Meeting 21st May 2018*	Q4 22/23		The action will amend following the publication of the Council's Cabinet report which will refresh and update this action
MH/LD 17	Learning Disability, The Future Offer – this will include adults with a learning disability into paid employment	Q4 22/23		

Priority 10	– Delivery of Autism Strategy and Neurological Pathway	Lead Officer Garry Parvin		COMMENTS/ACTIONS
No.	**Description**	**Target**	**RAG position as end June 2022**	
MH/LD 18	Delivery of the Rotherham Autism Strategy Delivery plan 21/22 targets. Need to still include a milestone re: refresh of the autism strategy considering new publication	Q4 22/23		The autism strategy will be refreshed
MH/LD19	Ensure all staff working in mental health inpatient settings have access to autism awareness training	Q4 22/23		
MH/LD 20	Creation of Sensory Friendly Mental Health Inpatient Environments (Adult/CYP, learning disability, autism, or both)	Q4 22/23		
MH/LD 21	95% of All schools, colleges, and GP's / primary care staff to have autism awareness training. Autism education trust.	Q4 22/23		Yes – will be amended in light of Oliver McGowen Training

Urgent and Community Care

In the refreshed Rotherham Place Reset Plan the following were identified as priority areas for this transformation group:

Workstream 1: Prevention and Urgent Response

2. Front Door **(priority 1)**
3. Urgent Response Standards **(priority 2)**
4. Prevention and anticipatory care in localities: long term conditions and unplanned **(priority 3)**

Workstream 2: Integrating a sustainable discharge to assess model (priority 4)

Workstream 3: Enhanced Health in Care Homes (priority 5)

Below are the milestones identified for each of these priorities and the assessment of post Covid impact.

Priority 1	Front Door	Lead Officer Penny Fisher/Claire Smith		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
UC 1	Implementation of the approved model	Q4 2022/3		The TRFT Care Co-ordination centre has been developed into a multi-disciplinary urgent community referral and triage hub which supports unplanned admission avoidance and facilitates discharge. The team includes nursing, therapy, social workers, reassablement, pharmacy and the voluntary sector. The next phase is to develop and embed the discharge function to facilitate timely discharge and support more people to be cared for at home
UC 2	Increasing referrals from 111DOS and 999 services	Q4 2022/3		The 111 and 999 directory of services have been reviewed and updated. A PUSH model has been implemented where YAS direct category 3 and 4 non emergency calls to Rothercare and the Urgent Community Hub thereby reducing avoidable conveyances. The next phase is to develop further alternative pathways to ED and admission

Priority 3	Prevention and anticipatory care in localities: long term conditions and unplanned	Lead Officer Penny Fisher/Claire Smith		COMMENTS/ACTIONS
No.	Description	Target	RAG position as end June 2022	
UC 3	Articulation of Place ambitions	TBC	Deferred	National guidelines were deferred during the pandemic due to pressure on primary care. It was agreed to defer the project. This will be taken forward in 2023-4
UC 4	Grow virtual ward capacity	TBC		A trajectory has been agreed to grow the ward to 100 by December 2023, this will include development of the respiratory pathway and introduction of remote technology.

Priority 4	Integrating a sustainable discharge to assess model	Lead Officer Jayne Metcalfe, Emma Roberts		COMMENTS/ACTIONS
No.	**Description**	**Target**	**RAG position as end June 2022**	
UC 5	Review and develop the discharge to assess model	Q3 2023/4		A discharge to assess pilot ran over winter 2022-3. Investment of national discharge monies enabled additional home care to be provided, reducing length of stay. Additional nursing roles were recruited to but a shortage of therapists limited capacity to carry out assessments at home. Further work will be carried out in 2023-4 to develop and embed the model

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Priority 5	Enhanced Health in Care Homes	Lead Officer Claire Smith		COMMENTS/ACTIONS
No.	**Description**	**Target**	**RAG position as end June 2022**	
UC 6	Integrating Multi Disciplinary Teams: review of referral routes and signposting for residents and families	Q4 2022/3		Work has been progressed with PCNs but has been delayed due to system pressures. To be taken forward through the anticipatory care project

Best Start and Beyond Quarterly Report

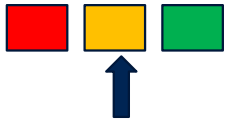
June 2023

Rotherham Metropolitan Borough Council

Best Start and Beyond Framework - Quarterly update Q4 2022/23

Report of Best Start and Beyond Steering Group
June 2023

Progress status



Risk – high to low

Overview summary of progress this quarter:

- Progress implementing the framework has been pushed back due to work arising from Family Hubs and Start for Life project.
- February Steering Group well attended with good partnership representation.
- Amended terms of reference were agreed (including Board Sponsor membership of group, and governance for Speech and Language group)
- Core20PLUS5 CYP NHSE initiative introduced to group
- Maternity priority audit presented to group
- Focus on Start for Life Offer, and newly published guidance, and formation of task and finish group
- Start for Life T&F group met in March. Proposed use of Just One Norfolk site as content guide for S4L Offer.

Next steps

- Follow-up on maternity and 1001 Days needed
- Further Task and Finish group meetings needed for work on publication of Start for Life Offer
- Processes for feedback on Parent-Carer Panel and Home Learning Environment improvement required
- Processes needed for reporting of Speech and Language group
- Develop annual narrative against framework enabling outcomes

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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 March 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:	Richard Jenkins, Chief Executive, The Rotherham Foundation Trust Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council Dr Neil Thorman, Executive GP Lead, RPCCB Shafiq Hussain, Chief Executive, Voluntary Action Rotherham Wendy Allott, Chief Financial Officer - Rotherham, NHS SY ICB Sally Kilgariff, Chief Operating Officer, The Rotherham Foundation Trust
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**), Chairing, Executive Place Director, NHS South Yorkshire ICB
Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council
Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham
Julie Thornton (**JT**), Care Group Director (Roth), Rotherham, Doncaster & South Humber Foundation Trust
Ian Spicer (**IS**), Strategic Director of Adult Care, Rotherham Metropolitan Borough Council

Participants:
Sue Cassin (**SC**), Chief Nurse - Rotherham, NHS South Yorkshire ICB
Andrew Clayton (**AC**), Head of Digital, NHS SY Integrated Care Board
Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
Nathan Heath (**NH**), Assistant Director of Education, RMBC
Gordon Laidlaw (**GL**), Head of Communications (Roth), NHS SY ICB
Dr Jason Page (**JP**), Medical Director, NHS SY ICB
Cllr David Roche (**DR**), Joint Chair, Health and Wellbeing Board, Rotherham Metropolitan Borough Council
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
Nick Simkins, Client Manager, 360 Assurance (observing)

Item Number	Discussion Items
1	**Public & Patient Questions**
There were no questions.	
2	**Public Health Update: by exception**
BA reported that we are entering another wave of covid. These seem to occur every 2-3 months – this one will be the sixth. The peaks appear to be getting smaller. The current wave is just over the 2% threshold with more outbreaks in care homes and Trusts and expected to continue. It is therefore important to continue the vaccine programme. The spring booster will target those 75 and over, vulnerable groups and care homes and staff. It was noted that we are seeing fewer deaths from covid and less patients on high ventilation and oxygen. Although covid is not abating population immunity is improving. NHS planning is based on being below 4% bed occupancy, however, but 6% is expected to be more likely and Rotherham plans will take account of that. Members noted the position.	
3	**Digital Enabling Group Update**
AC gave a progress update from the Digital Enabling Group that covered the period since June 2022 to the present. The programme management office (PMO) tracked the group's projects and a snapshot was shown of the 53 live projects. Since last June, 30 projects had been completed. AC went on to give an overview of progress made on eight of the key strategic projects namely Rotherham Health Record, Rotherham Health App, the IT service review, Yorkshire and Humber Care Record, the digital costed plan, digital inclusion, NHS Wayfinder programme. AC specifically highlighted the exemplary piece of work on The Rotherham Foundation Trust command centre which enables staff and partners to manage patient flow in near real time, using machine learning, predictive analytics, and integration with other systems such as the Yorkshire Ambulance Service, and the RHR. This is now influencing the South Yorkshire dashboard. Risks for the Digital Enabling Group were mainly around staffing and capacity as working across South Yorkshire for system wide initiatives has become an issue for Place initiatives. Next steps will include re-profiling the PMO for 2023-4, working with colleagues in ICB to get more projects underway, enabling access to Yorkshire & Humber care records via Rotherham Health Record and rolling it out to care homes, RHR sort YHCR sorted and roll out to care homes, and presenting to the HSJ Awards judging panel if the bid submitted is successful. Following a query from SS about whether integrating records increases the risk of cyber-attacks, AC gave reassurance that work has been carried out following learning from a recent attack to improve security. Each organisation is responsible for its own security arrangements and all partners are meeting current standards, although a balance is important with sharing of good practice.	

JP commented as to whether the recent cost of living increases will affect people's ability to update their digital devices. AC advised that the digital inclusion work will consider how this can be addressed but assured members that the approach adopted is 'digital first but not digital by default'.

CE thanked AC for the update and IT colleagues for the work undertaken on the many and varied projects. Noting that, in some ways Rotherham is a victim of its own success in that others want to share our developments, it is important to ensure Rotherham continues moving forward. CE will raise the staffing and capacity issues at SY ICB level.

Action: CE

4	**South Yorkshire – Tackling Inequalities in Early Childhood**

CE provided an update from the recent Bloomberg Harvard City Leadership Initiative that a team of eight from South Yorkshire including CE had attended. The aim was to look at how we can have the most impact on improving outcomes for our population. A development session will be arranged for the attendees to look at next steps.

Next week will see the launch of the ICP Strategy to start a big conversation about health and care, promoting the importance of a child's first 1001 days, and ask the question about 'what South Yorkshire do you want the next generation to grow up in'. A toolkit has been shared with partners, members and groups showing the activities planned across the week and providing resources to be shared with stakeholders promote the strategy and start conversations.

It was agreed to bring the strategy to the next Public Place Board to look through in more detail.

Action: CE/LG

5	**Place Partnership Update (Issue 4)**

The Rotherham Place Partnership newsletter is produced monthly to give South Yorkshire ICB Board an update on Rotherham progress and developments. It is also shared at this Board for information and for sharing with partners. At the February Place Board, SK had asked the communications and engagement enabling group to consider and agree an approach for sharing with partners. This process has now been agreed for GL to disseminate to communications colleagues for inclusion in their internal comms bulletins in future.

Members noted the work that had taken place across the Borough including the trialling in January of the first quarterly NHS England Place meeting where key areas of the performance report were discussed. Rotherham had been chosen for the first meeting because there were already processes in place to give board assurance. An invitation was extended to all Place Board members to attend future performance meetings with NHSE.

6	**Rotherham Place Achievements**

Members noted the successes and achievements received for January & February 2023. These included:

1. Children and Young People's Crisis and Intensive Community Support Service
2. Community Mental Health Transformation – Engagement Event
3. I -Relate
4. Trauma Resilience Service
5. Virtual Reality Pilot

7	**Feedback from SY ICB Partnership Board**

DR advised that the formal launch of the ICP Strategy is being held in Rotherham on Friday 24 March. He is not able to attend but will ask SK to feedback to Place Board members at next month's meeting.

DR gave an update on the business from February's meeting:

- Governance processes are to be slightly revised.
- Feedback had been received on the ICP strategy. Next, the ICB will produce an action plan.

Place Board took assurance from the feedback and will receive the strategy next month for a more detailed review.

8	**Communication to Partners**

- ICP Strategy launch
- A development session will be organised for the eight on the Bloomberg Harvard initiative to look at next steps.

9	**Draft Minutes and Action Log from Public Place Board – 15 Feb 2023**

The minutes from the February meeting were agreed as a true and accurate record.

The action log was reviewed and up to date.

10	**Risks and Items for Escalation to Health and Wellbeing Board**

Place achievements to go to H&WBB for information and DR will share with elected members.

Although there are no elections in Rotherham in May, there are some in South Yorkshire that may impact Rotherham Place business cycle. GL will confirm dates for purdah.

Action: GL

11	**Future Agenda Items:**

- Anchor Institutions (Apr)
- Prevention Campaign (Apr)
- Digital Inclusion (Apr)
- Update on Plan Priorities (Apr)

Standing Items

- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings
- Place Achievements

12	**Date of Next Meeting**

The next meeting will take place on ***Wednesday 19 April 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
Nicola Curley	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 15 March 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:	Wendy Allott, Chief Finance Officer – (Roth), NHS SY ICB Shafiq Hussain, Chief Executive, VAR Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RPCCG Cllr David Roche, Joint Chair, Health & Wellbeing Board, RMBC Dr Neil Thorman, Primary Care Representative Julie Thornton, Care Group Director (Roth), RDaSH
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. As a primary care services provider, *a specific interest was declared by Dr Anand Barmade in relation to Item 3 Enhanced Access Arrangements & Item 4 Local Enhanced Services Refresh*.
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**), Chairing, Executive Place Director - Rotherham, NHS South Yorkshire Integrated Care Board (ICB)
Sue Cassin (**SC**), Chief Nurse - Rotherham, NHS South Yorkshire ICB
Dr Jason Page (**JPa**), Medical Director, NHS SY ICB
Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB
Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB

Participants:
Ben Anderson (**BA**), Director of Public Health, RMBC
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 (Roth), NHS SY ICB
Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB
Ian Spicer (**IS**), Strategic Director of Adult Care, RMBC
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
Ruth Nutbrown (**RN**), Head of Governance and Risk, NHS South Yorkshire ICB (Item 2)
Alison Hague (**AH**), Corporate Services Manager, NHS South Yorkshire ICB (Item 2)
Jacqui Tuffnell (**JT**), Head of Commissioning, NHS South Yorkshire ICB (Item 3 & 4)

In Attendance:
Leonie Weiser, Policy & Partnerships Officer, RMBC
Nick Simkins, Client Manager, 360 Assurance
Wendy Commons, Rotherham Place Board Support Officer, NHS South Yorkshire ICB

Item Number	Discussion Items
1	**Place Performance Report: March 2023**

CS gave highlights from this month's performance report.

Strong performance continues with Improving Access to Psychological Therapies (IAPT) with Rotherham performance around 98/99% against the national target of 75% for the 6-week waiting time for treatment. Although significant actions are being taken to improve access to this service.

Cancer times remain challenging with a dip in the 28-day faster diagnosis but improvement has been seen from the December position for 62 days. Referral to treatment has been a little more challenging but Rotherham remains above the national position. Diagnostics also worsened for a while with echo and endoscopy being the areas of challenge.

JP reported that across South Yorkshire the urology pathway was most pressured with changes for improvement being implemented. There were also issues with non-surgical oncology. Place Board will be kept updated.

Noting a drop in the discharge rates in January, MW advised that work is being undertaken collectively to improve the position. Acknowledging the additional investment from NHS England, it will be important to ensure the Trust can achieve the required 92% bed occupancy rates. For assurance, it was noted that the Urgent and Emergency Care Board is looking at how we will use the monies for delivery and capacity and command services to use across health and social care.

CS advised that the performance report will be expanded to include virtual wards and reablement figures going forward. SC highlighted that looking at readmission rates alongside discharge processes will be important and is a good quality indicator.

The performance report was well received. Going forward Place Board will see virtual ward indicators and readmission rates as well as work undertaken on key national indicators. Noting the acronyms contained within the report which is shared in the public domain it was agreed that a glossary should be added in future. Consideration will also be given to adding a glossary as a routine part of the Place Board agenda.

Action: CS/LG

2	**Risk Management for Rotherham Place**

RN explained that work has been undertaken to bring together risks from the former South Yorkshire Clinical Commissioning Groups and to develop a risk assurance framework for the ICB. A full register of risks and an issues log will be provided, some of which will specifically relate to Rotherham. Place Board members (except SS) had previously reviewed and discussed the documents in detail.

It was noted that not all four places have the same risks. Risks relative to Rotherham, including risk scores, will be reviewed at place level and will be a standing item on the ICB session of Place Board on a monthly basis with a deep dive undertaken quarterly.

Action: RN/LG (for agenda)

CE thanked RN and AH for attending. Place members still have the opportunity to review the proposed framework and feedback to the ICB. CE advised that Place Board would welcome an update on comments received from the other Place Boards that inform future iterations.

RN & AH left the meeting at this point.

3	**Enhanced Access Arrangements 2023-24**

JT advised that from October 2022, the responsibility for commissioning enhanced access is with Primary Care Networks as it is part of the PCN Direct Enhanced Services, however plans are still required to be approved by commissioners. In Rotherham the requirement is 267 hours per week. The proposals made exceeded the requirement and will see 286.75 hours per week thereby achieving 60 minutes per 1000 patients.

Five PCNs are proposing to change location for the delivery of same day access services from Ridgeway to Rawmarsh Health Centre and with an increase in hours for Rother Valley South, delivery hours will increase to 385 hours per week.

JT highlighted the small risk that patients may initially attend the wrong premises as they are now used to attending Ridgeway medical centre, however timely communication to patients is planned to mitigate this possibility.

Members welcomed the positive news in increasing appointments for Rotherham patients and that the services will be delivered from more modern and accessible premises, as well as supporting practices with capacity issues. Changes will commence from 3 April 2023.

The ICB will be asked to approve the Rother Valley South proposal to change its enhanced access arrangements and the change of location for same day access for the remaining five PCNs from Ridgeway to Rawmarsh medical centre.

In the meantime, GL is liaising with and advising practices on how best to communicate the changes with patients.

Noting a conflict of interest for Dr Anand Barmade as a current primary care provider in Rotherham, AB took no part in the discussion but remained in the room.

4	**Local Enhanced Services (LES) Refresh – 2023-24**

JT advised members that an annual review of contracts had taken place of all local enhanced service contracts. These are additional to core practice work. In Rotherham there are 16 GP LES contracts, two optometry and two pharmaceutical. Following the review and discussions with the local LMC, LPC and LOC changes were agreed to the specifications which will support relieving pressure on secondary care services.

The primary care delivery group supported the changes and the Integrated Care Board subsequently approved them.

Members noted the agreed changes for information.

Noting a conflict for Dr Anand Barmade as a current primary care provider in Rotherham, AB took no part in the discussion but remained in the room.	
5	**Quality, Patient Safety and Experience Dashboard Report – Feb 23**
SC presented the report of business activity covering the quality agenda. Members noted the contents of this month's report and as discussed earlier in the meeting it was agreed that this report would benefit from the addition of a glossary in future. ***Action: SC***	
6	**Minutes and Action Log from 15 February 2023 Meeting**
The minutes from the February meeting were accepted as a true and accurate record. The action log was reviewed and up to date.	
7	**Communication to Partners**
None.	
8	**Risks and Items for Escalation**
None.	
9	**Future Agenda Items:**
Future Agenda Items – Targeted Lung Checks (Apr) – ICP Strategy – for information (Apr) Standing Items – Rotherham Place Performance Report – Risk Register (Monthly)	
10	**Date of Next Meeting**
The next meeting will take place on **Wednesday 19 April 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
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
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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