

**HEALTH AND WELLBEING BOARD
22nd November, 2023**

Present:-

Councillor Roche (In the Chair)	Cabinet Member, Adult Social Care and Health
Ben Anderson	Director of Public Health
Nicola Curley	Strategic Director of CYPS
Chris Edwards	Executive Place Director
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Sharon Kemp	Chief Executive, RMBC
Toby Lewis	Chief Executive, RDaSH
Jason Page	Medical Director, Rotherham Place

Report Presenters:-

Claire Smith	Deputy Place Director for Rotherham ICB
Steph Watt	Head of Adult Commissioning at the NHS
Jason Page	GP Clinical Commissioning Group
Susan Claydon	Head of Locality and Family support
Alex Hawley	Public Health Consultant
Lorna Quinn	Public Health Intelligence Manager
Gilly Brenner	Public Health Consultant
Kelsey Broomhead	Public Health Practitioner Apprentice

Also Present:-

Leonie Wieser	Policy Officer, RMBC
Natasha Aucott	Governance Advisor, RMBC

Apologies for absence were received from Laura Kosciwicz and Paul Woodcock.

44. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

46. COMMUNICATIONS

It was noted that following the meeting, there would be a one hour development session for Board Members in the John Smith Room.

47. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting held on 27th September, 2023, be approved as a true record.

48. CHANGE OF DATE OF MARCH 2024 MEETING

It was noted that the meeting scheduled for Wednesday, 27th March 2024, would be moved to 6th March 2024, due to purdah starting on 13th March, 2024. The meeting would take place at Wentworth Woodhouse.

Resolved:- That the Health and Wellbeing Board:

- 1) Agree that the meeting scheduled for Wednesday, 27th March 2024, be moved to 6th March 2024.

49. ROTHERHAM PLACE WINTER PLAN

Steph Watt, Deputy Place Director for Rotherham Integrated Care Board (ICB), presented an update on the Rotherham Place Winter Plan with the aid of the following PowerPoint presentation:

Introduction-

- The plan was developed in collaboration with all Place partners and built on learning from previous years.
- Approval and assurance through the Urgent Emergency Care (UEC) Board was completed in September and it was taken through the UEC Alliance, Place Leadership Board and to Health and Wellbeing Board.
- Additional resources were prioritised, allocated and assured through the Better Care Fund which supported integrated working across health and social care.

Summary of Key Learning-

- Key Themes:
 - Key pressure points were Primary Care, Urgent and Emergency Care Centre (UECC) and Discharge, including access to community services impacting on system flow.
 - Winter came early, pre-Christmas 2022, including acute respiratory infections and/or Covid.
 - The impact of industrial action and cost of living would continue to be a factor.
- What worked well:
 - A whole system approach.
 - Strong partnership working.
 - Targeted schemes.
 - Additional senior management support at key pressure points.
 - Acute escalation framework and a command centre.
- Challenges:
 - Short term funding schemes and/or recruitment challenges.
 - Unprecedented pressures were seen in November and December 2022, this included paediatric acute respiratory.
 - Pressure on general and acute beds.
 - Barriers to timely discharge and decision making.
 - Communication challenges in a fast-changing context.

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- Strategy:
 - National funding was for the period of 2023-2025, this enabled longer term planning.
 - Winter schemes would start before Christmas this year.
 - Target key themes would include:
 - Access to primary care.
 - Alternative pathways to UECC.
 - New ways of working and/or investment in the community.
 - Right size of general and acute bed base.
 - A review escalation framework and access to information which would provide a whole system overview.

The year in Primary Care-

- The Primary Care Hub would be delivered by the GP Federation between the period of December to February, this would support acute respiratory infections and seasonal variations (national forecasts suggested a flu peak between January and February 2024).
- Additional clinical capacity.
- Additional reception capacity and hosted (cloud) telephony would be in place in all practices, with a call back functionality which would ensure callers would not lose their place in the queue.
- Community teams linked to all practices.
- All CQC registered care homes had an aligned GP practice, with specific responsibilities to provide continuity of care and avoid admission to hospital.
- Flu and Covid Vaccinations would be delivered as a system using practice footprint, this would include residents and staff in care homes.

This year, alternative pathways to the Emergency Department-

- Virtual Ward (hospital at home):
 - This would be for people who would otherwise be in an acute bed.
 - Frailty and acute respiratory pathways.
 - Utilising remote technology where appropriate to identify changes in condition.
 - Avoiding unnecessary admissions and facilitating early discharge.
- Urgent community response (UCR):
 - A two-hour response standard, 70% of the time.
 - Nine clinical conditions.
- Yorkshire Ambulance Service (YAS) PUSH Model:
 - Where 999 was called but did not require an emergency response.
 - Calls 'pushed' to Rothercare for falls with no injury and UCR for minor injuries and illnesses.
- Same Day Emergency Care:
 - Medicine, surgery and gynae.
 - Direct access for YAS, avoiding UECC and/or admission.

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This year, in the acute hospital-

- Urgent and Emergency Care Centre:
 - Appointment of seven new consultants in the last year.
 - Improved nursing position.
 - Expanded dedicated social worker resource to support avoidance of unnecessary admissions.
 - Twilight shift for porters.
 - Improvement programme with YAS.
- Increase general and acute beds:
 - Twenty-four additional beds and fifteen surge.
 - Surge plans for paediatrics, including beds and staffing.
 - Plans to protect electives and orthopaedics from bedding and/or outliers.
- Cancer:
 - New senior role to oversee cancer and elective care.
 - Additional MRI scanner that had improved MRI waiting times.
 - Breast pain pathway to filter non two- week wait, patients to the right clinic and improved capacity.

This year, discharge-

- Medical and pharmacy resource in 'community ready' (discharge) lounge.
- Additional patient transport shifts.
- Additional nursing, therapy, reablement and social worker resource to support discharge/patients at home.
- Home from hospital home care service commissioned to provide additional hours.
- Fund to support additional community beds, focussing on complexity.
- fifteen residential surge beds at Lord Hardy Court.
- Out of area trusted assessment pilot.
- Care home trusted assessment pilot.
- Integrated working with the voluntary and community sector.
 - Re-prioritisation of the Age UK hospital after care service.
 - Urgent and emergency social prescribing pilot.
 - Personal health budget pilot with the You Asked We Responded Community Group.

This year, in Mental Health-

- There had been an increase in the mental health workforce within Primary Care with the introduction of the Mental Health Additional Roles Re-imburement Scheme (ARRS), psychology post and community connectors.
- Joint working between Well@work and Rotherhive, to support employers and employees.
- The rollout of more mental health awareness training.
- The expansion of the Rotherham Safe Space, to four nights a week.
- The launch of a new service to support people who had attempted suicide.
- Support would be available from the following:

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- RDaSH /Samaritan Wellbeing Check Pathway.
- Peer support groups, such as Andy's Man Club, S62, Parent Carers Forum, Survivors of Bereavement by Suicide, Women Acceptance, Support, Kindness mental health support group (ASK).
- A range of community mental health initiatives funded by the Black Asian Minority Ethnic (BAME) Crisis and mental health grant schemes.
- Mental health digital resources including Rotherhive and Kooth and Qwell.

This year, for children and young people-

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

This year, for improved cross system communication and decision making-

- Community transfer of the care hub:
 - Multi-disciplinary team for referral, triage and assessment of step up and step-down patients.
 - For admission avoidance and discharge, the service would ensure the right level of care according to need.
 - 24-hour response service and/or core offer, seven days a week.
 - This would include nursing, therapy, social workers, reablement co-ordinators, wellbeing and call handlers, pharmacy technician and the voluntary and community sector.
- New escalation framework:
 - New Place escalation wheel that would provide a holistic view of the whole system flow for the first time.
 - Aligned to national operational pressures escalation levels (OPEL), action cards for each level.
 - This would feed into team, organisation, Place, South Yorkshire, regional and national framework.
 - South Yorkshire ICB and Place communications plan.
 - New operational and performance reports.
- South Yorkshire ICB and Place winter communication campaign.
- Support with the Cost of Living, with promotion of support schemes.

Next steps-

- Place workshop to scenario test plans.
- Would continue to plan for industrial action.
- Would complete outstanding recruitment.
- Would launch schemes.

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

- It was noted that last year Covid levels were exceptional; this year Rotherham was in a better position to cope with potential surges, this was due to increasing resources and working in different ways. The NHS in Rotherham was part of a wider South Yorkshire system, therefore, wider assurance was required that other areas of the NHS in South Yorkshire were in a good position.
- NHS partners in Rotherham had fifty additional doctors compared to levels in 2019.
- The NHS hospital site in Doncaster required a re-build.
- There were new guidelines in place relating to emergency treatment for young people, an example was provided that the trust had worked to ensure that all children with significant health concerns could access the hospital. Assurance was provided that the relevant guidelines were in place and would be published and circulated in due course.

Resolved:- That the Health and Wellbeing Board:

- 1) Noted the update on the Winter Plan.

50. VOLUNTARY AND COMMUNITY SERVICE - SUPPORT FOR RIGHT CARE RIGHT TIME RIGHT PLACE

Steph Watt, Head of Adult Commissioning at the NHS, presented an update on working with the voluntary and community Sector, Support for Right Care Right Time Right Place with the aid of the following PowerPoint presentation:

Context-

- Based on Rotherham's commitment to supporting people to remain independent at home for as long as possible and home first ethos.
- Built on the strong tradition of partnership working and Voluntary Action Rotherham's early pioneering of social prescribing.
- Highlighted three services which supported admission avoidance and discharge, to ensure people would receive the right level of care according to their needs.

Rotherham Urgent and Emergency Care, Social Prescribing Service-

- The role:
 - To work with health and social care professionals to support patients experiencing social, emotional and/or practical barriers to better health and wellbeing.
 - For admission avoidance and discharge.
 - Would provide holistic, wrap-around support for patients.
 - Would utilise wider voluntary and community sector services.
 - Would help to ensure a safe home environment and build independence, confidence and resilience.

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- The Service:
 - Ran Monday to Friday for age eighteen plus.
 - Received referrals and assessed discharged for patients.
 - Developed a support plan.
 - Onward referrals.
 - Ongoing, short-term support.
 - Follow-up and closure of case.

UEC Social Prescribing in practise, Paul's case study:

- About Paul:
 - Admitted with Critical Pneumonia.
 - Unable to walk or mobilise.
 - Poor mental and physical health following 9 months in hospital and a huge life change and lost his job and home.
- Paul's experience:
 - Spent nine months in hospital and step-down beds.
 - Referred to befriending and enabling, advocacy and benefits support.
 - Since discharge, Paul had progressed from a bed space to independent living within supported housing.
 - Paul was feeling positive, and the aim was to walk independently and return to work in the future.
- The impact for Paul:
 - Improved wellbeing (outcomes measures).
 - Improved mental health and physical health.
 - Improved social connections.
 - Maximised finances.
 - Greater independence and resilience.
- The impact for the system:
 - Bridged a gap from acute back into the community.
 - Linked in with ED high intensity user group.
 - Improved co-ordination of care between health, social care and voluntary sectors
 - Reduced likelihood of readmissions.

YAWR Services Personal Health Budget (PHB)-

- The Need:
 - Removed barriers to allow early and safe discharge, in order to reduce delayed discharges.
 - Assessment and award of PHB (up to £500, with escalation process for exceptions) used to buy a service or goods for discharge home from the acute or community bed base.
- YAWR Services Offer:
 - The service visits patients on the ward prior to discharge to discuss and assess their needs to facilitate discharge from hospital.
 - Pre-discharge was included an initial assessment to discuss support needs and action plan.
 - Post discharge was included a visit the patient to address additional needs including benefits support.

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- Barriers to Discharge:
 - Housing, equipment and adaptations, property, and referral pathways.

Personal Health Budgets (PHB) in practise-

- Marcia's Story:
 - Patient was aged 59 years and admitted to Rotherham Hospital in June 2022, following a stroke, loss of sight and her property was no longer suitable.
 - Support with priority housing application, liaison with eye clinic and Rotherham Sight and Sound, a referral for wheelchair access and a review of a care package for double handling.
 - PHB used to pay for a removal company, purchased microwave and fridge freezer.
 - Successful discharge into the community, improved independence, confidence and quality of life.

Impact of the Personal Health Budget Pilot-

- For Patients and Families:
 - Increased independence and quality of life for individuals.
 - PHB had been utilised for household items, cleaning services enabling individuals to return to a safe and secure environment.
 - Reduced carer stress.
 - Improved financial outcomes for individuals through benefits claimed.
 - Informed choice through a holistic needs assessment.

AGE UK Hospital Aftercare Services-

- Our Offer:
 - Monday to Friday, for sixty plus.
 - Transport home from an acute or community bed, within three hours.
 - Settling in service with safe and well check.
 - Onward referrals and signposting.
 - Small aids and adaptations.
 - Short term non-personal enablement support for up to 30 days.
 - Service was also for avoidance of unnecessary admissions.
- The added value:
 - Over 5200 referrals, including safety netting.
 - Over 300 onward referrals and/or signposts to other agencies.
 - Approximately £150,000 in unclaimed monies released through benefit referrals.
 - Over one hundred people received further enabling support.
 - Four Trusted Assessor trained staff.
- Aftercare Service in Practise Case Study:
 - Carol was referred by a frailty nurse due to concerns for patient's safety once home.
 - There was no answer when staff visited following day so permission was obtained from the next of kin to enter the house.

- Patient was found lying on hall-way floor after falling four hours earlier and could not get up.
- Made patient comfortable and provided reassurance whilst the emergency services were called.
- The ambulance arrived within forty-five to sixty minutes and Carol was checked over.
- In consultation with her GP, an agreement was made to send the district nursing team for an assessment.
- The decision reassured the ambulance crew that suitable care was in place and avoided an ambulance conveyance, attendance at A&E and potential admission.
- The emergency crew and staff member spent four hours with the patient.
- The worker made the patient a drink of tea and prepared the following day's breakfast and lunch before leaving.

The Next Steps-

- Embed in multi-disciplinary Transfer of Care Hub, right care, time and place.
- Evaluate pilots.
- Consolidate social prescribing, including investment in wider voluntary community sector.

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

- There would be a discussion with the national team regarding evaluation of the pilots, to examine whether the scale of required impact could be analysed in comparison to the scale of impact achieved.

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the update provided.

51. AIM 1 UPDATE BY BOARD SPONSORS

Board Sponsors Jason Page, Medical Director for Rotherham Place (ICB) and Nicola Curley, Strategic Director of Children's and Young People's Services presented an update on the progress of Aim 1, all children get the best start in life and go on to achieve their potential, with the aid of the following PowerPoint presentation:

Alignment of the South Yorkshire Integrated Care Partnership (ICP) priorities with Rotherham's Health and Wellbeing Strategy-

- Context for children's health was very similar in both strategies:
 - Focused of both strategies on health inequalities and the impact of physical, commercial and socio-economic determinants on children's health.
 - Housing, social networks, education and poverty
 - Impact of the pandemic on children's mental health.

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- Focus of health areas were very similar:
 - 1001 days, parental health, mental health and oral health.
 - Children's development, development of healthy habits (physical activity and healthy eating).
- The main difference was the focus on the South Yorkshire strategy on school readiness, which was not a major focus of the Rotherham Health and Wellbeing Strategy. This was also the focus of the ICP Strategy's Bold Ambition, the area where more could be achieved by working together across South Yorkshire:
 - Focused on development in early years so that every child in South Yorkshire would be school ready.
 - Raising the level of school readiness in South Yorkshire and closing the gap in those achieving a good level of development, between those on free school meals and all children by 25% by 2028 to 2030.

Rotherham's strategic priorities for children's health and wellbeing-

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

Context and cross-cutting activities-

- School age population had increased between 2011 and 2021, the number of children aged 0-4 had decreased from 15,738 in 2011 to 14,645 in 2021 (a 7% reduction).
- The percentage of children living in poverty in Rotherham was higher than regional and England averages, with an estimated 17,700 children and young people aged 0-15 living in families whose income was less than 60% of the median income (2021).
- Cross-cutting activities since last year:
 - Development and implementation of 'Best Start and Beyond' framework.
 - Mobilisation and launch of the 0-19 Service, with a universal offer to support all children and young people and their families, with an enhanced offer for those that needed it, ensuring that there was equality across the service.

Strategic Priority 1, develop our approach to give every child the best start in life-

- The first 1001 days (from conception to age 2) was widely recognised as a crucial period. Too many children in Rotherham were not currently getting the best start in life due to differing life chances.
- Key actions to deliver on this priority:
 - Develop and publish the Start for Life Offer (first 1001 days), through implementation of Best Start and Beyond Framework.

Working towards formal ratification of 'Breastfeeding Borough' Declaration-

- The Rotherham Breast Feeding Friendly Borough (BFFB) Declaration was given further endorsement by the Health and Wellbeing Board in June.
- In August, the Declaration was signed by representatives of the Council, the Trust and Public Health at a launch event, which was combined with the launch of the Trust's 'Rotherham Backs Breastfeeding' campaign. The number of trained midwives in division of tongue tie ('frenotomy') had been increased, and the feasibility of providing a clinic in Rotherham to deliver the procedure was being explored.

Strategic Priority 2, support children and young people to develop well (1)-

- Key factors impacting on children's health included socio-economic factors, housing, social networks, and education.
- Childhood was an important time in the development of behaviours that would have a lifelong influence on health and wellbeing, including healthy eating.

Key areas of focus include-

- Develop and agree a prevention-led approach to children and young people's healthy weight with partners, building on evidence from the compassionate approach:
 - Rotherham's approach would promote health gains for all people, without stigma or judgement, and considers the wider context of their lives.
- Continue to support children and young people's Mental Health and wellbeing, along with schools, health and voluntary sector:
 - CAMHs LAC pathway would be in place.
 - Mental health support in early years was co-ordinated by the Child Development Centre. Family hubs based in Children's Centres presented an opportunity to further develop the mental health support for children and families.
 - With Me In Mind (Rotherham's Mental Health Support Team delivery) started in 2019, three teams covered thirty-nine identified settings and approximately 24,000 pupils.

Strategic Priority 2: Support children and young people to develop well (2)-

- Key areas of progress:
 - Develop proposals for multi-agency Family Hubs model of service delivery in Children's Centres
 - Continue to jointly deliver the SEND Written Statement of Action, jointly led by LA and ICB and with local area partners.
 - Continue to focus on improving early years take-up in targeted areas of Rotherham (Central) to have wider holistic benefit on key development measures.

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Areas to address and next steps-

- Work with the LMS to ensure continuity of carer would be the default model by March 2024:
 - The national target for Continuity of Care had been removed, so local activity had refocused on a local transformation programme. The service had embedded phase one and two of the Maternity Workforce Transformation model.
 - The next steps whilst maintaining safe staffing in all areas would be the delivery of the 3 Year Delivery plan for Maternity and neonatal service, which aimed to make care safer, more personalised, and more equitable through the delivery of four high level themes.

Areas to address and next steps-

- Proposed new actions for Aim 1 Action Plan:
 - Further implementation of Breastfeeding Friendly Borough Declaration and 'Rotherham Backs Breastfeeding Campaign'.
 - Evaluation of pilot new universal health visit at three to four months.
 - Further developing the 'Giving your child the best start in life' resource (Start for Life Offer), and producing a printed resource for new parents.

An emergent action plan-

- Ongoing work, which could lead to actions to be added to the plan during the year ahead:
 - Foetal Alcohol Spectrum Disorder.
 - Gestational weight gain in pregnancy.
 - 'Smokefree Generation'.
 - Mini-needs assessment for young people and drugs and alcohol.
 - Cost of living support for families.

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

- The Breastfeeding launch in summer was very successful and well attended. RDASH were looking for additional volunteers.
- There would be a presentation on foetal alcohol syndrome at January's Health and Wellbeing Board meeting.
- The Government had issued £300,000 in funding for the next two years to assist with the reduction of smoking in Rotherham.
- The national funding issued for mental health in schools would end in 2025. It was noted that this was a risk to be kept under review in 2024.
- Persistent non-attendance in schools was a challenge and concern nationally, this challenge was being addressed through a strong programme.
- The school attendance matters pathway had been commended by the Department of Education as excellent practise.

- A Local School Attendance Strategy would be drafted in January 2024, working together with partners and colleagues across the education and school sector.
- A big proportion of non-attendance in schools was due to children going on holidays during term time; there was work underway to promote changes in behaviour from parents regarding this issue.
- There is ongoing work to address health inequalities, poverty and deprivation across the Borough. The Local Authority was very conscious of issues regarding damp and mould and work was continuing in this area.
- There was an NHS England Health Equalities Day held recently where poverty and the cost-of-living crisis was discussed.

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the update on the work undertaken.

52. FAMILY HUBS PROGRESS UPDATE

Susan Claydon, Head of Locality and Family support and Alex Hawley, Public Health Consultant provided a Progress Update on the Family Hubs programme, and the following overview was provided:

- The Family Hubs programme was co-launched with the Chair and Cabinet Member.
- Rotherham was one of the seventy-five local authorities that had received the funding. The funding had been used to add value, to the already imbedded family working that was in place.
- The key objective of the programme was to improve access to all service delivery. This was being achieved through a range of funding strands, a digital offer, perinatal mental health, publishing the start for life offer and establishing a parent carers panel. There was also an enhanced offer for parenting programmes and evidence-based programmes.
- There had been a new universal health visit implemented between the period of three to four months, beforehand this had only been completed for families with complexities. Families with more complex needs would continue to be supported through Early Help assessments and plans.
- From January, parents registered with the job centre would be able attend appointments on site, rather than travelling to the job centre building, this would ensure that services were more accessible.
- The Satellite hubs was a key element and there would be digital development work completed to link the satellite hubs to the main hubs.
- Digital Rotherham Inclusion officers were working on site and helping families who have families to accessing the available digital offer. All pregnant women and families had access to the Digital Parenthood programme. There was interactive video guidance which was a short video focused on helping the parent and child relationship.

- The Liquid Logic Portal had been purchased to improve the process for partners when completing early help assessments.
- Voluntary Action Rotherham were heavily involved in the delivery of work and were already recruiting volunteer mentors.
- There had been many recruitments such as three additional nursery nurses, a specialist breastfeeding lead and two home learning officers.
- It had been agreed that sites would seek UNICEF baby friendly accreditation.
- In relation to the governance structure, the service was seeking better ways to work and as a result had given the responsibility of overseeing the funded workstreams with family hubs, to the steering group.
- In relation to school readiness, it was noted that the first 1001 days were the most influential. The best start and beyond framework would assist school readiness. School readiness would be an on-going priority to seek system assurances.

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

- A balance was required between the online offer and the in-person experience that the Service provided. The services should be universal to enable people to access more tailored services when required and to ensure that the physical experience would match the online experience.

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the progress made in Rotherham's Family Hubs programme.

53. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN

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

54. HEALTH AND WELLBEING STRATEGY AIMS ALIGNMENT WITH ICP STRATEGY

It was advised that this item be deferred until the next meeting.

Resolved: - That this item be deferred until the next meeting.

55. ROTHERHAM SCHOOL LIFESTYLE SURVEY

Lorna Quinn, Public Health Intelligence Manager presented the results of the Rotherham School Lifestyle Survey, with the aid of the following PowerPoint presentation:

Background and Deliverables-

- Rotherham context.
- Optional questions and order.
- Deliverables.
- Borough wide report (non-identifiable, public facing).
- School specific reports.
- Dashboard for targeted work.

Participation and Demographic-

- 15 of 16 schools participated.
- 4,919 students in total: 2,754 Year 7 students and 2,165 Year 10 - 66.6% participation (65% last year).
- 72% White British, 8% Pakistani, 3% 'Other White Background'.
- 193 children stated they live in a Children's Residential Home or with Foster Carers (3.9%).

Food and Drink Consumption-

- 588 students (13%) rated their diet as poor (1 or 2 out of 5) and the majority felt that their diet was OK.
- 1,195 students (26.4%) did not have breakfast.
- This was increasing but remained similar to last year.
- 2,694 students (59.5%) drank at least one high-sugar fizzy drink per day. This remained similar to previous levels.
- 1,797 students (39.7%) drank at least one high energy drink per week (red bull, monster etc), this was a slight increase.

Physical Health-

- 77.5% of respondents rated their physical health as excellent or good, 18.6% as fair, and 3.9% as poor.
 - 21% reported a long-term illness, medical condition or disability. This had shown no overall trend since 2017.
 - Asthma and Autism were the two most prevalent self-reported conditions: 4.4% and 3.2% respectively.
 - Young people had a good understanding of where to access support including for sexual health advice; support from school nurses, and family and friends were recognised most frequently.
- 64 respondents smoked on a regular basis and 161 respondents vaped on a regular basis.
 - There was no trend in smoking data: 0.6% and 3.3% of respondents smoked on a regular basis (Y7 and Y10).
 - There had been a positive increase in those who did not think it was ok to smoke.
 - 78% of Y7 and 47% of Y10 had never tried an alcoholic drink, this was similar to previous years.
 - 87% of respondents had never tried drugs or substances and of those that had consumed in the previous month, data remained similar to previous years.

Mental Health Impacts-

- Mental health ratings decreased in 2022 and increased this year. However, proportions rating mental health as poor remained higher than in 2019.
- When asked about the change in their mental health over the last 2 years, 33.4% of respondents reported an improvement in mental health, 35.9% reported their mental health staying the same, and 30.7% reported it being worse or much worse since the pandemic.
- 1.3% of total respondents self-reported diagnosed mental health issues.
- 26.2% of students felt they were not the right size for their age and height and 45.8% felt there was a lot of pressure to have the perfect body image from social media.
- 72.7% of students had been bullied in the last 6 months.
- 16.6% of students had experienced hate crime.
- 21.9% of respondents, 854 people, had used, or created a gambling account and 446 respondents stated they had a problem with spending money on gambling or games.

The Voice of the Child-

- 35.6% felt their view and voice was listened to and taken seriously, 25.0%, felt their views were not listened to and taken seriously, and 39.4%, were unsure.
- 24.7% felt their views were acted upon, 31.3%, felt it was not acted upon, and 44%, were unsure.

Next Steps-

- Partner consultation to determine the following:
- How to use the School Survey.
- What would enable partners to use the survey better.
- Whether partners had any perceived gaps or improvements for the next iteration of the survey.
- A review of questions, including a review of response rates.
- Public Health and CYPS would collaborate for the 2024 survey.

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

- The Rotherham School Lifestyle Survey was completed annually and was locally defined so there could be additions to the survey if required.
- Bullying was a challenge within the Borough and there were clear expectations for schools to have effective programmes and policies in place. There was an Education Safeguarding Officer that worked with schools to ensure their programmes and policies were effective.
- During Safeguarding Awareness Week 2023, sessions were held on online bullying and the impact of social media.
- There was an Education Delivery Group that had a focus on bullying, the group reported to the Safeguarding Partnership.

- Work would be completed with the Childrens and Young People's Partnership Board to ensure that there was a comprehensive understanding of what it was like to live in a digital world.

Resolved:- That the Health and Wellbeing Board:

- 1) Note the update provided.

56. BRIEFING ON PROPOSED EXTENSION OF THE SUICIDE PREVENTION AND SELF-HARM ACTION PLAN

Ben Anderson, Director of Public Health, provided a report on the proposed extension of the Suicide Prevention and Self-Harm Action Plan and the following was noted:

- The Suicide Prevention and Self-Harm Action Plan action plan would be in place until the end of this year.
- There had been a national strategy developed this year and there would be new national planning guidance for suicide prevention, which would be issued at the end of 2024. The current action plan was in line with all new areas relating to the national strategy.
- It was proposed that the current action plan should be maintained throughout the next year, delaying the full refresh until after the national guidance would be received.

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

- Suicide rates within the Borough were high, but the rates of male suicide were now in line with national averages.

Resolved:- That the Health and Wellbeing Board:

- 1) Approved the recommendation to update existing actions within in the plan whilst awaiting the issue of the national planning guidance and ONS dataset for suicide rates.
- 2) Agreed to receive the updated plan in March 2024.
- 3) Would continue to receive regular updates on progress.
- 4) Agreed for a full refresh of the action plan, supported by the release of the latest ONS dataset and OHID local planning guidance, towards the end of 2024.

57. ROTHERHAM FOOD NETWORK

Gilly Brenner, Public Health Consultant and Kelsey Broomhead, Public Health Practitioner Apprentice, presented an update on the Rotherham Food Network with the aid of the following PowerPoint presentation:

The Aim of the Rotherham Food Network-

- Over the past 18 months, the network had brought together key stakeholders with an interest in food to work together and share best practice in Rotherham.

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- The network had used the Sustainable Food Places framework as a structure to focus on six key issues.

Food Governance and Strategy-

- Created the Rotherham Food Network.
- Included seventeen stakeholder organisations and sixty-eight members.
- Agreed the Terms of Reference.
- Gained Sustainable Food Places membership (May 2023).
- Developed the first action plan (2023 – 2025).
- Food impact and progress monitoring dashboard was being drafted.
- The joint strategic needs assessment included a section on food and diet.

Good Food Movement-

- Adopted a compassionate approach, understanding the context regarding eating and living.
- Would engage with the Healthy Holiday provision.
- Synergy bid, would sharing best practice between food partnerships (Sheffield, Rotherham, and Bristol collaboration).
- Would plan to celebration event to raise awareness of our food movement in Spring 2024.
- Expanded Rotherhive to include a food section.

Healthy Food for All-

- Food in Crisis Partnership, focused on a multi-agency approach.
- Made staff aware of food poverty issues, e.g., Cost of living crisis.
- Healthy Start voucher, increased the uptake in those eligible (Jan 23 **68%**, October 23 **78%**)
- Breastfeeding Friendly Borough.
- Participated in campaigns such as Veg Power, through the school catering provision.

Sustainable Food Economy-

- Takeaway planning within Rotherham, limited takeaways that could be built or licensed within an 800m radius of a school.
- Rotherham Food Network would attend 'The Voice' town centre business meetings to promote and engage on food and the network.
- Healthy Start Voucher scheme would increase the accessibility to use the vouchers by getting more businesses on board.

Catering and Procurement-

- Rotherham Council School Catering retain Bronze Food for Life, Riverside Catering was featured as the Soil Association's caterer of the month in their August newsletter.
- Catering staff had taken part in additional training such as eating disorders and compassionate approach.

Food for the Planet-

- The Council had declared a climate emergency.
- Love Food, Hate Waste Campaign.
- Joint food waste strategy between Rotherham, Barnsley and Doncaster.
- WRAP project with Rotherham Minster food bank used labels to reduce food waste.
- Healthy Foundation Award application included elements of growing and recycling within the award scheme.

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

- The action plan did not cover all the current activities, it reflected the actions with momentum at that point in time.
- There had been work completed to improve the take up on school meals and encouraging children to eat healthier at school.
- There was an example provided of a recent case, where new planning regulations were implemented in a situation where a café had decided to change to a takeaway.

Resolved:- That the Health and Wellbeing Board:

- 1) Noted the update.

58. ITEMS ESCALATED FROM PLACE BOARD

There were no items to report.

59. BETTER CARE FUND

The Better Care Fund papers that were included in the agenda pack were discussed. It was noted that two were for information (The Better Care Fund Quarter 2 Template 2023/2024 and the Better Care Fund Metrics Report Quarter 2 2023/2024) and one was for consideration of board members (The Finance and Risk Monitoring Report 2023/2024).

Better Care Fund (BCF) Quarter 2 Template 2023/2024:

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the documentation for submission to NHS England (NHSE) on 31st October 2023.

Finance and Risk Monitoring Report 2023/2024:

Resolved:- That the Health and Wellbeing Board:

- 1) Noted the areas of risks, underspends, and explanations.
- 2) Accepted the report as the Quarter 2 position.

- 3) Agreed to carry over any underspend to 2024/2025 in respect of capital expenditure against the Disabled Facilities Grant.

Better Care Fund (BCF) Metrics Report Quarter Two 2023-2024

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the contents of the report and performance for 2023/2024.

60. MINUTES OF THE ROTHERHAM PLACE BOARD ICB BUSINESS

The minutes of the meeting of the Rotherham Place Board ICB Business held on 19th July and 20th September 2023, were submitted for information, and noted.

It was advised that Rotherham was now part of the South Yorkshire Integrated Care Partnership (SY ICP), with four of the SY ICP members being from the Health and Wellbeing Board. It was therefore suggested that the South Yorkshire Integrated Care Partnership (SY ICP) minutes should be included in any future Health and Wellbeing Board papers.

Resolved:- That the Health and Wellbeing Board:

- 1) Agreed that the South Yorkshire Integrated Care Partnership (SY ICP) minutes would be included in any future Health and Wellbeing Board papers.

61. MINUTES OF THE ROTHERHAM PLACE BOARD

The minutes of the Rotherham Place Board held on 19th July and 20th September 2023, were submitted for information and noted.

62. DATE AND TIME OF NEXT MEETING

Resolved: - That the next meeting be held on Wednesday 24th January 2024, commencing at 9.00 a.m. to be held in Rotherham Town Hall.